

Regulation 28: Report to Prevent Future Deaths

Response by Cambridgeshire County Council into the Matters of Concern in respect of the deaths of:

Samantha Gould and Christine Gould

1. Overnight assistance for adolescent mental health patients being cared for at home but with high levels of need (For CPFT and CCC).

As stated in the Safeguarding Partnership Review in respect of Christine Gould seen by the Coroner, there is no national approach, framework or guidance that supports multi-agency services to provide a joined-up approach to children with significant mental health difficulties, despite the high risk of harm. Local areas have been left to develop services and systems for these children and young people in isolation, and there has been a need for significant learning in this area. Local partners involved in delivery of services for children [referred to as 'The Local Partnership'] has taken this requirement seriously and has responded in the following ways.

Recognition of Emotional Health and Well Being Needs and Requirement for Enhanced Support Services

The Strong Families Strong Communities: securing best outcomes for children and young people strategy launched in March 2021 reflects the expectation that support is now intended to range from preventative measures in schools, the local community and early help all the way up to Tier 3 CAMHS support, social care services and ultimately Tier 4 provision for very unwell young people. It is important to remember that even young people with acute needs may well be able to access services at universal or targeted level that can offer support to them or their families.

For example, a new Partnership, *YOUnited*, launched on 1 July 2021. This was established to bring together mental and emotional health services for children and young people in Cambridgeshire and Peterborough. This Partnership is made up of Cambridgeshire and Peterborough NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, Centre 33 and Ormiston Families. It is intended that together they will bring their expertise to help build relationships across our mental health and care system to ensure clinical services, voluntary organisations and local authority services work closer together to support children and young people with their mental health and wellbeing. Funded by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council and Peterborough City Council, this is a significant step forward in providing a more integrated service for children and young people in this area, and colleagues believe the innovative partnership approach between the NHS and voluntary sector will bring improved benefits to children, young people and their families

The Emotional Health and Well-Being Service run by Cambridgeshire Community Services comprising 3 separate teams (Emotional Health and Well-Being Practitioner Team; Children's Well-Being Practitioner Team; Mental Health Support Teams) are linked in with this work, as well as representatives from Fullscope – a consortium of charities working across Peterborough and Cambridgeshire with a shared mission to improve the mental health and well-being of children and young people.

This integrated delivery model became part of the Cambridgeshire and Peterborough NHS Foundation Trust contract from April 2021 and the fundamental principle of this approach is to develop an integrated solution to deliver children and young people's mental health and emotional wellbeing support services. Evidence and experiences of users and professionals suggest that a system approach will create the right environment that brings commissioners, organisations, and people together to deliver better outcomes for children and young people with mental health concerns. This involves working across traditional silos ensuring resources are used and allocated flexibly beyond traditional service boundaries and in response to learning from data, feedback and needs.

There is a comprehensive mobilisation plan to support the move to this new way of working. One of the first tasks of the YOUnited Partnership will be to launch a single point of referral for all the services, to make it easier for young people to navigate and access the right support when they need it.

The new service will provide mental health and emotional support for children and young people aged 0–25 years. There will be particular effort to include those who identify with the following characteristics: Learning Disability; Special Education Needs and Disabilities; Neurodevelopmental needs including Autism and Attention Hyperactivity Disorder; LGBTQ+; English as an additional language; sensory impairments; vulnerable children and young people; Not in Education Employment and Training; Children in Care; Children in Need or in need of Protection; those exposed to adverse childhood experiences; refugees; and hard to engage children and young people.

Support for More Acute Mental Health Needs

Although young people with the most complex mental and emotional health needs represent only a very small percentage of the overall population who are experiencing mental ill-health, it is vital that we better understand and meet those needs. Cambridgeshire County Council has been working closely with Health colleagues in Cambridgeshire and Peterborough Foundation Trust and the Clinical Commissioning Group to review and understand how support to young people and their families can be improved both prior to admission and upon discharge, taking into account the lessons learned from the deaths of Sam and Chris Gould. The Safeguarding

Partnership Review highlights that a number of changes have already taken place, including:

- An effective agreement between the local inpatient unit and Children's Services in relation to Children's Services' duties under Section 85 of the Children Act 1989 and Section 117 of the Mental Health Act 1983
- A Children and Young People's Mental Health and Emotional Wellbeing Board has been established including partners from the multi-agency network and the voluntary sector. Regular Complex Case Meetings involving senior leads from Children's Social Care, NHS England and senior clinicians within mental health to discuss complex T4 cases and to support discharge planning.
- Monthly meetings with Children's Services and health safeguarding leads (acute, community & primary care) to address the needs of individual vulnerable children when required, facilitate early professional resolution and to discern emerging themes.
- Weekly complex case meetings in the local inpatient general adolescent unit to provide a holistic approach to meeting needs & support discharge planning.
- Significant work in progress to co-produce a safeguarding children policy with parents and children in CAMHS.
- Regular safeguarding supervision for mental health staff across Tier 4 and CAMHS services has been embedded resulting in improved multi agency working.

Young people need to be seen in the context of their families, and parental responsibility, resources and wishes of parents or carers do also need to be taken into account when assessing and making plans for young people, as well as taking into consideration the wishes and feelings of young people themselves. From Cambridgeshire Children's Services' perspective, we would undertake an assessment of need under Section 17 of the Children Act 1989 when a young person was referred to us meeting the criteria for such assessment. If the young person had been formally detained under the Mental Health Act, we would also take account of our Section 117 duties under the Mental Health Act and consider what services we could offer to support the young person either in the community or to return to it. Health colleagues would be undertaking parallel assessments as may Education colleagues, and all agencies would then bring their specialist perspectives together at planning meetings with the young person and his or her family.

Out of Hours Support

Mental Health Provision

Please note that this section has been completed based on information from CPFT.

We are aware that CPFT are committed to working with the CCG to continue to develop services for children with significant mental health difficulties. Since the death of Sam and Chris Gould the CCG have commissioned a CAMHS crisis team. This provides direct access for children and families to a CAMHS professional to provide advice and home, hospital or clinic based face to face assessments. This service is commissioned by the CCG to operate 8-8 five days a week and offer brief interventions (up to two weeks).

Outside of these times young people and families have direct access to the First Response Service (FRS), an all age 24/7 telephone advice crisis service. This service has embedded CAMHS practitioners and a CAMHS consultant to provide direct work and supervision for non-CAMHS staff.

Additionally, the CCG have commissioned a CAMHS home treatment team. Recruitment to this is ongoing it will work intensively with young people and families as an alternative to hospitalization. This is a multi-disciplinary team and will be able to will operate 9-9 with up to 3 contacts per day in the family home to provide treatment to young people and families. This will include supporting rapid discharge of patients from hospital who may not be best helped by hospital admission. As part of this the home treatment team is developing a DBT treatment programme for children with severe self-harm.

