Bath & North East Somerset Council

Improving People's Lives

Bath & North East Somerset Community Safety & Safeguarding Partnership

Bath and North East Somerset

Early Help and Intervention Strategy 2021- 2025

Foreword

I am pleased to introduce the all age Early Help and Intervention Strategy for B&NES, which stresses the importance of the different agencies working together to improve the wellbeing of every individual ensuring that people are supported to achieve their full potential to lead fulfilling and rewarding lives.

I welcome the shift to an all age and enabling approach which will provide people with a straightforward route to the services they need from their first contact with us, and strike the right balance between access to universal services that are open to all in our communities and the targeted work to prevent issues getting worse, reducing the need for specialist support.

The COVID pandemic has impacted everyone and has highlighted inequalities and the increased need for targeted support. It is important that in such times where resources are also reducing and demand for specialist services is increasing, that we work together and pool our resources to ensure people in our communities get the right support, at the right time, by the right service to tackle problems early.

This strategy is therefore an important document that will shape and guide the development of services by the Bath and North East Somerset Community Safety and Safeguarding Partnership and partners over the coming years, and how we will work with residents, as we all seek to ensure that communities in B&NES are supported in providing their children with the best start in life and maximise the chances for their children to achieve in their schools and into adulthood and for older people to live independently and happily.

Significant progress has been made to develop this shared vision and priorities across the life course which are set out in Chapter one.

Chapter two provides further information relating to the system and services for children and families together with an implementation plan outlining the actions that will be taken to support delivery of the strategy.

Further development of a similar chapter outlining the delivery system for adults and an implementation plan will be developed and included during 2021.

Sian Walker - Independent Chair, Bath and North East Somerset Community Safety and Safeguarding Partnership

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Chapter 1

Introduction

There is a long standing and strong commitment to early help and intervention across all agencies and strategic partners in Bath and North East Somerset (B&NES). In response to a range of national and local policy developments, this new strategy for **Early Help and Intervention** represents a refresh of our approach and reflects our desire for an integrated approach to Early Help and Intervention across children' and adults services and public health.

This new approach to early help and intervention will therefore:

- ensure an integrated and efficient approach to commissioning and delivery of services across children and adults' services, and public health.
- operate within available resources and focus scarce resources on priorities and services that make the biggest impact

This strategy builds upon the good practice from early help and intervention which already exists in B&NES and we will use these foundations to implement this new **Early Help and Intervention Strategy** that is firmly embedded within the main relevant legislative acts for children and adults **(See Appendix 1)**

Whilst the Council has a key role in the provision of early help and intervention services by taking a lead in the delivery and commissioning of services; it also has a role as a partner working collaboratively and co-operatively within a system of services from the statutory, voluntary and community sector. In addition, as a facilitator it helps to build capacity and confidence among children, young people, parent/carers, adults and families, and throughout communities within B&NES as well as across the wider early help and intervention partnership.

Purpose

In B&NES we see a focus on early help and intervention as fundamental in tackling the root causes of problems as soon as they arise throughout each life stage. The fundamental purpose of this early help and intervention strategy is to create an environment and clear commitment to do this.

We see early help and intervention as an overarching philosophy that that should influence all strategies in B&NES to achieve much better outcomes for local people of all ages.

Developing an early help and intervention offer which is embedded in a "think family: think community" approach will identify and promote protective factors and resilience at an early stage and as a result prevent negative outcomes developing.

This strategy outlines our intentions and approach to ensure early help and intervention is understood, accessible and firmly embedded within the planning and working practices of all agencies, to deliver effective early help and intervention across B&NES.

Consultation

This strategy has been developed by a working group of the Early Help and Intervention Sub-Group. A review of the previous B&NES Early Help strategy was undertaken. Consultation with stakeholders and service users took place by circulating a standard feedback template via email to key partnerships and forums and through an on-line survey which, in addition to being circulated through email, was also made available on the B&NES website.

Context

At the time of writing this strategy, B&NES is managing its response to the COVID -19 pandemic and is learning what the consequences will be in terms of economic, social and health impacts. It is anticipated that there will be a detrimental impact on children, young people, parent/carers, families and adults which will increase the need and demand for early help and intervention services throughout the period of this strategy. Local priorities have been identified as tackling inequalities, addressing the climate emergency and giving communities a greater voice. Consideration will be given to these emerging priorities and impacts, together with any national policy direction in order to determine the actions in the implementation plans.

Public services are also going through an unprecedented time of austerity measures where resources are, and will continue, to shrink. When there is less expenditure or resources, early help and intervention has the potential to deliver services in the most cost-effective way, reducing the need for costlier intensive interventions as situations become more complex and entrenched. A focus on early help and intervention may however initially increase costs through raising awareness, earlier identification of need and increased demand and the impact of this work is not always immediately evident.
The costs for early help and intervention services should also be in addition to the funding for those in greatest need so that these services are not detrimentally impacted.

Our focus is, therefore, on targeting our resources appropriately in accordance with identified needs, thereby helping us to achieve the best outcomes for, and in partnership with, local people and communities. Now more than ever there is a need to pool resources across sectors and acknowledge that strong and resilient communities will form solid foundations to the successful delivery of this strategy.

What is early help and intervention?

B&NES definition of "early help and intervention" across children's and adults' services and public health may therefore be described as:

> ***Working in partnership with children, young people, parent/carers, adults and families within their communities to stay safe through promoting happy, healthy lifestyles, wellbeing and resilience. We will work together to identify emerging needs and inequalities at the earliest opportunity and ensure that help is available to support and empower individuals to address needs and prevent them getting worse***

Early help and intervention is a simple concept; it is about changing our culture from an often late reaction and re-focussing our approach, along with our resources, on the root causes of the needs and challenges people face.

Early help is an approach, not necessarily a service, which primarily draws on people's own strengths, resources and abilities to promote wellbeing and enable independence, supporting them to live their best life.

By doing so, outcomes for children, young people, parents/carers, adults and families improve and costly statutory or specialist interventions are avoided.

Underlying this concept is a common understanding of levels of risk. It is recognised that only a small number of children, young people, parent/carers, adults and families in B&NES will need the most intensive sort of **statutory or specialist interventions**. The vast majority will lead happy productive lives, needing only access to **universal** services available to the whole community. Between these two levels, there lies a group of people who may, for a range of reasons, experience temporary difficulties in their lives and therefore have additional **targeted** needs that require support.

Early help and intervention is, therefore, about giving people **the right help, at the right time, by the right service**. Central to our early help and intervention approach is the early identification of children, young people, parent/carers, adults and families who would benefit from a co-ordinated approach which may include a multi-agency assessment and an early response to help improve outcomes.

Many agencies have responsibilities for delivering early help but securing lasting positive outcomes can only come about by supporting communities and families to thrive and become more resilient.

Early help approaches are often therefore 'enabling': equipping individuals, their carers' and communities with the tools to succeed, rather than interventions being imposed upon them. Asset based approaches help to foster self-reliance and resilience rather than dependency.

By **early help and intervention** we mean **the whole approach** that we take to prevent the development or escalation of needs by providing support or advice at different periods across the life course to promote wellbeing, resilience and independence. This importantly includes both help provided **early in life** (with young children, including pre-birth interventions) as well as help delivered **early in the development of an emerging need** (with any person, regardless of age).

Developing a Common Language

It is important to recognise that the language used across adult services, children's services and public health differs when describing concepts relating to prevention and early help and intervention. Terms often used include:

- primary, secondary and tertiary prevention
- tiers one, two, three and four
- prevent, reduce and delay

The language used is constantly evolving, in some parts of the system, the distinction between tiers is less apparent and described as seamless access to care and support at any level. Regardless of terminology, the scope of early help and intervention is illustrated in the table below;

Early Help		
	Early Intervention (Targeted Support)	
Preventing the occurrence of needs/risks	**Preventing needs/risks escalation**	**Reducing the severity of needs/risks**
At this **universal** level interventions are aimed at addressing the whole population to prevent risk factors developing. Agencies promote and maintain independence, support good health and wellbeing through high-quality awareness raising and information and advice programmes to develop self-help behaviours. Agencies build resilience across the population by helping communities to build capacity, empowering and enabling them to support themselves.	At this level agencies will intervene early and provide **targeted** support for those with existing or emerging risk factors, vulnerabilities or additional needs to ensure that problems, specific conditions, events or behaviours are addressed and prevented from being more significant or entrenched.	At this level agencies work alongside with and support people who are experiencing more complex problems to reduce the severity and prevent, reduce or delay the need for subsequent specialist/statutory services involvement. Agencies may also support families at this level who are stepping down or in receipt of support from specialist/statutory service involvement to help sustain improvements and reduce the likelihood of risks re-emerging.

"Early help" and "early intervention" are also terms that are used in different ways in different local areas and are often used interchangeably. For the purposes of this strategy there are, however, clear differences between the two.

'Early help' refers to **all** support available to children, young people, adults and families before formal statutory or specialist intervention. This includes **universal services and informal wider community support** and those that are designed to improve outcomes for all.

'Early intervention' is the part of early help that provides additional **targeted** support for children and young people, adults and families who are identified as being at risk of poor outcomes, or where issues are complex and multi-faceted such as mental ill-health issues, social isolation, poor academic attainment or involvement in crime or antisocial behaviour. This support is more intensive than, or additional to, the help available through universal early help services, targeting specific issues to prevent needs or risks occurring, or to tackle them head-on before they get worse.

In this strategy we will refer to 'early help and intervention' as covering both universal services and targeted interventions. We will refer to early intervention when specifically discussing targeted services. Early intervention is often referred to as targeted support in B&NES.

Case studies

The following case studies help to illustrate some of the real benefits of effective early help to individuals, families and communities. Please note that these case studies are anonymous but based on real scenarios. The quotes below are from young people who took part in the consultation.

> ***When we need help we want to talk to a trusted adult***

> ***Sometimes the help is about distracting yourself from the issue or problem***

Case Study 1

Daniel was 15 when he was referred for early help. Following a family breakdown, he was struggling with low self-esteem and socialising issues which resulted in him disengaging from school.

Daniel met with a mentor weekly. During this time, he was supported to access mental health support and, when needs escalated, the early help service advocated on his behalf at Child in Need (CIN) meetings. Enabling Daniel to talk through his feelings provided the space he needed to reflect on his relationships and friendships and how he could maintain them. As Daniel felt able to discuss his concerns around school, the practitioner was able to recognise and support an application for an EHCP and provide practical support which included sourcing a school uniform.

Daniel is now regularly attending school and is starting to think about his future and college. He is also in touch with other services who will be able to continue providing support if, and when, it is needed.

Case Study 2

The Smith Family were referred for intensive family support following the sudden death of their mother to support four boys aged between 16 and 20. The boys had lived at home with their mother who was a lone parent and were left with high debt and rent arrears and risk of eviction. The eldest son had a lifelong chronic illness which had significantly deteriorated due to the overwhelming emotional stress the whole family were experiencing.

The practitioner worked closely with the Housing Association and Welfare Support to help evoke the eviction process. Two of the boys were working and two were full time students so support was given to apply for the appropriate financial support available including Housing Benefit and Child Benefit. This involved visiting the eldest son in hospital to ensure deadlines were met and the risk of eviction reduced.

A family bank account was opened and support was given to contact all utility companies and arrange payments through direct debit and help to clear old debts on the property. Money management sessions were given and agreements set up in managing household bills and responsibilities. Working in an empowering way ensured the family can continue to work together in the future when support ends.

The intensive family support provided prevented the youngest child being taken into care or having to go to another family member. It also prevented the family being evicted and enabled them to stay together in their family home, sharing the responsibility of home management as well as gaining independent skills.

