Children, Young People and Families Wellbeing Model

Consultation

Consultation opens: 21 December 2018
Consultation closes: 20 February 2019
How to respond to this consultation

There are a range of ways to respond to this consultation. All responses must be received by 20 February 2019.

**Online:** complete the questionnaire at [www.cumbria.gov.uk/haveyoursay](http://www.cumbria.gov.uk/haveyoursay) (follow the link to consultations)

**Email:** send your comments to transformation.team@cumbria.gov.uk

**On paper:** complete the questionnaire at the end of this booklet and send to FREEPOST Cumbria County Council (no stamp required)

**In person:** Attend one of the consultation events that are happening across the county.

Children, young people and families Wellbeing Model - Updated events and ‘drop-in’ sessions.

To ensure there is as much opportunity as possible for discussion and feedback on the proposed model, we are holding a number of events and ‘drop-ins’ across the County.

### Developing Early Excellence Events and Children, Young People and Families Wellbeing Model Consultation sessions:

Cumbria LSCB are holding district based events to review and support the development of an Excellent Early Help System. They want to know your views on Early Help and want to consult with you on the effectiveness of the LSCB Early Help strategy. These events are an opportunity to discuss what you think is working well or what you are worried about with the Early Help system as a whole (1.30pm).

In addition Cumbria County Council are now consulting on proposals for a new integrated Children, Young People and Families Wellbeing Model. To support this consultation activity there will be a presentation (3.15pm) at the events.

All events start at 1.30pm and aim to finish for 4.30pm. The presentation on the Children, Young People and Families Wellbeing Model will start from 3.15pm. Refreshments will be served from 3pm

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue details</th>
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</thead>
<tbody>
<tr>
<td>18 January 2019</td>
<td>Newton Rigg College, Penrith</td>
</tr>
<tr>
<td>21 January 2019</td>
<td>Kendal Town Hall</td>
</tr>
<tr>
<td>22 January 2019</td>
<td>Helena Thompson Museum, Workington</td>
</tr>
<tr>
<td>30 January 2019</td>
<td>The Forum Theatre Barrow</td>
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</table>

For how to book on these events along with full details of venues please refer to the LSCB website [here](http://www.cumbria.gov.uk)

### Children, Young People and Families Wellbeing Model Consultation sessions:

These sessions will focus on the proposed model and provide the opportunity for discussion and feedback from attendees. **If you would like to attend one of the following consultation sessions, please contact the Transformation team at Transformation.Team@cumbria.gov.uk to book a place.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue details</th>
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<tbody>
<tr>
<td>Monday 11 February</td>
<td>Harraby Community Centre, Edgehill Road, Carlisle, CA1 3SN</td>
</tr>
<tr>
<td>Tuesday 12 February</td>
<td>Kendal Town Hall, 9a Lowther Street, Kendal, LA9 4DL</td>
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<tr>
<td>Wednesday 13 February</td>
<td>Cumbria Local Enterprise Partnership (LEP), Redhills, Penrith, CA11 0DT</td>
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<tr>
<td>Thursday 14 February</td>
<td>The Forum, 28 Duke Street, Barrow-in-Furness, LA14 1HH</td>
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<tr>
<td>Friday 15 February</td>
<td>The Beacon Museum, Whitehaven, CA28 7LY</td>
</tr>
</tbody>
</table>

### Community ‘Drop – in’ sessions

These drop-ins will give members of the public, other services and stakeholders the opportunity to view the model put forward, ask any questions they may have and share their views and ideas on what is being proposed. **There is no need to book as information will be available throughout the times indicated below.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue details</th>
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<tbody>
<tr>
<td>Monday 28 January</td>
<td>Millom Guide Hall, St George’s Road, Millom, LA18 4DD</td>
</tr>
<tr>
<td>Monday 4 February</td>
<td>Whitehaven Library, Lowther Street, Whitehaven, CA28 7QZ</td>
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<tr>
<td>Monday 4 February</td>
<td>Cleator Moor Library, Market Square, Cleator Moor, CA25 5AP</td>
</tr>
<tr>
<td>Tuesday 5 February</td>
<td>Carlisle Library, The Lanes Shopping Centre, Globe Lane, Carlisle, CA3 8NX</td>
</tr>
<tr>
<td>Tuesday 12 February</td>
<td>Barrow Library, Ramsden Square, Barrow-in-Furness, LA14 1LL</td>
</tr>
</tbody>
</table>
What will happen next?

Following careful consideration of the feedback we receive through this consultation we will make a recommendation to Cumbria County Council’s Cabinet in March 2019 on how services should be delivered. If Cabinet agree to make changes we will let you know and explain more about how and when services would change.

Introduction

The way we deliver our 0 – 19 Healthy Child Programme (HCP) and Early Help services in Cumbria is changing. This consultation provides an opportunity to have your say on proposals for a new children, young people and families’ wellbeing service. This new way of working will bring together and integrate the 0-19 HCP and Early Help services in your local area into one model – the Children, Young People and Families Wellbeing Model.

We have an exciting opportunity to design and deliver the services and interventions needed to ensure that children, young people and their families have the right support at the right time. As part of this process, we want to engage and consult with the public – including children, young people and families and other stakeholders - to enrich and develop our proposals further.

0-19 Health Child Programme

The 0-19 Healthy Child Programme (HCP) is made up of the 0-5 Health Visiting Services and 5-19 School Nursing Services. The overall purpose of the programme is improve the health and wellbeing of all children and young people, to keep children and families safe, and reduce health related risks.

This is achieved through mandated (legally-required) universal public health assessments and undertaking public health interventions designed to support families to adopt healthy lifestyles and identify and address difficulties and issues as early as possible.

Early Help

Early Help describes a range of services that can support and respond to the needs of families, from preventative and universal services through to targeted and edge of care.

It is also about enabling families to regain control of their circumstances before they escalate into more difficult problems by identifying needs earlier, using the right interventions and using a whole family approach.

By integrating the 0-19 HCP and Early Help service we can ensure we are offering the right help, at the right time, in the right place, by the right person.

Why do we need to change our current services?

Across Cumbria, we are seeing a growing demand for services at all levels. We have some excellent examples of services that are working well together and providing a good service; when this happens, more children, young people and families do well. We need to build on this good work and develop a more integrated approach ensuring all children, young people and families receive the right help at the right time.

However, there is currently a range of organisations that deliver HCP and Early Help services and there are challenges to the way these services are commissioned or delivered. These include the geography of Cumbria which means that some rural areas get limited services because services are concentrated in larger towns, an expectation that families travel to the services at the point of delivery, and multiple organisations delivering services can create duplication or inconsistency in the services currently provided.

Additionally, the number of Cumbria’s children who are looked after remains above our target, and higher than our statistical neighbours and national comparators. There are many reasons for this, but one key factor is the history of underdeveloped working relationships across health, education and social care meaning we have not always been successful in preventing problems escalating into crises that mean children need to become looked after. We have been improving and need to continue to develop this. One way is through changing the way we commission services such as HCP and Early Help.
Our aims for a new service

As a result of the challenges we have identified, we need to move forward and develop a service in Cumbria that is:

- Focused on continuous improvement;
- Built on integrated working between organisations to maximise potential and avoid duplication;
- Based in communities and providing the services where they are needed;
- Based on what children, young people and families need – rather than what the service has to offer;
- Family focused – putting children, young people and families at the heart of what we do; and
- Focused on prevention and early intervention – rather than waiting for issues to become problems.

Given that the current contracts for the HCP and Early Help services are due to end in December 2019, we wanted to review the way the services are currently delivered and explore whether more can be done to integrate and focus on improving outcomes.