This service is not commissioned to provide 24/7 in home support for young people. If this level of support were needed then this would be raised through either the joint funding panel or through the CCG Section 117 funding stream.

The discussion about the need for 24/7 in home care will continue with the CCG and the Local Authority and whether any needs are best met through bespoke arrangements or the demand is such as to require a fully funded service.

Respite Care, Community Support and Alternative Provision

In the specific example of respite care outside the home, this would need careful consideration by the professional network. It is unlikely that commissioning respite care outside of the family home would be recommended as a first step, however if there is an identified need to offer a regular provision for a young person, this could be considered under Short Breaks provision, and would be commissioned jointly by the CCG and Local Authority.

Families are now able to request assessment for Direct Payments, which would allow parents (and the young person) to choose their own carer(s). The worker would need to have the relevant skills and expertise around supporting complex mental health needs and may need to be a health worker. In addition, there are also

now significant technological aids that can support with caring for those with additional needs, and a family could see if these would be of benefit, including bed, mat and door sensors. This would all need to be assessed for the individual and agreed jointly between the Local Authority and Health as a shared package of support.

The two agencies in conjunction with education SEN services operate a shared approach to assessment and provision of packages in respect of other children with additional needs that may need to be met across the partnership already, and it has been formally agreed that we will now include children and young people with significant mental health needs in this care pathway. This allows the three partners to consider prevention, support and de-escalation at all stages of a young person's care journey depending on need and enables parents and carers to engage with the wider network as a single support system.

Cases in this area are managed through continuing care or Section 117 health pathways and through Section 17 of the 1989 Act or Chronically Sick and Disabled Persons Act support from Children's Services. For those with enduring conditions, there is also the benefit of planned transition to Adult Services as they turn 18.

For some young people, there can be an assessed need for them to live away from home outside of a hospital context, either temporarily or as a longer-term plan. Some young people cannot be cared for by their families and may become Looked After Children by the Local Authority. The nature of the placement is very much determined according to individual need and the particular circumstances of a young person. Sometimes, a highly specialist residential environment is needed. These are a scarce resource and may not be available locally. However, a more flexible semi-independent supported accommodation provision can usually be provided in the local area. This type of provision continues to link into local CAMHS and education services; these are usually bespoke packages and will vary from young person to young person. It would be expected that these are also joint funded by Health and the Local Authority.

Governance Arrangements

The whole multi-agency process is supported by the Joint Access to Support Panel (JASP). It is able to offer support in terms of identified and emerging risks and advise on prevention, mitigation and management. Identifying themes and gaps in provision through JASP also informs strategy and assists in the future planning and commissioning of services for local children and young people. JASP also ensures a focus on individualised child focused plans, independence and empowerment and remaining close to home where at all possible.

There is a strategic focus with a number of standard agenda items including Transitions, Continuing Care/ Continuing Health Care, Section 117 and Tier 4

concerns. The 'Continuing Care' agenda item reviews recent referrals, assessments and reviews and therefore ensures, as per the Continuing Care policy, timely review of cases where the child or young person has a Continuing Care need. The 'Section 117/Tier 4' agenda item facilitates operational and strategic oversight where a multi-agency approach is required to ensure shared statutory obligations are met.

There is a Joint Funding Protocol to support the work of the panel and reflects the objective of having a shared view regarding funding arrangements. The protocol outlines the objectives, principles and joint funding arrangement required by Education, Health and Social Care to identify, agree and secure appropriate joint funding arrangements for individual children and young people who have special educational needs and/or disabilities and/or mental health needs; and/or are children in care to Cambridgeshire or Peterborough.

The protocol is intended to support joint funding discussions and ensure consistency and provides a standardised governance framework, within which all placements and funding arrangements will be agreed, recorded and auditable throughout the duration of the child/young person's placement or package of support.

The JASP Terms of Reference are included at Appendix 1 for information.

2. Involvement of CCC alongside CPFT in complex adolescent mental health cases where the risk is of suicide / self-harm (For CCC).

The Coroner has expressed concern that frontline staff in the County Council may not have sufficient knowledge, guidance and supervision from the organisation to support them in working with this very complex area of practice. There were shortcomings identified in terms of a complete understanding of roles and responsibilities at the time of the deaths of Sam and Chris Gould, and this has been acknowledged by the Council.

New Policies

Since that time, however, there are clear policies in place which staff can and do use to support them in the delivery of their day to day duties. I attach the latest version of the *Children Living Away from Home for 3 Months or More Section 85 and 86 Children Act 1989 (CA'89) & Section 117, (MHA'89) Referral, Assessment & After Care Procedure* to this response for information. It has been updated to include clear guidance on the matter of parent carer assessments for disabled children and is included at Appendix 2. As noted above, children and young people with significant mental health needs are now specifically included within this care pathway, meaning that parents are able to request parent carer assessments in their own right.

This has been shared with all staff in relevant early help and social care services, and support and management oversight is offered regularly by senior managers to

the specific teams that hold most of these type of cases. There is one route through which new contacts in relation to young people with mental health difficulties can be made, and staff in the Integrated Front Door (who review all such requests for services) have been required to familiarise themselves with our statutory duties and the relevant policy documents. We operate a frequent audit dip sample process around all contacts, and any areas where there may still be uncertainty are picked up through that process and addressed.

Strong Families Strong Communities Strategy and Contextual Safeguarding

Young people who are then assessed can either receive support currently from our Early Help Service or our Adolescent Service, depending on the individual's level of need. All staff in these areas have received the new guidance and are provided with a minimum of monthly supervision to help them review any difficult issues or areas where there may be queries around the local partnership, and who might be best to deliver particular services to an individual young person. As we move into the new early help strategy already described to the Coroner, *Strong Families, Strong Communities: securing best outcomes for children and young people*, we will also be developing a formalised approach to contextual safeguarding across the Local Children's Safeguarding Partnership. This approach is known for its innovative reframing of sexual and criminal exploitation where there continues to be a perpetrator of harm to young people, but is also very effective in helping practitioners to understand the widest possible context in which vulnerable young people are frequently functioning. Our model looks to draw on effective interventions with young people who misuse drugs or alcohol or use violent interactions with others as forms of self-harm as well as the more established mental health definitions around cutting, eating disorders, anxiety, depression and other long-term mental illnesses. The importance of a trusted adult and the ability to make connections and effect change at key moments is a core principle of the contextual safeguarding framework and will be key for improving outcomes for young people with additional mental health needs.

The Strategy is attached for reference at Appendix 3.