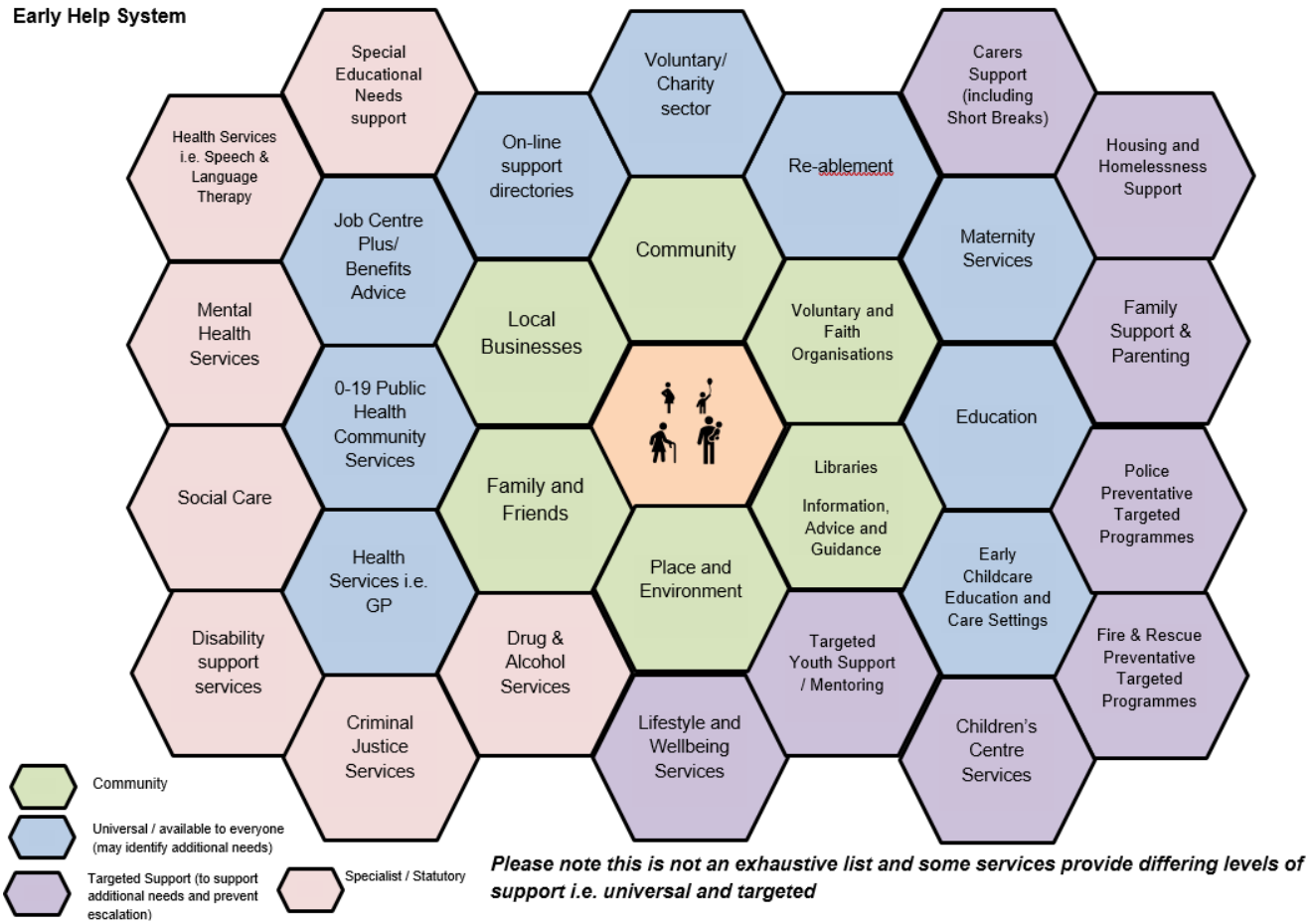
All boys are doing well, the eldest is in his final year at university and continues to remain in stable health. The two middle boys remain in employment and the youngest is in his final year at college with a solid plan in place for his future.

Whose responsibility is early help and intervention?

Early help and intervention is everyone's responsibility. Individually and collectively we all have a responsibility for developing self-resilience, ensuring people are supported to build on their strengths, recognise when help is needed early and to develop tools to tackle root causes of problems to maintain independence and overall wellbeing. Resilient and connected communities are crucial to, not only helping each other and themselves to recognise when early help might be needed, but also to ensure there is strength and capacity to help vulnerable individuals and families to help themselves wherever possible.

An effective early help approach requires smarter cross-sector integrated working to ensure opportunities to support individuals, families and communities are maximised and people get the early help and intervention they need. All sectors including the public, private, voluntary and community have an important role to play in supporting people in our communities to recognise early when help is needed and to access the right support, at the right time, by the right service.

The early help system is illustrated in the diagram below.



Please note this is not an exhaustive list and some services provide differing levels of support i.e. universal and targeted

The early help and intervention system is made up of four types of provision that combine in different ways to form a local area's early help offer to its citizens. These are community support, universal services, targeted support, specialist and statutory services.

Community support includes;
Informal support from family and friends, local places and environments, online support services, voluntary, faith and community services, local members of the community and local businesses.

Universal services include;
GP surgeries, health visitors, school nurses, maternity services, post-16 education services, schools, early childhood education and care settings including childminders, libraries, community nurses, youth work, community navigators, service directories e.g. 1 Big Database Bathnes, Wellbeing Options and Rainbow Resource

Targeted services include; targeted family support services, children's centre services, mentoring services, alternative educational provision, housing and homelessness support services, fire and rescue services targeted interventions, preventative health services e.g. diabetes prevention support, lifestyle and wellbeing services, dietician

Specialist and statutory services include:
social care, alcohol and substance misuse services, mental ill-health services, criminal justice services, specialist health services e.g. speech and language services, special educational needs services, Job Centre Plus

The case for early help and intervention

Children and families

The case for early help in relation to children and families is well evidenced, and we know that effective early help can ensure that every baby, child and young person acquires the social and emotional foundations upon which success depends. Early identification and intervention are critical in order to improve children's outcomes, and Eileen Munro stated in her review that "preventative services will do more to reduce abuse and neglect than reactive services". Evidence also suggests that early help develops social and emotional capability, builds resilience through to adulthood, and can reduce truancy, anti-social behaviour, crime, health problems, obesity, welfare dependency, need for statutory social care, under-attainment, and exclusion from school. It can reduce the burden of mental and physical ill health over the whole life course, reduce the cost of future interventions, improve economic growth and reduce health inequalities.
The economic argument for early help and intervention family focussed approaches is that more effective assessments and swifter coordinated responses will ultimately lead to a reduction in numbers of families whose needs are met by specialist and high cost services.

Adults (this section will be updated during 2021)

The economic case

There is a growing body of evidence which indicates that early help and intervention is cost effective when delivered in a targeted and timely fashion. It can create savings across public sector services further down the line by taking demand out of the wider system. Since social and economic policy decisions are made under resource constraints, the value of public investment must be judged, at least in part, through economic efficiency, in terms of value for money. In deciding how funds should be allocated, public agencies need to know not only what is effective, but also which choice brings the greatest benefits for a given set of resources.

In the case of early help and intervention, the long-term economic impact is determined by comparing the benefits to society to the costs accrued. Benefits to society include the benefits to the programme recipient and family. Costs to society include the benefits foregone from not using the resources for some other use. Due to the large differences in the methodologies adopted by studies aiming to evaluate the economic impact of early help and intervention, it is difficult to compare results across interventions. Nevertheless, studies do provide indications that early help and intervention generates benefits in the long term that outweigh the costs.

A summary of the key cost effectiveness evidence is outlined in **appendix 2**.

Our Vision

Children, young people, parents, carers, adults and families are safe, healthy and resilient, and have the confidence and skills to thrive. Collectively, our communities achieve the best possible outcomes for all.

Our Aims

We want to break down intergenerational cycles of deprivation and poor outcomes, prevent problems from escalating and reduce the need for the involvement of statutory services.

We want more children, young people, parents, carers, adults and families to lead healthy and independent lives, enjoy a better quality of life, feel safe and secure and have access to education. This will enable the development of skills, confidence and ability to access opportunities available and support people to become the best that they can be.

We want to empower our children, young people, parents, carers, adults and families to become more resilient, less reliant on services and able to develop enabling relationships that sustain independence as long as possible.

We want more children, young people, parents, carers, adults and families to have good timely access and be effectively supported by universal and targeted services and their broader communities to achieve the best possible outcomes.

We want parent, carers to take responsibility for understanding and meeting their children's needs, enjoying their childhood with them and preparing them for adult life

We want the best possible services to be provided within the resources we have, providing excellent value for the public.

We want everyone to be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs within legal parameters.

We want partners to continue to work together in a smarter and more joined up way, to achieve greater effectiveness and efficiencies, reducing avoidable spending on acute and specialist services where early help and intervention would have prevented, decreased or delayed the need for them.

Our Principles

Staff working across the early help and intervention system will be guided by various sets of aligned principles.

At an organisational level for example the Council corporate principles are below:

At an individual service level for example the Children's services teams follow these practice principles:

Our Partnership strategy is however specifically underpinned by the following key principles;

Early Help and Intervention Principles

Early Help and Intervention is Everybody's Responsibility

We will make every contact count – through effective community engagement, outreach and assessment processes and empowering professionals to address recognised needs of children, young people, parent, carers, adults and families at the first opportunity

We will promote a "no wrong door" approach ensuring that pathways are accessible and clear so that individuals and families will receive the right help, at the right time by the right service

We will ensure that families only have to tell us once to avoid having to repeat your story to different professionals

We will ensure that safeguarding is a collective responsibility and all practitioners have a duty of care and responsibility to identify those who may be at risk and act appropriately

Intelligence led

We will ensure that data is used alongside strong local knowledge on the ground to plan the use of resources, service delivery and identify families most in need

We will share information within a robust and safe framework – in a timely way, avoiding the need for repetitive assessment

We will deliver evidence based and research informed practice that is focused on outcomes and learning from what works promoting innovative practice

We will continuously improve learning as we go through monitoring, reviewing and evaluating the way we work

Efficient and Effective

Given the changing resource bases available across early help and intervention in our area, we will ensure that arrangements are efficient and effective eliminating wasteful systems and bureaucracy and focusing resources on making a positive difference

We will apply integrated commissioning through shared resources to better understand needs; support effective planning; deliver efficient services; measure and evidence impact

Enabling Stronger Communities

We will ensure Think Family, Think Community approaches are adopted

Early Help and intervention will be adopted across the life course, from developmental support in early years to maximising wellbeing in later years

Wraparound transitional support with appropriate step-up and step-down ensuring smooth transitions between all stages of life

We will strive to ensure that your independence is supported at all stages, with different levels of intervention available

Services will be based in communities particularly in areas with the highest levels of need. The Early Help and intervention offer will also reach out across the locality to ensure all communities can access support when needed

Working in partnership and valuing our workforce

We will enable multi-agency partners to work together as a single system to drive improvement in the provision of Early Help

We will ensure that Early Help and intervention is delivered by an engaged, knowledgeable and committed workforce that fully understands and appreciates the importance of their role in early help and intervention

Putting people at the heart of what we do

We will engage and listen to the voice of children, young people, parents, carers, adults and families to understand their journey and life experiences, values, beliefs and cultures and engage them, in their own right, as citizens in the design, delivery and feedback to inform inclusive services

We will adopt strength-based and trauma-informed approaches using the strengths of individuals, families and communities recognising skills, knowledge and experience to understand underlying factors and develop tools to tackle the cause of problems, building on the resourcefulness of families and broader communities

We will ensure that the Early Help and intervention offer is appropriately tailored to individual and family needs rather than organisational boundaries