Cumbrian Story

<table>
<thead>
<tr>
<th>The beginning</th>
<th>Current picture</th>
<th>Evidence for change</th>
<th>Our vision</th>
<th>The model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the terms of the Health and Social Care Act 2012, upper-tier local authorities like Cumbria are now responsible for improving the health of their local population. This includes joining up commissioning plans for clinical and public health services with social care and education to address identified local health and wellbeing needs.</td>
<td>Across Cumbria – there are a number of challenges with the way services are commissioned and delivered. This includes those associated with the geographical nature of the County – and some rural areas get limited services.</td>
<td>Evidence shows that targeted early help for vulnerable children and families works because it addresses issues which are evidenced as impairing children’s development and their wellbeing.</td>
<td>The vision is a model of service for Cumbria that will promote and improve the health and wellbeing of children, young people and families. When needs emerge, then we will support them to build resilience and independence, and to achieve positive outcomes.</td>
<td>The model proposed is a holistic, whole system approach – putting families in the centre. Based on the THRIVE model and with services integrated around family hubs.</td>
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<tr>
<td>The October 2016 Cabinet Paper and Strategic Planning round for 2015/16-2017/18 agreed the redesign and recommission of public health services for children and young people (0-19HCP), bringing it together with Early Help services.</td>
<td>There is an expectation that families come to services, which we know is not always possible. At the moment there aren’t clear pathways and there is duplication and inconsistency in delivery, with the under use of some facilities.</td>
<td>A 2017 survey by the Department for Education found that 83% of local authorities were confident that a greater focus on early help reduces demand for statutory services. However, the reality of budgetary pressures means priority is focussed on immediate need.</td>
<td>There will be services that are proportionally universal – that is to say a system that offers something to everyone, whilst making sure that those who need more get more.</td>
<td>The model ensures a new way of thinking about wellbeing support and is needs led rather than service based.</td>
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</table>
What has been done so far?

Over the last 18 months we have conducted a wide ranging review, including:

- Considering the evidence of what works well in terms of supporting positive outcomes for children, young people and families, and what does not
- Spoken to stakeholders and professionals involved in delivering the current HCP and EH services to ask their views
- Explored alternative models and experiences from other Local Authorities
- Reviewed ‘Lessons Learnt’ from other projects and work to redesign service models to inform this model development and to think about how we could implement it
- Considered findings from Serious Case Reviews to make sure we have captured everything that needs to be included
- Reviewed reports and other documents to make sure we know what the key findings and policies are that we should include in this model
- Researched the current evidence base around prevention and early intervention to make sure our thinking and ideas reflect current best practice
- Reviewed data related to educational achievement, poverty, healthy child information and levels of employment. This has helped us get a picture of where the demand for these services could be higher, and how best they could fit together

We have used the findings from this review to build a proposed model for how the HCP and Early Help services could be delivered in the future that would better meet the varying levels of demand for services across Cumbria.

Why are we consulting with you now?

We now have a detailed model for how we think HCP and Early Help services should look in the future, and how they could be delivered locally. We would like to ask you for your opinions on the proposals and understand more about your views on the implications of what we are proposing. On the following pages, there is more information on how you can get involved and the model we are proposing.
Our proposed Children, Young People and Families Wellbeing Model

The model proposed is based on the Thrive model which is well established nationally. It is an integrated, person centred and needs led approach to delivering services for children, young people and their families. The model identifies five different categories of need: prevention and promotion; getting advice; getting help, getting more help; and getting risk support. At each level of need a range of different professionals are involved and different interventions are delivered.

Interventions are the services and activities that professionals will do with families to help them and improve their ability to support themselves. The actual intervention delivered will vary across of the different parts of the model and the intensity of the intervention will be based upon identified need.

The diagram below shows the model and the different categories and what general type of service can be expected in each.

Below is more information about each of the categories of need in the model, what interventions we would expect to see delivered in each category and the professional roles which would deliver these interventions. There is further detail about the types of interventions that would need to be delivered in Supporting Information #1 at the back of this document.
### Prevention and Promotion

#### What is it?

In the centre of the model – this is the group of services or interventions that everyone has access to and the focus is on prevention by addressing emerging issues. This is about resilience and giving children, young people and families the knowledge, skills, confidence and opportunity to make healthier and better informed choices. This also includes all the mandated checks that the Health Visitors are required to carry out.

The focus is on prevention promotion and raising awareness in communities. There will be a key role for professionals working here to support the development of the workforce in schools and early year’s settings – ensuring a consistent message and delivery of information.

#### What does it look like?

- **0 – 5 Health Visitor mandated visits**
- Universal work through schools, early years settings, community child health clinics – utilising and developing outreach opportunities
- Healthy Child clinics to support universal access to information such as child development, promotion of positive attachment and breast feeding
- Key links with other parts of the system, for example the Early Years teams and Midwifery
- Covering a range of topics, such as healthy lifestyles, positive relationships, attachment, parenting and resilience
- Development of digital offer to support self help
- Play opportunities to promote co-operation, sharing, early communication and listening

#### Who will deliver these interventions?

- 0 – 19 Children, Young People and Family Resilience Worker
- Health Visitors
- 0 – 19 Public Health Practitioner

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### Getting Advice

#### What is it?

Children, young people and families in this category will need services that offer a low level of support. This could be identified through the school, health visitor, or youth worker for example. The child or family could even refer themselves and ask for advice here. The level of need for those here is time limited through brief interventions, and could be through group or individual work or even signposting.

We are looking to develop and support resilient families that can help themselves and are able to adjust to life’s circumstances.

#### What does it look like?

- Advice and information, signposting and drop ins
- Brief, early interventions – through family, 1:1 or group work – with no formal assessment of referral required
- Follow up from the universal mandated contacts
- Delivering support within communities, for example toddler groups or youth settings. This will be on an outreach basis and use existing opportunities in communities rather than expecting to travel to the provider
- Volunteer co-ordination – for example, family support, breast feeding
- Signposting to further opportunities that might support – for example adult learning
- Online emotional support services
- Dealing with routine enquiries or ‘drop ins’ about the health and wellbeing of children and young people
- Delivery of accredited programmes, such as the PEEP Learning Together Programme

#### Who will deliver these interventions?

- 0 – 19 Children, Young People and Family Resilience Workers
- 0 – 19 Public Health Practitioners
- Health visitors
<table>
<thead>
<tr>
<th><strong>Getting Help</strong></th>
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<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>Sometimes the brief intervention is not enough and there might be the need for more targeted support. An Early Help Assessment would be completed at this stage in order to gather information to better support. The interventions here will be more intensive than the brief ones offered in Getting Advice. Children, young people and families will benefit from early help or focused, evidence based intervention, with clear assessments and achievable outcomes. Whatever the support identified here, it should be available outside of Monday to Friday 9am to 5pm to meet the needs of the family.</td>
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<tr>
<td><strong>What does it look like?</strong></td>
<td>• Whole family approach to identify needs, strengths, skills and any wider support needed • Working with partners to enable families achieve the outcomes and be able to sustain these – with practical interventions that have been shown to make a difference • Outcomes focused • Home visiting educational service to develop play, communication, relationships and leaning for those children under the age of 5 with developmental delay or Special Educational Needs and Disabilities (SEND) • Modelling in the home to demonstrate positive parenting techniques • Co-ordination of Early Help Assessment • Support families to access other services in the community</td>
</tr>
<tr>
<td><strong>Who will deliver these interventions?</strong></td>
<td>• Family Health and Wellbeing Coaches • Family Resilience Workers (who work directly with families)</td>
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<tr>
<th><strong>Getting More Help</strong></th>
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<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>When the level of need is such that an Early Help Assessment needs to be carried out, and considered by an Early Help Panel – this will ensure that there is a better understanding of what is going on for the child, young person or family; and what services are needed to support. These will tend be longer and more substantial interventions – which are practical and evidence based. The focus here is on keeping families together supporting them to maintain change. Whatever the support identified here, it should be available outside of Monday to Friday 9am to 5pm to meet the needs of the family.</td>
</tr>
<tr>
<td><strong>What does it look like?</strong></td>
<td>• 1:1 work with families with practical interventions and solutions • Professionals allocated to work with a child, young person or family following Early Help Panel; and are responsible for ensuring that interventions are identified and made available • Continued support and co-ordination of Early Help and other service or providers that may be able to help</td>
</tr>
<tr>
<td><strong>Who will deliver these interventions?</strong></td>
<td>• Family Health and Wellbeing Coaches • Family Resilience Workers</td>
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</tbody>
</table>
**Getting Risk Support**

### What is it?

For children, young people or families that are struggling to, or not able to, engage with services, or where interventions have not been effective. Support here will be via a lead practitioner, with the aim of reducing any risk or improving the child, young person or family’s response to the current situation and enabling them to access the full range of services again.

This might be helpful to those children, young people and families who routinely go into crisis but are not always able to make use of help offered previously.

### What does it look like?

Different agencies coming together to support the child, young person or family – under the lead practitioner. This might include other existing services such as Strengthening Families, Child and Adolescent Mental Health Services or Social Care.

