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Brighton and Hove City Council

Early Help Review and New Model Development

March 2022

Executive Summary

Brighton and Hove City Council and its partners have a clear aspiration to "deliver safe, whole- family services, improving outcomes, developing inclusive and accessible provision and developing our staff." Comprehensive, tailored and effective early help services, delivered across the partnership, are crucial to achieving this vision.

There are a wide range of early help services in Brighton. Currently, however, these are not coordinated to maximum effect, with multiple referral pathways in and out of these services – leading to a duplication of effort, difficulties for professionals in navigating the system but, most crucially, a disjointed experience for children and families.

There are opportunities to bring together this substantial collective resource into a multi-agency, locality-based model, with support tailored more to local needs in these areas.

Through redesigning the early help partnership model in Brighton, there are opportunities to streamline referral and decision-making points by ensuring the Front Door for Families is a single, central referral point for early help services. The Front Door for Families will develop strong links to the locality-based teams who will work closely with children and families to ensure they are connected to, and can access, the most appropriate universal and partnership resources to meet their specific needs.

The model should be underpinned by increased use of data to understand and predict local need, share operational intelligence, and monitor key outcomes for children and young people. This will be critical to supporting the continuous development and improvement of the service model.

As well as a diverse range of community assets, there are significant physical assets in Brighton, including seven children's centres. This presents an opportunity to convert these assets into new 'family hubs', operating as key elements of the new locality model. As this is in line with government policy, there are opportunities to access funding streams to support the implementation of the overall model for early help.

Scope and Methodology

Peopletoo worked closely with an internal project team from FCL between July and November 2021 to undertake a review of the current system. This review built on the work undertaken to date, along with the peer review completed by the LGA, with recommendations for a future outline model for Early Help Services in Brighton and Hove.

The scope of this work included:
- Identify areas of good practice, and make recommendations to improve integration
- Transform data sharing
- Review Children's Centres and consider the option of developing a Family Hub model of support.
- Contribute to developing a citywide disadvantage strategy

The key activities undertaken as part of this review included:
- Collation and review of a range of documents including key strategies, policies and previous reviews.
- Analysis of demographic data to understand the profile of Brighton and Hove.
- Review of available performance and demand data to understand current demand and outcomes.
- Initial engagement with a wide range of stakeholders from across BHCC and partners to understand the current system and identify what is working well and the key challenges and areas for improvement. A full list of stakeholders engaged is included in Appendix 1.
- Workshops with managers of each of the BHCC services to understand processes and detail around the current service set up.
- Workshops with staff from all BHCC FCL services, to engage them in the review and obtain their views on what was working well and key challenges.
- Various sessions at different points in the review with the Early Help Partnership Board and "drop in" sessions for members of the Board to further obtain views of key partners.
- Family Journey Mapping with a sample of eight families that had experiences with a range of Early Help services.
- Work with FCL performance team, IT business partner and IT&D to understand current system and data challenges.
- Workshops with DMT and Early Help Partnership Board to outline key findings and shape the recommended future model.

National Context

Apparent from recent Government initiatives is a clear recognition that 'whole-family working' is now considered to be best practice and proven to have the most sustainable and positive impact on families. There is also recognition within current Government thinking of the need to create joined up and seamless services that are accessible to the most hard to reach families, which remove duplication and use valuable assets to the maximum effect.

Family Hubs

The Government has committed to championing 'family hubs'. Family Hubs are a way of joining up locally and bringing existing family help services together to improve access to services, connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family Hubs bring together services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

They can include hub buildings and virtual offers. How services are delivered varies from place to place, but the following principles are key to the family hub model:

- **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.

- **Better connected** – family hubs drive progress on joining up professionals, services and providers (state, private, voluntary) – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reduces fragmentation (even though an emphasis on early years and the 'Start for Life' offer will remain).

- **Relationship-centred** – practice in a family hub builds on family strengths and looks to improve family relationships to address underlying issues.

Family Hubs are a key part of the Best Start for Life vision. The Best Start for Life: A Vision for the 1,001 Critical Days, commissioned by the Prime Minister, and chaired by Rt Hon Dame Andrea Leadsom MP, was published by the Department for Health and Social Care in March 2021. Family Hubs are at the heart of this vision for baby-centred services, designed to give every baby the best start for life.

Although Family Hubs are designed to support families from conception all the way up to young people of 19 (or older if they have special educational needs or are disabled), the Best Start for Life Review described a Vision for the 1,001 critical days, and a Start for Life offer, to be a core part of the family hub network. Family Hubs can also act as a 'front door' to a range of early help, public health, and wider support services, with a view to better facilitating "whole family working".

Best Start for Life

The Rt Hon Andrea Leadsom MP was appointed to lead the Early Years' Healthy Development Review in July 2020. The Review focused on the 1,001 critical days through pregnancy to the age of two. These critical days are when the building blocks for lifelong emotional and physical health are laid down. Through virtual visits to local areas, meetings with parents and carers, academics, practitioners, civil society organisations, representative bodies and others the review learnt about what's going well and where change is needed. Whilst a commitment and passion from those working with families to help them give their baby the best start for life the Review also heard how hard it can be for families and carers to find the support they need when they need it most. The Review also heard examples of instances where families felt let down by the services they received and sometimes, professionals and volunteers do not know what good joined up services would look like for that family. However, the Review heard, loud and clear, a strong commitment from across early years charities, organisations and the workforce to improving how we support families during the 1,001 critical days.

The goal is to ensure the best support throughout those 1,001 critical days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing. To achieve this the Review outlined six Action Areas.

Action Areas Ensuring families have access to the services they need
1. Seamless support for families: a coherent joined up Start for Life offer available to all families.
2. A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life system is working together to give families the support they need
4. An empowered Start for Life workforce: developing a modern skilled workforce to meet the changing needs of families.
5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.
6. Leadership for change: ensuring local and national accountability and building the economic case.

Supporting Families Framework

Supporting Families (previously the Troubled Families programme) focuses on providing help to vulnerable families with multiple and complex problems to prevent them from escalating into crises. A keyworker works with all members of the family to build a relationship and effect positive change. The programme also drives early help system transformation locally and nationally to ensure that every area has joined-up, efficient services, is able to identify families in need, provides the right support at the right time and tracks outcomes in the long term.

In May 2020, the then Ministry of Housing, Communities and Local Government (now the Department for Levelling Up, Housing and Communities [DLUHC]) published the Early Help System Guide a toolkit to support local strategic partnerships responsible their early help systems. The objective of the tool is to help local authorities and their partners direct their focus and activity towards whole-family working, strong governance and a mature data infrastructure that supports early help.

In March 2021, the next phase of the programme was launched under the new name 'Supporting Families'. The refreshed vision, set out in "Supporting Families 2021-22 and Beyond", continues the focus on intensive whole-family support from a lead professional where families are experiencing multiple complex problems, but also the ambition to fully embed earlier support from the appropriate local service when problems first emerge.

The vision is that the practice of whole-family key working is spread across agencies, including the forming of strong partnerships with specialist services, more involvement from voluntary and community sector (VCS) organisations, and from communities themselves. The aim is for strong multiagency local partnerships in every area and mature local and national data systems, which enable partners to identify families in need of extra help, target services more effectively and track family-level outcomes over the long term. This should support local areas to fully embed preventative approaches into their support systems for families, creating more resilient communities for the long term.

Local Context

Vision for Children's Services in Brighton and Hove

The vision and direction of travel for FCL (2020-2024) is:

"We work as one Families, Children and Learning directorate and with others in the city delivering safe and whole family services, improving outcomes, developing inclusive and accessible provision and developing our staff.

To achieve this, we will:
- *Recognise and address the impact of Covid 19 and work with partners to implement a city-wide approach to recovery and renewal*
- *With partners develop and implement a city-wide disadvantage strategy that leads to improve outcomes and inclusive provision*
- *Promote, support and deliver high quality educational and skills provision*
- *Review Early help provision and promote whole family working*
- *Deliver an outstanding, safe and effective social work service which responds to changing needs of children and their families*
- *Work to support adults with learning disabilities to live independent and positive lives*
- *Work with young people and other partners to deliver high quality youth services across the city*
- *Co-produce and continue to improve SEND provision and services in the city*
- *Manage effective budget arrangements across the directorate*
- *Improve the diversity of the workforce*

The voice of children, young people, their families and those of adults with learning disabilities is at the heart of everything we do.