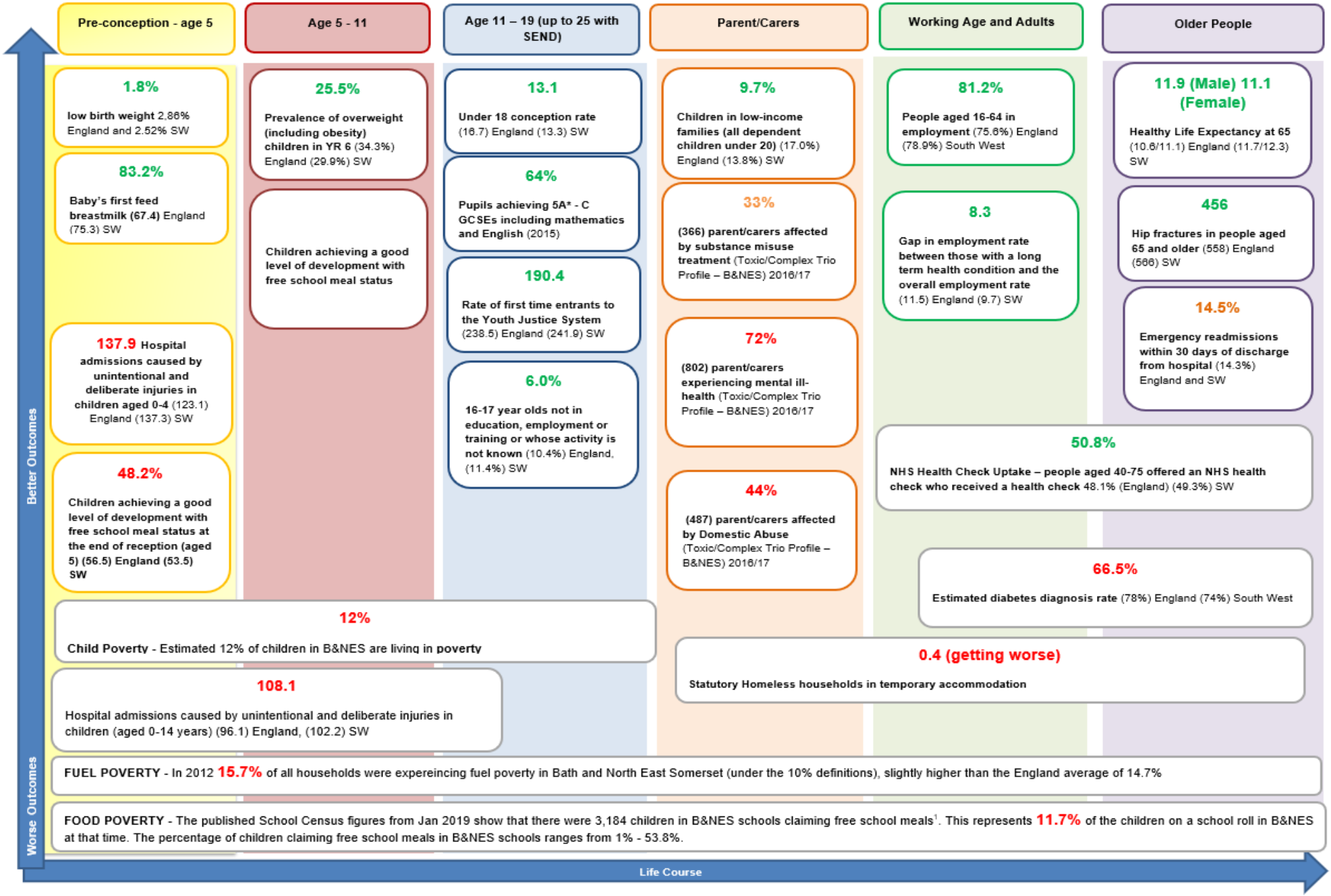
Shared behaviours

We have agreed to share the following common set of behaviours in implementing our strategy.

- Professional curiosity: with each other as providers, and with children, young people, families, adults and carers to understand the reason behind behaviours.
- Being able to connect quickly with individuals: give people the space and time to process issues and information by use of voice and body language, which is attuned to the needs of the individual.
- Kindness and compassion: demonstrating kindness and compassion in our interactions with each other and with adults and carers, families and their children, thereby creating safe spaces for people to reflect and make changes.
- Open and flexible: to new approaches to working with children, families, adults and carers
- Involving children, young people, parents, carers, adults and families: in what happens and understanding how they may experience our systems.
- Challenge: each other on these behaviours in a positive and supportive way.
- Self-awareness: ensuring that as professionals we reflect on our practice and our own wellbeing and practice self-help and utilise management support.

Understanding our local needs

The Joint Strategic Needs Assessment (JSNA) uses all available data and information to assess the current and future health and wellbeing needs of our local residents and communities. The Early Help Needs Assessment for Children and Families undertaken in 2020 (see appendix 3) and other key pieces of research underpin our understanding and inform the setting of priorities. Such information is used to inform how resources are allocated across B&NES in accordance with identified needs, ensuring the best possible health and wellbeing outcomes are achieved whilst also reducing health inequalities. The public health outcomes framework Appendix 4 identifies a range of population level indicators that are monitored to demonstrate trends and improvements. Some of the key performance indicators which are monitored for our priority areas in B&NES are listed overleaf.


Pre-conception - age 5
Age 5 - 11
Age 11 – 19 (up to 25 with SEND)
Parent/Carers
Working Age and Adults
Older People
1.8%
low birth weight 2.86% England and 2.52% SW
83.2%
Baby's first feed breastmilk (67.4) England (75.3) SW
137.9 Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 (123.1) England (137.3) SW
48.2%
Children achieving a good level of development with free school meal status at the end of reception (aged 5) (56.5) England (53.5) SW
25.5%
Prevalence of overweight (including obesity) children in YR 6 (34.3%) England (29.9%) SW
Children achieving a good level of development with free school meal status
13.1
Under 18 conception rate (16.7) England (13.3) SW
64%
Pupils achieving 5A* - C GCSEs including mathematics and English (2015)
190.4
Rate of first time entrants to the Youth Justice System (238.5) England (241.9) SW
6.0%
16-17 year olds not in education, employment or training or whose activity is not known (10.4%) England, (11.4%) SW
9.7%
Children in low-income families (all dependent children under 20) (17.0%) England (13.8%) SW
33%
(366) parent/carers affected by substance misuse treatment (Toxic/Complex Trio Profile – B&NES) 2016/17
72%
(802) parent/carers experiencing mental ill-health (Toxic/Complex Trio Profile – B&NES) 2016/17
44%
(487) parent/carers affected by Domestic Abuse (Toxic/Complex Trio Profile – B&NES) 2016/17
81.2%
People aged 16-64 in employment (75.6%) England (78.9%) South West
8.3
Gap in employment rate between those with a long term health condition and the overall employment rate (11.5) England (9.7) SW
50.8%
NHS Health Check Uptake – people aged 40-75 offered an NHS health check who received a health check 48.1% (England) (49.3%) SW
66.5%
Estimated diabetes diagnosis rate (78%) England (74%) South West
11.9 (Male) 11.1 (Female)
Healthy Life Expectancy at 65 (10.6/11.1) England (11.7/12.3) SW
456
Hip fractures in people aged 65 and older (558) England (566) SW
14.5%
Emergency readmissions within 30 days of discharge from hospital (14.3%) England and SW
12%
Child Poverty - Estimated 12% of children in B&NES are living in poverty
108.1
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (96.1) England, (102.2) SW
0.4 (getting worse)
Statutory Homeless households in temporary accommodation
FUEL POVERTY - In 2012 15.7% of all households were expereincing fuel poverty in Bath and North East Somerset (under the 10% definitions), slightly higher than the England average of 14.7%
FOOD POVERTY - The published School Census figures from Jan 2019 show that there were 3,184 children in B&NES schools claiming free school meals[1]. This represents 11.7% of the children on a school roll in B&NES at that time. The percentage of children claiming free school meals in B&NES schools ranges from 1% - 53.8%.
Better Outcomes
Worse Outcomes
Life Course

Our strategic priorities

The partnership will focus on four strategic priorities to contribute to outcomes for children, families and adults and carers.

1. Provide early help and intervention, at the right time, by the right services in the right place for individuals, families and communities

2. Provide strong leadership and enable effective partnership working to ensure a whole system approach to early help and intervention

3. Invest in and value the wider workforce across the early help and intervention system

4. Empower local people and communities to build capacity and resilience, to enable people and communities to do more for themselves

Our Commitments

To address these priorities we will:

Provide early help and intervention, at the right time, by the right services, in the right place for individuals, families and communities

- We will ensure that children, young people, parents, carers, adults, families and communities have a voice in helping us understand need and how best to respond and design services and ask if they feel we are making a difference
- We will develop better communication about the early help and intervention support with service users to ensure that they can easily find, access and navigate proportionate and effective support when they need it
- We will develop, commission and maintain services which support local priorities and emerging needs which deliver clear outcomes as agreed by the B&NES Community Safety and Safeguarding Partnership
- We will develop effective case management systems across the partnership

Provide strong leadership and enable effective partnership working to ensure a whole system approaches to early help and intervention

- We will prioritise mitigating the impact of COVID-19 with a focus on addressing issues and resulting inequalities
- We will consider how organisations and individuals across the early help and intervention system can make a contribution to the climate emergency agenda
- We will make the best of use of data and local intelligence, and share information safely and effectively to understand differing needs and know which children, young people, families, adults and carers and are likely to need extra help so that nobody will slip through the net
- We will make use of data to identify specific areas of focus where the outcomes for B&NES compare worse compared with regional and national benchmarks (see page 13 for examples)
- We will strengthen the governance arrangements and partnership working across both Adult's and Children's sectors. This will range from working together, joint commissioning, pooled budgets and structures

- We will ensure whole system early help and intervention pathways are developed which are clearly understood and embedded in practice
- We will ensure seamless links with arrangements at a higher level of need and ensure step-down and step-up processes are effective and lead to improved outcomes
- We will ensure transitional arrangements are clear and effective across the life course
- We will embed a strengths-based and outcome-focussed approach, ensuring that we can demonstrate the impact and difference made through the delivery of a whole system early help and intervention offer
- We will embed a learning culture where services are monitored, evaluated and audited and all learning is shared across the early help and intervention system to celebrate successes, whilst also learning from areas to develop, test and create innovative approaches.
- We will strengthen relationships and collaborate with the voluntary sector and other partners

Invest in and value the wider workforce across the early help and intervention system

- We will put in place a workforce development plan to provide a whole system workforce response to our early help and intervention offer and develop a workforce that is relational and trauma and attachment informed
- We will work collectively to improve the quality of our assessments to ensure that these can support better quality interventions and outcomes
- We will embed a shared understanding and commitment of the 'early help and intervention' offer and a shared practice model with a shared understanding of the Think Family: Think Community approach
- We will enable and strengthen integrated teams and co-location to support place-based approaches

Empower local people and communities to build capacity and resilience, to enable people and communities to do more for themselves

- We will enable individuals, families and communities to self-help and access services independently through maximising the use of technology
- We will understand the local landscape for families and communities and the factors that can help or hinder when addressing identified need
- We will understand assets in the community, actively engage and build community capacity
- We will involve the community in developing the services, including the co-ordination of volunteers across the system

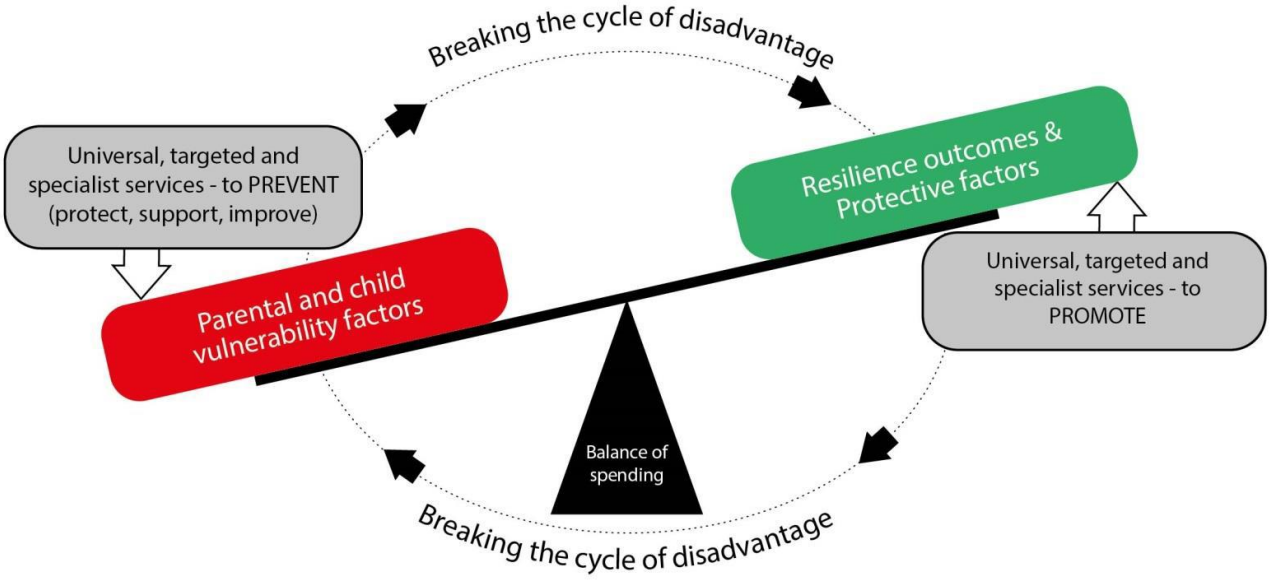
Who will benefit from early help and intervention?

