

## IMPROVING LIVES SELECT COMMISSION

- Date and Time :-** Tuesday, 29 October 2019 at 5.30 p.m.
- Venue:-** Town Hall, Moorgate Street, Rotherham.
- Membership:-** Councillors Atkin, Beaumont, Buckley, Clark, Cusworth (Chair), Elliot, Fenwick-Green, Hague, Ireland, Jarvis (Vice-Chair), Khan, Marles, Marriott, Pitchley, Price, Senior and Julie Turner
- Co-opted Members – Ms. J. Jones (Voluntary Sector Consortium), Mrs. A. Clough (ROPF – Rotherham Older People’s Forum) for agenda items relating to older peoples’ issues

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

### AGENDA

**There will be a pre-briefing for all members of the Improving Lives Select Commission at 4.00 p.m.**

**1. Apologies for Absence**

To receive the apologies of any Member who is unable to attend the meeting.

**2. Minutes of the previous meeting held on 17 September, 2019 (Pages 1 - 10)**

To consider and approve the minutes of the previous meeting held on 17 September, 2019 as a true and correct record of the proceedings.

**3. Declarations of Interest**

To receive declarations of interest from Members in respect of items listed on the agenda.

**4. Exclusion of the Press and Public**

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

**5. Questions from Members of the Public and the Press**

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

**6. Communications**

To receive communications from the Chair in respect of matters within the Commission's remit and work programme.

**For discussion/decision**

**7. Improving Lives Select Commission Work Programme 2019/20 - Update (Pages 11 - 17)**

To discuss the Select Commission's work programme.

**For monitoring**

**8. Rotherham's Early Help Offer (Pages 18 - 96)**

To scrutinise the effectiveness of Rotherham's Early Help Offer

**9. Youth Justice Plan (Pages 97 - 129)**

To scrutinise the effectiveness of the measures outlined in the Youth Justice Plan to address youth offending in Rotherham.

**10. Urgent Business**

To consider any item(s) the Chair is of the opinion should be considered as a matter of urgency.

**11. Date and time of the next meeting**

The next meeting of the Improving Lives Select Commission will take place on Tuesday 3rd December 2019 commencing at 5.30pm in Rotherham Town Hall.



Sharon Kemp,  
Chief Executive.

**For Information**

**Rotherham Early Help Strategy (2016-2019) - For item 8: Rotherham Early Help Offer**

**IMPROVING LIVES SELECT COMMISSION****Tuesday, 17th September, 2019**

Present:- Councillor Cusworth (in the Chair); Councillors Jarvis, Clark, Fenwick-Green, Ireland, Khan, Marles, Senior and Julie Turner.

Apologies for absence:- Apologies were received from Councillors Atkin, Beaumont, Elliot, Hague, Marriott, Pitchley and Price.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

**21. APOLOGIES FOR ABSENCE**

Apologies for absence:- Apologies were received from Councillors Atkin, Beaumont, Elliot, Hague, Marriott, Pitchley and Price.

**22. DECLARATIONS OF INTEREST**

There were no declarations of interest to report.

**23. EXCLUSION OF THE PRESS AND PUBLIC**

There were no items requiring exclusion from the press or public.

**24. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no questions from members of the public or the press.

**25. COMMUNICATIONS****PAUSE PROJECT**

Cllr Clark provided an update to the Commission on the Pause Pilot Project in her role as a member of the Pause Board. She highlighted progress since the project commenced in August 2018. 40 women were prioritised, with 20 currently on the programme many of whom had complex and inter-linking needs, including experiencing domestic abuse, mental ill-health, substance misuse, homelessness or insecure housing. A significant proportion of the cohort were previously looked after children. It was estimated there was cost avoidance of approximately £1.3m associated with the successful completion of the programme, with a potential to avoid costs of approximately £2.1m over a five year period.

Cllr Clark gave examples of the positive outcomes for Pause participants and the value of the project to enhance quality of life. It was noted that the programme had entered into a transitional stage and Cllr Clark asked that consideration be given to the future sustainability of the project when budget options were discussed.

The Chair and Deputy Leader thanked Cllr Clark for her contribution to the Pause Board and her championing of the project.

### **PERFORMANCE DATA – PERSISTENT ABSENCE**

The Chair requested that a report be submitted to the meeting scheduled for October 29, 2019 (or as soon as was practical) on steps taken to address persistent absence in schools.

## **26. MINUTES OF THE PREVIOUS MEETING HELD ON 19TH JULY, 2019**

Resolved:- (1) That the minutes of the previous meeting of the Improving Lives Select Commission, held on 19 July, 2019, be approved as a correct record of proceedings.

Matters arising: Cllr Cusworth advised that in relation to Item 14, that the review of Local Authority Designated Officer (LADO) would be submitted to the next meeting of the Corporate Parenting Panel and circulated to the Commission in due course.

## **27. COUNTER EXTREMISM IN SCHOOLS**

The Chair welcomed Shokat Lal, Assistant Chief Executive, Pepe Di'Lasio, Assistant Director for Education, Ian Stubbs, Community Engagement Co-ordinator, and Sam Barstow, Head of Community Safety and Regulatory Services to the meeting.

The Assistant Chief Executive introduced the briefing paper which detailed the proactive work Rotherham Metropolitan Borough Council was undertaking in schools and colleges across the Borough to counter extremist narratives and build the resilience of young people to reject extremism, intolerance and hatred.

The paper outlined that the distinction between Counter Extremism (CE) and Counter terrorism (PREVENT) was difficult to make. PREVENT was a safeguarding process for individuals vulnerable to radicalisation like any other safeguarding process whereas Counter Extremism worked with communities rather than individuals, to challenge extremist narratives and build resilience within communities to reject hatred.

Extremism was defined by government as the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

The key pieces of work developed in accordance with statutory guidance and undertaken with schools and colleges to counter extremism included:

- Holding the “Harms of Hate” event for schools and developing teaching resources which have been recognised nationally as good practice.
- Delivery of assemblies on extremism in secondary schools.

- Delivery staff training on the current far right threat.
- Delivery of work with primary schools.
- Work with partners to develop CE projects including some delivered in schools.
- Development and sharing of teaching resources to challenge extremism.

It was stated that RMBC was in a strong position to lead on CE work. There was a strong correlation between the Council's Building Stronger Communities (BSC) action plan and actions covered in the Government's integrated communities' strategy. The BSC and thriving neighbourhoods strategies are both recognised in recent Local Government Association (LGA) reports as good practice. The Local Authority had successfully applied for funding to support the CE initiative across the Borough.

The current national climate was such that the extremism risk, especially from the far right was unlikely to change in the foreseeable future. It was highlighted that the threat of extremism in Rotherham reflected the national picture.

It was outlined that positive relationships had been developed with schools and colleges across the Borough to deliver this initiative sensitively. Partners included South Yorkshire Police, Rotherham United Community Sports Trust and other voluntary sector organisation were engaged in this agenda and were committed to its ongoing delivery.

The Strategic Director gave details of future developments including work with adults with particular reference to neighbourhood working and engaging people in dialogues about their communities. He noted that there were challenges in relation to hate crime and stressed the importance of strengthening the relationship with police and other partner agencies.

A short video was shown from the "Harms of Hate" event which took place in 2018. Over 400 children from 10 Rotherham schools participated in the event and at the request of Secondary Heads, another event had been planned for later in the year.

The Chair welcomed the work undertaken to date and was assured by the work undertaken in schools and colleges to challenge the extremist narrative at the earliest opportunity.

Members sought information on what basis the work undertaken had been judged as good practice. It was outlined that it was difficult to evaluate this work as it was hard to measure, in the short term, how perceptions and behaviours have changed. However, the request to hold a second "Harms of Hate" event by schools was seen to be positive and the work had generated interest from other Local Authorities. The Assistant Chief Executive and Assistant Director for Education committed to exploring how the impact in schools can be evaluated qualitatively. It

was reported that there was a reduction in the number of hate incidents in schools reported to the local authority recently.

Training was offered to staff identified by schools. This included teaching staff, support staff or lunch-time supervisors as appropriate. An element of the training focused on safeguarding and ensuring that staff were alert to concerns relating to CE and these were referred appropriately. It was recognised that children and young people had other influences outside of the school environment and schools were also linking with the wider community to ensure concerns were flagged. Reference was made to a recent terrorist attack in New Zealand and work undertaken with faith communities within Rotherham to address concerns, promote cohesion and manage consequences. Assurance had been given to local communities, particularly around the reporting of hate crime and how such incidents were responded to.

Work with parents and carers was not specifically delivered as part of this project. However, it was recognised that this could be an important area for development, as part of the broader neighbourhood engagement work.

It was noted that the main focus of the counter extremism work focused on countering far-right activity, which was considered to be the greatest current threat. Assurance was sought that agencies were alert to other forms of extremism and plans were in place to address them. In response, it was outlined that Safer Rotherham Partnership examined local intelligence and risks and threats and there was an action plan in place co-ordinated by the 'Prevent Silver Group' to ensure that resources were targeted appropriately.

It was noted that the Community Engagement Coordinator's post was funded until March 2020, however discussions were underway with the Home Office about the future sustainability of the initiative.

Clarification was sought on the schools which had not fully engaged in the counter extremism work and what action was taken to address this. The Community Engagement Co-ordinator outlined that engagement with schools was an improving picture. Whilst there were three schools which had had little or no engagement currently, the Assistant Director for Education was brokering meetings to begin this work with headteachers.

A request was made that a further report be provided to the Commission outlining how the local authority was meeting its Prevent duty and an update given on its counter extremism work as part of 2020/21 work programme.

**Resolved:-** (1) That the report be noted.

(2) That a report be submitted to this Commission as part of 2020/21 work programme outlining how the local authority was meeting its Prevent duty.

(3) That an update on its counter extremism work be submitted to this Commission as part of 2020/21 work programme.

(4) That this update includes an evaluation of the work in schools and further details of the work with adults and neighbourhoods and any specific work with parents and carers.

## **28. CHILDREN MISSING FROM EDUCATION, CARE AND HOME**

The Chair welcomed Cllr Gordon Watson; Ailsa Barr, Acting Assistant Director for Safeguarding; Rebecca Wall, Head of Safeguarding, Quality and Learning and Dean Fenton, Head of Service, Access to Education to the meeting.

Officers gave a short presentation to outline the different legislative frameworks which guide the response to children missing from care and home and missing from education. Reference was made to research which highlighted that missing from care and home could indicate wider contextual safeguarding concerns outside the family such as criminal exploitation, child sexual exploitation or honour based violence.

In respect of missing from education, Local Authorities were required to ensure that Children Missing from Education (CME) were identified, reported and tracked, and where appropriate, suitable educational providers found. The term CME referred to children of compulsory school age who are not on a school roll, and who are not receiving a suitable alternative education. A suitable education can be approved via alternative provision such as home tuition or appropriate Elective Home Education.

The presentation outlined areas which were working well, areas of concerns (what are we worried about) and actions to address concerns (what are we going to do about it).

In respect of areas which were working well, the following measures were highlighted. The Missing Team was now on a permanent footing with a dedicated Team Manager to support the number of Return Home Interviews offered. There was a Missing from Home and Care Scorecard is produced monthly and provided a clear understanding around the Missing Cohort and identifies patterns and trends. There were strong established links with a range of internal and external partners in relation to CME. The success in reducing the number of children missing from home and care reflected excellent multiagency partnership and improved practice.

At the end of the reporting period there were 160 active cases that remained open to CME which highlighted a 24% reduction from Quarter One. There were 166 resolved cases in Quarter Four, which showed a significant increase on Quarter One when 120 cases were resolved in the period. Cases of CME needed to remain open until the child was found or

until all enquiries had been exhausted and this can mean that cases remained open for extended periods.

In relation to exclusions, the invalidated data for 2018/2019 reflected a stabilisation in permanent and fixed term exclusions in secondary settings; whilst in primary settings fixed terms exclusions had stabilised, there had however been an increase in permanent exclusions.

The presentation highlighted areas of concern – what are we worried about? Looked after children were the largest cohort of missing children, accounting for over recorded episodes. After the Looked After population, the largest Missing group was children and young people who were not currently known to services. The Return Home Interview (RHI) offered an opportunity to explore why the young person went missing and reduce future missing episodes. There had been a seasonal increase in the number of episodes which had meant a decline in RHI completed.

There had been an increase in new CME referrals which highlights an increase when compared with the previous Quarter. It was reported that a number had been known to have previous episodes of CME that were closed. Evidence suggested that this recurrence was largely due to families being transient and then returning to Rotherham intermittently rather than key concerns related to vulnerability and/or safeguarding issues.

Of the newly identified cases of CME, 39.2% of children were from the Central area of Rotherham at the time of the referral, which correlates to the transient nature of families. This had a financial impact on both schools and council services due to the additional resource required to support CME. The majority of children CME were classified by ethnicity as Roma by their parents (44%) and a further 33% were unclassified. Parents do not have to complete ethnicity as a mandatory declaration and many choose not to do so.

Areas for improvement (what are we going to do about it?) were highlighted. Actions included the development of an Inclusion Performance Scorecard to cross reference child level data with the current Missing Scorecard. Joint work with South Yorkshire Police (SYP) would be continued to strengthen the joint responses to young people missing out of the Rotherham area. There was a planned joint review of complex cases to maximise response and preventative action.

Clarification was sought on information sharing particularly in relation to children missing and if concerns had been identified about hotspots, adults of concern, businesses etc and if Child Abduction Warning Notices had been utilised. It was noted that abduction notices had been used successfully as a deterrent in other parts of the country. Assurance was given about information sharing protocols across agencies when cases of concern were discussed. Examples were given of how information from RHIs was shared and analysed to identify trends and inform responses.



It was noted that in respect of the data sets, the scorecards gave good oversight to establish if there was commonality across the groups of children who have missing episodes or were missing from education. This could ensure prompt action was taken to address concerns. Cllr Watson gave assurance about the governance structures in place to ensure that oversight and challenge was provided on a timely and proportionate basis.

Officers clarified the difference between missing from education which meant a child was not registered on a school roll and not receiving a suitable alternative and persistent absence, which may incur parental fines. It was noted that there was collaboration with other authorities to share information about registration, particularly if there was confusion about local authority boundaries.

Questions were asked to establish how risks were assessed and escalated if a child was missing from education and had been identified as being at risk of forced marriage etc. It was confirmed that in such instances, or if a disclosure is made as part of a RHI, safeguarding procedures would be applied regardless of parental consent.

Further details were sought on the increase of numbers of children at risk of CSE who had missing episodes. It was reported that although there was often a seasonal variation, there was good oversight in relation to the Missing and CSE teams. Both individual and group work had been delivered to understand circumstances to disrupt activities. Steps to address missing episodes for children placed out of authority were explored, particularly in respect of capacity to undertake RHIs and the role of advocates to support children appropriately.

It was noted that there had been a rise in the number of permanent exclusions at primary school. The Assistant Director committed to providing data on the number of exclusions to the Committee later in the year as part of the Educational Outcomes report. It was outlined that SEND strategy was having impact in reducing exclusions and schools were committed to taking a personalised and proactive approach to keep pupils in schools.

**Resolved:-** (1) That the report be noted.

(2) That a further update on progress be provided to the Commission as part of its 2020/21 work programme.

## **29. ELECTIVE HOME EDUCATION**

The Chair welcomed Marie Boswell, Deputy Head of Access to Education to the meeting who presented the item in conjunction with the Head of Access to Education.

Cllr Watson briefly introduced the item and highlighted some of the challenges of ensuring that children who were electively home educated received a good standard of education. Elective Home Education (EHE) was the term used to describe a legal choice by parents to provide education for their children at home - or in some other way which they choose - instead of sending them to school full-time. This was different to education provided by a local authority (LA) otherwise than at a school - for example, tuition for children who are too ill to attend school.

The Head of Access to Education outlined that the Department for Education Guidance was being refreshed and the Directorate would be consulting with parents and other stakeholders on a revised policy in due course.

An overview was given on the role of EHE Officers who conducted home visits to discuss the education a child in EHE was receiving and review samples of work, progress made and future plans. Where there were concerns about the suitability of the education being provided the EHE Officer discussed alternative options with parents/carers e.g. amendments that could be made to improve the education being provided or returning to mainstream or other education setting.

The EHE team was part of a regional network which co-ordinated responses to consultation. However there was no requirement to collate and publish data in relation to EHE so there is little in the way of comparative data available. It was reported that EHE team linked into the Operational and Strategic Missing Groups.

The Officers outlined areas of concerns (what are we worried about) and actions to address these concerns (what are we going to do about it).

There had been a rise in the number of parents requesting information about EHE or considering alternatives to current schools. Without sufficient EHE Officer capacity to discuss issues rapidly, local knowledge and school admissions/other service links, many families would have elected to home educate without a full understanding of the implications of this decision or the education options and support available to them, often at a time of crisis. It was highlighted that a small, but increasing number of families had declined EHE Officer visits or refused to send actual evidence in support that their child was receiving a 'suitable education' when requested.

Parents did not have to inform the Local Authority if they chose to home educate. Current legislation appeared to conflict with other Government strategies for protecting the rights of children. Although the legislation had not changed, the new, clearer Guidance to LA's and parents was welcomed.

Concerns were raised about access to public examinations. Whilst progress to further education (FE) and training without evidence of

qualifications was possible, children may be disadvantaged if they are required to evidence academic achievement for other employment or training.

Rotherham had had its first formal case of a primary school agreeing to a Flexi-Schooling arrangement with a family starting on a trial basis in late Summer 2018. Flexi-Schooling was legal and was at the discretion of the headteacher and governors. A Flexi-Schooled child remains solely on the school roll. School maintains full responsibility for outputs and achievements but an agreement with parents was in place about the times when a child was educated by the parents.

In respects of actions to support improvement it was outlined that staff capacity was monitored to ensure that EHE Officers can act as quickly as possible to give advice to parents about EHE and other options. Liaison with Local Colleges and Early Help Services in relation to Y10/11 children, was undertaken to support progress and transition to post 16 education or training. A watching brief was maintained in relation to regional and national forums and Rotherham continued to contribute to consultation, changes to legislation and research.

Members queried if there had been any identifiable trends in the rise in EHE applications. It was outlined that none had been identified but this was monitored. A further query was raised in relation to how children were prepared for transition into adult life and work and/or education. The links with colleges and the work undertaken with parents to ensure transition readiness were explained, however it was stressed that engagement was through parental choice.

In response to a query about monitoring progress, the Local Authority was not allowed to undertake formal assessment. However, through regular visits, judgements were made about progress albeit on an informal basis. If EHE students progressed to post-16 provision, outcomes were monitored through formal routes. Those not in education, employment or training were recorded under 'NEETs' data and preventative measures put in place to support them.

Assurance was sought that measures were in place to properly safeguard children and if concerns were raised (for example around radicalisation), these could be escalated appropriately. Members referred to the death of a child in Wales who had been home educated and asked if any learning had been applied from this tragic event. In response assurance was given about the purpose and scope of the Overview and Accountability Group and its links to safeguarding, health and early help services.

The Deputy Head of Access to Education stressed the importance of building and maintaining relationships with parents within the boundaries of legislation relating to elective home education. It was outlined that parents could refuse access however, if safeguarding concerns were raised these would be escalated appropriately.

The Chair reflected on the challenge of parental rights to home educated and the local authority's responsibilities for safeguarding. There was assurance that there were good levels of information sharing between agencies. The Chair shared concerns in relation to the limitations of legislation and commented that these should be addressed at a national level. Officers were thanked for their work and for the report.

**Resolved:-** (1) That the report be noted.

(2) That an update is provided at the end of the 2019/20 academic year.

**30. WORK PROGRAMME 2019/20**

Consideration was given to the Improving Lives Work Programme. An update was given in respect of work undertaken, progress in relation to recommendations and future work.

The Chair invited Members to submit any comments to the Governance Advisor.

**Resolved:-** (1) That the contents of the report and the Work Programme detail be noted.

(2) That updates be provided to each meeting of this Commission on the progress of the work programme and further prioritisation as required.

(3) That a report be submitted to the meeting scheduled for October 29, 2019 (or as soon as was practical) on steps taken to address persistent absence in schools

**31. URGENT BUSINESS**

There was no urgent business to report.

**32. DATE AND TIME OF THE NEXT MEETING**

**Resolved:-** That the next meeting of the Improving Lives Select Commission take place on Tuesday, 29 October, 2019 at 5.30 p.m.

## Improving Lives Select Commission – 29 October 2019

**Title: Update - Improving Lives Select Commission work programme 2019/20**

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

Assistant Chief Executive

**Report Author(s)**

Caroline Webb, Governance Advisor

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**Ward(s) Affected**

All

### Summary

- 1.1 Improving Lives Select Commission agreed its work programme at its meeting of 9 July 2019 and asked that regular updates be provided to the Commission.
- 1.2 Appendix 1 has a summary of work to date and progress against agreed tasks. Work undertaken since the previous meeting includes:
  - A sub-group has been set up to scrutinise steps to address persistent absence in schools (November 12<sup>th</sup>, 2019).
  - Scrutiny Review - Holiday Hunger – Initial discussions have taken place with the Chair and Vice-Chair, Cabinet Member for Cleaner Greener Communities and officers on an initial scope and methodology which will be circulated for comment and amendment. Work will commence shortly.
- 1.3 The work programme has been developed following a work planning session held on June 18, 2019 and has been informed by discussions with the Cabinet Member for Children and Young People's Services; the Strategic Director and Link Officer.
- 1.4 Improving Lives Select Commission has prioritised its work programme with reference to the 'PAPERS' framework. This is as follows:

**Public Interest:** the concerns of local people should influence the issues chosen for scrutiny (including reference to equality duties);

**Ability** to change: priority should be given to issues that the Committee can realistically influence;

**Performance:** priority should be given to the areas in which the Council and other agencies are not performing well;

**Extent:** priority should be given to issues that are relevant to all or large parts of the district;

**Replication:** work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort;

**Statutory responsibility:** where an issue is part of a statutory duty to scrutinise or hold to account (or the area under scrutiny is a statutory, high profile responsibility including reference to equality duties)

- 1.5 The Commission should be mindful of the timeliness of the matters within its work programme and ensure that it leaves sufficient flexibility to undertake any pre-decision scrutiny arising from matters in the Forward Plan of Key Decisions or be able to reprioritise should any items be referred to it from the Cabinet, OSMB or other sources.

### **Recommendations:**

1. That Members consider the work programme as outlined in Appendix 1;
2. That updates are provided to each meeting of Improving Lives on the progress of the work programme and for further prioritisation as required.

### **List of Appendices Included**

Appendix 1: Work programme Improving Lives Select Commission

### **Background Papers**

Minute 18: Improving Lives Select Commission 9 July, 2019

### **Consideration by any other Council Committee, Scrutiny or Advisory Panel**

No

### **Council Approval Required**

No

### **Exempt from the Press and Public**

No

Meeting Date	Agenda Item	Purpose/ Outcomes	Recommendations	Follow up
11 June 2019	Mr John Edwards, Regional Schools Commissioner (East Midlands and the Humber Region)	To discuss with the Regional Schools Commissioner the key challenges for Education in Rotherham	1) That the Regional School Commissioner be thanked for his presentation 2) That a report be submitted by the Assistant Director for Education on elective home education to a future meeting.	<b>Completed</b>  Scheduled for 17 September
	Rotherham Education Strategic Partnership (RESP) Update	To provide an overview and update of progress in respect of the key areas for action identified within the RESP strategic plan.)	1) That the evaluation of the Early Years Home Visiting Project be submitted to this Committee  2) That a report detailing key timelines, milestones and outcomes to reflect the difference that RESP is making be submitted to this Committee in December 2019.  3) That the above report has details the actions taken to boost the performance of high performing and more able pupils.	To schedule  Scheduled for 3 December 2019  As above
	Children & Young People’s Services (CYPS) 2018/2019 Year End Performance	To provide a summary of performance under key themes for Children’s and Young Peoples Service at the end of the 2018/19 reporting year.	1) That the report and accompanying datasets (Appendices 1 & 2) be received and consideration be given to the issues arising.  2) That the Committee gives further consideration to its scrutiny of performance.	No action  Expressions of interest sought for Performance Sub-Group to commence in August 2019
9 July 2019	New Children’s Safeguarding Partnerships	To seek assurance about the new safeguarding arrangement and readiness for implementation	Resolved:- (1) That the decision of the Cabinet to endorse the development and publication of the Multi-Agency Arrangements for Safeguarding Children be noted.  (2) That the future scrutiny of these arrangements continue and the Annual Report be presented to this Commission.	Scheduled 3 December

			(3) That an update be provided in six months following the implementation and transition to the new process.	Scheduled 3 December
	Work Programme	To update members on work programme	Resolved:- (1) That the contents of the report and the Work Programme detail be noted.  (2) That updates be provided to each meeting of this Commission on the progress of the work programme and further prioritisation as required.	Update to be provided to each meeting
<b>17 September 2019</b>	Counter extremism in schools	To understand steps being taken in schools to address counter extremism	Resolved:- (1) That the report be noted.  (2) That a report be submitted to this Commission as part of 2020/21 work programme outlining how the local authority was meeting its Prevent duty.  (3) That an update on its counter extremism work be submitted to this Commission as part of 2020/21 work programme.  (4) That this update includes an evaluation of the work in schools and further details of the work with adults and neighbourhoods and any specific work with parents and carers.	To schedule 2020/21 work programme
	Elective Home Education	To seek assurance that children who are elective home educated are being effectively safeguarded/educated	Resolved:- (1) That the report be noted.  (2) That an update is provided at the end of the 2019/20 academic year.	To schedule 2020/21 work programme (September 2020)
	Missing from Home/Education (Update from Strategic Missing Group)	To seek assurance that children missing (from Exclusions, Care, Home, Education) are being effectively safeguarded  <b>Deferred from 9.07.2019</b>	Resolved:- (1) That the report be noted.  (2) That a further update on progress be provided to the Commission as part of its 2020/21 work programme.	To schedule 2020/21 work programme



	Work Programme 2019/20	To receive an update on the 2019/20 work programme	Resolved:- (1) That the contents of the report and the Work Programme detail be noted.  (2) That updates be provided to each meeting of this Commission on the progress of the work programme and further prioritisation as required.  (3) That a report be submitted to the meeting scheduled for October 29, 2019 (or as soon as was practical) on steps taken to address persistent absence in schools	To scheduled November 12 <sup>th</sup> 2019 (sub-group)
<b>29 October 2019</b>	<b>Early Intervention</b> Rotherham's Early Help Offer	To scrutinise the effectiveness of the Early Help offer and seek assurance that the implementation of the strategy is meeting milestones/measures		
	Rotherham Youth Justice Plan 2019-2021	To scrutinise the effectiveness of the measures outlined in the Youth Justice Plan to address youth offending in Rotherham		
<b>3 December 2019</b>	Safeguarding children's annual report	To scrutinise the local safeguarding arrangements (Children and Adults)		
	Safeguarding adults annual report			
	School performance	To scrutinise annual school performance (unverified)		

<b>14 January 2020</b>	LAC sufficiency	To scrutinise the implementation of the LAC sufficiency strategy		
	Directorate workforce strategy	To receive an update		
	Court Procedures (Sub-Group TBC)	To scrutinise if progress/milestones are being reached – follow on from earlier work		
<b>3 March 2020</b>	Send	To scrutinise the implementation of the SEND sufficiency strategy		
	Pause	To scrutinise outcomes from project to date		
	Early Help Social Care Pathways	To scrutinise progress/implementation		

	<b>Early Help social Care Pathways: initial sub-group to seek assurance re process</b>	Briefing scheduled for July 22	<b>Complete</b>
	<b>CSE – post abuse support (task and finish to feed into commissioning process)</b>	Task and finish group established. Interviews undertaken with 3 local authorities (July/August 2019)	Update to be provided
	<b>Child friendly borough update</b>		To schedule
	<b>Performance Sub-Group</b>	Expression of interest sought	
	<b>Domestic Abuse</b> – DHR – Stalking & Harassment – Domestic Abuse Service Principles	Referral from OSMB & January 15 <sup>th</sup> 2019 (ILSC)	To schedule
	<b>Lifestyle Survey</b>		Provisionally scheduled for 14 January 2020
	<b>Persistent Absence</b>	Request from Improving Lives 17.09.19	Scheduled 12 November

<b>1.</b>	<b>Meeting:</b>	Improving Lives Select Commission
<b>2.</b>	<b>Date:</b>	29 <sup>th</sup> October 2019
<b>3.</b>	<b>Title:</b>	Rotherham's Early Help Offer
<b>4.</b>	<b>Agency/Directorate/presenting report:</b>	Children and Young People's Services

<b>5. Purpose:</b>
<p>That an update be provided to reflect how the service is capturing the child/young person's voice in the work of the Early Help service.</p> <p>That the Cabinet be requested to revisit the exit survey and number of assessments completed by partners as performance measures.</p>

<b>6. Recommendations:</b>
That the contents of the report are noted.

<b>7. Background:</b>
<p>The statutory guidance, Working Together to Safeguard Children (2018) sets out the requirements for Early Help Services, stating that;</p> <p>The provision of early help services should form part of a continuum of support to respond to the different levels of need of individual children and families.</p> <ul style="list-style-type: none"> <li>• Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon any local assessment of need, including the Joint Strategic Needs Analysis (JSNA) and the latest evidence of the effectiveness of early help programmes.</li> <li>• In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues, including mental health, responses to emerging thematic concerns in extra-familial contexts, and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or a child.</li> <li>• Services may also focus on improving family functioning and building the family's own capability to solve problems. This should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.</li> </ul>

The statutory guidance makes it clear that; all local agencies should work together to support children and families.

The Rotherham Early Help Offer was launched in January 2016 accompanied by the Early Help Strategy 2016-2019.

The vision for Early Help in Rotherham was co-produced alongside staff and partners. The vision describes;

***“All agencies working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support.”***

7.1 The development of Rotherham’s Early Help Offer has been intrinsically linked to the Children’s Services improvement journey.

In January 2018 the Ofsted re-inspection of Services for children in need of help and protection, children looked after and care leavers report noted; *“Services to children in need of help and protection are now good.”* Ofsted also noted that;

- The Early Help offer has undergone considerable transformation since January 2016.
- There is now a shared strategic ownership and ambition with partners
- Inspectors saw some very effective work with children and families
- Families in localities benefit from a broad range of Early Help services which continue to be more integrated with social care. This facilitates an improved and seamless delivery of services to children and their families
- The local authority, with its partners, meets regularly through the Early Help Steering Group. Adopting the Troubled Families Maturity Matrix model, the Steering Group has an Action Plan that is updated quarterly
- Early Help locality teams are co-located with social care and partners across the borough. This is improving communication and the delivery of responsive interventions and services in local communities
- Feedback from families, schools and partners of the local authority is routinely gathered and shared on a monthly basis. The evidence from Early Help Exit Surveys consistently demonstrates that Early Help is making a difference, and that family’s feel supported at this lower level.
- Partner agencies are now undertaking Early Help Assessments supported demonstrating their growing confidence in the arrangements.
- Arrangements for stepping cases up to social care or down to Early Help are robust and well embedded in locality practice.

7.2 Rotherham’s Early Help Strategy 2016-2019 was designed and implemented in three phases. Phases Two and three were latterly combined to ensure that the strategy

and associated budget savings were successfully realised on time.

### **7.3 Phase One introduced;**

New governance through;

- Children and Young People's Partnership and Transformation Board
- The Local Safeguarding Children Board (LSCB)
- The Member-led Early Help Review Board
- The partner-led Early Help Steering Group
- The Early Help Practice Improvement Group

New systems and processes were introduced to ensure swift access to support through the Request for Support, the Early Help Assessment (EHA) and the first phase of integration of previously separate professional disciplines and services into integrated Early Help Locality Teams.

### **7.4 Phase Two**

Phase two incorporated a whole service delivery redesign, developing new job roles and more efficient and effective ways of working to embed a shared responsibility across the partnership for meeting the needs of families earlier. Building on the progress of Phase one the Early Help Offer was refined through further integration and service redesign with partners and stakeholders.

### **7.5 Phase Three**

Was focussed on the final consultation process which commenced on April 9<sup>th</sup> and was conducted in line with the vision and objectives set out in the Early Help Strategy 2016-2019.

The initial 60 day public consultation was delivered through 17 public and partner events across the borough, including bespoke sessions in the individual centres and buildings in scope and presentations at Strategic Boards throughout the consultation period. All Rotherham schools were informed by email of the events and were offered the opportunity to attend an event or engage in the online consultation.

An Online Survey was made available on the Rotherham Council Website for public and partners, and a separate 'youth' consultation was conducted and led by the Rotherham Youth Cabinet.

A dedicated Twitter account #earlyhelpconsultation2018 and an email account earlyhelpconsultation@rotherham.gov.uk were established for Frequently Asked Questions (FAQs) for partners and the public.

A 30-day staff consultation commenced on the 8th June and concluded on the 8th July. All Trade Unions were regularly updated through meetings with the Senior Director for Early Help and were invited to attend all staff consultation meetings.

Three informal 'talk back' sessions were held with Early Help staff during the public consultation. Eight formal staff consultation meetings were subsequently held to discuss the implementation proposals in more detail.

In total 277 individuals or agencies participated in the Public and Partner consultation.

## 7.6 What's working Well? (Achievements)

All phases of the Early Help Strategy were completed on time. All associated savings throughout the three years were also delivered on time. The final structure after the consultation had ended was also completed on time.

A key consideration throughout Phase Three was that an expected dip in performance would occur. In fact, the opposite happened.

100% Staff PDRs were completed.

Satisfaction rates were consistently high. 97.2% overall stating 'Good or Excellent,' this is a 1.2% increase on the previous year.

Total engagement rates were high at 95.2%, which was up 3% on the previous year.

72.6% of families were contacted and engaged within three working days. A significant improvement on the previous year when the annual figure was 59.7%.

Timeliness of Early Help Assessments completed (EHA's) showed a considerable improvement with 62.9% of assessments being completed within the target timeframe (45 days), compared to 47.0% in the previous year.

Partners completed 24.9% of the total number of Early Help Assessments compared to 15.9% in the previous year (and zero when the Early Help Strategy was launched).

The Troubled Families' target of working with 2,674 families was achieved and exceeded with the total number reaching 2679. This brought the total engagement of families to 5,000 (100% of target).

Payment by Results (PBR) experienced a significant improvement in the rate of claims, with actual claims exceeding the recovery plan target of 45% by 1%. Current performance is 68% (July 2019) and places Rotherham as the third best performance in the Yorkshire & Humber region.

Children Centre registration and engagement within Rotherham's most deprived areas was also above target with 95% of children living in the 30% most deprived super output areas (SOA) registered with a Children's Centre and 67% of the children were 'actively engaged' (2% above the target).

The year-to-date attendance rate was good and in-line with national averages. Primary attendance increased to 95.7% compared 95.4% in the previous year and Secondary attendance increased to 94.7% compared to 94.3% in the previous year.

The three national YOT Youth Justice Board Performance indicators showed Rotherham YOT outperforming regional and national trends in relation to; Rates of custody  
First time entrants, (FTE experienced a 12.3% reduction on the previous year).

The national indicator for young people not in education, employment and training was validated at 5.8%, achieving the Corporate Plan target of 5.8%.

559 families with 1309 children were stepped down to an Early Help locality team which was an increase on the previous year when 489 families with 873 children were stepped down.

We communicate with all staff on a weekly basis through an email newsletter, Monday Matters. Whilst containing relevant news updates there is a strong emphasis on recognising 'Early Help Stars' or those staff and teams that are recognised for their amazing work, dedication and innovation.

## **7.7 Examples of how we capture the voice of Children and Young People**

Make Your Mark 2018 Consultation. 9000 young people consulted to establish key issues for young people in Rotherham.

Greasbrough consultation: A locality-based consultation to engage young people in decisions around facilities in the area and applying for funding to purchase community-based resources.

UK Youth Parliament Elections: Borough wide elections to select new national representatives for the UK Youth Parliament in Rotherham.

Youth Offending Team: Establishing the youth voice within the Youth Offending Team (YOT) and the YOT Board.

Youth Cabinet: Participation in a range of youth voice activities including interviews for key staff, attendance at strategic meetings e.g. CYPS, Community Reference Group, direct work with Elected Members and Council Scrutiny, annual Takeover Day, development of campaigns and events in response to consultation such as the Community Awareness event in October, Knife Crime and Mental Health.

Monthly auditing process; where managers are commenting on the direct work workers are doing with families.

Exit surveys; recently shortened and anonymised.

Case Closures; where we ask the question "Do you think that you and your family's voices were heard throughout the process?"

Practice Learning Days; through or Key Lines of Enquiry (KLOES) investigate work on individual cases and workers showcasing good practice of the child and young person's voice.

## **7.8 Number of assessments completed by partners as performance measures**

Partner completion of Early Help Assessments (EHAs) is reported in the monthly Early Help Performance Report and scrutinised at the fortnightly Early Help Performance meeting, the CYPS Performance Board and the Early Help Steering Group with partners. The number of EHAs completed by partners dropped slightly in



September 2019. This reduction was expected and is indicative of schools being closed and children being on holidays during the summer period, resulting in less EHA Recommendations to partners are made. Schools have the highest completion rate of EHAs from partners and we anticipate that numbers will increase over the next quarter. The current year to date rate stands at 21.2%.

To support the completion of EHAs by partners we;

- Offer regular training in completing quality EHAs
- Revised the EHA to align with Signs of Safety model and the Rotherham Family Approach
- Produced Lead Professional Guidance to support understanding of the EHA
- Supported tender specifications to ensure that when contracts include work with children and families, that the EHA is the requested tool
- Offered bespoke training to particular services (e.g. health, schools) where uptake of the EHA was previously low
- Designed pathways that embed use of the Early Help Assessment (e.g. the School Attendance Matters Pathway)
- Incorporated the EHA into Troubled Families work
- Use data to support and challenge partners in order to increase uptake
- The Early Help Steering Group has a regular focus on the use of the EHA by partners
- Introduced a team of Integrated Working Leads who support partners in completing Early Help Assessments

This role has proved successful in increasing the adoption of the multi-agency assessment tool and these practitioners work in a variety of ways to ensure that partner uptake of the EHA continues to rise. This includes;

- Hosting regular Multi-Agency Practice Development Group. This forum supports partners to work together to carry out multi agency audit of EHAs; this enhances collaborative approaches and increases the quality of partner EHA's
- Undertaking checks of EHAs as they are submitted by partners to ensure Local Authority oversight of quality, including follow up contact with partners when EHA's require improvement and, to offer praise when EHA's are of high quality
- Meeting with partners individually to support when partners are struggling in completing the EHA or need information and advice
- Supporting Lead Professionals with 'stuck' cases and support with Team Around the Family (TAF) meetings where appropriate

**7.9 Exit Surveys:**

Satisfaction rates are captured through Early Help Exit Surveys and are reported in the monthly Early Help Performance report. Satisfaction rates remain consistently high with 97.2% of families, Children and young people rating the Early Help intervention as 'Good or Excellent.' This is a 1.2% increase on the previous year.

**8. What are we worried about? (Key Issues and Risks)****8.1 Increased demand and Complexity of work:**

Since the launch of the Early Help Offer in January 2016, we have seen an incremental increase in demand and a level of complexity of issues facing families that in some instances also carries higher levels of risk.

There are currently over 1,700 families being worked with and over 3,800 children and young people.

We have also experienced a 12% increase in the number of families stepped down from children's Social care.

Whilst we have seen the number of First Time Entrants (FTE) into the criminal justice system decline, this has resulted in a more persistent and challenging cohort with more complex needs. In addition, we are working across the Region with colleagues to address the growing criminalisation of young people through County lines exploitation, Child Criminal Exploitation, CCE.

**8.2 Poverty and Deprivation:**

The Indices of Deprivation 2019 were released by the Ministry of Housing, Community and Local Government (MHCLG) on 26th September 2019.

The Index of Multiple Deprivation (IMD) shows an increase in deprivation in Rotherham since the 2015 Index, reaching its highest ever ranking as the 44th most deprived district in the country.

The full national data is available here:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

**8.3 Education:**

The proportion of Rotherham schools judged as good or outstanding was 79.3% as at August 2019, this compares to the national average of 86% as at July 2019. The gap to the national average is 6.7%.

The proportion of pupils attending a good or outstanding Rotherham school was 77.2% as at August 2019; this compares to the national average of 84% as at March 2019. The gap to the national average is 6.8%.

Performance in the Early Years Foundation Stage Profile (EYFSP) for a 'Good Level of Development' (GLD) has decreased by 2.8% to 70.3%.

In Key Stage 1, 62.2% of pupils met the expected standard (EXS+) in reading, writing and mathematics compared to 64.8% in 2018. Rotherham has decreased by 2.6% and is now 2.8% below the national average at 65.0%.

In the greater depth standard (GDS) for reading, writing and mathematics combined at KS1, Rotherham has decreased by 2.7% to 10.0%; which is 1% below the national average at 11.0%.

In Key Stage 2, 59.2% of pupils met the EXS+ in reading, writing and mathematics combined compared to 62.0% in 2018. Rotherham has decreased by 2.8% and is now 5.8% below the national average.

At KS2, in the higher standard (HS) for reading, writing and mathematics combined, Rotherham decreased by 0.8% to 7.5%. This is now 3.0 % below the national average at 10.5%.

The KS1- KS2 average progress score for Rotherham in reading was significantly below the national average. The KS1 prior attainment average points score was 0.3 below the national average.

#### 8.4 **Budget:**

The Early Help Budget has been significantly reduced during the implementation of the Early Help Strategy, almost £5m since November 2014. This has increased the reliance of external funding streams which account for approximately 40% of the Early Help budget. (See 9. Below)

The September 2019 Spending Round confirmed a one-year continuation for the Troubled Families Programme, and whilst this is to be welcomed, no further details are available. Even with this announcement, the current funding arrangements for Early Help remain vulnerable to cuts as a result on the minimal statutory functions within the service portfolio.

The reduction in budget has also led to a significant reduction in management capacity to protect front line staff. In the three years of the Early Help Strategy implementation, the leadership team has reduced from five Head of Service posts to two and from nine locality managers to eight.

#### 8.5 **Rotherham's Universal Offer:**

This presents both a challenge as well as a wonderful opportunity. The potential to galvanise partners across the council, the voluntary and community sector, Parish Councils and the business community is significant.

A strong universal offer creates an addition level of prevention and early intervention. Whilst the coordination of a coherent offer is a challenge, there are clearly enormous benefits for families, Children and Young People and agencies across the borough.

The ISOS March 2019 report (Appendix B), which looked at the key enablers of developing an effective partnership-based early help offer noted that;

“There is a very strong logical and principled case for continuing to invest in early

help so that it does become 'everyone's business.' In most cases the development of an Early Help offer requires the commitment of a small number of individuals who are strong advocates for the approach."

## 9. Resources:

**Total FTE:** 197.72

### Early Help Budget:

- **Net:** £4,817,647
- **Gross:** £9,000,640

### Income Sources:

Troubled Families	£1,234,828
YOT	£42,7472
Public Health	£1,444001
HRA	£98,666
PCC	£153,000
CCG (Health)	£70,260
Probation Service (YOT)	£5,000

### Fees and Charges\*

Crowden Outdoor Education Centre, Children Centre contributions	£294,468
Fixed Penalty Notices (FPN)	£37,000

\*Excludes Day Care Fees and the ESIF funding.

## 10. Next Steps

The launch of Rotherham's Early Help Offer and the speed at which the wider partnership has embraced the preventative agenda is aligned with Rotherham's recent improvement journey.

In April 2019 the final Early Help structure, after three years of transformation, was finalised. Staff are still familiarising themselves with their new roles and new teams whilst continuing to improve performance month on month.

There is a planned induction and development programme in place to support staff in their new roles.

10.1 In April 2019, the Directorate Business Support was integrated into the wider Early Help portfolio and management team. This came with an additional challenge of achieving £850k of savings and reducing the workforce by 47FTE. Both of which have been achieved.

10.2 The strengthening and development of Rotherham's 'universal offer' is a key priority and will be a key focus if we are to meet the challenges of increasing demand, greater complexity of cases and continued improvements in quality and outcomes.