### Who will deliver these interventions?

- Lead practitioner involved with family and close collaboration with other services and professionals as the team around the child
- If a statutory assessment is needed, this lead practitioner would be a qualified social worker
- If appropriate though, this lead practitioner could be a Family Health and Wellbeing Coach

To help us understand how the proposed model might work in different circumstances, we have produced a number of cases studies. Through these we have been to work through and get a better understanding of the potential journey for children, young people and families as they access services — and identify and areas we think there are potential gaps in this new model. These case studies are available in the **Supporting Information #2** at the back of this document.
How will the model be delivered?

We are proposing to deliver this new service from new Family Hubs across the county, utilising Children’s Centre sites where current Early Help services are delivered.

Each of these Hubs will have a range of staff in the different roles identified earlier, in order to deliver the interventions needed. These staff will be from different parts of the system and existing providers of the existing HCP and Early Help contracts, covering health, education and social care. The final numbers of staff, the grading to determine salary and responsibilities for each of these is to be confirmed as the model becomes clearer and defined. Please see Supporting Information #3 at the back of this document for more information on the roles and work done to date. All of the different roles will work in an integrated way in these Hubs.

The exact number of each role will vary across the different Hubs depending on the geographical area covered and the analysis of data and information to determine levels of need. The Hub will providing a geographical base for the team, but services will be delivered in communities using an outreach approach.
We know that the one of the key drivers for the new model is the integration of services from the current individual contracts for HCP and Early Help services. Through the work done so far on the designing the model, we recognise that it will be part of the wider system in Cumbria of health, education and social care services. We have been working with partners to ensure we are all linking together and that this model, when finalised, will continue to fit into the wider system. See Supporting Information #4 at the back of this document for more information on system integration.

**Hub approach**

**Social Care and Strengthening Families**
Brought in to Team Around the Child when required.

**Interdependencies**
Services delivered in the community - not necessarily commissioned by Cumbria County Council.

**Maternity Hub**
- Supporting whole family
- Integrated working
- Co-delivery
- Community based
- Potential for co-location

**Family Hub**
Geographic hubs with outreach to other satellite bases for some staff to be based where appropriate dependant on level of need.
Your views

Please complete and return the form below no later than 20 February 2019. Send completed forms to FREEPOST Cumbria County Council (no stamp required).

1. What is your postcode?

2. In what capacity are you responding to the consultation?

- [ ] Parent/carer
- [ ] Professional working with children and young people (please specify)
  - Early Years
  - Education
  - Health
  - Third Sector
  - Further Education
  - Local Authority
  - Other: [ ]
- [ ] Child/Young Person
- [ ] Other (please specify)

3. To what extent do you agree or disagree with our assessment of the weaknesses of the current approach to delivering these services?

- [ ] Strong agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

Comments

4. To what extent do you agree or disagree with the aims we have identified for the new service?

- [ ] Strong agree
- [ ] Agree
- [ ] Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

Comments
5. How confident are you that the Thrive model provides an appropriate framework for the new 0-19 service?

☐ Very confident ☐ Not very confident
☐ Quite confident ☐ Not at all confident

Comments

6. For each of the different parts of the model (promotion and prevention; getting advice; getting help, getting more help; and getting risk support) how confident are you that we have identified the right types of intervention to deliver the interventions?

<table>
<thead>
<tr>
<th></th>
<th>Very confident</th>
<th>Quite confident</th>
<th>Not very confident</th>
<th>Not at all confident</th>
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<tbody>
<tr>
<td>Prevention and Promotion</td>
<td>☐</td>
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<tr>
<td>Getting advice</td>
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<tr>
<td>Getting help</td>
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<td>Getting more help</td>
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<tr>
<td>Getting risk support</td>
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</tbody>
</table>

Comments

7. To what extent do you agree or disagree that the Family Hub approach to delivering services will help improve outcomes for children, young people and families?

☐ Strong agree ☐ Disagree
☐ Agree ☐ Strongly disagree
☐ Neither agree nor disagree

Comments
8. Do you have any further comments about any aspect of what is being proposed?
Supporting Information
<table>
<thead>
<tr>
<th>#1 Interventions</th>
<th>Prevention and Promotion</th>
<th>Getting Advice</th>
<th>Getting Help</th>
<th>Getting More Help</th>
<th>Getting Risk Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>• Public Health 0-19 website • Online emotional support</td>
<td>• Public Health 0-19 website • Online emotional support</td>
<td>• Public Health 0-19 website • Online emotional support</td>
<td>• Public Health 0-19 website • Online emotional support</td>
<td>• Public Health 0-19 website • Online emotional support</td>
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<tr>
<td>Healthy Lifestyles/ Risk Taking Behaviour:</td>
<td>• 0-19 PH Service – workforce development with schools, settings etc. audit of provision, building sustainability, health promotion, curriculum development, promotion of consistent messages and delivery of information • Protocols for schools re Emergency contraception, drugs including vaping • Healthy Lifestyle Campaigns – breast-feeding, stop smoking, puberty, sexual health, diet and exercise, mental health, aspirations etc. • Addressing stigma across all issues • Training and awareness raising for staff, parents/carers etc. • Support the development of and promote appropriate pathways such as Healthy Weight, Anxiety, Emotional Wellbeing and Mental Health Guide for Practitioners, Self-Harm Pathway across settings • Public Health 0-19 website</td>
<td>• Brief intervention face to face or grp as identified through school/setting audit or on an individual basis. • Signposting and supporting access to other services • Drop in’s where appropriate • Giving of Emergency hormone contraception • Routine enquiry around healthy lifestyles</td>
<td>• Early Help Assessment – identification of needs • Face to face support – clear programme of support and outcomes identified (CYP led) • Support to access other services if appropriate i.e. Health and Wellbeing Officers, Homelessness officers, sexual health clinics, GP’s • Family support for parent’s and carers to support child/young person</td>
<td>• Clear programme of increased support and outcomes identified for both young person and their family • More intensive family support as per getting help</td>
<td>• The interventions offered here would be very specific to each child, young person or family. • Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<table>
<thead>
<tr>
<th>Prevention and Promotion</th>
<th>Getting Advice</th>
<th>Getting Help</th>
<th>Getting More Help</th>
<th>Getting Risk Support</th>
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<tbody>
<tr>
<td>Screening</td>
<td></td>
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<tr>
<td>• NCMP (Healthy Weight)</td>
<td>• Brief intervention face to face or grp as identified through school/setting audit or on an individual basis.</td>
<td>• Early Help Assessment – identification of needs</td>
<td>• Support referral to further services where appropriate i.e. Eating Disorder Service</td>
<td>• The interventions offered here would be very specific to each child, young person or family.</td>
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<tr>
<td>• Vision screening</td>
<td>• Brief intervention for family – healthy eating/physical activity promotion, fussy eaters, screen time.</td>
<td>• Targeted family support i.e. budgeting, healthy cooking, accessing services, shopping, and saying no! Support to access other services or opportunities i.e. going with family to park, leisure centre, supermarket etc.</td>
<td>• More intensive family support as per getting help</td>
<td>• Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<td></td>
<td>• Signposting and support to access other opportunities for support or services i.e. leisure centre.</td>
<td>• Referral to appropriate service as necessary i.e. GP for referral into further support i.e. Slimming World (age dependent)</td>
<td>• As per CCG Pathway</td>
<td></td>
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<tr>
<td></td>
<td>• Signposting to community orthoptist or referral to HES</td>
<td>• As per CCG Pathway</td>
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</table>