Whilst the Early Help and Intervention Strategy aims to improve outcomes for all, certain groups have been identified as especially vulnerable to poor outcomes.
We have a good understanding of the risk factors that can threaten childhood development, limit social and economic opportunities and increase the likelihood of risks. These include mental or physical ill-health, involvement in crime, substance misuse, exploitation, abuse and social isolation later in life. This helps us identify people likely to benefit from early help and intervention.

Risk factors exist at different levels: from the level of the individual (like premature birth or learning disability or neglect); to the family (such as family income, inter-parental conflict, cycle of abuse , poor role modelling, or poor parental health); to the community (such as community safety or housing quality); to society (such as government policies on welfare benefits or access to education). While risk factors can't predict at an individual level which people will need help, they can help to identify who might be vulnerable and may potentially benefit from extra support.

Protective factors are those characteristics and conditions that can mitigate these risks. In many cases, risk and protective factors are two sides of the same coin: for example, poor parental mental ill-health may pose a risk to a child's healthy development, whereas good parental mental health may protect against other negative child outcomes such as poor academic attainment.

Early help and intervention works to reduce the risk factors and increase the protective factors in a person's life.



Bath and North East Somerset will provide targeted support for the following groups and priority will be given to those will multiple and complex needs:

- Children receiving 2 year funding, Early Years Pupil Premium and Pupil Premium (Free School Meals)
- Children and young people who have not been attending school regularly
- Adults who have experienced adverse childhood experiences
- All those involved in crime or anti-social behaviour or who are incarcerated and those harmed by their actions
- Adults and carers out of work or at risk of financial exclusion
- Young people at risk of not being and those not in education, employment or training (NEET)
- Children, young people, parents, carers, adults and families witnessing and affected by domestic violence and abuse
- Children, young people, parents, carers, adults and families affected by parental conflict and relationship breakdowns
- People affected by changing environments and transitions
- Children, young people, parents, carers and adults with physical health problems or disabilities
- Parent/carers and adults affected by substance misuse or those in recovery programmes and children and young people who have been exposed
- All those who engage in, or are coerced or criminally exploited, into risky behaviours including substance misuse, organised criminal groups, and sexual exploitation, county lines, serious violence, modern slavery and radicalisation.
- Children, young people, parents, carers and adults with mental ill-health or those living with a family member who has mental ill-health issues
- Children, young people, parents, carers and adults subject to bullying or online abuse
- New parents, particularly teenage parents, and those experiencing low mood
- Those living in poor or unsuitable housing or accommodation
- Socially isolated adults, carers and young people
- Those affected by bereavement
- Those who are caring for others including young carers
- Black and minority ethnic communities
- Those with learning difficulties and autism

What difference will it make?

As a result of this strategy, people in Bath and North East Somerset will know what advice and support is available to them and their families and what to expect from local services. This will help them be able to respond to problems or needs arising due to changing circumstances. People will be able to make decisions for themselves including positive risk taking and deal with issues or needs before they become more severe or complicated. They will be independent and resilient enough to support themselves in the longer term.

People will have the knowledge and confidence to get involved or take a lead on community-based activities and projects, tailored to the skills and needs of their local areas.
Service providers will work together to minimise duplication, share knowledge about services available, and ensure that vulnerable people know how to get the right help and don't fall through gaps created by processes.

We will expect to see more empowered individuals and families able to take control of their lives, who are supported in their local communities thus avoiding the need for service intervention. When there is a need for service intervention, we will expect to see positive impacts in a timely way where people and families report a sustained improvement in their circumstances.

The success of the strategy will be reported through agreed key performance measures following an outcome-based accountability model. Outcome measures can be described at individual and service level to tell us whether early help is working for individuals and families. It follows that if early help services are delivering positive outcomes to individuals and families, then this would be reflected at community and population level. The outcomes framework also sets out outcomes that we will achieve at a partnership level.

Early Help and Intervention Strategy Outcome

Our Vision is that children, young people, parents, carers, adults and families are safe, healthy and resilient, and have the confidence and skills to thrive. Collectively, our communities achieve the best possible outcomes

Outcomes for children and young people

Children and young people are safe:

"I feel safe"

"I feel protected from avoidable accidents and injury"

"I feel free from anti-social behaviour and crime"

Children and young people are healthy:

"I have good physical health and am a healthy weight"

"I feel emotionally healthy and have a sense of wellbeing"

"I feel resilient"

"I am free from the harm of substance misuse including alcohol and tobacco"

Children and young people have fair life chances:

"I have the best start in life"

"I am ready for learning and to start school"

"I have access to and am engaged in local employment, education and training"

"I make positive key transitions into adulthood"

"I have access to positive play and leisure opportunities"

Children and young people are engaged citizens within their own community:

"I participate, have a voice and can influence change"

Outcomes for parents, carers

Parents and carers are safe:

"I feel safe and know where to go if I need support"

"I feel free from anti-social behaviour and crime"

"I have healthy relationships and am free from domestic abuse"

Parents and carers are healthy:

"I feel prepared for parenthood and enjoy positive attachment with my children"

"I have good physical health and am a healthy weight"

"I feel emotionally healthy and have a sense of wellbeing"

"I feel resilient and confident to recognise and respond to my children's needs"

"I feel able to give positive, competent and confident parenting"

"I am free from the harm of substance misuse including alcohol and tobacco"

Parents and carers have fair life chances:

"I am engaged in education, employment or training and have access to good quality, affordable childcare"

"I have access to positive leisure opportunities in my community"

Parents and carers are engaged and feel connected with their own community:

"I feel part of, valued and able to contribute to my community"

Outcomes for families and communities

Families and communities are safe:

"We are free from anti-social behaviour, crime and domestic abuse"

"We feel safe in our communities"

"We know where to go if we need support"

Families and communities are healthy:

"We have good physical health and feel emotionally healthy and have a sense of wellbeing"

Families and communities have fair life chances:

"We have access to positive play and leisure opportunities"

"We have access to good quality and affordable childcare"

"We have access to good schools and education"

"We are free from poverty, including food and fuel poverty"

"We live in suitable housing"

Families and Communities are engaged and feel connected:

"We have access to high quality universal advice, information, support and peer networks"

"We feel part of, valued and able to contribute to our communities"

Outcomes for vulnerable adults and communities

Vulnerable adults are safe:

"I feel safe in our community"

"I know when I need support and able to ask for help from residential and day care services so I can remain independent"

Vulnerable adults are healthy:

"I have good physical health and am a healthy weight"

"I feel emotionally healthy and have a sense of wellbeing"

Vulnerable adults have fair life chances:

"I have access to and can engage in positive leisure opportunities"

"I am supported to access good quality education, employment or training"

Vulnerable adults are engaged and feel connected:

"I have access to high quality universal advice, information, support and peer networks"

"I feel part of, valued and am supported to contribute to my community"

Outcomes for Early Help and Intervention Partnership

We have a mature and adaptive partnership which has shared ownership and accountability for the delivery of an effective early help and intervention offer

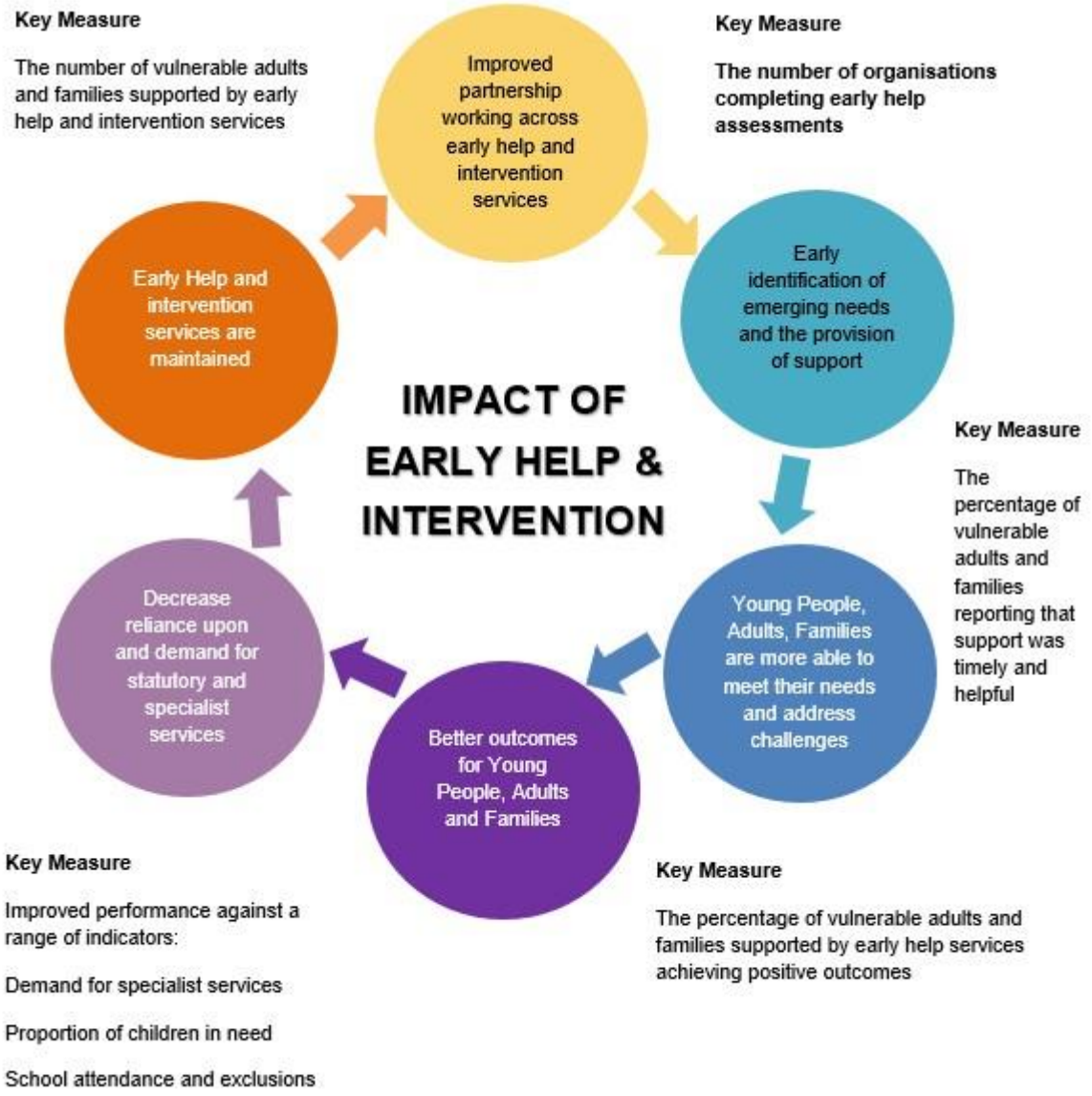
We have reduced demand for high cost services including:

- Health services
- Children's Social Care
- Adult's Social Care
- Alternative Education Provision
- Police and Youth Offending Services
- Benefits and unemployment support

We will reduce inequality across the system

We have maintained essential Early Help and Intervention services

How will we know we have been successful?