We commission and deliver services with partners to ensure children, young people and adults with learning disabilities live happy, safe and positive lives, achieving their potential. This is achieved within the context of high demand and reducing resources"

Early Help is a key element to delivery of this vision and the development of the proposed model has been undertaken with this in mind and aims to support these ambitions.

Brighton and Hove Demographic Summary

Brighton & Hove is a diverse city with a ranging profile of needs. As, shown by the graphic below, there is a contrast of many affluent areas and some areas of high deprivation, some of which is concentrated in areas but there are also some pockets of deprivation within wealthy

areas. There is an increasing gap between outcomes for children generally and outcomes for the most disadvantaged.
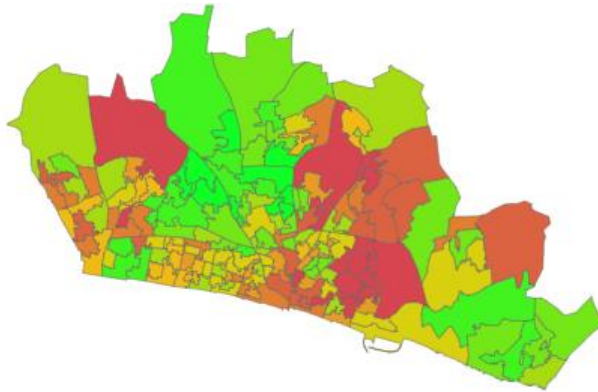
Brighton and Hove is ranked 140 out of 317 for IMD
The proportion of LSOAs in the most deprived 10% nationally is 0.0909
15 LSOAs are ranked as decile 1 (most deprived). These 15 LSOAs are in the wards of East Brighton (6), Hangleton and Knoll (2), Hanover and Elm Grove (1), Hollingdean and Stanmer (2), Moulsecoomb and Bevendean (2) and Queen's Park (2).

The population of Brighton and Hove is around 291,738 and has been increasing year on year. ONS mid-202 estimates indicate 50,322 young people aged between 0 and 17 around 17% of the population.

Based on ONS mid-2018 data the table below shows households with dependent children projected to 2043. The data shows an increase in households with one dependent child, but decreases where there are two, or three or more dependent children.

Households with dependent children	2018	2043
Households with one dependent child	16,134	16,309
Households with two dependent children	10,549	10,215
Households with three or more dependent children	3,538	3,346

Comprehensive demographic and needs analysis is contained within the local authority's Joint Strategic Needs Assessment.

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STARTING WELL

Population

The number of 0-24 year olds is projected to increase by 6% (5,600) between 2020 and 2030, from 94,100 to 99,700 children and young people The biggest % increase is expected in 15 to 24 year olds, (16%, 8,200 people)
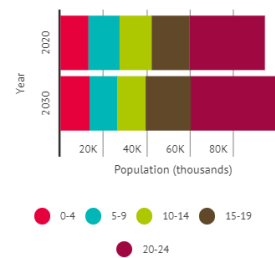
Our children and young people's wellbeing is influenced by a wide range of social, economic and environmental factors:

Children in care
74 per 10,000 children and young people in care. 53 South East, 67 England (31 March 2020)

School readiness
72% achieving a good level of development at end of reception. (75% South East 72% England (2019)
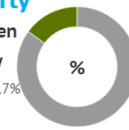
Education
Educational progress pupils make between primary and secondary schools is in line with the England average (2018/19)

Child poverty
16% of children live in poverty
13% South East, 17% England (2016)

Youth unemployment
5.0% 16-17 year olds not in education, employment or training **5.5%** England (2018)

Disabilities and sensory impairments
More than 4,500 children and young people with a disability on the local register (2019/20)

It is estimated that there up to **600** children and young people with Autistic Spectrum Conditions living in the city

(Chart: Population (thousands) by Year 2020 and 2030; legend: 0-4, 5-9, 10-14, 15-19, 20-24)

Download data

As can be seen to the left, a slightly higher proportion of children in Brighton live in poverty, compared to regional neighbours.

A slightly lower proportion of children achieve a good level of development at the Early Years Foundation Stage than the regional average.

STARTING WELL

We do well in many areas: fewer mothers smoke, more breastfeed and more children are a healthy weight

However, we have worse rates of smoking, drinking and drugs use and poorer emotional wellbeing impacting young people's current & future wellbeing

Healthy weight
77% of 4-5 year olds are a healthy weight -2019/20 (England 76%)

71% of 10-11 year olds a healthy weight - 2019/20 (England 63%)

However, it is estimated that **14,000** children and young people in the city are **overweight or obese**

Maternal & infant health
88% breastfeeding by 48 hours 75% England (2016/17)

6% (140 people) smoking at delivery. 10% South East and England (2019/20) All childhood immunisations, including MMR at five years (2019/20), are **below the 95% required for population protection**

13 per 1,000 (51 people) under 18 conceptions (2018) (17 per 1,000 England)

Young people
We have the highest % of 15 yr olds who smoke, have tried cannabis and the 3rd highest drinking weekly in England (2014) and high Sexually Transmitted Infection (STI) rates in young people

(Chart: B&H 15%, Engla.. 8%, B&H 24%, Engla.. 11%, B&H 11%, Engla.. 6%)
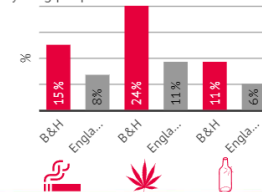
Emotional wellbeing
538 per 100,000 (365 people) 10-24 yr olds admitted to hospital for self-harm (2019/20) (444 per 100,000 England)

17% of 14-16 yr olds say they often / sometimes have suicidal thoughts and

10% say that they often / sometimes hurt or harm themselves (2018)

Maternal and infant health measures generally compare with national comparators.

However, substance misuse and sexual health issues are amongst some of the highest in the country.

Social Care Demand

Source: LAIT

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Rates per 10,000 of referrals to Children's Social Services
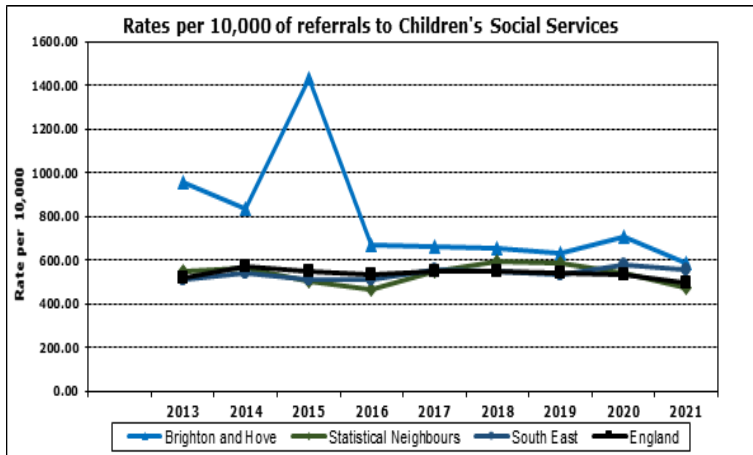
The rate per 10,000 of referrals to Children's Services has decreased significantly but it still slightly above the average of Statistical and regional neighbours and the England average.