The history of the development of Early Help in England is rooted in local discretion. Early Help offers across the country have evolved in different ways. Most local authorities support statutory partners, including schools, health and the police, to act as 'lead professionals' for families requiring early help and most local authorities have an underpinning offer of 'universal' or group-based support offered either by the community or through community-based local authority run hubs such as children's centres, family centres and community centres.

- 10.3 Recent research undertaken by ISOS, March 2019 (Appendix B), involving eight Local Authorities, Barking and Dagenham, Greenwich, Kent, Lincolnshire, Oldham, Southend, West Sussex, Wigan, identified 'four domains' incorporating sixteen 'key enablers' to an effective Early Help Offer.

#### **Setting the direction (Domain One)**

1. Leading with passion
2. Securing a long-term commitment
3. Clearly articulating the vision
4. Agreeing a small number of targets

#### **Developing Capacity (Domain Two)**

5. A core service, managed by the local authority
6. Empowering and enabling partners
7. Harnessing the power of communities
8. Developing a coherent offer around place

#### **Working with Families (Domain Three)**

9. Establishing a safe and effective 'front door'
10. Whole family working
11. Developing a practice model based on evidence
12. Promoting resilience and being responsive

#### **Evaluating impact and quality (Domain Four)**

13. Developing and effective management information system
14. Auditing and quality assuring practice
15. Being clear about the desired impact
16. Proportionate and informative reporting

- 10.4 In most of the local areas included in the research, the political commitment to having in place an effective Early Help offer had not been limited by the time frame of electoral cycles. The long-term nature of the commitment to developing effective Early Help had also translated into continued funding. Although all the local authorities involved in the research were experiencing the same budgetary pressures, together with their partners, they had managed to sustain sufficient funding for their Early Help offer.

The research found that those local areas which had developed the most compelling visions were clear that early help was an 'offer' and not a 'service'; were grounded in the principle of providing the right support for families at the right time; and had

effectively communicated that early help is “everyone’s business.”

10.5 Some local areas could explain how a ‘golden thread’ linked the outcomes to which they were committed in early help with the broader local ambitions for community and place, although some areas had found it difficult to ensure that their priorities were influenced by community and staff in a genuinely ‘bottom-up’ driven model.

The second dimension of building an effective early help offer was developing the capacity within the local authority, with partners and in communities and families to provide effective early help. The four key enablers which support this dimension are;

- Creating the core team
- Empowering and enabling partners
- Harnessing the power of communities
- Developing a coherent offer around place

10.6 The role of partner agencies

The research found that partners play a critical role in ensuring an effective Early Help Offer. There were three key strands to empowering and enabling partners identified. Firstly, partners were strategically engaged in shaping the vision, setting the objectives and describing the offer.

Secondly, local areas were deliberate in supporting partners to be effective ‘lead professionals.’ Local areas had invested in training for partners to ensure that they were working to the same assessment, reporting and outcomes framework as other early help practitioners; created better management information systems that supported the safe sharing of information; put in place support mechanisms to ensure partners were confident in managing risk; and provided information on the range and scope of services available to families which they might draw upon. There was also evidence that partner agencies were beginning to internalise the principles of early help and use this as a way of reshaping or refocusing their own services particularly with an emphasis on supporting resilience in families.

10.7 The routes by which families come to the attention of early help

Like Rotherham prior to the launch of the Early Help Strategy, these can be multiple and varied. Most families in the eight local authorities were referred by professionals, but some local authorities were seeing increasing numbers of families seeking support themselves. To manage these different routes into early help, all the local authorities had focused on developing a safe and effective “front door.” This took different forms in different areas but essentially acted as a single point of initial assessment and triage to make sure that the family was directed to the most appropriate pathway and support.

Staff from partner agencies such as health and the police were often formally engaged in supporting these decisions. A number of local areas had focused on aligning the front doors into children’s social care and early help. In some areas there was a single integrated point of contact and referral for both services. In other areas the two front-doors were co-located but still operated separately. Other areas had achieved stronger alignment through joint training, joint development of thresholds and much clearer ‘step up and step-down processes.

## 10.8 Whole Family Working

Focusing on the needs of the family as a whole, rather than the individual, was fundamental to the eight early help offers that were studied through the research. The second practical implication of working with the whole family was around how presenting needs were assessed. Early help practitioners talked about how the assessments they used, in partnership with the families themselves, supported them to understand and address the underlying needs, rather than the presenting symptoms. Thirdly, local authorities described how the family focus of early help had enabled them to challenge other services which have historically focused more on individuals, to think about supporting families more holistically.

The local areas that took part in the research emphasised the importance of having an offer that was sufficiently flexible to adapt to families' needs as they changed over time. The 'key worker' or 'lead professional' model of support, combined with a range of less intensive support options such as group interventions and community networks, enables the type and degree of support to change as a family's needs change.

ISOS found that the best early help offers maintain strong processes for ending an engagement with a family, including periodic 'checking in' and in some cases re-engagement. Community-based support networks proved a particularly helpful way of maintaining light touch contact with families who had been supported through a more intensive early help offer.

10.9 The final dimension of developing an effective early help offer concerns the work that local areas do to evaluate the impact and quality of the offer and use this information to continually refine the design and delivery. This dimension incorporates four key enablers;

- Developing an effective management information system
- Auditing and quality assuring practice
- Being clear about the desired impact
- Putting in place proportionate and informative reporting

Effective Early Help requires a Management information system that is reliable, minimises the barriers to data sharing across services, and allows multiple partners to engage with the data. However, the research found that in many cases it has proved quite challenging to get information systems used by different teams within the council, and different partners, to 'talk' to each other.

ISOS found that the most effective systems were based on a workflow that was proportionate, simple to understand and simple to complete; were able to track the progress and outcomes for individual families against a single plan and show that journey over time; provided an interface which allowed partners from outside the local authority to view and contribute to the data held about a family; capable of generating meaningful and insightful performance reports.

Auditing and quality assuring practice provides the essential counterpart to having in place a good Management Information System and ensures that the practice model for working with families is being implemented well. All the local areas which took part

in the research had put in place the systems needed to audit the practice of key workers and lead professionals on a regular basis.

#### 10.10 Proportionate and informative reporting

Many of the areas had developed regular quarterly reporting tools which allowed senior leaders to scrutinise the performance, quality and impact of the early help offer and had embedded these in their governance cycles and use it to drive a culture of continuous improvement. Some areas had also developed clear and concise ways of sharing this information to shine a spotlight for managers and practitioners on areas of practice that were working well, and issues that required more focus and attention.

#### 10.11 Big Hearts, Big Changes

There are a number of large-scale strategic change programmes taking place across the Council under the Big Hearts, Big Changes initiative. Within Children's Services there are three high level work programmes;

- Market Management
- Demand Management
- Early Help and Social Care Pathway

Over the next two years, the Early Help and Social Care Pathway will seek to;

Develop better systems and processes that provide the right level of care and support at the right time, in the right setting which leads to better outcomes for children, young people and families and fewer children and young people coming into care.

The Pathway will be developed through Four Phases. Each phase will incorporate characteristics relating to;

- Functions
- Systems and Processes
- People
- Partners

The objectives for the Early Help and Social Care Pathway include:

- A pathway that has an increased focus on prevention and early intervention which supports children, young people and families to stay at home and in their community settings and avoids unnecessary and costly statutory intervention.
- Embed a holistic, whole family approach to ensure long term, sustainable outcomes that are more likely when the whole family / extended family is engaged.
- A pathway that targets evidence-based interventions towards children, young people and families which will deliver the most significant benefits.
- A pathway that allows social workers to spend more time with children and young people and provide a more personalised support to families.



- A pathway that provides an integrated and seamless journey for children, young people and families that requires families to tell their story once.
- A digital offer which will provide children, young people and families with easy and quick access to the right support and information that promotes self-service.
- A pathway that promotes and develops the use and growth of community assets which will reduce demand for lower level need and support.

**11. Sources of reference**

- Early Help Strategy 2016-2019
- Ofsted re-inspection of Services for children in need of help and protection, children looked after and care leavers
- The key enablers of developing an effective partnership-based early help offer: Final research report, March 2019, Natalie Parish & Ben Bryant

**12. Contact Name:**

David McWilliams, Assistant Director, Early Help & Family Engagement.



**The key enablers of  
developing an effective  
partnership-based early  
help offer: final  
research report**

**March 2019**

**Natalie Parish & Ben Bryant**

Isos Partnership

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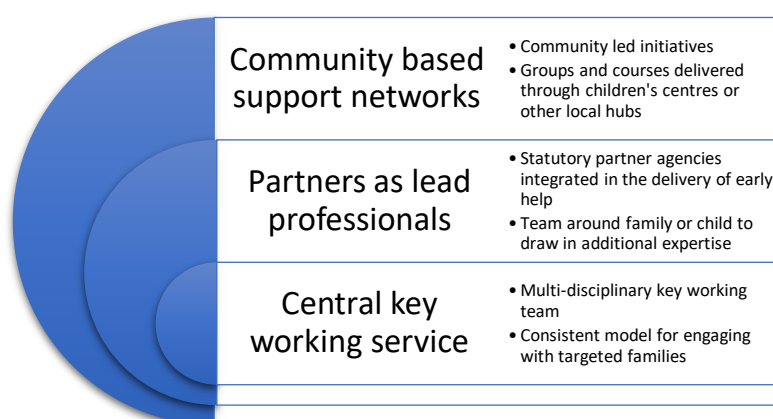
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## Key findings

In July 2018 the Local Government Association commissioned Isos Partnership to undertake research to explore the enablers of and barriers to developing and sustaining an effective local early help offer. The findings of this research are based on in-depth engagement with eight local areas which were selected on the basis of interesting or innovative practice in the area of early help. This report explores in detail how these local areas have constructed their early help offers; how these have evolved over time; the key enablers that have supported the creation of an effective offer; and the future challenges that local areas are addressing.

Each of the local areas had taken their own distinctive approach to developing their early help offer, based on the needs of their populations and the history of how early intervention had previously been delivered in the locality. However, despite these differences there were some clear similarities between the eight areas, both in terms of organisation and principles.

### Similarities in the organisational structure of 'early help'



In terms of their organisational structure, all eight of the local areas engaged in the research had a 'key work' support service for families. This was typically delivered by a multi-disciplinary team and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, to act as lead professionals for families requiring early help. Finally, all eight local authorities also had an underpinning offer of universal or group-based support offered either by the community or through community-based local authority run hubs, such as children's centres.

In describing the principles that underpinned their approach to early help, all eight areas displayed a remarkable degree of similarity. There were four themes that recurred consistently: The earliness of early help; working with families; building resilience; and an integrated joined-up offer.

This research suggests that the capacity of local areas to adapt their early help offers and evolve in response to feedback and information about their performance contributes to their effectiveness. The local areas engaged in the research had developed their early help offers in an iterative way, with four quite distinct and mutually supporting phases. These are set out in the diagram below and subsequent paragraphs:

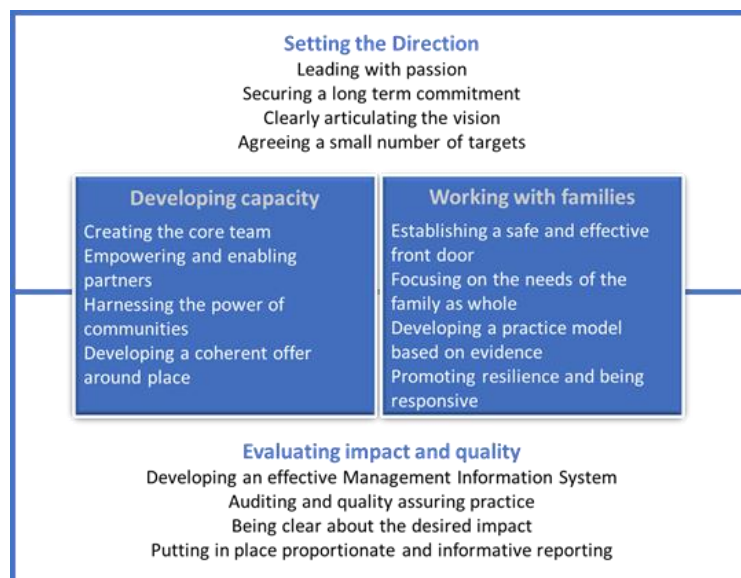
### The evolution of a local early help offer



For the first phase of development, local authorities spoke about the importance of establishing support for the **principle of early help** within their own leadership cadre and with key advocates and catalysts in their partner agencies. In the second phase, this was then reinforced by exerting an **organisational grip** - putting in place the building blocks that would ensure early help was delivered consistently. The third phase of development – **consolidation and integration** – enabled local areas to improve consistency through better integration across a wider range of partners and experimenting with different ways of supporting partners in their delivery of early help. The fourth phase of development could be described as looking to achieve a ‘**multiplier effect**’. This is the point at which early help genuinely becomes ‘everyone’s business’. However, it is important to recognise that these four phases are not linear. Many of the local areas engaged described an iterative process.

For local authorities and their partners navigating the ongoing development of a strategic early help offer, the research identified sixteen key enablers which fit within four main dimensions. These are represented graphically below and explained in detail in the full report:

### The key enablers



Going forward, the role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. To maximise the potential of early help, local authorities and their partners will need to strike the right balance between investing in long-term goals and achieving shorter-term reductions in demand for statutory services; explore how intensive and more universal forms of early help can complement each other most effectively; become sharper in both responding to demand and predicting need; resolve the tension between widening and deepening the scope of integration; and develop system-level responses to new types of need and risk.

Local areas suggested that in order to navigate the future effectively, and address some of the questions posed above, they would benefit from additional tools and support to help them to assess the impact and value for money of early help and to have better oversight of the strategies that local areas have deployed in developing their early help offers. We have therefore used the content of this research to develop thinking around these two areas. We have worked with local areas in the research to explore some of the measures that might contribute to an understanding of performance and value for money based on published data. These include simple metrics relating to relative early help expenditure; the impact on demand for statutory services; and the impact on long-term well-being. We have also suggested a framework that sets out for local authorities a range of strategies on how to approach the different phases of establishing an early help offer, organised according to the sixteen key enablers.

## Executive Summary

### What is early help?

- The history of the development of early help in England has been rooted in local discretion. It is therefore not surprising that the early help offers, in the eight local areas engaged in this research, have evolved in quite different ways. Nonetheless, there are some clear similarities between the eight areas, which together help to create a definition of what is meant by a local partnership-based early help offer.
- In terms of their organisational structure, all eight of the local areas engaged in the research had a **'key work' support service for families**. This was typically delivered by a **multi-disciplinary team** and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, **to act as lead professionals for families requiring early help**. These families would often be supported in a similar way to those receiving a targeted key work service, but the focus of the lead professional would be more around integrating the support they could provide within the parameters of their professional role and expertise, drawing in additional support where that was needed. Finally, all eight local authorities also had an **underpinning offer of universal or group-based support** offered either by the community or through community-based local authority run hubs such as children's centres. The flow of individual families into and out of these wider supporting networks tended to be less closely tracked and often corresponded with families whose needs were less complex or were believed to be more able to make and sustain progress independently.
- In describing the principles that underpinned their approach to early help, all eight areas displayed a remarkable degree of similarity. There were four themes that recurred consistently: **The earliness of early help; working with families; building resilience; and an integrated joined-up offer**. This common ground, particularly in terms of the underlying principles and goals, to construct a definition of an effective local early help offer. The working definition that we developed for the purpose of this research is:

*An effective early help offer brings together local partners to provide early support for children and families that builds their resilience, prevents difficulties from escalating and leads to better outcomes that are sustained.*

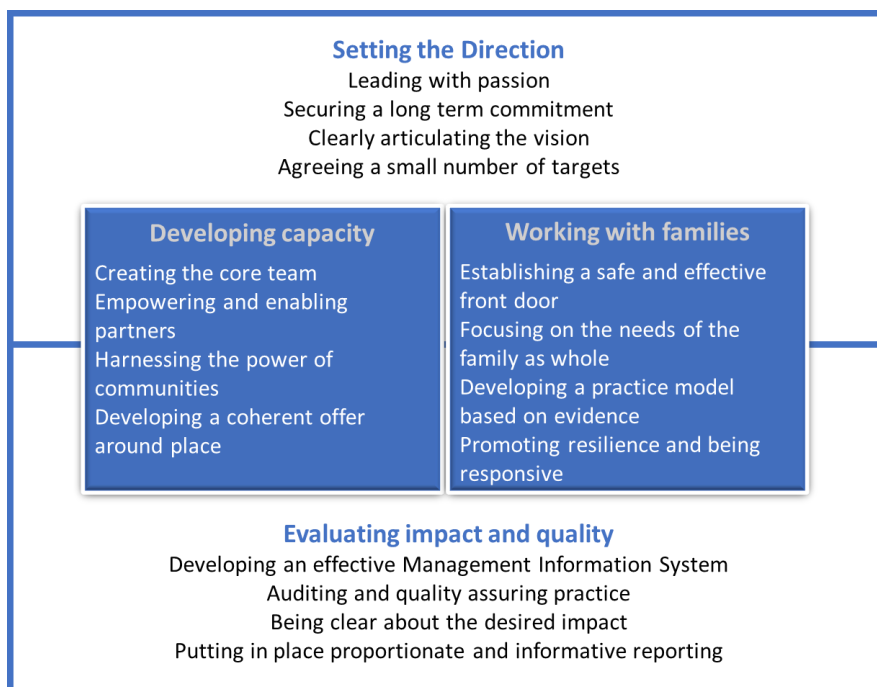
### The lifecycle of developing early help

- All eight local areas which took part in this research were in the process of refining, refocusing or even redeveloping their offers of early help. Indeed, some felt that a hallmark of an effective early help offer was its capacity to evolve in response to feedback from families and data on performance and outcomes. Despite the differences in context, and in the organisational solutions put in place, there were four critical phases in the development of a local early help offer. These four distinct phases are not linear. Many of the local areas engaged described an iterative process, so it is more accurate, therefore, to think about **the phases of developing an early help offer as a layered process** with each successive development building and refining what has preceded it, rather than replacing it.
- In the first phase of development, local authorities spoke about initially establishing support for the **principle of early help** within their own leadership cadre and with key advocates in their

partner agencies. In the second phase of development they looked to exert an **organisational grip** - putting in place the building blocks that would ensure early help was delivered consistently. The third phase of development – **consolidation and integration** - often came after the early help offer had been in place for a couple of years, at which point local areas could assess the impact of what they were doing, look at how they could improve consistency through better integration across a wider range of partners and experiment with different ways of supporting partners in their delivery of early help. The fourth phase of development could be described as looking to achieve a **'multiplier effect'**. This is the point at which early help genuinely becomes 'everyone's business' and early intervention becomes the dominant way of thinking about public service delivery.

### The key enablers of developing an early help offer

- There was a relatively high degree of consensus among leaders and staff in the eight fieldwork areas about the key enablers of developing an effective and partnership-based early help offer. Through this research we identified sixteen key enablers which fit within four main dimensions. These are represented graphically below:



### Setting the direction

- The first dimension of building an effective early help offer was **setting the direction** for early help. The four key enablers which support this dimension are leading with passion; securing a long-term commitment; clearly articulating the vision; and agreeing a small number of targets.
- In setting the direction for early help, the first key enabler was **leading with passion**. Leaders in those local areas where early help was most embedded, and most effective, all demonstrated a strong conviction in the power of early help. Local areas fostered this **sense of conviction and belief** through, amongst other strategies, the power of story-telling and creating a clear narrative; leveraging dissatisfaction with outcomes achieved by traditional ways of working; and making judicious use of the evidence base for early intervention. A further hallmark of leaders



who were passionately committed to the concept of early help is that they were **prepared to take organisational risks**, or pursue creative and sometimes untried approaches, with the aim of delivering a more effective approach to early help. The final element was the extent to which the concept of early help had **permeated the culture of the local authority, and its partners**. In those areas where the early help offer appeared to be strongest there was a sense that early help was not simply another service, or indeed a collection of services under a new banner. Rather the principles of early help permeated a very wide range of interactions between the local authority or their partners and families.

- Developing an effective early help offer requires not just passion but also a **long-term commitment**. In most of the local areas included in the research the political commitment to having in place an effective early help offer had **not been limited by the time frame of electoral cycles**. The long-term nature of the commitment to developing effective early help had also importantly translated into continued funding. Although all the local authorities involved in the research were beset with the same budgetary pressures facing children's social care and other statutory services as have been widely reported nationally, together with their partners they had, to date, managed to sustain sufficient funding in early help. One of the key risks to securing a long-term commitment to early help was the rapid turn-over of staff at all levels in children's services. Local areas counteracted this risk of fragility through **establishing strong governance mechanisms** that supported partnership working and could cement relationships, plans and responsibilities beyond the tenure of key individuals.
- **Clearly articulating the vision** for why early help matters was an important step in setting the overall direction. Those local areas which had developed the most compelling visions were clear that early help was an 'offer' and not a 'service'; were grounded in the principle of providing the right support for families at the right time; and had effectively communicated that early help is everyone's business. A challenge for those setting the direction for early help in a local area is the risk that the offer becomes too diffuse and too complicated. Local areas that had successfully countered this risk had spent time up front in developing a very clear vision that was **easy to understand and easy to communicate**. Importantly, this vision statement was owned by partners and by staff, in many cases as a result of **co-development**. Local areas had worked on different ways to communicate their vision to ensure that it **inspired and empowered professionals**, and also so that it was **accessible to children and families**.
- Sitting alongside the vision for early help, a key element of setting the strategic direction was **agreeing a small number of priorities** which can be reflected in **meaningful outcomes-based targets** and using these as a way to track the impact of early help. Ideally these priorities and targets would link directly to key objectives within the corporate plan, placing early help at the centre of the organisation rather than on a limb. Some local areas could explain how a 'golden thread' linked the outcomes to which they were committed in early help with the broader local ambitions for community and place. Defining the priorities and outcome focused targets to guide the early help offer was in fact an area which many of the fieldwork local authorities recognised as a challenge. For example, some areas had found it difficult to ensure that their priorities were both **strongly influenced by community and staff** in a genuinely 'bottom-up' driven model and informed by a **rigorous and forensic analysis** of what the most pressing needs are in a 'top-down' way.

## Developing the capacity

- The second dimension of building an effective early help offer was **developing the capacity** within the local authority, with partners and in communities and families to provide effective early help. The four key enablers which support this dimension are creating the core team, empowering and enabling partners, harnessing the power of communities, and developing a coherent offer around place.
- All the local areas that we visited as part of the research had **created a core service**, managed by the local authority, that delivered intensive early help interventions on a key-worker model. One of the striking features was the **range of different teams and professional disciplines** that had been brought together into an **integrated key worker service**. To achieve this successfully local areas invested in training staff to create a **shared culture and way of working** that crossed professional boundaries and disciplines; engaged staff from a variety of disciplines in **developing the frameworks**, plans, reports and processes which scaffold the interaction between key workers and families; developed peer support schemes and intelligent supervision to **create opportunities to reflect and learn with other key workers** about what worked well and what was challenging; created a culture of **no inward-referrals** within the service; and developed a **career trajectory** for newly created early-help practitioners.
- In all local areas which took part in the research partner agencies played a critical role in the delivery of early help. There were three key strands to **empowering and enabling partners**. Firstly, partners were strategically engaged in shaping the vision, setting the objectives and describing the offer. An important component of the engagement with partners at this strategic level was developing the **culture of professional trust** that was essential to enable more operational partnership working to flourish. Secondly, local areas were deliberate in supporting partners to be **effective lead professionals**. Local areas had invested in **training for partners** to ensure that they were working to the same assessment, reporting and outcomes framework as other early help practitioners; created **better management information systems** that supported the safe sharing of information; put in place support mechanisms to ensure partners were **confident in managing risk**; and provided information on **the range and scope of services available to families** which they might draw upon. Finally, there was also evidence that partner agencies were beginning to **internalise the principles of early help** and use this as a way of reshaping or refocusing their own services particularly with an emphasis on supporting resilience in families.
- There was a strong belief that the earliest and most effective help starts in communities. Therefore, the work of local areas in **harnessing the power of communities** is the third key enabler in this section. Key to this is a shift in mindset, away from a paternalistic view of the role of local government and statutory partners as delivering services to local communities which are more or less reliant, and towards a view of local government which is about **unlocking the potential of local communities to help themselves**. Local areas focused on ensuring that early help professionals **knew what local communities had to offer**. Some local authorities talked about empowering and encouraging early help professionals and other lead practitioners to get out into communities more and ‘know their patch’ to understand better the support networks, groups and formal organisations that could support families. Local areas also emphasised the importance of being **receptive to ideas** from local communities about how to do things differently. Finally, local areas were **investing in local community projects** in a way that **builds sustainability rather than dependence**.

- The final component to developing the capacity needed to deliver an effective offer of early help is **developing a coherent offer around place**. All of the local authorities engaged in the research were utilising existing **physical assets**, in particular children’s centres but also other public and community buildings, to maintain a “public face” of early help which aims to be non-stigmatising. The physical location of the services within the local community, and the idea that these spaces could be catalysts for other types of positive interaction, was an important part of the early help offer and philosophy. Organising teams either physically, or virtually, around a place can bear dividends not just in the **interactions between different professionals**, but also in the **depth of community knowledge** that those individuals begin to develop and create around the needs of the place in which they work. Some local authorities were able to point to ways in which this had enabled them to be **more precise in targeting support to the particular needs** of those living in a locality or more responsive to changes in the population.

## Working with families

- The third dimension to developing an effective early help offer is how local areas were **working with families**. The four key enablers identified here as contributing to effective work with families are establishing a safe and effective front door; focusing on the needs of the family as a whole; deploying a practice model based on evidence; and promoting resilience and being responsive.
- The routes by which families come to the attention of early help can be multiple and varied. Most families were referred by professionals, but some local authorities were seeing increasing numbers of families seeking support themselves. To manage these different routes into early help, all the local authorities had focused on **developing a safe and effective front door**. This took different forms in different areas but essentially acted as a single point of **initial assessment and triage** to make sure that the family was directed to the most appropriate pathway and support. Staff from partner agencies such as health and the police were often formally engaged in supporting these decisions. Local areas emphasised the **importance of speed** in decisions made at the front door so that the window of opportunity to engage positively with a family that had been referred to early help was not lost. A number of local areas had focused on **aligning the front doors into children’s social care and early help**. In some areas there was a single integrated point of contact and referral for both services. In other areas the two front-doors were co-located but still operated separately. Other areas had achieved stronger alignment through joint training, joint development of thresholds and much clearer ‘step up and step down processes’.
- **Focusing on the needs of the family as a whole**, rather than the individual, was fundamental to the eight early help offers that we studied through this research. This had a number of practical manifestations in how the early help offer was constructed and delivered. The first was the ambition that instead of being referred between different experts, a family would be able to **tell their story once** and this would trigger a joined-up and multi-agency response. The second practical implication of working with the whole family was around how presenting needs were assessed. Early help practitioners talked about how the assessments they used, in partnership with the families themselves, supported them to understand and **address the underlying needs, rather than the presenting symptoms**. Thirdly, local authorities described how the family focus of early help had enabled them to **challenge other services** which have historically focused more on individuals, to think about supporting families more holistically.

- The third key element that supports effective work with families is the consistent **application of a high-quality practice model** by those delivering early help interventions. Some local areas had investigated a range of different ways of working with families and used the **evidence of their efficacy**, combined with a knowledge of their staff and communities, to choose an approach which they felt confident would work in their context. Other areas developed a more bespoke approach, based on elements from different models. There was a lot of consistency in how practitioners and leaders described the hallmarks of a practice model that would be effective in an early help context. Working with families was seen to be most effective when it **focused on strength-based assessments** which evaluated a family's ability to make improvements for themselves. The practice-based models chosen also depended on a **high degree of interaction** between the key worker and the family so that the assessment, the plan and the measures of progress were all **co-produced and agreed** with the families against a common format. This helped to establish strong relationships, meaningful conversations, and a **pathway towards independence for the family**.
- The final key enabler that contributes to delivering effective early help to families is **promoting resilience and being responsive**. The local areas that took part in the research emphasised the importance of having an offer that was sufficiently flexible to **adapt to families' needs as they changed over time**. The key worker or lead professional model of support, combined with a range of less intensive support options such as group interventions and community networks, enables the type and degree of support to change as a family's needs change. Where early help is focused on building a family's resilience and capacity, as well as their ability to recognise their own needs and requirements, this flexibility in support will be **jointly developed and agreed between the key workers and the family** and will focus on building the families skills and coping mechanisms to sustain progress independently. The best early help offers maintain **strong processes for ending an engagement with a family**, including periodic 'checking in' and in some cases re-engagement. Community-based support networks proved a particularly helpful way of maintaining light touch contact with families who had been supported through a more intensive early help offer.

### Evaluating impact and quality

- The final dimension of developing an effective early help offer concerns the work that local areas do to evaluate the impact and quality of the offer and use this information to continually refine the design and delivery. This dimension incorporates four key enablers: developing an effective management information system; auditing and quality assuring practice; being clear about the desired impact; and putting in place proportionate and informative reporting.
- All areas recognised the importance of **developing a management information system** that is reliable, minimises the barriers to data sharing across services, and allows multiple partners to engage with the data. However, in many cases it has proved quite challenging to get information systems used by different teams within the council, and different partners, to 'talk' to each other. While none of the local authorities had completely overcome these issues, many had made considerable progress in developing management information systems for early help which were contributing significantly to their understanding of the impact of their offer and enabling partners to engage with the information held about families safely and constructively. The most effective systems were **based on a workflow that was proportionate**, simple to understand and simple to complete; were able to **track the progress and outcomes for individual families** against a single plan and show that journey over time; provided **an interface**

which allowed partners from outside the local authority to view and contribute to the data held about a family; capable of generating **meaningful and insightful performance reports**.

- **Auditing and quality assuring practice** provides the essential counterpart to having in place a good Management Information System and ensures that the practice model for working with families is being implemented well. All the local areas which took part in the research had put in place the systems needed to audit the practice of key workers and lead professionals on a regular basis. Often these were seen to be most effective when based on a **collaborative approach to auditing** which engaged those working with families in the audit process. This helped to develop a **shared understanding of what good practice looks like** in family-facing early help. Another key ingredient of success was the extent to which the **outcomes of auditing were shared across partners** and related services, to ensure consistency of quality across the diverse range of professionals engaged in delivering early help.
- All the local areas we engaged had developed a range of methods for capturing positive outcomes and **being clear about the desired impact at the level of the individual family**. They did this by agreeing with each family receiving early help a small number (two or three) key outcomes to be achieved which would be collated and tracked through internal management information systems. Some local areas also used data on progress made by families to provide an insight into system level performance by monitoring metrics such as the duration of support from initial contact to case closure and re-referrals into early help. While defining and measuring impact at the individual family was well established, local areas recognised that **being clear about the impacts desired at the level of the local system was not, as yet, as well developed**. Local areas were typically using **evidence of demand for statutory services** to show either the positive impact of early help or the risks and consequences of not having the appropriate early help offer. Alongside indicators of preventing risks from escalating, local areas were also exploring using a suite of measures that, taken together, **were indicative of positive outcomes** from the type of holistic family support they were providing, for example indicators related to school-readiness.
- The final key enabler which contributed to the ability of local areas to develop an effective early help offer was **putting in place proportionate and informative reporting** and using it to drive a culture of continuous improvement. Many of the areas had developed **regular quarterly reporting tools** which allowed senior leaders to scrutinise the performance, quality and impact of the early help offer and had embedded these in their governance cycles. Some areas had also developed clear and concise ways of **sharing this information to shine a spotlight for managers and practitioners on areas of practice that were working well, and issues that required more focus and attention**. In general, performance reporting systems worked best when the **metrics being used were clear and intuitive**, when the focus was on a **small number of key indicators**, and when the presentation of the data made it **relatively easy to interpret** what it might mean in terms of the performance of the system, and what might need doing differently as a result.

## The future of early help

- Going forward, the role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. There is a very strong logical and principled case for continuing to invest in early help so that it does become 'everyone's business'. But to achieve this in the current climate local areas will need to navigate some fundamental tensions in the development of their early help

offers. They will need to strike the right balance between investing in long-term goals and achieving shorter-term reductions in demand for statutory services; explore how intensive and more universal forms of early help can complement each other most effectively and how to build up the capacity of universal services to take on more of the responsibility for providing additional and lower-level intensive support; consider how to get sharper in both responding to demand and predicting need; resolve the tension between widening the scope of integration to encompass more services and partners or deepen integration with a smaller core; and develop system-level responses to new types of need and risk.

## Introduction

Over the last twenty years, since the initial pilot of Sure Start Children’s Centres in 60 ‘trailblazer districts’, there has developed a growing body of evidence to demonstrate that effective early intervention with children and families can both lay the essential foundations for future well-being and prevent needs from escalating to the point that statutory intervention might be required. However, while a great deal is known about the effectiveness of specific interventions with children and families, less is known about the factors that contribute to or impede the development and sustaining of a high-quality partnership-based early help offer at a local system level. As the Early Intervention Foundation states in their recent report, *Realising the potential of early intervention*, “much of the evidence of ‘what works’ in early intervention rests on studies that test the impact of individual programmes, rather than the combined effects of a more comprehensive, place-based early intervention strategy.”<sup>1</sup>

It is therefore the aim of this research to make a contribution to addressing this gap in the collective understanding of system-level approaches to the design and delivery of early help. By working with eight local areas which have developed integrated and established partnership-based early help offers, we have tried to:

- Develop a clearer understanding of what is meant by a ‘local early help offer’.
- Identify the key enablers which support the systematic development of partnership-based early help offers at the local level.
- Consider some of the issues that local areas will need to address in developing their early help offers in the future.

It is hoped that the findings of this report will be of use to local areas as they look to develop their approaches to early help, particular in the context of increasing pressure on resources and increasing demand for children’s services.

## Aims and methodology

In July 2018 Isos Partnership was commissioned by the Local Government Association to carry out research to explore the enablers of and barriers to developing and sustaining an effective local early help offer. Through the research we were asked to:

- work with a small selection of local areas to understand how their early help offer is arranged, how it has been developed, and how partners work together to sustain the offer;
- draw out some of the practical actions and activities that have helped to develop and sustain an effective local early help offer; and
- identify the key enablers of and barriers to developing and sustaining an effective, joined-up and partnership-based early help offer.

We addressed the research questions posed in three key ways. Initially we conducted a scoping exercise of existing publications, data and research relating to the development of early intervention as a concept and its practical application in locally based early help offers.

Secondly, we carried out fieldwork visits to eight local authorities which were invited to take part because they were recognised as having well established, interesting or innovative practice in the

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<sup>1</sup> Early Intervention Foundation, *Realising the potential of early intervention*, 2018

development and delivery of early help. In constructing the sample, we also aimed to achieve a balance in key contextual variables such as size, rurality, deprivation and funding. The eight local authorities that took part in the research were Barking and Dagenham, Greenwich, Kent, Lincolnshire, Oldham, Southend, West Sussex and Wigan.

During the fieldwork, carried out between November 2018 and January 2019, we spoke with a wide range of local authority leaders and officers including the Lead Member for Children's Services, the Director for Children's Services, Assistant Directors for early help and children's social care, early help team managers and key workers, and leads for services including targeted youth support, education welfare and SEND, MASH and youth justice. We also engaged through, interviews and workshops, a wide range of partners including health and mental health, schools, early years settings, the Police, and job centre plus. We worked with each local authority to draw up a list of fieldwork participants that they felt would give us the greatest insight into how early help had developed and evolved in their local context. Therefore, the range of interviewees differed quite a lot between the individual fieldwork areas and tended to reflect the nature of their respective offers. The focus of the fieldwork was to understand in detail how local areas had constructed their early help offers, to explore how these had evolved over time, and to identify the key enablers that had supported the creation of an effective offer and the future challenges that local areas were addressing.

Finally, we held an action-learning day for all the eight local areas that had taken part in the research, which was also attended by the London Borough of Westminster. The focus of this day was to test and refine the emerging findings of the research with the participating local areas; create the opportunity for local areas to learn from each other in understanding how to create an effective early help offer; and to collaboratively problem solve some of the key issues that local areas were facing in their current practice. The key findings of this research are based on the discussions with local areas conducted through the fieldwork and the action-learning event.

## What is Early Help?

### The history and evolution of Early Help

The idea that providing support to an individual or family at an earlier point can help to improve life chances and prevent negative outcomes is not new. Indeed, the concept of early intervention as a powerful force in English education and social policy can be traced back to the piloting and roll out of Sure Start centres. In preparation for the Comprehensive Spending Review of 1998 the then Minister for Public Health, Tessa Jowell, described six criteria for effective early intervention programmes which were instrumental in developing the Sure Start concept. These were:

- Two generational – involve parents as well as children.
- Non-stigmatising – avoid labelling problem families.
- Multifaceted – targeting a number of factors, not just, for example, education or health or 'parenting'.
- Persistent – last long enough to make a difference.
- Locally driven – based on consultation and involvement of parents and local communities.
- Culturally appropriate and sensitive to the needs of children and parents.<sup>2</sup>

More than two decades have now passed since these guiding criteria were written and a lot has happened in those intervening years. However, those developing and implementing early help offers

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<sup>2</sup> *House of Commons Briefing Paper – Sure Start, England*, Number 7257, 9 June 2017



in local areas today would recognise these criteria as continuing to be very relevant to the work they are doing.

The roll out of 3,500 Sure Start Children's Centres, providing joined up and integrated support to children and under five and their families provided a significant locus for the development of early help offers in every local community, on a national scale. In 2003, the Every Child Matters Green Paper provided a further policy impetus, explicitly linking failures in children's social care, such as the high profile and tragic case of Victoria Climbié, to a system which intervenes too late and with too little coordination and integration between local partners in the system. Following Every Child Matters, and the new legislative powers and duties given to Directors of Children's Services and Lead Members for Children's Services, tools such as the Common Assessment Framework, and the concept of the Lead Professional and Team around the Child, which are the forerunners of many of the processes and practice models deployed in the delivery of early help today, came into being.<sup>3</sup>

The years 2010 to 2012 were pivotal in the development of the concept of early intervention. In 2010 Frank Field MP was commissioned to look at poverty and life chances and recommended a new policy focus around supporting children up to the age of five as a critical period in which disadvantage becomes established.<sup>4</sup> In the same year, Graham Allen MP was commissioned by the Social Justice Committee to carry out an independent review of early intervention. Allen's report *Early Intervention: the next steps*, published in 2011, made a strong case, based on the outcomes of research and empirical studies, for the efficacy of early intervention and in particular the imperative of working with children at risk of poor outcomes in the first five years of their life, with a view to preventing needs becoming entrenched. The report identified a number of proven interventions that could be used with families and children with different needs and at different points in their lives, as well as identifying tools to measure progress and make existing practice around early years intervention more scalable. One of the key recommendations of Allen's report was the need to establish the Early Intervention Foundation, which was subsequently set up in 2013.<sup>5</sup> The work of Graham Allen, and since continued by the Early Intervention Foundation, has contributed immeasurably to a secure and evidenced-based understanding of what works in terms of early intervention.

Also published in 2011, Professor Eileen Munro's review of child protection built on the previous reviews and noted the growing body of evidence of the importance and potential impact of early intervention. Munro stated '*Preventative services can do more to reduce abuse and neglect than reactive services*' and recommended that government place a duty on local authorities and their statutory partners to secure the sufficient provision of local early help services for children, young people and their families.<sup>6</sup> While the government agreed, in principle, with the recommendation it did not impose a new statutory duty on local authorities and their partners for the provision of early help.<sup>7</sup>

In 2011-12, the Early Intervention Grant was created, which brought together a number of previously centrally directed grants for supporting children and young people. The grant was non-ringfenced and could be used, at the discretion of local authorities, to fund a range of support

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<sup>3</sup> *Every Child Matters*, September 2003

<sup>4</sup> Frank Field MP, *The Foundation Years: Preventing poor children becoming poor adults*, 2010. Referenced in *House of Commons briefing paper – Early Intervention*, Number 7647, 26 June 2017

<sup>5</sup> Graham Allen MP, *Early Intervention: the next steps*, 2011

<sup>6</sup> Eileen Munro, *The Munro Review of child protection*, 2011

<sup>7</sup> DfE, *The Government's response to the Munro review of child protection*, July 2011

services for children and families including Sure Start children's centres, free early education places for disadvantaged two-year-olds, short breaks for disabled children, targeted support for vulnerable young people targeted mental health in schools and targeted support for families with multiple problems. The Early Intervention Grant was worth £2.24 billion nationally in 2011/12.<sup>8</sup>

In 2012, the Government announced a further investment of £448 million pounds up until 2015 to turn around the lives of approximately 120,000 Troubled Families. This initial phase of the Troubled Families programme was innovative in a number of ways. Not only did it place the concept of early intervention, to prevent the escalation of needs which have a high cost to individuals and society, at its heart. It was also the first major national programme to be funded on a Payment-By-Results methodology. Local authorities were paid £4,000 for every family who met the Troubled Families criteria and showed significant and sustained progress. Part of the £4,000 was paid up front, but the rest was withheld until evidence of significant and sustained progress had been collected. The second phase of the Troubled Families programme was launched in 2015 with an investment of £762 million up to 2020. The second phase of the programme, building on the learning from phase one has been characterised by a 'whole family approach', a relentless focus on achieving outcomes and transforming the way that public services work with families to be more integrated and reduce demand for reactive services.<sup>9</sup>

While there has been debate about the national impact that the Troubled Families programme has had against its core objectives, it is undoubtedly true that it has had a significant influence in shaping how local authorities think about and construct early help offers. The independent evaluation published in 2016 noted that the Troubled Families programme had raised the profile of family intervention nationally, boosted capacity for local family intervention and transformed local services and systems at a time when most local authority budgets were undergoing retraction.<sup>10</sup>

The final coda to this brief history of early help and early intervention is to consider the impact of public sector austerity on this aspect of local policy and delivery. Between 2010/11 and 2015/16, according to research by Aldaba, Children's Services spending decreased by 9% in real terms (adjusted for inflation), against a picture of slightly rising levels of demand for statutory services. 2013/14 was the last year that the Early Intervention Grant was available, with some of the funding being rerouted through other sources including the Dedicated Schools Grant and some through the local government financial settlement.<sup>11</sup> In 2010 the total budget to support all forms of early intervention in local authorities was £3.2 billion. By 2019-20 it is predicted to be £939 million – a reduction of 71%.<sup>12</sup>

During this period of increasing budgetary pressure, local authorities have responded in different ways. Some have consciously and deliberately maintained an investment in early help either because they strongly believe that it is the best way to secure improved outcomes for children and families or because they believe that in doing so they will be able to stave off damaging and unsustainable increases in demand for children's social care. Action for Children, the NCB and The Children's

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<sup>8</sup> *House of Commons briefing paper – Early Intervention*, Number 7647, 26 June 2017

<sup>9</sup> DCLG, *Supporting disadvantaged families – Troubled Families Programme 2015-2020: Progress so far*, April 2017

<sup>10</sup> DCLG, *National evaluation of the Troubled Families programme – final synthesis report*, October 2016. Referenced in *House of Commons briefing paper – The Troubled Families Programme (England)*, Number CBP 07585, 18 July 2018

<sup>11</sup> DfE, *Children's Services: Spending, 2010-11 to 2015-16 – a research report by Aldaba*, November 2017

<sup>12</sup> Action for Children, National Children's Bureau & the Children's Society – *Losing in the long run – trends in early intervention*, 2016

Society reported that between 2010/11 and 2015/16 spending on early intervention for children, young people and families fell by 31% in real terms, with a 48% reduction in spend on children's centres and a 29% reduction in spend on targeted youth services. Spending on family support services fell less, by only 4.5% over the period, reflecting both the protection to budgets offered by the Troubled Families programme, and also, potentially, efforts to safeguard those aspects of early help which can most obviously be seen to contribute to a reduction in demand for children's social care.<sup>13</sup>

Interestingly, the data suggests that despite declining budgets demand for early help is on the rise. ADCS reported that between 2013 and 2018 early help assessments rose by 116% from 105,100 per year to 227,210 per year. Yet this scale of activity is a drop in the ocean compared with number of initial contacts into children's social care which in 2018 stood at 2.4 million – more than ten times the number of early help assessments.<sup>14</sup>

### Eight distinctive local Early Help offers

This very brief description of the recent history of early help and early intervention in the preceding paragraphs have tried to provide a context to understand the current work of local areas. It is important to recognise that in designing and delivering their current Early Help offer local areas are not starting from a blank sheet of paper. There is an archaeology, a legacy, of the building blocks of previous policy reforms and interventions which shapes what local areas are doing now. To take a practical example, the way that local authorities and communities rolled out the Sure Start Children's Centres programme, and subsequently the decisions that have been taken around how or whether to maintain that investment following the end of dedicated funding, will shape the way in which early help is currently delivered.