Mental Health Training

To support the new approach, there will be more detailed bespoke training delivered around emotional and mental well-being, serious mental illness and the role of Children's Services in supporting young people and their families in this area. These changes will begin to be put in place over the remainder of the current financial year.

The current training programme includes a specific focus on Adolescent Mental Health. This training supports practitioners to understand factors that influence teenagers' cognitive, emotional and social development, give an insight into young people's experience of anxiety and depression and identify the signs and risks of self harm, and consider minimisation strategies. It will also provide an understanding of

ADHD and the impact on a young person's life. Direct work with adolescents will also be explored to develop practice in this area.

Adult Mental Health training is also available to Children's Services staff, supporting practitioners to improve their knowledge of Mental Health issues with particular emphasis on Dual Diagnosis; to include mental health and autism, mental health and learning disability, mental health and addictions.

Importantly, for those navigating mental health legislation as well, we provide training to enhance practitioners' understanding of the Mental Health Act 1983 through focusing on critical aspects of the Act; exploring the Code of Practice; section 117 responsibilities; Continuing Health Care and the Care Programme Approach. This training is also being reviewed to ensure it supports practitioners who are working with young people transitioning to adult services.

Education Developments

In education terms, there has been considerable work undertaken to ensure that staff are clear about roles and responsibilities, and are in a stronger position to support and advocate for young people.

The role of the Education Inclusion officer is now clearly defined to provide guidance and critically evaluate the quality assurance and monitoring functions in Secondary Schools (and Academies) that support the improvement of attendance and educational outcomes for those most vulnerable children and young people who are at risk of exclusion or not receiving their full educational entitlement. Where appropriate, they broker, and quality assure, packages of individual support for those most vulnerable families and students.

They are key in championing the needs of vulnerable children and young people aged between 11-16 years old who have complex or severe needs and who are at risk of failing to achieve full participation in learning. All staff have now been through rigorous training with regards to the quality assurance of all Alternative Provision (AP) packages for students – including training around ensuring schools holding and maintaining a live AP register evidencing safeguarding checks, hours of education, providers and what quality assurances framework they have been through with our service.

Officers are now equipped not only to offer the right advice and support on offer to our AP students and their families, but will critically scrutinize decisions made by schools to place a student on AP; will track their progress and attendance, and will ask schools to evidence this and multi-agency decision making around planning and reviewing for each student. Staff are all aware and trained about the legal requirements of 'off rolling' students, educational entitlement and thresholds for alternative provision, whether these are in relation to behavioural or medical needs.

As part of their ongoing training and professional development, all officers also access both safeguarding and mental health awareness training through a number of different means: staff training sessions; complex case discussions; and during their

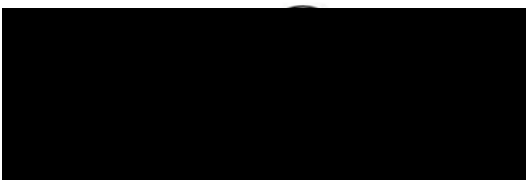
monthly 1:1 sessions with their line managers. Staff have access to the CAMHS Mental Health online training module, which incorporates a considerable amount of reading and encourages self-research in areas of particular interest in relation to barriers to learning for those students with mental health issues.

Conclusion

There remain complexities around consent to involvement with our services and the young people we are typically trying to support are of an age where they can make decisions about who they do and do not want working with them. Our staff are much more aware now of their wider responsibilities to partnership working and the critical importance of young people being seen alone to ensure their wishes and feelings are fully understood. They are also clear that parents or carers in these circumstances have the option of a carer's assessment in their own right, and this may mean that other services are also become available to help the family in a broader context. The range of support available to young people and their families has developed significantly as discussed in point 1 above, and staff do know the routes through which they can access support as needed.

There will continue to be examples of cases where there is complication in terms of who should be taking the professional lead for a young person, and what services may or may not offered by each agency. In those circumstances, staff are now aware that they can follow the established routes around joint partnership packages of support and escalation processes if needed. These are also detailed in section 1 above.

Mental health needs of young people have assumed a much higher profile across the country and in Cambridgeshire following the impact of the Covid 19 pandemic as well as the lessons learnt from the tragic deaths of Sam and Chris. The importance of our responsibilities, support and advocacy for young people in challenging and vulnerable situations is very much at the forefront of our new service design going forward.



Assistant Director

Children's Early Help and Social Care Services

Peterborough and Cambridgeshire Councils

Appendix 1

Peterborough City Council (PCC) & Cambridgeshire County Council (CCC)

Joint Agency Support Panel (JASP)

Terms of Reference

Purpose

The Joint Agency Support Panel (JASP) will be responsible for

- supporting and advising Peterborough City Council (PCC)/Cambridgeshire County Council (CCC) and Cambridgeshire & Peterborough Clinical Commissioning Group (C&PCCG) in reaching decisions about resources
- approving requests for packages of support and/or placements for children and young people*, where there are joint funding arrangements in place and/or if the case is deemed complex
- approving funding for packages of support and/or placements for children and young people
- reviewing packages of support and/or placements for children and young people, where there are joint funding arrangements in place and/or if the case is deemed complex
- approving joint funding arrangements for package of support; whether the arrangement is between Social Care, Health and Education or any combination of the three agencies
- supporting children and young people with complex needs to access an appropriate range of educational, health and social care provision
- providing a forum to explore and develop creative, inclusive and multi-agency responses to meeting the needs of children and young people with complex needs

* A child is defined as any person under 18; a young person is generally described as a person from 14 to 17 years of age; an adult is defined as any person 18 years of age and above. Applications for resources for persons aged 18 or over will be considered by JASP for Peterborough City Council (above responsibilities being upheld) and the Learning Disability Partnership (LDP) Adult and Autism Team (AAT) County Wide Quality Assurance (QA) Panel for Cambridgeshire County Council. The cases heard at JASP will relate to children and young people with additional needs; these needs may include a diagnosed learning disability/learning difficulties, a physical disability, sensory impairments, communication difficulties and complex/significant medical, therapy, mental health, behavioural needs.

Objectives

JASP focuses on children and young people who have particularly complex needs, where a multi-agency response across health, education and social care is needed for those needs to be met. Cases heard at JASP will refer to children and young people with disabilities and complex needs who require more substantial packages of support than those which can be agreed at Short Breaks Panel (PCC) or Disabled Children's Panel (CCC); they will also be, in the main, joint funded packages of support. Cases heard at JASP may also be those requiring escalation and/or those where there are issues relating to a number of service areas which require resolution. This operational focus will also include capturing funding reconciliations (taking into account Social Care, Education & Health); this will be done on a quarterly basis, in line with the Continuing Care Practice Guidance. All joint funding arrangements will be captured in a Joint Funding Agreement Form, for each case.