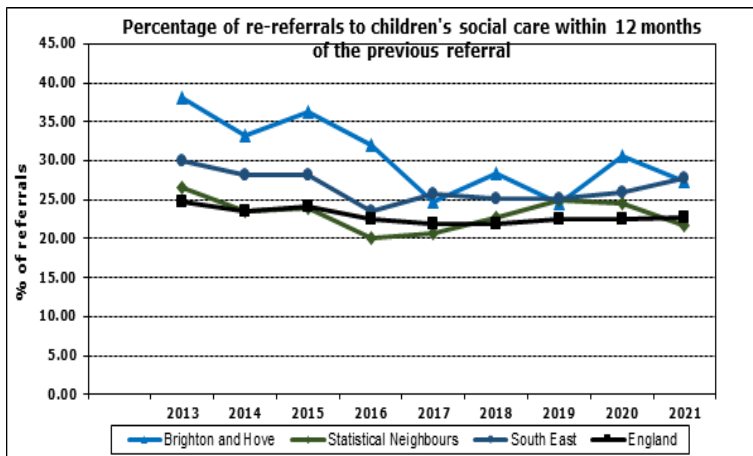Percentage of re-referrals to children's social care within 12 months of the previous referral

The re-referral rate has reduced and reduced since a peak in 2020, but is still higher than comparators and the England average

Children in Need rate per 10,000

Children looked after rate, per 10,000 children aged under 18
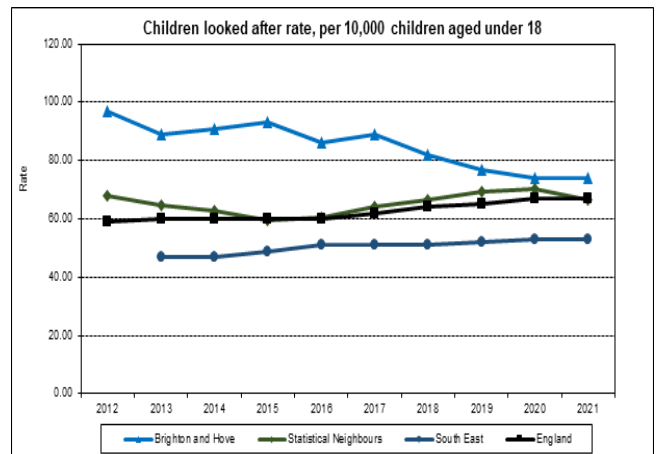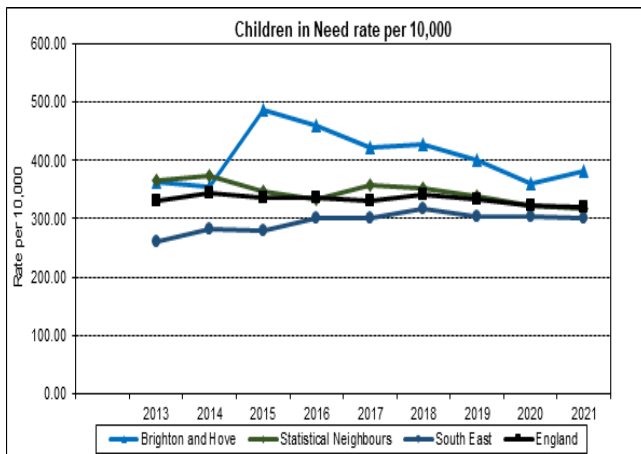
The rates of CIN, CP and LAC are above the average of comparator authorities, although significant decreases have been seen in recent years.

Demographic changes, societal pressures and the Covid-19 pandemic have impacted volume and complexity of demand for Children's Services, as well as the ability of the council to respond. Some key challenges include:

- An increase in financial deprivation and homelessness. Access to affordable housing is a key challenge within the city and for families on low incomes and out of work benefits in receipt of housing benefit the gap between market rates and the Local Housing Allowance is very wide.

- An increase in the proportion of children and young people presenting with SEND and in particularly Autism Spectrum Disorder (ASD). Data shows an increase of 127% of contacts presenting at the Front Door for Families with Autism over the last four years. Now 11.9% of all contacts to FCL mention Autism in the initial conversation.

- An increase in the proportion of children and young people presenting with emotional or mental wellbeing needs.

The current system

The current offer

The illustration below shows early help services available in Brighton (also provided as Appendix 2). It is not intended to be a comprehensive picture of all services, where it is acknowledged that there is a vast range of services within Brighton.

A previous mapping exercise was completed as part of the LGA review as an attempt to map all early help services in the city, although it is recognised that this exercise was carried out in 2019 and the landscape will have changed subsequently. Brighton has a vibrant voluntary sector and a wealth of community assets providing support and opportunities across a wide range of needs and groups. The Family Information Service Directory has over 800 services listed. A mapping exercise completed as part of the LGA Peer Review identified 44 services that described themselves as providing Early Help and participated in the review.
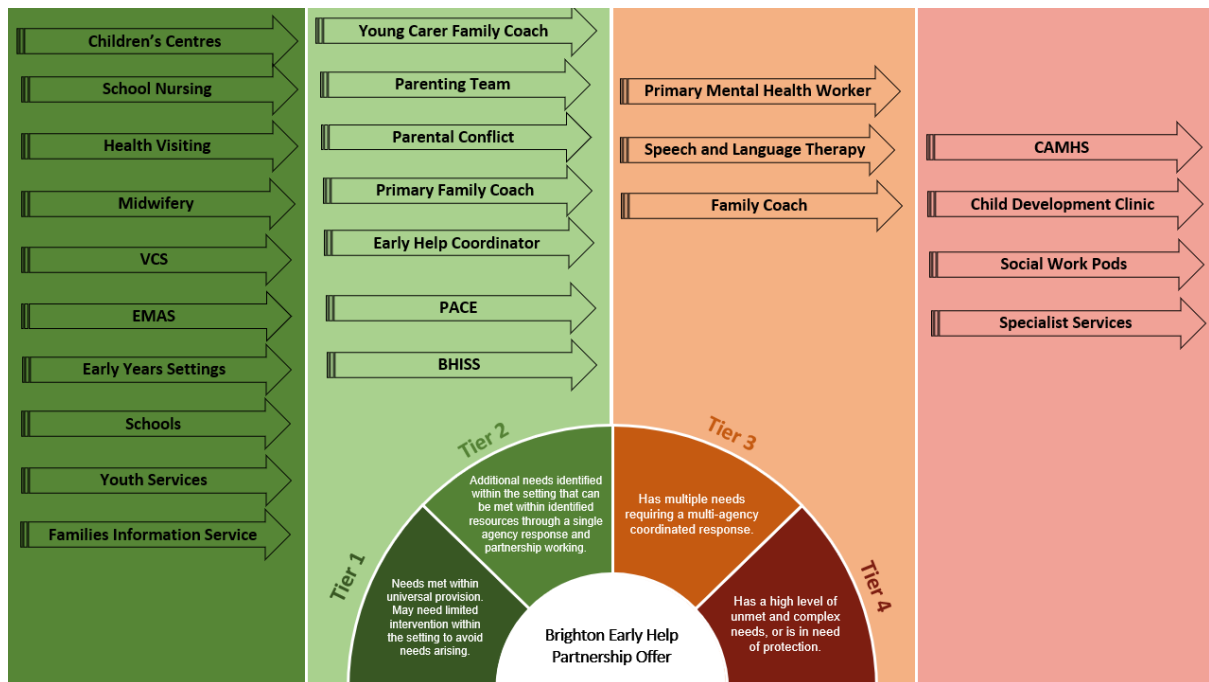
It is suggested that the service map is used as a 'live' document and continually developed to identify and illustrate the range of services operating across the early help continuum.

Referral processes and pathways

Building on the services map, the graphic below illustrates the current referral pathways in and out of various services across Brighton.

As can be seen, it is a complex picture and, whilst all services can refer to the Front Door for Families, there are also various referral routes to Children's Centres and directly to other agencies.

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Early Help Co-ordinators were originally designed to coordinate and direct children and families referred to the front door to the most appropriate services. This is alongside a separate referral route and allocation process which takes place at Children's Centres.