As explained in the methodology, the eight local authorities invited to take part in this research are not representative of the country as a whole. All eight areas were selected because they were known to have continued to invest in the development of local early help offers and were doing interesting and innovative things with that investment. However, the eight areas are very different, and much more nationally representative, in terms of their context - with areas of high and low deprivation, urban and rural communities and differing levels and types of underlying need.

It is perhaps unsurprising, therefore, that given these different contexts and the fact that the history of the development of early help in England has been rooted in local discretion, with local authorities working with their partners and communities, that the eight local offers have evolved in quite different ways. At Annex A, a short description is included of the offer in each local area to provide a sense of these differences and local variations. Having said this, at the core of each local area's approach there is something that can distinctively be described as 'early help' and which shares some key similarities across the eight local areas. It is helpful to think of these similarities firstly in terms of organisational structure and delivery and secondly in terms of the principles of intervention.

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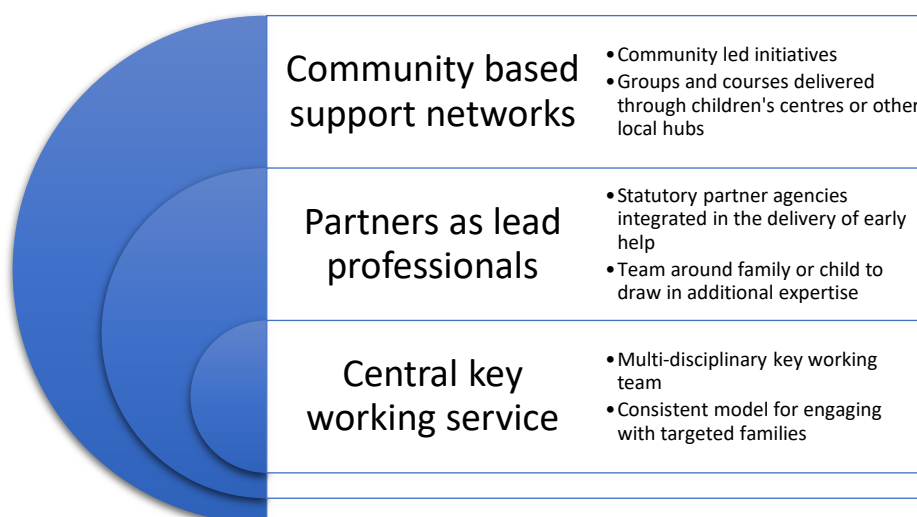
<sup>13</sup> Action for Children, National Children's Bureau & the Children's Society – *Losing in the long run – trends in early intervention*, 2016

<sup>14</sup> ADCS, *Safeguarding pressures phase 6*, November 2018

### Similarities and differences in terms of organisational structures and delivery

All eight of the local areas engaged in the research had, at the core of their early help offer, a ‘key work’ support offer for families based on regular visits to the family and active support in developing the skills the family needs to make progress. This was typically delivered by key workers within a multi-disciplinary team that was managed by the local authority, followed a prescribed process in terms of assessment, planning and recording outcomes, had an established caseload that was closely monitored, and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, to act as lead professionals for families requiring early help. These families would often be supported in a similar way to those receiving a targeted key work service, but the focus of the lead professional would be more around integrating the support they could provide within the parameters of their professional role and expertise, drawing in additional support where that was needed. Finally, all eight local authorities also had an underpinning offer of universal or group-based support offered either by the community or through community-based local authority run hubs such as children’s centres. The flow of individual families into and out of these wider supporting networks tended to be less closely tracked and often corresponded with families whose needs were less complex or were believed to be more able to make and sustain progress independently. The graphic below provides a simple illustration of these different organisational aspects of the early help offer.

#### Similarities in the organisational structure of early help



Within this overall common structure there were a number of ways in which local areas differed in their approach to developing early help. The first and most obvious difference was the balance of activity and investment between these three different parts of the offer. In some local areas the central key working service was the real driver of early help – the large majority of activity was focused there, the interface between the key working service and children’s social care was extremely tight, and the focus had been on bringing partners and services within this integrated core team. In other areas the balance was weighted more towards the other tiers of the system. In some local areas the strategy was to support partners so that the majority of families requiring early help were supported by lead professionals in their own agencies, and within their professional remits. In these cases, the key work service only held a small percentage of the families known to need an offer of early help. In other areas, the driving force was seen to be the opportunity for families to be

supported in a community setting with the key work service and lead professionals geared to enabling that to happen safely.

A second key difference was in the decisions that had been taken as to which services or teams would be integrated within the central key working service. As can be seen from the individual local authority descriptions at annex A, a very varied range of teams came within the scope of the early help service from parenting support workers to young people's drug and alcohol service. The exact constellation of teams and professional disciplines incorporated within early help are quite unique and specific to each local area.

The final obvious differentiator is the extent to which the early help offer is centralised or localised. These decisions partly depend on the size and structure of the local area, partly on the existing infrastructure available, and partly on the nature of the offer and the balance between the different types of support. However, it is clear to see that some areas have physically located a lot of their early help delivery in public-facing community spaces, within a place-oriented strategy. Other areas have a more centralised model of delivery with the local authority acting as a hub from which outreach and key work services are delivered. This means that in different areas of the country the early help offer might 'look' quite different.

## Similarities and differences in terms of principles

In describing what they were trying to achieve through early help, and the principles underpinning that support and intervention, all eight areas displayed a remarkable degree of similarity. Indeed, there is a golden thread in terms of the underlying characteristics of effective early intervention that seems to run right through the policy turbulence and developments of the last twenty years. There is also a striking similarity in how local areas described the principles on which their local early help offer was based with the key tenets of the Troubled Families programme – a 'whole family approach'; a clear focus on achieving outcomes; and transforming the way that public services work with families to be more integrated and reduce demand for reactive services. This suggests how this national programme may have influenced thinking at a local level in developing the concept and practice of early help. In some areas, the Troubled Families programme has directly influenced the development of the early help offer whereas in others it has been incorporated into the existing work to develop and implement an early help system.

In describing the underlying principles of their early help offer, the phrase that was used repeatedly by local authority leaders, early help workers and lead professionals was 'the right support, given by the right person, at the right time'. There are four themes that recur consistently in how local areas describe their early help offer, in support of this ambition:

### ***The earliness of early help***

There appear to be two broad schools of thought, research and evidence about why the earliness of early intervention matters. These come together in the development of local early help offers. The first school of thought is based on the very significant amount of evidence that shows the first few years of a child's life – and there is debate about whether it is five years, or three years or two years – are critical in developing strong attachments to carers and the healthy emotional response to the world around them which will stand these children in good stead for the rest of their lives. There is a wealth of research, effectively summarised in Graham Allen's review, that shows there is a developmental window for establishing these foundations and if missed it can be much harder to establish these strong attachments at a later stage. This school of thought for early intervention therefore prioritises interventions for very young children and their families and also later life

interventions that might make young adults better parents in turn, and more able to offer their children the stable, caring and nurturing environment in their early years that will enable them to thrive.

The second school of thought does not consider the 'earliness' of the intervention so much in terms of the age of the recipients and what that might mean in terms of their developmental receptiveness, but rather in terms of the lifecycle of need. Proponents of this approach would argue, for example, that if one were to look at the case histories of children who were subsequently taken into care, in some cases there would have been multiple points at which that family could have been helped differently which might have resulted in a better outcome for the children and that family. These interventions might, for example, include support for parents to address substance misuse, tackle extreme poverty or end an abusive relationship. These are not interventions targeted predominantly at young children or future parents – the timing of these interventions are dictated more by the moments at which families can be incentivised to address underlying needs that are leading to adverse outcomes.

Typically, when local areas talk about *early* help, they are describing an offer which bridges these two schools of thought. An offer that can provide support and intervention at the earliest opportunity to a family experiencing difficulty, irrespective of the age of the children, but which is also informed by the developmental research that suggests that targeting support at younger children and new parents may pay significant dividends in the long term. Where tensions exist, it can be in the allocation of scarce resources between these two powerful goals.

### ***Working with families***

The second common principle which underscores all the early help offers represented in this research was the idea that the focus of early help is the family, and that early help is more effective if it is delivered in a way that builds an ongoing relationship with the family. Local areas described families as 'partners' in the early help offer. One early help practitioner said that with the right help and support to unlock their potential families could become 'experts' in understanding their own needs and the potential solutions.

### ***Building resilience***

Local areas were clear that the goal of early help was about building resilience in families and in communities. In constructing their early help offers, local areas were aiming to disrupt a traditional model of public service delivery which effectively rations very specialist support and input to a small number of families whose needs have reached crisis point. An underlying principle of early help is, therefore, that working differently with families at a point when difficulties are not so entrenched will enable them to find the capacity, and indeed the coping strategies, that they will need to navigate the future successfully. In some local areas there was also a more explicit recognition that part of the capacity for resilience in families also derives from their relationship with their community. Therefore, building supportive and sustainable networks and capacity within communities to be resilient was a further explicit goal of the early help strategy.

### ***Integrated, joined-up offer***

Finally, local areas recognise that it is not within the gift of a single agency to achieve a credible offer of early help. The needs of families are too diverse, as are the multiplicity of points at which they come into contact with public services. Therefore, the final underlying principle is that early help

requires multiple partners to work together in a different way, providing an integrated and joined up offer.

### Working towards a definition of an effective local Early Help offer

There are many good and simple definitions of early intervention. The Early Intervention Foundation describes it as “Identifying and providing effective early support to children and young people who are at risk of poor outcomes” and goes on to explain that it is about reducing the risk factors and increasing the protective factors in a child’s life. However, having a good and serviceable definition for early intervention is not the same as having a solid sense of what is meant by ‘a local early help offer’. One of the questions posed by the local areas which took part in this research is “do we all mean the same thing when we talk about local early help offers?”. Unlike other aspects of children’s services which have a statutory basis and an accompanying set of duties that local government must fulfil, there is a much greater degree of local discretion in the development of early help. Furthermore, early help is not instantly understood and recognisable in the way that social care, education or policing all are. Families don’t always understand what is meant by early help and this can lead to some confusion.

An additional dimension to the issue around definitions is that early help is used interchangeably to refer to a *service*, an *offer* and a *system*. This makes it hard to reinforce the message that early help is not just a service to which other professionals refer families, but is a wider, multi-disciplinary and cross-community offer or system through which services and community groups work together to provide responsive, flexible support. Therefore, the question is not about defining early intervention, but being clear what early help looks like locally. When we talk about early help in the context of local government and delivery what do we mean?

Despite the fact that there were notable differences between the eight areas in terms of how their early help offers had been constructed initially, and subsequently developed, there is still enough common ground, particularly in terms of the underlying principles and goals, to construct a definition of an effective local early help offer. The working definition that we have developed for the purpose of this research is:

*An effective early help offer brings together local partners to provide early support for children and families that builds their resilience, prevents difficulties from escalating and leads to better outcomes that are sustained.*

### The lifecycle of developing early help

All eight local areas which took part in this research were in the process of refining, refocusing or even redeveloping their offers of early help. Indeed, some felt that a hallmark of a well-functioning early help offer was its capacity to evolve in response to feedback from families and data on performance and outcomes. Furthermore, as the brief history of early intervention policy shows, this is an area where there have been significant shifts in policy, funding and emphasis to which local areas are responding. Despite the differences in context, and in the organisational solutions put in place, there appear to be four inter-related phases in the development of a local early help offer which were apparent in how all eight local areas described the journey that they had been on. These are captured and described in the graphic below:

### The evolution of a local early help offer



In describing the first phase of how their local early help offer had evolved over recent years, many of the local authorities spoke about the importance of establishing support for the principle of early help within their own leadership cadre and with key advocates and catalysts for change in their partner agencies. In the second phase, this was reinforced by putting in place the systems and processes that allowed the local authority and its partners to exert an organisational grip on the new offer. This would often entail putting in place a new, consolidated management structure that would oversee the teams delivering early help; engaging a broader range of partners through effective governance mechanisms; and putting in place the building blocks that would ensure early help was delivered consistently and well. This might include developing the practice model used by key workers and lead professionals, investing in better management information systems to track progress, designing assessments and reporting formats and developing systems of peer review, supervision and quality assurance.

The third phase of development often came after the early help offer had been in place for a couple of years, at which point local areas could assess the impact of what they were doing, look at how they could improve consistency through better integration across a wider range of partners and experiment with different ways of supporting partners in their delivery of early help. At this point local areas often took the opportunity to assess whether they had the right targets in place, and whether they were making progress towards them. Sometimes this would lead to a reshaping or refocusing of the offer, bringing a different mix of professional skills and disciplines into the integrated delivery teams.

The fourth phase of development could be described as looking to achieve a 'multiplier effect'. This is the point at which early help genuinely becomes 'everyone's business' and early intervention becomes the dominant way of thinking about public service delivery. We have coined the phrase 'multiplier' for this phase of development because the impact of the central investment in early help might be multiplied many times as the reach becomes both wider and deeper. At this stage, from

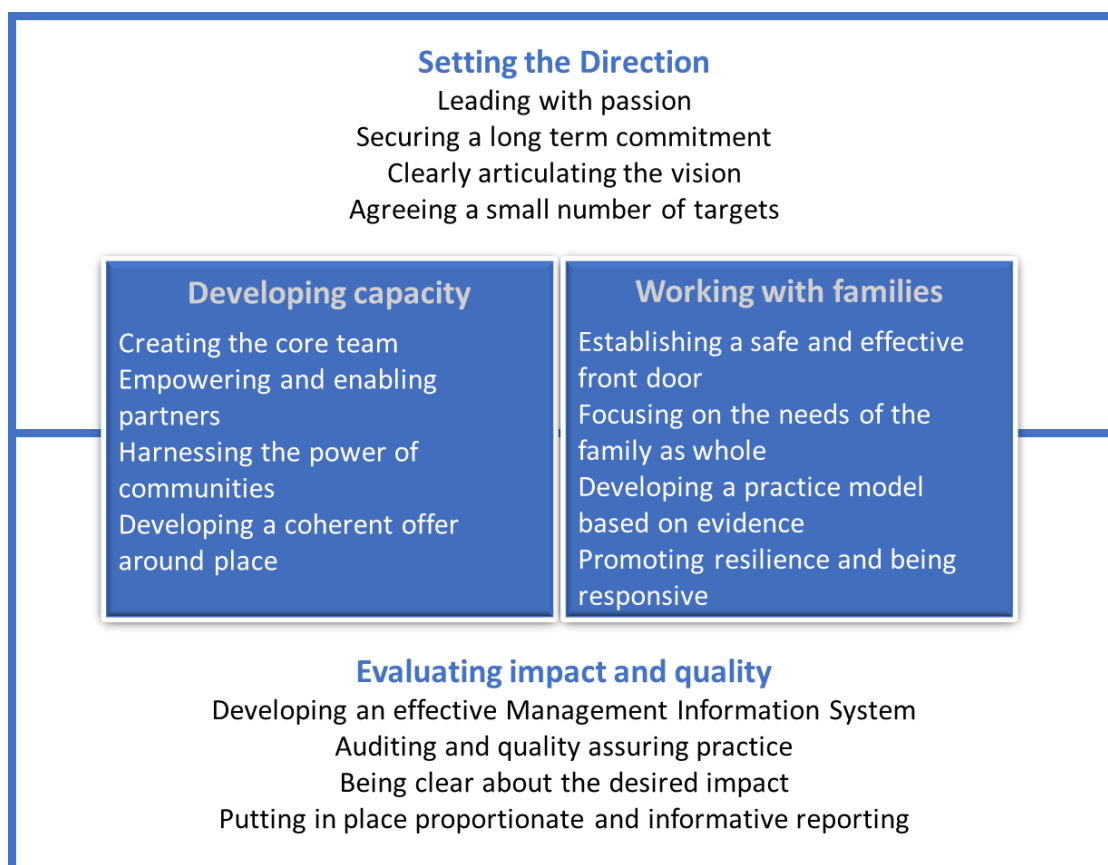


the foundation of an effective and proven integrated early help offer, local areas might focus on empowering a far wider range of professional partners to adopt the principles and practice of early help, invest in building sustainable support networks in communities, use families who have benefitted from early help as advocates and champions, potentially also providing support to others, and working on achieving a much deeper cultural shift in organisational terms towards early help as the principle means of interaction between the public sector and families.

The lifecycle of the development of early help described above, and the four distinct phases are not linear. Many of the local areas engaged described an iterative process, particularly between phases two and three of this journey. In addition, many areas have described how they have tried to sow the seeds of the cultural shift required to achieve the ‘multiplier effect’ at phase four, right from the start. It is perhaps more accurate, therefore, to think about the phases of developing an early help offer as a layered process with each successive development building and refining what has preceded it, rather than replacing it. All the local areas which took part in this research saw themselves as being part way through the lifecycle described above.

## The key enablers of establishing an effective early help offer

Despite the fact that the way in which early help has developed in each of the eight fieldwork authorities is quite distinct, there was a relatively high degree of consensus among leaders and staff in these areas about the key enablers of developing an effective and partnership-based early help offer. Through this research we have identified sixteen key enablers which fit within four main dimensions. These are represented graphically below:



## Dimension 1: Setting the direction

The first dimension of developing an effective partnership-based early help offer is setting the direction. The key enablers which support this are: leading with passion; securing a long-term commitment; clearly articulating the vision; and agreeing a small number of targets.

### Leading with passion

It has become a commonplace in any discussion of the effectiveness of public services that one cannot deliver high-quality services without strong and committed leadership. It is perhaps not surprising, therefore, that this exploration of the key enablers that support the delivery of effective and joined up early help offers at local level begins with a focus on the quality of leadership. However, there is something distinctive about the nature of leadership required to secure strong early help offers: that is the belief or conviction of the leaders in the efficacy of the model. Unlike other areas of Children's Services where the role of local authorities and their partners is set out in law, there is nothing that stipulates that local authorities must, or even should, have in place a way of providing early help and intervention for families who do not meet the threshold for engagement with children's social care. It is something that local authorities do because they believe it works, and this requires passion on the part of the leaders, not just competence.

It was striking that in those local areas where early help was most embedded, and most effective, senior leaders, including elected members, local authority officers and leaders of partner agencies, all demonstrated a strong conviction in their language and their behaviour that if their organisations could consistently intervene early and effectively it would improve outcomes for children and families, and it would, in many instances, prevent needs and risks escalating to the point that statutory intervention might be needed.

Interestingly, many of the local areas involved in the research could not point to hard data in their local areas which would evidence their conviction to the exclusion of all doubt. Indeed, they were aware of the complexity and subtlety of forces which might mean drawing a simple correspondence between putting in place effective early help and seeing a reduction in demand for statutory services is illusory. This, however, presents local authorities, their partners and policy makers who advocate for more extensive investment in Early Help, with a conundrum. It is very difficult to develop and sustain an effective early help offer without the deep-seated belief and conviction of local leaders that it works. But how does one foster and spread such a belief among senior leaders in the absence of watertight and conclusive evidence?

The answer to this question varied between the local authorities who took part in the research. In most cases the development of the early help offer required, at the outset, the commitment and evangelism of a small number of individuals who were strong advocates for the approach. The ways in which this belief was spread and embedded within a wider leadership cadre included:

- The power of storytelling – using examples of individual children or families whose lives had been turned around by effective early intervention.
- Leveraging dissatisfaction with the outcomes achieved by existing services to generate a conviction that there must be a way to 'do things differently'.
- Tracking cases where help had not been provided at an early stage, to demonstrate the impact of not intervening early.
- Making judicious use of the research base, for example research produced as part of the Troubled Families initiative, by the Early Intervention Foundation, or through public health initiatives, which point to the efficacy of earlier intervention.

- Developing a simple and clear narrative that is logical and easy to understand about what you are doing and why.
- Appealing to elected members as community leaders and showing how early help might provide a solution to endemic and entrenched issues of which they are aware in their constituencies.

If the first pre-requisite for developing an effective early help offer is fostering a sense of conviction and belief in the potential for early help to change lives among local leaders, the second pre-requisite is that leaders are able to generate that same belief and passion among staff and partners. The local authorities which took part in the research were very clear that creating a workforce that was committed to delivering early help depended on some key steps:

- Always framing the argument for Early Help in terms of how it might deliver better outcomes for children and families, rather than positing the rationale as reducing demand or pressures on statutory services.
- Communicating the vision consistently and simply.
- Finding multiple ways and opportunities to tell the story of what you are doing and why it's working.
- Use early advocates as catalysts for change within their teams or organisations.
- Behave in ways that are consistent with an organisational philosophy or early help – modelling early intervention inspired solutions in as wide a range of contexts as possible.

It was a hallmark of those areas where the leadership was passionately committed to the concept of early help that they were prepared to take organisational risks, or pursue creative and sometimes untried approaches, in order to deliver a more effective approach to early help. One head of early help said “Early help is risky. It means moving away from places of personal and professional safety. You must support people to take risks.” This preparedness to take well-considered risks resulted in developing a culture where partners and staff felt empowered to develop different ways of working that would enable them to reach more families, with earlier and more effective support.

For example, in Barking and Dagenham they took the bold decision to develop a new directorate – Community Solutions – which brings together sixteen services, including housing, the adults and children’s MASH, Libraries, Children’s Centres, targeted youth support, Anti-social behaviour, all age disability services and the Troubled Families team under a new leadership structure and which has early intervention as its guiding principle. The aim of this organisational redesign is to place early help at the heart of a range of key interactions between local government and residents. In West Sussex, in developing their Integrated Prevention and Early Help (IPEH) service they brought together eight distinct services over the course of 10 months into six local integrated hubs. In each hub there is a capacity team which is responsible for the buildings, partnership work and the menu of support, a process team which provides the intake and assessment duty work, and a delivery team which carries out direct work with families. Both the delivery and process teams support workers and oversee performance management and quality assurance. Staff within the IPEH service saw this organisational shift as having been instrumental in creating an integrated service which was more responsive to the needs of families.

In most cases these new ways of working are relatively untested. They are likely to evolve and change again in response to more information and new challenges. But the confidence to embrace different ways of working in pursuit of a different experience for children and families receiving services, can make an important contribution to ensuring the early help offer responds to the local context.

The final element which contributes to passionate leadership as a key enabler of early help is the extent to which the concept of early help has permeated the culture of the local authority, and its partners. In those areas where the early help offer appeared to be strongest there was a sense that early help was not simply another service, or indeed a collection of services under a new banner. Rather the principles of early help – intervening early, looking at a family’s needs holistically, developing joined up and flexible approaches to support and continually promoting resilience and sustainability - permeated a wide range of interactions between the local authority or their partners and families. In a few areas early help had come to characterise their view of what local government should be about – it was their primary means of doing business – and this had begun to permeate into other areas of the council beyond children’s services.

### Embedding a culture of early help – Wigan

‘The Deal’ in Wigan is an informal agreement between the council and everyone who lives and works in Wigan to work together to create a better borough. It is predicated on the idea that the council will make a number of pledges to residents, but that these can only be achieved if those who live and work in Wigan also play their part. The ethos of The Deal is to develop community responsibility and resilience and provides a core strategic foundation for the development of a culture of early help.

In translating the language and ethos of The Deal into a vision for services for children and young people and their families, Wigan recognised that the ethos of The Deal is as much about *how* you deliver support and services as *what* you do. The Director of Children’s Services described it as ‘Reclaiming humanity in public services’ – giving staff permission to work differently so that they see and respond to the human being in front of them, rather than thinking of their role in terms of process management.

Wigan therefore went through a process of redesigning the staff group based on the principles of an asset-based approach to working with children and families. The asset-based approach concentrates on the resources people have and employ to remain well; to achieve and participate in society; and to bounce back from adversity.

### Securing a long-term commitment

The second key observation from the fieldwork authorities was that developing an effective early help offer requires not just passion and commitment, but also time. None of the areas engaged in the research saw early help as a ‘quick fix’ to pressing issues around rising demand for statutory services but a long-term endeavour to shift the relationship between local services and families. While the benefits to an individual child or family from receiving high-quality ‘early help’, such as increasing school attendance or fewer episodes of anti-social behaviour, might be felt within a number of months, longer term trends in terms of reducing numbers of children requiring intervention from social care or entering the youth justice system might not be realised for a number of years. The bigger societal impacts, which are the prize that sits at the heart of the early help philosophy, such as better educational outcomes, increasing rates of secure employment or breaking the cycle of intergenerational disadvantage and poverty, might take decades to realise.

Importantly, the passionate leadership based on conviction and belief, described above, meant that in most of the local areas included in the research the political commitment to having in place an effective early help offer had not been limited by the time frame of electoral cycles. One local area described their journey to configure an effective early help as lasting more than a decade. In another area where there had been a degree of political instability, they described how the commitment to

intervene early and effectively with families had transcended political boundaries. The leader of the council chaired the children's services improvement board and the ongoing political support was rooted in a belief that children were their most important citizens. Of course, we selected local authorities which were thought to be performing well in terms of their early help offer that are, by their nature, led by people who understand and appreciate early help. However, their reflection was that if this commitment is not in place you can build it by explaining the risks of not intervening early and getting leaders to think about the most appropriate way to manage those risks.

The long-term nature of the commitment to developing effective early help had importantly translated into continued funding. Although all the local authorities involved in the research were beset with the same budgetary pressures facing children's social care and other statutory services as have been widely reported nationally, in the majority of cases the local areas and their partners had managed, to date, to sustain a sufficient level of funding in early help. Certainly, early help services within local authorities had been required to find savings and had considered the scope and structure of their offer as a consequence. However, it was notable that in the large majority of the authorities included in this fieldwork very significant or threatening budgetary cuts to early help offers had not been realised. The longevity of key national funding streams, such as the Troubled Families grant, have certainly contributed to the ability of local areas to maintain funding early help to the level required. Indeed, one local authority was very candid that without the continuation of the Troubled Families grant the current early help offer would not be sustainable. However, the sustained funding commitment shown by local areas has been significant, both in their imaginative use of different ring-fenced grants and in contributions from core council funding.

Local areas were clear that maintaining a long-term commitment to early help, both in terms of leadership and funding, was necessary to achieve the transformation in ways of working and in outcomes for families. However, they were equally clear that the rapid turn-over of staff at all levels in children's services could frustrate the long-term strategic view and implementation that was a key component of success. One of the ways that the local areas had found to counteract this risk of fragility was through establishing strong governance mechanisms that supported partnership working and could cement relationships, plans and responsibilities beyond the tenure of key individuals. In some cases, local areas had developed specific governance structures that related to their early help offer and brought key partners to the table. Other areas used existing governance mechanisms such as the LSCB or the Children's Services Improvement Board to bring strategic leadership, ownership and oversight to the development and delivery of the early help offer.

### **Embedding early help in community-facing services – Barking and Dagenham**

The London Borough of Barking and Dagenham has a long tradition of providing early help and intervention, but in 2017 a decision was made to develop a different operating structure within the council. This created a new combined directorate of care and support for adults and children, and alongside this another new directorate entitled 'Community Solutions'. The vision for Community Solutions is to place the concept of early intervention at the heart of how the council and its partners interact with families and communities. It is described as 'Investment in everyone, everyday' and aims to change how people come together as communities.

Community Solutions went live in October 2017 and really started to embed from April 2018. It brings together 16 services into a single directorate including the front door to adults and children's social care, housing, anti-social behaviour, Leisure, Libraries, Children's Centres, Troubled Families team, targeted youth services, employment and skills and others. The directorate, and by implication the early help offer, is managed through five 'life-cycles' which are universal, triage, support, intervention

and employment and training. Across Community Solutions staff have generic roles and job descriptions, whilst continuing to recognise the specialist skills that individual teams bring. To develop the new structure and vision the council held four rounds of staff roadshows, bulletins and lunchtime sessions supported through a 'change-maker' network.

As a result of the restructure Barking and Dagenham have looked to refocus investment from middle management to frontline staff, many of whom were located in universal services. The vision is that, with the training that has accompanied the move to Community Solutions, staff in a whole range of services will be able to support families who might benefit from early help. For example, there are now staff in libraries who are able to have a conversation with families about managing money and debt. Long-term, the borough is looking to deploy multi-agency teams, offering interventions from universal up to specialist, on a locality basis. In this vision any building could be a 'one stop shop' for early help.

Community Solutions as a concept and an organising principle is still very much in its infancy. However, senior managers have begun to identify some positive impacts from the change. They point to the wider step-down offer that is now in place; the ability of early help workers to focus much more on the root causes of a family's difficulties not just their presenting needs; and being able to lever much greater impact from front-line staff and council buildings and assets. One of the earliest areas showing measurably improved outcomes is Housing, where there has been a 50% reduction in evictions from council tenancies following their integration within Community Solutions.

## Clearly articulating the vision

Creating a strong and positive vision for why early help matters was an important step in setting the overall direction. Those local areas which had developed the most compelling visions were clear that early help was an 'offer' and not a 'service'; were grounded in the principle of providing the right support for families at the right time; and could clearly articulate that early help is everyone's business. As one DCS eloquently summarised their approach "Specialist services do not have the magic wand. Sustainable change comes from families. People who know families, for example school or healthcare providers, are best placed to unlock that change".

A challenge for those setting the direction for early help in a local area is the risk that the offer becomes too diffuse and too complicated. Without a defined space set out in statutory terms the scope of early help can become all-encompassing and quickly lose both purpose and focus. Those local areas that had most successfully countered this risk of 'scope-creep' had spent time up front in developing a very clear vision that was easy to understand and easy to communicate. Importantly, this vision statement was owned by partners and by staff, in many cases as a result of co-development.

A number of local areas had worked on different ways to communicate their vision to ensure that it inspired and empowered professionals, and also so that it was accessible to children and families. In West Sussex for example, they had developed their 'vision on a page' that looked to summarise the core aims of the early help system and the different services and offers which contributed to those. Many areas had invested in roadshows and events to bring staff together around discussing the vision, contributing to it, and developing it going forward. When Greenwich were setting out on their EH journey, they did a "roadshow" where they went to every service, team and governance group to share the vision of early help and used real examples of cases that had reached crisis-point because support was not put in place quickly enough.

## Articulating a clear vision for early help in Oldham

At the start of their early help journey in Oldham, leaders recognised that it would be vital that the offer of support was articulated in a way that made sense not only to professionals within the early help teams and the wider early help system, but also to children, adults and families. Oldham developed a visual tool which supports conversations with families about the extent to which they feel in control of different aspects of their lives, accompanied by descriptions of the early help offer which use plain and accessible language.

The offer of support across health and wellbeing, family and social support, and education, employment and skills was described in the following terms, along with examples of the sorts of services that formed part of the offer at each level:

**Self-help and universal services** – ‘I can usually find a solution myself or with a little direction I can’;

**Community services and outreach** – ‘I need some guidance to help me solve this problem for myself’;

**Low intensity one-to-one support** – ‘I need some practical support to help me solve this problem for myself’;

**Engagement casework** – ‘I need someone to show me how I can change some things in order for me to do things for myself’;

**Intensive casework** – ‘I need someone to work with me intensively to ensure that I can eventually resolve my own problems’.

This framework was accompanied by self-reflection graphics, flow-charts and other tools that could be used to help families understand what early help was, how it could be accessed, and what sort of support was available. This framework was also used as a means of drawing together the wide range of services that, in Oldham, support children, adults and families into a single system underpinned by a shared ethos of early help.

By its very nature, however, over time the needs to which the early help offer is seeking to respond change, and thus the offer needs to be refocused as well. In Oldham, work is currently underway to consider how to strengthen capacity to support families earlier within universal services and at the same time to develop a stronger offer for young people on the edges of the care system.

## Agreeing a small number of targets

Sitting alongside the vision for early help, a key element of setting the strategic direction is agreeing a small number of priorities which can be reflected in meaningful outcomes-based targets and using these as a way to track the impact of early help. Ideally these priorities and targets would link directly to key objectives within the corporate plan, placing early help at the centre of the organisation rather than on a limb. A number of areas could explain how the ‘golden thread’ linked the outcomes to which they were committed in early help with the broader local ambitions for community and place.

The priorities and targets chosen by different areas was quite varied. In West Sussex for example, there are four overarching targets for their early help offer: to increase the number of families showing significant and sustained progress (as part of the Troubled Families framework); increase the number of children and young people who are a healthy weight; improve county-wide take up of early education and reduce reoffending rates among young people. In contrast in Lincolnshire they had set targets around reducing demand for children’s social care and improving school readiness.

Defining the priorities and outcome focused targets to guide the early help offer was in fact an area which many of the fieldwork local authorities recognised as a challenge. There was a tension in some areas between developing a set of priorities that were strongly influenced by community and staff inputs in a genuinely 'bottom-up' driven model and ensuring that this was informed by a rigorous and forensic analysis of what the most pressing needs are in a 'top-down' way. To take a concrete example, in two fieldwork local authorities the most pressing presenting need for families coming to the attention of children's social care for the first time was levels of domestic violence in the home. One head of children's social care described this as a 'local epidemic'. However, in neither case had bottom-up community consultation identified challenging levels of domestic violence as a key issue in developing the early help priorities. Therefore, the degree of explicit focus afforded to this issue through the development of the early help offer had not been as strong as it might. This points to the need to marry up both bottom up engagement and top-down analysis in the development of a strong set of guiding objectives and being flexible and fleet of foot enough to change these, as the needs and opportunities within communities change.

## Dimension 2: Developing capacity

The second dimension of building an effective early help offer is developing the capacity within the local authority, with partners and in communities and families to provide effective early help. The four key enablers which support this dimension are creating the core service, empowering and enabling partners, harnessing the power of communities, and developing a coherent offer around place.

### Creating the core service

In all the local areas that we visited as part of the research there was a core service, managed by the local authority, that delivered intensive early help interventions on a key-worker model. These interventions delivered by the core service were typically, though not exclusively, targeted towards families with more complex or serious presenting needs, often those close to, but below, the threshold for intervention by children's social care. While the local authorities differed in the size and reach of this core service, how it was organised and its relationship with other elements of the early help offer (as evidenced by the short descriptions in Annex A) the development of this element of the offer was in fact quite consistent between different local areas.

One of the first striking features of how local areas had gone about creating the core service was in the range of different teams and professional disciplines that they had brought together into an integrated key worker service. This often included a number of existing local authority services, such as early intervention teams, targeted youth support, educational and welfare officers, other family support workers and children's centre workers. In some local authorities they had also embarked upon moving some community health teams, such as health visiting or school nursing, to be managed by public health within the local authority. These teams then also formed part of the integrated early help core service. For many of the local areas this integration of different services had been an absolutely critical part of the transformation journey over recent years and many of the techniques and approaches they used to achieve this successfully are worth considering in more detail.

Firstly, local authorities were very clear about the need to invest in training staff to create a shared culture and way of working that crossed professional boundaries and disciplines. In general, local areas were very positive about taking people from different professional backgrounds and giving them a unifying practice framework within which to work while at the same time utilising their



varied skills and experiences to enhance the work of the early help team. However, leaders also described the sense of the loss of professional identity that some staff felt in joining a new multi-disciplinary service and reflected on the need to strike the right balance between respecting and sustaining the unique and varied skills that different professionals could bring to the key worker role, while empowering and challenging staff to adopt new and consistent ways of working. The engagement of staff in co-creating the frameworks, plans, reports and processes which scaffold the interaction between key workers and families was an important element in achieving the service wide commitment to delivering early help in a way that transcended previous service boundaries.

In discussions with key working staff about what had made a difference to them in making the effective transition into a new integrated early help service they highlighted the critical importance of peer support schemes – opportunities to reflect and learn with other key workers, perhaps from different professional disciplines, about what worked well and what was challenging. They also highlighted the role that intelligent supervision played, with the opportunity to reflect both on individual cases and more generally the way in which they were exercising their role as a key worker. Managers and leaders spoke about the importance of all those in the newly created core teams modelling these new ways of working and having opportunities to see what good quality key work looked like in practice.

Colocation was another key tool in creating a new core team that operated differently to the previous services which predated the integrated early help offer. Local areas had approached this differently, often (though not exclusively) determined by the size of the local area. In some cases, the core key work team was located together in the local authority, often alongside children's social care. In other areas, the core key work teams were based in localities or run through children's centres. In other cases, there was more of a hybrid model with some elements of the key work service situated in communities and other elements located centrally. Irrespective of the way in which the core early help service was organised, key workers reflected positively on the significant increase in professional dialogue about families both informally and formally, for example through weekly panels to discuss cases.

Where the development of an integrated service was paying real dividends, it had enabled a culture of no 'inward referrals' within the early help service. This meant that the key practitioners for the family remained consistent throughout the period in which early help was being provided. If it became apparent that more specialist skills were needed, for example an input on healthy eating or more targeted work with adolescents in the family, then the practitioner would draw that expertise in from the wider pool of professionals within the early help service rather than making 'a referral' into a different bit of the system. This enabled a far more responsive and multi-disciplinary offer of support, while maintaining the consistency relationship through the established key worker. In Greenwich this approach had been formalised by organising the early help practitioners into eight multi-disciplinary units which each include three Youth & Family Practitioners, one Senior Practitioner, one Unit Leader, a Unit Co-ordinator and a Clinician (CAMHS Clinician or Family Therapist). Furthermore, clinicians embedded in the units ensure that as more complex needs emerge practitioners are guided to understand and meet these needs, and where necessary interventions are delivered to the child, young person and/or their parents/carers.

A number of local areas also reflected that in building these new integrated key work teams they had also started to create a new career trajectory and progression path for early help professionals. There was a sense in which early help key workers had historically been seen as something of a 'Cinderella service' without the status accorded to social work professionals, and without the necessary professional qualifications to reinforce that. Local areas reflected that this was now

beginning to change with a greater respect for the unique skills and ways of working brought by early help practitioners, more focus on their professional development, and more opportunities to progress their career into management and leadership positions. Some early help practitioners said that they would welcome a more formal accreditation or qualification structure attached to their role as a means of enhancing their professional development.

### **Developing the role of early help practitioner – Southend**

When Southend developed a new and integrated early help offer a core focus for the council's leadership was on how to bring together staff from a range of different disciplines successfully, to create a new role – the early help practitioner. Initially the Director of Children's Services recognised the need to break down the artificial divide that had developed between Children's Social Care practitioners who were seen as 'professionals' and early help and family workers who were not. As well as creating a new job title, the council invested in training for all its early help practitioners so that they undertook the same training as children's social care staff and made clear that everyone was subject to the same duty of confidentiality to remove barriers to sharing information between teams.

Southend also aimed to attract a far more diverse range of talent to join the integrated early help offer. They looked to bring in previously unqualified workers with the right personal qualities, principles and attributes whom they could train to become the next generation of early help practitioners and social workers. Many of these are now completing formal academic qualifications supported by the council. They also recruited over 50 volunteers from the community and from local colleges and universities. Everyone benefits from the same training, supervision, peer support within teams, and peer auditing of practice. Turnover of staff is very low and there is a really strong connection between the staff base and communities within Southend, including the hardest to reach.

There is a clear emphasis on what effective early help looks like – knowing all the family, having professional curiosity, being clear on what the issues are, knowing who is doing what and to what timescales, being realistic and being there when needed. Cases are reviewed every six weeks, and all reviews include the family. There is also the opportunity for early help practitioners to move between teams and disciplines, creating a much more fluid and multi-skilled workforce. This 'keeps energy and knowledge' in Southend. The head of early help also emphasised the importance of having honest conversations with staff, being clear about the intended outcomes and being receptive to ideas about how these could be achieved. It was this approach, based on honesty and dialogue, which has enabled Southend to recently restructure their offer of support for adolescents at risk of exploitation based on contextual safeguarding, and to create a service that is available and responsive from 8am to 11pm, seven days a week to those at the Edge of Care. By investing in staff and working with them they have been able to 'challenge traditional ways of doing business.'

### **Empowering and enabling partners**

In all eight local authorities a key element of the early help offer was the contribution made by local partners, including schools, early years providers, health providers, and the police to supporting families. It is helpful to think about the ways in which partners contributed to and were engaged in the development of early help offers in three ways.

Firstly, there is the strategic engagement in shaping the vision, setting the objectives and describing the offer. In the local areas we visited partners such as clinical commissioning groups, the police and the Voluntary and Community Sector (VCS) were regularly and meaningfully engaged in the

governance mechanisms which both shaped the early help offer and ensured that it was delivering against the agreed priorities. An important component of the engagement with partners at this strategic level was developing the culture of professional trust that was essential to enable more operational partnership working to flourish.

Secondly there was considerable evidence within the eight local authorities of lead professionals in partner organisations either providing the main point of support, or making a significant contribution, in providing early help to individual families. This 'lead professional' role, embedded in different partner agencies has a well-established history in the development of the Common Assessment Framework and the Team Around the Child as part of the Every Child Matters agenda. However, many of the local authorities which took part in this research reflected how the development of a more strategic early help offer had enabled them to work with partners to move practice on.

- Local authorities had identified key strategic allies in partner agencies who were able and willing to act as strong advocates for early help and form an important 'bridge' into the agency. Key advocates acted as catalysts to shift culture and practice in agencies that previously sat outside the reach of the early help offer.
- Local areas had also worked with partners to establish a shared vision for early help which was about improving outcomes for children and families, not just reducing demand for statutory services. Partners were also supported to see how working within an integrated early help offer could make their engagements with children and families more effective – it was not about asking partners to take on more workload that should be carried out elsewhere in the system.
- Local areas had invested in training for partners to ensure that they were working to the same assessment, reporting and outcomes framework as other early help practitioners. The emphasis here was on developing and then rolling out a consistent approach that was fit for purpose and could be completed relatively easily within the parameters of a partner's professional context.
- A considerable investment had also been made by local areas in systems to enable local partners to safely and confidently manage risk in families they were supporting. This was particularly the case for schools and early years settings which are perhaps unique in being the only partners in the system who have regular daily contact with children and young people. Many local areas had established an offer to education settings which provided them with access to a social care professional or early help practitioner on a regular basis to have supervision-style discussions around the families in receipt of early help that they were holding as lead professionals. This ensured that levels of risk had been correctly identified and that schools or settings felt confident in maintaining and supporting that family at the appropriate level. In West Sussex they were piloting a monthly meeting with Police to look at high risk families below the social care threshold particularly in relation to exploitation and organised crime and ensured that all partners had access to a duty team, a holistic support worker, a telephone advice line and regular newsletters.
- The development of better management information systems had also contributed to the ease and success with which partner agencies could take on the lead professional role. Many

of the local areas had developed the management information systems supporting early help in such a way that partners could have access to an appropriate and safe level of information on children and families who they were supporting and could also contribute data and information to the system. Again, the role out of these was accompanied by significant training and hands-on support. However, it is important to recognise that a number of partners cited the limitations of technology and the restrictions concerning data protection as one of the more significant challenges impeding better partnership working.

- There had also been a real focus on making sure that partner agencies, when acting as lead professionals, were aware of the range and scope of services available to families which they might draw upon. In Wigan, for example, lead professionals from any professional discipline were able to discuss families with which they were working at local ‘huddle’ meetings with other professionals in the area. This would enable them to speak to other informed colleagues about the range of services or support from which the family might benefit.