The strategic focus of JASP will be:

Appendix 2

Children Living Away from Home for 3 Months or More Section 85 and 86 Children Act 1989 (CA'89) & Section 117, (MHA'89)

Referral, Assessment & After Care Procedure

Context

Sections 85 & 86 CA'89 place a duty on Local Authorities (LA) to assess the safety and welfare of children living in residential education or hospital provision for any continuous period exceeding/or likely to exceed 12 weeks.

The legislation is aimed particularly at ensuring the safety and support needs of disabled children and young people and those accessing Tier 4 specialist in-patient care as a result of severe and/or complex mental health conditions that cannot be adequately treated by community CAMH services.

The responsible LA has a duty to take such steps as are reasonably practicable to determine whether the child's welfare is adequately safeguarded and promoted while they are in one of those settings, and to consider whether there is a need to exercise any functions under the CA'89 with respect to the child or young person.

Determining the Responsible Local Authority

Where the establishment in which the child or young person is residing is in the public sector (e.g. NHS hospital, local authority residential special school), 'responsible authority' means:

- The local authority within whose area the child or young person was ordinarily resident immediately before being accommodated; or
- Where the child or young person was not ordinarily resident within the area of any local authority, the local authority within whose area the accommodation is situated.

Where the establishment in which the child or young person is residing is in the private sector (e.g. private hospital, care home), the 'responsible authority' means (s.86 CA'89) the local authority within whose area the establishment is situated.

Where the child or young person is residing in a private establishment but funded by a public sector organisation, e.g. a Clinical Commissioning Group (CCG), then this will fall within section 85, rather than section 86, and the 'responsible authority' will be the authority within whose area the child or young person was ordinarily resident immediately before being accommodated in the hospital.

Notification to the LA on Admission

Upon admission, NHS England or the setting, i.e. Residential 'special needs' schools (joint or single agency funded, 'in' and 'out' of area) including maintained and non-maintained boarding schools, Hospitals, including small 'local' hospitals and independent/private hospitals and Psychiatric units including private and voluntary sector units and those that treat young people with severe mental health needs, must notify the LA where the child or young person normally resides.

Notifications are required as soon as a child or young person is going to be/likely to be resident within a setting for 12 weeks or more and when a child is discharged after a 3-month period.

Appendix 3

Strong families, strong communities Securing best outcomes for children

Cambridgeshire and Peterborough Early Help Strategy

April 2021

This strategy sets out a partnership vision and action plan for Early Help across Cambridgeshire and Peterborough for the next five years.



What is Early Help?

Early help is providing the right children, young people and families with the right support, in the right place at the right time. We all believe that by supporting children and families earlier we can stop any problems they are facing from getting worse and help them to find the solutions that will make their lives better in the future. We can do this by working together, building on children's and families' strengths, and developing their capacity to make positive changes for themselves.

Our ambition

We believe that delivering Early Help well has the potential to transform the lives of children, young people and their families across Cambridgeshire and Peterborough. We are committed to reducing inequalities and providing high quality early help to families makes an important contribution to achieving that aim. We make no apologies for setting out a vision that is very ambitious. Our goals, which flow on from the three Best Start in Life headline goals, are that:



In order to achieve these high-level goals, we have identified five intermediate outcomes. We believe that if we focus on these things then we will have the biggest and most lasting impact on our overall goals. Our intermediate outcomes are:



Strong families

The care and love provided by strong, supportive families is the essential foundation for enabling children and young people to lead safe, healthy and successful lives.

Trusted relationships

Forming positive, trusting relationships with adults (both inside and outside the family) and with their peers gives children and young people emotional stability and opportunities to flourish in life and learning.

Safe places and positive activities

Safe places to socialise and a wide range of activities that build self-esteem, excite young people and create a sense of belonging are all important contributors to children and young people growing up healthy and happy.

Capacity to manage challenges

An important component of secure mental health and good emotional wellbeing is the capacity of a child or young person to cope with setbacks and manage the inevitable ups and downs of life.

Enjoyment of life and learning

Ultimately children and young people who are thriving find enjoyment in their everyday lives and find their learning rewarding. This is what we hope for, for all our children and young people.

Our principles

We have a strong set of guiding principles that inform our approach to Early Help across our partnership. These are:

Children and young people are at the heart of what we do.

We will listen to children and young people's views and feelings and understand the impact on them and their family.

We build capacity, not create dependency.

We will work with children, young people and families to recognise and build on their strengths. We will help them develop the skills to solve problems and overcome challenges.

We work as a partnership to effect change.

Early Help is everyone's business. We will draw on the skills and knowledge of all the partners who work with children and families.

We intervene early to prevent problems from getting worse.

We will not wait before problems become unmanageable before we offer help, and we recognise that support might come from a range of different places.

We work with the whole family.

We know that children and young people live in families, so we will work with the family as a whole, and the individuals within the family, to understand their needs and develop holistic support.

We join up our systems and processes.

Families will tell their story once and will work with a trusted professional throughout their journey.

We use evidence to inform what we do.

Our offer of support will be guided by the latest research and evidence of what works. We will be bold and innovate, but always test the impact of new approaches.

We work in places and communities.

We will build the capacity of communities to support their members, create local networks of professionals who work together, and target our support to meet the different needs of individual places.

How we work together to deliver Early Help

Early Help is not a service in a conventional sense. It is a philosophy of how we can utilise *all* the resources available in families, communities, the voluntary sector and public bodies to provide timely and effective support when it is needed. In Cambridgeshire and Peterborough our Early Help offer comprises three key dimensions:



Our expectation, as a partnership, is that children, young people and families will receive support at the lowest level of intervention that can meet their needs. That means that we can use our collective capacity in the most efficient way to support as many children and young people as possible. We know that the needs of children, young people and their families change over time and therefore may be supported at different levels in the system depending on what is happening in their lives.

Community support

Our ambition is that most children, young people or families who encounter difficulties can be supported to overcome these with the resources available in their communities. In Cambridgeshire and Peterborough, we have a thriving voluntary and community sector offering a wide range of positive activities, supportive networks, drop-in sessions and advice. Our aim, over the next three years, is to develop and grow this capacity further, make it easier for parents, young people and professionals to find the support that they need and create better opportunities for bringing all those who work with children and young people together to share information and knowledge about what works.

Key commitments

- Maximise the potential of existing local and community networks and fora to share information about early help priorities and areas of need.
- Establish the opportunity for regular informal local meetings where anyone working with a child or family in a local area can come and get advice or develop closer working relationships with others working in the same area.
- Develop a virtual platform as an easy-to-use resource for finding out what is available locally.
- Develop and grow our network of early help volunteers.

