

CHILDREN, YOUNG PEOPLE & FAMILIES' PARTNERSHIP

# Early Help for Children, Young People and Families

## Rotherham's Strategy to Reduce Inequalities for Families

(A refresh of the Prevention & Early Intervention Strategy  
April 2012)

## CONTENTS

Introduction	1
Vision	2
Pledge	2
Definition	2
The Four Big Things	3
Principles	4
Strategic Objectives	5
The Continuum of Need	6
National Policy Context	8
Local Policy Context	14
Local Delivery Context	17
Existing Programmes of Early Help	21
Understanding and Mapping Local Need	23
Understanding and Mapping the Rotherham Response	27
Rotherham Outcomes Framework	29
Understanding and Mapping Resources	30
What Next?	31

## INTRODUCTION

The Prevention and Early Intervention Strategy was launched in Rotherham with the endorsement of senior leadership across the partnership. There was commitment and excitement about moving from a 'find and fix' approach to one that would allow us to 'predict and prevent.' This was in April 2010.

Two years later the commitment of everyone working with children, young people and families is undiminished. However the context in which we must deliver has changed significantly.

The implementation phase of the strategy has been accompanied by a change in government and a series of reviews that have built a sound evidence base for prevention and early intervention. At the same time, locally we have all worked hard to embed the practice that we launched in April 2010. Across the borough the characteristics of a Learning Community are becoming clear in a context which will not see the brand new infrastructure that we expected through the Building Schools for the Future programme. We have piloted a multi-agency leadership programme (called Better Together), launched our Think Family Board (now the Think Family Steering Group) and embedded awareness of the Common Assessment Framework as a tool to support multi-agency support for children and young people who are vulnerable. Taken together, our local learning, the new national evidence base, and the context created by the Coalition government's Comprehensive Spending Review, all insist that what we do next must deliver complete clarity and clear impact.

The intention of this document is to set out our strategic position – our vision for children, young people and families in the borough, and for what they can expect from a multi-agency offer of early help. Here we will set the tone for the operational developments that will unfold in 2012. Our approach will balance the needs of all the children, young people and families in our borough, across the range of need and from pre-birth up to age 25 – and beyond as we recognise that we must work with partners who deliver support to parents who may have their own problems and areas of vulnerability.

As you read and commit to this strategy it is important that you identify yourself as part of the wider partnership, the 'we', who are entering the next phase of a journey to get the offer of early help right for children, young people and families in Rotherham. We are, perhaps, a little less naïve, but our partnership remains strong and our commitment to getting this right is absolute.

**Cllr Paul Lakin**

Chair of Children, Young People and  
Families Partnership

**Joyce Thacker**

Strategic Director, Children & Young  
People's Service

## OUR VISION

We recognise how important it is that everyone in Rotherham shares a common vision. We would like to share with everyone who is involved in the lives of children, young people and families, as well as children, young people and families themselves, this simple statement of what it is that we are trying to achieve:

**‘Working together to improve the lives of all  
Rotherham’s children and young people.’**

## OUR PLEDGE

Our pledge represents a multi-agency commitment to how we are going to work together to realise the vision. This commitment has been in place since our first prevention and early intervention strategy was published. We wish to renew it here:

**We are committed to identifying need and supporting children, young people and families at the earliest possible stage. We will change our focus to a preventative and early intervention approach with a radical shift of ways of working and resourcing to support this. This is a significant step forward for integrated working in Rotherham.**

## DEFINITION OF EARLY INTERVENTION

Rotherham will adopt the definition of early intervention proposed by the C4EO expert group:

‘Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person’s life.’

This definition includes both interventions early in life (with young children, including pre-natal interventions) and interventions early in the development of a problem (with children or young people of any age). It includes universal interventions that are offered to an entire population to prevent problems developing, and targeted interventions that are offered to particular children, young people and families with existing risk factors, vulnerabilities or acknowledged additional needs in order to protect them from developing problems or reduce the severity of problems that have started to emerge.

Eileen Munro’s report uses the terminology of ‘early help’ which we will adopt in Rotherham to demonstrate our commitment to offering support across a continuum of need.

## THE FOUR BIG THINGS

Rotherham's Children and Young People's Plan identifies 'four big things'. What these 'big things' have in common is that their impact will be felt across our partnership in every aspect of how we deliver services to children and young people; they will run through all activities and areas of focus outlined in this plan and require the involvement of every partner.