Thirdly, there was also evidence in the local areas visited that partner agencies were beginning to internalise the principles of early help and use this as a way of reshaping or refocusing their own services particularly with an emphasis on supporting resilience in families. For example, in Wigan the local authority and the CCG had recommissioned CAMHS services to work at a much earlier stage with children and young people, instituting a triage meeting every two weeks to look at referrals and developing new pathways around anger management, bereavement and family loss, and GPs were engaged in pilots with schools around ways of managing conditions such as asthma. In another example, in Barking and Dagenham three GP surgeries are piloting a form of social prescribing in referring patients with housing or money concerns or suffering from social isolation into Community Solutions for access to appropriate support.

### **Making early help “everyone’s business” in Lincolnshire**

A defining feature of the system of early help in Lincolnshire is that the majority of early help cases are held by lead practitioners in services and settings outside the central early help service itself. Around eight in every 10 cases are held by other professionals – seven in 10 by professionals in schools and 1 in 10 by 0-19 health workers and other partners. Key to Lincolnshire’s journey has been securing the buy-in and building the confidence of professionals in schools, health services and the police to support families, hold cases and manage risks appropriately, effectively and safely. This has been achieved by three key things.

**A clear, compelling vision and rationale** – a fundamental principle of the early help offer in Lincolnshire is that early help is everyone’s business. The aim of early help in Lincolnshire is the right person providing the right support at the right time. Leaders in Lincolnshire have worked hard to simplify and communicate these messages and the overall vision for early help in a way that is compelling for key partners. For instance, Lincolnshire felt they would be met with resistance if schools perceived that their teachers were being asked to take on the role of social workers. Instead, the message in Lincolnshire has been couched in terms of recognising that lasting change comes from within families, and the people best-placed to unlock that potential for sustained change are the people who know children and families already. In this way, early help has been positioned in a way that recognises the importance of relationship-based practice and the fact that, in many cases, it will be school staff who have the best relationships with families.

**Investment in the development of people and practice** – in Lincolnshire, the agreement to the principle of “right person, right support, right time” has been backed up by investment in developing

people and practice. A unifying model of practice – signs of safety – has been implemented, and where necessary adapted, across the early help system. The central early help service has also been configured so as to provide high-quality supervision and support to practitioners in their day-to-day practice, building their capacity and confidence to support families and access any additional services they require. A key role in the Lincolnshire system is that of the Early Help Consultants, with two working in each of the four localities to provide regular support for lead practitioners in schools and other services.

**Celebrating success and demonstrating impact** – ongoing communication, celebrating of good practice, but also responding to challenges (either to take on board constructive feedback or to challenge misconceptions) has been vital in securing continued buy-in from partners. The school leaders to whom we spoke were positive not only about the practice model and support they received as lead practitioners, but also about the impact on pupil attendance, outcomes and parental engagement that they saw in their schools as a result of being part of the early help system. Likewise, youth justice colleagues could point to the 50% reduction that they had seen in first-time entries to the criminal justice system from young people in the past year.

### **Harnessing the power of communities**

The previous section focuses on the work that local authorities have done to support statutory partners in the development and delivery of the early help offer. Equally important, however, is the work of local areas in fostering the power and capacity of local communities in early help. Key to this is a shift in mindset, away from a paternalistic view of the role of local government and statutory partners as delivering services to local communities which are more or less reliant, and towards a view of local government which is about unlocking the potential of local communities to help themselves. The development of an effective and integrated early help offer is critical to this shift, as it starts from the principle that the earliest and most effective help starts in communities.

There are a number of concrete ways in which local areas which took part in the research have effectively harnessed the power and potential of local communities to support families. These can be slightly different in application between smaller urban boroughs and larger shires. In the former there may be community sector partners whose reach extends across the whole local area and who are engaging more as system level partners. In the latter the geographical spread is likely to mean that work with community groups starts first at the locality level.

However, irrespective of whether the focus is the locality or the whole local authority, the first practical way to harness the power of communities is relatively simple – knowing what the community already has to offer. Some local authorities talked about empowering and encouraging early help professionals and other lead practitioners to get out into communities more and ‘know their patch’ to understand better the support networks, groups and formal organisations that could support families. Southend, as described in the case study above, spoke very eloquently about the vital role that their 50 volunteers, drawn directly from the community, played in creating a knowledge and understanding of the opportunities available in the community and in providing a powerful way to engage with some harder to reach families.

Secondly, local areas reflected that it was important to create a climate in which the local authority was open to suggestions and opportunities from the community, and willing to try doing something differently. A number of local authorities reflected on community-led initiatives which were making important contributions to delivering their early help offer. In Southend, for example, there is a community designed and run hub which includes a kitchen, an allotment and a gym. The success and

popularity of the hub has been such that a range of agencies have begun taking services there. In Barking and Dagenham, the local community, the authority and the college have worked together to pilot 'Social Supermarkets' which allow anyone in financial difficulties to join a food club which, for a subscription of £3.50 a week enables them to get access to £20.00 of food. This removes the stigma often attached to foodbanks, but more importantly enables the start of a conversation around finance, employment, homes and health. This is an important first step in supporting families to get their lives back together, while retaining their pride in helping themselves. Barking and Dagenham described schemes like this as investment in "everyone, everyday" and emphasised that how people came together as communities was essential to building up civic pride.

The question of how local areas invest in community-initiated projects in developing their early help offers is worth considering further. Wigan, for example, described how they changed their approach from grant funding VCS projects to a focus on sustainable investment. To secure council funding, new projects needed to be able to secure match-funding and demonstrate a sustainable business plan. This had changed the relationship with the VCS from one of dependency to a more productive partnership of equals. It had also enabled £10 million of additional external funding to be levered into community projects in the area.

### **Developing a coherent offer around place**

The final component to developing the capacity needed to deliver an effective offer of early help is a consideration of the importance of place. All of the local authorities engaged in the research were utilising existing physical assets, in particular children's centres but also other public and community buildings, to maintain a "public face" of early help which is non-stigmatising. Those local authorities which continued to run universal or group-based services through children's centres as part of their early help offer described the importance of these less intensive services as providing a non-threatening opportunity for families to seek support and engage with some of the challenges they are facing, as well as way to continue to maintain contact with families who had been 'stepped down' from more intensive support. The physical location of the services within the local community, and the idea that these spaces could be catalysts for other types of positive interaction, was an important part of the early help offer and philosophy.

Locality-based working has often been used in the development of early help offers as a way to bring practitioners together. Organising teams either physically, or virtually, around a place can bear dividends not just in the interactions between different professionals, but also in the depth of community knowledge that those individuals begin to develop and create around the needs of the place in which they work, the strengths and the opportunities. Some local authorities were able to point to ways in which this had enabled them to be more precise in targeting support to the particular needs of those living in a locality or more responsive to changes in the population. In West Sussex they provided each early help hub with individual 'insight reports' which provided a detailed (by ward or lower super output area) breakdown of demographic and community data, including poverty and deprivation, health, education employment and training, housing, transport and crime. The purpose of the profiles was to assist the hubs in understanding their local area and using this knowledge to make decisions about the focus of their support for children, young people and families.

### **An asset-based model of working in localities – Wigan**

As part of implementing 'The Deal' for residents and communities, Wigan local authority and its partners have begun a process of integrating teams and services on the basis of seven 'Service

Delivery Footprints' (SDFs). These geographical areas are built around the locations of GP practices and Schools which are referred to as the 'Public Service Foundation Stones' due to the unique knowledge they have of the individuals and families with whom they work.

The concept of Service Delivery Footprints has been critical to the development of early help in Wigan. Staff are encouraged and supported to know their communities and the 'patch' in which they work. This enables them to engage a much wider range of people in the tapestry of support that can be harnessed for children and families. 'Huddle' meetings have been set up in each of the seven SDFs and are a place where practitioners can bring any issue related to providing early help to a family that can't be addressed within their own organisation. The wide range of professionals who engage in Huddle meetings enables a much more lateral and creative response to a family's needs. Wigan has also developed a digital offer – The Community Book – which is an online resource that enables practitioners and residents to find out more about what is going in in their locality.

Through the place-based approach to the delivery of early help, the potential for developing new and exciting ways of delivering services is being explored. For example, GPs and a school working together in one locality pioneered a different way to deliver Asthma Clinics for children which led to the equivalent of a year's worth of preventative work for a GP practice on managing Asthma in children being completed in one day.

Community-based organisations make an important contribution to Wigan's care planning and support for families. The team based at Westfield have used Church-led drop in sessions in Marsh Green and the Fur Klempt led community café at Central Park to support the families they work with. The borough also has a community-led Golden Mile programme that forms part of the wider offer of support and engagement for those families that is at the core of what is different about Early Help in Wigan.

### Dimension 3: Working with Families

The third dimension to developing an effective early help offer is the nature of the interaction with families. The four key enablers identified here are establishing a safe and effective front door; focusing on the needs of the family as a whole; deploying a practice model based on evidence; and promoting resilience and being responsive.

#### Establishing a safe and effective front door

The routes by which families come to the attention of early help can be multiple and varied. Referrals into early help might be made by partner agencies; from within the service if families are engaging with universal or targeted provision for example in children's centres; by children's social care; by other local authority teams such as those working with vulnerable adults; or indeed self-referral by the families themselves. In general, local areas were keen to promote their early help offer and make it as easy as possible for families or professionals to access it. However, this necessarily creates a significant flow of requests for early help and demand pressures. All the local areas engaged in the research had developed some form of 'front door' into their early help. This took different forms in different areas but essentially acted as a single point of initial assessment and triage to make sure that the family was directed to the most appropriate pathway and support, and that where more serious risks were identified these cases were escalated appropriately to children's social care. In many of the local areas staff from partner agencies such as health and the police were engaged in supporting the decisions about the allocation of early help referrals. For example, in Barking and Dagenham, there was a daily multi-agency meeting convened to triage all referrals into community solutions and to decide on the appropriate support plan.

Importantly, local areas emphasised the importance of speed in decisions made at the front door and the subsequent allocation of families to the appropriate support pathway. This is not to prioritise pace at the expense of quality. However, those delivering early help described how there was often a clear window of opportunity to engage positively and productively with a family that had been referred to early help. If the processes around decision-making and allocation were too sluggish this opportunity for engagement by families in an entirely voluntary process could be lost.

One of the tensions around early help that was apparent in some of the fieldwork areas was where the interface with children's social care was not sufficiently well-aligned. In some cases, this stemmed from difficulties around how the respective front doors into early help and children's social care interacted with each other. In a minority of areas there were concerns that cases which should have come to the attention of children's social care were being 'held' in early help too long. In other cases, there was an anxiety that too many families were being passed from early help to children's social care or vice-versa indicating that processes to get the decision right first time were not working well enough. Areas where the interface between children's social care and early help at the front door were working better had deployed different solutions to tackling some of these issues. Some local areas had taken the decision to integrate the front doors into children's social care and early help, effectively having a single point of contact and referral for both services. In other areas the two front-doors were co-located but still operated separately. Co-location afforded much better opportunities to speak about families whose needs could not be easily assessed as above or below the social care threshold. Other areas had achieved stronger alignment through joint training, joint development of thresholds and much clearer 'step up and step down processes'. One local authority senior leader described the effective interface between children's social care and early help as "passing the baton but not the buck".

Many of the local authorities described how the trajectory of demand for early help was rising. In part this was ascribed to rising levels of need within communities, driven by changes such as the introduction of Universal Credit and reform to the housing and benefits system. However, local authorities also recognised that in making early help visible and high profile, in offering a fast and efficient referral and allocation process, and in beginning to achieve a positive reputation in communities they could also become a victim of their own success. Certainly, many of the local authorities involved in the research suggested that in the first few years of implementing an effective and integrated early help offer previously hidden levels of need might be uncovered which would have an impact on demand not just in early help, but also potentially in other statutory services. This points even more strongly for the importance of having effective mechanisms at the front door for managing demand and ensuring that the interface with children's social care is absolutely aligned.

## **Establishing an effective front door to early help – Southend**

One year ago, Southend co-located the 'front doors' into early help and children's social care to create an integrated service. Leaders within the council feel that this has made a significant impact on making sure that the right families are receiving the right support, at the right point in the system. They also believe that it has made a contribution to holding the number of children requiring child protection plans at a relatively low level as families that would previously have been referred to children's social care are being successfully supported by early help.

The co-located front doors make it as easy as possible for professionals or families to reach early help. The service has developed a series of '1-minute guides' for referrers which make it extremely simple for anyone who has a concern about a family to make a referral. There has also been a focus



on encouraging families to approach the early help service, which has resulted in a high percentage of self-referrals. Partner agencies are absolutely embedded within the decision-making process at the front door with police officers and qualified health professionals sitting in the MASH, rather than just administrative staff from those agencies. This means that decisions about where families can best be supported are informed by cross-agency intelligence.

Speaking to staff who worked within the co-located front doors they spoke about the importance of children's social care being co-located with early help to enable professional dialogues about individual families. They also described how a range of supporting processes and ways of working such as carrying out joint visits between early help and children's social care, very clear protocols for stepping up or stepping down cases, and consistent professional development across services all contributed to confidence that the right professionals were working with the right families. What came through most strongly was not just the clarity about different roles but deep mutual respect.

## **Focusing on the needs of the family as a whole**

The principle that the family, rather than the individual, is the focus of intervention is absolutely fundamental to the eight early help offers that we studied through this research. All local areas had based the development of their offer on the ambition of unlocking the potential in families to help themselves, by providing "the right support, by the right individual, at the right time."

This focus on the family as the point of interaction had a number of practical manifestations in how the early help offer was constructed and delivered. The first was the ambition that instead of being referred between different experts, a family would be able to tell their story once and this would trigger a joined-up and multi-dimensional response. As one head of early help described it "tell us your story and let us decide where it sits." In asking local authorities and their partners what difference the early help offer had made, the first answer often centred around this different way of relating to families. As one service manager described "It is now a joined-up approach, with one worker and one plan, and the family tells their story once. This means that families are travelling to sustainability quicker than previously, with greater access to the whole system and quicker support, and we are getting better value for money out of staff as they are taking on a broader range of roles."

The second practical implication of working with the whole family was around how presenting needs were assessed. Many of the early help practitioners to whom we spoke described how the family might be referred into the service based on the specific needs of an individual, but only through more detailed work with all the family members would it become apparent that the underlying causes, and hence the possible solutions, might sit elsewhere. Early help practitioners talked about how the assessments they used, in partnership with the families themselves, supported them to understand and address the underlying needs, rather than the presenting symptoms. Interestingly, some local areas had begun to reflect on the types of family need that might be particularly amenable to early help. There was an emerging sense that where the presenting symptoms manifested themselves in neglect of children and young people, these might indicate families who would significantly benefit from the routines, focus on parenting, and strategies to address parental concerns such as mental health issues or drug or alcohol misuse, that high-quality early help could provide.

Thirdly, local authorities described how the family focus of early help had enabled them to challenge other services which have historically focused more on individuals, to think about supporting families more holistically. For example, in Greenwich, the youth crime prevention team had

historically focused on the presenting needs of the individual at risk but had not considered the wider family dimension. In particular, the service was not sufficiently considering the risks to siblings, who often went on to exhibit similar needs at a later stage. Bringing the service within the early help offer has enabled better support to be put in place which takes into account the whole family context. All staff across early help division have been trained to work systemically which has supported the development of whole family working.

### Fostering a holistic focus on families through integrated working in Kent

Kent undertook a large restructure of its early help offer in 2015. This involved bringing together a range of services that were, to all intents and purposes, working with individuals within the same families to address different presenting needs. In the latest phase of its early help journey, over the last year the focus has been on strengthening the join-up and integration with other key services, including children's social care. In January 2018, Kent launched a series of four pilots, one in each locality of the county, to explore aspects of how to strengthen day-to-day integrated working between early help and children's social care *services* and to develop a stronger integrated early help *offer*. The four pilots focused on:

- core processes to support day-to-day joint working between children social care and early help professionals;
- supporting children and families with multiple (more than three) foster care placement moves;
- supporting schools with high rates of referrals to early help or social care; and
- tackling risks for older young people (adolescent risk).

The pilots have been evaluated and the learning from them mainstreamed and rolled out across all localities in Kent. Some of the key developments to have come out of the pilots have included:

- the launch of a single front door and integrated referral route covering both early help and social care, with more decisions being made correctly at the front door and few cases being moved between early help and social care;
- stronger processes for “stepping across” cases (rather than talking about “step up” or “step down”) between social care and early help – professionals reported that this made support feel more seamless to families, and meant professionals were having discussions about what was right for a family, rather than arguing about whose role it was to support the family;
- a greater recognition that, for a small group of families with the most complex needs, success is not to be measured in how quickly a case can be moved to completion, but rather will involve incremental steps over a longer period of more intensive support; and
- a focus on reducing risks that adolescent young people encounter, following the success of the pilot in reducing knife crime, drug-related admissions to hospital, children going missing and those at risk of exploitation.

### Deploying a practice model based on evidence

The third key element that supports effective work with families is the consistent application of a high-quality practice model by those delivering early help interventions. As a minimum this should ensure that all those offering early help to families are using a consistent approach to assessment, a consistent way of planning the support, a consistent way of interacting with families and a consistent way of tracking outcomes. Pages 31 and 34 above described the training and support that local authorities have put in place to achieve this consistency both within the core integrated team, and across partners working as lead professionals in an early help context.

However, developing an appropriate and good quality practice model is about more than just internal consistency. When referring to a 'practice model' local areas generally meant a set of principles and processes to underpin their work with families, which were based on research and evidence. A number of local areas had investigated a range of different ways of working with families and used the evidence of their efficacy, combined with a knowledge of their staff and communities, to choose a model which they felt confident would work in their context. Other areas developed a more bespoke approach, based on elements from different models. One local authority emphasised that it was not the practice model, *per se*, which made the difference but the deliberate process of working out which practice model should be deployed and why, and then the faithful replication of that model across different teams. Some local authorities referenced the importance of sources such as the Early Intervention Foundation in helping them to assess evidence for the relative impact of different ways of working. The emphasis was on using the evidence intelligently and to root early help in relationship-based practice, rather than see it as an exercise in applying a series of off-the-shelf interventions to individual families.

It was also striking that while individual local authorities had decided to deploy different practice models there was a lot of consistency in how practitioners and leaders described the hallmarks of a model that would be effective in an early help context. Working with families was seen to be most effective when it focused on strength-based assessments which evaluated a family's ability to make improvements for themselves. The practice-based models chosen also depended on a high degree of interaction between the key worker and the family so that the assessment, the plan and the measures of progress were all co-produced and agreed with the families against a common format. This helped to establish strong relationships, meaningful conversations, and a pathway towards independence for the family. One early help practitioner described their role as "Helping families to understand that they are the experts and not just doing everything for them. Making sure that when you step away they have the tools to continue their progress."

Some local authorities had used, or were planning to use, the introduction of a new practice-based model of interaction with families as a way to achieve a smooth continuum of support across early help and children's social care. A number of the authorities, for example, had chosen to implement *Signs of Safety*, as a way of achieving a more seamless offer of support for families receiving targeted services all the way up to those with children on a child protection plan or looked after children. Having a common practice model between early help and children's social care was also seen as a practical way of breaking down boundaries between services, creating a common professional language and more effectively managing the integration of reporting and information systems.

### Promoting resilience and being responsive

The final key enabler that contributes to delivering effective support to families is the responsiveness which sits at the heart of good quality early help. The local areas that took part in the research emphasised the importance of having an offer that was sufficiently flexible to adapt to families' needs as they changed over time and enabled them to match the support to the needs of the family. Underpinning this is a recognition that the trajectory for families who need support through an early help offer is unlikely to be linear. Families are likely to have periods when they are coping well and other periods when they need more intensive and sustained support.

The design of a good early help offer takes into account these vicissitudes. The key worker or lead professional model of support, combined with a range of less intensive support options such as group interventions and community networks, enables the type and degree of support to change as a family's needs change. Furthermore, where early help is focused on building a family's resilience and

capacity, as well as their ability to recognise their own needs and requirements, this flexibility in support will be jointly developed and agreed between the key workers and the family. Those engaged in direct work with families described how, over time, they could help families develop the skills and coping strategies to manage their specific needs. However, they were also pragmatic in recognising that, just like an individual who successfully manages a long-term health condition, some families that had been managing well for some time might suddenly require more support again. For this reason, the best early help offers maintain strong processes for ending an engagement with a family, including periodic 'checking in' and in some cases re-engagement. The existence of additional community-based support networks run, for example, through children's centres was a particularly helpful way of maintaining light touch contact with families who had been supported through a more intensive early help offer.

Local areas engaged in the research also recognised that there was a small subset of families that might require very long-term and continued support and that, despite progress, might not reach the point at which they were able to sustain that without ongoing external input. The local areas we worked with differed in how they worked with this small group of families. In some areas they continued to 'hold' the families, long-term, within the early help service on the basis that this offered the best option for the families concerned. Other areas concluded that if sustained and focused intervention from early help had not led to significantly increased capacity and resilience, combined with better outcomes for the children, then the family should be escalated to children's social care. How best to support and improve life chances for families with ongoing needs likely to require very long-term input from public services is a question that may require further investigation as the offer provided through early help continues to evolve and mature.

### Creating a single children's service approach in Greenwich

The early help journey in Greenwich is focused currently on drawing together a broad range of services into an integrated, multi-service offer that makes the best use of the expertise and resources across the borough to provide timely and effective support to its families. Greenwich recently reviewed the local offer of early help and found that there were gaps in support for young people aged 5-13, where lots of services were working in a way that was very much focused on individual needs, rather than thinking about the young person holistically and in the context of the family. As a result, Greenwich have sought to re-orientate the local offer of early help so that there is a firm focus on working holistically and systemically with families and doing so as part of a single children's service, rather than as an individual, needs-focused service. This has involved five key elements:

- **Bringing together support into a single, coherent children's service** – services including the central early help service, support for troubled families, youth crime prevention, target youth support services and youth services have been brought together in this way.
- **Making the case for taking a holistic view of the whole family** – senior leaders spent time visiting individual services to explain the vision for holistic family work and using specific cases and examples where support for a young person and a family had not been joined up and the impact this had had and the opportunities that had been missed.
- **Implementing a consistent model of practice and a culture of working** – focusing on engaging families, working *with* (as opposed to doing *to*) families to shape their own solutions, but also being pragmatic about things like non-engagement, thinking of the family as a system and thinking in terms of identifying risk and escalating to more specialist services, rather than closing the case.
- **Re-focusing staff time on supporting families rather than completing paperwork** – implementing a team-around-the-professional model of support and streamlining the early help assessment so

that staff time can be focused on providing early support, not completing assessments and referrals, and so that young people and families only have to tell their story once to get access to holistic, joined-up support.

- **Developing a single front door** – leaders in Greenwich are currently working towards having a single front door across the Children’s Service, to promote a focus on providing the right support at the right time, rather than individual services trying to work out which one should pick up a case.

Greenwich seeks to ensure that there is a golden thread running from this overarching strategic vision through to everyday practice and the support the children and families experience in schools, youth services, health services, the voluntary and community sector, and from the police. At a strategic level, partners come together to shape and refine the vision and offer through the Early Help Partnership Group. To complement this, there are also key engagements at a more local, practice-focused level between early help managers and frontline professionals. These include:

- regular meetings with schools and children’s centre on a geographical basis to reinforce schools’ role in the early help offer in Greenwich and to coordinate the work with individual families with children’s centres
- joint training organised with health professionals and the police; and
- commissioning of local voluntary sector organisations, such as the Charlton Athletic Community Foundation to provide youth services to complement and work alongside the detached youth work offered by the Community Interventions Team.

#### Dimension 4: Evaluating impact and quality

The final dimension of developing an effective early help offer concerns the work that local areas do to evaluate the impact and quality of the offer and use this information to continually refine the design and delivery. This dimension incorporates four key enablers: developing an effective management information system; auditing and quality assuring practice; being clear about the desired impact; and putting in place proportionate and informative reporting.

#### Developing an effective Management Information System

All areas recognised the importance of developing a management information system that is reliable, minimises the barriers to data sharing across services, and allows multiple partners to engage with the data. However, in many cases this has proved quite challenging to achieve. The issue expressed by many of the local authorities with whom we worked was the difficulty in getting data systems used by different teams within the council, and different partners to ‘talk’ to each other.

To give a very practical illustration, in most local areas data about children subject to a social care intervention will be held on one management information system, data about children subject to an Education, Health and Care plan will be held on another system, information about families at risk of homelessness will be held on a third system, health visiting and school nursing records will be held separately again. This can make it difficult for a professional engaging with a family for the first time or assessing a new referral to early help to quickly understand the complexity of a family’s needs and their existing points of contact with public services. It can also make it very complex to answer questions about the scale of need across an area, the degree of overlap between different types of need or support, or the pathways that families might take between different parts of the system. In a small number of cases, even when a local authority had developed its management information system for early help as a module within its overall management information system for children’s social care, they experienced difficulty in tracking the flow of children and families from early help to

children's social care and vice versa. This meant that answering fundamental questions such as 'how many of the families whose support from early help was ended were subsequently rereferred into children's social care within 24 months' could only be answered with considerable manual filtering of the data.

None of the local authorities we visited felt that they had completely overcome issues around the matching of data across different systems. However, many had made considerable progress in developing management information systems for early help which were contributing significantly to their understanding of the impact of their offer, which were enabling partners to engage with the information held about families safely and constructively, and which were beginning to offer ways to bridge the divide across different systems. Some of the characteristics of the most effective systems were:

- They were based on a workflow that was proportionate, simple to understand and simple to complete.
- There were robust systems for tracking the progress and outcomes for individual families against a single plan and being able to see that journey over time.
- There was an interface which allowed partners from outside the local authority to view and contribute to the data held about a family, within the appropriate data protection safeguards. This was backed up by training and support to ensure all those using the system could do so effectively.
- The system was capable of generating reports that showed not just the progress of individual families but also snapshots of performance of the early help system as a whole.

### **Auditing and quality assuring practice**

The counterpart to having in place a good Management Information System that acts as a repository for information and supports an overview of performance, is putting in place the incisive and comprehensive system of audit that provides an insight into the quality of practice. This is essential for ensuring that the practice model for working with families is being implemented well. All the local areas which took part in the research had put in place the systems needed to audit the practice of key workers and lead professionals on a regular basis. Often these were seen to be most effective when based on a collaborative approach to auditing which engaged those working with families in the audit process. This helped to develop a shared understanding of what good practice looks like in family-facing early help. Another key ingredient of success was the extent to which the outcomes of auditing were shared across partners and related services, to ensure consistency of quality across the diverse range of professionals engaged in delivering early help.

As noted at page 39 above, one element of the development of early help that has proved more challenging in some areas is getting the interface with statutory children's social care absolutely right. Having a rigorous approach to audit, with a methodology that spans early help and children's social care is one way of ensuring that risk in the system is being managed safely and securely, and that when families are either stepped up to children's social care or stepped down to early help that the transition is managed efficiently.

### **Being clear about the desired impact**

All the local areas we engaged were tackling questions of how to measure and demonstrate the impact of their early help offer. In a few cases the context for this discussion was explicitly about demonstrating impact in order to support continued investment in early help. When local areas

considered the impact of early help they typically focused both on the improved outcomes achieved by individual families, and the bigger impacts that might be measured at the system level.

Local areas had developed a range of methods for capturing positive outcomes and being clear about the outcomes achieved at the level of the individual family. All local areas with whom we engaged had systems whereby professionals, at the start of their work with a family, would agree with the family a small number (two or three) key outcomes to be achieved. These could then be collated and tracked through internal management information systems and reported to senior leaders. Often measures of families' progress would be a combination of the progress perceived by the worker, the progress perceived by the family themselves and other supporting outcomes indicators such as improved attendance by children at school. A number of local areas commented on how the rigour of the Troubled Families programme and the payment-by-results model had positively influenced their approach to monitoring and recording progress at a family level, leading them to put in place sharper and more robust techniques.

Some local areas had also made progress in using the data on outcomes and progress of individual families to gain an insight into system level performance. For example, Oldham, tracked measures like the duration of support, the level of support required from the point of initial contact to the point at which a case was closed, and the rate of contacts after the point of closure a family may have with early help or other services. Other local areas, such as Greenwich, had undertaken in-depth analysis of cases within children's services to pinpoint evidence of what could happen when risk factors were not spotted and a whole-family approach was not taken (for example, not spotting the risk to siblings of a young person involved in gangs).

While defining and measuring outcomes at the level of the individual family was well established, local areas recognised that being clear about the impacts desired at the level of the local system was equally important. However, this aspect of practice in general was not, as yet, as well developed as systems for tracking impact at family level. Local areas were using a range of different methods for considering the impact that early help was having at the system level. As stated at page 30 above, a number of areas had identified a small number of targets which underpinned their early help offer. These often provided a starting point for defining, measuring and demonstrating impact. However, by definition, these bigger system-level impact measures are influenced by a very wide variety of factors which makes both defining and isolating the impact of early help challenging.

Some local areas had used evidence of demand for statutory services to show either the positive impact of early help or the risks and consequences of not having the appropriate early help offer. There are some issues inherent in this strategy. Firstly, a number of local areas argued persuasively that an effective early help offer could, in the early stages of implementation, actually increase demand at all levels in the system, as levels of hitherto undisclosed need might be exposed. Secondly, there is a risk that some of the wider positive benefits of early help might be overlooked if the sole focus is on reducing demand for other higher cost services. Thirdly, being clear what constitutes an 'appropriate' level of referrals to statutory services is far from straightforward. Nonetheless, despite these tensions, many local areas used levels of demand for children's social care as a key indicator of early help: an effective early help offer should, over time, help to ensure demand for children's social care is at an appropriate level. Sometimes classic indicators of demand for children's social care such as number of referrals or assessments were also combined with other indicators, such as levels of referrals which resulted in no further action or levels of rereferrals to children's social care, to create a more nuanced view of whether demand was at an 'appropriate' level.

Local areas also considered a wider range of demand reduction indicators. For example, Lincolnshire considered rates of first-time entry of young people into the criminal justice system and had seen a substantial reduction which they believed to be the result of incorporating youth justice and the police into their early help offer. Other local areas considered accident and emergency admissions, mental health self-harm admissions, rates of teenage pregnancy and rates of permanent exclusion from schools.

Alongside indicators of preventing risks from escalating, local areas were also exploring using a suite of measures that, taken together, were indicative of positive outcomes from the type of holistic family support they were providing. For example, given Lincolnshire's focus on school readiness, outcomes for pre-school children and in the early years foundation stage were a key part of the early help indicators considered by senior leaders. In Kent, given the co-location of inclusion services within early help, rates of inclusion and attendance (and the low rates of permanent exclusion from school) were key to the overall suite of indicators used to consider the impact of early help.

### Putting in place proportionate and informative reporting

The final key enabler which contributed to the ability of local areas to develop an effective early help offer was the way in which they used the information generated by the MIS and audit processes to drive a culture of continuous improvement. Many of the areas we visited had developed regular quarterly reporting tools which allowed senior leaders to scrutinise the performance, quality and impact of the early help offer and had embedded these in their governance cycles.

Some areas had also developed clear and concise ways of sharing this information within the teams and partners leading early help interventions to shine a spotlight on areas of practice that were working well, and issues that required more focus and attention. When used well, and in combination with a culture of celebrating success, this broader sharing of performance information could provide an additional means of motivating staff and team leaders. In general, performance reporting systems worked best when the metrics being used were clear and intuitive, when the focus was on a small number of key indicators, when data was shared in a timely fashion and when the presentation of the data made it relatively easy to interpret what it might mean in terms of the performance of the system, and what might need doing differently as a result. Techniques that some local areas used to aid the interpretation of the data included comparison between different geographical areas, time series that showed changes over months and years and explanation of any data quality issues.

### Developing a management information system to support partnership working – West Sussex

West Sussex have invested in the development of a bespoke Management Information System, called Holistix, to underpin the Integrated Prevention and Earliest Help (IPEH) offer. Originally developed to enable smoother and more automated reporting against the outcomes required by the Troubled Families Programme, it has now become the core management information system underpinning the whole early help offer.

Holistix is a web-based system which makes it more accessible to partners. It is based on a practice model of assessment, action planning, and recording progress which is based on a *Signs of Safety* approach. All the information which is placed on Holistix is co-produced with families, who read and agree the assessment before it is finalised. In doing, so families receiving early help support



also give consent to the sharing of their information with other professionals in partner agencies. As well as providing a place to capture the early help assessment, the plan and the outcomes of reviews of the plan, the management information system includes the capacity to capture notes, chronologies and a distanced travelled tool to chart a family's progress.

There has been considerable investment in training both internally and with partners to ensure that all those delivering early help can use the system and do so effectively. Early help practitioners spoke very positively about the importance of this platform as a way to facilitate better joint working with schools and giving a really clear view of the progress made by families, through the six-week review cycle that is built into the system. One school said working through Holistix had 'revolutionised' how they worked with families. Schools are the biggest contributors to the system outside the local authority, initiating nearly half of all early help plans. However, the system is also used by the voluntary and community sector, housing and health. One success story is the use of Holistix by staff in A&E who have been able to check whether children with multiple attendances are known to early help.

The management information system, combined with other metrics, is also used as a basis for quarterly performance reporting on an Early Help dashboard which provides services and localities with a snapshot of how the service is performing in terms of number of early help plans initiated, the number of plans closed, progress made in completing assessments, and the progress made by families. Data is made available on the relative performance of different locality teams against key performance metrics which creates a degree of 'healthy competition'. Service leaders have also been able to use a pop-up daily dashboard for team managers to focus attention on issues that need improvement. For example, circulating daily data on out of timescale reviews led to a 50% reduction in around two months.

## The future of early help

As set out very cogently in ADCS' thinkpiece about the future of children's services, *Pillars and Foundations*, the country is facing the challenge of unprecedented levels of demand for children's services combined with shrinking budgets.<sup>15</sup> The role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. As set out at page 18 there is already evidence that some local authorities, very often through necessity, are stopping or reducing their investment in early help. However, this presents a real challenge to the system. The higher the percentage of the children's services budget that is invested in delivering statutory interventions, the less likely it is that there will be a credible strategy or mechanism for preventing needs escalating or managing demand in ways that reduce risk rather than ration support. There is a very strong logical and principled case for continuing to invest in early help so that it does become 'everyone's business'. But to achieve this in the current climate local areas will need to navigate some fundamental tensions in the development of their early help offers.

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<sup>15</sup> ADCS, *Pillars and Foundations: Next Practice in Children's Services – a Think Piece*, 2016

## Achieving long term impacts or shorter-term gains?

Many local areas are likely to face the question, in a resource constrained environment, about when they can expect to see the benefits of their investment in early help realised, at a system level, in reduced demand for interventions such as children's social care or youth justice. The development of an early help offer is not a short-term strategy, as described at page 27 above. However, the nature of the early help offer, and the choice of families at which this is directed, will influence the timeframe over which results might be seen. As described above, at page 20, the earliness of early intervention often means two things in a local context. It means paying attention to the research which says that putting in place support for children in their earliest years will lead to significantly better outcomes in later life. It also means working to intervene earlier in a family with complex and escalating needs. The first of these two strategies tends to be a longer-term intervention, with system-level effects potentially taking decades to lead to reductions in demand for statutory services. The second of these two strategies, which focuses on anticipating need and working proactively at a pre-statutory level with families, may lead to a quicker realisation of benefits in terms of reductions in demand for statutory services.

However, there are risks in concentrating on one without the other and benefits in getting the right balance between these two strategies. The focus on the earliest years of children's development is needed to begin to build a stronger foundation of emotional health and preparedness for life and learning in the next generation. Done well, this offers the potential to prevent acute needs and difficulties arising in the first place. The focus on preventing the escalation of needs which are already present is necessary to support the families in the system right now, who may not have benefitted from the type of support they needed at an earlier point in their lives. There is a danger that when resources are scarce and demand pressures are acute that the pendulum swings too far towards managing and diverting risk in families whose needs are already complex. This is necessary for the short term, but neglecting the opportunity to support at the earliest point risks missing the benefits that might be realised in the longer term.

## Universal, additional or intensive support?

The second question that local areas will need to address going forward is achieving the right balance within their early help offer of services that are intensive, costly and targeted at families with the greatest need or those which are of lower intensity, less costly to deliver and offered on a less targeted or more universal basis. This is strongly related to the question above. Where local areas are predominantly offering early help to families whose needs are already very complex the intervention is likely to be more intensive and costly and therefore only possible for those families that need it most. An intensive key work offer, for example, might consist, at its height, of a visit from the key worker five days a week with telephone support and contact at other points in the day. Going forward, local areas will need to strike the right balance between this very intensive early help and different forms of support, such as group classes, community networks and lead professionals within partner agencies. Leveraging the power of universal services to provide early help creates the capacity to reach more families at lower cost but may be less suitable for those whose needs are already acute. Local areas engaged in the research were actively considering how to design an early help offer in which the universal, universal plus (additional support), and more specialist interventions fully complemented each other and how to build up the capacity of universal services to take on more of the responsibility for providing additional and some lower-level intensive support.

## Predicting need versus responding to demand

The third tension that local areas will need to navigate in the future is the balance between the reactive and proactive elements of an early help offer. At present most local early help offers are constructed around a proactive universal offer and a reactive targeted offer. This means that local areas will proactively make available opportunities such as parenting classes, parent and child play sessions or community health offers on a universal basis – to anyone who would like to take part. However, the offer of more targeted support by a key worker or lead professional is often made available on a more reactive basis, once the need for support has been identified either by a professional or by the family themselves.

However, going forward some local areas are beginning to think about whether they might be able to do more to use data to predict more accurately which families or communities would benefit from targeted early help and make that offer earlier and in a more proactive way. This is difficult and complex territory and raises questions including the accuracy of the data and the statistical models used. However, it is a strategy that some local areas are beginning to explore with promising results. Nonetheless, it must be said that the use of statistically-based needs and risk analysis for targeting early help did not feature significantly in the work of any of the eight fieldwork areas. There was interest among some of the local authorities in the research in developing these techniques, but not yet a clear sense of how these would be applied in practice within their early help offers.

## Wider or deeper integration?

Achieving an integrated offer of early help, that ensured the experience for the family was joined up and seamless, was perceived to be critical to success. However, many of the local areas involved in the research were considering what their next steps should be in terms of further developing an integrated offer. The tension is whether to look wider and increase the scope of services and teams that are delivering early help and are using the core systems and processes and the common practice model or instead to focus on deeper integration of a smaller range of services and partners.

Widening of the scope of early help is attractive. It offers the opportunity to address a much wider range of needs, to reach more families and to begin to achieve that ‘multiplier effect’ where central investment in early help is replicated many times as it becomes a more common mode of interaction between families and public services.

However, the widening of the integrated offer also presents challenges and potentially opportunity costs. Some local areas are now reflecting on where they can and have had an impact and reached the conclusion that their offer has become too diffuse, that it lacks consistency or a clear purpose and direction and that there is now a need to consolidate what has been achieved. In those areas there is likely to be a focus in the coming months and years on deeper integration within a smaller core set of partners to ensure a much tighter focus on quality and the experience of families.

## Responding to new types of need and risk

Finally, it is a truism that children’s services never stand still. One of the tensions that local early help offers will experience over the next period is how to get ahead of the curve and develop effective responses to the new types of need and risk which are emerging, or indeed developing responses based on new knowledge and understanding of existing risks, while continuing to maintain focus on the dominant issues in the system right now. One very concrete example is how local early help offers might need to evolve to work effectively with young people at risk of exploitation, particularly in the context of issues such as the growing scale of ‘county lines’ drugs trafficking. A number of the

areas engaged in the research were tackling this very question and reflecting, for example, on how the practice model of early help might need to change when working with a young person at risk from their peers rather than a child at risk from their parents; or where the protective factors might be found for young adults who may be living semi-independently compared with children who are embedded in families and within the school community.

## Tools to support the ongoing development of early help

The future of developing early help in a local context is likely to be challenging, given the pressures on budgets and rising demand for statutory services. But this degree of challenge presents a huge opportunity for those with the capacity, courage and resources to seize it. At present, developing a strong, secure and evidence-based offer of early help presents one of the best prospects for breaking the intergenerational cycle of need that is fuelling so many of the demand pressures in children's services.

Local areas that took part in the research suggested that in order to navigate the future effectively, and address some of the questions posed above, they would benefit from additional tools to help them to assess the impact and value for money of early help and to have better insight into the strategies used by local areas to develop a systemic local offer. We have therefore used some of the content of this research to contribute to thinking in these two areas:

### Measuring the impact or value for money of early help

As one LA senior leader put it, demonstrating the impact and value for money of early help services is 'a developing science'. Senior leaders responsible for early help agreed that demonstrating impact in this area is complicated for three reasons.

- **Early help is not a single *intervention* or *programme* that can be evaluated** – instead it is by its very nature a *system* made up of multiple forms of support that can be deployed flexibly based on the needs of the families with whom it is working. While being responsive, flexible, and working across traditional service boundaries are virtues of early help, they make the task of evaluating its impact all the more complicated.
- **Part of the purpose of early help is to *prevent* issues escalating** – as an approach that aims to be preventative, one of the challenges is capturing evidence that can show what would have happened if an early help intervention had not been made. Finding such counterfactuals, particularly in a field where demands and needs are changing rapidly and the range of interventions is varied and complex, is difficult.
- **The impact of early help is likely to be seen over the medium- and long-term** – senior leaders argued that the impact of early help was unlikely to be seen in an immediate reduction in demand for statutory services; the stabilisation and reduction of demand may be one among several indicators of the impact of early help, but it was likely to be seen and needed to be considered over a longer period of time.

These difficulties of evaluating impact are compounded when considering the further issue of value for money. This is because there is currently a paucity of accurate information on how much local areas are investing in early help. Section 251 returns do not include a discrete line for early help expenditure. Instead it is spread across multiple lines of the return including in costs associated with children's centres, family support services and targeted youth services. Depending on the nature of the early help offer in different areas, expenditure is likely to be reported in different proportions

across these different lines and sometimes lumped together with expenditure that is not strongly related to early help. The other complication is that early help is a partnership endeavour. Section 251 returns do not capture the expenditure on early help by schools, health partners, the police or others. This points to a need for more work to be done at a local level to try to develop a better understanding of the true level of investment in early help.

Nonetheless, it is still possible, and potentially helpful, to use the information that is published to develop some simple indicators of impact and value for money so long as this is accompanied by a sensible understanding of the limitations of such measures. The benefit of working with published data, however flawed, is that it enables some form of comparison between different areas. Among the local authorities that took part in this research, there was support for the idea of developing an early help 'balanced scorecard' that would use published data to enable local authorities to develop a sense of the impact of their early help offer in comparison with other similar local areas. This would complement the service level performance data that all local authorities engaged in the research were maintaining.

Based on our discussions with local areas through the research, we believe there may be a value in looking at how existing published data might be used to provide some very simple comparators in relation to:

- Expenditure
- Outcomes in terms of demand for statutory services
- Outcomes in terms of long-term well-being

For expenditure, the two sources of published information are Section 251 returns and RO3 returns. Though neither is perfect, Section 251 returns go into a slightly higher degree of detail on categories relevant to early help than RO3 returns. One way of producing an estimate of local area investment into early help is to calculate the per capita expenditure for children's centres and other early years funding (excluding the early years block within the DSG), targeted and universal family support services and universal and targeted services for young people as set out in S251 returns.<sup>16</sup>

In terms of impact, local areas suggested it would be important to use measures which capture activity across the breadth of the early help partnership and that these should focus both on reducing demand for statutory services and laying the foundations for children's wellbeing in the long-term.

To provide an indication of whether local early help offers were contributing to reducing demand for statutory services, we believe there could be value in developing a composite measure which is based on the number of children in a year requiring a new statutory intervention in children's services. We carried out some initial work to explore what this might look like and tested it with the local areas engaged in the research at the action learning day.