- NCMP weighing and measuring Rec/Yr6
- Promotion of Change for Life information, signposting re healthy weight etc.
- Promotion of Healthy weight across settings i.e. Early Years and Schools
- Promotion of universal opportunities for physical activity i.e. play, walks
- Embedding food guidelines (Early Years/schools settings)
- Public Health 0-19 website and pathways
- Vision Screening - 5 year old
<table>
<thead>
<tr>
<th>Prevention and Promotion</th>
<th>Getting Advice</th>
<th>Getting Help</th>
<th>Getting More Help</th>
<th>Getting Risk Support</th>
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<tbody>
<tr>
<td>Behaviour</td>
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<tr>
<td>• 0-19 PH Service</td>
<td>• Brief</td>
<td>• Early Help</td>
<td>• More intensive</td>
<td>• The interventions</td>
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<td>– workforce development</td>
<td>intervention</td>
<td>Assessment –</td>
<td>family support</td>
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<td>with schools, settings</td>
<td>face to face</td>
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<td>etc. audit of provision,</td>
<td>or grp as</td>
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<td>building sustainability,</td>
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<td>curriculum development,</td>
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<td>positive parenting</td>
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<td>promotion of consistent</td>
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<td>messages and delivery of</td>
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<td>• Promotion of coping</td>
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<td>strategies, whole school</td>
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<td>positive behaviour</td>
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<td>strategies etc.</td>
<td>child behaviour</td>
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<td>• Public Health 0-19</td>
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<td>website</td>
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<td>• Links to other services</td>
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<td>i.e. County Psychological</td>
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<td>and Behaviour</td>
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<td></td>
<td>Support Service, County Psychological service</td>
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<td>Parenting</td>
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<td>• 0-5 PEEP key principles delivered through universal settings</td>
<td>• Brief intervention face to face or grp as identified through school/setting audit or on an individual basis.</td>
<td>• Early Help Assessment – identification of needs</td>
<td>• More intensive family support as per getting help</td>
<td>• The interventions offered here would be very specific to each child, young person or family.</td>
</tr>
<tr>
<td>• 0-19 PH Service - Promotion of attachment and positive parenting through existing groups i.e. antenatal, toddlers, nurseries, schools</td>
<td>• Brief intervention face to face or grp as identified through school/setting audit or on an individual basis.</td>
<td>• More intensive family support as per getting help</td>
<td>• Appropriate support to address behavioural issues e.g. drawing &amp; talking</td>
<td>• Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<tr>
<td>• Universal positive parenting promotion i.e. how to build child’s resilience, building relationships, communication etc</td>
<td>• Family brief intervention i.e. Mediation, positive parenting techniques, coping strategies</td>
<td>• More intensive family support as per getting help</td>
<td>• Appropriate support to address behavioural issues e.g. drawing &amp; talking</td>
<td>• The interventions offered here would be very specific to each child, young person or family.</td>
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<td></td>
<td>• PEEP - Learning Together Programme – 1:1 and group delivery through <a href="http://www.peeple.org.uk/ltp">www.peeple.org.uk/ltp</a></td>
<td>• Family support for parent’s and carers to support child/young person</td>
<td>• Early Help Assessment – identification of needs</td>
<td>• The interventions offered here would be very specific to each child, young person or family.</td>
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<td></td>
<td>• Targeted family support i.e. saying no, modelling positive parenting techniques</td>
<td>• Anger, social skills, friendship skills, coping strategies etc – individual, small group, parental and school support</td>
<td>• PEEP - Learning Together Programme – 1:1 in family home <a href="http://www.peeple.org.uk/ltp">www.peeple.org.uk/ltp</a></td>
<td>• Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<td></td>
<td>• Attachment work</td>
<td>• Support referral to other services through EHA i.e. Community Learning Disability and Behaviour Support Service, County Psychological service</td>
<td>• Support referral to other services through EHA i.e. Community Learning Disability and Behaviour Support Service, County Psychological service</td>
<td>• Support to access other services if appropriate</td>
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<td></td>
<td>• Support available outside 9-5, Mon to Fri</td>
<td>• Family support for parent’s and carers to support child/young person</td>
<td>• Early Help Assessment – identification of needs</td>
<td>• More intensive family support as per getting help</td>
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<tr>
<td>Prevention and Promotion</td>
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<td>Getting Help</td>
<td>Getting More Help</td>
<td>Getting Risk Support</td>
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</tbody>
</table>
| • Addressing Digital Wellbeing support for families  
• Supporting school curriculum around positive parenting | • Promotion of and signposting to support networks | • Support for parenting teenagers-understanding teenage brain, communication, understanding and responding to behaviour etc.  
• Mediation | • Vision Screening - 5 year old | |
| Transition | • 0-19 PH Service support settings to promote positive transition, curriculum, systems, resources etc.  
• Support to develop buddying programmes; transition groups etc in schools and colleges.  
• Online emotional support (peer forums, articles etc)  
• Public Health 0-19 website | • Brief intervention face to face or grp as identified through school/setting audit or on an individual basis.  
• Drop in throughout transition period across primary and secondary schools where appropriate  
• Online emotional support  
• Links to other services i.e. Early Years Team | • Early Help Assessment – identification of needs  
• Face to face support – clear programme of support and outcomes identified (CYP led)  
• Social skills, friendship skills, confidence building etc – individual, small group, parental and school support  
• Summer transition projects to support CYP and families  
• EY/Health Visitor/0-19 Nurse Practitioner pre transition planning support  
• Supporting EH process to access further support where appropriate i.e. My Time etc | • More intensive family support as per getting help | • The interventions offered here would be very specific to each child, young person or family.  
• Different agencies will come together to provide support, led by a Lead Practitioner |
| Emotional Resilience and Wellbeing | • 0-19 PH Service/Early Years Advisor support settings to promote resilience, signposting, pathway development, curriculum, policies, nurture groups etc  
• Promotion and supporting implementation of Boing Boing framework  
• Online emotional support – articles, forums etc | • Online Emotional Support  
• Brief intervention work 1-3 sessions – building coping strategies etc  
• Drop in sessions  
• Brief intervention support for families to build child’s resilience | • Early Help Assessment – identification of needs  
• Risk and Resilience groups i.e. Forest Schools  
• Face to face support – clear programme of support and outcomes identified (CYP led) | • Face to face support – clear programme of increased support and outcomes identified  
• Increase in family support for parent’s and carers to support child/young person | • The interventions offered here would be very specific to each child, young person or family.  
• Different agencies will come together to provide support, led by a Lead Practitioner |
<table>
<thead>
<tr>
<th>Prevention and Promotion</th>
<th>Getting Advice</th>
<th>Getting Help</th>
<th>Getting More Help</th>
<th>Getting Risk Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Training and awareness raising for staff, parents/carers etc.</td>
<td>• Targeted Early communication support</td>
<td>• Support to access other services if appropriate i.e. My Time, GP</td>
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<tr>
<td>• Curriculum and whole school planning support around bullying, stigma etc</td>
<td>• 1:1 brief intervention support to address issues identified through HV mandated checks i.e. sleep, toileting, play, co-operation, sharing, early communication, listening etc</td>
<td>• Family support for parent’s and carers to support child/young person</td>
<td></td>
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<tr>
<td>• Public Health 0-19 website</td>
<td>• PEEP - Learning Together Programme – 1:1 and group delivery through <a href="http://www.peeple.org.uk/ltp">www.peeple.org.uk/ltp</a></td>
<td>• Online Emotional Support</td>
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<td></td>
<td>• Transition – coping skills, change</td>
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<tr>
<td>School Readiness</td>
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<td>The interventions offered here would be very specific to each child, young person or family. Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<tr>
<td>2 year old HV Mandated visit</td>
<td>• Early Help Assessment – identification of needs</td>
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<td>• Book Start resource providing high quality picture books for disadvantaged 2 year olds.</td>
<td>• PEEP - Learning Together Programme – 1:1 in family home <a href="http://www.peeple.org.uk/ltp">www.peeple.org.uk/ltp</a></td>
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<tr>
<td>• Universal Book Start for 3 and 4 year olds</td>
<td>• Transition – targeted multi-agency meeting with HV and Settings</td>
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<tr>
<td>• PEEP key principles delivered through universal settings (CHC)</td>
<td>• Support to address issues identified through HV mandated checks i.e. sleep, toileting, play.</td>
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<tr>
<td>• Play opportunities to promote co-operation, sharing, early communication, listening etc</td>
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<tr>
<td>Learning Readiness</td>
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<td>The interventions offered here would be very specific to each child, young person or family. Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<tr>
<td>0-5 PEEP key principles delivered through universal settings</td>
<td>• 1:1 brief intervention support to look at organisational skills, home routines i.e. getting up, breakfast, sleep patterns etc</td>
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<tr>
<td>• Universal positive parenting promotion i.e. how to build child’s resilience, building relationships, communication etc</td>
<td>• 1:1 or group brief intervention support Self-belief, aspirations work Digital wellbeing use</td>
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<tr>
<td>• Addressing Digital Wellbeing support for families</td>
<td>• Early Help Assessment – identification of needs</td>
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<tr>
<td>• The learning environment provides the ideal context for wellness promotion, prevention, and intervention, all of which directly affect learning and wellbeing.</td>
<td>• Face to face support – clear programme of support and outcomes identified (CYP led)</td>
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<td></td>
<td>• Aspirations, social skills, friendship skills, confidence building etc – individual, small group, parental and school support</td>
<td>• More intensive family support as per getting help</td>
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<td>• More intensive support as per getting help</td>
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<td>Prevention and Promotion</td>
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<td>Getting Risk Support</td>
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<tr>
<td><strong>Domestic Abuse</strong></td>
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<tr>
<td>• Public Health Promotion via curriculum development and other initiatives re positive relationships, self-esteem etc</td>
<td>• Routine Enquiry - supporting CYP and families exposed to DA</td>
<td>• Early Help Assessment – identification of needs</td>
<td>• Continue to support family to access specialist services</td>
<td>• The interventions offered here would be very specific to each child, young person or family.</td>
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<td></td>
<td>• Support the development of and promote appropriate pathways across settings</td>
<td>• Signpost to early intervention</td>
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<td></td>
<td>• Highlighting DA</td>
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<td>• Promotions of DA champions network</td>
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<td>• Promotion of Encompass</td>
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<td><strong>Preconception and 1001 days</strong></td>
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<tr>
<td>• PEEP Antenatal programme</td>
<td>• PEEP Antenatal programme (evidence based): getting to know your baby – 1:1 or group delivery. Helps parent-baby bonding and attachment through</td>
<td>• Early Help Assessment – identification of needs</td>
<td>• More intensive family support as per getting help</td>
<td>• The interventions offered here would be very specific to each child, young person or family.</td>
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<tr>
<td>• Universal HV Mandated checks</td>
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<tr>
<td>• Healthy Child Clinics – universal access with information available on health and wellbeing, child development etc.</td>
<td>• PEEP - Learning Together Programme – 1:1 and group delivery through <a href="http://www">www</a>. peeples.org.uk/ltp</td>
<td>• PEEP Antenatal programme (evidence based): getting to know your baby – 1:1 or group delivery. Helps parent-baby bonding and attachment through</td>
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<td></td>
<td>• Promotion of positive attachment, breast feeding etc. through existing opportunities i.e. Toddler groups</td>
<td>• PEEP - Learning Together Programme – 1:1 and group delivery through <a href="https://www.peeple.org.uk/ltp">https://www.peeple.org.uk/ltp</a></td>
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<td></td>
<td>• Dedicated Infant feeding coordinators as part of HV service</td>
<td>• Personal, social and emotional development</td>
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<td></td>
<td>• Support of volunteer led Breast feeding peer support groups (support through assistant practitioner)</td>
<td>• Communication and language</td>
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<td>• Weekly visit to maternity ward</td>
<td>• Early literacy</td>
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<td></td>
<td>• Public Health 0-19 website</td>
<td>• Early numeracy</td>
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<td></td>
<td>• Universal play and learn opportunities</td>
<td>• Health and physical development</td>
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**Notes:**
- Prevention and Promotion
- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support
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<tr>
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<tr>
<td><strong>SEND/LD</strong></td>
<td>• Healthy Child Clinic – opportunity to talk to HV • Dedicated Infant feeding coordinators as part of HV service • Active play etc. via group sessions in communities or as brief intervention • Teen Parent support • Early communication programme – grp or 1:1</td>
<td>• Targeted Family Coaches and Workers to support wider social issues • Supporting EH process to access further support</td>
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<tr>
<td><strong>Missing, exploited and Trafficked</strong></td>
<td>• 0-19 PH support for Special schools on risk taking behaviour, relationships and sex, safety etc. • All universal activities are as inclusive as possible (supporting staff to enable everyone to attend universal settings and groups i.e. policies, facilities and training) • Makaton Friendly sites • Support for families with children awaiting diagnosis • Sensory room use where available • Early communication programme – grp or 1:1 • Signposting to services and support i.e. Mencap, ASD groups etc.</td>
<td>• Portage work with families to help them develop a quality of life and experience, for themselves and their young children, in which they can learn together, play together, participate and be included in their community in their own right. • Support to access services and support i.e. MENCAP</td>
<td>• Support to access services • Support for families that does not fall within specialist services i.e. health, OT, Child Dev Centre etc.</td>
<td>• The interventions offered here would be very specific to each child, young person or family. • Different agencies will come together to provide support, led by a Lead Practitioner</td>
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<td>• Public Health Promotion via curriculum development and other initiatives re positive relationships, self-esteem etc. • Support the development of and promote appropriate pathways across settings • Routine enquiry • Brief intervention face to face or grp as identified through school/setting audit or on an individual basis. Social skills, friendship skills, confidence building etc – individual, small group, parental and school support • Drop in across primary and secondary schools where appropriate • Online emotional support • Sexual health and risk taking behaviour advice and support</td>
<td>• Early Help Assessment – identification of needs • Continue to support YP to access specialist service i.e. Barnardo’s CSE programme • Face to face support – clear programme of support and outcomes identified (CYP led)</td>
<td>• Continue to support YP to access specialist service i.e. Barnardo’s CSE programme</td>
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<td><strong>Neglect</strong></td>
<td>• 0-5 PEEP key principles delivered through universal settings</td>
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<td>• Face to face support – clear programme of support and outcomes identified (CYP led)</td>
<td>• Different agencies will come together to provide support, led by a Lead Practitioner.</td>
</tr>
<tr>
<td></td>
<td>• Universal positive parenting promotion i.e. how to build child’s resilience, building relationships, communication, Hygiene, Routines etc</td>
<td>• Online emotional support</td>
<td>• EY/Health Visitor/0-19 Nurse Practitioner pre transition planning support</td>
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<td>• Addressing Digital Wellbeing support for families</td>
<td>• Addressing Digital Wellbeing support for families</td>
<td>• Supporting EH process to access further support i.e. My Time etc</td>
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<td></td>
<td>• Promotion of universal health checks for children i.e. Dental health, Immunisations</td>
<td>• Promotion of universal health checks for children i.e. Dental health, Immunisations</td>
<td>• Addressing Digital Wellbeing support for families</td>
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<td></td>
<td>• Signposting to Children and Families Local offer website</td>
<td>• Signposting and supporting access to Food Banks</td>
<td>• More intensive family support as per getting help – modelling in the home positive routines etc.</td>
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<td></td>
<td>• Universal access to information existing sessions i.e. benefits, through community session.</td>
<td>• DWP Advice sessions</td>
<td>• Direct and practical support to attend appointment, access services etc.</td>
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<td>• Promotion of food banks, period Poverty</td>
<td>• Finance and budgeting</td>
<td>• FSM</td>
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<td>• Support to apply for appropriate grants</td>
<td>• Support to access family learning, build aspirations, access benefits etc</td>
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<td>• Signpost to DWP etc</td>
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**Workforce Development: Confident, competent and consistent**