We have selected some measures that directly relate to early help and intervention; other measures are where we aim to influence, although we recognise many are multifactorial.

The following performance measures will be captured and reported

much are we doing? How
Indicators which demonstrate demand for Early Help Support and the number of cases supported

Number of referrals for Early Help Support *by organisation*

Number of referrals per primary reason code (identified need)

Number of referrals per secondary reason code (identified need)

Number of individuals/families receiving early help and intervention support

Number of repeat referrals for early help and intervention services within 12 months

% social care referrals previously in receipt of early help services

Number and % of social care cases passed to early help:

- Following assessment
- Following intervention (step down)

Number of organisations completing EH Assessments

Number of Early Help Assessments completed with the top three priority needs identified

Number of families;

a) identified that meet the Connecting Families criteria
b) engaged with early help support

Numbers accessing the early help app

Number of audits:

- Completed
- Rated as good or better

Numbers attending early help related training

How well are we doing?
Indicators which demonstrate the breadth of the early help partnership, and positive service user feedback and quality assurance

% of children, young people, parents, carers and adults supported by EH services that feedback that service:

 Was the right service
 In the right place
 At the right time

Children and young peoples' needs are evidenced in assessments and plans

What difference did it make?

The achievement of positive outcomes for children young people and families, the effectiveness of Early Help Services in preventing cases escalating to Children's Social Care and other Statutory Services

% of children adults and families supported by early help and intervention services achieving positive outcomes at the point of closure
(positive outcomes are defined as outcomes which; address specific areas of need which have been identified through an Early Help or other Assessment; Have been included in the Early Help and intervention Action Plan; and can be evidenced.)

For children, young people, parents, carers and adults:

- Increase in confidence, self-esteem and aspirations – evidenced through assessment, review and closure process
- Increase in engaging in education, employment or training – evidenced through assessment, review and closure process
- Increase in feeling safe – evidenced through assessment, review and closure process
- Increase in feeling healthier (physically, emotionally and mentally) – evidenced through assessment, review and closure
- Reduction in risk-taking behaviours – evidenced through assessment, review and closure
- Increase in the confidence and ability of parents / carers to support and provide for their family – evidenced through the *Outcome Star* process
- Increase in parenting capacity and confidence evidenced through parenting programme measures *(SDQ and DAS)*
- Improvement in family resilience and reduced risk evidenced through *a reduced vulnerability level between allocation and closure*

For staff:

- Increase in confidence and awareness of key approaches and issues related to early help and intervention i.e. trauma informed practice

% cases requiring supported by Early Help Services which do not escalate to specialist service or social care interventions

The achievement of improved performance against a range of population level indicators including:

(*see page 13 for data on key population level indicators) Where possible these population indicators will be analysed and where geographical or other inequalities i.e. BAME, exist within these measures they will be identified and reported.

For pre-conception to age 5

- Increase in population vaccination coverage
- Live birth rate/infant mortality
- Reduction of low birth weight of term babies
- Increase in breastfeeding rates (initiation and prevalence at 6-8 weeks)
- Reduction in smoking rates at time of delivery
- Increase in the proportion of children aged 2 – 2.5 offered ASQ3 as part of Healthy Child Programme

- Reduction in hospital admissions caused by unintentional and deliberate injuries in children aged 0-4
- School readiness – increase in the percentage of children achieving a good level of development at the end of reception
- School readiness- increase in the percentage of children in receipt of Free School Meals achieving a Good Level of Development at the end of the reception year

For children and young people:

- % of pupils achieving 5A-C GCSEs including mathematics and English
- % of socio-economically disadvantaged pupils achieving 5A*-C GCSEs including mathematics and English
- % of A level students achieving 3 or more A Levels at A* - E
- School attendance and exclusions.
- Percentage of young people not in education, employment or training
- Number first time entrants into criminal justice system
- Rate of children in need and children in care per 100,000
- Teenage conception/ termination of pregnancy and teenage parents' rates
- Reduction in the rate of hospital admissions (under 18) due to self-harm
- Reduction in alcohol specific hospital admission rates for under 18
- Reduction in inequalities at ward level of children achieving well at early years foundation stage and those achieving less well
- Reduction in child custody rate and racial disproportionality

For parents, carers, adults and older people:

- Number of adults claiming out of work benefits
- Number in temporary accommodation/homeless
- Number of adults dependent on alcohol
- Number of adults in substance misuse treatment
- Number of adults affected by domestic abuse
- Percentage/rates of adults overweight or obese
- Percentage/rates of adults living with long term conditions/disability affecting day to day activity
- Percentage/rates of adults smoking
- Number of adults affected by poor mental ill-health (including peri-natal ill-health)
- NHS Health Check uptake
- Number/percentage affected by food poverty
- Number/percentage affected by fuel poverty

For parents, carers only:

- Low income families with children aged under 16

For older people only

- Increase in life expectancy at 65 years of age
- Reduction in injuries due to falls
- Reduction (or earlier?) diagnosis of dementia
- Number/percentage of older people still at home after 91 days hospital discharge

Qualitative Evidence

The data will be enhanced by collection of qualitative information via case studies, reviews, focus groups or social research surveys, to illustrate the impact and some of the real benefits of effective early help and intervention to individuals, families and communities.

Workforce development

An effective and committed workforce is critical to achieving our vision. We need to ensure there is effective training in place for professionals providing Early Help and Intervention to build an assertive strengths-based and solution focused workforce which supports the effective delivery of a multi-agency early help and intervention offer.

The B&NES Community Safety and Safeguarding Partnership all age workforce development strategy sets out the approach and priorities for workforce development and we will specifically address workforce development around:

- Developing restorative practices to support families to become stronger, more resilient and better able to problem solve and make positive changes themselves.
- Offering evidence-based programmes to parents/carers who need them the most
- Working effectively together across the whole system to ensure that there is a coordinated approach for families, and that all services 'Think Family: Think Community'.
- Ensuring a clear and consistent multi-agency understanding of the operating models and how to use them, including a consistent understanding and confident application of thresholds, and appropriate responses to different levels of need, and pathways between the different service tiers and step up and step down arrangements, and the development of skills and confidence to effectively use early help assessments.
- Ensuring all practitioners are able to "make every contact count" ensuring that opportunities to raise awareness and identify needs early are not missed

Governance and Accountability

Responsibility for the development and monitoring the implementation of the Strategy lies with the Early Help and Intervention sub-group of the B&NES Community Safety and Safeguarding Partnership (BCSSP)

The Partnership is committed to developing and strengthening the early help and intervention systems through an annual process of self-assessment using local evidence against four key transformation strands of: leadership and partnership working, delivering effective systems and services, investing in the work force and empowering local people and communities to build capacity and resilience

The process assesses the level of maturity across a four-point scale: Early; Developing; Maturing; Mature.

The Early Help and Intervention Strategy helps to facilitate the early help and intervention community towards an increasingly “mature” service offer.

The Early Help and Intervention Strategy is fully joined up with existing plans and priorities relating to:

Board/Forum	Key Publications
BCSSP and sub-groups	Domestic Abuse Strategy
Health and Wellbeing Board	• Suicide Prevention Strategy • Shaping Up! Healthy Weight Strategy • Children & Young People's Plan • Tobacco Control Strategy
Children's Service Improvement Board	Thresholds and Level of Need document
Youth Crime Prevention Board Serious Violence Steering group Serious Violence Operational group Exploitation operational group	Youth At Risk Strategy
Workforce Development Group	Workforce Development Strategy
Best Start in Life / Early Childhood Outcomes Group	Early Childhood Services Pathway

Review

The Early Help and Intervention Strategy covers the period 2021 - 2025 and will be reviewed annually to ensure the plan remains agile and focused on the emerging needs of local people and communities. The reviews will also enable an assessment to be made on progress to the previous year and provide means to harness commitment to deliver the future year's aspirations.

We will also continuously review our delivery plans to ensure there is a clear golden thread from the strategic priorities, outcomes and focus priority areas.

Chapter 2

Children, Young People Parent/Carers and Families

This Strategy contributes to the overall vision for children and families set out in the Children's Plan which is due to be reviewed and refreshed in 2021.

> ***All children and young people will enjoy childhood and be well prepared for adult life.***

It also contributes to the following ambition for parents and carers;

> ***Parents and carer's take responsibility for understanding and meeting their children's needs, enjoying their childhood with them and preparing them for adult life***

Our journey so far

We have made significant progress in recent years developing our early help and intervention offer for children and families and will continue to build on the good practice and partnership working that has been established.

The Early Help and Intervention sub-group of BCSSP conducted an annual self-assessment in 2020 which identified and evidenced good practice across the partnership and system as well as identifying areas for further development. A summary of the areas where we have made positive progress for children and families in recent years can be seen in **appendix 5**

Priority actions for children and families

A detailed annual implementation plan for children, parents and families can be seen at **appendix 6** which sets out how we will deliver against the four strategic priorities and the commitments

Identification and Assessment of needs

Organisations working with children, young people, parent, carers and families will be continually identifying needs throughout their interactions. The needs of children, young people, parent, carers and families can appear in different ways. It may be that something is noted physically, for example, a child appears dirty or hungry or shows concerning behaviour. Other factors that might trigger a concern include knowledge of a difficult circumstance, such as a parent with mental health or addiction problems. Therefore, at the point at which a need becomes apparent, an assessment is required to ascertain what the main needs are, and to understand the underlying issues and the families story so the right support can be put in place to help to address these.

Assessments help to identify the wider context of the needs which in turn helps to determine an appropriate response and which agencies should be involved. It provides evidence for referrals to targeted and specialist services and helps to inform decisions about whether further assessments are necessary.

An Early Help Assessment should be an initial assessment that facilitates and coordinates multi-agency support. It assesses the situation of the child or young person and their family and helps to identify the needs of both the children and the adults in the family. It must be a strength-based process that encourages the worker and the family to work out what they do well rather than focusing simply on their challenges.

The focus should be on change and reaching a solution, this practical approach looks to examine the root of the issues before implementing practical steps to help. By using a more conversational approach rather than a rigid set of questions, families open up more and can have a discussion with their key worker which allows them to explore issues together.

This multi-agency process can be used to develop a coordinated response. This improves involvement between agencies and ensures that the child and their family are getting all the support that they need from wherever they need it. By doing this, the assessment aims to resolve any problems in their early stages and therefore reduces the likelihood of requiring social care intervention in the future.

The B&NES Community Safety and Safeguarding Partnership Threshold for Assessment guidance explains five different levels of need / risk and includes useful examples of needs, risks and impact. This document should be consulted when deciding what level of support is needed to meet emerging needs to prevent them escalating.

Delivery System

All children and young people will receive **Universal** services, however some children, either because of their needs or circumstances, will require additional support to be healthy and safe and achieve the best possible outcomes.

