**Early Support in Cambridgeshire**

**Partnership Agreement**

Between

Cambridgeshire County Council, Children, Families and Adults Services

Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridgeshire Community Services

Cambridgeshire and Peterborough Foundation Trust

For

Delivering Early Support Pathway

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<th>On behalf of Cambridgeshire and Peterborough Clinical Commissioning Group:</th>
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Early Support Specification for children 0-5 years in Cambridgeshire

1. Introduction

“The system to support children and young people who are disabled or who have SEN often works against the wishes of families. Children’s support needs can be identified late; families are made to put up with a culture of low expectations about what their child can achieve at school; parents don’t have good information about what they can expect and have limited choices about the best school and care for their child; and families are forced to negotiate each bit of their support separately.”

Early Support is a way of working, underpinned by 10 principles that aim to improve the delivery of services for children with a disability or complex additional need and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

Early Support ensures that service delivery from all agencies including:

- Acute hospital, primary care and other community clinical settings
- Child development centres
- Mainstream early years settings
- Local Authority Children's Services including children's centres, specialist support services and children's social care
- Voluntary organisations

is child and family centred. The Early Support approach focuses on enabling services and practitioners to work in partnership with children and their families.

Early Support Principles:

1. Support and Aspiration: A new approach to special educational needs and disability” DfE March 2011
2. Who is Early Support for?

A child who has complex additional needs and will require considerable on-going specialist support from across Education, Health and Care. This includes children who have great difficulty communicating, have sensory or physical difficulties and/or complex health needs. All will need additional support with many aspects of daily life and it is probable that there will be a long-term impact on development/learning.

This includes families with:

- young babies leaving hospital with medical and other support needs, where parents and carers need practical help to care for their child at home,
- older children where the need for longer term additional help to address their learning and developmental needs becomes clear only in the second or third year of life,
- children who have obvious, multiple and significant factors affecting development and learning,
- children who have less obvious difficulties, nevertheless will require significant additional help to address their learning and developmental needs on an ongoing basis.

3 Background to Early Support in Cambridgeshire

3.1 In 2008 Cambridgeshire County Council, Children and Young People’s Services funded, via Sure Start, Cambridgeshire Community Services (CCS) to develop Early Support, a mechanism for achieving coordinated family focused services for pre-school children with disabilities and emerging complex needs.

3.2 Three Early Support coordinators were appointed by CCS to help support the multi-agency referral route and provide ongoing coordination of that process across Cambridgeshire. They were to act as administrators, supporting the process, monitoring and collating data, and providing information or signposting to families. The coordinators’ were managed and located within CCS who provided part time management support to the three coordinators.

3.3 A review of Early Support was conducted early in 2011 with the outcome of Cambridgeshire County Council and Cambridgeshire NHS signing a partnership agreement in April 2012 to jointly commission the provision of Early Support to families with children 0-5 with lifelong, multiple needs. Parents and professionals from statutory and voluntary sectors developed a new Early Support specification and care pathway, which was launched in September 2012.

3.4 Learning from local delivery of the new Early Support specification and pathway for children 0-5 will inform the development and delivery of the Education, Health and Care Plan in Cambridgeshire, together with parent/carer feedback, evidence from SEND pathfinders and national Early Support who are delivery partners of SEND reforms for children and young people 0-25 years.

3.5 Parental feedback asked for “effective, coherent multi-agency working with good communication and joined up thinking.”² They’ve asked for support around accessing

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² A report on the findings from consultations with parents on the role of the Key Worker; Lynn Powell Partnerships; March 2009
services and information, obtaining short breaks, maintaining their own and family’s well-being, finding other parents in a similar situation, and coordinating the services they receive from different agencies. Parents ask that staff is “understanding and well-trained” and that they get a “holistic approach to their child’s needs – health, social, etc.”

4  **Aim - A Joint Commitment**

4.1 As part of the Local Authority’s duty to provide information, advice and assistance to parents of disabled/complex needs children and children with special educational needs Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group jointly fund and deliver Early Support, to provide or facilitate access to information and services for parents who might otherwise find it difficult to do so.

4.2 Our further aim is that all children whose health needs are likely to require additional support in accessing mainstream children’s services will be highlighted to the local authority through Early Support referral and co-ordination mechanisms. This will enable appropriate support to be identified and resourced in a timely manner, especially for local authority funded early years provision at ages 2, 3 and 4.

4.3 All agencies/Service leads working with disabled/complex needs children 0-5 committed to the delivery of the Early Support approach for children with complex additional needs and their families, and that agency Service Leads will make a signed commitment to the delivery of the service by ensuring that their staff take on key working and as appropriate the lead professional role, embedding the Early Support principles and materials though their service delivery to families.

4.4 All agencies are committed to offer support at relevant transition points (when a child moves into a childcare, early years, school, hospital, or home, or when a family moves to another area or service arrangements)

5  **Early Support in Cambridgeshire-current arrangements** (see Early Support pathway Appendix 1)

Three Early Support Coordinators, one in each area of the county, provide the administrative function to ensure that the Early Support pathway is delivered.

5.1 **Early Identification**

The Early Support coordinators are the central point of contact for all **Referral to Early Support**.

5.1.1 **Criteria for Early Support:**
A child who has complex additional needs and will require considerable on-going specialist support from across Education, Health and Care, including children who have great difficulty communicating, have sensory or physical difficulties and/or complex health needs, all of whom will need additional support with many aspects of daily life. It is probable that there will be a long-term impact on development/learning. (Model of Staged Intervention level 3-4)

5.1.2 The **main referral route** to access Early Support is by completion of a **CAF** to provide an early holistic assessment of a child and family’s needs. The **only** exceptions are:

- Medical Pathway
  Where a child’s complex needs are identified before or soon after birth by a

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3 Cambridge City Parent Network Meeting; pinpoint; October 2011
Health professional (e.g. Acute Services or GP), the child and family will access Early Support via the existing health pathways.

- **Children’s Social Care**
  
  When a child’s needs are identified by Children’s Social Care units or Self Directed Support Teams during an Initial or Core Assessment, this specialist assessment should be used to access Early Support for the child and family.

5.2 **Decision-making**

5.2.1 **Referral and Allocation Meetings** held in each area led by the Early Support Coordinators. Multi-agency exploration and discussion of all new cases, to ensure effective decision-making, with representation from Children’s Centres, Educational Psychology, Paediatricians, Children’s Social Care Disability Team, Early Years Support for Learning.

5.2.2 Referrers are invited to attend to present their case

5.2.3 If the threshold is met for Early Support the referrer or CAF initiator will support the family’s journey, determine the timing of multi-agency interventions in partnership with the family and liaise with the ES coordinator about arrangements for a Family Support Plan meeting.

5.2.4 If the threshold for Early Support is not met, the referrer follows CAF processes and coordinates Team around the Family meetings.

5.3 **Actions**

5.3.1 Integrated person centred outcome focused **Family Support Plans** (FSP) developed by professionals in partnership with parents/carers. FSP’s are central to the development of an integrated and coordinated approach to identify, plan, implement and review the holistic needs of the whole family. Preparing parents and professionals for the development of Education Health and Care Plans; helping new families engage better and with more confidence in the new process.

5.3.2 When the initial FSP has been developed the **CAF is closed** by the Early Support coordinator.

5.3.3 The Early Support **Family File** helps families with a child who has a disability or complex additional need to organise, share and record the wide range of information they will receive as they navigate the system. It is split into sections and provides parents and professionals a format to:
  - Identify needs and priorities
  - Plan how best to meet short and long term priorities
  - Review the plan and identify next steps
  - Keep letters and information

5.3.4 **Key working via the Lead professional** role to ensure the provision of holistic care and support to meet the needs of children and their families.

5.3.5 A multi-agency key working steering group has developed recommendations for key working via the lead professional role, which encompasses children and families following the Early Support pathway.
5.3.6 Families have access to accurate, up to date information to enable them to make informed decisions about their child and family. Information should be in a format that is accessible to the family.

5.4 Referrals out of Early Support

5.4.1 Where children move out of the area the Early Support Coordinators make links and transfer information to Early Support or other appropriate key professionals in the area the family move to for transition planning.

5.4.2 If a child’s needs no longer meet the Early Support criteria, team around the family meetings, care planning and review is transferred to alternative pathways and their processes e.g. CAF or Social Care

5.4.3 The Early Support coordinators follow individual service protocols to close their Early Support open involvements on IT systems e.g. ONE and System 1.

5.5 Role of the Early Support Coordinators

5.5.1 A single point of contact to coordinate referrals, assessment, planning and review for children 0-5 years with a complex additional needs or disability and their families

5.5.2 Support for lead professionals by:
- Arranging FSP meetings and trigger reviews every 6 months.
- Ensuring the FSP is updated and disseminated to the family and all those working with them
- Uploading the FSP and reviews onto System 1 and ONE
- Closing the CAF following the first FSP meeting
- Disseminating updates as directed by the lead professional
- Arranging appointments and liaise with practitioners
- Supporting lead professionals plan transitions from and into, health, Early Years settings, entry to school or other areas and services.

5.5.3 Central contact point for the provision of information for professionals and families:
- Provide accurate up to date information and sign posting
- Provision of a Family File for sharing with families
- Promote links to the Early Support materials
- Develop and maintain databases of information on services’ eligibility, support and activities to met the holistic needs of families e.g. specialist support groups, children’s centres, local communities, Empowering Parents workshops offering emotional support to parents and young carers
- Maintain waiting lists e.g. Early Bird parents courses

5.5.4 Data collection and service user feedback to inform performance monitoring reports. Developments to their database to collect future performance monitoring data will enable enhanced analysis of information, which is currently only available manually.

6 Quality Expectations

6.1 Strategic buy-in from all stakeholders and commitment to deliver through the Early Support pathway

6.2 Clear Governance Arrangements supported by dialogue and strong partnership

6.3 Ongoing engagement with service users to ensure their views and needs are adhered to. An evaluation questionnaire to be completed by parents and professionals implementing Early Support as a mean to capture effectiveness of Early Support

6.4 Family Support Plan being used to inform other specialist assessment processes, e.g. current Statutory Assessment processes and future Education, Health and Care Plans.
6.5 Regular updates on progress and impact of Early Support from the Early Support Development Officer, using the Early Support Improvement and Development Tool; identifying barriers and proposing solutions

6.6 Data sharing protocols agreed and implemented. An Honorary Contract to be agreed for IT access and use purposes

6.7 Complaints procedures – the Service will follow the complaints procedure of Children’s Services or Health depending on the origin of the complaint

6.8 Ensure Child safeguarding competencies of all staff who work with children and young people apply the key safeguarding employment standards produced by the Cambridgeshire Local Children’s Safeguarding Board and endorsed by all members of the Children’s Trust Board (CTB).

7 Governance and commissioning arrangements

7.1 Early Support is commissioned through a pooled budget and Partnership Agreement, by Cambridgeshire County Council’s–Children, Families and Adults Services and Cambridgeshire and Peterborough Clinical Commissioning Group to deliver this specification.

7.2 The Early Support Joint Commissioning Group (see Appendix 2 for Terms of Reference), has the overall strategic responsibility for the delivery of the Early Support Pathway and will receive quarterly performance and impact reports from Early Support Development Officer. Barriers to good performance, solutions and the way forward will be presented and discussed. This group will have a role in ensuring strategic buy-in from their individual organisations and to support their managers and front line staff to work within the Early Support parameters.

7.3 The Early Support Operational Group (see Appendix 3 for Terms of Reference), provides service user and practitioner involvement from service representatives into refining and evolving the Early Support pathway in practice. Developing best practice in the implementation and delivery of the service specification, monitoring information for quality assurance and evaluating impact on service user need, service delivery and integrated working.