The following descriptions are intended to provide an overview of each 'big thing' and make it clear that, although each one will have an impact across outcomes, this will be in different ways and for distinct reasons.

Each of the four big things has an icon so that the golden thread that runs through planning at every level of our partnership can be demonstrated easily. Often the icons will be displayed together to show that the work is interlinked. This is especially true for our work to deliver effective early help; if we get prevention and early intervention right, children and young people will be safer, learn more and inequalities will be reduced.



### **Keeping Children & Young People Safe:**

Integral to the activity of all partners; specific arrangements put in place to keep the most vulnerable safe from harm.



### **Prevention and Early Intervention:**

A new focus to help us target our activity effectively; underpinned by the Early Help Strategy.



### **Tackling Inequality:**

The work we will do to narrow the gap between the life experience and outcomes for the least and most deprived families in Rotherham.



### **Transforming Rotherham Learning:**

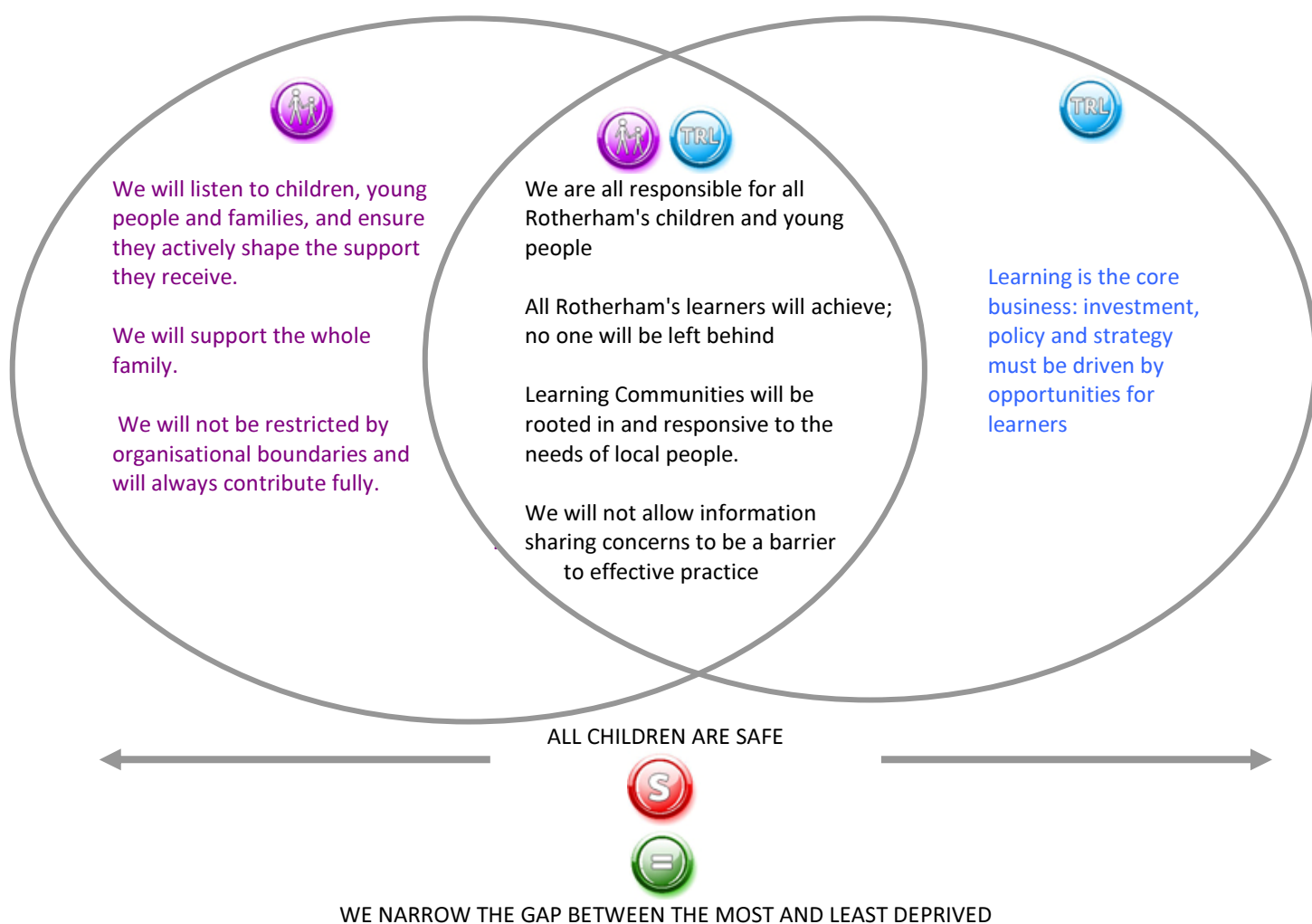
A delivery vehicle that will support us to achieve our vision by developing multi-agency learning communities.