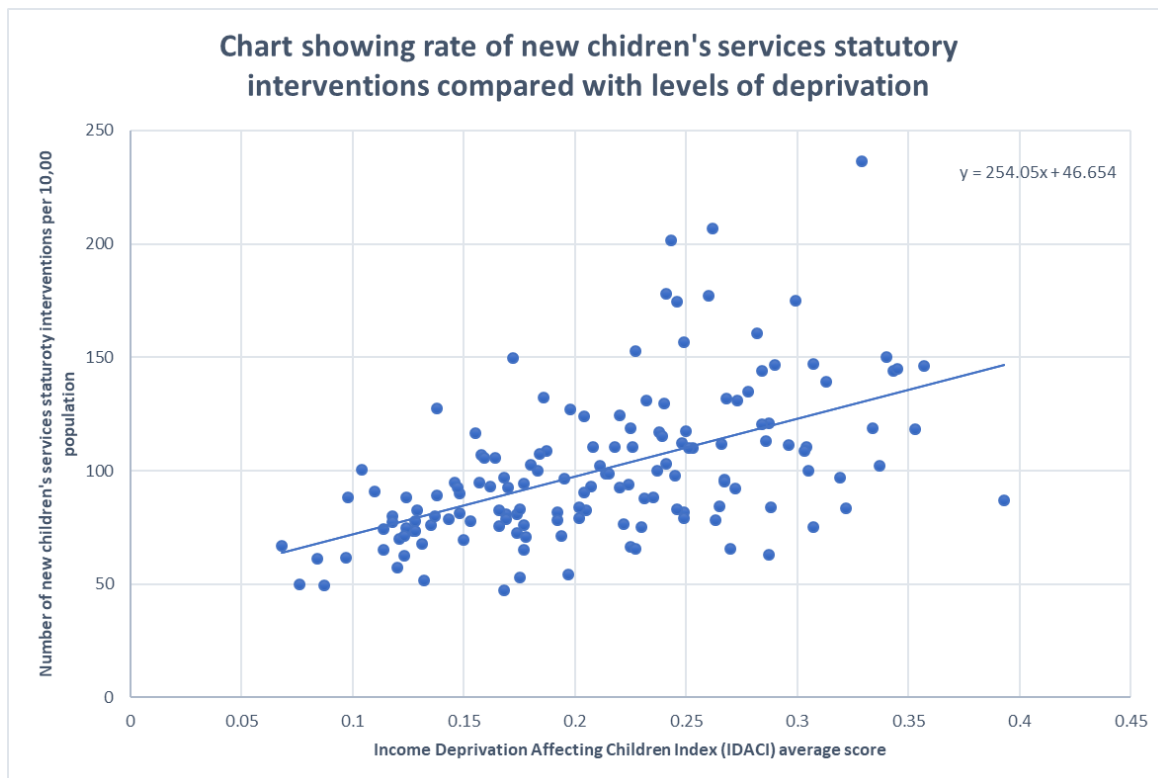
The measure that we explored with local areas was calculated by adding together the number of new child protection plans in a year, the number of newly looked after children, the number of first-time entrants to the youth justice system and the number of permanent exclusions. By focusing on *new* statutory interventions, as opposed to the *total number* of children on child protection plans or looked after, it makes the metric more responsive to changes in the impact of early help. To enable authorities to make meaningful comparisons we then calculated the rate per 10,000 population aged

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<sup>16</sup> This is a combination of S251 lines 3.0.5; 3.4.4; 3.4.5; and 3.5.3

0-19, and then derived an 'expected' level based on the local authority's percentage of children living in income deprived households.<sup>17</sup>

This calculation can be explained very simply by the chart below. The vertical axis shows the composite number of new statutory interventions for children and young people per 10,000 population (based on the measures listed above). The horizontal axis shows the percentage of children living in income deprived households. Each dot represents a local authority and the distance that dot is from the line represents how different that local authority is, in terms of the rate of new statutory interventions in the year, from what would be expected given the percentage of children affected by deprivation in that area.



One of the limitations of this approach as currently modelled is that some data (for example permanent exclusions) is published on a much longer time-lag than other statistics. The data used here is the most recent data available at the time of publication, but none the less there is a mismatch between the timeframe covered for the permanent exclusions data compared with the other data. While local areas recognised that much more work would need to be done to test and validate the usefulness of this metric, they felt that it had potential and could be worth pursuing further. They were attracted by the fact that it spanned a number of different types of intervention and that it focused on new interventions rather than the overall caseloads. However, they were also very clear that measures which centre on reducing demand for statutory services must also

<sup>17</sup> English Indices of Deprivation 2015 - Income Deprivation Affecting Children Index (IDACI) - Average score by upper tier local authority

<sup>18</sup> Source data: MHCLG, *English Indices of Deprivation 2015*, September 2015; DfE, *Characteristics of children in need*, October 2018; DfE, *Children looked after in England including adoption: 2017 to 2018*, November 2018; MOJ, November 2018; MOJ, *Youth Justice annual statistics 2017 to 2018*, January 2019; DfE, *Permanent and fixed period exclusions 2016 to 2017*, August 2018

importantly be balanced with measures that relate to the future positive outcomes for children and young people.

We therefore considered a range of indicators for the long-term wellbeing of children and young people. In particular, we tried to identify those which might be more responsive to the quality of the early help offer and which focused on the early years as a critical period of development. There are a number of different metrics that are being used by local authorities as part of their approaches to tracking performance and demonstrating impact, including the proportion of eligible children taking up the free childcare offer, the percentage of children at reception year who are obese or overweight, and the percentage of children achieving a good level of development by the end of the foundation stage (age 5). We felt that this last measure was particularly promising given the range of different disciplines it encompasses from physical to emotional development and also the strong association between this and later life chances. This is an indicator that is published at local authority level, but local areas could also consider calculating the percentage of children in families who received an early help intervention achieving a good level of development by the end of the foundation stage as an interesting comparator.

Taking these metrics, based on published data, it is possible to generate a very simple 'balanced scorecard' which is illustrated below. We have chosen one of our fieldwork local authorities, Kent, to provide the illustration to make the example more concrete and meaningful:

Early help impact – balanced scorecard 2017-2018					
Local authority: Kent					
Impact on reducing demand for statutory services		Impact on laying foundations for future well-being		Net expenditure on early help per capita	
Number of new statutory interventions per 10,000		Percentage of children achieving a good level of development - EYFS		Section 251 reported budget per capita	
LA	IDACI expected	LA	Stat neighbour	LA	Stat neighbour
71	92	68.5%	61.0%	£82	£102

This is included here, not as a definitive proposition but as an illustration and a starting point for future discussion. The Early Intervention Foundation, the National Children's Bureau and local authorities are all taking work forward in this area and it is hoped that some of this thinking may contribute to that ongoing debate. It may be that generating a very simple set of data along these lines could provide a straightforward tool for local authorities to use to compare their own performance with an 'expected level' based on deprivation or with statistical neighbours, as well as a way of tracking changing performance over time, which would take into account national trends.

### Strategic framework

The second tool which the local areas which took part in the research said that they would value was a strategic framework which provided a way of considering the range of approaches they might take to developing early help offers over time. Some of the local authorities were aware of, and had used,

the early intervention foundation's maturity matrix and had found that a constructive exercise.<sup>19</sup> This framework complements the focus on self-assessment embedded in the maturity matrix, to help local areas answer the question *how* to develop a systemic and partnership-based offer. It is based on the sixteen key enablers, and the four phases of development in the evolution of early help and draws on examples of practice from the eight fieldwork areas. The full framework is shown overleaf.

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<sup>19</sup> <https://www.eif.org.uk/resource/how-to-use-a-maturity-matrix/>



	Establishing the principle	Exerting organisational grip	Consolidating and integrating	Achieving the multiplier effect	
Setting the Direction	Leading with passion	Create a convincing narrative for why early help matters. Identify early adopters and use them as catalysts for change.	Demonstrate how absent or poor early help can lead to negative outcomes for families. Use the research base to reinforce the importance of early help.	Find multiple ways to communicate how early help delivers better outcomes for children and families. Review the delivery structure for early help.	Create a guiding coalition to promote behaviour that is consistent with an organisational philosophy of early help and position early help as the 'way we do business'.
	Securing a long term commitment	Ensure buy-in to early help from key political and corporate leaders. Secure adequate funding in the medium term financial plan.	Establish secure governance mechanisms which engage senior leaders across the partnership. Build strength in depth in the operational leadership of early help	Consider options for leveraging additional funding to support early help, including grant funding / pilots. Review governance arrangements to strengthen strategic buy-in.	Place early help at the heart of the long-term plan for renewal and development at a corporate level, across the partnership and with communities.
	Clearly articulating the vision	Co-develop, with partners, a concise and compelling vision statement for early help. Use roadshows and other events to sell the vision and rationale.	Ensure middle managers are using the vision to drive routines and practice. Demonstrate to staff how their work contributes to the vision.	Review the vision to ensure that it remains relevant and engaging in light of any new challenges. Use the refreshed vision as a tool to support wider or deeper integration.	Support community groups and a much wider range of partners and universal services to own and adapt the vision to their purposes.
	Agreeing a small number of targets	Work with staff, partners and communities to develop a small number of targets by asking the question 'what would it look like if we got this right'.	Carry out a forensic needs analysis to ensure early help targets will contribute to strategic challenges. Establish the 'golden thread' from early help to corporate targets.	Work with partners to review the continued relevance of the targets. Stop doing things which do not contribute to the agreed targets and/or act to fill gaps.	Develop the ownership of the targets across a much wider scope of community groups and services, so that they become integral to the work they are doing everyday.
Developing capacity	Creating the core team	Bring together staff from different professional backgrounds to create key worker capacity. Roll out core training to establish consistent ways of working.	Develop rounded EH practitioner skills through programme of ongoing staff development. Establish high quality supervision and peer support mechanisms.	Consider whether there is the right skills mix in the core team and adjust if needed. Build key worker skills to deliver support across different disciplines.	Support early help staff and key workers to act as advocates for EH with other services and partner. Distil the learning from effective key-working to other family services
	Empowering and enabling partners	Make case that partners best placed to support sustainable change in families. Show partners how EH can support their work with children	Co-develop expectations for the lead professional role that are achievable and meaningful. Train partners in using common systems and light touch processes.	Put in place direct support mechanisms that grow partners' confidence in managing risk. Make it easy for partners to access the range of family support available	Enable and facilitate partners not already engaged with early help to consider how operating differently could lead to better outcomes. Pilot new approaches and evaluate.
	Harnessing the power of communities	Use public-facing communications to reinforce message that early help starts in communities. Get to know the existing strengths / support in communities.	Provide opportunities, training and support for community group staff to be lead professionals. Consider using community volunteers to support early help.	Invite suggestions from communities around how to do things differently. Try these and evaluate. Invest in community projects on a basis that promotes sustainability.	Use the successful early help experience to shift the public service mindset towards promoting community resilience as a primary aim.
	Developing a coherent offer around place	Use existing public buildings as the outward face of early help to attract families and reach out. Map existing services, groups or support on a locality basis.	Bring professionals working in a locality together to 'know their patch'. Carry out locality-specific needs analysis to understand opportunities	Review the offer to ensure that it meets the needs of specific localities and target appropriately. Build locality plans around GPs, schools and EY as foundation stones.	Broaden out the place-based offer so it is jointly owned by partners. Maximise opportunities for public-facing staff to start an early help conversation with families
Working with families	Establishing a safe and effective front door	Map the main routes by which families come to the attention of early help. Develop easy referral mechanisms and promote these widely.	Establish a single multi-agency point where all EH referrals are assessed, triaged and allocated to support. Track timescales for assessing families and allocating right support	Create clear protocols and processes to ensure alignment with front door to Children's Social Care. Support referrers across partnership to make better referrals to EH.	Strongly publicise the ways to access early help, with a particular focus on enabling self-referrals. Strengthen the multi-agency dimension to decision-making.
	Focusing on the needs of the family as a whole	Create an offer that is based on the family as the focus of support. Set the ambition that services join around the family so they tell their story once.	Develop streamlined assessment frameworks and tools that consider the underlying family needs not presenting symptoms. Seek family feedback on experience.	Work with other services so they understand the benefits of working more holistically. Strengthen integration with services for vulnerable adults.	Work to ensure that the full-range of public facing services, delivered by the council or partners are able to 'think family' through strong promotion of the EH approach.
	Developing an evidence-based practice model	Work out the principles that will underpin the EH practice model, focusing on strength-based assessment and inter-relational practice.	Assess the evidence for the strengths of different practice models. Role out the chosen practice model across the EH service, with high quality training to ensure fidelity.	Reinforce the use of the practice model with partners and lead professionals with training & support. Ensure close alignment with the approach in Children's Social Care.	Experiment with how the principles of the EH practice model might be used in a much wider range of services and settings and develop simple illustrations for practitioners.
	Promoting resilience and being responsive	Develop a clear suite of tools and approaches that staff and partners can use to build the skills in families that promote resilience. Disseminate these widely.	Review the way that the EH offer is delivered to ensure it is flexible to changing family needs, and adjust. Create processes for ending an engagement which maintain contact.	Track whether progress made by families is sustained over time. Refine understanding of how to promote family strengths based on clearly knowing what has worked.	Consider opportunity to use families who have been supported through EH as ambassadors. Reinforce networks and capacity that create resilience in communities
Evaluating impact and quality	Developing an effective MI system	Create a Management Information system that is based on a simple workflow and supports a clear view of performance. Negotiate access for partners to MIS	Train key workers and lead professionals on how to use MIS well. Develop reports that enable tracking of family outcomes and journeys.	Support wider roll-out of MIS to other key partners and integrate use within their core role. Work to overcome data-sharing barriers between different systems.	Use the information for the MI system, combined with data from other systems to develop a much clearer view of the needs and opportunities across the system.
	Auditing and quality assuring practice	Develop a clear and shared view of what good practice in early help looks like and use this to underpin the creation of an audit tool.	Establish a regular and robust routine of auditing early help work with families to ensure consistent quality. Share learning from audits across EH	Develop peer supported approaches to audit and quality assurance deepening understanding of what good looks like. Engage broad range of partners in QA	Ensure that engagement with and feedback from families forms a key plank of the QA process. Use the learning to inform wider service improvement
	Being clear about the desired impact	Develop a robust approach for assessing and recording outcomes for families. Work with families to agree outcomes at outset of support.	Agree metrics that can show impact of EH at system level, focusing both on achieving positive outcomes for children and reducing the need for statutory interventions.	Robustly track progress against metrics and scrutinise through governance structure. Where progress is less than expected review key aspects of offer / delivery	Work with partners and communities to create joint outcome measures across the partnership. Report progress / impact widely.
	Putting in place informative reporting	Create a framework for reporting on the performance of early help which is clear, simple to understand and easily derived from information in the MIS.	Develop a consistent reporting routine through sharing good quality reports. Ensure reports are meaningful and allow the right questions to be asked.	Use performance reporting tools to motivate staff and partners, within a culture of celebrating success. Review regular reports to ensure their continued relevance and impact	Consider how to share performance information more broadly with partners, across the local authority and in communities to foster a clear grasp of the reach and impact of EH.

## Conclusion

The development of integrated, locally-based early help offers has reached a critical juncture. Faced with extremely difficult decisions about resourcing within children's services, some local authorities are concluding that they can no longer afford to invest in early help at previous levels. And yet, faced with unprecedented levels of demand for a wide range of specialist and statutory interventions, the question that local authorities should perhaps be asked is *can they afford not to invest in early help?* Furthermore, while security of funding is undoubtedly important, the findings of this research demonstrate that creating an effective local early help offer is as much about culture, leadership and strategy as it is about money.

The work of the eight local areas profiled in this research provides an insight both into what can be delivered through well organised, integrated and partnership-based approaches to early help and the ways in which this can be achieved in a local context. Passionate leaders, who have invested over the long-term, and set out a clear, focused and simple vision have set the direction. Capacity has been developed and released through the development of multi-disciplinary teams, enabling and empowering partners as lead professionals, building resilient and self-supporting communities, and investing in a coherent approach to individual places. A new way of working with families has emerged which effectively triages needs, considers the strengths and assets of the family as whole, works through a relationship-based practice model and promotes resilience through responsive working. Finally, local systems are becoming clearer about how to share and record information, how to use performance metrics to improve delivery and demonstrate impact, and how to promote quality in early help practice. This research aims to show that there is no single 'silver bullet' but that concerted action across a wide range of areas, can make a positive difference.

In navigating a future that is both uncertain and full of opportunity, it is hoped that the practical approaches set out in this research will provide local areas with a platform for continuing to develop early help that has the potential to break cycles of intergenerational disadvantage and deliver significantly better outcomes for children, young people and their families.

## Annex A: Descriptions of each local area's model

### Barking and Dagenham

In Barking and Dagenham, the early help offer is embedded within and largely delivered through the Community Solutions directorate which brings together 16 services including the front door to adults and children's social care, housing, anti-social behaviour, Libraries, Children's Centres, Troubled Families team, targeted youth services and work and skills plus others. The early help offer, is managed through five 'life-cycles' which are:

- Universal
- Triage
- Support
- Intervention
- Work and skills.

Across Community Solutions staff have generic roles and job descriptions, whilst continuing to recognise the specialist skills that individual teams bring.

All referrals at the front door are triaged through a daily multi-agency meeting, at which point families are assigned to one of the five life-cycles or to children's social care. Those families who are assigned to the 'support' or 'intervention' life-cycles will be assigned a key worker or lead professional who will then work with the family to carry out an assessment and develop a support plan. The intervention service works with families with a wide range of needs, for example it will work with some families who meet the Troubled Families criteria but also on issues such as relief of homelessness and families negatively impacted by Universal Credit.

On average, around 110 early help assessments are initiated each quarter, although that number has been rising with 141 assessments in the most recent quarter. The large majority of these (over 80%) were initiated by the local authority, with around 16% initiated by schools.

After cases are allocated to a worker, they will be kept open until the worker is confident that the family has made significant and sustained progress. In general, families are now being held in early help a bit longer than they had been previously which means that many fewer families are coming back into the system after cases had been closed. This is also enabling early help to better control the flow of new cases into children's social care. Staff in early help receive the same training as qualified social workers where appropriate and also receive case supervision by social workers on higher risk step-down cases, so are confident in managing risk.

## Greenwich

Greenwich's offer of early help focuses on providing "intensive" support to families at two distinct levels. Leaders in Greenwich wanted to make clear the unique role of "intensive" early help, which they define in terms of providing support around a range of inter-related needs for a family, and distinguishing this from "additional" support that may involve a single issue and a single service providing support.

In November 2017, Greenwich undertook a large re-structure of the local early help offer. The drive for this restructure was the recognition of gaps in support for children and families, and that many services were focusing on addressing a single need, rather than seeing and supporting the child and the family holistically. The aim of Greenwich's early help offer now is to (a) provide intensive and holistic support to families and (b) provide support and meet needs early so as to prevent issues escalating and requiring interventions from more specialist or statutory services.

Greenwich's early help offer is divided into two levels: "core" and "connect".

- **Connect** – this provides support that seeks to "nip issues in the bud". Greenwich are moving to deliver this on a unit basis, with two units operating across the borough. Each unit will have a team leader and 3 practitioners, each holding 15-20 cases. The units will provide an integrated approach, drawing in information, advice and support from a range of universal and targeted services, including the Family Information Service, the Special Educational Needs and Disability Information, Advice and Support Service, youth services, employment services and the Community Interventions Team.
- **Core** – this provides more intensive, and generally long-term work (with most families being supported for between three and six months, depending on the nature of the support they need). The support is delivered by eight units across the borough. Each unit is made up of three Youth & Family Practitioners, one Senior Practitioner, one Unit Leader, and a Unit Co-ordinator. The unit approach ensures that the members of each unit are all able to provide support to the families on their caseloads, rather than families being reliant on a single lead practitioner. The approach is very much based on a "team around the professional". Staff in the units are trained to provide a range of support, including restorative family therapy and supporting those who have experienced trauma, so that they can work directly with families rather than having to refer to multiple other services.

In total, the core and connect units employ 48 staff and support between 950 and 1000 families at any given time.

The work of these units sits within a wider offer of early help, that is delivered through a broad range of partner organisations. This includes schools and settings, the police, public health, local health services, and a broad range of voluntary & community sector partners including Charlton Athletic Football Club. The overall early help offer is overseen by the LSCB, supported by an Early Help Partnership Group that brings together key partners to work on the development of the early help offer.

## Kent

Early help in Kent is an approach designed to provide integrated and intensive support to families experiencing complex problems. Early help is viewed very much as part of a continuum, ranging from universal and universal plus services through to support that is provided on a more targeted, intensive and multi-agency basis. There are two tiers to Kent's offer of early help. Given the size and geography of the county, Kent's early help offer is delivered on a district basis, with services operating the same core offer in 12 districts.

1. **Children's centres and youth hubs** – Kent has a network of 85 children's centres and 12 youth hubs – one in each district. These provide a range of universal, targeted and additional support services. There are also some universal plus and targeted services – outreach support for families at risk of domestic violence and targeted youth support, for example. Around 70,000 families are supported in Kent's children's centres by 166 full time staff, and around 4,000 young people are supported through the youth hubs by 75 full time staff.
2. **Intensive family support** – this is delivered through early help workers, operating in units across the 12 districts. There are a total of 44 early help units across Kent, made up of 250 staff. The units deliver intensive support to families with multiple complex needs below the threshold for statutory social work services, with professionals trained to provide a range of forms of support. This is done to minimise referrals between services and avoid families feeling that they are being handed off between professionals.

The early help offer in Kent has been developed deliberately to be broad and to encompass other services that may be working with children or families with complex needs. There are three important additional parts to the early help offer, beyond the children's centres, youth hubs and early help units.

1. **Inclusion & Attendance** – in Kent, the Inclusion & Attendance Service is located within the early help offer. This was done because many of the children at risk of exclusion were from families known to other services within the early help offer, and because this approach enables a joined-up approach to be taken to address underlying issues for a young person or their family that may be manifesting themselves in terms of attendance or behaviour that is putting the young person at risk of exclusion from school.
2. **Youth Justice** – the statutory Youth Justice Service is also located within the early help offer so that both the statutory and non-statutory aspects of the role, including out-of-court disposal, can be managed and delivered in a joined-up way.
3. **HeadStart** – Kent has a grant-funded project focused on skilling up schools to support young people's emotional resilience. This is part of building the capacity of universal services to provide support to young people and families across Kent.

A significant focus of Kent's work has been on building partners' understanding of the distinctive role of early help, as something distinct from social work services but complementary to universal and statutory services. There has been a strong focus on building the capacity and understanding among the 600 schools in Kent, developing an ethos of supporting vulnerable individuals within part of the local police, and strengthening integrated working with children's social care (through a single front door and referral route, and a series of practice development pilots during 2018). At county-level, the early help offer is overseen by the LSCB, as well as the Children's Trust Board and Health & Wellbeing Board. At district level, District Managers and district Children's Partnership Groups provide strong, partnership-based management and governance of early help.

## Lincolnshire

Lincolnshire has sought to develop a broad offer of early help such that early help is seen as “everybody’s business”. The emphasis is on there being a team-around-the-child, with the right person providing the right support at the right time. Early help in Lincolnshire aims to:

- provide early support for children and families who require something additional to what can be provided by a single universal service (while at the same time building the capacity and skills of universal services);
- address issues at the earliest opportunity and prevent needs escalating to the point where statutory services become involved; and
- ensure high quality, strengths-based multi-agency working to achieve lasting outcomes for children and families.

A central aspect of the early help offer in Lincolnshire is the role of Lead Professionals: at any one time, around 80% of the circa 2,500 team-around-the-child (TAC) cases are held by lead practitioners who work in other services. The majority (c.70%) of these cases will be held by lead practitioners in schools. In other words, while Lincolnshire has invested in developing a core early help service, the distinctive feature of their approach is that early help is seen as part of a broader offer and a wider system.

In terms of the Local Authority early help service itself, this operates on a locality basis in four quadrants.

- There are one or two early help teams for each district, making up a total of seven. Children’s social care and 0-19 health services are organised on the same geographical basis, enabling stronger partnership working at locality level. Lincolnshire uses signs of safety as a unifying, relationship-based practice model.
- Within each locality, there are around 50-75 early help professionals, dependent upon need. Early help workers come from a wide range of professional backgrounds, within and beyond children’s services. All receive a core offer of training to be able to provide a wide range of advice and support to the families and lead practitioners they may be supporting.
- Each locality has two Early Help Consultants, whose role is around case supervision for schools, support and challenge to all Lead Professionals, quality assurance of TAC cases, and the facilitation of multi-agency learning opportunities. The Early Help Consultant role is part-funded by the LA and by schools forum.
- Within each locality, there are also 0-19 Health Workers. This role combines what was previously the role of health visitors and school nurses and has been repurposed to focus on ensuring younger children are ready for and make a successful transition to school, as well as providing a more holistic approach to health and wellbeing support for young people throughout the childhood.
- Each locality also has two IAPT practitioners. This role has been developed in partnership with partners from the Clinical Commissioning Groups and schools. The focus of the role is providing targeted support and building skills within universal services around social, emotional and mental health needs that may fall between pastoral support and more specialist CAMHS support.

Working in partnership between the local authority, schools, health services and the police has been central to Lincolnshire’s vision for early help, and specifically in ensuring professionals in those services feel confident in initiating conversations and accessing the right support for children and families. The overall leadership and oversight of the early help offer in Lincolnshire is provided through the LSCB.

## Oldham

The early help offer in Oldham was developed in response to the recognition that the then configuration of services was not serving the needs of families with complex needs well. Colleagues in Oldham undertook some deep dive exercises and identified a number of families who were moving in and out of the remits of lots of different support services without any one intervention making a lasting difference for the family.

In response, Oldham developed a new model of early help that is based around three tiers of support. A unique feature of the model in Oldham is that early help is an all-age offer: it is delivered in an integrated fashion for both children and adults.

1. **Intensive support** – this is provided by an in-house (council) service. The service employs 15 staff, each with caseloads of around 7-8 families, with whom they work intensively over a period of around six months. The team supports around 230 households per year. Situated within this service, there are also specialist advisers offering support in relation to domestic violence and, so called, honour-based Violence.
2. **Medium-level support** – this is provided by a charitable organisation called Positive Steps. Positive Steps is based in Oldham and specialises in providing targeted and integrated services for young people and families across the Greater Manchester area. Positive Steps were commissioned by Oldham to deliver part of the offer of early help in the borough. The part of the early help offer commissioned from Positive Steps is delivered through three teams that operate within Oldham. Each team has a Team Manager, a Senior Engagement Worker, and Eight Engagement Workers (each with caseloads of c.20 families). These teams are supporting between 400 and 500 families at any given time, and a total of 4,000 individuals annually. Families are supported for around three months at a time on average.
3. **Low-level support** – this is also provided by Positive Steps through the same structure and teams as the medium level of support. Often this will involve a less intensive form of support, that may involve information or advice for a person or family and over a shorter period of time.

All Early Help staff are trained in a range of engagement techniques and evidence-based interventions, so that they are equipped to provide holistic support to families. The Engagement training enables staff to build empathic relationships with families providing a strong position to develop rapport and trusted relationships that allow both challenge and support. The success of this approach was demonstrated within early Troubled Families work, in which 96% of all families engaged - many of whom had previously been considered 'difficult to work with'.

There is a big focus currently on refocusing the early help offer so that it forms part of a more integrated continuum of support with social care services, provides support that prevents issues from escalating to the point they require intervention from statutory services, and builds capacity and confidence to support families within universal services. This is linked to implementation of a place based "Oldham Family Connect" model. This will engage particularly closely with schools, as well as strengthening joint working in localities with partners such as health services and the police, together with the wider range of community support services in order to achieve the greatest impact in working with local citizens and families. The relaunch of the Children & Young People's Board from January 2019, is also part of a strong focus on renewing partnership governance.

## Southend

In 2004, when faced with funding challenges, Southend took the decision to bring together all their early help elements to create an embedded, integrated early help offer. Over the intervening years this has been strengthened and refined so that it now encompasses the following colocated services - Youth Offending Services, Targeted Youth Support, Teenage pregnancy, Young Persons Drug and Alcohol services, Community Engagement, Troubled Families, Family Support, Attendance, Missing Children, Edge of Care and reunification, Young Carers, and Adolescent intervention and prevention.

There are 135 staff and 50 volunteers from the community, brought together under a common management structure with consistent job descriptions and training and a shared practice model. The offer is targeted primarily at families at tiers 2 and 3, in terms of the complexity of their needs, and is based around the principle of making it as easy as possible for families to find and access support. As the lead for early help described it 'We provide children's services at the earliest opportunity'.

The development of an integrated service within the local authority has been accompanied by very close working with statutory partners, in particular health, police, the job centres and schools. Around four years ago the Police in Southend were judged to be inadequate for safeguarding and this provided the impetus to work much more closely around sharing information about families and children at risk and engaging actively with the early help offer. Partnership working with health has also been a key element in the development of the offer. There is now a process in place for health visiting to move into the local authority and to be managed by public health. In 18 months, the vision is that Southend will have an integrated 0-25 early help offer which includes health visiting and community paediatricians. This is backed up by the support of two very influential GP champions who have ensured that every GP practice is signed up to supporting early help and sharing records appropriately. All schools in Southend will have an allocated early help worker, to whom they can turn for advice and support about children and families with whom they are working.

There are currently 232 families supported through Southend's family support service. Typically, through this service, families will receive support for between 6 and 18 months, depending on the complexity of their needs. When early help practitioners are confident that a family has achieved significant and sustained process then a structured exit programme is put in place which includes introducing the family to community workers to get them involved in community-based activities and support and carrying out regular follow-up phone calls to check that the family is continuing to manage well. Currently community workers are supporting a further 62 families. As a result, re-referrals into early help are low.



## West Sussex

The early help offer in West Sussex, called Integrated Prevention and Earliest Help (IPEH), aims to put in place a whole system partnership approach with a view to 'making sure every child in West Sussex reaches their potential'. The offer has four areas of focus:

- **A flying start for pre-birth to five year olds**, focusing on 1001 critical days and young parent pathways; early parenting support from pre-birth; the healthy child programme and take-up of free early education and childcare.
- **In school ready to learn**, focusing on working with schools and partners to increase the percentage of children assessed at a good level of development at the end of reception; improving school attendance; and school nursing and health.
- **Yourspace Youth**, focusing on emotional health and wellbeing for young people; building family and network connections; increasing the number of young people post-16 in EET; and supporting young people in care, care leavers and young carers.
- **Skills for life**, focusing on parenting courses; domestic violence prevention and support; debt and homelessness; family assist; and the PAUSE project supporting parents after children and removed.

The IPEH offer went live in April 2017, following a ten-month process in which eight different services across the local authority were brought together under a single management structure. This included a number of teams which are very commonly located within the early help umbrella, such as Think Family, the Early Years' Service and parenting support programmes. However, the restructure also encompassed a number of services not so typically located within early help, such as support for victims of domestic abuse, care leavers, supervised contact for looked after children and homelessness prevention. There is a consistent vision and a shared set of 20 outcome targets that create a unified focus across all those engaged in delivering and supporting the early help offer.

At the same time investment was made in supporting partners to engage with and deliver early help. Dedicated support was put in place for lead professionals holding early help cases, all of whom have access to a named link worker, support with the management information system and regular newsletters.

The IPEH offer is delivered through six local hubs – one in each district and borough. Each hub has a slightly different offer in place depending on the needs of their locality and will provide a range of services and support from universal (tier 1) all the way up to families requiring highly specialist and complex support (tier 3 to 4). Each hub leader is provided with data on their population and demographics to help shape the offer. The aim of IPEH is to support families at the earliest possible point. Any professional can start an early help assessment and typically around 3000 children at any one time will have an early help plan and be supported by a lead professional or key worker.

## Wigan

The overall ambition for early help in Wigan is to ensure that ‘every child has the opportunity to live a healthy and happy life’. There is an integrated, place-based early help offer which works across seven places, also referred to as ‘Service Delivery Footprints’ (SDFs). The locality-based model of delivery incorporates Start Well locality teams, Start Well Family Centres, Targeted Youth Support Service, school nursing, CSC, CAMHS, Health Visiting, ICS as well as a whole host of adults’ services. Each SDF is made up of a population of between 30,000 and 50,000 people. Investing in community-based projects is also a core element of the council’s early help strategy. Under the auspices of ‘The Deal’ which is the council’s overarching strategy for managing relationships between the council and its residents, Wigan has invested more than £7.5 million in community-based initiatives providing services to residents across the borough.

Within the overall early help offer, the Start Well service provides targeted early intervention to families predominantly at safeguarding levels 2 and 3 in terms of the complexity of their needs. The Start Well service was created 2.5 years ago by bringing together former Children’s Centres and the Local Authorities Early Intervention Service. It is delivered through five Start Well family centres, three Start Well Locality Teams and Confident Family Workers who have been integrated into the locality teams to enhance the place-based offer. The Start Well Family Centres are all former Children’s Centres (and are still recognised as such) and predominantly deliver early help to children under 5 and their families. The management of the centres is contracted out to five primary schools. The Start Well locality teams predominantly work with children and young people from 6 – 19 (up to 24 years for those with SEND). The service comprises of around 60 full time equivalent front-line practitioners, all of whom have the same job descriptions and have benefitted from the same training.

The Start Well service offers:

- Parenting and family support
- Improving school readiness
- Support to families to get into work or training
- Support for families to access their community services
- Advice and support to parents on a range of issues including improving children’s wellbeing; childcare; school attendance, finance, debt, and housing.

All referrals to the Start Well service come through the Early Help hub where cases are triaged and then typically allocated to Start Well, Targeted Youth Services or commissioned services for support. There are currently 2076 families receiving ongoing support through the integrated early help offer, around 60% of which are held by key workers in the Start Well service and 40% are led by professionals in schools, health or other partners. To date the Start Well service has trained 27 schools and 1 college to use the early help assessment and recording framework which is contributing to a strong and more consistent partnership-based offer.

<b>IMPROVING LIVES BRIEFING</b>	<b>TO:</b>	Improving Lives Select Commission
	<b>DATE:</b>	29 <sup>th</sup> October 2019
	<b>LEAD OFFICER</b>	Emma Ellis Service Manager Early Help: Youth Offending Team and Evidence Based Hub. Children and Young People's Services.
	<b>TITLE:</b>	Rotherham Youth Justice Plan 2019-2021

## Background

1.

Local authorities have a statutory duty to submit an annual Youth Justice Plan relating to their provision of youth justice services.

Section 40 of the Crime and Disorder Act 1998 sets out the Youth Offending partnership's responsibilities in producing a plan. It states that it is the duty of each local authority, after consultation with the partner agencies, to formulate and implement an annual youth justice plan, setting out:

- How youth justice services in their area are to be provided and funded
- How the youth offending team (YOT) or equivalent service will be composed and funded
- How it will operate
- What functions it will carry out

The Youth Justice Plan must be submitted to the Youth Justice Board for England and Wales (YJB) and published in accordance with the directions of the Secretary of State and reinforced within YJB Terms and Conditions of Grant 2019.

Statute requires the production of an annual plan, but the YJB welcomes plans that cover more than one year. Plans covering more than one year will require an annual refresh and updating of key information, particularly relating to finance, governance and key achievements from the previous year.

Plans should be developed to best fit specific local needs and references. Therefore, the YJB does not prescribe a specific template but does outline suggestions for considering how youth justice services are delivering against the three key performance indicators to, reduce first time entrants, reduce reoffending and appropriately minimise the use of custody. Plans need to demonstrate evidence of how;

- the service demonstrates a 'Child First' ethos and practice
- partner agencies work together to improve outcomes for children
- the needs of the cohort have been assessed to inform delivery decisions
- local priorities have been identified, planned and how these are to be met
- how services are measuring and reporting on impact
- risks to delivery are identified, responded to and mitigated against

The YJB also suggests a set of recommended sections as follows:

- Introduction
- Structure and Governance
- Resources and Value for Money
- Partnership Arrangements

- Risks to future delivery against the youth justice outcome measures

The Rotherham Youth Justice Plan has been developed in line with the above criteria along with other key local and national strategic plans and priorities.

## What's Working Well

- 2.** The Rotherham Youth Justice Plan 2019-21 has been approved and signed by the Chair of the YOT Management Board and Chair of the Safer Rotherham Partnership. The plan was presented at the YOT Management Board on 1 October 2019 and was signed off by the Youth Justice Board (YJB) on 3<sup>rd</sup> September 2019.
- 2.1** The rate of First Time Entrants (FTEs) for Rotherham continues to fall significantly.
- FTEs has fallen over the last four years. In Rotherham we can see that the rate of decline follows a similar trend to that of the South Yorkshire Police & Crime Commissioner (PCC) whereas that of our YOT family is less steep a curve suggesting that the other YOTs are not experiencing such a dramatic reduction in FTE as we have experienced, which is also evident in the national picture.
- It is believed that the lower rate in Rotherham is testimony to the work undertaken to triage and assess young people at an early stage prior to their entry into the Criminal Justice System at a Youth Caution level and above. The effect of this is that young people are assessed and diverted into a Community or Restorative Disposal or the new Outcome 22 (education) disposals and therefore dealt with more appropriately and proportionally.
- 2.2** Rotherham is comparable to the South Yorkshire PCC which may suggest that there is consistency across the police force in how offending is tackled from a policing perspective. Although the number of young people in this cohort is relatively low, it is worrying that the number of reoffences per young person is increasing.
- 2.3** The management and oversight of risk in relation to serious harm and reoffending is improving through the Youth Multi-Agency Risk Assessment Conference
- 2.4** Rotherham continues to have Custody rates that are well below national and regional figures. This marks the lowest rate of custody for five years and whilst our custody numbers remain low we continue to make improvements to our Intensive Supervision and Surveillance packages in order to offer a robust alternative to custody for sentencing and bail. In Q1 2019/20 we have had 3 Young People remanded to the Care of the Local Authority which places an additional requirement on the local authority to manage the risk in relation to the young person as a LAC.
- 2.5** The voice of young people is strong within the YOT (See 10a Youth Justice Plan) and young people attend and present at the YOT Board when available. Case studies are shared regularly, with Board Members and Youth Voice staff from Early Help attend Board meetings and work with YOT Staff and young people to shape the service.
- 2.6** The Young Inspectors have inspected the YOT and the Eric Manns base on a number of occasions and continue to work with the YOT to improve our services. The Chair of the YOT Board continues to visit Youth Offending Institutes (YOI's) where Rotherham Young People are placed.

2.7

The YJB Peer review in January 2017 noted;

“Rotherham YOT is performing well in relation to reducing reoffending and the use of custody and based on what partners told us it is well regarded and not seen as a service requiring significant remedial attention. Given the serious challenges facing the Council and its partners there was a risk that youth justice would not attract sufficient attention and be left to its own devices. However we did not find that to be the case and were impressed with the focus that partners in Rotherham had placed on the service and the local youth justice system despite other very pressing priorities.”

“The last 12 months has seen a successful transition whereby the YOT partnership has re-established itself in its own right rather than being subsumed within the Safer Rotherham Partnership. There is unanimous agreement that this was the right thing to do in order to promote a more dedicated and young person focussed partnership.”

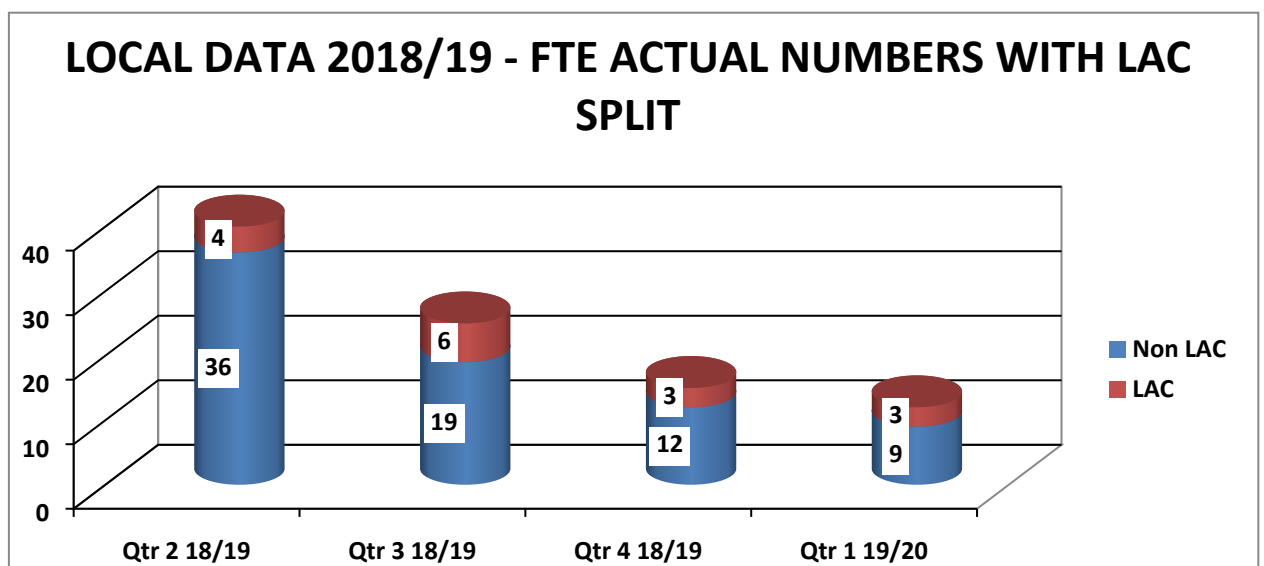
“The success of the transition has been greatly assisted by the commitment and energy of the Chair whose leadership is valued by board members and whose determination to engage a wide and interested membership is starting to pay off. We saw evidence of enthusiastic and energised board members who are keen to learn and want to contribute. It was also very evident to us that board members know Rotherham well and wish to bring their differing perspectives of the issues facing young people and local services into the Board’s agenda and seek purposeful and creative solutions.”

“The board will be helped in this by the inclusion of what we described as its ‘Additional Features’ – that is members beyond the statutory partners who are not routinely seen in YOT Management Boards nationally.”

**What are we worried about**

3.

The LAC status of the offending cohort continues to increase as a percentage from 20% in Q4 18/19 to 25% in Q1 2019/20, but represents just three young people due to the low numbers of young people in the cohort (**Chart A**). We continue to work closely with colleagues in CYPS LAC Team to review this and improve outcomes for this small cohort.

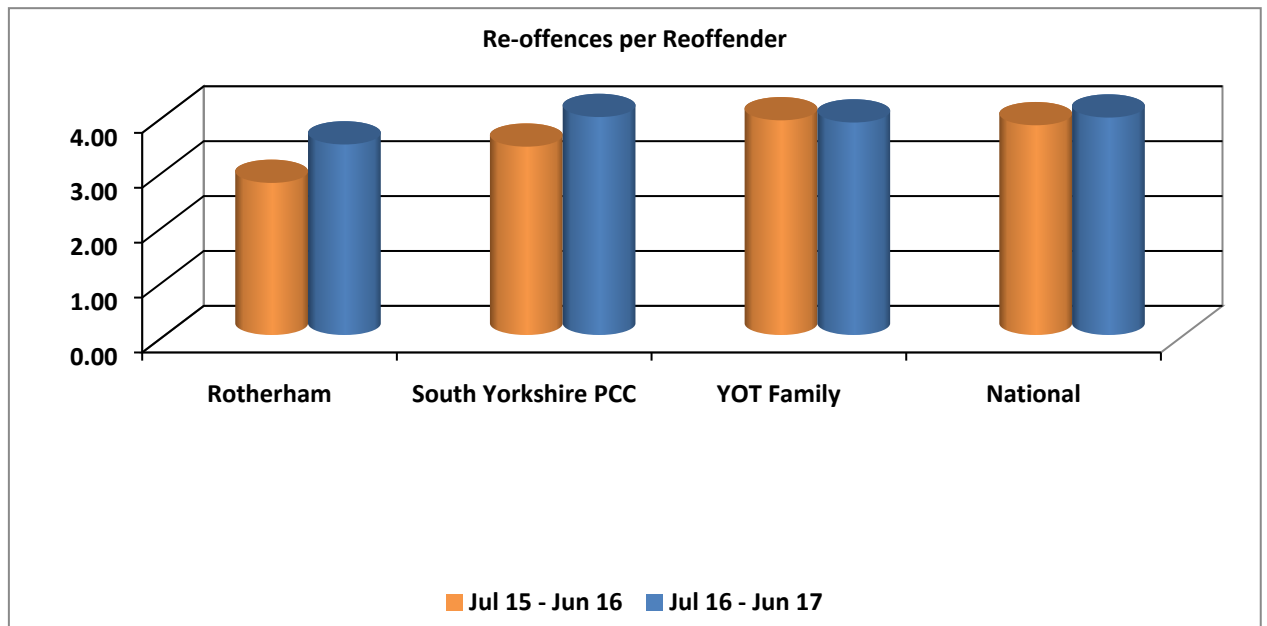


**CHART A**

**3.1**

Reoffending rates continue to be a worry across the Youth Justice System and it is widely acknowledged that this cohort of young people continues to be the most challenging with entrenched behaviours and complex needs.