More support

Some children, young people and their families, will need individual help to successfully overcome the challenges they are facing. For these families, or young people, we aim to offer earlier and more bespoke support, organised through a trusted professional. The trusted professional can be anybody who has a strong relationship with the family and the capacity to work with them on what they want to achieve. This might be, for example, someone who works in the child's school, a health professional such as a GP or practice nurse or youth club worker.

For families or young people who need this level of support, the Lead Professional will work with the family or young person to complete an early help assessment. This is an honest assessment of the family or young person's strengths and weaknesses. They will then use this to work with the family to create an Early Help plan which sets out the goals that the family or young person want to achieve, and the support that they will need to get there. The Lead Professional will not provide all the support that a family might need at this level, but they will be a consistent point of contact, brokering in the extra help and advice that might be needed. Examples of the types of help that families might receive include access to parenting courses either online or in groups, counselling or lower-level mental health support, or the range of support offered through children and family centres.

Key commitments

- Role out access to and training in the Early Help management information system to provide better access to key information for Lead Professionals.
- Maintain the dedicated advice line for Lead Professionals to access prompt and relevant advice on families with whom they are working.
- Maintain a link early help professional for every school, nursery and children's centre to be a key point of contact and to offer advice where needed.
- Build on the current professional development programme for Early Help Lead Professionals, including offering training in Motivational Interviewing.

Targeted support

For a minority of families, the support that a trusted professional can offer, even bringing in a range of additional specialist services, will not be enough. For families or young people who need more help, Cambridgeshire and Peterborough offer bespoke targeted support delivered both online and in the home, that is designed to address immediate barriers and rapidly build the capacity and resilience that a family or young person need to get their lives back on track.

The nature of the intensive support on offer will depend on the needs of the family or young person and will be set out clearly in the Early Help plan. However, it might typically involve one or more home visits a week for a period of time, prompt access to a range of specialist services or interventions and regular online conversations to build confidence and embed learning.

The targeted support offer will be delivered by a dedicated early help or specialist practitioner, who may be a member of a local authority team or work for an organisation that has been commissioned by the local authority to deliver this support offer. Whoever delivers the support will work in the same way with the family, and to the same exacting standards.

To enable us to help children, young people and their families more effectively we are creating a consistent approach to organising our local authority teams across Cambridgeshire and Peterborough.

There will be one worker or team per family, where this is possible and in the best interests of the children concerned. Across both Cambridgeshire and Peterborough, services will be a mixture of direct delivery and commissioned provision. The service will be place based, and work across four geographical quadrants. In each quadrant the following teams will be brought together and operate as an integrated service:

- A Child and Family Centre with the attached Children and Family Centre staff
- 0-11 Targeted Children's Support Team(s)
- 11-19 Targeted Youth Support Team(s)
- 10-19 Specialist Support Team(s) – these are combined YOS and social care teams
- Transition (education) service – this focuses on school transition issues and NEET/ NIAP, and liaison with Education colleagues where education is a complex issue for the young people with whom we are working
- Leaving Care Team

Specialist partners or smaller teams will also be linked to each area including:

- Police
- Probation
- Mental Health
- Drug and Alcohol
- Sexually Harmful Behaviours/ ISS High Risk
- SAFE team
- Other commissioned provision, for example parenting programmes.

Each area will also run a volunteer provision, and support the local community through parenting programme delivery, befrienders, Princes Trust, and mentors.

The four quadrants will each be managed by a dedicated head of service. Each head of service will also be the lead for one specialist area across the entirety of Cambridgeshire and Peterborough. The specialist areas of focus will be strong families; learning and participation; exploitation of vulnerable and at-risk adolescents; and physical and mental health. The purpose of these changes will be to enable greater alignment across Cambridgeshire and Peterborough, to deliver a more joined up service for children and families and to enable closer working with partners on a place-based approach.

Key commitments

- Continue our journey of creating a more consistent approach to organising our local authority teams delivering early help and youth intervention services across Cambridgeshire and Peterborough on a four quadrant area model.
- Create new teams who will work alongside each other within a single service and bring greater join up with specialist services, with a strong focus on intervening earlier to prevent issues escalating.

Joining the dots

Working together effectively as a partnership to deliver Early Help relies on clear systems and processes that are easy to use and enable excellent practice. Our popular Back to Basics online training session is available to colleagues from across the partnership, supporting professionals to develop the skills and knowledge required to guide families through the Early Help assessment process. For further details and booking please click [here](#).

Early help assessments

The early help journey for families in Cambridgeshire and Peterborough starts with an Early Help assessment. It is an impartial and honest assessment of strengths, opportunities and challenges that is undertaken with the family, and only ever with their permission. It should be completed when more than one unmet need would benefit from a multi-agency support approach. More guidance on the early help assessment tools and process can be found [here](#) in the Effective Support for Children and Families in Peterborough and Cambridgeshire document.

Early Help assessments (EHAs) are also used as a gateway to access several other forms of support. From 2021, an Early Help assessment will need to be completed by a professional looking to access a neurodevelopmental assessment in both Peterborough and Cambridgeshire and the Early Support Pathway in both local authorities. In Peterborough, an EHA is also needed to access a place on a commissioned evidence-based parenting programme, a Behaviour Panel referral, and specialist sleep support.

Early help plan

The Early Help plan is where families and professionals record their goals for the future and the steps that they are going to take to reach those goals. All Early Help plans in Peterborough and Cambridgeshire will follow the same structure whether they are developed by a Lead Professional or an Early Help practitioner. A critical attribute of the plan is that it is

developed with the family and owned by them. It is also the benchmark against which progress for the family or young person is measured.

The Early Help hub

The Early Help Hub is the first point of contact for families and professionals doing an Early Help Assessment. It coordinates access to targeted early help services in Cambridgeshire and Peterborough and provides advice and guidance on cases managed by the professionals already involved. The Early Help Hub receives contacts for children and families who require multi agency support through Early Help Services to support their needs.

Team around the family

The Team Around the Family describes the group of professionals or wider family members who are involved in providing support or advice to a family. It provides an opportunity for the family and professionals to work together on achieving a family's goals. The Lead Professional will normally coordinate the different contributions of the individuals within the Team around the Family. This will generally be managed through regular meetings of the Team around the Family and monitoring progress against the Early Help plan.

Every contact counts

The Team Around the Family provides a focal point for decision-making and planning for the professionals and practitioners who are most directly involved in providing early help for a family. However, we know that there will be a wider range of trusted adults who engage regularly with children, young people and families and who can ensure that their daily interactions support the early help goals and principles and can make 'every contact count' in a positive way. The wider range of trusted adults might include anyone from GPs to neighbourhood policing teams, housing officers to faith and community leaders. As part of this strategy, we are committed to rolling out a wider programme of communication and training to ensure that everyone who interacts with children, young people and their families regularly has the skills and understanding they need to support the early help goals by making every contact count. This might entail skills in active listening and asking open questions; understanding of how to identify signs of risk; awareness of the goals of the early help strategy and how these can be supported through day-to-day activities; or knowing how to share information safely or connect a family to other forms of support and guidance.