7.4 The current arrangements in support of the Early Support pathway will be further informed by the CFA Early Help and Family Reviews and any new Joint Commissioning Arrangements

7.5 The Early Support Coordinators are employed by Cambridgeshire Community Services NHS and managed by the Early Support Development Officer and specialist Health Visitor for children with a disability with a dual matrix management arrangement.

7.6 The Early Support Development Officer is employed by Cambridgeshire County Council and line managed by the Early Years Senior Educational Psychologist in the Enhanced and Preventative Services Directorate, CYPS.

8 Other Partnership Arrangements

8.1 S256 – Pooled Budget Arrangement between Cambridgeshire and Peterborough CCG and Cambridgeshire County Council, Children, Families and Adults Services.

8.2 SLA/Contract between Cambridgeshire County Council, Children, Families and Adults Services and Cambridgeshire Community Services NHS Trust.
8.3 Data sharing protocols with:
- Children’s Centres
- Early Years Support for Learning
- Sensory Support Team
- Statutory Assessment and Resource Team
- Funded 2’s
- CAF team
- Health Visiting
- Community Paediatricians
- Looked After Children Health Team
- CAMHS-Learning disability team

8.4 Agreements to support integrated working (see Appendix 4), are in place across agencies including with: Statutory Assessment and Resource team, Children’s Centres, Looked After Children health team, Children’s Social Care and East Anglia Children’s Hospice

9 Resources

9.1 Budget The annual budget for Early Support is £130k from a pooled budget between CCC and Cambridgeshire and Peterborough Clinical Commissioning Group. Additional capital funds have been invested from Social Care to enhance access.

Funding will be combined into a single lump sum (Section 256) to commission the service specification. Funding will include all staffing costs, travel and other expenses.

9.2 Staff All partner agencies are committed to ensure that their staff currently working with families who have children that have complex additional needs, deliver the core offer following the Early Support approach and principles.

9.2.1 Key partners in Children, Families and Adults services for delivering Early Support include; Children’s Centres, Early Years Support for Learning Team, and Children’s Social Care particularly those within the Disability Team. Similarly, key partners within the NHS include; Community Paediatricians, Health Visitors, Speech and Language Therapists, Physio and Occupational Therapists.

9.2.2 Early Support coordinators will work flexibly, where possible, based across health and local authority locations to include; specialist hub Children’s Centres and health teams. They will maintain working relationships across all agencies from statutory and voluntary sectors that provide education, health and care to children and families.

10 Monitoring and Reporting

10.1 Quarterly monitoring and performance reports are presented and discussed at the ES Joint Commissioning Group quarterly by the Early Support Development Officer. These reports inform the Early Support Improvement and Development Tool, which enable a review of services, identifying development priorities and tracking progress over time.

10.2 An annual report, which includes the views of parents/carers, practitioners and partner agencies, reviews the year’s activity and outcomes for children and families following the Early Support pathway.

10.3 The Early Support Coordinators and Early Support Development Officer collect performance monitoring data.
10.4 Outcome Targets:
  o Increased service user satisfaction
  o Identified needs met as per Family Support Plan
  o Increased number of lead professional allocation
  o Increased knowledge of available services, procedures and thresholds
  o Increased access to service offers e.g. Children’s Centres and Social Care (compare before and after referral)
  o Increase use of CAF
  o Increased service engagement at Family Support Plan meetings
  o Improved coordination of health appointments and provision
  o Increased integrated working by services to meet person centred outcomes
  o Increased service user engagement with Family Support Plan
  o Increased service user engagement in service design, delivery and improvement
  o Increased use by all professionals of Early Support Developmental Journals (Practitioners Development Journal)
  o Increased use by all professionals of Family File

10.5 Activity/output measures;
  To be recorded on Excel and include:
  o Name of child/family
  o Date of birth
  o Gender
  o Ethnicity
  o Area of residence
  o Source of referral to ES
  o Route of referral (CAF, medical letter/report, Children’s Social Care)
  o Age at referral
  o Presenting need
  o Diagnosis (where available), type of disability/complex need
  o Length of time from child meeting ES criteria to first Family Support Plan (FSP) meeting
  o Number of families with a FSP
  o How many FSP meetings held
  o Number of families attending FSP meetings
  o Professionals attending/input at FSP meetings
  o Number of families with a Family File
  o Number of families with a lead professional
  o Number of lead professionals by professional group/agency
  o Number of referrals out of ES
  o Reason for referral out e.g. moved away, no longer meets threshold

11 Further developments required in Early Support

In response to;
  o Early Support quarterly monitoring reporting
  o The Early Support annual report-November 2013
  o The updated Early Support Improvement and Development tool-November 2013 (see Appendix 5)
  o Developments required by the Children and Families Bill including implementation of the Education, Health and Care plan
the following areas have been identified as requiring refinement and development.

11.1 Workforce Development by linking with other developments including:
  o Key working through the lead professional role training
  o Assessment and outcome focused person centred planning
Streamlining of Cambridgeshire SEND training offer, including cultural awareness across children’s workforce and promotion of the Early Support approach

- Link with Regional Early Support Facilitator training offer and learning from SEND pathfinders.
- Promotion and dissemination of updates and guidance, when available, across all children’s workforce for the implementation of Children and Families Act

11.2 Performance
- Develop key performance indicators to include aspects such as; referrals with a CAF, families with a Family Support Plan, use of Family File, lead professional
- Set up regular moderation panel to review Family Support Plan’s
- Finalise new data collection-pivot tables
- Action to increase engagement for parental feedback

11.3 Extend and embed Early Support principles 0-25 years (see Appendix 6)

11.4 Finalise post diagnosis pathway for timely family support

11.5 Health
- Develop system of ‘triage’ by all Community Paediatricians for children directly referred to them.
- Promote Early Support approach and pathway with relevant acute health sector, which will support their understanding and engagement with developments of the Education Health and Care plan.
- Review barriers to developing more Paediatric clinics in Children’s Centres and identify solutions.
- Explore and develop use of Children’s Centres as venue for children’s Physiotherapy and Occupational Therapy appointments and sensory workshops

11.6 IT Explore the use of the Early Support app and cloud technology to support integrated working

11.7 Early Support coordinators to support developments of the Local Offer which will act as a resource for families in the future who meet Early Support criteria and those whose needs will be met through other pathways such as CAF

11.8 Children’s Social Care
- Refine the interface with Children’s Social Care and Early Support including; referral criteria, provision of background information for Referral Meetings and step down.

11.9 Implement plan to clear backlog of families without a Family Support Plan

11.10 Formalise cross boundary agreements with Peterborough Child Development Centre and other areas as needed.
Appendix 1
Early Support Care Pathway

Early Identification

Child identified with complex additional needs

Child identified with additional but not complex needs

Indicators for Early Support for Children 0-5 years
A child who has complex needs and will require considerable on-going specialist support from across Education, Health and Care, including children who have great difficulty communicating, have sensory or physical difficulties and/or complex health needs. All of whom will need additional support with many aspects of daily life and it is probable that there will be a long term impact on development/learning.

(Model of staged intervention level 3 & 4)

Referral sent to Early Support Coordinator

Is there sufficient information to decide if the indicators for Early Support are met?

Yes

Early Support Referrals & Allocation Meeting

Are indicators for Early Support met?

Yes

No

Further information sought from referrer

Decision Making

Early Support Referrals & Allocation Meeting

Are indicators for Early Support met?

Yes

No

Children with additional needs but not complex needs

(Model of staged intervention level 2)

Family journey: Family contacted within 5 working days of Referrals Meeting by referrer/CAF initiator/identified lead professional to explain next steps and support family’s journey.

Family File shared. All About Me and My Family completed, initial Family Support Plan meeting arranged.

Family Support Plan meeting held within 8 weeks of Referrals Meeting.

Parents/carers and professionals plan how best to meet short and long term priorities, which have been identified to address the child and family’s needs.

Key working agreed with parents/carers

CAF closed by Early Support Coordinator

Needs led actions: coordinated interventions to meet child and family priorities

Family Support Plan review meetings every 6 months: to revisit priorities, next steps, transition plans.

Actions

Early Support Co-ordinators are the single access point for referrals to Early Support. They support families and key working by arranging and coordinating FSP meetings, disseminating plans and updates, providing information and resources together with gathering and coordinating feedback regarding service provision.

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Appendix 2 EARLY SUPPORT JOINT COMMISSIONING GROUP 
TERMS OF REFERENCE

1. PURPOSE

1.1 To ensure families with young children who are disabled or who have complex health needs, receive Early Support timely and effectively and that our services are universally accessible.

1.2 The Early Support Joint Commissioning group will lead the implementation of Early Support pathway, providing direction, setting standards and governance. The group will:
   - Ensure strategic buy-in
   - Oversee the delivery of the service specification for Early Support
   - Quality Assure and monitor Early Support performance
   - Evaluate its impact on service user need, service delivery and integrated working
   - Ensure the pathway offers value for money
   - Explore and suggest how best to mainstream and sustain the Early Support pathway

2. PRINCIPLES

To promote working together so that services provide the best care and support for disabled children and embed essential ingredients of partnership working as part of Early Support:
   - Working closely together, with active participation and involvement
   - Sharing power, with parents or carers leading
   - Complementary expertise
   - Negotiating and agreeing aims and process
   - Mutual trust and respect

3. MEMBERSHIP

Representation from services will include:
   - Parents/Carers via Pinpoint
   - Children Families and Adult Services
   - Cambridgeshire and Peterborough Clinical Commissioning Group
   - Cambridgeshire Community Services NHS Trust
   - GP Representative (Disability Lead ) - Virtual
- Cambridgeshire and Peterborough Foundation Trust
- Early Support Development Officer
- Voluntary Sector

The group will be chaired by the Head of Children’s Joint Commissioning

4. MEETING ARRANGEMENTS

4.1 To meet bi-monthly

4.2 Minutes will be taken and circulated to members

5. ACCOUNTABILITY

5.1 The Early Support Joint Commissioning Group will report to the Disabled Children’s Strategy Group and the Strategic Commissioning with Health Board

5.2 Terms of reference will be reviewed on an annual basis
Appendix 3 EARLY SUPPORT OPERATIONAL GROUP TERMS OF REFERENCE

1. PURPOSE

1.1 To ensure families with young children who are disabled or who have complex health needs, receive Early Support timely and effectively and that our services are universally accessible.

1.2 The Early Support Operational Group will put into practice the Early Support pathway. The group will:

- Provide service user and practitioner involvement by service representatives providing feedback from parents and colleagues to and from the group
- Work to develop best practice in the implementation and delivery of the service specification for Early Support using the Early Support Improvement and Development Plan to develop priorities together with an Operational Plan
- Develop and provide monitoring information for quality assurance of the Early Support pathway using the Early Support Improvement and Development Plan
- Evaluate impact on service user need, service delivery and integrated working
- Ensure the pathway offers value for money
- Feed into the development of the Single Education, Health and Care Plan in Cambridgeshire.

2. PRINCIPLES

To promote working together so that services provide the best care and support for disabled children and embed essential ingredients of partnership working as part of Early Support:

- Working closely together, with active participation and involvement
- Sharing power, with parents or carers leading
- Complementary expertise
- Negotiating and agreeing aims and process
- Mutual trust and respect

3. MEMBERSHIP

3.1 Representation will include:
- Parents/Carers
- Children Families and Adult Services
- Cambridgeshire Community Services NHS Trust
- Cambridgeshire and Peterborough Foundation Trust
- Voluntary Sector

3.2 Continuity of attendance by representatives wherever possible; if unable to attend to find alternative person in their place.