The role of the Early Help Co-ordinators has changed over time. Initially they were intended to take a community connector-type role and support schools with referrals and managing the work with the family e.g. completing a whole family assessment, setting up a Team
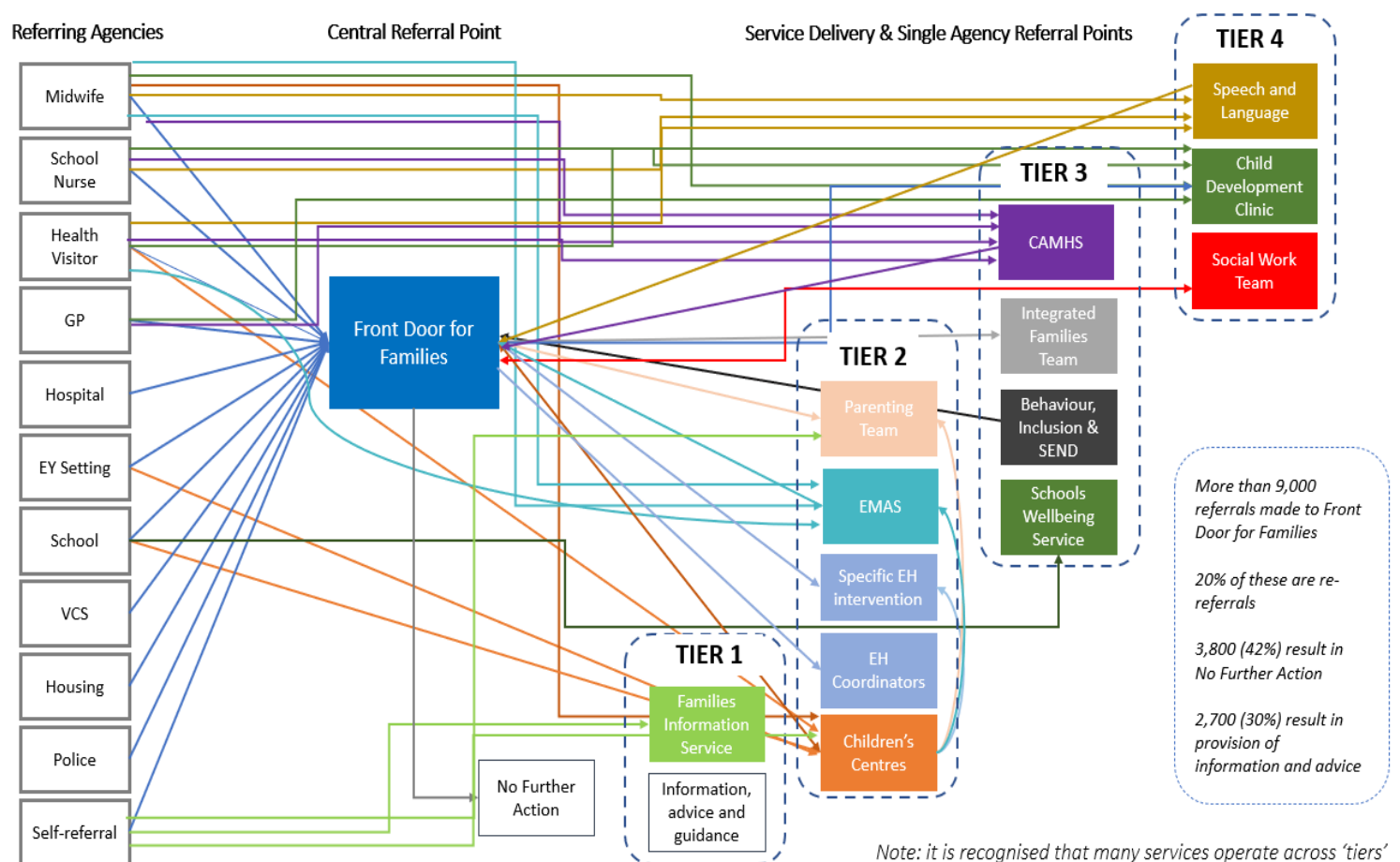
Around the Family and agreeing a whole family plan . At the point of this review, the co-ordinators are acting in part as a decision-making point, signposting some referrals and passing referrals through to services. However, they also hold some cases and provide some interventions. This is mainly to mitigate waiting lists for other services, particularly ITF. There are also a range of other local authority early help services (including Children's Centres, PACE, Reducing Parental Conflict, and the Parenting Team) which, in many cases, operate in different ways, using different methods of intervention, and under different line management arrangements. As a result, there is an inconsistency in approach and offer to children and families.

Whole-family working appears to be seen as the council's responsibility, with few Early Help Strengthening Families Assessments completed by partners. Multiple systems and lack of

consistent recording practices means it is difficult to track work delivered by partners and understand outcomes. There is lack of clarity over the number and type of referrals to onward services. Data from the Early Help co-ordinators shows referrals to 47 different services over a period of a year, although many received a low level of referrals and 60% of referrals were to schools, ITF, FIS, Parenting and Wellbeing Service). Although they are all recorded as referrals, it is not clear how many are referrals and how many are passing information. The large number of services and low number of referrals to each suggests an inconsistent model and pathways.

Key Findings

Leadership and governance

Areas of strength
- The Early Help Partnership Board has most of the key stakeholders and partners and is "finding its feet" in setting the strategic direction.
- There is a commitment across senior leaders within the council and partners to improve outcomes for families and an emphasis on earlier interventions

Areas for development
- Currently the board is led and chaired by the local authority and our observation from attending, is that it does not always feel like true collaboration between all partners. The agenda is set by the local authority and limited contributions to discussion were made by several representatives.
- The board is operating to provide updates and discussion rather than to direct activity and manage programmes of work.
- There are not currently structures underneath the partnership board to drive delivery and shared working and manage operational priorities.
- There is not a clear, shared understanding of Whole Family Working and the contribution each partner makes. Often it is seen as a local authority responsibility.
- The core BHCC Early Help services sit within different teams and management lines

Conclusions

- A review of Terms of Reference and chairing arrangements for the Early Help Partnership Board is required to drive ownership and accountability across all partners and ensure the board is established to drive delivery of the new approach.

- A clear vision should be developed and agreed for Early Help and Whole Family Working based on the recommended model.

- Clear and robust delivery mechanisms are required, to ensure actions are owned and driven by all partners.

- There is a need to review the management structure for core Early Help services.

Co-ordinated support wrapped around families' needs

Areas of Strength
- There are many good services across Brighton which are well thought of by families and are leading to better outcomes for families. The impact of services provided by the council was evidenced through the Family Journey Mapping in which families overwhelmingly reported improved outcomes following interventions.

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- There is good joint working between professionals at the frontline. This was continually highlighted by staff in engagement sessions. The majority of staff felt they had built good relationships with their counterparts in other organisations and that they were able to work together effectively to best support families.
- There is a vibrant voluntary sector in the city with a wide range of services. VCS organisations are keen to work more closely with the council and grow and develop services in areas that are currently gaps, as evidenced by the range of VCS organisations active and observed through conversations as part of this review.
- Virtual working has facilitated joint working and brought opportunities to work with families differently. For example, staff reported being able to better engage with difficult to reach families and being able to deliver interventions outside of traditional working hours, which better suited many families.

Areas for development

- The whole system is not coherently aligned. There is a range of different services provided by BHCC and partners and the pathways between these are not clear. This was further highlighted by the difficulty in producing a visual map of the current system.
- The role of the Early Help Co-ordinators is not clearly defined. In some cases, they are acting as a triage and decision making point, and in others they are holding cases and providing direct interventions. This is often to mitigate the impact of waiting times in other services, however, it results in further confusion of pathways. The original role of the co-ordinator was to provide a connection role and support for partners, however, this has changed over time.
- There are high waiting times for ITF and no capacity for 'step across' which is likely resulting in increased complexity and re-referrals.
- Partners, particularly schools, reported being unclear on the pathways and what Early Help services could offer. They reported increases in volume and complexity of issues presenting in families and felt families were often falling through the gaps when they did not meet the threshold for services. They reported that this often resulted in families' needs escalating and referrals being made at a higher level than would have been required had support been available earlier.
- High waiting times for statutory services (particularly CAMHS) impact on level and complexity of EH demand.
- Early Help Strengthening Families assessments are not consistently used by partners. Performance data shows that only 45 EH assessments and 38 EH plans were completed by partners in 2020/21. All but 2 of these were completed by Health Visitors.
- Family Journey Mapping, and previous evidence gathered through the LGA review, suggests that families find the system difficult to navigate and often experience involvement of several different professionals with limited co-ordination.
- Prior to the pandemic, universal services were provided by Children Centres and significant resources are allocated to this. In Peopletoo's opinion, better use of resource could be made by focusing these resources on targeted interventions. These services were stopped during the pandemic and have not been re- started.
- There is no standardised or digitised approach to capturing family voice to help shape EH services.