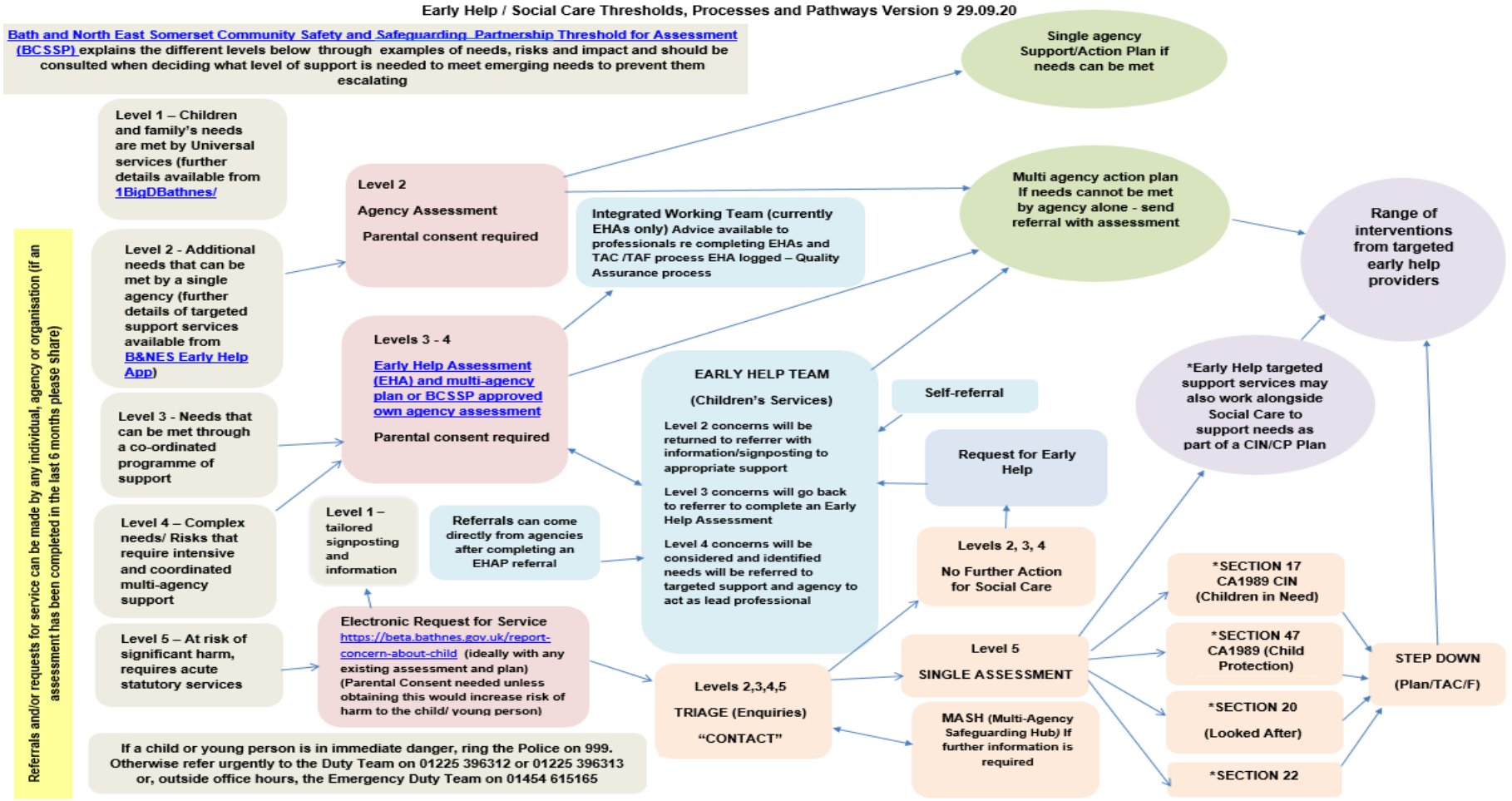
For children and families whose needs and circumstances make them more vulnerable, a coordinated multi-disciplinary approach is best based on identifying and assessing the whole family's needs. A range of **targeted support services** are available to support the needs identified.

Specialist services are provided where the needs of the child are such that statutory intervention is required to keep them safe or to ensure their continued development.

Services for adults also play an essential role in our early help and intervention offer. Many adults have additional needs e.g. substance misuse, mental ill-health needs, parental learning disabilities, parental conflict and domestic violence which can impair their parenting capacity. Services will therefore adopt a Think Family; Think Community approach to secure better outcomes for children, young people and families in Bath and North East Somerset.

Early Help and Intervention – Delivery structures and mechanisms

The pathway diagram below describes the system for early help and intervention for children and families. This is continually under review and likely to evolve due to ongoing system improvements.



Integrated Working Team

The Council's Integrated Working Team provides advice and training for agencies completing an Early Help Assessment (EHA). EHAs are sent to the team to be logged. The team also provide advice on which agencies may be best placed to support the needs identified but do not make onward referrals. The team also co-ordinate an audit group to quality assure assessments completed by third parties and feedback to the host agency how their assessment process can be improved. The learning from this process is shared where applicable.

Safeguarding / Request for Service

If you reach a conclusion that a child is at risk of harm, then you should make a referral to Children's Social Care straight away. You can make a referral to social care via the new portal

If you believe a child is at risk of harm, then you should make a referral to Social Care via the new portal https://beta.bathnes.gov.uk/report-concern-about-child members of the public can still phone in on 01225 396312 or 01225 396313 (or outside office hours ring the Emergency Duty Team on 01454 615165). A request for service made on the landing page can be used for Early Help as well particularly where the issues are complex, or you feel the family need more support than your agency can provide. Ideally you will have already assessed the family's needs and you will be asked to share that assessment. You must have informed the family if you are referring to Social Care (unless doing so may put the child/young person at further risk of harm) and gain consent if you are putting in an early help referral.

All requests go to the Social Care Triage team who directly assess the level of need and risks presented. Those that do not meet the threshold for Children's Social Care go to the Early Help Allocation Panel, this process will ensure that families are receiving the right support, from the right service in a timely way.

If you suspect that a child at immediate risk and is in danger, then you should contact the police without delay.

Early Help Allocation Panel

In addition to receiving a request for service where early help has been requested, the Social Care Duty Team may also forward any request for service that does not meet the threshold for Level 5 intervention, but where there are outstanding needs, (following consent from families), to the Early Help Allocation Panel which meets to discuss cases on a fortnightly basis to decide which services are best placed to meet the needs. The panel includes representatives from Early Help Targeted Support services and Social Care Duty.

Services for children and families in Bath and North East Somerset

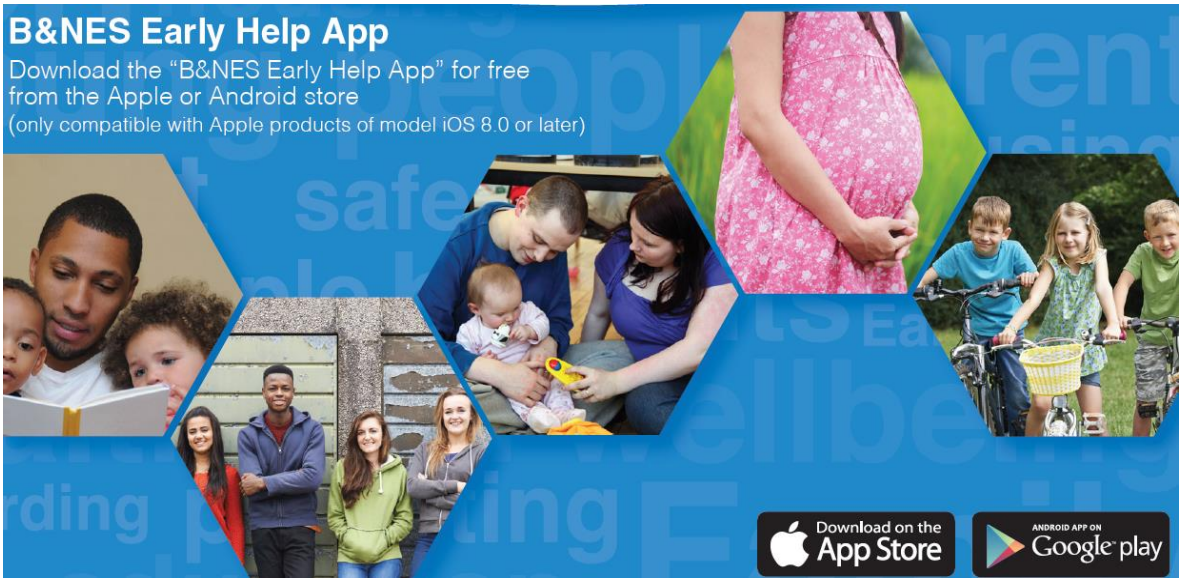
There are a range of organisations and services working to support children, young people and families across Bath and North East Somerset. Family Information Online has further details at www.facebook.com/bathnesfis

This includes links to 1 Big Database Bathnes which has a wide range of useful information for families including Ofsted registered childcare, parenting support, groups and clubs as well as a calendar of events, and the Rainbow Resource which signposts to organisations, services, support, activities and groups for children and young people aged 0-25 with additional needs.

1 BIG Database Bathnes www.bathnes1bd.org.uk

RAINBOW RESOURCE www.rainbowresource.org.uk

Further details of early help targeted support services who provide support for children, young people and families with additional needs, identified through an assessment, can be found on the Early Help App which can be downloaded for free from the Apple or Android store by searching for 'B&NES Early Help' or visit www.bathnes.gov.uk/earlyhelpapp



Prevention & Early Intervention Strategy

Chapter 3

Adults

1. Our journey so far – summary of key achievements and progress

What's the issue to be addressed?

Prevention and early intervention are about providing support as early as possible to prevent problems escalating and causing distress, or meaning that someone's needs become greater and thus, they lose their independence too soon. If we intervene early to support adults who are struggling with a particular issue, we can prevent and delay health problems developing. It is important to remember that early help may occur at any point in an individual's life and for some individuals this help may not stop an illness progressing or having an impact on their life. However, early help can reduce the impact of an illness – getting this right enables adults to lead fulfilling lives and maintain independent lives where possible.

It is important to remember that supporting adults who are struggling with issues includes both adults who may have diagnoses such as mental ill health or autism; and adults where issues are unidentified / undiagnosed e.g., adults experiencing domestic abuse-related challenges.

During the COVID-19 pandemic, we have seen the significant role communities have in supporting each other, and the impact we can have as local partnerships by working collaboratively. Compassionate communities is a golden thread that underlines community support and early help across our area.

Services are facing unprecedented challenges; demand for access to care and support is increasing whilst available resources are not increasing in line with demand.

Help offered at the right time and at the right level of intensity can increase independence, improve outcomes and quality of life, and achieve a reduction in the use of more acute resources. This help can support individuals to remain independent for longer; prevent people entering the system later when their needs are more acute or complex; and it enables adults to exercise the right choices when they are able to.

We need to provide opportunities to access support and advice to prevent and reduce unnecessary crises and support people with long-term positive outcomes.

We can achieve this by focussing on increasing the resilience of communities and their potential to help themselves; in conjunction with focussing on our statutory responsibilities. By having a shared understanding of the benefits of prevention and early intervention, prioritising resources, and collaborating, we can improve long term outcomes for the people of Bath & North East Somerset.

We must address and meet people's needs, both from a social and health perspective, by building on strengths, creating wider easily accessible support networks, and developing skills so that people are able to identify and proactively address their own needs going forwards.

Who is the target population?

The focus for this chapter of the strategy is adults aged 18+, who are residents of Bath & North East Somerset.

It is vital that we hold in mind our vibrant local communities across Bath & North East Somerset and the inter connectivity between the local communities themselves, the Council, NHS, third sector, Town and Parish Councils and other agencies.

It is important to note that, as a Council, we have statutory responsibilities as set out by the Care Act 2014, and its associated guidance, to take steps to prevent, reduce or delay the need for care and support for all local people. Supporting people to maximise their potential is the driving force behind improved individual wellbeing.

Key achievements

The examples below highlight some examples of key achievements in prevention and early intervention for adults that we are particularly proud of:

✓ The Better Care Fund – bringing health and social care funding together for the good of the population.

The Better Care Fund currently supports 27 individual schemes. Of these 27 schemes, 1 project directly impacts on prevention and early intervention, equating to a total of £288,644 of funding (8.5% of the Better Care Fund measured schemes, 0.4% of the overall Better Care Fund funding allocation for 2021/22).

The Falls Response Service primary objective is to reduce the number of older people admitted to hospital following a fall and therefore to reduce the number of non-elective admissions. It offers targeted rehabilitation (physiotherapy and occupational therapy) to older people in the B&NES area who have experienced a fall. Therapists are supported by rehabilitation workers who carry out rehabilitation exercises under the supervision of the therapists. This scheme is aimed at older people over the age of 65 and those living within care homes as an immediate priority and has also been broadened to people living in the community, according to demand. As well as the primary service, the funded response car is also being used on occasions to support the South Western Ambulance Service at times during times of very high demand. Over the last 12 months, the service has received 1,620 contacts, which have resulted in 1,253 visits and prevented 1,173 referrals to hospital emergency departments (93.6%). Cost savings are not known at this point, but the volume of patients that are treated and discharged at home instead of visiting the emergency room is evident that the scheme is effective at reducing some pressure on the NHS.