Collective decision-making

Early help is a partnership endeavour. Creating the opportunity for partners to come together to contribute to shared decisions about how a family can best be supported is therefore an important underpinning of how we work. In each of the four quadrants there will be a regular forum for partners to discuss families or young people where additional professional input might be needed. In Peterborough, the MASG panel will continue to perform this function. In Cambridgeshire, a new multi-agency forum will be convened on a regular basis in each quadrant. It will provide an opportunity for Lead Professionals to refer a family or young person with whom they have been working and for whom progress has slowed or risks have escalated for a multi-agency discussion and decision-making about future support options. The Early Help Hub will also recommend cases for an initial partnership-based discussion where the way forward is not clear cut. These regular fora will generally be held virtually to encourage strong attendance.

Common practice model

We will be more effective in supporting families if all those delivering Early Help, from 'community support' to 'targeted support', are able to use a common language and a common approach. The way that professionals or other adults work with families and young people is the 'practice model' and defines the way in which that interaction takes place. From 2021 we will be adopting Motivational Interviewing as our shared practice model across all Early Help. This is the same practice model as is currently used by Children's Social Care teams across Cambridgeshire and Peterborough. Motivational Interviewing is based on the belief that every person has the potential for change. It is a strengths-based approach to supporting children and families which encompasses four key principles - empathy, congruence, positive regard and supporting self-efficacy. Practitioners use skills such as open-ended questions, reflection, active listening, affirmations and summarising to support a child, young person or parent / carer to recognise their own qualities and strengths and to draw on these to modify any behaviours which may not be positive and those which are having a detrimental impact on their wellbeing and the wellbeing of others. Because the model relies on the individual effecting his or her own change, any immediate change is more likely to be sustained in the long term.

Moving towards a shared practice model of Motivational Interviewing will be supported through a multi-agency training programme for staff and partners and regular opportunities for reflective practice to embed and refine new ways of working.

In addition to Motivational Interviewing as the core practice model there are several tools and approaches that early help practitioners and lead professionals may use with families. A guide to these, and how and when they might be most usefully deployed has been developed by the Cambridgeshire and Peterborough partnership board and is available [here](#).

Sharing information

The ability to share information quickly and securely about a family with trusted professionals is critical to effective partnership working for early help. To that end we have invested in the development of an early help module as part of our integrated case management system for Children's Services. The Liquid Logic early help module is now being extensively used by early help practitioners in children's services, as well as partners in schools and health. Early feedback suggests that professionals find the system easy to use and navigate. Over the coming months we will be consolidating the effective use of the system by those who have received access and training. We will also look for opportunities to expand the network of people working with families who are able to share essential information through the system, for example by broadening access to VCS providers and groups where appropriate and useful. This will help secure our commitment that families need only tell their story once, while placing the concept of consent and data protection at the heart of what we do.

Measuring progress

Our commitment to continuing to improve our partnership-wide early help offer depends on our ability to accurately and consistently measure the progress made by the children and families whom we support. In Peterborough, our tool for measuring the progress made by an individual family is the Outcomes Star. In Cambridgeshire we use a bespoke tool for measuring progress called the Measuring and Assessing Progress tool (MAP). In the short term, as we establish a more joined up approach to early help across Cambridgeshire and Peterborough, we will carry out a comparative audit of how outcomes and progress are assessed across the two local authorities and synthesise, as far as possible, the two approaches. In the medium term we will await the announcements on the future of the Supporting Families programme, and the accountability framework that may accompany this, before co-designing a future approach to measuring progress and tracking outcomes, building on the best of what is currently in place in both local authorities and across partners.

Specialist Support

Some children, young people and families will need to access specialist assessments and support as a result of risks that have been identified. Specialist assessments for our most complex and at-risk young people will be available through Asset Plus Assessments and/or Child and Family Assessment. This support can only be accessed through Youth Offending Service Police and Court referral processes and Effective Support for Children and Families processes if young people meet the required threshold ([see the Effective Support for Children and Families in Peterborough and Cambridgeshire document](#)). For young people and families with more complex needs we will work within a partnership contextual safeguarding framework and will utilise approaches such as motivational interviewing and trauma informed practice ensuring every contact counts and building on relationships with trusted adults.

The voice of children, young people and their families

Listening to children, young people and families, and then acting on what they tell us, is central to making sure that this strategy, and the actions that flow from it, remain relevant and purposeful. We will therefore put in place a structured programme of engagement with children, young people and families that uses some existing and some new communication routes. The information gathered through this ongoing programme will help us first to test the principles and goals of this strategy and subsequently to monitor how well we are putting them into practice. The feedback routes that we will employ are summarised below:

- Regular surveys of children and young people conducted by the safeguarding board.
- Annual digital health questionnaires provided to families with children in reception year and year 6, and for young people in year 9.

- The work of youth and community coordinators and the Youth Voice and Youth Engagement Partnership.
- Regular structured feedback on YOS and mental health and emotional wellbeing services.
- Capturing the voice of children and young people in measuring progress against early help plans.
- Recommissioning an annual survey, across Cambridgeshire and Peterborough, of children and young people in schools.

Our priorities

Based on an analysis of our data and extensive consultation with staff, partners and children and young people we have identified the following strategic priorities to guide our work to deliver early help over the next three years. These are priorities to which all those engaged in the early help partnership can contribute and are arranged against the four thematic areas of focus.

Area of focus	Key priorities
<i>Strong families</i>	Develop a new model of blended support for families bringing together the best of virtual and face to face interactions.
	Harness the full potential of children and families' centres, building on the principles of Best Start in Life.
	Address the areas of need that have been exacerbated through the pandemic including financial hardship and domestic abuse.
<i>Learning and participation</i>	Support children aged 9 to 12 to make a successful transition to adolescence.
	Improve outcomes for children and young people presenting to early help with challenging behaviour.
	Actively support children and young people to re-engage with learning, positive activities and employment in response to the pandemic.
<i>Vulnerable and at-risk adolescents</i>	Create more opportunities for high quality preventative work with at-risk adolescents and their younger siblings particularly targeting those at risk of involvement in serious crime, violence or exploitation.
	Develop a partnership wide approach to contextual safeguarding for at-risk adolescents.
	Work with young people in the youth justice system to reduce re-offending and support them onto positive pathways.
<i>Physical and mental health</i>	Provide support earlier for children and young people experiencing poor emotional wellbeing to stop issues from becoming entrenched.
	Enable families to adopt healthy lifestyles and good health routines including improved nutrition, more physical activity, better oral health and keeping up immunisations.
	Work with children and young people to embed an understanding of safe, healthy and kind relationships and make a successful transition into adulthood.