The group will be chaired by the Early Support Development Officer

4. MEETING ARRANGEMENTS

4.1 To meet bi-monthly

4.2 Minutes will be taken and circulated to members

5. ACCOUNTABILITY

5.1 The Early Support Operational Group will report to the Early Support Joint Commissioning Group

5.2 Terms of reference will be reviewed on an annual basis-next review date June 2014
Appendix 4  Agreement to Support Integrated Working

The following agreements are in place to support integrated working:

1. **Parent participation** at all levels is key to the development of Early Support in Cambridgeshire. Pinpoint, an independent information, support and involvement network for parents in Cambridgeshire is commissioned to engage and consult with parents. There is representation from Pinpoint and directly from parents at Early Support commissioning and operational groups; informing development of the Early Support specification and partnership agreement, pathway, Family Support Plan, Family File, Early Support leaflet, feedback questionnaire and Early Support review.

2. The **Healthy Child Programme** supporting early identification of families in need of additional support, including children with developmental delay and abnormalities is delivered by a broad spectrum of practitioners, including GPs, practice nurses, midwives, health visitors, community nursery nurses, early years practitioners, family support workers and other practitioners employed by children’s centres or working for voluntary organisations.

3. **CAF** and Early Support interface protocol.

4. **Key working** through the Lead Professional role recommendations developed by a multi-agency steering group. A series of interagency training days designed to support all those who undertaking the role is being rolled out by CCC workforce development.

5. Development of the new **Early Support Specialist Health Visitor** role will help ensure early identification of need, deliver care and services to families with children 0-5 who have complex or additional health needs and disabilities as part of an integrated team with a child centred focus in line with the universal, universal plus and universal partnership plus pathways. The new HV role will work jointly with partner agencies to provide specialist HV support to children and families within the Early Support Pathway.

6. **Statutory Assessment and Resource team (START)** information shared about children and their diagnosis. This is provided quarterly to enable START to plan more accurately the number of pre school children who may have an application made for Statutory Assessment and for future planning of anticipated numbers of young children requiring an Education, Health and Care Plan.

Family Support Plan and Review Family Support Plan meeting agendas have items, which should be considered depending on the needs of the child. Thinking about the possibility of whether there is a need for Statutory Assessment and the timing of application is included.

7. **Looked After Children Health Team** to ensure the LAC health team will liaise and refer a child to the relevant Early Support Coordinator if a child is identified as having complex additional needs or disability at the Looked After Child Initial or Review Health Assessment for children 0-5 years. When a Looked After Child transfers off the Early Support pathway the Early Support Coordinators will ensure the LAC health team are informed and current health information is shared.

8. **Rosie Maternity Hospital**
   8.1. It has been agreed with the **discharge planning team** for the **Neonatal Intensive Care Unit** at the Rosie Maternity Hospital that babies that meet the criteria for Early Support and live in Cambridgeshire will be referred prior to discharge home.
   8.2. Children who have been on the neonatal unit at the Rosie Maternity Hospital and who are having **neurodevelopmental follow up** will be directly referred to Early
Support if they meet the criteria with a copy of their original discharge information and follow-up progress.

9. The **East Anglia Children’s Hospice (EACH)** in Milton, Cambridgeshire ‘share’ with the Early Support Coordinators through the System 1 health computer for children following the Early Support pathway who have been referred to EACH. For children 0-5 years who meet the criteria for Early Support who are not following the Early Support pathway EACH will liaise and refer a child to the relevant Early Support Coordinator following parental consultation and with their consent.

   The agreement for the ES coordinators to meet to refine this arrangement has been unsuccessful, as requests to arrange a meeting have not been responded to. The Early Support Development Officer will follow this up.

10. **Children’s Centres** have copies of Early Support quarterly monitoring information provided to their central development team. Each Children’s Centre have quarterly caseload lists provided of all the children in their reach area following the Early Support pathway and are offered quarterly meetings with the Early Support Coordinator.

   The Early Support Coordinators attend the Specialist Groups at least quarterly to enable parents and professionals to discuss queries, and where possible arrange FSP meetings to be held in the local Children’s Centre.

   Children’s Centres have representation at Referral Meetings, are informed whether a child is registered with a Children’s Centre when they are referred and if not a registration form is sent to the CAF initiator/referrer who leads the initial FSP meeting for completion.

   To enable families to access support earlier, Children’s Centres routinely contact families to inform them about activities, groups and support available following a child’s referral to Early Support. A sentence explaining they will be contacted by the Children’s Centre has been added to the letter sent to parent/carers when they are informed that their child meets the criteria for Early Support.

11. The **Sensory Team** caseload for children 0-5 years is cross referenced with the Early Support caseload and shared with the pre-school leads to ensure children with complex additional needs and their families are accessing the Early Support pathway.

12. For children and families who live on the Cambridgeshire border and access services across counties variable difficulties arise when trying to coordinate service provision with parents at the centre of decision-making. Particular difficulties identified for children who are accessing health care provision from **Peterborough Child Development Centre** are in the process of being resolved.

   Agreements made:
   - Professionals identifying children who meet the criteria for Early Support in border areas, particularly around Whittlesey and Yaxley are supported and encouraged to complete a CAF and refer to the relevant Early Support coordinator.
   - If Cambs children are referred directly to Peterborough CDC they will refer children who meet the criteria for Early Support to the relevant Early Support coordinator. An Early Support consent will be completed and information leaflet shared with parents. A copy of the original referral letter and clinic letter for information will be sent.
   - Peterborough specialist health services will be invited to Family Support Plan meetings; if unable to attend they will send written or verbal feedback to the Early Support coordinator to be shared with the lead professional chairing the meeting.
Referrals to all Peterborough specialist health services, as well as copies of Record of Visits, letters and reports to be shared with Peterborough colleagues will be sent from Cambridgeshire via the Early Support coordinator to a central point for distribution to the relevant health professionals in Peterborough.

Requests for reports for Statutory Assessment on cross boundary children will be sent to Farida Aladdin who will pass this on to the responsible clinician.

Copies of reports and letters from Peterborough CDC will be sent to the relevant Early Support coordinator for distribution to appropriate Cambs professionals.

13. Agreements with **Children’s Social Care** have recently been amended but require further work to refine, they include:

**Referrals to Children’s Social Care for children not following Early Support pathway but who have long term complex additional needs or disability**
- Referrals for children 0-5 years who do not have safeguarding needs are starting to be re-directed to Early Support by IAT using referrals via ONE
- Attendance at Early Support Referral Meeting by a representative from Children’s Disability Team, Self Directed Support Team.
- A member of the Children’s Disability Team, Business Support Team, to review all new referrals lists for Early Support and inform the coordinators if the cases are known as well as team managers or consultant social workers, so that social workers can inform decision making/attend Referrals Meeting.

**Referrals to Children’s Social Care for children following Early Support pathway**
- Integrated Access Team (IAT) to include checking for an open Early Support involvement on ONE when a child is referred in to Social Care.
- To aid IAT gather relevant information about a child following a referral to Children’s Social Care the Early Support Coordinator will provide IAT when requested:
  - An overview of the child and family
  - Which professionals are working with the child and family
  - A copy of the FSP

**Step Down Protocol for children following Early Support pathway** - addendum discussed and agreed in principle with CAF Development Manager but not yet finalized to include:
- When Step Down planned, Social Care Unit to inform the relevant Early Support Coordinator
- Early Support FSP to take over planning rather than a CAF Support Plan at Step Down, if a child is following the Early Support pathway.

**Looked After Children following Early Support pathway**
For children being considered for Adoption Fostering
The Adoption Team Permanence Planning will include:
- Checking for an Early Support involvement on ONE
- Liaison with the Early Support Coordinator to support smooth transitions to be planned for in relation to the child’s complex additional needs or disability
Early Support Coordinators aware of the support from the Adoption Team for parents who have an adopted child.

Early Support Coordinators make links with Unit Coordinator if difficulty contacting a child’s Social Worker.
Appendix 5  
Early Support Improvement Planning and Development Tool November 2013

This multi-agency improvement, planning and development material is designed to inform and underpin service improvement for children with complex additional needs and disabilities and their families. It is based on the Early Support Multi Agency Planning and Improvement Tool (MAPIT). It enables multi-agency groups, to review services, identify development priorities and track progress over time.

Each section of the material presents a single principle, with associated Principles into practice statements and provides a framework to present evidence associated with particular aspects of service provision and recommended actions.

Evidence was initially gathered by the Early Support Development Officer in April and May 2012 from the Early Support coordinators, practitioners across agencies, pinpoint, parents who were met at groups and activities as well as from previous evaluation material and reviews. All the Principles into practice statements were reviewed at once, the material yielded a one-off 'snapshot' of current performance and identified areas requiring attention. A review undertaken in September 2013 of the Early Support pathway, which was launched in September 2012 has informed this performance update, recommendations for action and revised rating.

Performance was rated initially in May 2012 and again in November 2013 to measure the impact of changes introduced in response to the April 2012 Early Support specification and partnership agreement. Each of the Principles into practice statements is rated using a simple white, red, pink, amber and green system, as follows:

<table>
<thead>
<tr>
<th>Colour</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>No information available/not known.</td>
</tr>
<tr>
<td>Red</td>
<td>No evidence that Standard is met and no action plan formulated. An area of challenge to be addressed.</td>
</tr>
<tr>
<td>Pink</td>
<td>Action to address issues planned.</td>
</tr>
<tr>
<td>Amber</td>
<td>Progress being made. There is an action plan to improve service provision against this standard and some action has already been taken as part of that plan.</td>
</tr>
<tr>
<td>Green</td>
<td>Very good. The Standard is being met or exceeded and there is clear evidence that and actions taken have improved outcomes for families and children.</td>
</tr>
</tbody>
</table>

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4 Early Support Annual Report 2013

Cambridgeshire and Peterborough Clinical Commissioning Group
1. **Integrated provision**—A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

1.1 Joint planning of multi-agency packages of care is undertaken, using a single plan and a ‘team around the family’ approach to co-ordinate assessment, planning and review.

For example:
- All families and professionals are using Family Files
- CAF is closed when Early Support, Family Service Plan is developed.

### Evidence
- 18% of families referred Jan-June 2009 reported being offered a Family File of these families 20% reported receiving one. (No later data available)
- 14% of families referred Jan-June 2009 reported having discussions of a Family Service Plan, 10% report having a Family Service Plan and 54% of families reported they would like to have more details about having one. (No later data available)
- FSP meetings tend to be Team Around the Child rather than Team Around the Family-(see attached format) no universal paperwork across the county. Not needs led, service provision led.
- CAF evolving process; across the county variable rates of use of CAF to access ES: 1st Dec 2011 to 31st March 2012 in East and Fenland 63%, Hunts 65% and South Cambs & Cambridge 52% of referrals on a CAF. This has increased from East and Fenland 16%, Hunts 60% and South Cambs & Cambridge 10% between 1st June 2011 and 30th Nov 2011
- Few FSP meetings taking place and CAF not always being closed when new plan taking over.