We have begun to review our current provision to ensure that we, as a YOT, adapt our interventions and delivery in order to reduce re-offending. In order to do this we need to strengthen factors for desistance by increasing aspirations and motivation to change. Work has commenced in this area and YOT young people now have access to short term counselling support offered via Early Help, a rolling programme is being developed to commence in January 2020 and a targeted 'Barriers to Learning' programme to increase motivation to reduce the number of NEET young people. YOT staff are encouraged to support families to attend the range of parenting programmes available through the Evidence Based Hub.



**CHART B**

**3.2**

The YOT has had a stable and static workforce for many years, but the recent Early Help review has created opportunities for some staff to move and for others to fulfil personal ambition or seek flexible retirement. Whilst this creates some challenges in terms of meeting the increasing service demands with a reduced workforce, it also provides an opportunity to recruit new workers who bring with them experiences from elsewhere and learning to be shared across the workforce.

**What are we going to do about it**

**4.** Accompanying the Youth Justice Plan is a detailed Action Plan that addresses the key priorities of the Police and Crime Commissioner, The Safer Rotherham Partnership and the YOT Board. Progress will be measured and reported to the board at quarterley intervals.

**4.1** As we try and better understand the needs of our young people to achieve better outcomes, our local data identifies that (as of 18 June 2019) 2.6% (13 young people) have an Education Health and Care Plan, (EHCP) in place, 24.3% (25 young people) have identified Special Education Need (SEN) and 63.1% is not reported, but could be

	<p>unknown/undiagnosed rather than not present.</p> <p>Of the 13 young people with an EHCP, 6 of these (46%) fall into the post 16 category.</p> <p>The YOT Service manager and Head of Service for SEND and inclusion have begun discussions about how to achieve better outcomes for these young people and strengthen existing processes.</p>
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**Appendix A: Rotherham Youth Justice Plan 2019-2021**

# Rotherham Youth Justice Plan 2019/2021





## 1. FOREWORD BY THE YOUTH JUSTICE CHAIR: David McWilliams

Welcome to the Rotherham Youth Justice Plan 2019/21. Our two year Youth Justice Plan sits alongside the key local partnership strategies including; The Rotherham Children and Young People's Plan 2016/19, the Safer Rotherham Partnership Plan 2018/21, Youth Justice Board Business Plan 2019/20 and the South Yorkshire Police and Crime Plan 2017/21.

Our Youth Justice Plan provides the detail as to how Rotherham Youth Offending Team (YOT) intends to deliver services to improve outcomes for young people, families and communities over the next two years against the Police and Crime Commissioner's three priorities;

- Protecting Vulnerable People
- Tackling Crime and Anti-Social Behaviour
- Treating People Fairly

The strategic aims of Rotherham Youth Offending Team Board remain focused on preventing offending and reducing re-offending by young people. We aim to achieve this through strengthening the delivery of integrated services across the Early Help partnership that ensures young people are safeguarded, the public and victims of crime are protected and those who enter the criminal justice system are supported with robust risk management arrangements. We are committed to ensuring young people will be supported to reintegrate into their local communities and to reduce their offending in keeping with our ambition for Rotherham to be a Child Friendly Borough.

The Rotherham Youth Offending Team and Board works with our partners to ensure that we continue to provide a first class service to young people and communities and maintain the levels of supervision, risk management and safeguarding which will protect the public and support young people to stop offending.

The YOT continues to support the Safer Rotherham Partnership (SRP) Priorities, with more recent work focussing on a systematic intervention

to tackle Child Criminal Exploitation and Serious and Organised Crime Gangs operating across County Lines.

The SRP Priorities are;

- Protecting Vulnerable Children
- Protecting Vulnerable Adults
- Building Confident and Cohesive Communities
- Domestic Abuse and other related offences
- Serious and Organised Crime

The changing Youth Justice landscape nationally, provides us with opportunities to build strong collaborative working relationships locally and regionally with our partners. Over the past 12 months we have implemented a new management structure within the YOT located within the Early Help Evidence Based Hub and at the heart of our Early Help Offer. We have worked hard to strengthen our links with partners through the YOT Board and through our YJB Head of Innovation and Engagement in the North East, Yorkshire & Humber Region we organised the first South Yorkshire Youth Justice Partnerships development Day.

Operationally we have forged stronger working practices with our Families for Change (Troubled Families) programme and our Early Help and Social Care locality teams. The Taylor Review of Youth Justice, published in 2016 and the government's response to it provides us with ability to explore how we can work more effectively to develop flexibility of intervention and improve our youth justice offer. I have retained my commitment to enable the Rotherham YOT Board to be a truly Young Person Centred by continuing to visit the secure estate and meeting with Rotherham young people placed around the country to learn about their experiences and bring this rich learning back to the YOT Board to improve our support and interventions. Through our Early Help Youth Voice workers we ensure that young people's voices and feedback

comes to each YOT Board with workers enabling young people to attend to share their experiences directly as well as shaping our practice through case studies and young person led inspections and consultations through our Young Inspectors.

I look forward to another effective period of partnership expansion and improved outcomes for our young people and families and I am very pleased to introduce the Rotherham Justice Strategic Plan for 2019-2021.



**David McWilliams**

**Chair, Rotherham Youth Offending Team Board**

**Assistant Director Early Help, Rotherham Children's Services**

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### 3. OVERVIEW

The principal aim of the Youth Justice System as set out within the Crime and Disorder Act 1998 is to prevent offending by children and young people.

The Act established the requirement for each local authority to provide a Youth Offending Team (YOT) to deliver this aim and have a Youth Justice Plan in place.

In Rotherham our YOT works alongside statutory partners including Police, South Yorkshire Probation Trust and the NHS, together with a wide range of contracted Voluntary and Community Sector organisations to achieve the national youth justice strategic objectives which are to:

- Prevent Offending
- Reduce Re-Offending
- Increase Victim and Public Confidence
- Ensure the Safe and Effective use of Custody

There is a statutory duty for an annual plan setting out the delivery and priorities of the youth justice service. This plan is utilised to set the agenda for the YOT Management Board, and is monitored on a quarterly basis.

The Rotherham YOT is a multi-agency service comprising four statutory agencies; Police, Local Authority, Health and the National Probation Service. Each of these agencies has the statutory responsibility for resourcing and supporting the YOT Management Board. There are strong links with the voluntary and community sector which have significant roles in the delivery of the Youth Offending Team priorities together with the strategic and operational expertise within the Children and Young People's Service and most importantly enabling the voice of the child to shape and influence the support and services received.

The Chair of the Rotherham YOT Management Board is also the Assistant Director of Early Help Services within Rotherham Children and Young People's Services and has a pivotal role within the Safer Rotherham Partnership (SRP). The Chair ensures that the vital links are maintained to community safety, early intervention and prevention, safeguarding and keeping children safe from harm via representation at key strategic boards.

The implementation of Phase Two and Three of the Rotherham Early Help Strategy 2016-2019 concluded in March 2019, providing revised management structures for the YOT within Early Help.

The Eric Manns Building houses the Rotherham Youth Offending Team who works with Early Help locality teams and partners across the borough with young people that are involved in Youth Crime and Anti-Social Behaviour as part of a multi-agency partnership with the aim of preventing offending and re-offending. The locality teams offer advice and support around employment, careers advice, apprenticeships, training, sexual health and contraception and confidential advice and support for young people and families.

## 4. STRUCTURE AND GOVERNANCE

The Crime and Disorder Act 1998 set out the statutory requirements for the provision of Youth Offending Teams and a Governing Chief Officer Steering Group. The role and responsibilities of YOTs and their Management Boards continue to be regulated by the National Standards for Youth Justice Services, which were extended and clarified in 'Modern Youth Offending Partnerships' Youth Justice Board 2013.

To meet the statutory requirements necessary structures and governance are in place within the Local Authority, as detailed below and shown in the organisation chart in appendix 1.

The YOT is located in the Early Help Service, which forms part of the Children and Young People's Department. The Chair of the YOT Management Board is also the Assistant Director of Early Help Services, who reports to the Director of Children's Services and who in turn directly reports to the Chief Executive Officer of the Local Authority.

A newly appointed Service Manager is responsible for both the YOT and the Evidence Based Hub (EBH), which includes family group conferencing, outdoor education and oversight of the evidence based programmes delivered borough wide.

The YOT experiences a low turnover of staff, with the majority of the team having been in post for a number of years. This is as a result of investment in the workforce, good quality leadership and supervision by management, ensuring the YOT has a competent and experienced workforce.

The YOT Management Board is fundamental in challenging and supporting the work of the Youth Justice Plan, alongside the performance and priorities of the team, ensuring that statutory partner agencies are also held to account and contributing effectively to the delivery of the outcomes. It considers not only the national

youth justice strategic objectives, but also local indicators and themed reports, including benchmarking against inspection reports.

The YOT Management Board supports the YOT to overcome barriers and will also commission agencies and partners for bespoke work e.g. improving the voice of the child both within the YOT and the Board and since the arrangements for critical incident reporting no longer lie with the Youth Justice Board, reporting of these incidents also proceeds directly to the YOT Management Board.

The YOT Management Board is responsible for maintaining oversight of the YOT budget, YJB Grant and any other funding, formally approving these on a quarterly basis, and seeking reassurance that the YOT complies with National Standards and information requirements for the secure estate.

### *Our Vision Statement for*

### *Rotherham Children and Young People's Service:*

***Working with Rotherham's children, young people and families to be safe, resilient and successful***

### Prevention and Early Intervention

All YOTs have a statutory duty to prevent offending as well as reducing and preventing reoffending. The Management Board have considered where support could be offered to prevent vulnerable young people entering the criminal youth justice system unnecessarily.

Rotherham is in a strong position in terms of prevention and early intervention, particularly as the YOT is already an important and integrated element of the Early Help offer. There are specialisms in the YOT that are not present elsewhere in the system, for example working with young people who display sexually harmful behaviour. Equally there is transferable learning that will be mutually beneficial to practitioners across the wider early help workforce, and those in the YOT, for example, working with the whole family, and working restoratively. The YOT also provides an important link into community-based and adult services such as South Yorkshire Police.

The YOT cohort is small and defined, but made up of some of the most vulnerable children, young people and families in the borough. If we get it right with this cohort, it will inform how we work with children and young people and families earlier, before more significant problems arise.

### Safer Rotherham Partnership

There are six responsible authorities on the SRP Board, who have a legal duty to work in partnership to tackle crime, disorder, substance misuse, anti-social behaviour and other behaviour adversely affecting the environment and to reduce offending, including the Chair of the YOT Board, together with Police, Health and National Probation Service. The SRP Plan was developed together with an annual Joint Strategic Intelligence Assessment (JSIA). The JSIA identifies the priorities for the year by ascertaining key crime and disorder risks and threats to the community.

One of the key performance indicators for the SRP Board is Protecting Vulnerable Children and the measure is 'Rate of First Time Entrants into the Youth Justice System'. There is also a link to Protecting Vulnerable Adults with the measure 'Number of entrants into the criminal justice system'.

In Rotherham, consultation with Young People has identified that young people would value 'more entertainment places' and 'more activities to do'. These comments are captured in the Lifestyle Survey and in Ward Plans.

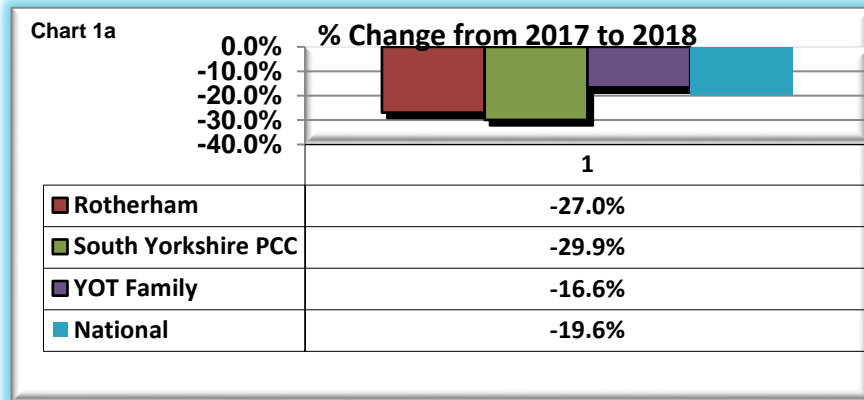
In 2018/19 the YOT commissioned Rotherham United Community Sports Trust to work with young people from YOT to improve health and wellbeing outcomes, alongside building a positive relationship and increasing motivation to engage with education, training and employment (ETE)

### Strategic Plans

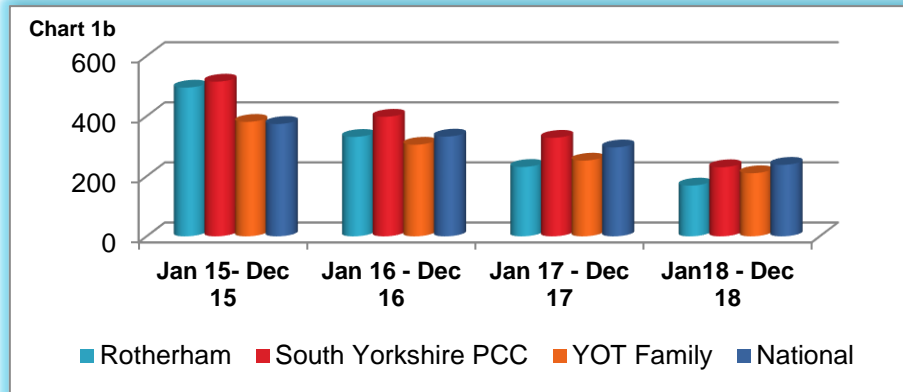
- **Rotherham Early Help Strategy 2016-2019**
- **Safer Rotherham Partnership Plan 2018 – 2021**
- **Joint Strategic Intelligence Analysis 2017: Evidence Base v2 2018**

## 6a. PERFORMANCE: Nationally Monitored Priorities

### Preventing young people entering the youth justice system; Reducing First Time Entrants (FTE)



**Chart1a.** (above) shows the rate of First Time Entrants (FTEs) for Rotherham continues to fall. Comparison data for South Yorkshire PCC showed a downward trend from 2017 to 2018 as do National figures. Rotherham continues to see a reduction in FTE (-27%) which is similar to our PCC region and significantly lower than those in our YOT family (-16%) and nationally (-19.6%).



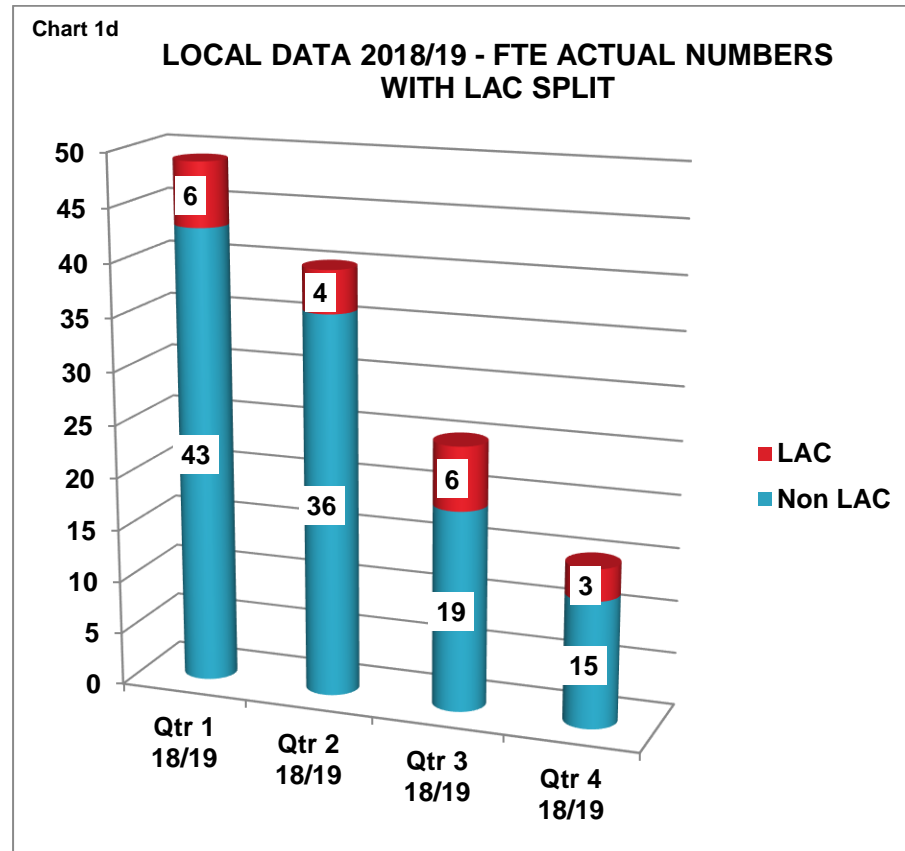
**Chart1b.** above shows how the reduction in FTEs has fallen over the last four years, in Rotherham we can see that the rate of decline follows a similar trend to that of the South Yorkshire PCC whereas that of our YOT family is less steep a curve suggesting that the other YOTs are not experiencing such a dramatic reduction in FTE as we have experienced which is also evident in the national picture.

**Chart 1c.** (below) shows the outcomes across the year and it reveals there has been a significant reduction in YC and above outcomes between Q1 and Q4. The guidance for YOTs is that young people should be offered the lowest outcome possible which takes into consideration their assessed risk, safety and wellbeing factors.

Chart 1c Number of First time Entrants (FTE) to Criminal Justice System by Outcome Type and LAC Status	Q1 (Measure - Jul17/Jun18)		Q2 (Measure - Oct17/Sep18)		Q3 (Measure - Jan18/Dec18)		Q4 (Measure - Apr18/Mar19)	
	Total	LAC	Total	LAC	Total	LAC	Total	LAC
Youth Caution	19	1	15	0	9	0	3	0
Youth Conditional Caution	12	1	13	2	9	2	7	2
Referral Order	13	3	8	2	5	2	5	1
Youth Rehabilitation Order	2	1	0	0	9	2	0	0
Detention and Training Order	1	0	0	0	0	0	0	0
Section 90-92 Detention	0	0	0	0	0	0	0	0
Other Outcome (Discharge/Fine etc.)	2	0	4	0	2	0	0	0

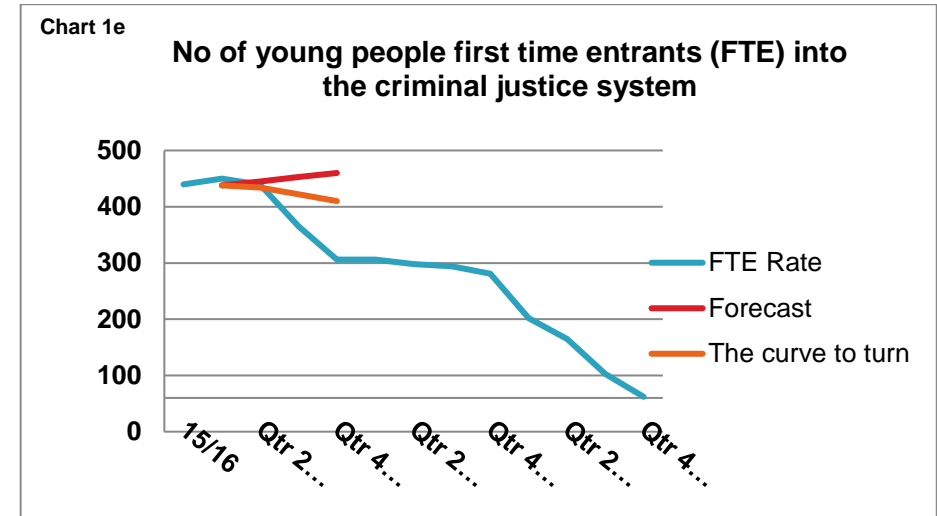
## 6a. PERFORMANCE: Nationally Monitored Priorities

**Chart 1d.** shows the LAC status of the offending cohort has increased as a percentage of the whole from 14% in Q1 to 20% in Q4, but represents just three young people due to the low numbers of young people in the cohort.



**Chart1e.** opposite illustrates the continued decline in FTE numbers throughout the year, although this is local data and, therefore, reports

on the number of young people who have received a statutory order through the court.



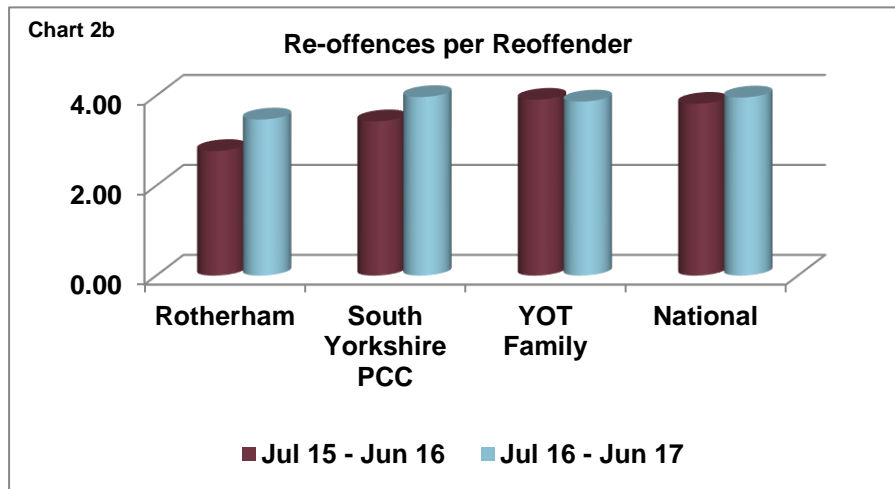
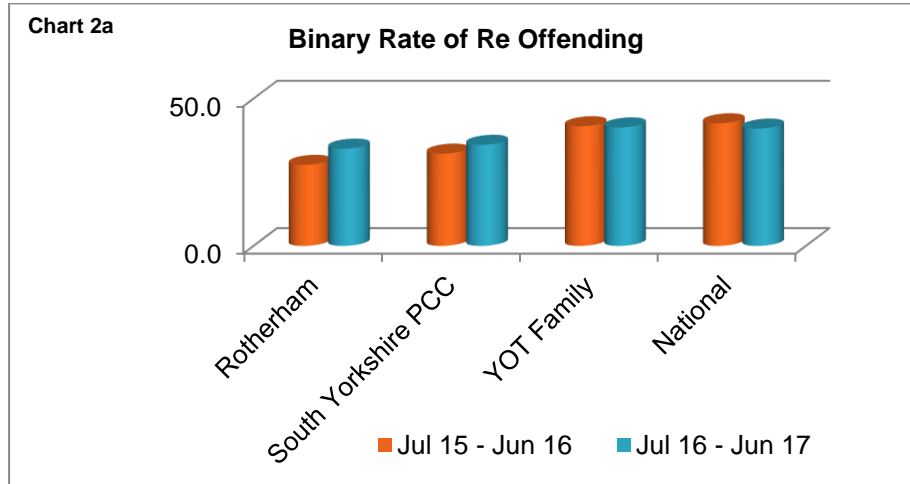
In October 2018, Cabinet approved implementations of Phase 2 and 3 of the Early Help Strategy and an element of this work was to align YOT prevention work with the Triage function in Early Help, as well as introducing the Early Help Assessment into the YOT for cases in a prevention arena (YRD and YC only); in order to embed a whole family approach.

Every assessment will still include an assessment of risk safety and wellbeing as well as desistance factors. The new process has now been developed and is currently in test phase before going live imminently. This will require YOT workers to use EHM for case recording in addition to CORE; all staff have received training on the system, further updates will be provided as this work progresses however some impact on performance is anticipated as staff get used to the new systems and processes.



## 6b. PERFORMANCE: Nationally Monitored Priorities

### Reducing Re-offending



**Charts 2a and 2b** show that Rotherham is comparable to the South Yorkshire PCC which suggests that there is consistency across the police force in how offending is tackled from a policing perspective and the increase in re-offending rates was anticipated as the cohort of young people has reduced but become more complex and entrenched in their behaviours. A review will take place of the current provision in Rotherham to ensure that as a YOT, interventions and delivery are adapted in order to reduce re-offending. In order to do this there will need to be a shift to strengthen factors for desistance by increasing aspirations and motivation to change.

Chart 2c	Binary Rate of Re-offending		Re-offences per Re-offender	
	Jul 15 – Jun 16	Jul 16 – Jun 17	Jul 15 – Jun 16	Jul 16 – Jun 17
Rotherham	27.5	33.0	2.77	3.47
South Yorkshire PCC	31.3	34.3	3.43	3.97
YOT Family	40.6	40.2	3.91	3.87
National	41.6	39.8	3.82	3.96

**Chart 2c** highlights the number of young people in this cohort is relatively low it is worrying that the number of re-offences per young person is increasing (Chart 7). By contrast in our YOT family, and nationally, the figures are decreasing in both rate of reoffending rate and re-offences per reoffender.

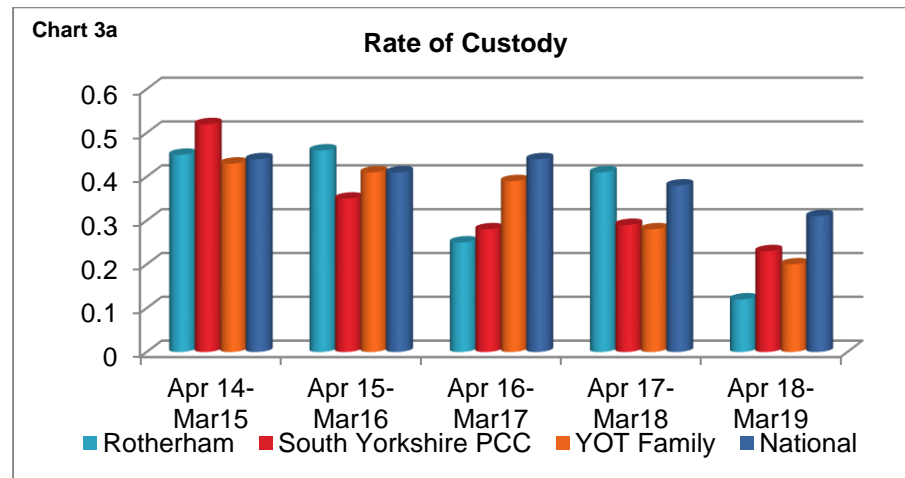
## 6c. PERFORMANCE: Nationally Monitored Priorities

### Reducing the use of custody

**Charts 3a and 3b (below)** shows that Rotherham maintains custody rates that are well below national and regional figures. This represents a local decrease of 0.29 compared with decreases of 0.8 family, 0.07 nationally and 0.6 regionally. This marks the lowest rate of custody for five years. Feedback from the District Judge has been positive about the good quality of Rotherham's Reports, stating that they were child focused and insightful which helped to determine an appropriate sentence or sanction. Praise was also forthcoming for our Court Officers who she found to be extremely knowledgeable, confident and reliable. Social workers attending court for Looked after Children has increased significantly which makes the court process more efficient and also provides better outcomes for children.

Whilst custody numbers remain low, a number of young people have been remanded to the Care of the Local Authority in the year (not included in these figures) and whilst this is proportionate, we will be reviewing our alternatives to custody, such as Bail or YROs with Intensive Supervision and Surveillance (ISS) requirements to ensure they are robust.

A report published by the Ministry of Justice for the reporting period April to June 2017 showed that 70.5% of young offenders released from custody reoffended within 12 months, with poor transition, lack of suitable accommodation and no ETE in place identified as some of the reasons for this figure. Locally, work has been undertaken to explore how to improve transition and work is taken place with a young person recently released from custody who has been able to share their views about what would have been helpful. They are working with our voice and influence officer to produce a booklet for young people from Rotherham which will include key information; prospective employers/training providers, health services and relevant contact details etc. The booklet will be personalised with the individuals own aspirations and needs.



**Chart 3b**

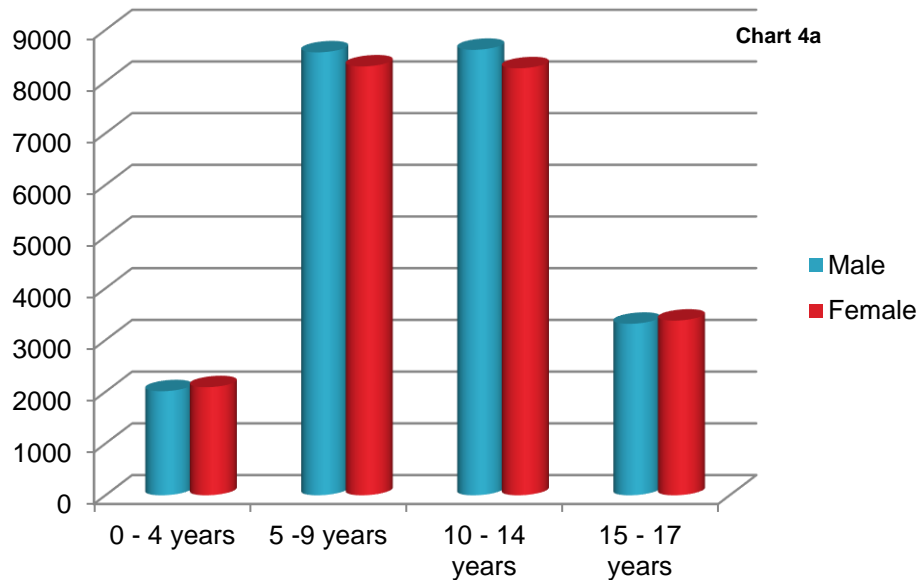
Rate of Custody	Apr 14-Mar15	Apr 15-Mar16	Apr 16-Mar17	Apr 17-Mar18	Apr 18-Mar19
<b>Rotherham</b>	0.45	0.46	0.25	0.41	0.12
<b>South Yorkshire PCC</b>	0.52	0.35	0.28	0.29	0.23
<b>YOT Family</b>	0.43	0.41	0.39	0.28	0.20
<b>National</b>	0.44	0.41	0.44	0.38	0.31

## 7a. LOCAL DEMOGRAPHICS

The National Indices of Multiple Deprivation (IMD) rated Rotherham as the 52<sup>nd</sup> most deprived district out of 326 districts in England, which placed Rotherham within the 20% of most deprived areas in the country

Statistics show that inner urban areas and deprived areas tend to have the largest number of younger population and the suburban and rural areas, including low areas of deprivation, tend to have older populations (IMD)

The population of Rotherham is increasing and rose from 257,280 in 2011 to 261,930 in 2016 showing a 1.8% increase in 5 years.



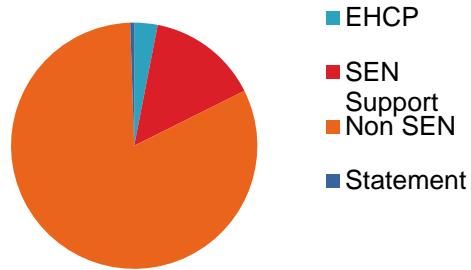
### Current number of male and female children in Rotherham Schools

**Chart 4a.** reflects the number of male and female children residing in Rotherham and attending Rotherham schools (based on the Rotherham School Census 2018)

	0-4	5-9	10-14	15-17
<b>Male</b>	2011	8566	8615	3315
<b>Female</b>	2089	8294	8258	3376
<b>TOTAL</b>	4100	16860	16873	6691

## 7b. LOCAL DEMOGRAPHICS – STATEMENTS AND PLANS

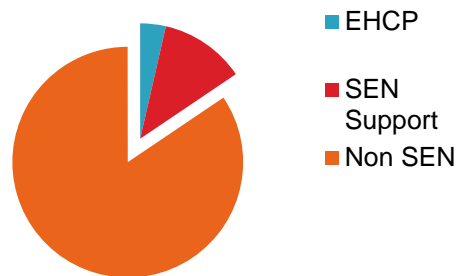
### 10 - 14 years



These pie charts show the number of children residing in Rotherham attending Rotherham Schools (Rotherham School Census 2018) that are currently on an Education Health & Care Plan Care Plan (EHCP), Special Educational Needs support, No Special Educational Needs Support or on a Statement according to the Rotherham Schools Census 2018.

	10 – 14 years	15 – 17 years
<b>EHCP</b>	517	238
<b>SEN Support</b>	2461	797
<b>No SEN Support</b>	13807	5618
<b>Statement</b>	88	38
<b>TOTAL</b>	<b>16873</b>	<b>6691</b>

### 15 - 17 years



As we try and better understand the needs of our young people in order to achieve better outcomes, our local data (Chart 5), identifies that (as of 18 June 2019) 2.6% (13 young people) of the cohort has an EHCP in place, 24.3% (25 young people) have identified SEN and 63.1% is not reported but could be unknown/undiagnosed rather than not present. Of the 13 young people with an EHCP, 6 of these (46%) fall into the post 16 category therefore creating stronger links with this service will encourage better outcomes.

Chart 5

YOT Caseload - 18/06/2019	Total Young People	Active EHCP	SEN Category	No recorded SEND
<b>Statutory</b>	29	4	7	18
<b>YC/YCC</b>	1			1
<b>Pre Court</b>	35	4	11	20
<b>Prevention</b>	10	2	2	6
<b>Other</b>	28	3	5	20
<b>Grand Total</b>	<b>103</b>	<b>13</b>	<b>25</b>	<b>65</b>
<b>% of YOT Cohort</b>		<b>12.6%</b>	<b>24.3%</b>	<b>63.1%</b>

## 8. REVIEW OF 2018 PERFORMANCE AGAINST PRIORITIES

There were some ambitious targets set in the 2018 plan for the service. This section provides an overview of performance.

Priority Area	Action	How did we do?
First Time Entrants	Discuss with Police the use of Youth Restorative Disposals and YOT involvement	<p>The First Time Entrants rate (FTE) has reduced by 27% in the period Jan to Dec 2018. The latest verified FTE rate for the period Jan to Dec 2018 stands at 169 (41 young people).</p> <p>We were part of a successful bid to address CCE with partners in Doncaster and Barnsley. The bid led to significant funding and we are introducing work to counter CCE working with partner agencies.</p>
Reoffending	<p>Use Youth Justice Board toolkit to analyse historical trends and build offending profile.</p> <p>Implement live tracking of offending</p>	<p>The re offending live tracker is now in use and tracks a specified cohort in real time.</p> <p>Latest youth data set verified re-offending figures relate to the Jun 15- Jun 16 cohort and show a binary rate of 33% and offences per offender of 3.47.</p> <p>Local data looking at the offending cohort of April 2018 to March 2019 (as at March 2019) shows a binary rate of 19.2% and offences per re offender as 2.9%.</p>
Rate of Custody	Monitor Quarterly and review all cases sentenced to custody to see if there are lessons to be learnt	<p>The custody rate for the period April 2018 to March 2019 is 0.12 and relates to 3 young people. This demonstrates a decrease of 0.29 on the previous 12 month period.</p> <p>We have monitored those who have gone to custody and supported their resettlement. We audited this cohort and implemented findings. We have supported the SW Yorkshire resettlement consortia in their research into the cohort.</p>
Response to Thematic (Trauma)	Train YOT staff in trauma informed practice	All YOT staff have now been trained in trauma informed practice and we have secured further funding via the sub-regional CCE bid to train 5 people across the CYPS workforce in the 'train the trainer' training in order to create a sustainable offer of workforce development.
Response to Thematic (Social Media)	Consult with other colleagues working in this area to understand issues and develop responses	Between April 2018 and March 2019, 38 young people have attended Be Share Aware sessions. A further 16 sessions have been offered and not attended.

## 9. RESOURCES AND VALUE FOR MONEY

The YOT makes good use of its resources, whilst experiencing some reduction in recent years. Despite changes resulting from transformation and budget reductions, overall staffing is stable.

The YOT's main resource is staffing and the YJB grant is dedicated to providing a core Youth Justice service, in keeping with section 39(5) of the Crime and Disorder Act 1998. This includes qualified social workers and probation case managers holding high risk cases, and overseeing case managers qualified via the youth justice foundation degree, BA Hons Degree in Youth Justice or professional certificate.

A dedicated Court Team oversees all court work and staff are trained in risk and vulnerability assessment, Multi-Agency Public Protection Arrangements (MAPPA), as well as child protection, thus ensuring the YOT's compliance with grant conditions.

Other funding is geared towards prevention services with Youth Justice Workers based in locality teams, alongside other early help colleagues and police officers. It also resources our EBH which oversees the delivery of evidence based programmes including 'Triple P Parenting' and 'Parents as Partners' programmes.

A major benefit of the YOT being located within the Early Help Service is the provision of further opportunities to make effective use of resources by joint working with Early Help and other colleagues, developing exit strategies and increasing the reach of preventative interventions and Early Help services.

The YOT also receives a small grant to provide a Junior Attendance Centre which is open on Saturdays. In addition to being available as an Attendance Centre requirement, it also provides courses on crime and consequences and educational sessions on safe internet use for young people (Be Share Aware group) and a knife crime programme.

**Table 2. Partner Contributions to YOT pooled budget 2018/19**

Agency	Staffing costs (£)	Payments in kind – revenue (£)	Other delegated funds (£)	Total (£)
Local Authority	704,706	85,000	14,211	803,917
Police Service	30,000		0	30,000
National Probation Service		40,000	5,000	45,000
Health Service		90,000	35,000	125,000
Police and crime commissioner			150,000	150,000
YJB Practice Grant			431,928	431,928
Other			0	0
<b>Total</b>	<b>734,706</b>	<b>215,000</b>	<b>635,509</b>	<b>1,585,845</b>

## 10. PARTNERSHIP ARRANGEMENTS

The YOT has developed and maintained a number of robust partnerships with statutory and non-statutory agencies. The Service Manager for YOT and the EBH works in partnership with South Yorkshire Regional YOT managers to ensure representation on a number of strategic forums, most notably;

- Local Criminal Justice Board, (LCJB)
- Strategic MAPPA Board
- Regional Reducing Re-offending Board
- Regional Restorative Justice/Integrated Offender Management

The Service Manager for YOT and EBH is also a representative at a number of local boards, including;

- Child Sexual Exploitation Silver Group
- PREVENT Silver Group
- Consequence Management Group
- Rotherham Local Children's Safeguarding Board and sub-groups
- Child Exploitation Delivery Group
- Learning and Development Board
- Practice Review Board.

In addition, the YOT is a stakeholder in the South and West Yorkshire Resettlement Consortium and Child Criminal Exploitation (CCE) Sub-Regional Steering Group. Rotherham Metropolitan Borough Council were successful in the EYIF bid to address the CCE with partners in Doncaster and Barnsley. The bid led to significant funding and which will be used to introduce work to counter CCE by working with partner agencies. This work will include outreach and engagement, education in schools and therapeutic intervention from an assistant psychologist

The YOT has a close relationship with the voluntary sector, which is illustrated by the joint working undertaken with the Barnardo's Junction Project to assess and intervene in sexually harmful behaviour.

The boards attended by the YOT Service Manager, described previously, allow for regular check and challenge across the partnership and ensure that the YOT is aligned with wider children's services, community safety partnership, health and well-being strategy and regional commissioned services.

Partnerships maintained with statutory partners such as the Police, has resulted in joint decision making about out of court disposals based on YOT assessments and assisting in charge advice to CPS for sexually harmful offences.

Reparation and Victim Services are commissioned jointly between Rotherham, Sheffield, Doncaster and Barnsley YOTs. Performance and quality is reviewed quarterly by the four YOT managers and the service provided is good.

The Service Manager of YOT has introduced a Risk Panel, which meets on a fortnightly basis with representatives from statutory partners; Police, Children's Social Care, Inclusion and Health and also additional agencies, as required, to ensure that internal and external controls are in place to;

- manage risk of re-offending
- manage risk of serious harm
- increase safety and wellbeing factors

To ensure the strategic and operational practice between YOT and partners, who contribute to specialist services to support children is functioning and managed effectively, the YOT reports to the YOT Management Board and also the Safer Rotherham Partnership.

The Youth Justice Operations Co-ordinator and/or lead worker attends the operational groups and practice forums and feeds back to the wider team to ensure that the YOT is up to date with current trends and sharing of good practice.

## 10a. PARTNERSHIP ARRANGEMENTS – Voice and Influence

### Early Help and Participation and Voice and Influence Team

Consultation regularly takes place at the request of the YOT Board by the Early Help Voice and Influence Workers with young people and staff within the YOT to help increase the voice of young people within the service and within the Board. The main priorities were:

- 1 Undertake a formal consultation activity with young people within the YOT over a period of six weeks at Eric Manns.
- 2 Review the current Self-Assessment document to endeavour to expand use of this.
- 3 Encourage young people into further Youth Voice opportunities.

As a result of this work there are several recommendations that have been actioned



**Discussions are continually taking place with the YOT Management Board within the new Early Help Structure to reinforce youth voice within the YOT and identify practical ways to capture the voices of young people within the service which is meaningful and of value.**

In the most recent YOT Management Board, further actions and recommendations have been agreed through consultation with young people:

- 1 The Early Help Voice and Influence team will meet with YOT staff and the YOT management board to develop a new co-working strategy and plan that will increase the voice of young people within the service and within the Board.
- 2 Young people are to be encouraged to access wider voice and influence initiatives such as The Youth Cabinet.
- 3 The development of a leaving custody information pack
- 4 Further development of peer to peer mentoring and the incarnation of a young people's action/steering group.
- 5 Develop creative ways in which the voice of young people can be heard and shared.



## 10b. PARTNERSHIP ARRANGEMENTS - VOICE OF THE CHILD: They Said – We Did

At an introductory meeting with young people, a request was made to include a statement on the Working Together document informing the young person that they have a right to have a say about things that are important to them.

*Statement is now added to the document.*

Encourage all workers to complete the mid-way and end of review on all Self Assessments by making it meaningful and having an ongoing purpose including further support provided

*This is now discussed in all supervisions and PDRs with YOT staff.*

As part of the exit strategy, workers to consistently enquire if young people want to be involved in other groups and activities as appropriate including voice and influence groups or meeting with other YOT service users to share their personal

*Included in end of intervention recording. This will also be included in proposed V & I end of YOT intervention consultation.*

Consider including a scaling question in the Self-Assessment Scaling Tool to measure how well young people feel they are being listened to.

*Scaling tool now available and ongoing support is provided to encourage staff to complete.*

Actions or other appropriate feedback to be demonstrated to young people (and staff) potentially through poster in Eric Manns, dedicate feedback to original young person

*Feedback process will be through YOT team meetings, feedback to individual young people and displays within Eric Manns.*

Establish a method of evidencing actions taken following end of review interviews

*Completed through none statutory recordings on case closure summary and monitored through this document. Staff are being encouraged to complete a closing summary template for each young person.*

## 11. RISKS TO FUTURE DELIVERY

Whilst the Local Authority continues to face severe budgetary constraints, which impacts on all services, the YOT continues to deliver a good service to the community with reducing resources and increasing need. This is not an issue that is faced solely by the Local Authority and the statutory partners are also facing similar difficulties. As a result the YOT Management Board must consider alternative methods and solutions of delivery to a community where deprivation is high and delivery of the service is paramount.

Current performance by the YOT is assessed by the Management Board as being good and work continues to take place to challenge and review performance and local data to ensure that measures are in place to sustain this work and focus on any upcoming challenges.

There has been a sustained reduction in first time entrants to the criminal justice system over the last several years, although it is recognised that it is unlikely that the rate of reduction of the last few years will continue to be replicated and it is anticipated that the numbers of young people entering the system will start to stabilise.