Workforce development was raised as a concern at the initial consultation. In particular the need for the workforce to have appropriate levels of training across the differing roles on the following areas:

- Trauma Informed Practice (ACES)
- Early identification of neglect, domestic abuse, exploitation etc
- Brief intervention around health issues
- Building Emotional Resilience
- Signs of Safety (SOS)
- Other evidence based interventions as appropriate i.e PEEP
#2 Case Studies

Cumbria Wellbeing Model Case Study — Behavior and attendance

Name: Florence  Age: 12  Likes: Fortnite

**Background:**
- Florence lives at home with her mum and 2 older sisters—Grace 17 and Izzy 16.
- Their mum and dad have been divorced for 6 years and until recently things have been amicable.
- Dad moved to London to work 12 months ago and has met a new partner with two older children in their 20’s and visits home have become irregular.

**Current situation:**
- Florence had a difficult transition to secondary with a strong and influential peer group that followed her from Primary.
- Issues with online activity—falling out with friends etc.
- After repeatedly refusing to go to school mum took her out in June half term to home educate.
- Home education didn’t last and from the October half term Florence wanted to go back to school.
- She went back to a different school and has been most days but is still refusing to go some mornings and says she is feeling unwell.
- School attendance officer has been round and Florence agrees to go to school but getting her there is a challenge.
- Mum has confiscated her phone etc as punishment but nothing works.
- When asked to do things around the house she refuses and has also started to lash out at mum in anger.
- Dad is threatening to call Social Services and blaming mums parenting.
- Mum is very resentful of dad and Florence’s behaviour.