### Actions (Who will do what, by when?)
- FSP entered by ES coordinators onto System 1 and ONEv4
- Operational Group to be set up to formulate/refine development of
  - Care pathway
  - FSP
  - Key working
  - Dissemination and use of Family File
- ES coordinators to complete monitoring data e.g.
  - Provision & use of Family File
  - Care Pathway/Family’s journey
  - FSP & meetings
- Evaluation
  - Questionnaires to families, practitioners, managers
  - Case studies

### Rating
- May 2012
- Nov 2013

**Pink:**
- Rating

**Amber:**
- Rating
**Integrated provision**—A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

**Update November 2013**
- Early Support pathway launched Sept 2012
- 83% of referrals are now coming on a CAF-Sept 2013.
- All families referred since the launch of new pathway have been given a Family File, other families have been provided with one on request.
- 43% of parents and 29% of professionals responding to Sept 2013 survey report families are using Family Files
- All families referred since Sept 2012 have been offered a FSP meeting
- FSP meeting agenda includes discussion of the child, parent/carer and wider family & environmental needs
- 40% of all children & families known to Early Support have a FSP compared to 13.3% in September 2012; a plan is in place to clear the backlog of families without a plan by the end of July 2014.
- 70% of parents and 80% of professionals responding to Sept 2012 survey report having FSP meetings
- ONE report set up to monitor CAF’s closed once FSP in place for families
- Early Support principles informing the development of the Education Health and Care Plan in Cambs

**Actions:**
- Set ES performance indicators to include % of referrals with a CAF, families with FSP and Family File
- ES coordinators to provide quarterly monitoring data and start to include % of families with a Family File
- Professionals to be actively encouraged to use Family Files when having contact with families by:
  - ES workshops
  - ES coordinators
  - Amending “Sharing Family Guidance”
- Implement plan to clear backlog of families without a FSP
  ![July 2014](image)

**1.2 Children and families are supported by key working**

For example:
- All families are offered a lead professional
- Families are supported to decide who they want their key worker to be
- Lead professionals meet with family often enough to build a relationship
- All practitioners attend CAF/Lead Professional training
- Roles and responsibilities of key working agreed and signed up to by all providers
- Lead professional supported and supervised in this role

<table>
<thead>
<tr>
<th>Rating May 2012</th>
<th>Rating Nov 2013</th>
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</thead>
<tbody>
<tr>
<td>PINK</td>
<td>AMBER</td>
</tr>
</tbody>
</table>
### Integrated provision

- A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

#### Evidence
- “There is strong support for a key worker role amongst parents”
- Previous discussions/meetings about key workers but not put into practice
- No interagency coordination by key workers in place
- No data collection of who key worker is
- No agreed interagency understanding of the roles & responsibilities of key working
- Anecdotal evidence that some families have single agency key working in place.

#### Actions (Who will do what, by when?)

- Operational Group to be set up to formulate/refine development of key working, role and responsibilities, allocation of lead professional and their support Sept 2012
  - Care Pathway with prompts for actions by lead professional e.g. FSP meetings
  - Development of leaflets for professionals and families re key working
- ES coordinators to complete monitoring data e.g. July 2012
  - Allocation of lead professional
  - Which agencies provide lead professional
- Evaluation
  - Questionnaires to families, practitioners, lead professional & managers Summer 2013
  - Case studies
  - Focus groups for parents and lead professional

#### Update November 2013

- Early Support guidance promotes key working through the lead professional role and support role available from Early Support Coordinators
- Multi-agency key working steering group developed recommendations informed by Early Support principles for ‘Key working through the lead professional role’ in the summer 2013; to be used across all children’s services.
- Multi-agency lead professional training being developed and offered through Cambridgeshire County Council workforce development.
- Although 40% of families have a FSP only 28% have a lead professional. This is compared to 2.3% in September 2012 with a lead professional

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5 A Report on the Findings from Consultations with Parents on the Role of the Key Worker, Lyn Powell, March 2009
**Integrated provision - A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.**

- Early Support Coordinators have to spend time chasing up who the lead professional is as frequently not documented on FSP.
- Comments from parents suggest that more needs to be done to ensure families have access to key working.

**Actions:**
- Managers across agencies need to determine the number of families a worker in their service can be lead professional for at each level of need/complexity.
- Managers, across all services, to discuss with lead professionals their caseload to ensure it is manageable, taking into account the number of families they are lead professional for, and the level of involvement or potential involvement with those families.
- Set ES performance indicators for % of families with lead professional.
- Early Support Coordinators to monitor from which agency/service the lead professional is allocated.
- Early Support coordinators to continue to ensure a named lead professional is identified and recorded for all families following FSP meetings.
- Promotion of key working at Early Support events.
- Key working through the lead professional role training to be promoted by all agencies.

<table>
<thead>
<tr>
<th>1.3</th>
<th>Services ensure change is monitored sensitively and with relevance to each child’s individual needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evidence</td>
</tr>
<tr>
<td></td>
<td>• Only anecdotal evidence</td>
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<tr>
<td></td>
<td>Evidence (Who will do what, by when?)</td>
</tr>
<tr>
<td></td>
<td>• Care Pathway to be introduced with regular FSP’s with input from family.</td>
</tr>
<tr>
<td></td>
<td>• ES coordinators to complete monitoring data e.g.</td>
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<td></td>
<td>o Random selection of parents to contact for feedback quarterly</td>
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<tr>
<td></td>
<td>• Evaluation</td>
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<td></td>
<td>o Questionnaires to families, practitioners, lead professional &amp; managers</td>
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<td>o Case studies</td>
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<td>Rating:</td>
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<td>May 2012</td>
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<td>Rating:</td>
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<td>Nov 2013</td>
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<td></td>
<td>Amber</td>
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</tbody>
</table>

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6 Early Support Annual Report, Nov 2013 (p.35)
### Integrated provision

**Integrated provision - A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.**

#### Update November 2013

- Early Support pathway recommends review meetings take place normally every 6 months.
- Early Support Coordinators are prompting review meetings taking place.
- Parent feedback questionnaire introduced after all FSP meetings; poor response rate of only about 8%.
- Responses to the Sept 2013 survey reported:
  - 90% of parents and 77% of professionals report parents are at the centre of making decisions about their child.
  - 87% of parents and 64% of professionals report parents are supported to make informed decisions about their child.
  - 97% of parents and 86% of professionals report professionals listen and value parent’s opinions.
- Comments from parents and professionals suggest a positive approach to monitoring a child’s needs.
- Promotion of use of updated Developmental Journal at ES training/workshops and by Support for Learning teams.

#### Actions:

- Set ES performance indicators, monitor with feedback from parents/carers. Feb 2014
- Quarterly performance monitoring report to reflect uptake of 6 monthly FSP reviews with parents/carers and professionals.
- Pathway to provide timely support to parents following their child being given a diagnosis with a long-term developmental disorder to be completed.

#### Service delivery takes account of the diversity of additional support needs experienced by children and carers and addresses practical issues associated with family life including coordination of appointments, accessing available local services and training as well as educational, health or social care requirements.

For example:
- Appointment times and venues wherever possible fit in with the needs of families with children.
- Appointments synchronised to minimise the number of visits families have to make.
- Double appointments are available in clinics.
- Some services are delivered at home.

#### Evidence

- Anecdotal evidence of:

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7 Early Support Annual Report, Nov 2013 (p.35)
### Integrated provision

A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

- Joint visits/appts taking place—no quantitative/qualitative evidence
- Reported inequality of service provision across the county
- Lack of access to services due to transport difficulties/timing/venue of service provision
- Multiple appts in one day at Addenbrookes causing increased stress for parents due to clinics not running to time

#### Actions (Who will do what, by when?)

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Group to be set up to formulate/refine development of</td>
<td>Sept 2012</td>
</tr>
<tr>
<td>Care Pathway</td>
<td></td>
</tr>
<tr>
<td>FSP to include routine items including coordination of appts (if desired)/access to local services</td>
<td></td>
</tr>
<tr>
<td>Key working</td>
<td></td>
</tr>
<tr>
<td>Specialist hub CC to hold joint clinics, information of services/support</td>
<td>Feb 2013</td>
</tr>
<tr>
<td>ES coordinators to complete monitoring data</td>
<td>July 2012</td>
</tr>
<tr>
<td>Collate waiting time for access to services</td>
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<tr>
<td>Monitor FSP needs/actions/outcomes</td>
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<tr>
<td>Random selection of parents to contact for feedback quarterly</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>Questionnaires to families, practitioners, lead professional &amp; managers</td>
<td>Summer 2013</td>
</tr>
<tr>
<td>Case studies</td>
<td></td>
</tr>
</tbody>
</table>

#### Update November 2013

- FSP meeting agenda includes items covering:
  - Do the family want coordination of appointments/joint visits/direct access to paediatric wards.
  - Parent/Carer Needs considering: Emotional support including peer support from other parents, relationships with partner, extended family & friends, information e.g. Early Support resources, financial e.g. DLA, parents rights, employment.
  - Wider Family/Environmental Needs including considering: Sibling’s needs, information, new baby being born, housing, finances.
- Integrated planning takes into account resources from services including: health, education, care and VCS.
- Specialist hub and spokes model of Children’s Centres have been developed across the county providing:
  - Information, advice and signposting.
  - Facilitating “specialist targeted support groups” in partnership with Early Years Support for Learning.
1 Integrated provision-A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

- teams, “stay and play” for children with additional needs and “specialist communication groups” facilitated by Speech & Language service with Support for Learning colleagues.
  - Specialist toys, equipment and resource loan service.
  - Courses/workshops for parents including: Confidence Building-facilitated by Parent Partnership, Empowering Parents-facilitated by Home-Start & supported by pinpoint, Stepping Stones parenting group and 1to1-facilitated by Children’s Centre & Locality Family Workers.
  - Attempts to develop Paediatric clinics in more than one Children’s Centre so that parents have choice of where to attend have not been successful.
  - Some Physiotherapists and Occupational Therapists (OT) see children in Children’s Centres but not universally across the county.

Actions:

- ES coordinators to support Children’s Centres achieve performance indicators for children following ES pathway
- Review barriers to developing more Paediatric clinics in Children’s Centres and identify solutions. Jan 2014
- Explore and develop use of Children’s Centres as venue for physio and OT appts and sensory workshops. Dec 2013

1.5 Transitions for children and their families are managed effectively

For example

- Agreed working practices between acute health services and community health services
- Discharge Planning Meeting prior to discharge home from hospital.
- Care pathways are clear and transparent for children with special educational needs and disabilities.
- Managed transfer when key personnel change; ensuring continuity of care.
- Clear information is provided for families about services and options available including how transitions will be managed between
  - Hospital and home
  - Early years settings and school, including a transition plan
  - Moving into/out of local authority/health authority areas.

Rating May 2012

Rating Nov 2013
**1 Integrated provision - A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.**

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Actions (Who will do what, by when?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Parents report they need “help with transitions to over 5 team-evidence from the parent support strategy consultation suggests parents of disabled children need more support during the ‘young children’….years….and so support with the transitions process to primary school is important”</td>
<td>- Operational Group to be set up and formulate/refine development of Care Pathway Family Service Plans to include transition planning</td>
</tr>
<tr>
<td>- Transition between acute paediatric and community paediatric services being formulated</td>
<td>- Medical Director to share information and planning of transition arrangements between acute &amp; community medical teams July 2012</td>
</tr>
<tr>
<td>- Discharge planning meetings from NICU/SCBU and home regularly occur, but not as a general rule following discharge from Paediatric wards.</td>
<td>- Specialist HV for Disabled Children to complete protocol for ES coordinators to follow for families moving out of the area Aug 2012</td>
</tr>
<tr>
<td>- Care pathways are not integrated.</td>
<td>- ES Development Officer to explore and make links with regional ES Regional Advisor to enable regional/national links to be made. June 2012</td>
</tr>
<tr>
<td>- Anecdotal evidence of managed transfer of personnel where possible-no formal evidence.</td>
<td>- ES coordinators to collect monitoring data Outcomes of FSP’s transition arrangements Random selection of parents to contact for feedback quarterly</td>
</tr>
<tr>
<td>- Reports of poorly managed transfer into the area due to:</td>
<td>- Evaluation</td>
</tr>
<tr>
<td>- Lack of liaison/handover from transferring areas</td>
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<tr>
<td>- Lack of Family Service Plans</td>
<td></td>
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<tr>
<td>- Recent introduction of extended Specialist Teacher input until the end of the child’s first term in primary school has been received well-not formally evaluated</td>
<td></td>
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</tbody>
</table>