## ROTHERHAM'S PRINCIPLES OF EARLY HELP

The most important principle that underpins the approach set out in this strategy is that we will support children and young people in every aspect of their lives. For the purposes of delivering support it is necessary to create organisational structures that will focus on specific areas of development. Each of these organisational structures may have their own principles. For example, Transforming Rotherham Learning is one of the four big things featured in our Children and Young People's Plan. Our approach to learning is underpinned by the Transforming Rotherham Learning principles.

But what we emphasise here is that our principles are interdependent and mutually supportive. Together they provide a coherent approach to supporting children, young people and families.

To demonstrate this interdependence we have set out the principles of prevention and early intervention and Transforming Rotherham Learning together; the overlapping section of the diagram shows where our principles are shared. Our commitment to keep children and young people safe, and to narrow the gap between the most and least deprived underpins all our work.



## **INFORMATION SHARING**

The principle of information sharing requires particular comment. Rotherham has a long-standing multi-agency information sharing protocol that has strategic sign-up at the highest level. However, we acknowledge that information sharing can still be a barrier at an operational level. We want to be honest and up-front about identifying barriers where they exist and resolute in our commitment to overcoming so that we can deliver effective and appropriate practice with the needs of children, young people and families at the centre.

## **STRATEGIC OBJECTIVES**

- To identify the needs of children, young people and their families (across the continuum of need).
- To understand and respond quickly to the needs of children and young people and families (across the continuum of need).
- To support the re-focusing of resources from crisis intervention to prevention (from find and fix to predict and prevent).
- To mitigate the effects of child poverty (including health inequalities) by supporting families to fulfil their potential.
- To provide the context for multi agency partnerships to work together to improve outcomes for children, young people and families for generations to come.

## **AIMING HIGH FOR DISABLED CHILDREN**

Aiming High for Disabled Children (AHDC) began in 2007; it is a national programme supported jointly by the Department of Education and the Department of Health. The core offer was published in 2008 and echoes the principles and strategic objectives of this strategy. Its purpose is to improve access to services by ensuring that disabled children, young people and their families:

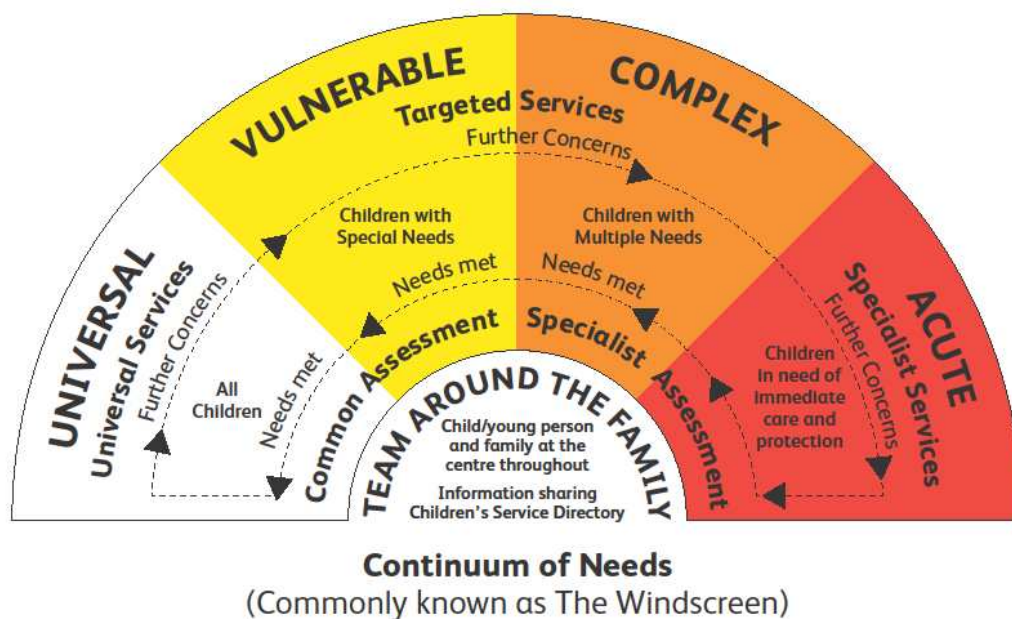
- Are aware of services available to them in their area
- Understand how the services of their choice can be accessed
- Will undergo only the minimum possible assessment to qualify for services
- Are actively involved in the planning and delivery of services in their local area
- Are aware of the ways in which they can give feedback on their experiences of services.