**Early Signs:**
- Refusing to go to school.
- Struggling with peer group—easily influenced.
- Very angry at dad and lashing out.
- Saying she doesn’t want to live with mum anymore and threatening to abscond.
- Mum is also threatening to abscond as can’t cope.

**What happens next:**
- Mum calls the Wellbeing service and asks for help as doesn’t want her ex husband to call social services.
- Mum has a fear of social services and is worried her name will be put on ‘a list’ but knows she needs help.
- After discussing her situation, the Wellbeing service allocate a Family HAWC, Sam, who goes round to meet Florence and mum.
- With mums permission they also contact school and speak to the attendance officer to discuss how they can help get Florence to school.
- Sam arranges to meet Florence a few times and have a chat about what she wants to happen to try and find out why she is behaving as she is.
- Florence says she feels abandoned by dad and can’t understand why he doesn’t want to see her any more.
- Florence also feels her older sisters don’t care and tell her that dad has been like that all along and she should get used to it. She loves her dad and doesn’t like the way they speak about him and think they are driving him away too.
- Sam meets with mum, sisters and Florence together and also invites along Chris, a Family Resilience Worker.
- Sam mediates a discussion and gives Florence the chance to explain how she is feeling to everyone without feeling judged.
- They agree some strategies at home to manage Florence’s behaviour and agree for Chris to come in for a few mornings to help get everyone out the house in the morning and get Florence to school.
- Florence also says she is really worried about Mum who isn’t coping with dad getting a new partner and wants to stay at home and be with her. They talk about who else can help and mum agrees to speak to someone about how she is feeling too.
- Sam also helps Florence develop some coping skills when she is feeling angry to help stop the ‘red mist’ that comes down.
Cumbria Wellbeing Model Case Study — Bereavement

Name: Lucy  Age: 10  Likes: Gymnastics

Background:

Lucy is in year 5 primary school, she has a good group of friends, joins in after school activities and has had no problem until now at school or at home. She lives with her mum and her older brother Jack who is 14.

Current situation:

• Lucy’s grandad died recently
• Lucy has been struggling at school and refusing to do some activities, bursting into tears when asked to do something and storming off
• School have tried a number of different avenues through nurture groups and feel she needs someone outside of school to help her work through her feelings.

Early Signs:

• Lucy has been tearful on arrival at school and when asked to do things in class that she would normally get on with.
• She is struggling with her concentration, is messing around, and distracting others which is out of character.
• She has been getting quite angry when she can’t do things.
• She is pushing friends away and wont open up when asked.

What happens next:

• Lucy’s school contact their local Family hub and speak to a Family Resilience Worker to get some advice.
• Lauren, the Family Resilience Worker, suggests that Lucy may benefit for some brief intervention work to help her work through how she is feeling and look at some strategies she can use when feeling sad, angry etc.
• They agree on an initial 3 sessions based on what Lucy feels she needs and will go from there.
• During the sessions Lucy tells Lauren that she is really upset about losing her grandad and feels she can’t talk to her mum as her mum is crying all the time and doesn’t seem to want her around.
• School have already been in touch with mum regarding Lucy and ask for her to come in for a chat. Lauren also attends and mum agrees that she is struggling with losing her dad and also with Lucy’s brother who was very close to his grandad and is very angry with life at the moment since he died.
• Mum agrees to an Early Help assessment and they meet again along with Jo one of the Family HAWCS to complete and agree what they want to do next to get help which Jo will co-ordinate.
• Jo also spends some time with Jack to check out where he is up to. She also contacts Child Bereavement UK to support both him and Lucy further.
• Lucy’s mum discloses that she’s been very stressed and hasn’t felt able to talk to anyone until now. She agrees to make an appointment with the GP if things don’t improve.
• As part of the EHA, school agree with Lucy to make some time each day to talk to Mrs Dixon, the TA in Lucy’s class, who Lucy really likes. She will also check in with Lucy how she is feeling and to see if some of the ideas have worked.
• Lucy feels she is in a much better place, is calmer and more aware of what her mum is going through but knows there is someone there to help.
Cumbria Wellbeing Model Case Study — School Readiness, Toileting

Name: Ben  Age: 2 and a half  Likes: Paw Patrol

Background:
• Ben lives at home with his mum and dad. He likes Paw Patrol, particularly Rubble and Skye.
• He is looking forward to school and all the things he gets to do — he doesn't like to miss out on anything!
• He runs around at 100mph all the time and rarely sits still!

Current situation:
• Ben had been potty-trained since he was two and a bit. He had no accidents and was using the big loo.
• One day Ben wet himself. He was playing with friends, but that had never been a problem before. His mum changed him and didn’t really say anything. The following day, he wet himself and laughed. His mum later told him he was a big boy and to use the toilet, but didn’t tell him off. She reiterated that “nappies are for babies”. On day three, he wet himself and pooped his pants.
• His mum knew that regression is common, she does not know how to deal with it. By mid-December Ben was wetting himself.

Early Signs:
• Ben now wetting himself every day.
• He says he knows when he needs to go.
• Says he doesn’t like the toilet anymore.

What happens next:
• Ben has a visit from his Family HAWC Health Visitor for his 2 and a half year check.
• Ben’s development is meeting all expectations and he is a happy confident child.
• Ben’s mum chats with the health visitor about Ben’s toileting and how he seems to have gone backwards and she doesn’t know why or what to do about it.
• The FHAHC HV discusses different approaches and asks mum to try these for 4 weeks to see how she gets on and suggests she contacts the Family Hub if no further progress.
• After 4 weeks mum contacts the Family Hub and speaks to a FHAHC HV who is able to look at her notes.
• Mum feels she needs someone to come in and help her and show her what to do as she feels Ben just isn’t responding to her and maybe someone else talking to Ben would work better.
• They are allocated a Family Resilience Worker who goes to visit Ben, mum and dad one evening to discuss where they are up to and support them in putting some strategies into place.
• After working with the family for a few weeks he issues are resolved and no further support is needed.
Cumbria Wellbeing Model Case Study — CSE

Name: Keeley  Age: 15  Likes: Reading

Background:

• Keeley, is 15 and lives with her mum Diane, step dad and brother Josh, 4
• Josh has some behavioral issues and mum spends most of her time sorting out
• Josh won’t do as he is told and so takes up most of her time and attention.

Current situation:

• Keeley was doing ok at school until she got an older boyfriend (Max) a few months ago. He is 20. They are having sex and have been doing some sexting to each other which Keeley regrets as Max has showed photos to his mates, some of them are quite a bit older.
• Keeley and Max have had unprotected sex and Keeley is worried.
• Over the last 8 weeks Max has stopped her from seeing her friends, encouraging her to be nasty about them on social media. This makes school really difficult so Keeley has been avoiding them by not going to some lessons.
• Keeley’s form teacher is concerned and has phoned Diane to share worries, Diane told her that she can’t communicate with Keeley anymore ‘she won’t talk to me and she’s out all the time’.
• Keeley doesn’t feel her mum has time to talk.

Early Signs:

• Keeley is missing lessons
• She often looks worried and is moody
• She has started to cut herself superficially on her forearms and possibly elsewhere.

What happens next:

• Keeley attends a drop-in at school to speak to the 0-19 Public Health Nurse about unprotected sex.
• The Public Health Nurse has undertaken child sexual exploitation (CSE) training programme and after chatting with uses the LSCB CSE screening tool which indicates Keely is Category 1.
• She discusses the questions with Keely and suggests that Keely speaks a bit more with one of the Family HAWCS from the Wellbeing Service.
• Keely agrees, but doesn't want her mum involved at this stage.
• Jess, the Family HAWC, discusses with Keeley about how they can help support her to understand and manage what is happening. Keeley agrees to an EHA.
• Jess and Keeley agree to regular meetings.
• Keeley then agrees to her mum being involved with the EHA and Jess is also able to help mum with finding support for Josh though the Family HV and also helping her to better understand the adolescent brain, communication, relationships, managing conflict etc.
• Keeley’s teacher has also told her about the online emotional support and so Keeley has joined a facilitated on-line group of girls at risk of or had experienced self harm. The group provided a safe and non-judgmental place to express her feelings of shame and how being exploited made had made her feel worthless and like self-harming.
• This has also helped her talk to Jess and explain what has been happening.
• Keeley has ended her relationship with Max and has apologised to her friends.
• Keeley feels less isolated and knows she isn’t alone and people make mistakes. She still struggles, but doesn’t feel the need to self harm anymore and has people she can talk to including her mum.
• Diane feels more able to cope with Josh’s behaviour and is making time to talk to Keeley.
Cumbria Wellbeing Model Case Study — Transition

Name: Jamie  Age: 11  Likes: Guitar

Background:
• Jamie attends a medium sized rural primary school with about 110 pupils on role. There are 22 in their Year 6 class—12 boys and 10 girls.
• The school feeds into 2 main secondary schools.
• He lives with his mum, dad and younger brother on a farm near one of the secondary schools.