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8 A Report on the Findings from Consultations with Parents on the Role of the Key Worker, Lyn Powell, March 2009
**Integrated provision-A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.**

- Questionnaires/interviews with families, practitioners, managers

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2013</td>
<td>Joint clinic started for the transition of ex-premature babies, being followed up at the Rosie Maternity, by Consultant Neonatologist specialising in neonatal neurodevelopment with a Community Paediatrician. Agreement made with neonatal discharge planning team to identify babies for referral to Early Support. Effective links made with ‘well child nurse’ who referred children prior to discharge home from Paediatric wards has ceased due to vacancy. Referrals from Paediatric Wards coming via Integrated Access Team, as a redirection from Children’s Disability Team. Children and families living on Cambs borders and accessing services across counties experience difficulties in coordinating service provision with parents at the centre of decision-making. Particular difficulties identified for children who are accessing health care provision from Peterborough Child Development Centre are in the process of being resolved. Links made via Early Support Regional Facilitators to Early Support in other counties has had some positive outcomes for making transition arrangements when children move out of the county. All children moving out of the county has had a comprehensive pack of information about their needs and how they are being met sent to a key contact in the area they are moving to by the Early Support Coordinator. Continued poorly managed transfers when children move into the area. Generally each agency refers directly to their agency in Cambs-no integrated approach. Once highlighted to Early Support Coordinator by one agency coordination follows. FSP meeting agendas include consideration of planning for ”Transitions e.g. home from hospital, to groups, nursery or school”. Introduction of Early Years Specialist Teacher input that can continue until the end of reception year at school has been reported as providing a smooth transition for children, families and school; this has not been formally evaluated. ES principles adopted by the Transitions Working Group for the development of protocols, planning and information about transitions for children with SEND.</td>
</tr>
<tr>
<td>Update November 2013</td>
<td>Actions: ES Development Officer, ES coordinators Medical Director and Specialist HV to promote Early Support approach and pathway with relevant acute health sector. Develop understanding in acute health sector of Early Support approach and pathway. If/when ‘well child nurse’ vacancy filled re-establish links and raise profile of ES approach and pathway. Backlog of children without a FSP to have a meeting to develop an integrated plan to meet their needs.</td>
</tr>
</tbody>
</table>
1. **Integrated provision-A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.**

   - including planning for transitions.
   - Formalise cross boundary agreements with Peterborough CDC and other areas as needed.
   - Promote Transitions Pathway.

1.6 **Integrated pathways defining how children and their families will be identified and supported are developed, implemented and understood.**

   For example:
   - Clear written information is provided for professionals and families explaining the interface between CAF and Early Support, the family’s journey through referral, assessment, care planning and review and transition to other services.

**Evidence**
- Some professional groups are reluctant to complete CAF to identify need; "It’s not a lack of willingness, but a lack of time. Consequently, Health Visitors will do anything they can to avoid starting a CAF. They have found lots of back-doors and have been very creative. They will encourage parents to attend Speech & Language drop-ins or go along to the Children’s Centre, knowing that someone else will do the CAF" *Health Visitor Manager* ⁹
- Individual agencies have pathways for referral, assessment and care planning; no integrated care pathway for ES.
- ES leaflet for families, service orientated.
- ES coordinators have developed standard letters to be sent to families following referral to ES.

**Actions (Who will do what, by when?)**
- Operational Group to be set up to formulate/refine development of
  - Definition & threshold for Early Support
  - Care Pathway & family’s journey through referral, assessment, care planning and review
  - Interface between ES/CAF & medical route
  - ES leaflet to be amended and include pathway & family’s journey
  - Key working leaflet to be developed for families and practitioners
- ES coordinators to collect monitoring data e.g.
  - Referral data
  - Random selection of parents to contact for feedback quarterly
- Evaluation

<table>
<thead>
<tr>
<th>Rating</th>
<th>Rating</th>
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<tbody>
<tr>
<td>May 2012</td>
<td>Nov 2013</td>
</tr>
<tr>
<td>PINK</td>
<td>AMBER/GREEN</td>
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</tbody>
</table>

Integrated provision—A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

- Questionnaires/interviews with families, practitioners, managers
- Case studies

**Update November 2013**

- Early Support pathway and guidance launched Sept 2012 identifying:
  - Threshold
  - Referral routes
  - Assessment, planning & review
  - Key working

- Early Support in Cambs leaflet developed describing Early Support approach and principles for families and professionals.

- 18 multi-agency events held to launch pathway held across the county with over 400 participants from across education, health, local authority and voluntary, community & social enterprise organisations attending.

- Early Support and CAF interface guidance produced June 2013.

- 83% of referrals now come on a CAF, where referrals come by letter or report from Paediatricians or GP’s the ES coordinators are requesting a CAF is completed by a professional within the child’s network e.g. Health Visitor particularly for younger children or Setting if the child attends a nursery or playgroup.

- 25% of referrals still did not have sufficient information in June 2013, therefore to enable CAF initiators to develop their skills in integrated working CAF’s with insufficient information are returned by the ES coordinator with a request for the CAF initiator to gather identified information and resubmit.

- Multi-agency key working steering group developed recommendations for ‘Key working through the lead professional role’ in the summer 2013 for use across all children’s services.

- ES Sharing Good Practice Bulletins produced bi-monthly to promote examples of good practice including examples of integrated working.

- Responses to the Sept 2013 survey reported:
  - 80% of families and 79% of referrers reported that the referral process to access Early Support was average to excellent.
  - 70% of families and 83% of professionals reporting positively to having a single point of contact for the coordination to access Early Support.
  - 83% of parents and 72% of professionals feel Early Support has helped to co-ordinate assessment and support

- ES principles adopted for the implementation of the Education, Health and Care Plan

**Actions:**
<table>
<thead>
<tr>
<th>1</th>
<th>Integrated provision-A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✤</td>
<td>Promotion of integrated working at ES events/workshops, bi-monthly “Sharing Good Practice Bulletins”</td>
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<tr>
<td>✤</td>
<td>Implement changes from amended ES partnership agreement when finalised.</td>
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<tr>
<td>✤</td>
<td>Implement Children and Families Act code of practice.</td>
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<thead>
<tr>
<th>1.7</th>
<th>Shared aims and values are agreed across agencies together with service planning and developments For example:</th>
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<tbody>
<tr>
<td></td>
<td>- Specification and partnership agreements are signed up to by all parties including representatives on behalf of parents and carers</td>
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<tr>
<td></td>
<td>- Joint policies and protocols including information sharing underpin multi agency planning and integrated working practices, key working and Family Service Plans.</td>
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<thead>
<tr>
<th>Evidence</th>
<th>Rating May 2012 (PINK)</th>
<th>Rating Nov 2013 (AMBER)</th>
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<tbody>
<tr>
<td>• ES Specification &amp; partnership agreement signed in April 2012 between, Parents, Voluntary Organisations, CCC, and Health. Work in progress to put into practice.</td>
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<tr>
<td>• Information Governance Team is developing and Information Sharing Framework between CCC and partner organisations</td>
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<tr>
<th>Actions (Who will do what, by when?)</th>
<th>Rating May 2012 (PINK)</th>
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<td>• Operational Group to be set up to formulate/refine development of</td>
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<td>o Care Pathway</td>
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<td>o Key Working</td>
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<td>o Shared Practice Guidelines</td>
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<td>• Evaluation</td>
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<td>o Review of achievements in relation to ES Specification</td>
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<tr>
<th>Update November 2013</th>
<th>Rating May 2012 (PINK)</th>
<th>Rating Nov 2013 (AMBER)</th>
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<tr>
<td>• ES Specification &amp; partnership agreement signed in April 2012 between, Parents, Voluntary Organisations, CCC, and Health is currently being reviewed in light of the Children and Families Act.</td>
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<tr>
<td>• ES pathway and shared practice guidelines developed by ES Operational Group.</td>
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<tr>
<td>• Multi-agency key working steering group developed recommendations which were informed by ES principles for ‘Key working through the lead professional role’ in the summer 2013; to be used across all children’s services.</td>
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<tr>
<td>• Some health colleagues continue to make direct referrals to other health colleagues rather than referring directly to Early Support, even if the child’s needs meet the criteria for Early Support. This is sometimes attributed to the parents not being able to accept the significance of need their child has, but that they are willing for a single referral for assessment. This approach can lead to the “family journey” through the system</td>
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</table>
### Integrated provision: A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

- appearing in retrospect not to be integrated, coordinated and seamless.\(^\text{10}\)
  - FSP agendas and plans amended to support integrated working in Nov 2012 and August 2013.

**Actions:**
- Promotion of ES pathway with acute health colleagues
- Quarterly performance monitoring data collection to reflect route of referral
- Implement changes from amended ES partnership agreement when finalised.
- Implement Children and Families Act code of practice

| 1.8 | It is clear where accountability lies for regularly reviewing and improving the quality of integrated service delivery for children and their families. The relevance of CAF, Early Support, Education, Health and care plans and person centred planning to joint strategic planning is clearly defined and understood. For example:
  - Partnership agreements are signed up to by all parties including representatives on behalf of parents and carers
  - Quarterly performance monitoring to ensure standards set by Early Support Joint Commissioning Group are adhered to. |
| --- | --- |
| Evidence | Partnership agreement signed in April 2012 between, Parents, Voluntary Organisations, CCC, and Health. Work in progress to put into place
  - Performance monitoring data for agreement being developed |

**Actions (Who will do what, by when?)**
- Performance monitoring data to be finalised
- ES coordinators to provide quarterly monitoring data
- Service leads attending ES Operational Group feed information in & out of professional groups
- ES Development Officer to monitor quantitative/qualitative evidence together with any identified barriers and work with partners in Operational Group to overcome
- ES Development Officer to provide regular feedback to the ES Joint Commissioning Group of agreed performance standards set by partners

**Update November 2013**
- Partnership agreement signed in April 2012 between, Parents, Voluntary Organisations, CCC, and Health is currently being reviewed in light of Children & Families Act.
- ES Development Officer providing quarterly performance monitoring reports to ES Commissioning Group.

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\(^{10}\) Early Support Annual Report, Nov 2013 (p 10)
**Integrated provision**—A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

- Informed by:
  - Data collected by the Early Support coordinators.
  - Information gathered by the Early Support Development Officer during one to one supervision with the Early Support Coordinators.
  - Information gathered by the Early Support Development Officer when attending Referrals Meetings across the county and from informal feedback from parents and professionals.
  - Questionnaires completed by parents following their Family Service Plan (FSP) meetings.

- Barriers and concerns are identified early, solutions are implemented together with good practice being celebrated and disseminated across the county.

- Annual report produced Nov 2013

**Action:**

- Quarterly monitoring data to be entered onto:
  - Cambs County Council SEND metrix.
  - All ES performance indicators to be agreed and implemented. End March 2014

- Incorporate Children and Families Act code of practice.

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<thead>
<tr>
<th>1.9</th>
<th>Practitioners are encouraged to undertake training to develop their skills, knowledge and expertise, participation and impact of workforce development is regularly reviewed</th>
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<tr>
<td></td>
<td>For example:</td>
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<td>- Practitioners have regular supervision</td>
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<td>- Practitioners have annual professional development plans with reviews</td>
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<td></td>
<td>- Multi-agency training is available with service user participation and trainers in relation to special educational needs and disability including key working</td>
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<tr>
<td></td>
<td>- Specialist Hub Children's Centres to act as venues for training and resource for practitioners and families</td>
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</table>

**Evidence**

- Not all practitioners have clinical supervision
- All practitioners employed by statutory agencies have annual appraisal & development plan
- Multi-agency training available, not with service users, training budgets reduced due to budgetary pressures.
- Participation in training monitored in annual appraisal

**Actions (Who will do what, by when?)**

- Operational Group to
  - Identify training needs of practitioners/volunteers/parents

- Operational Group to
  - March 2013
### Integrated provision - A single holistic multi-agency assessment, planning and review providing a coordinated, seamless service, with integrated working practice provided by workers with appropriate training, skills, knowledge and experience.