## WHICH CHILDREN, YOUNG PEOPLE AND FAMILIES?

### THE CONTINUUM OF NEED

Many children, young people and families in Rotherham will thrive; they will access and benefit from the excellent universal services that are available such as 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. The purpose of this strategy is to set the context for delivering early help to these families.

We recognise that the needs of children, young people and families are not static. It is so important that there is a shared understanding, between all partners, of thresholds and triggers for providing early help, support and intervention. But it is equally important that we do not become constrained by the 'levels of need' that we use to represent these thresholds. Rotherham has adopted the Continuum of Need or 'windscreen' as a helpful way to communicate different levels of vulnerability whilst acknowledging the fluidity of a family's situation over time.





Eileen Munro has also included helpful definitions in her review, which describe the levels identified by the Rotherham Continuum of Need. She proposes that levels of prevention can be categorised as:

Rotherham Continuum of Need	Munro Definition
Universal	Universal Primary Prevention – addressing the entire population and aiming to reduce the later incidence of problems, for example, the universal services of health, education, income support;
1 Vulnerable	Selective Primary Prevention – focusing on groups which research has indicated are at higher than average risk of developing problems. Many of the interventions recommended in Graham Allen’s review fall into this category, for example, offering additional support services to teenage mothers;
2 Complex	Secondary Prevention – aiming to respond quickly when low level problems arise in order to prevent them getting worse. This area of multi-agency work has been the focus of policy development since the last Conservative Government’s ‘re-focusing’ policy in 1995 and the Labour Government’s policy of ‘Every Child Matters’;
3 Acute	Tertiary Help / Prevention – involving a response when the problem has become serious, for example, child protection, hospital care, criminal justice.

## NATIONAL POLICY CONTEXT

In April 2010 when Rotherham launched its first prevention and early intervention strategy the national policy context was still emerging. The Marmot Review, 'Fair Society – Healthy Lives' had only just been published (in February 2010). Since then the policy arena has become crowded with independent reviews that provide a body of evidence that any local approach to improving outcomes for children and young people must feature prevention and early intervention.

**The Marmot Review: 'Fair Society – Healthy Lives'** provides evidence that there is a disproportionate impact on health for those living in deprivation. Marmot recommends action in six specific areas:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

These recommendations will form the basis of Rotherham's Health and Wellbeing Strategy.

Particularly relevant to this strategy is Marmot's focus on intervening early in a child's life. He says that, *'the foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status . . . later interventions, although important, are considerably less effective where good early foundations are lacking.'*

**Frank Field: The Foundation Years, Preventing Poor Children Becoming Poor Adults'** was published in December 2010. Field says that,

*'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.'*

Field's findings from his independent review on poverty and life chances led him to propose two overarching recommendations:

- Establishing a new data set of better life chance indicators, and
- Establishing the foundation years to cover the period from pregnancy to five years as 'the first pillar of a tri-partite education system.'

**Graham Allen** has published two reviews on Early Intervention. The first, published in January 2011, reported that early intervention is an approach that can offer lasting improvements to children's lives, limit many persistent social problems, stop them passing from one generation to the next and, ultimately make long-term savings in public spending. In July 2011, Allen published his recommendations of how early intervention might be funded. His proposals emphasise the importance of implementing programmes with absolute fidelity and ensuring that outcomes (particularly cost savings and cost avoidance) are recorded with precision.