Current situation:
• Jamie has some really good friends and has always been pretty confident and outgoing. This sometimes comes across as a bit arrogant which can get him into trouble.
• Jamie was feeling ok about secondary, until he found out that most of his good friends are going to the other secondary school to him.
• He can’t change school choice as there is only one school bus which goes from the end of his lane and mum and dad have the farm and can’t take him to the other school.
• He hasn’t told them how he feels as there is ‘no point’.
• Jamie doesn’t get on with the boys that are going to the same secondary as him.
• He is feeling left out of his usual group of friends as they are all talking about uniform etc and he can’t join in.

Early Signs:
• Jamie is starting to become withdrawn in class
• He is starting to cause arguments with his friends at break time and sometimes ends up at the Head’s office.
• His mum has rung school, she thinks he might be being bullied as he is ‘not right’ at home.

What happens next:
• Mr Jones has been working with the 0-19 Public Health Nurses looking at Transition as part of their local area cluster.
• He has attended training in school around anxiety delivered by the 0-19 PH Nurses and has picked up on the early signs. He has a chat to Jamie to find out what is going on and what would help.
• Jamie explains how he is feeling and his worries. He contacts the 0-19 PH Team who suggest some sessions with Jamie to focus on transition and his concerns. A family coach works with Jamie and helps feed his ideas into his transition plan with school.
• As part of the cluster transition work the secondary school have established a mentoring programme as part of their whole school approach.
• Jamie will have a year 8 mentor who will come into his primary school and have a chat with him and will also be there when he comes for visit days and moves up.
• The cluster has also identified a number of other children who need transition support and have asked for some Forest Schools input which will be delivered by one of the universal Family Resilience Workers from the Wellbeing Service.
• Jamie, some of the boys in his class that are going to the same secondary and some boys from another Primary school, also going there will have some sessions which will help Jamie build some new friendships.
• Jamie feels like he can talk about how he is feeling to his family and although they can’t change the school situation he is feeling much more positive. He has also made some new friends and is starting to look forward to moving schools.
• Mr Jones has been checking in with Jamie to see how things are going.
• They have been talking about friendship, feelings and transition as part of PSHE helping Jamie to reconnect with his friends and share his feelings.
Cumbria Wellbeing Model Case Study — Online Emotional Support

Name: Britt  Age: 16  Likes: Art

**Background:**
Britt enjoys school and feels well supported at home, but sometimes things are strained between her parents and they have been arguing a lot since her elder sister left for university. Britt’s doing GCSEs next term and knows she needs to make some important decisions about her future.

**Current situation:**
- Britt would like to go to Uni and her teachers and parents are encouraging her to take science A levels, which she excels in.
- Secretly she prefers art and English literature.
- She’s just had her mock GCSE results back and didn’t get the ‘straight As’ she was predicted.
- The school’s main focus is on academic achievement. Her report after the disappointing ‘mocks’ emphasises her potential for high achievement and the need to work harder still in the coming months.
- Her art teacher suspects Britt may be feeling low.
- She’s been going out with Joss since the summer holidays and they get on well. He’s in 6th form. She doesn’t want to have sex but he’s been insisting. She’s finding it more and more difficult to say no.
- She’s been having thoughts about harming herself. No-one talks about self-harm at school, and Britt doesn’t feel able to open up to her parents either, as she is sure they would be really worried, and there never seems to be time to talk at home anyway.

**Early Signs:**
- Britt is finding pressures in her life hard to handle.
- She hasn’t been sleeping well since before the mock GCSE exams.
- She has thoughts of self-harming.

**What happens next:**
- After the 0-19 Public Health Nurse gave a talk at school assembly as part of their role and the posters around school, Britt had a look at the on-line self-help tools and decided to sign up for a drop-in chat.
- The online counsellor was very supportive, and having checked that Britt had never acted on her thoughts of self harm, and had no suicidal thoughts or intentions, offered one-to-one sessions. Britt feels understood and safe. Talking through her problems one at a time seemed to make it easier to work her way through.
- After a few sessions, Britt feels confident enough to tell Joss that she’s not ready for a sexual relationship. She also ‘opens up’ to her art teacher about how she is struggling. Mrs Lake, who has attended a mental health awareness training session in school delivered by the 0-19 Public health service, helps Britt think through her options, and also asks Britt how she’s feeling.
- Britt shares her difficulties about her future, and Mrs Lake offers to support her in her career choices and also recommends the careers advisor.
- They agree to start the conversation about A-level choices with her parents at the Open Evening the following week.
#3 Proposed Roles

Please note: these gradings/bandings are to give an indication of experience, responsibility and qualifications, where appropriate, required for the roles. Any formal grades or bandings would be decided through the relevant HR processes.