- It has been very difficult to obtain data to accurately evidence demand across the system. This is due to a variety of reasons that are articulated in the data and digital transformation section below.
- Data that has been obtained suggests a lack of clearly defined model and pathways and that there is duplication, and also gaps in provision across the system. For example, data provided by the Early Help Co-ordinators, shows 47 different services received referrals from them, and feedback from engagement sessions with staff suggested an even wider range of services and varying referral routes. As this data has been gathered through a spreadsheet, with significant free text, it is not possible to determine the proportion of the 'referrals' that are referrals for services and those that are information sharing.
- There is not currently capacity for 'step across cases' due to lack of capacity in ITF. It has not been possible to obtain data on the number of cases requiring 'step across' support. There is likely to be an invest to save case to increase capacity in ITF. Currently the service has an average caseload of 10 (20 cases per worker per year, assuming cases are worked for 6 months maximum). The Primary ITF service is operating with caseloads of 12 and work for 3 months.

Conclusions

- The future model should ensure clearly defined pathways and simplification of referral routes.

- Re-definition of some roles is required to reduce duplication and ensure all required functions are delivered. Early Help Co-ordinators are a key role that requires re-definition.

- Capacity should be created in the system to support 'step across' cases within ITF.

- A consistent approach to completing Early Help Strengthening Families Assessments and recording information is required.

Place based integrated working

Areas of strength
- There are good examples of local delivery and understanding needs of communities/specific groups, particularly in Children's Centres. This has been facilitated by work carried out during the pandemic, for example the Food Bank.
- There is a strong Children's Centre model that has examples of good community activity and some community development work.
- There is a commitment to identifying and addressing areas of disadvantage through the citywide disadvantage strategy.

Areas for development

- The approach to Early Help is not currently on any kind of locality footprint which does not lend itself to a variated approach based on local need.
- There is limited integration between Early Help and other areas in the council, particularly Adult Social Care and Housing. Whilst staff are often able to work together to solve specific problems, there is limited join up in services which could support the whole family.
- Whilst there is a vibrant voluntary sector, there is a lack of a collaborative approach to Community Development at local level. The VCS report lack of pro-active intelligence sharing on gaps in provision to facilitate the development of new offers.
- There are no clear and up to date maps of services and community assets currently available in local areas.

Conclusions

- The future model should focus support around clear locality footprints in which services are co-ordinated and work jointly to support families.

- There is a need to better understand, and evidence needs at a locality level and utilise this data to plan and deliver services.

- There is a need to understand services and community support available within localities and ensure this is maximised.

Evidence-based shared practice model and Whole Family Working

Areas of strength

- There has been an agreement to embed Whole Family Working across Early Help and a strategy developed. In Peopletoo's opinion this strategy is comprehensive and reflects best practice.
- Social Work and ITF evidence effective Whole Family Working. The impact of this is really felt by families and was a key theme picked up in Family Journey Mapping.
- There is a strong ambition and commitment to embedding a trauma informed approach through the Safeguarding Partnership.
- Relationship based practice is well embedded across the system.

Areas for development

- Despite the sign up to the strategy, there is still lack of shared understanding of what Whole Family Working will look like in practice, and limited evidence of its use outside of Social Work and ITF.
- There is little understanding of what the barriers are to embedding Whole Family Working.
- It is recognised that many services have not been commissioned or set up to work in a Whole Family approach. However, whilst changing specifications may support the

approach, embedding the approach is not predicated on this and services should be encouraged to adopt the approach through understanding of the benefits.

Conclusions

A key focus of the future model should be on embedding Whole Family Working. This is linked to agreeing a joint vision across the Partnership Board and ensuring ownership across all partners. While there are some barriers to Whole Family Working, if all partners are signed up to and held accountable, it will be possible to embed a strong approach.

Use of data to identify need and shape services and strong digital offer

Areas of strength
- Significant work has been undertaken by FCL performance team to identify the datasets required and the current challenges as well as outline a desired future approach to matching data and develop short term workarounds.
- Corporately, BHCC has developed a Customer Index which has the ability to pull data from several council systems to create a single record. Conversations have begun about how this could be utilised to support the data matching required for Early Help.
- FCL is in the process of implementing a new case management system, Eclipse, which is likely to provide improved customer journey flow and therefore improved opportunities for data reporting and matching.
- The Council website has a lot of useful information and resources and some staff said they regularly use it to find support for families.

Areas for improvement
- Multiple systems are used across services and organisations and there are currently no mechanisms for data sharing and providing a single view across systems. Currently many services, including Children's Centre's do not have access to information on CareFirst (now Eclipse).
- There is no FCL lead for data transformation and no formal FCL governance. This has resulted in lack of clear direction and ownership.
- There is limited demand, capacity and productivity data to support workforce and service design decisions. For example, it was not possible to gain a standard report on caseloads and throughput across each service.
- There is currently no systematic gathering and reporting of data to show needs and outcomes at local level to inform service delivery and commissioning across the system, although some data is available for services that record on CareFirst.
- Due to lack of clarity on referral, assessment and recording processes and multiple systems utilised across partners, it is not possible to access information to show to number of families supported by each partner, along with outcomes.
- Children's Centres websites are not up to date or utilised as effectively as they could be.
- There is limited use of Social Media.

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- Self-service options and interactive information solutions (e.g. chat bots) are not currently available digitally.

Conclusions

The future model requires a significant focus on digital and data transformation. Without this, it will not be possible to deliver the full benefits of a new approach and evidence outcomes.

Change Readiness

Through stakeholder engagement, observations and analysis carried out as part of this review, we have identified key strengths and areas for improvement in relation to organisational readiness for the change.

These elements will need to be considered as part of the transformation and it is recommended that an Organisational Development Plan is developed as part of the implementation plan to address areas for improvement. Whilst these findings were developed from our observations, no formal change readiness assessment was carried out, which could be undertaken through a staff survey to further build on these findings.

Strengths	Areas for improvement
• Staff are generally motivated and open to change. • Staff reported a high focus on training and development and there are a lot of specialist skills within the service. • Staff feel able to openly share challenges and issues with managers. • There are strong examples of joint working between teams and agencies.	• Staff reported not being clear on the overarching vision for Early Help and how their role fitted into it. • Staff reported lack of clarity on remits of certain roles as thresholds and remits of other services have changed over time. • Observations of Early Help Partnership Board meetings attended suggests strategy and vision is being driven by the Local Authority, with limited ownership from some partners. • Some key stakeholders across the system reported that they often felt that communication of changes made following reviews and transformation projects was poor. They felt there was a lot of information gathering but they were not always clear on the outputs or changes made.

In line with the vision and aspiration articulated by the local authority to move towards its desired model of early help, it is suggested that a phased approach to the transformation will be required to secure 'quick wins' and build the required culture change across the partnership to meet the vision.

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Recommended Future Model

The vision for the future model is to improve outcomes for vulnerable and disadvantaged families by providing integrated, accessible, seamless support to ensure that emerging needs are met at the earliest opportunity.

The aim is to strengthen the targeted offer for families whilst ensuring that preventative, universal help and information remain a cornerstone of community-based support. Data integration and digital transformation is key to this agenda. Underpinning this should be the development of a system-wide model of relationship-based practice (already successfully implemented across social work) and a trauma informed approach.

In the development of the proposed model, Peopletoo considered a number of options which are outlined in Appendix 4. In scoring these options Peopletoo considered the outcomes that need to be delivered by any future model. These outcomes were informed by the early conversations with key stakeholders, the presenting data and government policy/ initiatives. The crucial outcomes to be addressed by any model were identified as:

"The most effective offer of early help is one which considers the importance of place. Organising around a place can bear dividends not just in the interactions between different professionals, but also in the depth of community knowledge. This results in precision in terms of targeting resources and responding to the changing needs of populations"- Bright Future's Children's Services Early Help Report (2019).

- Whole Family Working
- Seamless and Accessible services for families, carers and young people
- Reflective of local needs
- Harnesses and values partners and community resources

In addition, given the financial constraints currently placed on Local Authorities there is also the need to consider budget feasibility.

The recommended new model should take a place-based approach. It is recommended that four defined areas are created. These have been identified by the service as being east, north, west and central parts of the city. It is suggested that these are linked to school clusters, other public sector services, youth and VCS offer.