Allen says, *'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.'*

Allen's recommendations have informed national and local policy, and will underpin the operational development of Early Help in Rotherham, including our approach to the Troubled Families initiative.

**Tickell Review, The Early Years: Foundations for life, health and learning** was published in March 2011. The review makes forty six recommendations under the headings:

- Strong foundations for all children,
- An inclusive, access and flexible Early Years Foundation Stage (EYFS).
- Equipped for life, ready for school,
- Keeping children safe, and
- A professional, well-supported workforce

Early Years professionals have welcomed Tickell's work for its recognition of the success of the EYFS and her 'common sense' proposals for slimming it down, reducing its bureaucratic burdens and making it more accessible to parents whilst retaining its core purpose. There is, however, significant concern about the potential impact of spending cuts on the early years sector – an issue acknowledged by the review.

**Support and Aspiration: A new approach to special educational needs and disability** was published as a Green Paper in March 9<sup>th</sup> 2011 to outline a new approach to special educational needs and disability. The stated intention is to respond to the frustrations of children and young people, their families and the professionals who work with them.

The vision for reform includes wide ranging proposals to improve outcomes for children and young people who are disabled or have SEN, minimise the adversarial nature of the system for families and maximise value for money. Specifically, it proposed:

- a new single assessment process and Education, Health and Care Plan by 2014;
- that local authorities and other services should set out a local offer of all services available;

- the option of a personal budget by 2014 for all families with children with a statement of SEN or a new Education, Health and Care Plan;
- to give parents a real choice of school, either a mainstream or special school;
- to introduce greater independence to the assessment of children's needs,
- and a well supported transition to adulthood, including advice and opportunities related to education, training and work and a well coordinated transition from children's to adult's health services.

The consultation ended in June 2011 and the proposals are currently being piloted in some local authorities. However, the legislative framework has not been announced in time for publication of this strategy.

**Eileen Munro** published her final report, '**The Munro Review of Child Protection: Final Report, a child-centred system**' in May 2011. Munro looks at the whole system, with a relentless focus on the safety and welfare of children and young people. Her recommendations are wide-ranging and support effective practice and meaningful professional development. She devotes a chapter to, 'Sharing responsibility for early help.'

Munro notes the growing body of evidence of the effectiveness of early intervention with children and families and emphasises the importance of providing such help, she says:

*'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.'*

*'Within preventative and other services good mechanisms are needed to help identify those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need referral to children's social care. The association between child abuse and neglect and parental problems, such as poor mental health, domestic violence and substance misuse, is well established. It is not easy to identify abuse and neglect. Signs and symptoms are often ambiguous and so it is important that those working with children, young people and adults have ready access to social work expertise to discuss concerns and decide whether a referral to children's social care is needed.'*

Government have accepted Munro's recommendations and this strategy responds directly to those recommendations related to early help; these are outlined in the Next Steps section of this Strategy.

### **Families in the Foundation Years & Supporting Families in the Foundation Years**

This document was published by the Coalition Government in October 2011. It responds to the focus on the early years of a child's life that was highlighted by several influential independent reviews including Marmot, Allen, Field, Tickell and Munro. The document, developed jointly by the Department for Education and the Department for Health, outlines a vision for how the system should meet the needs of parents, children and families from conception until the age of five and

recommends a programme of reform for all those who lead, commission and deliver services.

- Expectant mothers will be supported through universal, high-quality maternity care from early pregnancy.
- All new parents will be supported in their transition to parenthood, through pregnancy and into the first months of life, in a way that responds to their individual preferences and needs.
- Health visitors will provide expert preventative healthcare for parents and children until they are five.
- Children's centres, based in the community, will provide access to a range of integrated universal and targeted services to meet local need.
- When a child is aged about two, nurseries, pre-schools and childminders will give parents a short summary of their child's progress alongside the health-visitor-led Healthy Child Programme health and development review.
- All three and four-year olds will continue to be entitled to 15 hours of free early education per week for 38 weeks of the year, and this will be extended to children aged two from disadvantaged backgrounds.
- A new Early Years Foundation Stage framework will help practitioners to get children more ready for all of the opportunities ahead of them, and for parents to better understand their child's development.
- Parents should have a good choice of primary schools in their area, and reception classes will consolidate and extend children's learning before moving to key stage one.