- Review of current multi-agency training and consolidate training
  - Development of Specialist Hub CC’s to act as venues for training
  - Evaluation
    - Questionnaires to practitioners & managers

**Update November 2013**
- Specialist hub Children’s Centres have been used as venues for 60% of Early Support re-launch events and 100% of pinpoint facilitated Early Years information sharing events.
- Over 400 practitioners have attended multi-agency Early Support re-launch events from across education, health, local authority and voluntary, community & social enterprise organisations.
- Multi-agency key working through the lead professional role training is being developed by the CAF Central Team and is delivered through Cambs County Council workforce development. It is being promoted to all agencies.
- Tender in process by CCC workforce development for provision of training to include integrated working and assessment & outcome planning
- Poor uptake to workshops for professionals to enhance skills in producing holistic, person centred and needs led plans.
- Review of SEND training being provided, across agencies, currently being undertaken and led by Children’s Centre Strategy and Support Team.

**Action:**
- Review of outcomes of tender and review of SEND training offer
  - Jan 2014
- ES Development Officer to liaise with Early Support Regional Facilitators training offer for person centred planning and so that this can inform workforce development.

### Participation and engagement - Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

#### 2.1 Views and experiences of families and children are actively encouraged to shape services and planning

- Service user representation at all levels of decision making to shape services
- Partnership agreements are signed up to by all parties including representatives on behalf of parents and carers
- Information events for parents at Specialist Hub Children’s Centres
- Service User Surveys

**Evidence**

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<tr>
<th>Rating May 2012</th>
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<td>PINK</td>
<td>AMBER</td>
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<tr>
<td>2</td>
<td>Participation and engagement-Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.</td>
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</tbody>
</table>
|   | • Parental representation on ES Commissioning and Operational Groups  
|   | • ES specification and partnership agreement signed up to by pinpoint on behalf of parents/carers  
|   | • Parent Support Strategy Consultation, 2008  
|   | • Surveys, consultations and focus groups facilitated by pinpoint to gather parent/carer feedback |
|   | **Actions (Who will do what, by when?)**  
|   | • Operational Group to be set up with parental input  
|   | • Development of Specialist Hub Children’s Centres with parental input  
|   | • Parental representation on selection panel for new staff  
|   | • Early Years Events being planned by PinPoint at Specialist Hub CC’s for parents/carers and agency representatives, first to be held July 2012.  
|   | • ES coordinators to collect monitoring data e.g.  
|   |   • Case studies  
|   | • Evaluation  
|   |   • Development of routine feedback from FSP meetings  
|   |   • Questionnaires/focus groups/interviews with families |
|   | **Update November 2013**  
|   | ❖ Parent representation from pinpoint and directly from parents at ES Commissioning and Operational groups informing development of the ES specification and partnership agreement, ES pathway, Family Support Plan, Family File, ES in Cambs leaflet, key working through the lead professional role, routine feedback following FSP meetings and the ES review (Sept 2013).  
|   | ❖ Parent representation on the selection panel for recruiting ES Coordinator in August 2012.  
|   | ❖ Three Early Years information sharing events held by pinpoint at Specialist hub Children’s Centres in the last year for parents and agency representation.  
|   | ❖ Over 300 parents/carers were given questionnaires in Sept 2013 for feedback to review the ES pathway, only 10% were returned.  
|   | ❖ Agreement that ES principles are used in the development and implementation of the Education, Health and Care Plan. |
|   | **Actions:**  
|   | ❖ Continued parent representation from pinpoint and directly from parents at ES Commissioning and Operational groups  
|   | ❖ Parent representation at all levels for developments related to the implementation of the Education, Health and Care Plan. |
## Participation and engagement

Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

- ES Operational group to explore and implement more effective methods of gathering wider feedback from parents/carers

### Budgets include costs for routinely involving and consulting children and families

For example:
- Allocation of funding for crèche/childcare provision, transport
- Allocation of funding to partner organisations who have track record of engaging with parents

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<tr>
<th>Evidence</th>
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<tr>
<td>Children’s Centres have budgets allocated for the provision of:</td>
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<tr>
<td>- Crèche.</td>
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<td>- Transport (in rural areas).</td>
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<td>- Parent Forums/parent engagement</td>
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<tr>
<td>- Pinpoint commissioned to engage and consult with parents</td>
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<table>
<thead>
<tr>
<th>Actions (Who will do what, by when?)</th>
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<tr>
<td>Development of Specialist Hub Children’s Centres</td>
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<tr>
<td>Future commissioning of pinpoint</td>
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</table>

**Update November 2013**

- Pinpoint continue to be commissioned to engage and consult with parents
- Provision of crèche, to support pinpoint Early Years events and “Empowering Families” workshops, by the Children’s Disability Team, Community Support Services.

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<th>Action:</th>
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<tr>
<td>Continued commissioning of pinpoint</td>
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### Families are encouraged to share what they know about their child’s learning and development and changes they observe, information contributed is valued and integrated into the Family Service Plan.

For example:
- Early Support Development Journals are routinely used as a shared resource with families to track a child’s learning and development and support the development of goals and resources in the Family Service Plan
- Families encouraged to use Family File
- Professionals ask for the Family File at appointments
- Families use the Family File to share information about their child
- Families views and opinions are actively sought to develop priorities and goals in the Family Service Plan

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<tr>
<th>Evidence</th>
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<tr>
<td>16% of families referred to ES Jan-June 2009 report finding the Family File useful, 32% didn’t know whether it was useful or not.</td>
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</table>
### Participation and engagement

Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

- 88% of families referred to ES Jan-June 2009 report feeling that they were listened to and that what they had to say about their child was valued. (No later data available)\(^\text{11}\)
- 14% of families referred to ES Jan-June 2009 reported having discussions of a Family Service Plan, 10% report having a Family Service Plan
- No accurate data available about how many families have:
  - A Family File
  - Use of Family File by families and professionals
  - Use of Developmental Journal – anecdotal information indicates they are regularly used.

#### Actions (Who will do what, by when?)

- Operational Group to be set up to formulate/refine development of
  - FSP meeting template developed to encompass family information/priorities
  - Development of routine feedback from FSP meetings
- ES coordinators to collect monitoring data e.g.
  - Dissemination and use of Family File by families and professionals
  - Use of developmental journals
  - FSP meetings
- Evaluation
  - Parental information/priorities are reflected in the FSP
  - Questionnaires/focus groups/interviews with families

#### Update November 2013

- 40% of all children & families following Early Support pathway have a FSP compared to 13.3% in September 2012; a plan is in place to clear the backlog of families without a FSP by the end of July 2014.
- No quantitative information about the numbers of families using Developmental Journals
- All families accessing the Early Support pathway since 1\(^{st}\) Sept 2012 have been given a Family File.
- Responses to the Sept 2013 survey reported:
  - 90% of parents and 77% of professionals report parents are at the centre of making decisions about their child.
  - 97% of parents and 86% of professionals feel professionals listen and value parent’s opinions
  - 43% of parents and 29% of professionals report families are using the Early Support Family File, another 20% of families and 57% of professionals responded that they were unsure whether parents were or not.

\(^{11}\) Early Support Evaluation, Early Support Project Lead, CCS September 2009
### Participation and engagement

Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

This would indicate that more work needs to be done to prioritize the use of the Family File

- Parents and professionals overwhelmingly agreed, with only 2% of parents and 4% of professionals disagreeing, that the Early Support approach is supporting whole families, that planning is reflecting family priorities and professionals are working together with parents/carers

Comments from families include:
- “There is support for the whole family, understanding difficulty for parents as well.”
- “They listen to my opinions and help me to understand what I need for my child.”

### Actions:

- ES coordinators to start to report quarterly on the number of families who have a Family File.
- Set ES performance indicators to reflect % of families with and using Family File.
- Promotion of the use of the Family File and Developmental Journal with all professionals at ES events and workshops, key working and lead professional training and by the ES coordinators.
- Promotion of use of ES app when officially launched
- Box added to FSP paperwork to record if family has a Family File
- Amendment to agenda for FSP meeting to incorporate using Developmental Journal
- Random selection of six families for feedback of Family File use, quarterly from end March 2014
- Statutory Assessment and Resource Team (START) pilot from 1st Nov 2013 involving parents in drafting their child’s Statement in preparation for implementation of Education, Health and Care Plan

### Evidence

- 68% of families referred to ES between Jan-June 2009 reported being given information about the roles of the agencies that might be involved and 98% reported being informed which professionals would assess their child
- ES coordinators send letters to all families informing of processes, who it has been decided their child will be seen and assessed by.
- HV’s require management approval for use of interpreters
- No data readily available on use of interpreters for 1:1 contacts or meetings
- No data collection of who has a lead professional

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</table>
2 Participation and engagement-Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

- Few FSP meetings taking place
- Nearly two thirds of parents of children with special needs report “they had not had the support they needed on time, and that accessing support had been difficult”.\(^\text{12}\)

**Actions (Who will do what, by when?)**

- Operational Group to be set up to formulate/refine development of
  - Care Pathway
  - Key Working
  - ES leaflet
  - ES website
  - FSP meeting template developed to encompass family diversity & priorities
- ES coordinators to collect monitoring data e.g.
  - Which families require interpreters/which language
  - Use of interpreters
  - Lead professional
  - Case studies
- Evaluation
  - Development of routine feedback from FSP meetings
  - Questionnaires/focus groups/interviews with families
  - Case studies.

**Update November 2013**

- ES pathway launched Sept 2012, all families since have been offered FSP meetings
- ES specification, pathway, guidance, leaflet, Family File all available on Cambs County Council public website
- Professionals have anecdotal information about different cultures understanding and expectation for children with complex additional needs and disability.
- FSP has sections to address needs of the whole family
- FSP meeting agenda addresses individual needs of the whole family.
- FSP meeting agenda amended to promote planning for transitions well in advance such as: holidays, new baby due
- 40% of all families have a FSP and catch up of backlog planned.
- Key working (see 1.2)

\(^{12}\) Parent Support Strategy Consultation, July 2008
## Participation and engagement

Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

- Interpreters arranged for meetings where needed
- Standard letters sent by ES coordinators amended to reflect new pathway
- Guide to sharing the Family File introduced to support parent/carer understanding
- Routine feedback following FSP meetings introduced, poor response rate only about 5%
- Responses to the Sept 2013 survey reported:
  - 90% of parents and 77% of professionals report parents are at the centre of making decisions about their child.
  - 87% of parents and 64% of professionals report parents are supported to make informed decisions about their child.

Comments from families include:
“Need to be more supportive during highly stressful times e.g. summer holidays”

Comments from professionals include:
“There is respecting and working with family priorities…. coordinated action plans based on this. Highly organised information is available, coordinating individual cases, locality information”
“Families with different cultural expectations seem to find it overwhelming at times and more awareness of these needs may need to be considered for them to fully access the opportunities on offer but through family service plans it is possible to take this into account and manage the support offered.”

### Actions:
- ES Operational group to explore and implement more effective methods of gathering wider feedback from parents/carers
- Promotion of ES app when launched
- Statutory Assessment and Resource Team (START) pilot from 1st Nov 2013 involving parents in drafting their child’s Statement in preparation for implementation of Education, Health and Care Plan
- Exploration of the current training offer around cultural awareness in relation to disability.

### 2.5 Families are supported sensitively to understand information about their child’s disability & complex health needs, how their needs will be met now and as they change.