✓ Development of the Wellbeing Hub - a new community hub to help the most vulnerable people in Bath & North East Somerset access critical support during the pandemic, co-ordinated by B&NES 3rd Sector Group with support from Virgin Care in BaNES, Bath & North East Somerset Council, and the NHS.

The Compassionate Communities Hub provided one stop support for referrals to other providers to help with particular issues (e.g., housing concerns, debt and employment challenges, mental health worries) as well as providing food parcels and advice for those self-isolating.

Over 15,500 calls have been made to the Community Wellbeing Hub since March 2020. 70-80% of the calls have been dealt with at the point of Triage.

Emergency food parcels continue to be offered. Between July-September 2021, 55 food parcels were delivered, 58% were for individuals or families isolating due to COVID.

During May 2020-August 2021, the Hub delivered 53,000 meals to local charities and included Emergency Food parcels. The Bath Masonic Hall Trust raised over £60,000 to fund the Square Meals project which provided 89% of the meals distributed – this project ended in August 2021. Other funders included The Ivy Restaurant and Mangetout who provided one off donations in May 2020.

Since June 2021, direct referrals are received from Trace and Track. During July-September 2021, 62 referrals were made with 48% requiring follow up support. 52% were to undertake a welfare check and in some cases welfare visits were made.

- ✓ Continued delivery of care and support to individuals during the pandemic, utilising blended models of phone, virtual, face to face support and physical resources delivered to people's homes.

During Covid and lock down, commissioned community-based 3rd sector services pivoted very rapidly to providing support through individual check in phone calls/facetime, zoom groups and activities, providing activity packs for those self-isolating and, for some, continuing face to face support safely in gardens and parks. Where it was needed staff were provided with PPE and they would do home visits.

The Gypsy, Boaters and Travellers service set up systems such as traffic light signs in windows so volunteers and workers knew if someone needed some support, food shopping and water drop offs for those self-isolating as normal deliveries will not got to specific boats, etc.

- ✓ Live Well B&NES – 1 place for our community directories offering information, support, and signposting.

Live Well B&NES replaces three separate resources and provides, in a single place, B&NES' SEND Local Offer, Universal family information, including Ofsted registered childcare and parenting resources and support and information, signposting and resources for adults needing care or support to live independently.

Its intention is to provide choice to people by the provision of up-to-date, accurate and relevant signposting and information. This includes groups, activities, clubs, resources, including free and low-cost services. In terms of being preventative, by providing information about Ofsted registered childcare, we can help a parent return to work and have less reliance on benefits for example, support a parent carer in their role and provide details of clubs, groups, befriending, care, and support services to name a few; to help prevent people going to the GP or accessing other services; when they might not (yet) need any intervention.

To further support parent carers looking after children with additional needs, we manage the Rainbow Resource scheme which provides the family with a free card entitling them to a concession at a range of attractions in our area. Live Well B&NES also provides a huge range of resources to help people of all ages during the pandemic; whether a parent needing to support their child's mental or emotional health, things to do, grief and bereavement support and much more. IN August 2021 81% of people who responded to a survey (21 responses received in total) told us that is obvious were they need to go to find an organisation, when navigating information form the SEND homepage; and 95% told us that the descriptions are clear about what information is included in each section.

✓ Launched the Suicide Prevention Action Plan for Bath & North East Somerset:

A new Suicide Prevention steering group has been set up, and a virtual stakeholder event was held on the 6th October with over 90 people from a wide range of organisations. In addition, the B&NES Suicide Prevention webpage was launched on the Livewell Community Directory; and the B&NES Suicide Prevention newsletter has been established with over 70 subscribers.

✓ Integration of drug and alcohol treatment service in April 2020 focussed on harm reduction and enhanced psycho-social offer.

The drug and alcohol training offer has been launched including alcohol awareness training and a refreshed Think Family training package co-produced by Public Health and Project28. Universal and inpatient detoxification funding has resulted in the appointment of the Inpatient Detox co-ordinator and Drug Related Deaths prevention co-ordinator, and a Harm reduction coordinator within other roles. There is now an enhanced emphasis in harm reduction and prevention / early intervention. Work continues on Hepatitis C elimination, and establishment of an overdose notification system.

In addition, we have made great improvement in the following areas, although these remain areas for development:

- ✓ Establishment of end-to-end pathways
- ✓ Asset-based community development
- ✓ Implementation of the three-conversation model as part of the assessment process
- ✓ Community Services Mental Health Framework transformation which will be key to prevention and early intervention
- ✓ Establishment of sector-wide training, for example MECC training (Making Every Contact Count)

2. Priority actions / key areas for development

Our priority actions will be developed into a specific, measurable, achievable, realistic, and timetabled implementation plan.

Our focus is on the person and their experience, and the experience of family, friends, carers, and communities.

What are the desired outcomes?

Our aim is to prevent (or delay) low-level needs from developing into more serious or acute needs; and to support every individual to live a fulfilling life, to make their own unique contribution to society, and to identify sustainable solutions. We want to make sure that people don't need to access long-term health and social care services earlier than they need to.

Outputs - how will we know we have made a difference?

We will need to measure the impact of our approach to know whether we are making a difference.

To do this, we will develop a set of key performance indicators that will consider:

- Impact
    - Positive self-management of needs (please note that assessment of needs will be based always on what people can do for themselves first, using a strengths-based approach)
    - People become increasingly confident / autonomous
- Social factors
    - % of people in stable housing
    - % of people in employment, supported employment and voluntary work
    - % of people accessing healthcare
    - % of people receiving substance misuse support
    - % of people receiving domestic abuse support
    - % of people utilising community networks / support
    - % of people accessing and using navigation / social prescribing services
- Collaborative working
    - Are the full range of agencies (e.g., third sector, health, education, social care, substance misuse, domestic abuse) working together to achieve the best outcomes for individuals identified as requiring early help?
    - Are services coordinated / joined up?
    - Are we making effective use of resources through shared / joint / micro commissioning arrangements and collaborating with providers?
    - Do people know how, where and when to access support for themselves or their families?

We will need to do further work on the key performance indicators and consider where the evidence base lies.

Key areas for development:

1. Supporting communities as an asset that can help people to help themselves

    a. Building confidence of community leaders to help connect people locally and moving towards local enablement
    b. Improved social prescribing / community connector model (Social prescribers work with patients in a holistic and broad way addressing issues that don't tend to be strictly medical and strengthening community resilience i.e., loneliness, debts, housing worries, help to live independently at home, search for meaningful activities. Community connectors are people who uses their local knowledge to support people around them.)
    c. All partners act as enablers and facilitators with an explicit focus on a co-production model of service delivery
    d. Supporting communities to develop strategies to support themselves and ensuring the Council will always support the most vulnerable
    e. Coordinated and useful information, advice, and advocacy when needed at the stress points of life's journey (e.g., divorce, bereavement, becoming a carer)
    f. Building capacity for self-advocacy and peer support
    g. Developing and securing an approach which enables a strong community capacity to meet the needs of people who may otherwise come to the front door of social care and / or health and ensuring each area has a wellbeing navigator to work with social care leads to offer and support people (this is known as the Community Resilience transformation project)

2. Clear, understood and appropriately applied thresholds and eligibility criteria

    a. People with priority needs managed proactively with a focus on reducing need / dependence, enabling recovery, and returning people to a lower tier of need
    b. Establishing an effective early help system with clarity around assessment and access to services – this includes improving our system pathway diagram, ensuring it is user-friendly
    c. Targeting provision of services to those who need them the most – to do this we need to better utilise population health management data to effectively target our collective resources and support

3. A collaborative approach

    a. Shared vision, shared set of behaviours and principles (for example, we aspire to be an age-friendly community across B&NES; and an autism-friendly community)
    b. Services which reflect our need and priorities across Bath & North East Somerset, based on robust and informed assessment of need
    c. Services which build individual and community resilience
    d. Self-assessment where appropriate to enable individuals to have their voice heard and recognising them as experts in their own life

4. Clear pathways and processes for those who most need early help

    a. Ensuring options other than hospital admission are always considered to enable someone to remain safely in their own home which could include, for example, home checks to reduce the likelihood of falls and use of community based reablement services
    b. Integrated crisis / rapid response services to arrange and provide immediate support
    c. Ensuring that all individuals (including those who may be self-funders) have access to a brokerage service which can support them through the often-complex process of accessing health and social care - this could also include improving the use of personal

budgets; ensuring benefits checks; and improving use of grants for access to help people improve their environment and access community support

d. Support for carers including young carers including the development of an integrated care pathway and memorandum of understanding across adult and children's services
e. Ensuring people can access appropriate support in one place wherever possible to avoid transferring individuals from one service to another (this is often called integrated care pathways) e.g., stroke pathways, end of life care, access to equipment / adaptations / repairs, appropriate housing and first point of contact, and for young people moving from children's services to adult services
f. Targeting communities with increased risk of long-term conditions for example through screening and condition management and offering a healthy lifestyle option early on for areas of known health inequality
g. Improving access to housing to support adults in living independent lives
h. Tackling the health inequalities experienced by our homeless population by removing the barriers for people experiencing homelessness to access preventative, primary and social care
i. Enable better sharing of information about local knowledge and activities using new technologies such as Open Data Standards

3. Identification and Assessment of needs

What does the Joint Strategic Needs Assessment tell us?

The Joint Strategic Needs Assessment (JSNA) is designed to be the single portal for facts, figures and intelligence about our local area, its communities, and its population. It has been developed to be used by anyone who has an interest in or makes decisions about Bath & North East Somerset.

Homelessness

- More homelessness is being prevented as more early advice and intervention is available.
- National evidence suggests that 8 in 10 single homeless people have one or more physical health conditions and 7 in 10 of single homeless people have one or more mental health conditions.
- Some of the causes of poor health are more prevalent in the single homeless population: for example, it is thought that approximately 77% single homeless people smoke compared to 21% of the general UK population.
- As a result of their complex needs, single homeless people are costly to the NHS. They disproportionately use acute local services at a cost approximately four times more than the general UK population; inpatient costs average eight times higher than the comparison population.
- Average age of death for homeless men is 46 years and for homeless women this is 44 years.

Households in temporary accommodation

- The rate of homeless households in temporary accommodation is less in Bath & North East Somerset than in other West of England Authorities and nationally.

Income deprivation

- Bath & North East Somerset remains one of the least deprived local authorities in the country and continues to become relatively less deprived over time. However, within some areas, inequality is widening, and deprivation remains significant. There are now two small areas within the most deprived 10% nationally.
- Despite a range of excellent outcomes, Bath & North East Somerset is one of the more expensive places to live in the country. This creates a potential cost of living challenge, as residential wages are below the national average.
- The Joseph Rowntree Foundation has conducted research on minimum income standards for the UK. Between 2008 and 2013 this has increased by 25%. Based on this analysis a wage of £8.62 an hour is needed for a single person and £9.91 an hour each for a couple with dependent children. Based on 2012 residential wages it is possible to calculate that over 10% don't earn enough for a single person and over 20% don't earn enough for a couple or family, which is between 21,000 and 36,000 residents.
- In 2012 average workplace earnings for Bath & North East Somerset were £385per week and residential earnings were £392 per week 12. Both are below average for Unitary Authority areas in England. The disparity in wage levels suggests a notable degree of commuting takes place in the area which can also contribute to travel cost demands.

Out of work Benefits

- In June 2021, 3.3% of the resident population of Bath & North East Somerset were claiming out of work benefits.

Domestic abuse

- Overall, the monthly numbers of domestic abuse crimes in 2020 remained stable. Even though numbers overall were slightly higher than in 2019, the levels of domestic abuse crime and fluctuations in numbers did not appear to coincide with strengthening or easing of COVID 19 restrictions.
- In 2019 and 2020 there was a significant increase in the number of referrals to the Lighthouse Safeguarding Unit between May and August. In 2020 this was followed by a notable decline in referrals between August and October.
- The number of domestic abuse enquiries to Adult Safeguarding during 2020 was very similar to 2019. It is important to note that the numbers are very small and range from 0-12.