<table>
<thead>
<tr>
<th>Proposed Roles</th>
<th>Specialism</th>
<th>Indicative Grade/Band</th>
<th>Function</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19 Public Health Nurse Practitioner</td>
<td>Universal Wellbeing Support</td>
<td>Band 6</td>
<td>• Support for whole school community approach across all health and wellbeing issues</td>
<td>3 WTE</td>
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<td></td>
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<td>• Support schools, colleges, early years settings and other settings to access further support at Getting advice level and onwards to EH if appropriate.</td>
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<td></td>
<td>• Respond to identified need within a locality footprint on a population level as highlighted through appropriate qualitative and quantitative data including school level Health and Development reviews.</td>
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<td>• Support on matters related to children and Young people specific health issues i.e. ASTHMA</td>
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<td></td>
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<td></td>
<td>• Public Health and Wellbeing (0-19years) website.</td>
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<td>• Oversight of drop-ins</td>
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<tr>
<td>0-19 Public Health Practitioners</td>
<td>Universal Wellbeing Support</td>
<td>Band 5/PCD10ii-Grade 11</td>
<td>• Outreach into communities to deliver universal offer i.e existing groups, active play, forest schools, risk and resilience sessions, nurture groups, early communication groups etc.</td>
<td>9 WTE</td>
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<td>• Support whole setting approaches to health and wellbeing – resilience, risk taking behaviour, school and learning readiness, healthy eating, promoting attachment, early communication etc</td>
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<td>• Drop-in's</td>
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<tr>
<td>Public Health Nurse Clinical Lead</td>
<td>Universal Wellbeing Support</td>
<td>Band 7</td>
<td>• Strategic public health lead for those working with children, young people and their families and, as part of the wider early whole system approach, contribute to, support and advise on the development and implementation of specialist local health improvement programmes for children and young people.</td>
<td>2 WTE</td>
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<td>• Lead the delivery of the universal Healthy Child Programme and co-ordinate the delivery of public health interventions within schools and other settings including early years.</td>
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<td>• Engage with the organisational clinical governance processes e.g. contributing to the development of guidelines, pathways, audit, sharing best practice and learning lessons.</td>
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<td>• Training role supporting schools and wider community</td>
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<td>• Oversight of health specific brief interventions</td>
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<td>• Clinical Supervision role</td>
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<tr>
<td>Infant Feeding Co-ordinator</td>
<td>Universal Wellbeing Support</td>
<td>Band 7</td>
<td>• Co-ordinate Infant Feeding across County including Baby Friendly Initiative Leads</td>
<td>2 WTE</td>
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<td>• Provide professional information, advice and guidance across the workforce to promote infant feeding and provide appropriate support</td>
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<td>• Co-ordinate the delivery of the Peer volunteer support</td>
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<tr>
<td>Proposed Roles</td>
<td>Specialism</td>
<td>Indicative Grade/Band</td>
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| Family Resilience Worker | Universal (links into Universal Wellbeing Support and NCMP/Vision Screening) and Targeted work | PCD8ii-Grade 9 Band 4 | • 0-19 support for early intervention and prevention getting advice i.e. continence, breastfeeding, healthy weight, sleep, attachment, parenting, transition, sexual health, etc.  
• Work across all levels – direct delivery with families, supporting universal and early intervention (before EHA)  
• Follow up for NCMP referrals  
• Delivery of group and 1:1  
• NCMP and Vision Screening as per statutory requirements  
• Advice and signposting for families when issue identified  
• Referral onto other parts of system  
• Deliver the direct work to families to support them with behaviour change and practical support from 0-19 inc teenagers, covering a range of issues including behaviour, resilience, emotional wellbeing, parenting, early intervention for neglect, supporting children witnessing DA, CSE, healthy weight, sleep, attachment, parenting, transition, sexual health, portage, supporting learning readiness etc.  
• Delivery of group and 1:1 work  
• Support 0-5 mandated checks – 1 year old and pre-birth | 66 WTE |
| Family Health and Wellbeing Coaches | General Wellbeing | PCD10ii-Grade 11 | • Work with CYP and their families to identify health and wellbeing aspirations and goals  
• Help them to take action on factors that influence their health and wellbeing – including their lifestyle, relationships and economic situation  
• Building their capacity to be independent and resilient.  
• Assisting them to engage with their local communities and social networks  
• Working with statutory services, carers and the individual to identify alternatives to statutory support. | 40 WTE |
| 5-19 Public Health Nurse | Band 5 |  | • Assessments for Education Health Care Plan and other health needs  
• Follow up for specific health related A&E referrals  
• More complex NCMP support  
• Support for EHCP health elements  
• Specific health support identified through Early Help assessment or other work with child, young person or family | 12 WTE |
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</table>
| Health Visitor                    | Band 6                |                       | • Advisory health role for each Family Hub  
  • Provide mandated Universal contacts (unborn to age 5) include:  
  - Antenatal health promoting visit  
  - New baby review  
  - 6 to 8 week assessment  
  - 1 year assessment  
  - 2 - 2.5 year old review  
  • Maternal Mental Health (perinatal depression),  
    Breastfeeding (initiation and duration)  
    Healthy Weight, Healthy Nutrition and physical activity,  
    Oral Health  
  • Health, wellbeing and development of the child aged  
    2 -2.5 year old so that they are ‘ready for school’.  
  • Attendance at TAF, EH etc                                                                 | 50 WTE          |
| Senior HAWCS                      | PCD12ii-Grade 13 Band 7 |                       | • Manage the most complex cases within the service area to ensure positive outcomes for families inc step up/down  
  • Clinical Supervision  
  • Attendance at EH panels  
  • Oversee locality delivery                                                                 | 12 WTE          |
| Integrated Team Managers          | OS15-Grade 15         |                       | • Oversee delivery of the services across each district  
  • Provide procedural oversee                                                                                                                               | 3 WTE           |
| Clinical Leads                    | Band 7                |                       | • Oversee delivery of the services across each district  
  • Provide clinical and safeguarding oversight                                                                                                            | 3 WTE           |
| Business Support                  | BS6-Grade 6 Band 3    |                       | • Support teams within localities  
  • Management of NCMP process                                                                                                                              | 9 WTE           |
| 0-19 HCP Clinical Service Manager | Band 8a               |                       | • Oversee clinical delivery for all 0-19 services  
  • Provide clinical governance                                                                                                                             | 1 WTE           |
#4 Interdependences – proposed children and young people’s model

The proposed model will need to have clear pathways and alignment with other services across the system at each of the different levels of need. This model aims to reduce duplication and compliment other services.

Other CCC Services
- Children Looked After (CLA) – Virtual Team
- Inclusion Officers, Achievement Teachers
- Health & Wellbeing Coaches (HAWCS)
- Specialist Youth Services – Health and Wellbeing Officers, Youth Homeless and Housing Officers
- Early Years Team
- County Psychological Services
- I-CAN programme
- Learning Improvement Service
- Children’s Information Advice & Guidance (CIAG) (Statutory Duty)

NHS services
- Midwifery and Maternity
- Children's Community Health Team - Community Children’s Nurses, Learning Disability Nurses, Physios/Occupational therapists, Speech and Language Paediatrics Acute/Community
- GP’s
- Emergency Care
- Drugs & Alcohol
- Sexual Health Services

Other
- My Time Cumbria
- Targeted Family Support
- Refugee Programme
- Access and Inclusion Teams: Attendance, EAL
- Early Years Settings/Schools
- Children’s Information Advice & Guidance (CIAG)
- Local Committee Funded projects
- Specific support groups/services i.e. MIND Housing
- Young Carers

Intensive Support (Outside of Model with Clear Pathways)
- Children, young people and families who are unable to benefit
- from early help and evidence-based interventions
- Individually tailored support based on an assessment of risk and needs and an explicit, collaborative, shared plan
- Child and Family Assessment
- Edge of Care
- Adult Services
- Strengthening Families
- Tier 4 Community and Mental Health Services (CAMHS)

Other CCC Services
- Adult Services
- Troubled Families/Focus Families
- Children Looked After – Virtual Team, Inclusion Officers, Achievement Teachers
- Children Looked After – Emotional Wellbeing Officers
- Health & Wellbeing Coaches (HAWCS)
- Specialist Youth Services – Health and Wellbeing Officers, Youth Homeless and Housing Officers Missing from Home
- Edge of Care
- County Psychological Services
- Special Educational Needs and Disability (SEND) Services i.e. Short Breaks
- Youth Offending Service

NHS services
- Children’s Community Health Team - Community Children’s
- Nurses, Learning Disability Nurses, Physios/Occupational therapists, Speech and Language Paediatrics Acute/Community
- Acute services i.e. dieticians
- Adult Services
- GP’s
- Sexual Health Services
- Drugs & Alcohol

Other
- My Time Cumbria
- Targeted Family Support
- Targeted Therapeutic Service Missing from Home (Barnardos)
- Missing, Exploited and Trafficked Children
- Domestic Abuse support
- Housing
- Specific support groups/services i.e. MIND, SAFA, CADAS
- The Freedom Project, Birchill Trust, Safety Net
#5 Proposed Children, young people and families Wellbeing Model

Supporting children and families emotionally, spiritually, physically and educationally.

- Resilient families able to help themselves
- Children, young people and families adjusting to life circumstances
- Mild or temporary difficulties where the best intervention is within the community
  - 0-19 Universal Children, Family Resilience Workers,
  - 0-19 Public Health Practitioners
- Advice and information, signposting drop ins
- Brief, early intervention (time limited) - family, 1:1 or group work (no formal assessment or referral required)
- Follow up from universal mandated contacts
- Delivering support within communities i.e. toddler groups, youth settings etc. Outreach – utilising existing opportunities in communities rather than expectation for families to come to ‘a group’
- Volunteer co-ordination i.e. family support, breast feeding
- Signposting to further opportunities i.e. family learning
- Online Emotional Support

Children, young people and families who are currently unable to benefit from evidence-based support, but remain a significant concern and risk. This group might include children, young people and families who routinely go into crisis but are not able to make use of help offered
- Single lead practitioner involved with family with close interagency collaboration behind them
- Family Health and Wellbeing Coache could be lead practitioner if appropriate

Early Help panels will be an integral part of the model working with families with complex needs or cases that are ‘stuck’.

- Children, young people and families benefitting from early help or focused, evidence-based interventions, with clear assessments and achievable outcomes
  - Family Health and Wellbeing Coaches
  - Targeted Family Resilience Workers – work direct with families
  1:1 to do more practical interventions (non-case holder)
- Whole family approach to identify needs, strengths, skills and wider support
- Working in partnership to enable families to achieve sustainable outcomes
- Evidence based intervention – practical solutions
- Co-ordination of Early Helps
  - Work with family if they move up to and back from Getting Risk Support
- Support to accesses family learning etc
- Accessible distance for travel/pram push time

Intensive Support (Outside of model with clear pathways)
- Children, young people and families who are unable to benefit from early help and evidence-based interventions
- Individually tailored support based on an assessment of risk and needs and an explicit, collaborative, shared plan
- Child and Family Assessment
- Strengthening Families
- Edge of Care
- Tier 4 CAMHS
- Adult Services