Strong families

In both Cambridgeshire and Peterborough, the rate of referrals to children's social care reduced in 2019-20 at a much greater rate than nationally. This means that in Cambridgeshire considerably fewer children and young people were

referred to children’s social care per 10,000 population than nationally or in similar authorities. In Peterborough, the rate remains above the national average and slightly above the rate in similar authorities but is falling more quickly. It is also encouraging that the rate of children with new child protection plans in 2019-20 reduced in both local authorities and is now below the national average and below the average in similar local authorities in both Peterborough and Cambridgeshire. These data are very positive and suggest that the partnership wide provision of early help may be helping to reduce the need for more specialist and more costly interventions.

However, the impact of the Covid pandemic over the last 12 months has been profound and we are only just beginning to understand the potential implications for families. In recent months we have begun to see increasing incidence of domestic violence and many more families experiencing financial hardship than previously. This is bringing children and families to the attention of early help who may never before have needed support. We are also aware that the pandemic has been a particularly challenging and isolating period for many of our young carers. Data shows that in both Cambridgeshire and Peterborough challenging behaviour in the home, poor behaviour in school, parenting concerns and poor parental mental health all feature in the ten most common reasons for an early help assessment. Extended lockdowns and time away from school are likely to impact negatively on all these factors which suggest they should be a real focus for the partnership going forward.

At the same time, some of the changes to the way we have worked during the pandemic offer real opportunities for rethinking and improving the way in which early help is delivered through the partnership. Locality hubs have become more vibrant and there is a structure in place to take these forward. Working with a range of partners, both statutory and community, has accelerated. Professionals believe that joint work and planning around the most vulnerable children has improved and there is an opportunity to reimagine services on a new ‘hybrid’ model which combines the best of virtual and face to face interactions.

What we can do as a partnership

Priority	Actions
Develop a new model of blended support for families bringing together the best of virtual and face to face interactions.	<ul style="list-style-type: none"> Evaluate families’ experience of virtual and face to face support, and the relative progress made by families, to create a new blended offer for piloting and roll out. Strengthen and refine the protocols for working with families where there are multiple children of different ages and/or with different levels of need so that their experience of support is more joined up.
Harness the full potential of children and families’ centres, building on the principles of Best Start in Life.	<ul style="list-style-type: none"> Develop greater consistency in the children and family centre offer so that we have confidence that all families can access a good range of services. Create local networks of professionals working with families, centred around children’s centres and working on the basis of every contact counts.
Address the areas of need that have been exacerbated through the pandemic including financial hardship and domestic abuse.	<ul style="list-style-type: none"> Work across children’s and adult’s services to streamline and strengthen the offer for children and young people experiencing domestic violence and parental conflict resolution. Identify families made ‘newly vulnerable’ as a result of the pandemic and create an offer of support to get them back on their feet.

Learning and participation

The disruption that all children and young people have experienced to their education as a result of the pandemic has been profound, and all the evidence suggests that children from more disadvantaged backgrounds are likely to suffer the greatest negative impacts. This context will set the agenda for early help for years to come.

Data and information collected before the pandemic points to some of the key areas of focus going forward. We know that children presenting with challenging behaviour either in the home or at school has historically been one of the most

common reasons for a referral to early help. Despite the significant progress made on reducing both permanent and fixed term exclusions in secondary schools in Cambridgeshire, primary fixed term exclusions still remain a cause for concern. In Peterborough fixed term and permanent exclusions in both phases of education are above national averages.

The age group that might be a particular focus for our efforts over the next period are the ‘transition years’ of 9- to 12-year-olds. Evidence collected from a wide range of partners and professionals, which underpins the development of this strategy, suggests that the offer of support for this age group, in terms of preventative work and early intervention, is not currently sufficient. Children aged 9 to 12 currently represent between 20% and 25% of the overall early help cohort in Cambridgeshire and Peterborough. Interestingly, on average in Cambridgeshire and Peterborough schools progress and attainment made by primary aged pupils is below national averages.

At the other end of the age spectrum our young people aged 16 to 18, embarking on their adult lives, have experienced a very turbulent period with uncertainty over examination results and challenges around planning their next steps in learning. Before the pandemic, the percentage of 16- to 17-year-olds not in education, employment or training was high in Peterborough and above that of similar authorities in Cambridgeshire. Going forward identifying and supporting those young people at most risk of disengagement as a result of the pandemic will be a key priority.

What we can do as a partnership

Priority	Actions
Support children aged 9 to 12 to make a successful transition to adolescence.	<ul style="list-style-type: none"> • Share and promote good practice on primary to secondary transition. • Ensure sufficient positive activities and safe places for 9- to 12-year-olds. • Develop a core family support offer for 9- to 12-year-olds. • Encourage more parents to undertake the Triple P for Teens parenting programme, and evaluate its impact.
Improve outcomes for children and young people presenting to early help with challenging behaviour.	<ul style="list-style-type: none"> • Based on a graduated response to behaviour, develop a wrap-around multi-agency offer for children and young people exhibiting challenging behaviour in a home, community or school environment. • Put in place more joined up support around children at risk of exclusion in primary, including high quality roll-on roll-off alternative provision. • Work with partners in the community to develop positive individual and family interventions and support for young people engaging in disruptive behaviour outside the home and school.
Actively support children and young people to re-engage with learning, positive activities and employment in response to the pandemic.	<ul style="list-style-type: none"> • Work with schools and community groups to identify the children and young people most at-risk of disengaging and put in place pre-emptive support. • Work with young people at risk of becoming NEET to overcome the disruption to their learning and provide support, advice and guidance to enable them to make positive decisions about their futures. • Support young people who are not in employment, education or training to re-engage with learning and work through tailored information, advice and guidance and practical help to get them back on track.

Vulnerable and at-risk adolescents

In both Cambridgeshire and Peterborough, the percentage of young people entering the youth justice system is below national average, and the average in similar authorities, having fallen dramatically in recent years. This is really encouraging and suggests that a focus on prevention is leading to better outcomes. However, we also see the complexity of cases is increasing. Furthermore, the capacity to support intervention before young people engage in risky or criminal

behaviour is limited and there is a need to join up resources across the partnership to have the greatest possible impact on prevention. It remains a challenge that for many of those young people who enter care as a teenager, there may have been opportunities to intervene earlier had the right support and capacity been in place.