Creating a place-based approach will ensure:
- Understanding of the needs and challenges at a place level.
- Targeting resources at the most disadvantaged within an area.
- Developing a deep understanding of community assets and resources within and area and maximising them
  to meet local need.

The offer in each area will be based on local need and therefore the offer may differ across areas, although core services will be consistent. It is proposed that there will be Family Hubs

in each area (as outlined later in this section). There is a need to develop local area needs profiles for each area which will be continually updated and managed.

Within the model, BHCC resource will be focused on providing targeted interventions at tier 2 and above and will no longer be used to support universal services. However, universal services will still be a core part of the whole system offer, provided through digital solutions, partners such as Health Visiting and the VCS. There is a need to review and evaluate the previous offer of universal services and identify if they can be provided in a different way if they are still required.

The diagram below depicts the recommended offer in each area. The component parts are described in detail below.

Family Hubs take a hub and spoke model to ensure they are accessible to the whole community. Services within them are based on local need.

Data and analytics are used to understand the local population and need and support service design and commissioning as well as assess local performance and outcomes.

Community connector supports professionals and community services in managing cases and provides advice and connects them to local services. They ensure local knowledge is up to date and shared.

Community based services are mapped and an integral part of the EH offer. Comissioning of services is based on local need.

Community Networks bring together all partners working at a place level to share knowledge, experience and intelligence.

Supporting and Developing Community Assets

There will be a strong focus on supporting and developing community assets and the voluntary sector. A clear strategy is required to support growth within the voluntary and community sector.

It is recommended that partners will work together to enable the sharing of good practice and support universal services, schools and other partners within the community to proactively support families, preventing escalating needs and enable internal resources to be focused on the most complex cases.

Community Network groups should be developed in each area. These are locality-based partnership groups focussed on building knowledge and trust between partners, and a key communication route to disseminate key service information / provide a channel for

community intelligence, and updates around strategic direction. They meet regularly with responsibility for organisation and chairing rotating across partners to drive ownership as well as sharing updates virtually.

Community Connector-type roles should also be developed in each local area. This role acts a "connection" for services, offering advice, support and signposting between services, and / or in helping advise whether a formal referral need to be made. Professionals from any organisation or community group can contact them to get advice on cases they are finding challenging. Peopletoo recommend existing resource is redeployed to create these roles. This is a separate role to that currently provided by FIS, although it is recommended that the co-ordinators work closely with FIS to ensure consistency and the role could be added to the FIS structure.

Referral process

As outlined above, there are currently multiple referral points into the service. There are limited Early Help Assessments and plans completed by other agencies. In stakeholder interviews, some partners expressed that they often found it difficult to support families that did not meet the criteria for Early Help support and did not know what support could be available to prevent needs escalating. This often resulted in the family eventually requiring formal support.

It is recommended that referral process into Early Help is streamlined to reduce duplication and confusion. The recommended approach is illustrated in the diagram below.

It is recommended that all referrals have an Early Help Strengthening Families assessment prior to referral and that referrals are logged in the same way on Eclipse.

Referrals should all come through the Front Door for Families.
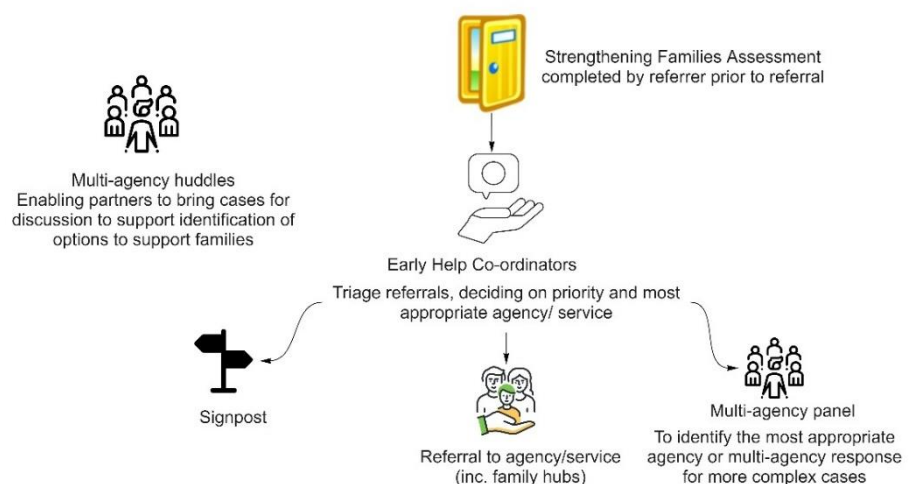
Multi-agency huddles could be introduced as a way of supporting partners to manage cases and identify options to prevent needs from escalating. Professionals can bring cases to discuss if they feel they have exhausted all the support they are able to provide or are struggling to identify support for the family. In some places, these are held in schools.

Family Hubs

Family Hubs are a core element of the recommended model. A Hub can be any building or place in which support is co-ordinated. Family Hubs should be designed based on local need, in line with the place-based approach and localities implemented. It is recommended that there is a physical hub building in each area, as well as spokes and an outreach offer.

The key principles of Family Hubs (set out in the Family Hubs Framework) are:
- A relational approach adopted by everyone who works in the Family Hub.
- A whole-family approach which focuses on disadvantaged and vulnerable children.
- Families have somewhere they know they can go if they need information, advice or guidance
- Parents can get help for difficulties in their relationships with each other and not just with their children.
- Integrated health and public health priorities, such as health visiting and maternity, with social services, Troubled Families programmes and voluntary sector provision.
- Continued support for children's early years (0-5) so their families get whatever help they need to give them the best start in life and ensure they are school-ready.

Hubs should be places that people of all ages will be comfortable accessing and the best places are likely to be those that are familiar to the communities they are intended to serve. Brighton has a strong existing Children's Centre model which can be built upon to develop some of the hubs, however thinking should go beyond Children's Centres to ensure an approach that meets the needs of the whole community. Where existing Children's Centre buildings are identified as the most appropriate for the development of a Family Hub, significant work will be required to re-design the layout of the building, embed key services and re-brand the offer.

Engagement with the public and community and detailed analysis of local need is key to designing both where hubs should be located and what services should be included. This may look different in each area.

Through this process there is likely to be opportunity to rationalise the existing Children's Centres which will enable resource to be re-deployed to support other elements of the model (e.g. Community Connectors) and may deliver financial efficiencies. However, detailed analysis and consultation is required to define this.

Shared Practice Model

A shared practice model needs to be developed across all partners. Peopletoo recommend that this is aligned with the Children's Social Work model and is based on:
- Whole Family Working
- Relationship Based Approach
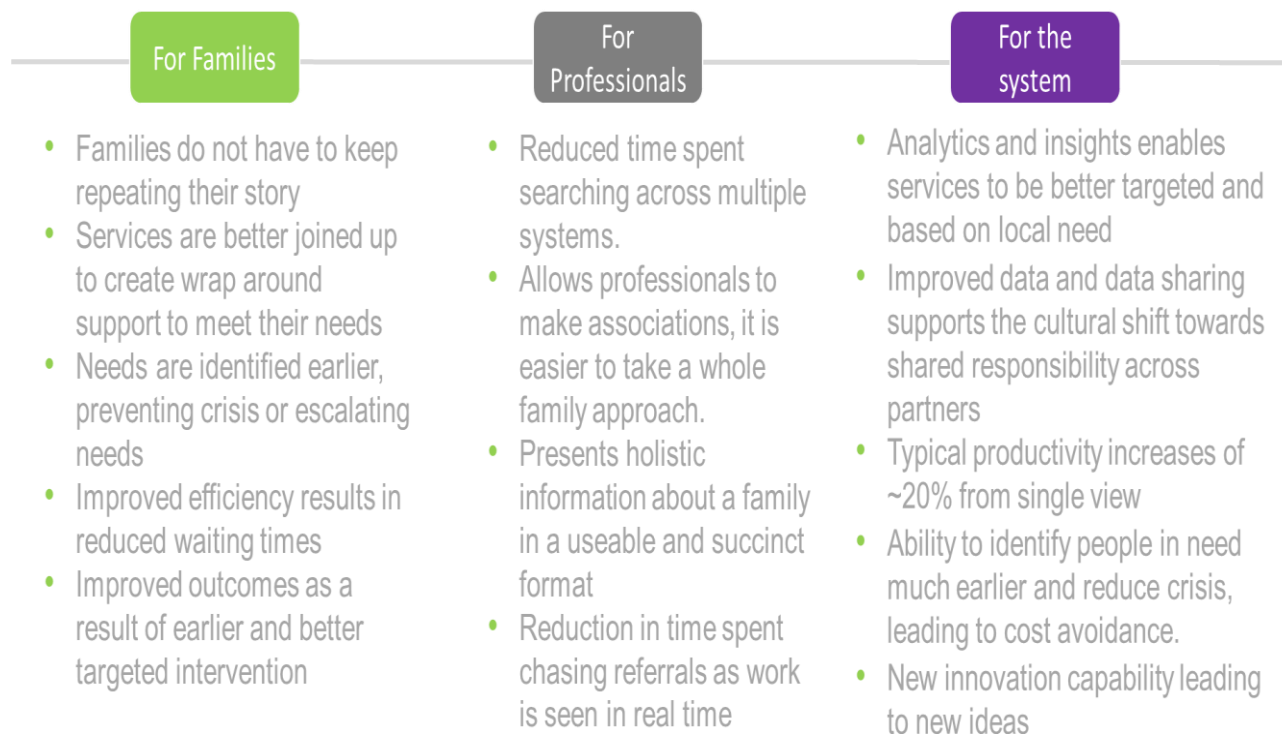- Community focused approach which responds to localised need