The YOT Management Board acknowledges that although the numbers of young people re-offending continues to reduce, the percentage in the relevant cohort may rise. This is due to the cohort reducing at a much faster pace and young people become increasingly more complex and entrenched in their behaviour. It is, therefore, essential that a review of the current provision is reviewed to enable the YOT to respond accordingly to the changing needs of the service, whilst focusing on strengthening desistance factors for sustaining change.

The levels of young people from a BAME background in the current cohort is monitored across all of the national youth justice strategic objectives and no concerns are currently identified.

The use of secure settings remains low, however, young people with speech, language and communication needs and learning difficulties

are more likely to be disproportionately represented within the Youth Justice System, as well as having a more difficult time at school. To mitigate this risk work is underway to gain a better understanding of this cohort locally, by assessing and collating data against this area of need and developing an action plan to further support young people to improve their educational outcomes.

Rotherham is keen to learn from colleagues and partners to understand and address serious Youth Violence and will be seeking to assess and review the data locally to identify those young people who have committed a violent offence and also those who may be at risk of exploitation. The findings from the sub-regional project (EPIC) will be utilised, in conjunction, with local data to ensure that the pathway for young people is responsive and effective, taking into account good practice from other agencies.

Peer audits are applied to measure performance and progress against YJB national standards and inspection criteria. The information from these audits is used to formulate an improvement plan to ensure our commitment to continuing reflection and improvement.

The Young Inspectors continue to challenge the service and have carried out an inspection of the YOT, which is a welcome and important inspection, carried out from a young person's perspective granting the service the invaluable insight as to what they feel is important.

Themed multi-agency audits are carried out to encourage shared learning, collective responsibility and better outcomes for young people, together with learning and development opportunities for partners in Trauma Informed Practice to support the Child first, offender second principle.

## 12. RESTORATIVE APPROACH TO VICTIMS OF YOUTH CRIME

From April 2018 – March 2019 'Remedi' contacted 192 victims of youth crime. 135 of these victims chose to take part in Restorative Justice. 223 indirect restorative processes were completed as well as 22 direct processes. The indirect processes were made up of communication between young people and their victims either by letter or via the Victim Contact Worker. The Direct processes were made up of victims directly meeting with the young people who offended against them or the young people completing direct reparation for their victim in order to repair the harm.

I am so happy that the young person has done a fantastic job. This has helped me to cope and recover from the offence as the young person put it right and did not hesitate. The garden looks great they've trimmed the hedges back, they've done a great job.

Feedback from a victim of TWOC who took part in a direct restorative intervention.

The priorities moving forward are to continue to ensure that victim's views are at the heart of intervention plans with the aim to maintain and hopefully increase the 70% rate of victim engagement. There is also an aim to increase direct interventions as evidenced from speaking to both young people and victims that these often have the most impact for both parties.

In this same period there were 61 young people referred to complete hours and Remedi organised 671 hours of reparation. The rate of attendance over the 12 month period was 60%.

In 2018/19 there was a move to a more creative way of working in terms of reparation. In addition to using the long standing placements in Rotherham including Rotherham Hospice and Bluebell Wood, other great partnerships were forged, for instance with Rotherham United Football Club.

One of the biggest achievements last year was the "Step up Beat Hate" event which involved young people on reparation learning about hate crime and its effects. Young people took part in awareness raising sessions and also wrote poems and designed posters in order to highlight the issue. The practical side of the project included young people painting steps at the Rotherham United Football Club Stadium which is where the project found its name. The project culminated in an event at the stadium in August last year where many local professionals were invited to come and hear the young people speak about their experience and involvement in the project. Ex professional footballer Bruce Dyer and ex professional boxer Johnny Nelson were also speakers at the event and the Mayor of Rotherham attended and spoke at length to our young people. The feedback from the young people who took part was overwhelmingly positive.



## 13. PRIORITIES FOR 2019/2021



A series of YOT Board Development Days have informed our priorities for the next two years. There will be a detailed action plan to track and monitor our progress and the plan will be reviewed quarterly by the Board.

Priority Area	Action	Owner
First Time Entrants	Monitor FTE levels and ensure that overall demand remains lower than National and YOT Family	Service Manager YOT & EBH
	Track re-offending for those who receive a diversion intervention and monitor performance by age, gender and offence type	Service Manager YOT & EBH
Re-offending	Building on the identified cohort of high risk re-offending young people, ensure that the priority group are effectively supported, utilising the live tracker for monitoring this cohort.	Service Manager YOT & EBH & MI Team
	Reduce re-offences and re-offending rates by reviewing current programmes available to YP and expanding our current offer.	EBH Coordinator & YOT Police Officer
	Increase number of parents accessing Evidence based parenting programmes from YOT Cohort .	YJ Operations Coordinator EBH Coordinator & EBH Coordinator
Custody	Develop a personal booklet for YP with details of services, ETE providers and health information to help with resettlement as suggested by a YP recently released from Custody	Voice and Inclusion Worker & YP
	Continue to monitor custody rates and ensure full multi-agency audit/review of all YP sentenced to custody (and at risk of custody) in 2019/20	Service Manager YOT & EBH, YOT Management Board
Risk	Introduce a Multi Agency Risk Panel (YMARAC) to review and manage risk in the community.	Service Manager YOT & EBH
	To break down the numbers of MAPPA eligible cases and ensure a process is set up to effectively and efficiently capture, screen and record decision making regarding level for all MAPPA eligible cases.	Service Manager YOT & EBH and South Yorkshire Police
Serious Youth Violence	To review and compare Multi agency Data relating to Youth Violence from 2018/19 to ensure we have a clear picture of the cohort including the type, frequency and demographics of young people.	YOT Management Board
	All YP perpetrating domestic abuse to be offered the 'Inspire to Change' Programme	Community Safety and YJ Operations Coordinator
	All high risk domestic abuse reports to MASH will be progressed to a MADA (Multi Agency Domestic Abuse) meeting by 11am on the day of receipt to ensure a safety plan is in place immediately. This will be particularly relevant where the	Acting Head of Service – First Response and Service Manager YOT & EBH

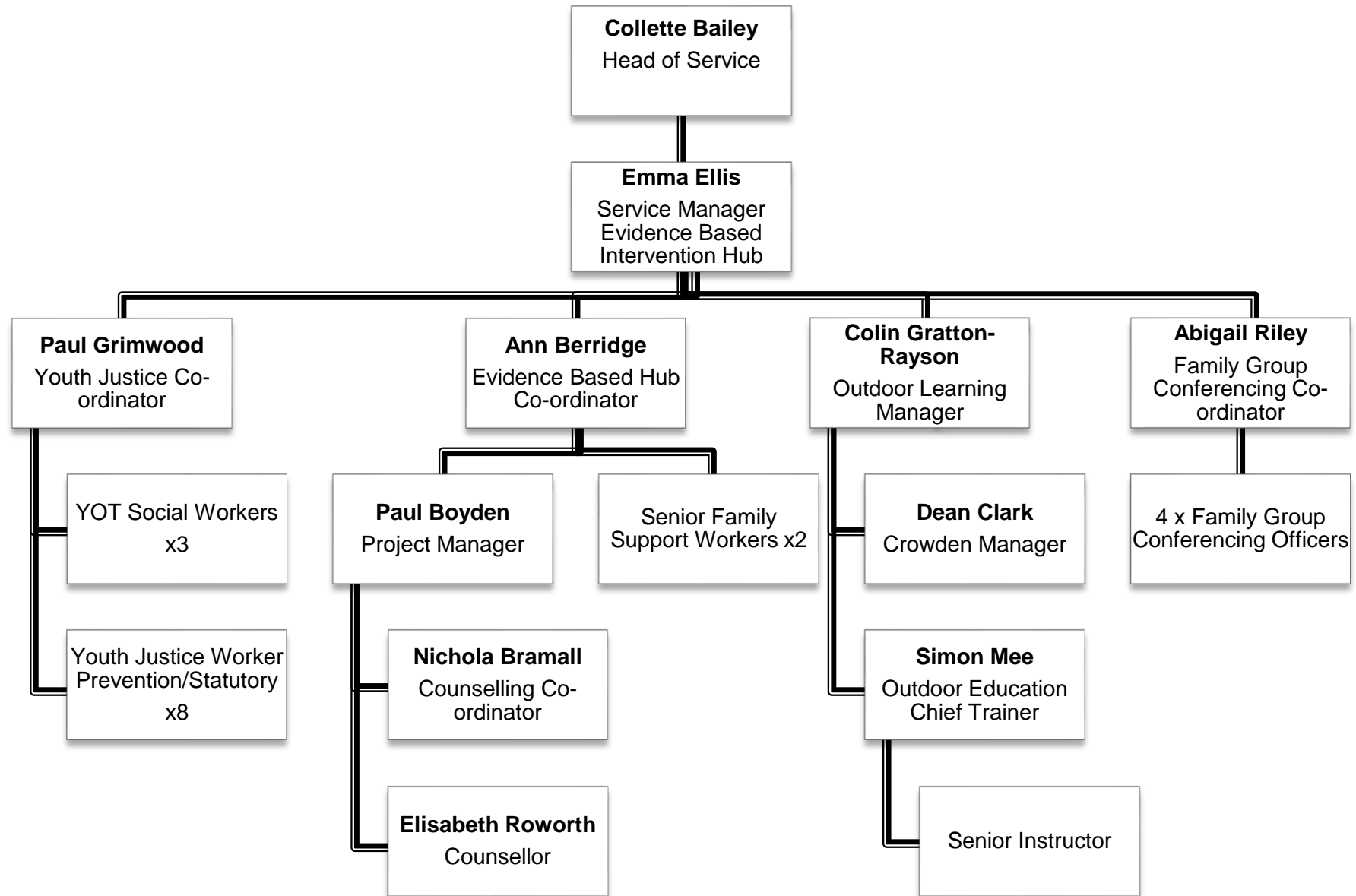
	perpetrators and victims are young people, and will ensure more timely support. YOT will be present at the meeting	
Health	Develop an outline of a 'perfect pathway' for healthcare delivery to young people associated with the Youth Offending Service, which considers prevention and seeks the voice of young people where possible in that pathway.	Service Manager YOT & EBH
	Consider the feasibility of implementing the 'perfect pathway' and look at the extent to which the 'perfect pathway' can be delivered through current service specification reviews.	Rotherham CCG C&YP Commissioning Manager
	Rotherham CCG to consider benchmarking information from across the South Yorkshire and Bassetlaw area in order to what the CCG offer is to the Youth Offending Service and Youth Offending Board.	Rotherham CCG C&YP Commissioning Manager
	Formalise the 'health offer' to the Youth Offending Service.	Rotherham CCG C&YP Commissioning Manager
	Work with NHS England to ensure that Rotherham young people receive high quality healthcare provision within YOI including secure estates, secure training centres.	Service Manager YOT & EBH and NHS England lead.
Raising factors for desistance in relation to Education, Training & Employment; Raising aspirations, attainment and attendance.	To work closely with inclusion services and Schools to ensure young people have suitable education in place to Y11.	Service Manager YOT & EBH & and HOS Inclusion
	Review and monitor exclusion data relating to YP age 10 – 16 for 6 months Sept 2019 – Mar 2020	Service Manager YOT & EBH and MI Team
	Develop an action plan to address the needs of children with Learning Difficulties and/ or speech and language needs	Service Manager YOT & EBH and HOS Inclusion
	Develop and implement key areas for action in relation to services for young people with SEND with colleagues across the system to support young people with SEN needs in the Youth Justice and Education Systems as part of the overarching strategic plan for services for children with SEND.	Service Manager YOT & EBH and HOS Inclusion
	'Barriers to learning' programme to be developed and delivered to encourage EET post 16.	EBH Coordinator
Early Help & Social Care Pathway	To develop an integrated pathway at front door that incorporates OoCD assessments and referrals	Service Manager YOT & EBH
	To embed multi-agency audits and shared responsibility for quality assurance of Early Help Assessments & ASSET plus assessments	Service Manager YOT & EBH
Enabling a strong and robust Early Help Offer (& YOT) that delivers quality	To implement the Early Help Assessment closure form to capture service user voice at end of YOT intervention	Service Manager YOT & EBH

intervention and prevention.	Implement shadowing opportunities service wide by March 2020	HOS Early Help
Looked After Children	Continue to monitor our performance in supporting Looked After Children and reducing FTE and reoffending rates within this cohort.	Service Manager YOT & EBH
Inspection	Ensure the YOT is performing at a 'good level' as outlined in the Inspection Framework.	Service Manager YOT & EBH and YOT Management Board
Practice	Develop a detailed analysis of the cohort we work with and ensure that the board is aware of the nature of this cohort	Service Manager YOT & EBH and MI Team
Service User Voice	Ensure that the Board understands the experiences of young people, parents and those affected by crime in Rotherham and develop improvement actions based on this feedback.	Service Manager YOT & EBH and Voice and Influence Worker

## 14. APPROVAL AND SIGN OFF

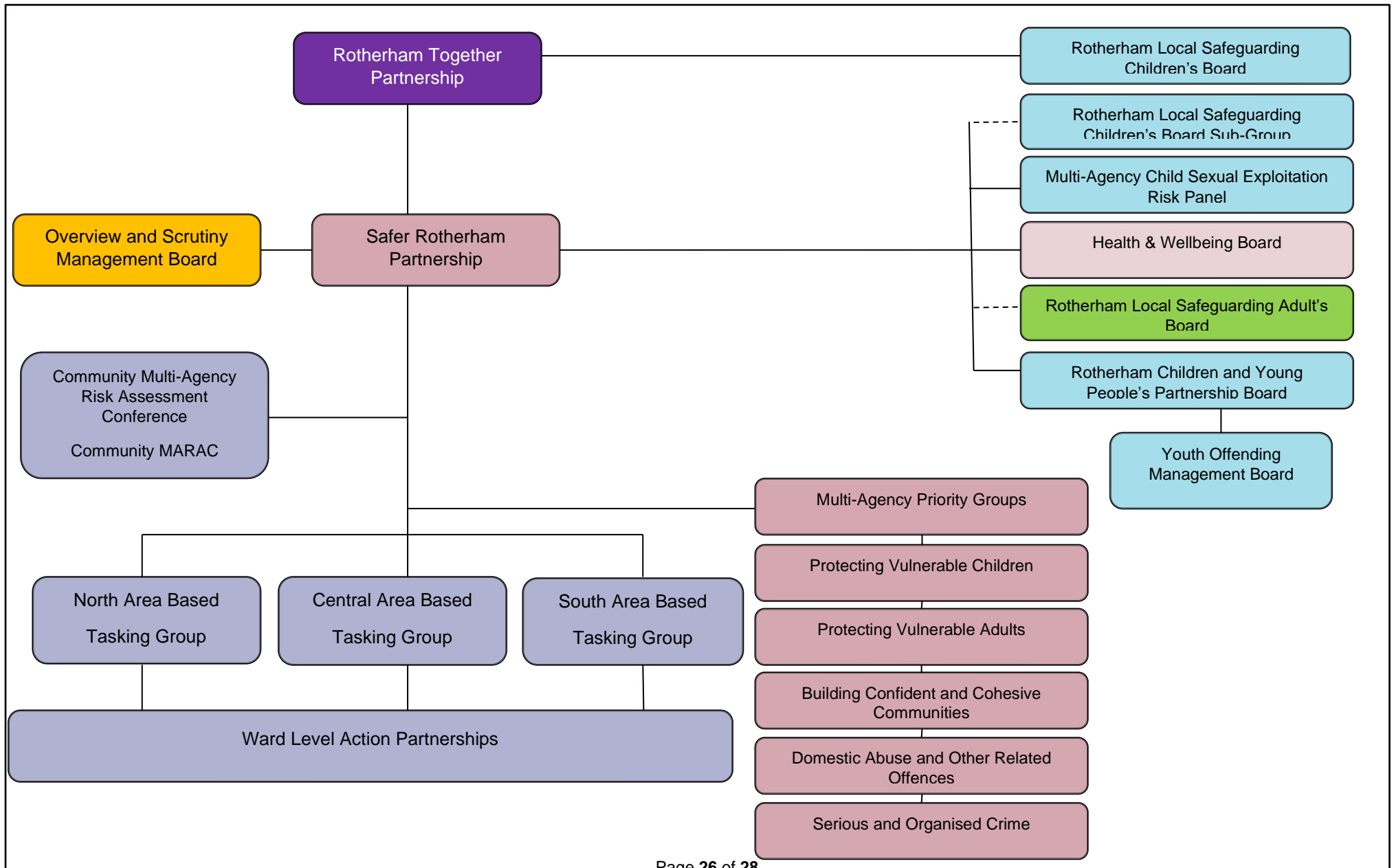
Name and Title	Organisation	Signature
David McWilliams Assistant Director of Early Help Chair of YOT Management Board	Rotherham Metropolitan Borough Council	
Cllr Emma Hoddinott Chair of Safer Rotherham Partnership	Rotherham Metropolitan Borough Council	

15. APPENDIX ONE: Structure Chart





# 16. APPENDIX TWO: Governance Map



## 17. GLOSSARY

AA	Appropriate Adult	MIS	Management Information Service
AC	Attendance Centre	MOJ	Ministry of Justice
ASB	Anti-Social Behaviour	NDTMS	National Drug Treatment Monitoring System
Assetplus	Assessment framework approved by YJB	NEET	Not in education, employment or training
BSS	Bail Supervision and Support	PNC	Police National Computer
BAME	Black or Asian Minority Ethnicity	NOMS	National Offender Management Service
CAMHS	Child and Adolescent Mental Health Service	NS	National Standards
CIN	Children in Need	PACE	Police and Criminal Evidence Act
CORE	YOT database	PNC	Police National Computer
CBO	Criminal Behaviour Order (replaced ASBOs)	PSR	Pre-Sentence Report
CPS	Crown Prosecution Service	RIC	Remanded in Custody
CPN	Community Protection Notice	RJ	Restorative Justice
CRC	Criminal Rehabilitation Company	RLAA	Remanded to Local Authority Accommodation
CSC	Children's Social Care	RO	Referral Order
CYPS	Children and Young People's Services	SEND	Special Educational Needs
DTO	Detention & Training Order (custodial court order)	SSR	Specific Sentence Report
DTTO	Drug Treatment and Testing Order	STC	Secure Training Centre
EHCP	Education, Health and Care Plan	VLO	Victim Liaison Officer

EHM	Early Help Module - Database	VS	Victim Surcharge
ETE	Education, Training and Employment	YC	Youth Caution
FPN (police)	Fixed Penalty Notice	YCC	Youth Conditional Caution
FTE	First Time Entrants	YJB	Youth Justice Board for England and Wales
IDCP	Initial Disclosure of Prosecution Case	YOI	Young Offender institution
ISO	Individual Support Order	YOT/YOS	Youth Offending Team/Service
ISS	Intensive Surveillance and Supervision requirement	YRO	Youth Rehabilitation Order
LAC	Looked After Child	YP	Young Person
MAPP	Multi-Agency Public Protection Arrangements		

### Our Vision

All agencies working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support



Proud to work with Rotherham's  
children • young people • families

# Rotherham **Early Help**

## STRATEGY 2016-2019







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## Foreword

**Rotherham is a place where things are changing for the better. There is growing evidence of a collective determination and commitment to make Rotherham a place to be proud of; a place where people chose to work, live and raise a family. At the heart of our vision is the pledge that Rotherham will be a Child-Friendly Borough and a place where families experience swift access to early help and support.**

An effective Early Help offer is central to our improvement journey. Delivering effective Early Help services with our partners to children and families has, at its heart, a belief that when partners work together we can deliver the right services and support at the right time. Effective Early Help prevents problems from escalating and ensures children and families thrive in the borough.

This Early Help Strategy sets out our intention to work together to harness our collective expertise and resources and organise these to meet the needs of children and families. Rotherham Council will lead the way, but alone, we will fail. We will work in partnership and plan together to realise our vision.

Our Early Help Strategy is a public statement of our collective commitment of what families can expect from us, and what we will expect from each other.

For our Early Help Strategy to be realised it must be shared and owned by all the multi-agency partners who work with children, young people and families in Rotherham.



**Cllr Gordon Watson,**

Deputy Leader,

Cabinet Member for Children and Young People's Services



## A Child-Friendly Borough

**Our vision for children, young people and families is clear and our approach is simple. It is far better to provide focused support when problems first emerge, rather than delivering a more costly statutory intervention when the needs have escalated. This includes using Early Help services to reduce or prevent specific problems from getting worse and becoming deep seated or entrenched. Through a coordinated partnership approach, our Early Help Strategy aims to reduce the demands upon specialist and higher tier services and improve outcomes for children, young people and families in Rotherham.**

We are proud to set our Early Help Strategy in the context of Rotherham's aspiration of becoming a Child-Friendly Borough. The aim of a Child-Friendly Borough is for families, local communities, the council, partners, businesses and elected members to combine their resources and collective will to support every child to be the best they can.

The ambition starts small by declaring that Rotherham wants every child to have a positive start in life and a good childhood so they can grow into well adjusted, emotionally resilient individuals who will enjoy healthy and mutually respectful relationships in adulthood, become responsible citizens and become good parents to their own children when the time comes. Rotherham's Child-Friendly Borough is founded on the following six principles;

- A focus on the rights and voice of the child
- Keeping children safe and healthy
- Ensuring children reach their potential
- An inclusive borough
- Harnessing the resources of communities
- A sense of place

Rotherham's Early Help Strategy is an ambitious three-year plan and we will track our progress across three distinct phases.

**Phase one** is about going back to the basics. Putting effective systems and processes in place that are easy to access and simple to understand. By March 2017 we will have created integrated, early help locality teams, bringing together previously separate professional disciplines and co-locating staff with partners in multi-agency early help hubs. We will have systems in place that allow us to monitor and track our progress and we will have the right governance in place to ensure there is appropriate accountability and effective support and challenge across the system. We will ensure that children, young people and families are at the heart of everything that we do by putting systems in place that capture the quality of the Early Help offer and enable us to continually improve.



**Phase two** will see a whole service delivery redesign; developing new job roles and more efficient and effective ways of working to embed a shared responsibility across the partnership for meeting the needs of families earlier. We will build on our achievements in phase one and refine our Early Help offer through further integration and service redesign with our partners and stakeholders. We will develop new partnerships across departmental and geographical boundaries to enable families and communities to thrive and explore creative funding solutions such as social impact bonds and pooled budgets.

**Phase three** will ensure that our Early Help offer is sustainable. We will work in partnership to explore the potential for all-age family integrated services and look at innovative ways to reshape our existing buildings and centres into all age delivery points in localities and communities. The local authority will review our staffing structures and seek to reduce our management capacity as the Early Help offer becomes further embedded across the wider early help partnership.

# Rotherham's Early Help Journey



## PHASE 1: by March 2017

Design and embed the new Early Help Front Door (Early Help Triage Team)

Design and develop a new Early Help Pathway across the partnership

Design, launch and embed a new Early Help Request for Support

Design, launch and embed a new Early Help Assessment

Establish a Member led Early Help Review Board

Establish a Multi-Agency Early Help Steering Group

Design and embed a weekly Step Down / Step Up panel

Develop models of multi- agency, effective integrated working within Early Help locality Teams

Develop and embed an Early Help Quality Assurance Framework and use data to improve practice and outcomes

Design and launch an Early Help offer (online)

Engage with partner agencies to develop a whole family approach across the wider workforce

Implement a new outcomes focused performance framework (OBA)

Deliver a systematic roll-out of Restorative Practice across the Early Help workforce

Design with partners and service users a visual identity and branding for Rotherham's Early Help offer

## PHASE 2: by March 2018

Re-design the Early Help Teams; developing new roles, job profiles and models of working to embed whole family working and even greater links with partners and stakeholders

Share responsibility across the partnership for meeting the needs of families earlier (measured by an increase in Early Help Assessments completed)

Refine our Early Help offer through further integration and service redesign with our partners and stakeholders (Health Visitors, school nurses, CAMHS, Police)

Develop new partnerships across departmental and geographical boundaries to enable families and communities to thrive

Explore creative funding solutions such as social impact bonds and pooled budgets

## PHASE 3: by March 2019

Explore the potential for all-age family integrated services in neighbourhoods reflecting local needs and diversity

Think creatively about the best use of the partnerships buildings and centres into all age delivery points in localities maximising opportunities with service users partners, community and adult services

Review and reduce the local authorities management structures as the Early Help offer becomes further embedded

Implement more innovative, evidence based approaches to ensuring better outcomes for children, young people and families in Rotherham

## What Is Early Help?

**Working Together to Safeguard Children 2015** provides our definition for Early Help in Rotherham:

Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

It is better to provide an intense, focussed intervention when problems first emerge, rather than delivering a more costly statutory intervention when the needs have escalated. This includes using Early Help services to reduce or prevent specific problems from getting worse and becoming deep seated or entrenched. Through our Early Help Strategy we aim to reduce the demands upon specialist and higher tier services.

Effective Early Help relies upon local agencies working together to;

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help;
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Both evidence and experience show that Early Help is a key component to delivering outstanding services for children, young people and families. The Early Help Strategy contributes directly to Rotherham's vision.

## Our Vision

The Rotherham Children, Young People and Families Strategic Partnership have agreed the following vision;

*“Working with children, families and our partners, for Rotherham's Children's Services to be rated outstanding by 2018”*

Our key outcomes will be;

- Children and young people are healthy and safe from harm
- Children and young people start school ready to learn for life
- Children, young people and their families are ready for the world of work

This will mean our children, young people and families are proud to live and work in Rotherham.



## Rotherham's Early Help Vision

**All agencies working together to ensure children, young people and families have their needs identified early so that they can receive swift access to targeted help and support.**

We will work in partnership to utilise and develop a wide range of services and resources so that we can put in place effective, multi-agency, prevention, early identification and support. We will provide the right interventions to reduce or prevent specific problems from getting worse or becoming entrenched and complex. All our interventions will be well coordinated and take account of the whole family. All agencies will work consistently across the borough by using the Rotherham Early Help Assessment; this will help us to work with the family, to understand their needs and create a clear plan. Our plans will identify specific actions, outcomes and realistic timescales that families and professionals can share and work on together.



## The Context for Early Help in Rotherham

In November 2014 the Ofsted inspection of Rotherham's services for children in need of help and protection, looked after children and care leavers found that services were inadequate. This inspection was preceded by Alexis Jay's inquiry into Child Sexual Exploitation, published in August 2014, and followed by Louise Casey's Corporate Governance Inspection, published in February 2015. There was clear consensus and acceptance that the council and its partners were failing to meet the needs of children, young people and families.

The local authority and its partners have responded with urgency and determination. There is a newly stated commitment and passion to deliver better outcomes for children, young people and families in Rotherham.

These are stated in:

- **A Fresh Start** – the Council's corporate organisation-wide improvement plan
- **Rotherham Children & Young People's Services Improvement Plan**, overseen by the Children's Improvement Board
- **The Rotherham Plan** – which provides a framework for partners' collective efforts to create a borough that is better for everyone who wants to live, work invest or visit.

Our Early Help Strategy is an integral part of our collective planning and actions to deliver and achieve better outcomes.



## The Case for Early Help

In Rotherham, most children, young people and family's needs are met by universal services, that is, those services that are available to everyone.

For those children and families who face more challenges and may have multiple needs, Early Help services provide additional capacity and expertise.

The Early Intervention Foundation (EIF) estimates that in England and Wales nearly £17 billion per year is spent on addressing the problems that affect children and young people such as poor mental health, unemployment and youth crime. Although this figure is substantial, the real cost is even greater as it does not capture the longer term impact of these poor outcomes, which can last into adult life and sometimes into the next generation, nor does it capture the wider social and economic costs. Therefore, late intervention is not just expensive; the human and social costs are even greater.

The body of evidence that supports the concept of delivering help when problems first arise has been building over many years.

*'We have found overwhelming evidence that children's life chances are most heavily predicated on their development in the first five years of life. A shift in focus is needed towards providing high quality integrated services aimed at supporting parents and improving the abilities of our poorest children during the period when it is most effective to do so. Their prospects of going on to gain better qualifications and sustainable employment will be greatly enhanced.'* Frank Field, 2010

*'I recommend that the nation should be made aware of the enormous benefits to individuals, families and society of early intervention – a policy approach designed to build the essential social and emotional bedrock in children aged 0-3 and to ensure that children aged 0-18 can become the excellent parents of tomorrow.'* Graham Allen, 2011

*'Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions.'* Eileen Munro, 2011

*A society which fails to deliver it generates enormous problems for the future in terms of social disruption, inequality, mental and physical health problems, and cost. At its starkest, preventing these adverse childhood experiences could reduce hard drug use by 59%, incarceration by 53%, violence by 51% and unplanned teen pregnancies by 38%.* 1001 Critical Days Manifesto, Feb.2015

We have recently produced a document: **What do good early help services look like?**

This summary document is based upon recent Ofsted inspections of good and outstanding Children's Services. The inspection reports point to the need for a well understood offer, clear pathways, the commitment of partners and strong investment in Early Help as being critical features of outstanding children's services.

# Who is Early Help For?

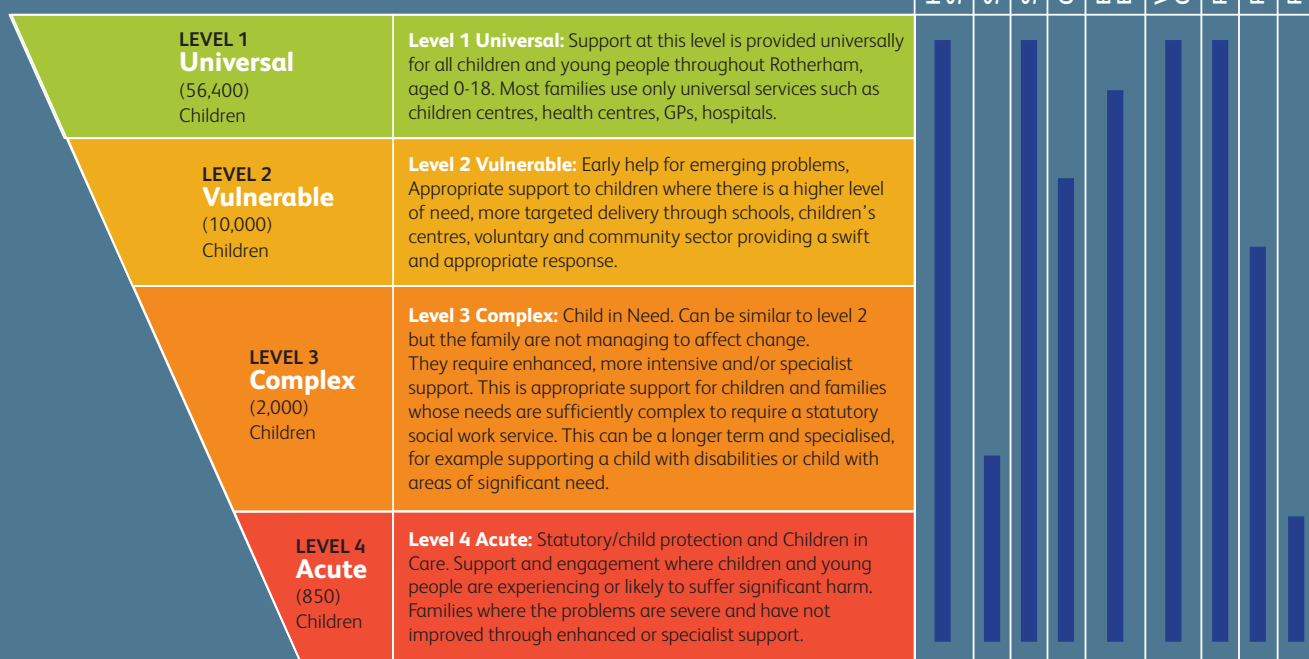
Most children, young people and families in Rotherham thrive. They will access and benefit from the excellent universal services that are available such as high performing schools and nurseries, parks, libraries and leisure activities and health services delivered by GPs, midwives, health visitors and school nurses. But some families may need to access additional support at some time; they might need short-term help to address a specific problem or longer-term support with more complex or stubborn needs, particularly if a family member has special educational needs, disabilities or impairments.

We recognise that the needs of children, young people and families are not static. It is critically important that there is a shared understanding, between all our partners, of thresholds and triggers for providing support and intervention. It is equally important that we work together flexibly to meet the needs of both the child and the family to achieve sustainable outcomes.

Rotherham’s Local Safeguarding Children Board (RLSCB) has published a Rotherham Multi-agency Continuum of Need Guidance to help all professionals working with children, young people and adults to decide what kinds of help and support is best for a child and family.

## Continuum of Need and Support

Working together in partnership to help children, young people and their families improve their lives across the continuum of need.



The **Multi-Agency Meeting the Needs** document has been developed to offer guidance for practitioners in all agencies working with children, families and adults with access to children in Rotherham. The full guidance is available on the Rotherham Safeguarding Children Board website [www.rscb.org.uk](http://www.rscb.org.uk). The Rotherham Multi-agency Continuum of Need Guidance provides a clear indication of where Early Help fits within the continuum and emphasises how important it is for all professionals to work together to clearly assess and respond to the needs of the child and family, from a multi-agency perspective.

**Working Together 2015** provides further guidance for the focus of Early Help, recommending that professionals should, in particular, be alert to the potential need for Early Help for a child who is:

- Disabled and has specific additional needs
- Has special educational needs and is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic abuse
- Is showing early signs of abuse and / or neglect and / or sexual exploitation



## Designing Rotherham's Early Help Offer

Rotherham's Early Help offer has been informed by evidence of what works best for children, young people and families and extensive consultation with services users, partners, Councillors, the voluntary and community sector, South Yorkshire Police, Fire and Rescue, Young Inspectors and the Youth Cabinet, neighbouring local authorities, our Practice Improvement Partner Lincolnshire County Council and Rotherham's key strategic boards including; the Rotherham Local Safeguarding Children Board, Heath & Wellbeing Board, Children and Families Strategic Partnership and the Council's Senior Leadership Team (SLT).

Our collective Early Help arrangements will ensure that, children whose needs and circumstances make them more vulnerable, a coordinated multi-disciplinary approach will be applied. Building on what we have learned through the delivery of the Troubled Families programme, (Families for Change), we will embed a '**one family, one worker, one plan**' principle to ensure that support is effective and impactful. This principle will inform our five key strands:

- **The importance of the early years**
- **The importance of adolescence**
- **The importance of the whole family**
- **The importance of the community**
- **A focus on neglect**

*Underpinning these strands are our commitments to;*

- **Build the capacity of vulnerable families** to support their children to achieve positive outcomes. Helping parents to be strong and effective is the most effective way to help children, and a focus on parenting runs through all of our work.
- **Ensure that children and young people are supported through the key transitions** that may cause disruption to their well-being; including transitions between schools, services, professionals and between localities.
- **Identify need early by working closely with universal settings.** Our goal will be to prevent problems emerging before they develop or to intervene appropriately at the earliest possible stage.
- **Ensure clarity for service users and providers of children’s and family services on how to access Early Help when they need it.** Services will be easily accessible and located where they are most needed. Information on services will be accurate and up to date and accessible to all who need it.
- **Take a ‘Whole Family approach’** with one lead professional for the family, whilst ensuring we maintain the knowledge and skills of relevant specialist roles.
- **Develop personalised and family focused intervention plans** based on an assessment of need. Where possible we will develop consistent, trusting relationships with families to support sustainable change.
- **Make sure specialist services are easily accessible when a child’s needs cannot be met in universal or Early Help services.** Partners can make a request directly to specialist services when a child is in need of help, when specialist education support services are required, and where it is believed that a child is suffering or likely to suffer significant harm.
- **Actively engage with specialist education,** health and social care services to provide joined up support all young people with special educational needs, always contributing to the Education Health and Care planning process where appropriate.
- **Design and commission our services and the interventions we deploy based on evidence of what works,** with support from Research in Practice (RIP) and the Early Intervention Foundation (EIF).
- **Ensure that children, young people, their families and communities drive the design and evaluation of our services and are involved in decision-making regarding the delivery of those services.**



# The Importance of the Early Years

## What we know

What happens in the early years can have a lifelong impact on all aspects of health and wellbeing, educational achievement and economic status. The importance of the early years is highlighted in Rotherham's Health and Wellbeing Strategy where the **Aim One** objective is that; *all children get the best start in life*.

The Health and Wellbeing Strategy also highlights the problems of child poverty in the borough, with a higher than average number of children living in poverty when compared against both regional and England averages. The provision of good Early Help is an essential component in meeting the objectives of the Health and Wellbeing Strategy, and mitigating the effects of child poverty.

For our work to be successful in the early years it requires a coordinated partnership approach. This is essential, particularly between health and local authority services. Midwives and Health Visitors who deliver universal provision from pre-birth until a child starts school. They are perfectly placed to provide Early Help, and to identify if there is an unmet need that can be met by another service.

Children's Centres are an important focus for parents with young children. We have worked hard to integrate the children's centre offer into Early Help and ensure that delivery is flexible and whole-family. We will continue this journey and work to ensure that our early education offer is outstanding. Encouraging the families of vulnerable two year olds to take up the offer free early education provision is a priority. Currently 82 % of vulnerable two year olds in Rotherham access provision and we will work hard to improve this further.

Getting our Early Help offer right in the early years, creates the opportunity to have a significant impact on obesity, dental health, vulnerability to disease and educational attainment. All of these things have a life-long impact on the health and wellbeing of children and families.

## What we will do

- We will have a focus upon identifying vulnerability in the early years. Our Midwives, GP's, Health Visitors and early year's providers will have a key role to play.
- We will work with Public Health and our Clinical Commissioning Group (CCG) to define the scope of an integrated child's health & social care programme and work together to realise its potential.
- We will work in partnership with commissioners and providers to ensure that the Early Help Assessment is fully integrated into the practice of midwives, health visitors and school nurses.
- We will work in partnership with early education providers to ensure that a large percentage of our most vulnerable two year olds access the provision to which they are entitled.

## The Importance of Families

### What we know

Evidence shows that the most effective way to work with vulnerable families is to provide support that is coordinated and focused on problems that affect the whole family. The Early Help Assessment forms the basis of this approach and will be adopted and embedded as a fundamental principle of how all agencies deliver Early Help in Rotherham. We will embed these principles into the way that we work with all our families. We will expect that;

- There will have been an assessment that takes into account the needs of the whole family
- There will be an action plan that takes account of all (relevant) family members
- There will be a lead worker for the family who is recognised by the family and other professionals involved with the family
- The objectives in the family action plan will be outcomes focused, including supporting parents who aren't working to find employment or move closer to the labour market

Our focus on families is also a focus on parenting. The demand for support to improve parenting skills is high and runs across the continuum of need. Early Help will take a lead in delivering a robust, evidence based parenting offer for the borough, with support to parents available through both group and individual sessions.

### What we will do

- Ensure that our Early Help offer recognises the crucial role of all family members – not just mothers and fathers, but step-parents, grandparents, siblings and other extended family members and carers
- Work with all partners who support vulnerable families to ensure that the principles of the programme are well understood and influence practice
- Work with our partners at the Department of Work and Pensions to provide employment support as part of a coordinated whole family plan that families are able to engage with
- Develop and deliver a robust, evidence-based parenting offer to be delivered in a variety of accessible settings across the borough
- Ensure that our work is outcomes-focused and that we can evidence this
- Ensure that the family are fully involved in the design, delivery and evaluation of the services and support if they receive.

## The Importance of Adolescence

### What we know

The Local Authority has a statutory duty with regards to young people aged 13 to 19, and those with learning difficulties to age 24, to improve their well-being [Section 507B of the Education and Inspections Act 2006]. High quality youth services are educational as well as recreational, defined in the act as “educational leisure time,” supporting participation in education, improving community cohesion and reducing anti-social behaviour and through targeted interventions, reduce offending, substance misuse and teenage pregnancy.

The Government’s national policy milestones for the next five years are driven by education and employment and reducing the number of young people who are not in education, employment or training (NEET) while building the ‘character and resilience’ of young people through social action programmes such as the National Citizen Service (NCS).

There are emerging priorities and strategies that sit behind the government’s vision for services for young people:

- Mental Health - 75% of mental health problems in adult life (excluding dementia) start by the age of 18.
- Closing the attainment gap by using strategies such as extending school days for extra-curricular activities, embedding National Citizenship Service to encourage social action, developing vocational pathways and providing careers guidance and work experience
- A review of Youth Justice (Taylor) will define the future priorities for youth offending services and dictate the funding envelope.
- The Sports Strategy will encourage participation and can improve physical and academic outcomes.

### What we will do

- Build strong relationships with education providers so that we can work together to support children and young people to fulfil their full potential – ensuring the right provision is available and coordinated multi-agency support is in place to ensure they are able to access the offer
- Empower young people to self-care, and follow recommendations to implement community-based models (not just NHS, CAMHS).
- Embed our youth offending offer into Early Help services
- Work in partnership with the voluntary and community sector to ensure that our youth offer is flexible, targeted, value for money and outcomes-focused.

# The Importance of Communities

## What we know

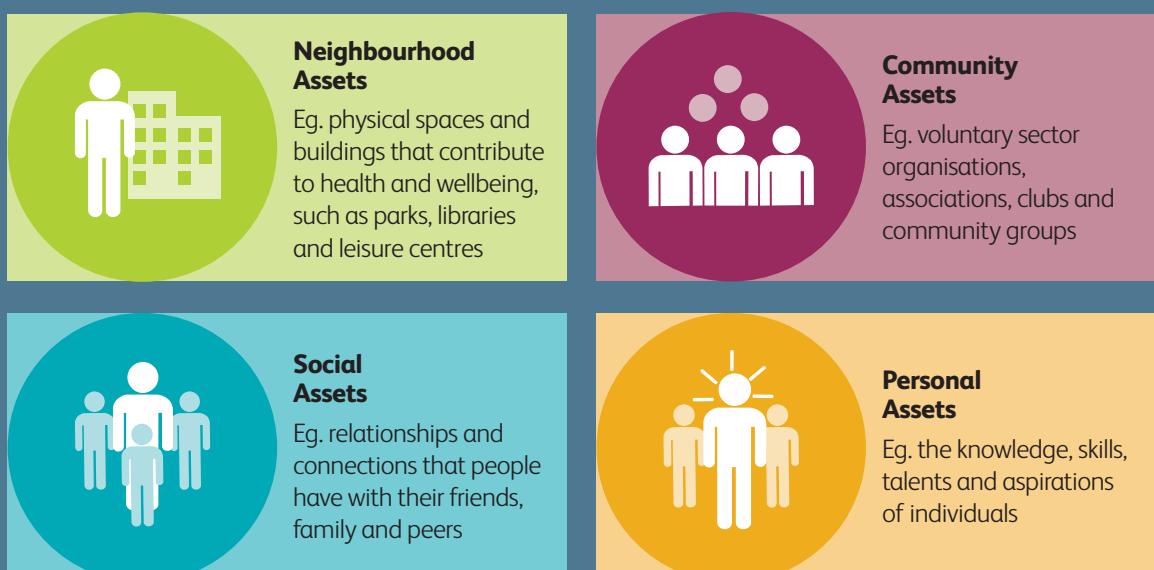
Approaches which focus on supporting personal and social development and see local communities with strengths and assets can have longer-term impact than interventions focused on directly seeking to reduce the 'symptoms' of poor outcomes for children, young people and families.

Rotherham is rich with diverse communities, has a strong voluntary and community sector and a range of community partnerships which have been developed based on the fundamental principles of an asset based approach.