For many of those young people who might previously have been at risk of exploitation or criminalisation, the pandemic will have reduced the range of positive activities and supports in their lives. Without the safety net offered by school, clubs, sports or youth activities many of these young people will be even more vulnerable than they were previously. Indeed, there are early indications that young people's engagement in anti-social behaviour, gang-related activity, or serious crime, violence or exploitation may now be higher than it was a year ago. It is therefore a priority for this strategy to find ways to instill protective behaviours and support young people earlier to prevent the escalation of risk and need.

What we can do as a partnership

Priority	Actions
<p>Create more opportunities for high quality preventative work with at-risk adolescents and their younger siblings particularly targeting those at risk of involvement in serious crime, violence or exploitation.</p>	<ul style="list-style-type: none"> • Strengthen the role that lead professionals, from a range of agencies and organisations, play in supporting at-risk adolescents, including identifying 'teachable moments'. • Strengthen the network of providers offering youth support to share information and priorities more effectively. • Identify young people at risk of becoming engaged in serious crime, violence, exploitation or organised criminal activity and put in place a bespoke support package to develop protective behaviours and protective networks. • Work across partners and agencies to prioritise the younger siblings of exploited, risk-taking or criminalised young people for bespoke support through a Lead Professional and other support networks.
<p>Develop a partnership wide approach to contextual safeguarding for at-risk adolescents.</p>	<ul style="list-style-type: none"> • Roll out training, guidance and support for a wide range of practitioners who work with vulnerable young people in contextual safeguarding. • Provide CPD for specialist practitioners working with the highest-risk individuals, including trauma informed practice/interventions. • Work with partners to identify young people early who might be at risk of criminal or sexual exploitation, or who might be vulnerable to pressures from outside their family environment and put in place appropriate support.
<p>Work with young people in the youth justice system to reduce re-offending and support them onto positive pathways.</p>	<ul style="list-style-type: none"> • Draw on youth justice expertise and capacity to prevent young people from engaging in criminal activity and to reduce the occurrence of reoffending and harm against others. • Work with partners to ensure that young people in the youth justice system have the support they need in terms of education, employment and health to make progress.

Promoting good mental and physical health

Providing timely support for children and young people's mental health, when their needs are moderate rather than severe, in order to prevent problems from escalating, has long been a challenge in Cambridgeshire and Peterborough. This challenge is faced by many areas of the country and has been identified by the Children's Commissioner as a priority for the future wellbeing of children and young people in England. The pandemic is likely to exacerbate many of the underlying causes of anxiety and poor mental health including deprivation, bereavement, isolation, and pressure associated with exams or education. There are already reports, nationally, of increased incidents of issues such as self-

harm and eating disorders. Working to support both young people and parents who are suffering from poor mental health, early enough and with sufficient expertise, to prevent some of these challenges escalating and becoming acute should be a priority for the whole partnership. The new integrated approach to commissioning mental health support, coupled with distributing expertise and skills for enabling emotional wellbeing, is a key element of this strategy. In terms of physical health, we know that many of the referrals to community health teams are related to the consequences of adopting unhealthy nutritional habits and poor health routines. These include issues related to weight-gain, incontinence, digestive problems and poor oral health. Many of these health complications can be addressed successfully by earlier adoption of healthy eating habits, including good hydration, active lifestyles and maintaining health routines.

At the same time, the pandemic has taken a toll on the physical health of children and young people in terms of reduced opportunities for exercise, sport and play; routine appointments with healthcare providers that may not have taken place; and fewer opportunities for therapeutic interventions. We need to take the time to understand the impact of this changed landscape and put in place the support that will enable an improvement in children’s physical health over time. Moreover, in the context of the pandemic, vaccine hesitancy is seldom out of the news. Poor take-up of childhood and adolescent immunisations has been a challenge in more disadvantaged communities within Cambridgeshire and Peterborough for many years. We need a targeted approach to building communities’ trust in healthcare providers and developing their understanding of the essential contribution vaccines make to children’s ongoing health.

What we can do as a partnership

Priority	Actions
Provide support earlier for children and young people experiencing poor emotional wellbeing to stop issues from becoming entrenched.	<ul style="list-style-type: none"> • Create clarity of referral pathways between different levels of support, with a single front door. • Build capacity and strength of partners to support children and young people with mild to moderate needs. • Recommission an integrated support offer for the sub-CAMHS threshold. • Pilot the offer of specialist supervision, advice or reflective practice to support practitioners to manage higher risk elements.
Enable families to adopt healthy lifestyles and good health routines including improved nutrition, more physical activity, better oral health and keeping up immunisations.	<ul style="list-style-type: none"> • Join up parenting programmes, the healthy child programme, and school nursing to provide families with support on nutrition, healthy lifestyles and good health routines in order to reduce the need for specialist referrals for weight gain, continence or digestive issues. • Continue to promote ongoing uptake of immunisations through childhood and into adolescence, with a particular focus on uptake of the flu and HPV vaccines. • Identify children at high risk of poor oral health and work proactively with their families to promote good oral hygiene.
Work with children and young people to embed an understanding of safe, healthy and kind relationships and make a successful transition into adulthood.	<ul style="list-style-type: none"> • Harness the capacity of the healthy child programme, curriculum opportunities in schools and expertise in the voluntary and community sector to develop a strong understanding and appreciation of safe and kind relationships. • Develop a multi-agency approach to tackling bullying and in particular the emergence of cyber bullying.

Outcomes framework

To measure whether we are having the impact that we hope, we have constructed the attached outcomes framework that is organised against our headline goals.

Overarching	<ul style="list-style-type: none">Increasing the percentage of families who have made positive progress as a result of early help support.Reducing the percentage of families who are closed to early help and subsequently rereferred to either early help or children's social care within 24 months.
Children and young people are safe from harm	<ul style="list-style-type: none">Fewer new child protection plans starting in the year per 10,000 populationReducing the involvement of young people as victims and perpetrators of serious youth crime and/or exploitation .Fewer incidences of domestic violence or abuse involving children
Children and young people lead healthy lives	<ul style="list-style-type: none">Reduce hospital admissions for children and young people as a result of mental health conditions or self harmReduce the rate of obesity among 10 to 11 year oldsIncrease percentage of young people who report that they are in good health
Children and young people are confident, resilient and thrive in their learning	<ul style="list-style-type: none">Increasing progress at Key Stage 2 and Key Stage 4 for children supported by early helpReducing rate of exclusions, both fixed and permanent, in schoolsIncreasing overall rates of attendance in school for children supported by early help.Reducing proportion of 16 and 17 year olds who are NEET.
Children and young people engage positively and actively in their communities	<ul style="list-style-type: none">Reducing the number of first time entrants to and reoffending in the youth justice systemIncreasing numbers of young people reporting positive engagement in activitiesReducing numbers of young people reporting they have experienced bullying of any kindReducing involvement of young people in Anti Social Behaviour