All partners need to be signed up and engaged in the benefits of working in this way. Peopletoo suggest this needs to start at a strategic level, shaped by the Early Help Partnership Board and then be embedded in frontline working practices through culture shaping sessions. As partners have already signed up to the Whole Family Working strategy, this should be amended to ensure it reflects the future model and re-signed by all partners. This should include a clear implementation plan that outlines how the strategy will be embedded across the whole system, with all partners taking responsibility for this.

Consideration needs to be given to how partners can be incentivised to do this (e.g. through changes to grant funding structures for VCS organisations). However, this should not be a pre-requisite for introducing the model. Work needs to be undertaken to share the benefits of working in this way, providing strong examples of Whole Family Working and the outcomes that can be achieved for families and young people, along with the government's vision for this. Any barriers to working in this way should be addressed at a strategic level, with all partners working together to find solutions.

Digital and Data Transformation

Both the Early Help System Guide and the Family Hubs Framework place significant emphasis on data maturity and digital transformation. There is an expectation that Early Help Systems are able to share data and information across all partners, utilise data to design and deliver effective services and utilise analytics to predict future demand.

Significant transformation of the way data is recorded, managed and utilised will be required in order to deliver the full benefits of integration and Whole Family Working.
The table below sets out the elements of digital and data transformation that need to be considered and what good looks like for each area.

For Families

- Families do not have to keep repeating their story
- Services are better joined up to create wrap around support to meet their needs
- Needs are identified earlier, preventing crisis or escalating needs
- Improved efficiency results in reduced waiting times
- Improved outcomes as a result of earlier and better targeted intervention

For Professionals

- Reduced time spent searching across multiple systems.
- Allows professionals to make associations, it is easier to take a whole family approach.
- Presents holistic information about a family in a useable and succinct format
- Reduction in time spent chasing referrals as work is seen in real time

For the system

- Analytics and insights enables services to be better targeted and based on local need
- Improved data and data sharing supports the cultural shift towards shared responsibility across partners
- Typical productivity increases of ~20% from single view
- Ability to identify people in need much earlier and reduce crisis, leading to cost avoidance.
- New innovation capability leading to new ideas

Area	What good looks like
Information Sharing	• Robust information sharing agreements are in place across all partners • All case management systems support whole family working through recording processes • Interoperability between case management systems used by all partners • All professionals have access to a single, shared record of a family • Family and individual level data is available to all professionals
Intelligence	• Data and intelligence on need and gaps in provision at place level is routinely gathered to support commissioning decisions and service design and workforce development decisions.
Performance and delivery management	• Common outcomes for families and performance metrics are used by all partners and collatable by all case management systems and regularly scrutinised • Real time performance dashboards are available to all managers to support them to manage demand, staffing, performance and productivity • The Early Help Partnership Board receives data reports monthly and uses them to assess the contribution of all partners and inform strategic decision making
Information, advice and self service	• Families are able to access clear and up to date information and advice about services that are available in their area. • Families are able to 'self serve' and create their own plan to support them to meet their needs. • Information is available on platforms that families are likely to utilise in ways that are accessible, particularly to hard to reach groups (e.g. social media, existing community groups)
Analytics	• Data analytics is utilised to predict future demand and trends which informs service design, commissioning and workforce development decisions. • Analytics can be utilsed to identify families within the community that may be at risk of requiring support in the future and target early interventions accordingly.

The benefits of digital and data transformation are significant, the diagram below outlines some of the key benefits.

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Data transformation has been acknowledged as a key area of improvement within FCL for some time and some work has been undertaken as part of this review, and previously by FCL to identify the data requirements and challenges to recording, reporting and sharing data. However, further work is required to map current systems and their uses across partners. Strong leadership is required at a senior level to set the vision for digital and data transformation. A formal FCL lead is required to ensure ownership and accountability within the service.

Developing a strong digital offer will further strengthen the proposed Early Help model. As outlined above, the council has a strong information and advice offer on their website, it is recommended that this is built upon, to create a 'one stop shop' approach to digital information, advice and self-service across partners. This could include self-assessment tools, web-chat and chat bots

A digital discovery project is recommended to:
- Map current digital offers across partners
- Undertake customer journey mapping to identify key journeys that should be digitalised
- Identify potential solutions.
- Develop detailed requirements for digital solutions.

Governance of the Early Help System

Strong governance and leadership are essential for an effective Early Help system, in which partners work together to identify, design and deliver services that best support families.

Peopletoo recommend developing a governance structure which drives partnership working, delivers strategic ambitions and facilitates targeting resources to those who are most disadvantaged. We recommend that the Early Help Partnership Board is chaired and managed on a rotating basis by partners rather than solely by the council to drive a partnership approach. The board should be setting strategic direction and driving delivery of the new approach, for example through oversight of key metrics and performance indicators.

We recommend developing delivery structures underneath the board including:
- A Commissioning Group across partners to gather intelligence from community networks (as outlined earlier in the report) to identify gaps and plan how best to meet needs. The group could also manage any funding opportunities and bids in line with strategic aims.
- A Data and Insight Group responsible for designing and delivering mechanisms to understand need and share data across partners as well as undertaking analytics on specific areas identified through community networks or as strategic aims by the Partnership Board.
- Local area planning groups, with representation from Service users.
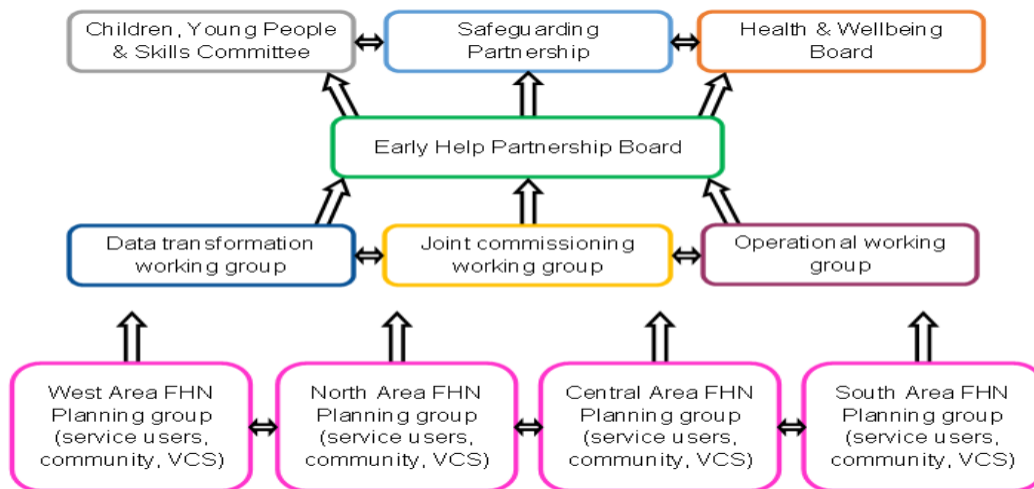
Governance for Transformation Programme

In addition to the ongoing governance to support the approach, strong governance is required during the transformation stage to support the detailed design and implementation of the model. Multiple workstreams will be required to drive the implementation and ensure input from all the relevant areas. Work will be required, led by the programme manager, to develop a detailed governance model. Proposed workstreams, however, are:

- Data and Intelligence
- Workforce and Culture
- Assets and Property
- Communications and Engagement

Following production and agreement of the business case for change, the transformation programme will need to be suitably phased. As a first phase, the local authority should consider and progress plans to integrate internal early help provision under a single management structure, with consistent ways of working, whilst developing the foundations, principles and ways of working across the partnership. The second phase should progress the more formalised integration of services across the wider local authority and partnership.