For example:
- Families are actively engaged in development of Family Service Plan and meetings
- Family encouraged to use Family File
- Policies and practices are in place to support sensitive sharing of information with families
- Information provided is accurate, accessible, up-to-date and relevant
- Early Support materials
- Details of all services in their local area

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<td>Participation and engagement</td>
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<td>- Assessment process and copies of reports/results</td>
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<td></td>
<td>- Key working</td>
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<td>- Information available in languages other than English</td>
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### Evidence
- 14% of families referred to ES between Jan-June 2009 report being offered support in going through the family file and booklets (No later data available)
- 28% of families referred Jan-June 2009 reported that they found the booklets useful (No later data available)
- Anecdotal evidence that Condition Booklets are being provided for families especially the ones on Down’s Syndrome, and ASD.
- National guidance “Right from the Start”
- ES coordinators access and disseminate condition booklets in English and other available languages
- ES coordinators gather and disseminate information about local services
- Key working (see 1.2)
- “When parents were asked why they had not had a service or it had not been timely, they often felt it was because they had not had access to the right information at the right time, that there were not enough services available, or that the services were not good at recognising and treating need.”

### Actions (Who will do what, by when?)
- Operational Group to be set up to formulate/refine development of Care Pathway, Key Working, Identifying barriers, problem solving dissemination of best practice, FSP meeting template developed to encompass family needs and priorities, Development of routine feedback from FSP meetings
- ES coordinators to ensure information is available & up to date
- ES coordinators to collect monitoring data e.g.
  - Key working
  - Dissemination of Family File, condition booklets and information
  - FSP meetings and family feedback
  - Case studies
- Evaluation

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13 Parent Support Strategy Consultation, July 2008
### Participation and Engagement

- Participation and engagement—Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

1. Questionnaires/focus groups/interviews with families
2. Practitioner and manager surveys
3. Moderation of FSP—using a moderation group that evaluates whether the process was appropriate and the plan was being delivered

**Update November 2013**

- Some Paediatricians are contacting ES coordinator or lead professionals after parents have been given a diagnosis for their child so that timely support can be offered.
- “Empowering Parents” workshops started in Sept 2013 to run as a rolling programme across the county to offer peer support to parents/carers following diagnosis of additional need or disability.
- All families have been offered a FSP meeting who were referred since Sept 2012.
- 40% of all families have a FSP and catch up of backlog planned.
- **Key working (see 1.2)**
- 80% of parents but only 41% of professionals responding to Sept 2013 survey felt that information is easily available, this could be indicative that the parents who completed the questionnaire are motivated and therefore able to access information, also that the sample of parents is small.
- Support has been developed for lead professionals from the ES coordinators by:
  - Providing accurate up to date information and sign posting
  - Provision of a Family File for sharing with families
  - Promoting links to the Early Support materials
  - Developing and maintaining databases of information on services’ eligibility, support and activities e.g. specialist support groups, children’s centres, local communities
- ES coordinators have developed local and national information sheets, which are added to Family File.
- Parents and professionals overwhelmingly agreed who responded to Sept 2013 survey, with only 2% of parents and 4% of professionals disagreeing, that the Early Support approach is supporting parents to know what help and support is available, who will be doing what and when and are feeling less stressed and anxious.

**Actions:**

- Set ES performance indicators to reflect parental satisfaction
- ES Operational Group developing pathway for timely family support following a child being diagnosed with a long-term developmental disorder. **End March 2014**
- Support development of local offer by ES coordinators
- Promote key working through the lead professionals role at ES workshops and events
- ES Operational group to explore more effective methods of gathering wider feedback from parents/carers
Participation and engagement-Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

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<tr>
<th>2.6</th>
<th>Service development focuses on impact and outcomes for children and families, reflects service user priorities and addressing barriers to inclusion. For example:</th>
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<tbody>
<tr>
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<td>- Quarterly performance management collection</td>
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<td>- Service user experience surveys</td>
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<tr>
<td>• ES Specification &amp; partnership agreement signed in April 2012 between, Parents, Voluntary Organisations, CCC, and Health. Work in progress to put into practice.</td>
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<tr>
<td>• No current evidence available that service development focuses on impact and outcomes or reflects service user priorities; however anecdotal evidence suggests that services to individual children and families is sensitive their individual needs and priorities.</td>
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<tr>
<td>• Few FSP meetings</td>
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| • "Almost two thirds (of parents with a health or special need) had a disabled child or child with a special need and one third lived in households without anyone in employment, so often these were households with multiple needs."  
  14 |

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<thead>
<tr>
<th>Evidence</th>
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<tr>
<th>Actions (Who will do what, by when?)</th>
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<tbody>
<tr>
<td>• Operational Group to be set up to formulate/refine development of</td>
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<tr>
<td>o Care Pathway</td>
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<tr>
<td>o Key Working</td>
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<tr>
<td>o FSP meeting template developed to encompass family needs, priorities and impact and outcome measures</td>
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<td>• ES coordinators to gather quarterly monitoring e.g.</td>
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<td>o Case studies</td>
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<tr>
<td>o Impact/outcomes of FSP</td>
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<tr>
<td>• Evaluation</td>
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<tr>
<td>o Service user surveys, focus group and interviews</td>
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<tr>
<td>o Practitioner/ lead professional survey</td>
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<td>o Case studies</td>
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<tr>
<td>o Moderation of FSP-using a moderation group that evaluates whether SMART objectives set</td>
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14 Parent Support Strategy Consultation, July 2008

Cambridgeshire and Peterborough Clinical Commissioning Group
### Participation and engagement - Children and families are involved in shaping, developing and evaluating services they use and in making informed choices about services, which are delivered in partnership with them.

- **Responses to the Sept 2013 survey reported:**
  - 90% of parents and 77% of professionals report parents are at the centre of making decisions about their child.
  - Parents and professionals overwhelmingly agreed, with only 2% of parents and 4% of professionals disagreeing that planning is reflecting family priorities.

- **A moderation panel reviewed a random selection of FSP’s in Aug 2013 found:**
  - It was not always clear what the child’s needs were.
  - Plans were often orientated around services rather than need.
  - In many cases the parents were not seen as having needs in their own right, they were generally related to them as the parent to a child with complex additional needs.
  - It was not always clear how the needs would be met.
  - The majority of outcomes were not person centred.
  - Review plans did not always reflect any reviewing of the original plan.

- **Early Support Development Officer when monitoring all FSP’s completed each month at supervision with Early Support coordinators. Also noted:**
  - Plans are proactively planning for next steps e.g. transitions.
  - Meetings with families have been observed to be family led, with person centred planning. However there seems to be difficulty in this being translated into the written plan.

- **Workshops for professionals to enhance skills in producing holistic, person centred and needs led plans, run by the ES Development Officer.**
- **Agendas developed and revised for FSP and review FSP meetings to help in identifying the holistic needs of the child and family.**
- **Production of bi-monthly Sharing Good Practice bulletin encompassing Family Support Plans. One to one support offered to lead professional from ES Development Officer.**

### Actions:
- ES Development Officer to work with the CAF Development Manager to explore proposed training for lead professionals in developing person centred planning.
- ES Development Officer to liaise with Early Support Regional Facilitators training offer.
- Statutory Assessment and Resource Team (START) pilot from 1st Nov 2013 involving parents in drafting their child’s Statement in preparation for implementation of Education, Health and Care Plan.
- Moderation panel to review random selection of FSP, frequency to be determined by ES Operational Group.
3 | Wherever possible children and families are able to lead ‘ordinary lives’

3.1 | Families know about all settings and services in their local area; funding is provided to enable access to universal services or to receive services at home where appropriate. For example:
- Specialist Children’s Centre hubs act as resource for the provision of up to date information about all services

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<tr>
<td>Of families referred to ES between Jan-June 2009 16% report being offered the contact details of other support organisations e.g. Contact a Family.</td>
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<tr>
<td>32% of families referred to ES between Jan-June 2009 report being offered information about their local Children’s Centre.</td>
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<td>Some rural Children’s Centres allocate a budget to support families to access groups/activities at their centre</td>
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<tr>
<td>ES coordinators send mail shots to parents to inform about events, new groups/services</td>
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<tr>
<td>ES coordinators direct parents/carers to Pinpoint and Children’s Centres websites</td>
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<tr>
<td>Home visiting/joint visits available for some services e.g. Portage, Family Workers, Health Visitors and some Paediatricians</td>
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<tr>
<th>Actions (Who will do what, by when?)</th>
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<tr>
<td>Development of Specialist Hub Children’s Centres</td>
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<tr>
<td>ES coordinators to be based within Health and Specialist Hub Children’s Centres</td>
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<tr>
<td>Early Years events being planned by pinpoint for parents and providers in Specialist Hub CC’s</td>
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<tr>
<td>Starting July 2012</td>
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<td>ES coordinators to gather quarterly monitoring e.g</td>
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<td>o Case studies</td>
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<tr>
<td>o Monitoring of FSP meetings</td>
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<td>Evaluation</td>
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<td>o Service user surveys</td>
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### Wherever possible children and families are able to lead ‘ordinary lives’

- Practitioner/ lead professional survey
- Case studies

#### Update November 2013

- ES coordinators send out standard letter to families with ES leaflet and leaflet with links to Family Information Services and pinpoint.
- Specialist hub Children’s Centres developed across Cambridgeshire;
  - Family Workers attended information workshops facilitated by Family Information Services about available information and resources
  - Information is available from Children’s Centres for parents/carers about settings and services
  - ES coordinators attending Specialist Groups held in Children’s Centres at least quarterly
- Children’s Centres routinely contact all families when they start to follow the ES pathway to inform them about groups/activities and support available.
- SEND webpages developed on county council website providing information and links.
- Local and National information sheets added to the Family File which is given to all families when they start to follow the Early Support pathway
- ES Coordinators central point of contact for lead professionals about what services/support is available and to promote events/groups/activities
- FSP meeting agenda includes discussing information parents need
- ES Development Officer monitors all FSP’s completed each month at supervision with Early Support coordinators; suggestions are made about information that would benefit the Team Around the Family e.g. available support at home to complete DLA.
- 80% of parents but only 41% of professionals responding to Sept 2013 survey felt that information is easily available, this could be indicative that the parents who completed the questionnaire are motivated and therefore able to access information, also that the sample of parents is small.
- 43% of parents and 29% of professionals responding to Sept 2013 survey report families are using the Early Support Family File, another 20% of families and 57% of professionals responded that they were unsure whether parents were or not.

#### Actions:

- Promotion of the use of the Family File, with all professionals working with the family encouraging it’s use and completing sections with parents/carers.
- ES coordinators to monitor the development of the local offer and promote to parents/carers and lead professionals.
### 3. Wherever possible children and families are able to lead ‘ordinary lives’

- ES coordinators to maintain up to date information resources.
- ES coordinators to maintain contact with parents by regular attendance at: Children’s Centres and pinpoint networking events.
- Lead professional training to include sources of information and support for families.

#### 3.2 Training and advice is offered to settings, service providers and groups to enable inclusion of families with children with disabilities

For example:
- Universal services actively engage with offers from specialist services for support with planning and/or facilitating provision to enable families with disabilities to access services.