Mental health

- Estimates suggest that in 2019 18.9% of the working age population (18-64-year-olds) in Bath & North East Somerset have a common mental illness.
- If we apply the estimated prevalence to the population estimates, we expect at least 21,467 people aged 20-64 years in Bath & North East Somerset with a common mental illness in 2020.
- By 2025, we would expect this figure to be at least 21,832 aged 20-64 years.
- In 2017/18 the GP diagnosed rate of people over 18 years old registered to a Bath & North East Somerset GP with depression was 9%. The proportion in Bath & North East Somerset has been steadily increasing each year, from 6.3% in 2013/14.
- In 2016/17 5.4% (140 people) of Bath & North East Somerset (GP registered) respondents (aged 18 years and over) to the GP Patient Survey reported having a long-term mental health problem. This is like the South West as a whole (5.6%), and England (5.7%).
- In 2017/18 the prevalence of people over 18 years old registered to a Bath & North East Somerset GP with some record of severe mental illness was 0.83% (1,723 people). This is similar to the South West as a whole (0.89%), and England (0.94%). The proportion in Bath & North East Somerset has not changed significantly since 2013/14 (0.80%, 1,592 people).
- In addition, although this is not yet reflected in the Joint Strategic Needs Assessment, we know demand for mental health services is rising relentlessly as people are living longer with multiple complex conditions, and we anticipate a 30% increase in demand post-COVID19.

Employment

- From January 2020 – December 2020, 3.3% of people aged 16+ in Bath & North East Somerset were unemployed.
- Of people who were economically inactive in this period, 33.6% wanted a job and 66.4% did not want a job in Bath & North East Somerset and were unemployed.

Ill health and disability

- Rates of long-term conditions in Bath & North East Somerset are comparatively low but rising in line with the rest of the country.
- Nearly half of sufferers with long-term conditions surveyed in 2011 felt that they were able to manage their condition.
- People with long-term conditions are more likely to be elderly and live in deprived areas
- Many people with long-term conditions also receive several different medications for co-existing conditions.
- Emergency bed days for long-term conditions are consistently lower than regional and national levels.

Unhealthy lifestyle behaviours

- It is estimated that 26% of over 16s (39,000 adults) in Bath & North East Somerset engage in 3 or 4 lifestyle risks.
- Men and younger people are more likely to engage in multiple risk factors than women and older people.
- Engaging in multiple unhealthy lifestyle behaviours is strongly linked to socio-economic inequality as people with no qualifications are almost 5 times more likely to engage in multiple lifestyle risks.
- People's lifestyles – whether they smoke, how much they drink, what they eat, whether they take regular exercise – affect their health and mortality. It is well known that each of these lifestyle risk factors is unequally distributed in the population.

Drug and alcohol misuse

- According to the Public Health England (PHE) Drug and Alcohol Commissioning Packs 2019 – 2020:
    - 2016 – 2017 estimates 964 Opiate users, 569 crack users. The unmet need locally is around 40%.
    - 2017 – 2018 estimates 1,815 alcohol and alcohol and non – opiate users which equates to 11.9 people per 1000. The unmet need locally is around 79%.

- According to NDTMS May 2021 (Dec 19 – Nov 20):
    - Opiate users (18+) 544 clients in treatment
    - Non – opiate users (18 +) 255 clients in treatment
    - Alcohol users (18+) 320 clients in treatment

- According to PHE, 362 adults with alcohol dependence living with children in Bath & North East Somerset which equates to 2 per 100,00 of the population. More children are living with alcohol dependent fathers than mothers (230 vs 132).
- In 2018 / 2019 3,531 admission episodes for alcohol – related conditions in B&NES.
- Higher number of hospital admissions for alcohol - specific conditions among men than females (590 vs 436 2018/19 estimates).

Population demographics

- The B&NES population in mid-2019 was estimated to be 193,282.
- The GP registered population was 211,454 in February 2019.
- It is projected that the student age population will remain significant in B&NES.
- The local population demographic is projected to continue to become older.

Equality and diversity

- Bath & North East Somerset is less ethnically diverse than the UK, 90% of residents define their ethnicity as White British. This is followed by 3.8% defining as White Other and 1.1% defining as Chinese.

What views do we have from people, carers, and families?

During 2021, co-production and consultation work has been carried out across B&NES for several different pieces of work and reviewed to ascertain what the key themes are regarding prevention and early intervention. Approximately 350 individuals contributed their views through these pieces of consultation:

- Feedback was attained for the mental health system design partnership in B&NES, the Community Service Framework and most recently - Bath & North East Somerset, Swindon,

and Wiltshire Clinical Commissioning Group (BSW CCG) requested Healthwatch to produce a report via the facilitation of a series of online workshops for people with lived experience of mental health support to hear what good support looks like for them.

- The BCSSP report investigated the Participation and Engagement work undertaken with children and young people who are service users of B&NES / CCG /Public Health commissioned services.

- Presently Bath & North East Somerset are consulting on Direct payments, and Community Catalysts are now finalising the scope of phase 1, which is the diagnostic phase to identify barriers, opportunities, and potential to grow the micro-provider market for care at home, including low level 'preventative' support. At present, consultation has taken place internally and with Virgin Care, to inform the direction of travel for this service.

The key themes captured are:

- People want to live their lives, go to work, and do the things that they enjoy, with support as and when needed. To create a system that works for all, everyone needs to be involved from the start. good services encourage people to engage at the earliest stage. There is a focus on prevention and early support, and not be left to reach crisis point.

- People want to be listened to; no-one wants to repeat their story all the time nor have multi assessments for services where you repeatedly feel distressed. There needs to be clear timescales and picture of the process and what they can expect to happen in what timeframe. People want to be involved in the design and delivery of the support that is available to them. Person-centred support is fundamental. Adopting a strength-based approach to supporting people will recognise and use people's strengths to organise in their communities.

- People want support to be available locally, and in a timely and flexible manner.

- People want to be able to freely access information, advice and support independently. People want a Directory of Services - something easy to access. They want to be able to access support through a variety of mediums including physically meeting people, through drop ins and virtually via social media, Facebook groups, WhatsApp, virtual groups, Zoom and on the telephone and through websites.

- People want to be valued and active members of their community.

- Families and carers felt that they need to have access to support as well as the person who they are supporting.

What views do we have from our providers of services?

Providers tell us that this is what works well:

- There is a strong commitment to collaborative working and the development of joint solutions to support early interventions
- Third sector partners work together well to address the wider determinants of health inequalities

And this is what needs to be improved:

- We need a more agile and responsive approach to prevention and early intervention, with simple governance and accountability structures
- The system is clunky and hard to navigate for providers and very challenging for the residents of B&NES
- Silo working remains in a number of areas which leads to confusion with thresholds for access to services, and no follow-ups
- There is a lack of consistent approach to outcome measures
- There is a lack of shared data and shared care records between statutory and third sector partners
- A better communication process is needed to ensure all system partners are kept informed and avoid duplication of interventions, leading to improved effectiveness and more efficient use of resource
- The third sector needs to be at the planning stage paying an equal role to statutory partners
- We need to increase the understanding of the risk the third sector holds in the community
- Too many people attend Emergency Departments in crisis when they should have had the opportunity to get earlier support and either didn't know where to go or were told from professionals, they didn't need it
- We need more access to counselling and more training in non-judgemental decision making with vulnerable people

These are the top things providers would like us all to focus on:

- Ensuring talking therapies and arts therapies are central to a strategy focussed on prevention
- Development of a collaborative community offer across public health, Council. Virgin Care and the third sector
- Up to date asset map and real time directory, improving the understanding of what's on offer
- Public engagement and co-production at planning and throughout, hearing those difficult conversations and addressing concerns
- Ensuring that key workers are compensated and appreciated adequately to ensure they continue their great work in B&NES
- Appropriate forums to allow shared knowledge and intelligence in a meaningful way to address identified gaps
- A workforce development plan to ensure high quality / highly trained support for those that require help
- Good multi-agency information and education across the board (both voluntary sector and clinical) is crucial to getting people to the right person
- We need to look at each pathway and focus on targeting services to provide the best delivery and really understand the processes

4. How are needs identified and responded to?

A strengths-based assessment of someone's needs helps understand the type of support a person may require. It also assists in determining if more targeted or specialist input would help.

All organisations working with adults will be continually identifying needs throughout their interactions with individuals.

Assessment provides evidence for referral to targeted and specialist services and helps to inform decisions about whether further assessments are necessary.

Adults can request a care and support assessment if they have noticed that they are struggling to do things daily or need extra support. Adults usually have to be 18 years old and over (although for some younger people this can start earlier if they are moving from children's services to adult services) and live in Bath & North East Somerset. People can also request a carers assessment if they look after someone with support and / or care needs.

All adults receive **Universal** services, however some adults, either because of their needs or circumstances, will require additional support to be healthy and safe and achieve their best possible outcomes. Universal services are services which are available to all our population.

Universal services are appropriate for individuals whose needs can be met through mainstream services. This includes early support from services where a person begins to show signs that they may need additional support.

An individual may also continue to access universal services alongside targeted or specialist services.

For adults with greater and more complex needs, a coordinated multi-disciplinary approach may be required based on identifying and assessing needs. A range of **targeted services** are available to support the needs identified.

Targeted services are for individuals where their needs can be met by a single service or group of single services.

Specialist services are provided where the needs of the adult are such that statutory intervention is required to prevent harm from occurring or for those who may require a more specialist intervention.

- - - - - - - Self-referral/referral from professional
——— Referral from professional

5. System pathway diagram

Universal Services Support is provided universally for all adults through advice and information and community-based interventions.	Self-referral/referral from professional	**Social capital**		
	Self-referral/referral from professional	**Wellbeing Hub**		
	Self-referral/referral from professional	**Live Well B&NES**		
	Self-referral/referral from professional	Colleges and universities		
	Self-referral/referral from professional	GPs		

Targeted Services - Adult safeguarding and social care - Housing and supported accommodation - Reablement - Discharge 2 Assess - Speech & Language - Welfare and debt advice - Mental health services -Primary Care	Self-referral/referral from professional	First Response Team Virgin Care	Care and support assessment	Direct payments
	Self-referral/referral from professional	**Housing Support Gateway**	Floating Support	
	Referral from professional	Reablement Service Virgin Care		
	Referral from professional	MDT Discharge Team		
	Referral from professional	Speech and Language		
	Self-referral/referral from professional	Welfare Support Team Citizens Advice Bureau	Welfare Support Scheme	
	Self-referral/referral from professional	AWP Primary Care Liaison Service		

Specialist Services - Adults safeguarding - Residential care - Domestic Violence support - Specialist mental health services and mental health social work provided by Avon and Wiltshire Mental Health Partnership NHS Trust - Drug and alcohol service - Probation	Self-referral/referral from professional	Adult Safeguarding Team Virgin Care	
	Self-referral/referral from professional	First Response Team Virgin Care	Care and support assessment
	Referral from professional	**Avon and Somerset Police** **Southside Independent Domestic Violence Service** **National Domestic Violence Helpline**	
	Referral from professional	Complex Interventions Team Adult Recovery Services Acute Hospital Liaison Early intervention in psychosis Intensive services Street triage service	
	Referral from professional	DHI B&NES Drug and alcohol Service	

6. Services available – key prevention and early intervention services for adults

Universal services include:

- GPs
- Housing
- Colleges and universities
- Advice and information available to all
- Informal networks

Targeted services include:

- Adult safeguarding and social care
- Mental health services
- Learning disability services
- Autism services
- Housing and supported accommodation
- Reablement
- Compassionate Community Hub
- Welfare and debt advice
- Primary Care
- Most third sector services
- Peer mentoring
- Discharge 2 Assess
- Day Centres and planned activities
- Speech & Language
- Floating support / outreach
- Arts-based therapies

Specialist services include:

- Adults safeguarding
- Domestic Violence support
- Residential care
- Specialist mental health services and mental health social work provided by Avon and Wiltshire Mental Health Partnership NHS Trust
- Drug and alcohol service

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