Key Recommendations

Theme	Recommendation
Governance	Review ToRs and chairing arrangements for the Early Help Partnership Board to drive ownership and accountability across all partners, and ensure the board is established to drive delivery of the new approach.
	Establish Data Transformation, Joint Commissioning and Operational sub groups, ensuring representation from all partners.
	Agree and mobilise workstreams and working groups for core transformation activities and establish delivery plans.
Needs Analysis and Outcomes Framework	Develop an up to date needs analysis, using both Children's Services, Health and Public Health data, taken to a locality level where possible, to be used alongside a review of VCS services (see below) as part of a revised set of commissioning intentions over a 3 year period.
	Develop a clear Early Help Outcomes Framework to align to the above needs analysis, identifying how the effectiveness of Early Help will be measured, and enabling an up to date picture of this on an annual basis.
Developing a Council wide approach to Early Help	Develop a Council wide Target Operating Model for Early Help and Prevention which focusses on how wider Council partners can contribute to children and young people's outcomes through Early Help. This widens responsibility for Early Help beyond Children's Services, enables interdependencies to be understood, and develops a wider social value approach across the Council. This should be considered as part of a "Child Friendly Brighton" approach and include a Project Group that would feed into the Early Help Board.
	Create Community Network Partnership Groups in each of the four areas. These would act as partnership groups with the purpose of sharing information about services, promoting collaboration between partners, and creating a more joined up vision and approach between the local authority and its partners
	Through the Community Network Partnership Groups, undertake a full mapping of voluntary and community services in Brighton, and align this with any publicly held information to ensure its accuracy and wide promotion, both for families and professionals. This should include how VCS services are funded, including the timescales for funding, to help inform an analysis of the sustainability of the sector.

	As a result of the mapping exercise, present an analysis of the Voluntary and Community Sector in Brighton, highlighting both its strengths but also its challenges (including sustainability) and its gaps in provision.
	As part of the above, review the universal services previously provided by BHCC resource and identify a.) if the requirement for the service still exists and b.) how it can best be provided.
	As part of an overall restructure, identify resource to develop community connector-type role. This would support partners in problem solving and identifying sources of support to be able to manage early help at the earliest point and most preventative level, reducing the need to refer to higher level Early Help services, ensuring that these are reserved for the cases that really need this.
Family Hubs	Develop a model for how the Family Hub concept can be delivered in Brighton. This should include vision and principles, a "Hub and Spoke" approach to maximise the number of venues, a process for identifying potential hubs (and spokes), governance arrangements, and arrangements for quality assurance to ensure some consistency of practice. A principle of the model should be that there is a Hub (or "spoke") within 15 minutes' walk of where anyone may live
	Undertake public engagement, including with community leaders, to gather information about where and how people want to access services. We encourage Brighton to think creatively about what type of assets could become a Family Hub, building on good practice examples elsewhere which engage with anywhere that already has trusted relationships with families e.g. community centres, community café's, churches, foodbanks etc. These assets are likely to be already delivering many of the principles of Family Hubs – Brighton should think about what "added value" they can bring to these existing assets to help them fulfil these principles in their entirety.
	As part of the Family Hubs model, identify some key themes and specialisms that should be developed in at least some of the Hubs and Spokes, based on the local needs analysis exercise
Develop a Detailed Early Help Service Design	Based on the outcomes of the activities above, develop a detailed in house service design which reflects: • The profile of need at a local level • The strengths but more importantly the gaps in voluntary and community services • How the in house service can support the development and maintenance of partnership relationships

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	• How the in house service can support the development of the Family Hubs We recommend that the above activities must be undertaken first to be able to fully evidence and provide the foundations for the detail of any redesign.
Referral process	Re-design referral process to ensure the FDF is used as a single point of access and that an Early Help assessment is completed prior to referral
	Undertake a review of the process for Early Help Assessment and how this is working for partners. Deliver a schedule of "Early Help Assessment Update Training" to help clarify understanding of Early Help and referral pathways, help re-enforce the role of partners, and emphasise the support available to them
	Re-define the role of the Early Help co-ordinators and review processes to ensure effective triage and prioritisation, as part of a redesign of all core BHCC Early Help services. This will need to reflect both the strengths and areas of development within the VCS to ensure that what BHCC develops in house complements these services.
	Work with partners to develop multi-agency panels and huddles, promoting joint problem solving and promotion of services
Shared Practice Model – Common Vision and Approach to Early Help	Undertake a skills audit of the workforce across the system (including partners) to identify training and development requirements, and consequently develop an Early Help Workforce Development Strategy to address these
	Embed as key elements of the Early Help Workforce Development Strategy: - Whole Family Working - A Strengths Based and Relational Approach to Early Help (for example a Restorative Practice approach) - A Social Value approach to Early Help
Digital and Data Transformation	Develop and agree the vision for digital and data transformation across all partners (i.e. full ambition) based on recommendations and good practice examples within this review.
	Continue work with IT&D to understand existing capability and resource within the council against the vision and develop detailed project plan. Identify any additional resource requirements.
	Map current systems and data recording and reporting processes used across all partners and develop detailed architecture map

	Review data sharing agreements with all partners and update as required
	Identify digital information and self-service platforms available across all services and review quality of these.
	Undertake digital discovery including mapping required customer journeys to develop detailed requirements.

Appendix 1- List of people/services engaged

Session	Job Title	Date
1:1 sessions	Executive Director - Families, Children & Learning	July 2021
	Assistant Director - Education & Skills	
	Assistant Director - Health, SEN & Disability	
	Assistant Director - Children's Safeguarding & Care	
	Head of Service - Children's Safeguarding & Care	
	Service Manager - Safeguarding & Quality Assurance	
	Front Door for Families Service Manager	
	Children's Centres Service Manager	
	Integrated Team for Families Service Manager	
	Starting Well Programme Manager, Public Health	
	Principal Education Psychologist & Head of Inclusion	
	Andy Richbell (headteacher)	
	Andrew Saville (Sussex police)	
	Eclipse Programme Manager	
Small group sessions	Performance team	August 2021
	Midwifery	September 2021
	EMAS	October 2021
	Performance Team, IT business partner and IT&D	September 2021
	ITF Team Managers	September 2021
	Parenting Team Manager	September 2021
	Health Visiting & School Nursing	October 2021
	Primary Headteachers/ Deputies (x3)	October 2021
	Children's Centre Team Managers	September 2021
Drop in Sessions	Housing representative, Amaze, Early Childhood Project Lead, Principal Social Worker	September 2021
Staff engagement sessions	Four Sessions: Children's Centres, ITF, Parenting Team, FIS, Early Help Co-ordinators	August and September 2021
DMT	DMT members	November 2021
Partnership Board Feedback Sessions	Session 1: Housing representative, fire and rescue, education and safeguarding officer, safeguarding lead CCG, Sussex Police, CEO Hangleton & Knoll Project, Starting Well Programme Manager, Deputy Area Director - Children and Wellbeing Services Sussex Community NHS Foundation Trust	November 2021
	Session 2: Fire and rescue, Director of Youth Work- Trust for developing communities, Head of YIACS and Targeted Services, Healthy Child Programme, Sussex CAMHS, Amaze	

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Appendix 2 - Early Help Service Map

Appendix 3 - Early Help Referral Process Diagram

Appendix 4 - Options Considered

Appendix 5 - Family Journey Mapping Report

Appendix 6 - Theory of Change