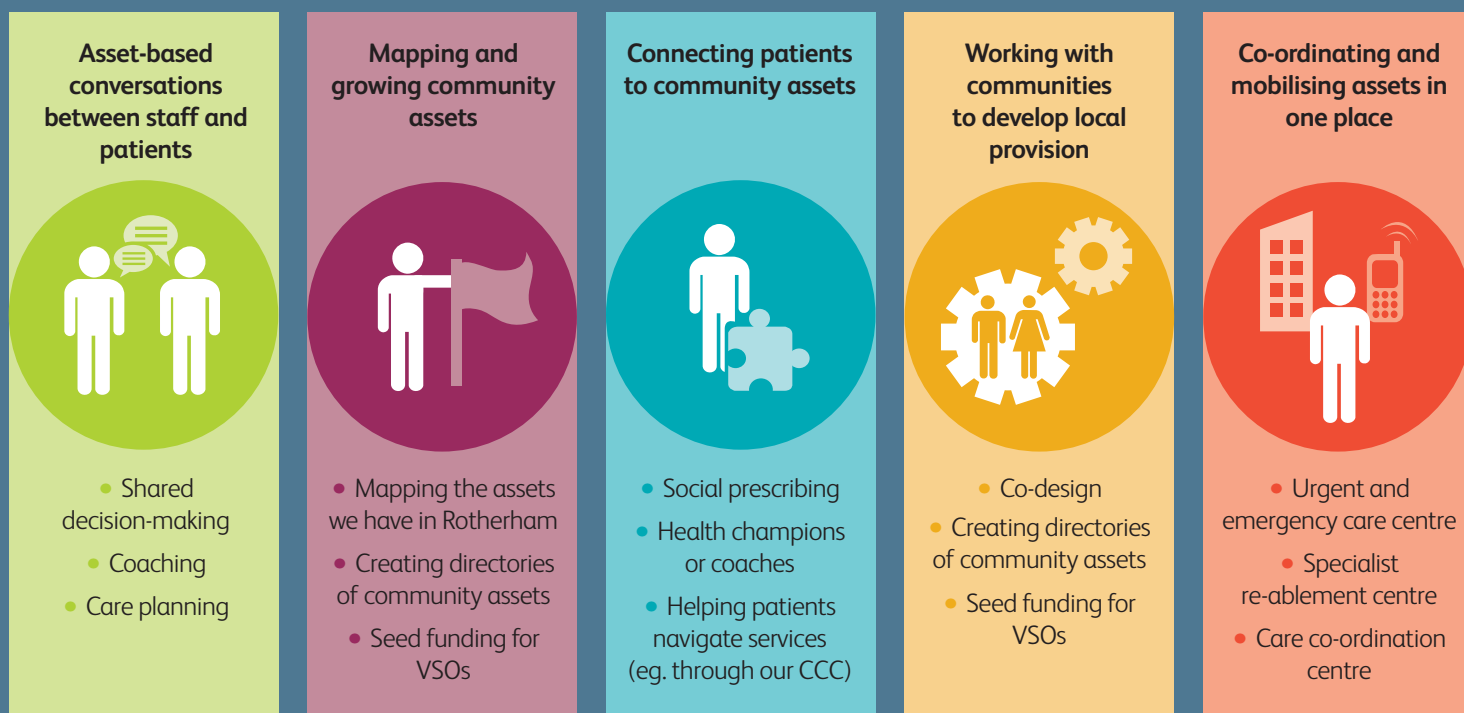
An asset based approach is an integral part of transformational community development. It is concerned with facilitating people and communities to come together to achieve positive change using their knowledge, skills and experience of the issues they encounter in their own lives and communities. The approach recognises that positive health and social outcomes will not be achieved by maintaining a 'doing to' culture and respects that meaningful social change will only occur when services work 'with' people and communities to create the opportunities to control and manage their own future. The approach builds on a combination of the natural human, social and physical capital that exists within Rotherham's local communities, and is supported by our commitment to working restoratively.

The commissioning of community assets is underpinning elements of activity within the Council across Adult Care, Children & Young People's Services and Public Health.

The Rotherham Clinical Commissioning Group has also paved the way with their award winning Social Prescribing model. This utilises services from the voluntary and community sector to supplement, and some instances, replace more traditional medical interventions to best meet individual outcomes.



The pictorial below explains an asset based approach from a primary care perspective, though this approach works across all service areas and can be applied to a range of cohorts.



## What we will do

- Work closely with partners in the community and the council to ensure that families are well supported in the context of their communities
- Work with community, faith, political and organisational leaders in Rotherham to support the vision for neighbourhood working and the realisation of their vision and principles for neighbourhood working:

*“Putting communities at the heart of everything we do by;*

- *Councillors working with their communities on what matters to them*
- *Listening and working together to make a difference*
- *Supporting people from different backgrounds to get on well together to help make people healthier, happier, safer and proud.”*



## A Focus on Neglect

### What we know

Child neglect is the most prevalent form of child maltreatment in the UK, with an estimated one in 10 young adults having been severely neglected by parents or guardians during childhood (Radford et al, 2011). The human and economic costs are vast, far-reaching and long-lasting. We often respond to neglect too late, focusing limited resources on 'late intervention', which responds to a child and family's needs once harm has been done. Stopping child neglect in its tracks would not only protect this generation of children but also, in turn, help them to become the best possible parents for the generation to come.

The evidence tells us that preventative services will do more to reduce abuse and neglect than reactive services co-ordination of services is important to maximise efficiency and there need to be good mechanisms for identifying those children and young people who are suffering or likely to suffer harm from abuse and neglect and who need referral to children's social care. It is also important that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child.

### What we will do:

- Ensure that the workforce is trained to spot the signs of neglect and respond appropriately. In Rotherham we will use the Graded Care Profile.
- Ensure that pathways into preventative and statutory services are well defined and understood across the borough.
- Ensure that robust arrangements are in place to step up and step down families in response to their needs; these arrangements should prevent a drift in plans and avoid families having to tell their stories multiple times
- Work closely with our colleagues in Children's Social Care to design and deliver the best services for children, young people and families.



## Creative Partnerships

For our Early Help Strategy to be realised it must be shared and owned by all the multi-agency partners who work with children, young people and families in Rotherham. We recognise and value the role of the local safeguarding board is crucial in holding partners and the council to account to ensure that children and young people are safe in the borough. The Rotherham Safeguarding Children Board will scrutinise our Early Help arrangements and provide support and challenge to ensure we are meeting the requirements set out in Working Together to Safeguard Children, 2015.

Outstanding Early Help is possible through consistent, high quality relationships across partners, working together to encourage behaviour change and increase children, young people and families' engagement with learning, education and their own personal health and wellbeing. There must also be a commitment from universal services (most notably schools, health and voluntary organisations) to meet lower levels of need.

Critical to the success of this strategy will be our partnership's commitment to;

- Identify emerging problems and unmet needs for individual children and families early, irrespective of whether they are providing services to children or adults.
- Improve early identification of the children with the highest predictive probability of poor outcomes and improve long-term tracking of the impact of our interventions with these key cohorts.
- Embed the Early Help strategy within their organisational processes.
- Engender cultural change within the workforce, embedding the principles of Early Help into training and working to the agreed Early Help approach.
- Initiating Early Help Assessments to understand the needs of the whole family and acting as the lead worker where that is the best outcome for the family.
- Ensuring appropriate and timely information sharing takes place.
- Providing evidence of the contribution to the impact of the Early Help Strategy.
- Pro-actively exploring opportunities for co-location and shared delivery spaces.
- Exploring the potential for pooling budgets as Rotherham's Early Help matures.

Most importantly, we will work together to ensure that the different elements of an Early Help offer fit cohesively in a way that works for children, young people and families and delivers positive outcomes for all.

The devolution agenda will also create the opportunity for us to be innovative, ambitious and determined in our approach to working collaboratively with our communities beyond Rotherham's local authority boundaries. The local authority is committed to working in partnership to identify opportunities to deliver more effectively and efficiently where there is a clear business case and opportunity to work with neighbouring authorities. Joint commissioning ventures are already delivering positive outcomes and we will build on this learning and experience.

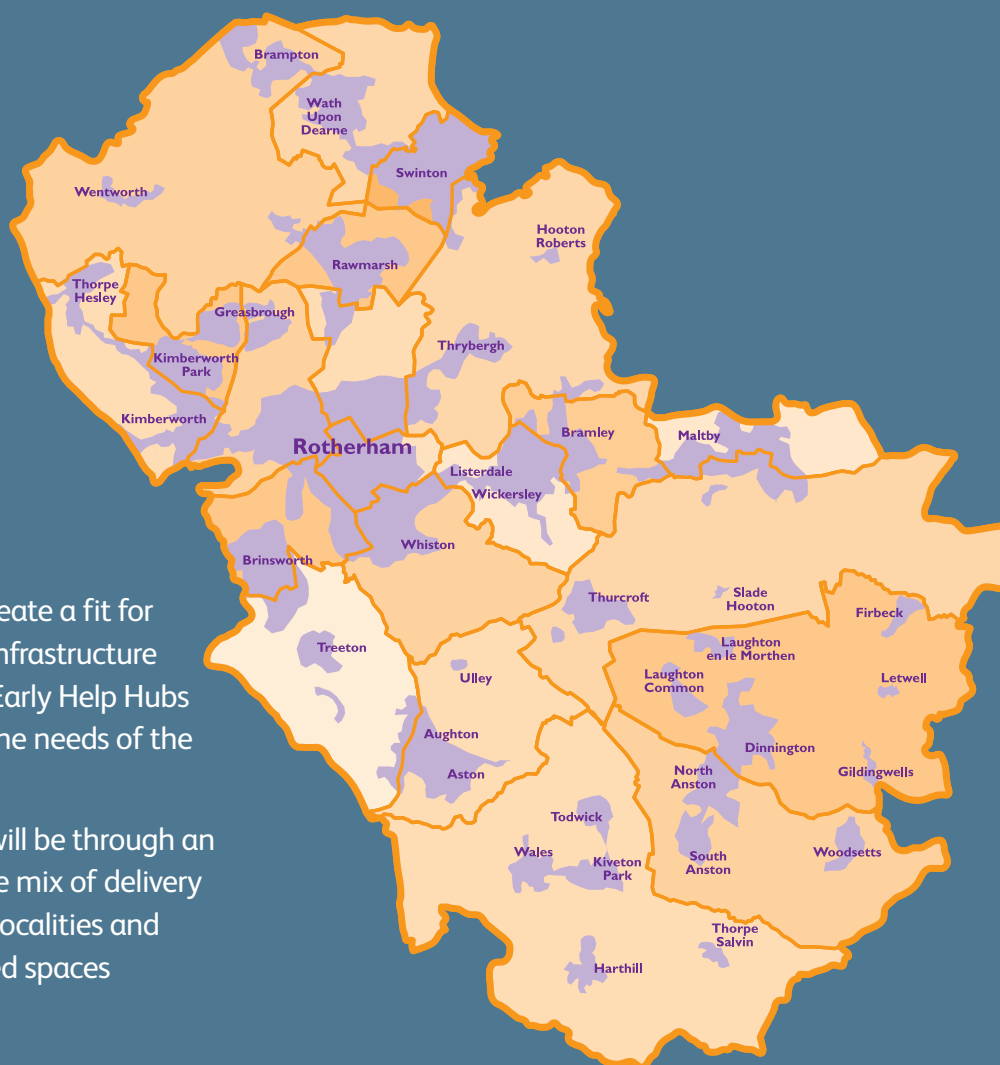
## Early Help Pathways and Structures

We know that the current Early Help services can be delivered even more effectively and efficiently through greater integration in locality-based Early Help teams. Our teams are already embedded in the communities in which they work to ensure that a strong partnership approach is possible, with excellent professional relationships and understanding between all agencies. The delivery of Early Help by all partners is essential if families are to receive the right help at the right time. Often if a problem is addressed in school or by a health visitor in the early years, this will be sufficient to prevent it escalating.

The local understanding of how we can work effectively together to support families must be supported by a flexible infrastructure that ensures equity of provision across the borough based on identified needs and demand. We will work jointly with our partners to ensure that an effective, multi-agency infrastructure is aligned with all key delivery points and that we can maximise the opportunities for co-location and shared services. We will also test our plans at every stage by asking the question: are we providing high quality places to go and things to do for our families and communities?

We will create a fit for purpose infrastructure creating Early Help Hubs to meet the needs of the borough.

Delivery will be through an innovative mix of delivery points in localities and negotiated spaces





In Rotherham, the local authority and partners have shown a commitment to the Early Help offer by reconfiguring the way services are organised to meet the needs of children, young people and families.

The Leader’s Briefing, published by Research in Practice (November 2016) is clear about roles and responsibilities of all partners, stating, “the local authority will ‘hold the ring’ on early help, influencing and facilitating other local partners in this work.”

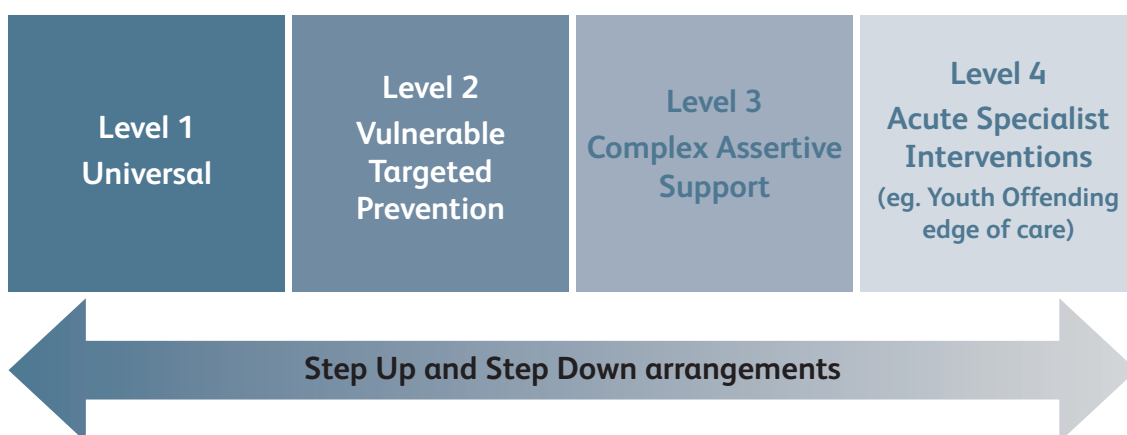
The same report quotes the following statement from Ofsted,

*‘It is only right that local authorities and their partners are focusing increasingly on early help and prevention services for families. Many are now establishing a more coordinated and structured approach to this crucial role.’* (Ofsted 2015) Early Help: whose responsibility?

Early Help teams are now operating in a variety of settings and locations across the borough. Early Help teams are led by a local manager and are made up of Early Help practitioners with a range of skills. These include specialisms in; family support, health visiting, school nursing, CAMHS, school attendance, youth support and voice and influence. Family support, outreach support and childcare are linked through our Children’s Centre offer.

In Phase Two of the Early Help Strategy, we will be building on the success of the locality teams to ensure that the workforce structure is appropriate and flexible enough to meet the needs of families. We will also review the infrastructure that is in place to deliver Early Help to ensure that the quality of environment is equal to the quality of practice.

Early Help teams will be structured to correspond to the pathway of support for families (as identified in the Multi Agency Continuum of Need).



Different levels of need of individual children, young people and families in Rotherham.

Children and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, including universal, targeted and specialist support services.

**Universal** services are available to all children, young people and families, working with families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. Practitioners working in these services should identify where children and families would benefit from extra help at an early stage.

**Targeted Prevention** services focus on children, young people and families who may need support either through a single service or through an integrated multi-agency response. They work with families where there are signs that without support a child may not achieve good outcomes and fulfil their potential. However targeted services are also critical in preventing escalation into specialist services, and will also assist with continuing lower level support once a higher level intervention has been completed.

**Assertive Support** will be through time limited interventions informed by a high quality Assessment supported by an outcomes focussed plan. Interventions will incorporate evidence based approaches with a clear focus on families taking responsibility for improving outcomes with high quality assertive support.

**Specialist** services focus on families with individual or multiple complex needs, including where help has been requested through Section 17 and Section 47 or where a specific disability or condition is diagnosed. In Rotherham this will include our Youth Offending and Edge of Care teams.

**The Youth Offending Team (YOT)** in Rotherham is well established and is an example of effective multi-agency working. The YOT works with all young people aged 10 – 18 who are subject to statutory orders imposed by the court, pre court disposals (Youth Conditional Cautions) and preventative work, including offering voluntary intervention to those receiving a Youth Restorative Disposal, Youth Caution or Anti-Social Behaviour Contract.

The Review of the Youth Justice System in England and Wales, December 2016 states that:

*'If the youth justice system is truly to protect the public, it must succeed in changing the lives of these most troubled children. To do this, a system set up almost two decades ago to tackle a different problem must evolve to respond imaginatively and proportionately to the challenges of today.'*

The principal aim of the youth justice system is to prevent offending by children and young persons (Crime and Disorder Act 1998, section 37(i)).

The YOT has five objectives relating to this aim:

- Reduce offending and re-offending within the 10 -17 population
- Reduce the use of custody
- Reduce the number of first time entrants to the youth justice system
- Support victims of youth crime
- Public protection

The Taylor Review recommends that, in future, the Government is less prescriptive about how YOTs are structured, devolving responsibility for better outcomes, and funding to local authorities. Rotherham is in a strong position to respond to the challenges in the Taylor Review because the YOT is already an important and integrated component of the Early Help offer. There are specialisms in the YOT that are not present elsewhere in the system, for example working with young people who display sexually harmful behaviour. Equally there is transferable learning that will be mutually beneficial to practitioners across the wider early help workforce, and those in the YOT, for example, working with the whole family, and working restoratively. The YOT also provides an important link into community-based and adult services such as South Yorkshire Police. The YOT cohort is small and defined but made up of some of the most vulnerable children, young people and families in the borough. If we get it right with this cohort, it will help us to work with children and young people earlier, before more significant problems arise.

**Edge of Care Services** is referred to when describing support for children and families with a high level of need, such that an immediate or potential risk of family breakdown is present and entry to care is likely or imminent. Research in Practice (RiP) which supports evidence based practice in social care, has recently captured this as: 'Those children and young people whose safety and well-being are at sufficient risk for the authority to consider removing them from their current situation for their own protection' (Bowyer and Wilkinson, 2013).

Rotherham has a higher proportion of children and young people in care when compared to other local authorities and statistical neighbours. Ensuring that children and young people have access to a range of services which support and enable them to remain safely with their families is a priority.

Some key characteristics identified by Rebecca Godar, author of the 2014 strategic briefing, Building a business case for services for children on the Edge of Care include:

- A focus on the interactions within the family, and the role of members of the extended family.
- Drawing on the strengths of the family and wider community.
- Building relationships with individual professionals who support the family to engage with wider services and the community.

- Practical help offered when families need it, offering 24/7 support and visiting families early in the morning or late at night to help establish routines.
- Help for as long as needed, but with a clear exit plan and access to further support if required.

These characteristics demonstrate that an 'Edge of Care' service will sit well in Phase Two of Rotherham's Early Help offer. An operational delivery model, comprising a number of different pathways to respond to different circumstances, will be developed as one of the specialist services in the Early Help offer.

### **Step Down and Step Up**

Step Down enables professionals from Children's Social Care, Early Help Services and a range of other partners to support children and families as they move from requiring statutory, safeguarding and specialist support to targeted and universal services and interventions. Early Help professionals from a range of services and sectors are crucial to the step down process as they enable continued targeted and universal support for identified cases once statutory services end their involvement.

Step Down is an extremely important function to ensure that children and families receive consistent, seamless support, at the right time and from a range of professionals and partners across the borough. When children and families have received a statutory intervention and have progressed positively, it is important that the progress made is sustained and that children and families do not feel that they are being passed from 'service to service'.

Early Help and Children's Social Care colleagues will work together to agree when it is we will ensure appropriate to step-up or step-down a family between support services, there will always be a shared understanding of the support the family needs to sustain improvement and an effective hand-over between different professionals. Robust professional oversight will always be part of the process and our effectiveness at stepping down cases appropriately will be measured. The responsibility for stepping up and stepping down children and families between services will be shared across the children and young people's workforce.

## Developing the Early Help Workforce

The Children and Young People's Strategic Partnership in Rotherham and the Rotherham Local Safeguarding Children Board (RLSCB) have identified cross-partnership workforce planning and development as a priority. The Partnership and the RLSCB are developing a unifying approach to working with children and families, based on the principles of 'think family' and taking a strengths based approach. The Early Help workforce will benefit from a common induction and practice handbook for all those working with children and families in Rotherham, regardless of the organisation or sector they are employed in.

Early Help will be an important factor in judging whether the Workforce Strategy has been successful. The following measures will be applied to test success and impact:

- **The quality of practice is excellent, with our peers and Ofsted identifying that Rotherham is delivering effective services for children and families.**
- **The workforce is stable and thriving, with low sickness rates, high levels of staff satisfaction, low staff turnover and minimal requirement for agency staff to fill gaps in the substantive structures.**
- **Our partners, including children, young people and families using our services, identify excellence in the workforce and the quality of practice and partnerships in Rotherham.**
- **The workforce is highly knowledgeable, skilled and sustainable, characterised by high quality training and support, and strategic succession and forward planning.**

We will invest in approaches which will develop demonstrably the quality of practice, including; Signs of Safety, Restorative Practice, Outcomes Based Accountability as underpinning approaches. This investment has already started with the whole of the local authority's Early Help workforce undertaking Restorative Practice training. This will be enhanced as the offer to partners is rolled out in Phase Two of our Strategy.

We will ensure that appropriate training, development and guidance is continually available to ensure we sustain 'getting the basics right' across the whole of the workforce. This will include multi-agency training to build confidence across the Early Help workforce.

Specialist training will also be delivered in response to a needs-analysis of the workforce. In 2016/17 Early Help will join colleagues from across the children's workforce for training on neglect and the graded care profile. We will also work in partnership with Sheffield City Council to develop an in-house network of qualified parenting professionals who can deliver the evidence-based Triple P programme.

As the workforce develops its confidence the workforce strategy will be reviewed and refreshed accordingly. We will work together with our partners in Children's Social Care and maintain a close, effective and constructive relationship with the Rotherham Safeguarding Children's Board in the planning and development of learning opportunities for the Rotherham workforce.



## Early Help Outcomes

We are passionate about improving the outcomes for children, young people and families in Rotherham and to assist them to reach their potential.

Early Help will focus on the following outcomes:

- Children and young people are healthy and safe from harm
- Children and young people start school ready to learn for life
- Children, young people and their families are ready for the world of work

We will evaluate the impact of our Early Help services using a set of measures linked to each outcome.

Our performance against these outcomes will shape how we deploy resources in the future. Collectively, across the wider children's workforce we will need to continue to invest in and develop our staff, equipping them the appropriate skills to work together across professional boundaries to ensure we are focussed on the needs of children and young people.

Effective commissioning will ensure that we eliminate duplication; aligning spending in order to get best value for money and evaluating outcomes to ensure services are effective.

We will use an Outcomes Based Accountability (OBA) approach to evidence our impact and to ensure we retain a clear focus on outcomes, not just process and performance.

### **Why Outcomes Based Accountability?**

Our previous failings relating to ineffectual strategies and plans and fit for purpose governance arrangements were highlighted in the Report of Inspection of Rotherham Metropolitan Borough Council, February 2015, Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers, November 2014, and the Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013) August 2014.

OBA is a recognised approach to planning services and assessing their performance that focuses attention on the results or outcomes that the services are intended to achieve. OBA is much more than a tool for planning effective services. It can become a way of securing strategic and cultural change: moving organisations away from a focus on 'efficiency' and 'process' as the arbiters of value in their services, and towards making better outcomes the primary purpose of their organisation and its employees.

Further distinguishing features of the OBA approach are;

- The use of simple and clear language.
- The collection and use of relevant data.
- The involvement of stakeholders, including service users and the wider community, in achieving better outcomes.
- The distinction between accountability for performance of services or programmes on the one hand, and accountability for outcomes among a particular population on the other.

In Phase Two of the Early Help strategy we will build on the positive foundations of the OBA workshops that have already taken place across the partnership and seek to embed the approach further.



## Measuring Success

We believe that our success should be directly measured against the outcomes experienced by children, young people and families. We will expect to see that more families are empowered and supported to take control of their lives as part of active and resilient communities and the need for statutory intervention will be reduced or avoided.

Key success measures are set out across numerous key documents. For ease of reference a snapshot of key indicators is included here. The Early Help Monthly Performance Scorecard will enable partners to monitor whether our collective work is having an impact. It will also show the way that Early Help supports an improvement in the outcomes captured through the Joint Strategic Needs Assessment, (JSNA) Joint Strategic Intelligence Assessment (JSIA) and the Troubled Families Outcomes Plan.

Rotherham Early Help Performance Scorecard	Links to wider plans
Early Help Contacts with an Early Help recommendation	CYPS Performance Board
Number of Early Help Assessments	CYPS Performance Board
Number of Early Help Assessments made by Partners (against the total number of EHA's in the reporting month)	CYPS Performance Board
Number of cases (Families) submitted to Step Down Panel	CYPS Performance Board
Numbers of young people first time entrants (FTE) into the criminal justice system	CYPS Performance Board and YOT Board
Number of young people who are NEET	CYPS Performance Board and Corporate Plan
Rotherham Safeguarding Children & Families Performance Scorecard	
Number of contacts	JSNA
Number of contacts going on to referrals	JSNA
Number of open CIN cases	JSNA
Number of open CPP cases	JSNA
Number of Looked After Children	JSNA
Number of CSE Referrals	JSIA
Rotherham Troubled Families Outcomes Plan	
Parents & children involved in crime and anti-social behaviour - Number of families identified in the cohort - Number of families where an outcome is claimed	JSIA
Families affected by domestic abuse - Number of families affected by domestic abuse - Number of families where an outcome is claimed	JSIA and JSNA
Children who need help (all data captured via Scorecards)	
Parents and children with a range of health problems - Number of families identified due to problems with drugs & alcohol - Number of teenage parents identified - Number of parents who are affected by mental health problems - Number of outcomes claimed where these problems were identified	Public Health Outcomes Framework Mental Health (JSNA)
Children who have not been attending school regularly (including exclusions) - Number of families identified in the cohort - Number of outcomes claimed where attendance was an issue	CYPS Performance Board
Adults out of work or at risk for financial exclusion or a young person at risk of Worklessness - Number of families identified - Number of families where an outcome is claimed	JSNA



## Early Help Governance

The Children, Young People and Families Partnership and The Early Help Steering Group bring together Rotherham's services for children, young people and families under a common governance structure with a shared vision, outcomes and objectives, joint commissioning and joint decision-making.

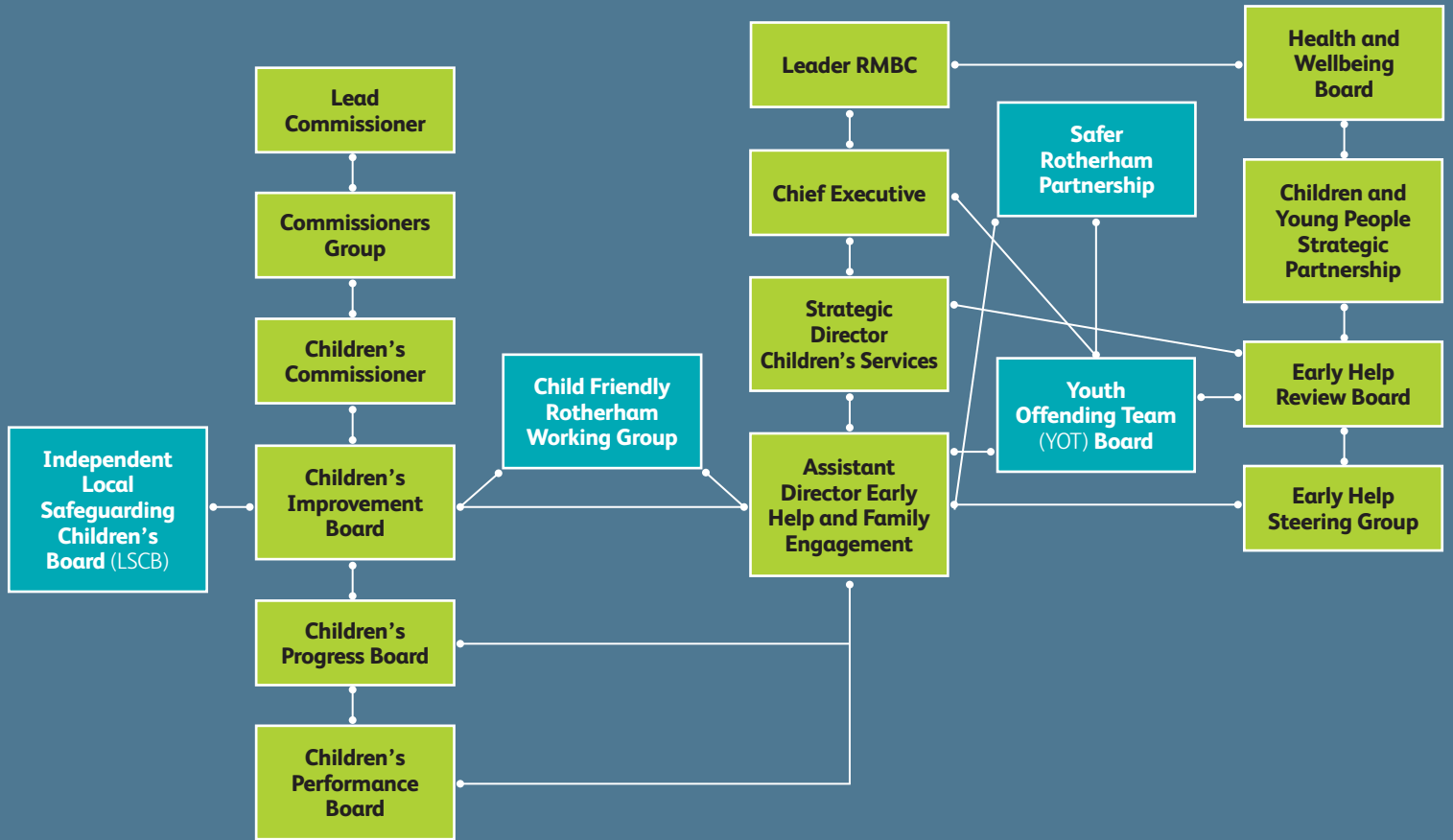
These arrangements will ensure that we can demonstrate through evidence and feedback, that Early Help services are improving outcomes for children, young people and families in Rotherham.

In order to monitor the performance, progress and impact of our Early Help Strategy, a governance framework has been established, with the following boards regularly receiving reports, performance data, case studies and quality assurance updates.

<b>Multi-Agency Partnership Accountability</b>	<b>Local Authority Accountability</b>
<ul style="list-style-type: none"> <li>• Children's Improvement Board</li> <li>• Rotherham Safeguarding Children's Board</li> <li>• Children and Young People's Strategic Partnership</li> <li>• Safer Rotherham Partnership</li> <li>• Early Help Review Board</li> <li>• Early Help Steering Group</li> <li>• Youth Offending Team Board</li> </ul>	<ul style="list-style-type: none"> <li>• RMBC Overview &amp; Scrutiny Management Board</li> <li>• RMBC Improving Lives</li> <li>• RMBC Children's Progress Board</li> <li>• RMBC Children's Performance Board</li> <li>• RMBC Resource Board</li> <li>• RMBC SLT</li> <li>• RMBC DLT</li> </ul>

The importance and commitment to partnership working in Rotherham is evident from the governance structure. While there is currently an additional layer of accountability in place through Rotherham Council's structures as a result of intervention and the direction of commissioners, ultimately as a partnership, we will hold each other to account for measuring the impact that Early Help has on families, and for the success of this strategy.

# Early Help Governance Map



\* This illustration is an attempt to capture some of the interdependencies and oversight of Rotherham's Early Help offer

## About Rotherham

Rotherham is a Metropolitan Borough in South Yorkshire and covers 110 square miles, of which 72% is rural, Green Belt. Rotherham's resident population is estimated to be 260,800 (2015 Mid-year estimate, Office for National Statistics) including 56,400 children and young people aged 0–17 (21.6%), 139,800 adults aged 18–59 (53.6%) and 64,600 adults aged 60+ (24.8%). The population of Rotherham is projected to increase by 3.3% between 2015 and 2025 but the number aged 85+ is projected to increase by 40% over the same period.

There is an increasing demand for health and social care services due to the aging population, with the oldest groups increasing the most.

At the time of the 2011 Census Rotherham had 236,438 (91.9%) White British and 20,842 (8.1%) Black and Minority Ethnic (BME) residents. The proportion of our population from BME communities is less than half the national average but more than doubled between 2001 and 2011, and continues to grow. The largest of over 75 different BME groups in Rotherham is Pakistani and Kashmiri who numbered 7,912 in 2011 (or 3.1% of the population). There were 3,418 'other White' residents in Rotherham in 2011, including Slovak and Czech Roma, and Polish. The largest new migrant community since 2014 has been Romanian.

Rotherham is ranked 52nd most deprived district in England according to the Index of Multiple Deprivation 2015, which places us in the 16% most deprived areas in the country. Deprivation has increased most in those areas which were already the most deprived. Poverty affects 24% of our children, increasing to over 50% in some areas.

There are 111,000 Rotherham residents in work or 69% of the working age population, below the national average of 74%. 12.4% of working age people are claiming out-of-work benefits, well above the national rate of 9.1%.

Rotherham also has high rates of disability with 8.7% of the population claiming Disability Living Allowance or Personal Independence Payment in May 2016, compared with 5.5% nationally. Rates of disability are well above the English average for all ages.

The health of the people in Rotherham is also generally poorer than the English average, which is influenced by people's lifestyles; smoking, obesity, low physical activity and cancer mortality and a number of other wider factors such as deprivation and our industrial legacy. Rotherham's breastfeeding rate is amongst the lowest in the region – contributing to higher childhood obesity and paediatric hospital admissions. Smoking in pregnancy is much higher than the national average, contributing to poor maternal and child health.

Recorded crime in Rotherham fell by 16.5% between 2009 and 2014 with reductions in criminal damage and violent crime. However rising burglary, shoplifting and vehicle crime caused a more recent increase in recorded crime. Anti-social behaviour incidents have fallen by 36% between 2009 and 2014.

Rotherham's unemployment rate has fallen from 11.3% in 2011/12 to 6.9% in 2015/16 but remains above the national average.

## Population Growth

Using the school census and ONS data it is possible to project change in the age structure of children and young people across Rotherham and estimate the future profile of ethnicity. The tables below show how the profile of age and ethnicity in Rotherham is expected to change, along with gender split.

### Aged 10-12

	Total	Males	Females	White British	Other White	Mixed	Asian	Black	Other
2016	9,100	4,600	4,500	7,510	400	260	730	130	70
2021	10,000	5,100	4,900	7,990	540	360	840	180	80
2026	9,700	4,900	4,800	7,500	620	420	850	210	90

### Aged 13-19

	Total	Males	Females	White British	Other White	Mixed	Asian	Black	Other
2016	20,800	10,700	10,100	18,220	560	350	1,350	210	80
2021	21,000	10,900	10,100	17,700	810	530	1,540	270	130
2026	22,800	11,700	11,100	18,470	1,140	750	1,870	360	180

### Ethnicity by Age Projected in 2026

The ethnicity projections by age in 2026 are not from an official source but are estimated from data available locally. The school census shows a greater percentage of children from BME backgrounds in the younger age brackets. This pattern suggests that in another 10 years' time the ethnic make-up of Rotherham's children and young people will be significantly different to what we know today.

Age	White British	Other White	Mixed	Pakistani	Other Asian	Black	Other
10-12	77.3%	6.4%	4.3%	6.6%	2.2%	2.2%	0.9%
13-19	81%	5%	3.3%	6.7%	1.5%	1.6%	0.8%
20-25	85.5%	3.2%	2.1%	6.8%	0.7%	0.9%	0.7%

## Deprivation

The Index of Multiple Deprivation (IMD) is produced for small areas known as Super Output Areas (SOAs), each with a population of around 1,500, of which there are 167 in Rotherham.

45 % of Rotherham's population live in one of the 30 % most deprived SOAs in England.

The IMD 2015 is the recognised national measure of deprivation published by the Government, which shows the following:

Age Group in 2016	All Rotherham	Most Deprived 10 % nationally	Most Deprived 30 % nationally
Aged 10-12	9,044	2,063 (22.8 %)	4,396 (48.6 %)
Aged 13-19	21,489	4,678 (21.8 %)	10,190 (47.4 %)
Aged 20-25	17,964	4,188 (23.3 %)	9,077 (50.5 %)
Total Population	260,070	51,105 (19.7 %)	117,292 (45.1 %)

**Please note** that these age group numbers are from 2014 estimates, these have rolled forward 2 years to 2016 so are not quite the same as the numbers for 2016 in the population growth tables.

Young people (10-25) are more likely than average to live in areas of high deprivation. It is not possible to predict future deprivation levels, but the proportion of Rotherham's population living in the 10 % most deprived areas nationally has been increasing from 12 % in 2007 to 19.5 % in 2015 and 19.7 % in 2016 (as above).

The IMD 2015 shows 24.3 % of children 0-15 "affected by income deprivation" or as we might say in poverty, compared with 16.5 % of working aged people (16-64).

There are 62,390 Children and Young People in Rotherham and 44,515 School Age Pupils, (January 2016 census). Most children and young people in Rotherham enjoy a happy, healthy upbringing.

Sometimes, children, young people and families can get lost in data and statistics. We can also lose sight of the vast majority of children, young people and families that thrive and achieve. This includes those that achieve 100 % school attendance, get good grades and go on to succeed in work, training or further and higher education; those young people that participate in the National Citizen Service (NCS) or volunteer to become a Rotherham Young Inspector or a member of the Youth Cabinet and the Looked After Children's Council.

Educational performance across the borough has improved significantly of recent years and compares well with regional and national outcomes.

Rotherham is in the top quartile nationally for meeting parental preferences on national offer day for entry into Primary and Secondary schools – satisfying above 90 % of all 1st preferences.

Rotherham is ranked joint 3rd in the Yorkshire and Humber Region for a 'good level of development' at the end of Early Years Foundation Stage – exceeding national averages. Outcomes have improved by 15 % between 2013 and 2016.

94 % of all Rotherham's Ofsted registered Early Years and Childcare providers are judged to be good or outstanding, which is 6 % above the national average.

The proportion of pupils attending a good or better school in Rotherham is 86.2% which is above national average.

Rotherham is above national average and ranked first in the Yorkshire and Humber Region for pupils achieving the expected standard in reading, writing and mathematics at Key Stage 2.

Rotherham's GCSE performance has been consistently in line or above the national average since 2012. In 2016 the % of pupils achieving A\* - C in English and Maths was 61.3% - 2.6% above the national average. The new Progress 8 score is also above the national average.

All Rotherham's post-16 providers are judged by Ofsted as good or outstanding.

The number of two year olds taking up an early education place in Rotherham is consistently higher than the national average with 86% of Rotherham's eligible 2 year olds taking up a place in spring 2016 compared with 68% nationally.

Rotherham's "Genuine Partnerships" Charter principles are being recommended nationally and Rotherham's Inclusion Service is working in co-production with parents, young people and the national charity Contact A Family to deliver consultation and training with leaders of inclusion in other Local Authorities.

Because of its unique central position in South Yorkshire, coupled with high quality and performance across all phases of Rotherham's education system, the Borough is a net importer of children and young people from Early Years through to Post-16 education.

**If Rotherham was a village of just 100 children and young people it would look something like this;**

**Children Centres**

93% of all children aged 0-5 living in the Rotherham area are registered with a Children's Centre



98% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham who are registered with a Children's Centre



43% of all children aged 0-5 living in the Rotherham area have accessed Children's Centre activities



52% of children aged 0-5 living in the 30% most deprived SOA's in Rotherham have engaged with Children's Centre activities



51% (12,743) of Primary School age children are male and 49% (12,384) female (January 2016).



The gender balance in secondary schools is equal with 50% of each gender (January 2016).



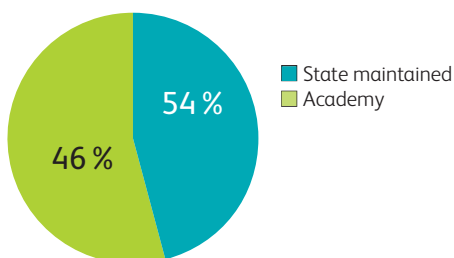
### School Types

Since 2009 the schools in Rotherham have had the opportunity to become an academy. 54% (51 schools) of our primary schools remain a state maintained school whilst 46% (43 schools) are now academies.

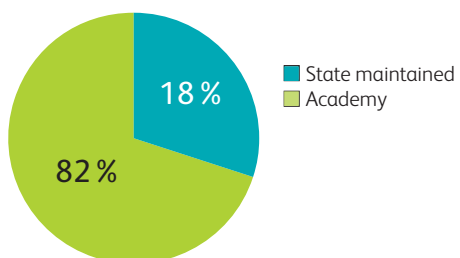
The secondary schools currently stands at 18% (3) Maintained and 82% (13) that are academies.

There are 25,849 children attending an academy school as at October 2016 (Autumn Census).

#### Primary Schools in Rotherham



#### Secondary Schools in Rotherham



### Education Health and Care Plans

2.8% of these children have an Education Health and Care Plan and 21.8% have their special educational needs met within a school, with advice from specialists and without the need for an Education Health and Care Plan.

## Exclusions

From 1st September 2016 to 31st December 2016, there were 101 fixed term primary exclusions with 217 days lost cumulatively.

In primary schools there were 3 permanent exclusions.

In secondary schools, 1022 fixed term exclusions took place with 1731.50 days lost cumulatively. In secondary schools there were 9 permanent exclusions.

In Pupil Referral Units (PRUs), 63 fixed term exclusions took place with 163.50 days lost cumulatively. In PRUs there were 0 permanent exclusions.

## Young People in Education and Training

93 % of young people aged 16-17 (academic age) are meeting the duty to participate



3 % of young people aged 16-17 (academic age) are Not in Education, Employment or Training (NEET). Rotherham's results are better than statistical neighbours, whilst being in line with both region and national returns.



## First time entrants into Youth Justice 10 -17 (rate per 10,000)

Figures based on latest released Youth Justice Board (YJB) data (September 2016), which covers the period July 2015 to June 2016, the rate was 460 per 10,000 of the 10 -17 population.

Rotherham has shown a decrease of 7.9% from the same period last year, whilst national figures stand lower at 348 (decrease of 11.2% on same time last year). Comparison with the North East region gives a similar picture with the regional figure standing at 408 but with a decrease of 9.9%. The actual decrease in numbers for Rotherham relates to 11 young people.

**Note: Indicators used for statistics are from December 2016 unless otherwise stated.**





## Glossary of terms used and Acronyms

Child and Adolescent Mental Health Services (**CAMHS**)

Child In Need (**CIN**)

Child Protection Plan (**CPP**)

Clinical Commissioning Group (**CCG**)

Child Sexual Exploitation (**CSE**)

Early Intervention Foundation (**EIF**)

Education, Employment or Training (**EET**)

First Time Entrants (**FTE**)

Index of Multiple Deprivation (**IMD**)

Joint Strategic Intelligence Assessment (**JSIA**)

Joint Strategic Needs Assessment (**JSNA**)

National Citizen Service (**NCS**)

Not in Education, Employment or Training (**NEET**)

Office for Standards in Education, Children's Services and Skills (**OFSTED**)

Office of National Statistics (**ONS**)

Outcomes Based Accountability (**OBA**)

Pupil Referral Units (**PRUs**)

Research in Practice (RIP)

Rotherham Local Safeguarding Children Board (**RLSCB**)

Rotherham Metropolitan Borough Council (**RMBC**)

Rotherham Metropolitan Borough Council Senior Leadership Team (**RMBC SLT**)

Rotherham Metropolitan Borough Council Directorate Leadership Team (**RMBC DLT**)

Senior Leadership Team (**SLT**)

Super Output Areas (**SOAs**)

Volunteering Sector Organisations (**VSO's**)

White British and Black and Minority Ethnic (**BME**)

Youth Justice Board (**YJB**)

Youth Offending Team (**YOT**)





## Find out more and get involved

An interactive map of Rotherham's Early Help pathways is available on our website, together with details of how you can contact the locality Early Help teams to request support. You can also provide feedback on your experience of Early Help. If you would like to be part of Rotherham's Early Help journey please contact us.

**Website:** [www.rotherham.gov.uk/earlyhelp](http://www.rotherham.gov.uk/earlyhelp)

**Email:** [earlyhelp-admin@rotherham.gov.uk](mailto:earlyhelp-admin@rotherham.gov.uk)

**Twitter:** @EarlyHelpRoth