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**Evidence**

- Support for Learning offer and provide advice, training and support to settings and groups
- Community Health Services, e.g. Physio, OT, Children’s Community Nursing Team, SALT offer and provide advice, equipment, training and support

**Actions (Who will do what, by when?)**

- Operational Group to identify barriers and solutions for settings, service providers and groups to accessing training and advice from specialist services
- FSP meeting template to include question on inclusion  
  - Sept 2012
- Specialist Hub CC’s when developed to act as a resource for services in local area
- School Nursing Team to start universal training in Early Years Settings and Nurseries
- Evaluation  
  - Summer 2013
    - Survey to parents, settings, groups and service providers

**Update November 2013**

- 18 Multi-agency ES pathway launch events held across Cambs with 400 participants from across education, health, local authority and voluntary, community & social enterprise organisations promoting person centred planning for
- ES Development Officer facilitates Early Support awareness training on 3 day SENco training in partnership with Area SENco’s.
- Support for Learning offer and provide advice, training and support to settings and groups and promote ES approach
- Community Health Services, e.g. Physio, OT, Children’s Community Nursing Team, SALT offer and provide
3 Wherever possible children and families are able to lead ‘ordinary lives’

- advice, equipment, training and support to settings, service providers and groups.
  - ES Development Officer facilitates ES awareness training to health teams such as Health Visitor students, Physio and Occupational Therapists, Paediatric Community Nursing Team.
  - Specialist hub Children’s Centres planned and developed in partnership with specialist services to enable inclusion
  - Specialist groups developed in Children’s Centres in partnership between Support for Learning and Children’s Centres
  - New parenting programme introduced specifically for parents of children with additional needs and disabilities; “Stepping Stones”. Additional training provided by specialist services to facilitators.

**Actions:**
- Early Years settings to be included in all updates, workshops and advice for implementation of the Children & Families Act
- Rolling programme of ES workshops/training.

### 3.3 Settings, service providers and groups are aware of their responsibilities to increase accessibility under Equalities legislation.

**Evidence**
- ENCO training & ENCO handbook
- SENCO training
- Early Years Access Funding to support accessibility (funding 1:1, equipment & resources)
- Bespoke training around inclusion
- Monitoring outcomes forms to identify areas for development
- Measuring impact of the support given

**Actions (Who will do what, by when?)**
- Development of 'Differentiated Support model for SEN/D and Inclusive Practice' to support Settings identify (with support from their Area Senco) how 'accessible' they are.
- Updating of ENCO handbook

**Update November 2013**
- Local Offer being developed.
- Support for Learning using Record of Visit to measure outcomes by TME (Time Measured Evaluation) for
### 3. Wherever possible children and families are able to lead ‘ordinary lives’

Settings who have been identified as needed to develop their inclusive practice.

- Cross directorate “Guidance for schools, Early Years settings and colleges on early identification and assessment of SEND” being developed - information on a graduated response to need. Draft due April 2014
- Pilot started Nov 1st by Statutory Assessment and Resource Team of new arrangements for undertaking Statutory Assessment in preparation for new legislation.

**Actions:**

- Promotion and dissemination of updates and guidance, when available, across workforce for the implementation of Children and Families Act.

#### 3.4 Services work together where appropriate/possible to improve quality of life at home, school/early years settings

**For example:**
- Assessment and response to the need for adaptations is responded to promptly
- Specialist equipment is provided as required quickly
- Active engagement of services in development and review of Family Service Plan

**Evidence**

- Physiotherapy has changed their pathway to access funding for equipment as the county resource panel was slowing down the process. It had happened that by the time equipment was delivered the child had outgrown it. Currently delivery time ranges from 6-12 weeks depending on service provider.
- OT and Physio equipment joint funded by Health and Social Care and held at Integrated Equipment Store. If available able to deliver to families within 1-2 weeks
- Both services reliant on manufacturers time frames for bespoke equipment.
- No data available about services engagement in FSP meetings

**Actions (Who will do what, by when?)**

- Operational Group to be set up and
  - Implement key working, care pathway
  - Identify barriers and solutions including monitoring of delivery from manufacturers
  - FSP meeting template developed to encompass parental priorities, feedback, measuring outcomes/impact
- ES coordinators to gather quarterly monitoring information e.g.
  - Outcomes/impact of FSP’s
  - Case studies
- Evaluation
  - Surveys to parents, practitioners and managers

**Rating**

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- AMBER

**Rating**

- May 2012
- Nov 2013
Wherever possible children and families are able to lead ‘ordinary lives’

- Case studies, focus group, interviews

**Update November 2013**
- 40% of all children and families have a FSP, which includes integrated planning to meet the child and families needs in and out of the home, including settings.
- 100% of parent/carers are attending FSP meetings.
- 97% of professionals invited to attend FSP meetings attend or provide feedback.
- Professionals from across health, education and care are actively involved in developing and implementing FSP’s. However there is little representation from the voluntary sector.
- 83% of parents and 72% of professionals responding to the Sept 2013 survey feel Early Support has helped to co-ordinate assessment and support
- “Empowering Parents”, peer support workshops facilitated by Home-Start and supported by pinpoint for parents/carers of children recently diagnosed with a complex additional need or disability started in Sept 2013 running on a rolling basis across the county
- No changes in accessing equipment for children

**Actions:**
- Promotion of voluntary sector involvement with lead professionals and across the children’s workforce through lead professional and Early Support training events

**3.5** A short break statement is available to families and identifies all provision

**Evidence**
- Information provided on pinpoint website about short breaks

**Actions (Who will do what, by when?)**
- Short Break statement to be updated annually or sooner if legislation requires

**Update November 2013**
- Short Breaks statement updated July 2013 is readily available on Cambridgeshire County Council public website at link below together with additional information including eligibility
# Wherever possible children and families are able to lead ‘ordinary lives’

http://www.cambridgeshire.gov.uk/childrenandfamilies/specialneedsdisabilities/shortbreaks/

- Detailed information about Short Breaks is available on pinpoint website

### 3.6 Reviewing the effectiveness of inclusive practice is an integral part of service development

For example:
- Service user surveys
- Practitioner surveys
- Performance monitoring and evaluation

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#### Evidence

- “For parents of disabled children, the levels (Model of Staged Intervention) seemed to reinforce the idea of having to ‘jump through hoops’ in order to access a particular level of support that they and their children need.”

#### Actions (Who will do what, by when?)

- Operational Group to review across agencies inclusive practice and service developments as part of monitoring
- Evaluation
  - Surveys to parents, practitioners and managers
  - Case studies, focus group, interviews

**Summer 2013**

**Update November 2013**

- Feedback questionnaire for all parents following FSP meeting response rate poor at 10% and is variable across the county especially low in East Cambs & Fenland and Cambridge & South Cambs.
- ES review in September 2013 included service user and practitioner questionnaires. Only 30 returned, out of 300+ sent out, from parents. 101 returned from professionals.
  - 57% of parents and 80% of professionals responding to Sept 2013 survey report that families are attending local groups/activities. 70% are registered with their local Children’s Centre however only 24.4% of these are having sustained contact with their Children’s Centre.

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15 Parent Support Strategy Consultation, July 2008
3  **Wherever possible children and families are able to lead ‘ordinary lives’**

- Specialist hub Children’s Centres developed with parents input to support families access their targeted and universal provision (see 1.4)
- Developments for the implementation of the Education, Health and Care Plan in Cambs have adopted ES principles.
- One of the priority groups for developments in “Funded Two’s” placements are children with complex additional needs and disability.

**Actions:**
- ES Operational group to explore more effective methods of gathering wider feedback from parents/carers including their feedback on inclusion.
- Moderation panel to review random selection of FSP, frequency to determined by ES Operational Group
Appendix 6 Extension of Early Support Principles 0-25 years

1. Introduction
   1.1. In response to local parent feedback, national evidence of Early Support success but also seeing positive outcomes from our local delivery, and considering the Children and Families Bill we are proposing to extend the Early Support principles and practice beyond the age group 0-5yrs and deliver it up to 25 yrs. By moving in that direction we will be able to:

   - Deliver on the Education, Health and Care (Single Plan), the Local Offer and statutory requirements
   - Empower parents to support their family
   - Promote independency
   - Make best use of resources
   - Help embed integrated working

2. Background
   2.1. Early Support Review - An Early Support review was conducted early 2011 with the outcome of Cambridgeshire County Council and Cambridgeshire NHS signing a partnership agreement in April 2012 to jointly commission the provision of Early Support to families with children 0-5 years with lifelong, multiple needs. A new Early Support specification and care pathway was developed by parents and professionals in the statutory and voluntary sector, which was launched in September 2012.

   2.2. Parent Feedback - Parents have asked for "effective, coherent multi-agency working with good communication and joined up thinking." They've asked for support around accessing services and information, obtaining short breaks, maintaining their own and family’s well-being, finding other parents in a similar situation, and coordinating the services they receive from different agencies. Parents ask that staff is “understanding and well-trained” and that they get a “holistic approach to their child’s needs – health, social, etc.”

   2.3. Parent feedback has also identified value in the Early Support approach while it pointed out the gap and the break of consistent and coherent support provided to families by restricting it to 0-5yrs. Feedback from 2012 consultation sessions told us that there is need for:

   - Parental emotional support – a listening ear, someone to talk to so they feel less isolated
   - Access to support from other parents in a similar situation, including through groups for all families
   - Better signposting – easily accessible information on all support that is actually available to all the family including statutory / non-statutory, locally and elsewhere
   - Understanding, supportive, knowledgeable and well-trained staff
   - One person, one point of contact
   - Key working and integrated services working between services

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16 A report on the findings from consultations with parents on the role of the Key Worker; Lynn Powell Partnerships; March 2009

17 Cambridge City Parent Network Meeting; pinpoint; October 2011
2.4. The Children and Families Bill 2013

2.4.1. The Bill brings major reforms to the present statutory framework for identifying, assessing and providing for children and young people with special educational needs.

2.4.2. One of the reforms will see Statements of SEN and Learning Difficulty Assessments (post 16 only) being replaced by a new assessment process and introduction of an ‘Education, Health and Care Plan’ by 2014.

2.4.3. The aspiration of the new system is that Services (Education/Health and Social Care) will work together with the family to agree:

- a straightforward, single plan that reflects the family’s ambitions for their child from early years to adulthood,
- the outcomes expected
- a regular review to reflect their changing needs, and is c
- Clarity about who is responsible for provision

3. Proposal

3.1. In response to the above, we would like to propose extending the practice of Early Support so its principles and approach are offered to all families with children with complex needs from 0-25 years old.

3.2. Building on current arrangements we will look to:

- review the service specification to reflect changes and
- deploy existing resource in the STAR team to provide the central functions of Early Support infrastructure (administrative/coordination support) and enable change.

3.3. The aim will be to continue offering holistic support to these families right up until their child reaches adulthood thus responding to the needs as they evolve and change, aiming to empower and promote individual family member dignity and independence.

3.4. Pathways will need to be reviewed as we need to develop a joint assessment and an integrated planning process informed by the local offer, providing clarity around thresholds and different levels of interventions within the wider service support system. Clarity will be provided on the interface between CAF and Single Plan, ways of working in specialist SEND services and in partnership with schools and health and the importance of key working and outcome based planning.

3.5. The governance for this work will sit with the SEND Board and work will be carried out and monitored via the Early Support Joint Commissioning Group which will look to enhance membership and review Terms of Reference.

3.6. Professionals to be included in the new way of working are: Educational Psychologists, Specialist Teacher Assistants, Occupational Therapists, Speech and Language Therapists.
3.7. **Education, Health and Social Care Plan- Pilot**

3.7.1. In view of the Education, Health and Social Care Plan which is expected to come into force in 2014, we are looking to learn from the Family Service Plans (FSP) used in Early Support. We will be identifying 15 families with pre school children who are willing to work with us and pilot using FSP while they are entering the SEN Statement. The pilot timescale will be 6-9 months. We will capture what has worked well in both processes, request feedback from families and professionals and further inform the EHSC plan process.

3.7.2. A similar pilot has been implemented in Cornwell and Bromley, areas we will be communicating and learning from their experience.

In addition a larger scale pilot will commence for all new Statutory Assessments from January 2014 that will bring increased support for parents and carers and a collaborative approach to drafting Statements. This shaping of this pilot is currently being consulted upon with parents, carers, schools and professionals.