**Children should start school healthy, happy, communicative, sociable, curious, active, and ready and equipped for the next phase of life and learning.**

**Positive for Youth** was published by the Government in December 2011. It is a new approach to cross-Government policy for young people aged 13-19 in England and aims to bring together all of the Government's policies for this age group, presenting a single vision across the interests of at least nine departments. It sets out a shared vision for how all parts of society – including councils, schools, charities, and businesses – can work together in partnership to support families and improve outcomes for young people, particularly those who are most disadvantaged or vulnerable.

The policy specifies that:

*'Supportive families and good schools are key, but young people who are particularly disadvantaged or vulnerable need effective additional early help.*

*Providing early help is not just about intervening early in a child's life. The teenage years are another critical period of growth and change, and not all problems in these years can be predicted.*

*It is therefore essential to identify when additional help is needed in the teenage years, and to provide it to young people and their families promptly to prevent issues escalating and causing further harm.'*

## National Strategies for Social Mobility and Child Poverty

Improving social mobility is the principal goal of the government's social policy. In March 2011 the Deputy Prime Minister launched, 'Opening Doors, Breaking Barriers: A Strategy for Social Mobility' linked to child poverty through the establishment of a National Child Poverty and Social Mobility Commission. The strategy sets out leading indicators of success in improving social mobility for each life stage and areas of responsibility, placing a new requirement on all government departments to consider the impact of policies on social mobility. The commission will continue research into the impact of government policies on social mobility.

The coalition government has pledged to maintain the aspirations to reduce child poverty that are set out in the Child Poverty Act (March 2010).

The child poverty targets for 2020 are:

**Relative poverty** – to reduce the proportion of children who live in relative low income (in families with income below 60% of median) to less than 30%.

**Combined low income and material deprivation** – to reduce the proportion of children who live in material deprivation and have a low income to less than 5%.

**Persistent poverty** – to reduce the proportion of children that experience relative poverty, with the specific target being set at a later date.

**Absolute poverty** – to reduce the proportion of children who live below an income threshold fixed in real terms to less than 5%.

However, in October 2011, the [Institute of Fiscal Studies](#) published a report: **Child and Working Age Poverty from 2010 to 2020**. This seeks to forecast what might happen to poverty under current government policies and shows that governments cannot rely on higher employment and earnings to reduce relative measures of poverty. The results suggest that there can be almost no chance of eradicating child poverty on current government policy.

The most significant reform to state benefits proposed by the government is to replace all means-tested benefits and tax credits for those of working age with a single, integrated benefit to be known as Universal Credit. Considered in isolation, Universal Credit should reduce relative poverty significantly (by 450,000 children and 600,000 working-age adults), but this reduction is more than offset by the poverty-increasing impact of the government's other changes to personal taxes and state benefits.

A major programme of research conducted by the Family and Parenting Institute (IPF) working in partnership with the Institute for Fiscal Studies (IFS) interrogates the impact of cutbacks on local services as well as exploring how fluctuations in household income are affecting family life. Part of the work analyses family income, poverty rates and impact of tax and benefit changes on work incentives. In relation

to child poverty the research concludes there is evidence of more financial strain to come:

Incomes for families with children are set to fall in real terms by 4.2% between 2010-11 and 2015-16 (equivalent to a £1,250 reduction for a couple with two children compared to those with no children where the reduction is equivalent to a £215 fall in income). This is largely driven by a package of benefit reforms which will affect families with children.

As a result of changes being introduced between January 2011 and April 2014 working age households with children are set to lose out more than pensioners and working age households without children – looking at the picture before introduction of universal credit families with children lose just over 6% of income.

Families with lowest incomes losing the most from reforms – non working lone parents lost more than 12% of income – equivalent to £2,000 per year

The research also evidences that the cuts package will impact most on the least resilient family types:

- Income falls for families is greatest for those with three or more children, households with young children and those in private rented accommodation.
- Families with children under 5 – between 2010-11 and 2015-16, 500,000 more children will fall into absolute poverty.
- Larger families will also be hit hard largely driven by the imposition of the cap on the total amount of benefits families can receive which will be introduced in 2013-14. This has a marked consequence in terms of child poverty rates with 100,000 of the overall increase in absolute child poverty of 500,000 comes from families with four or more children.
- Rise in poverty rates for Pakistani and Bangladeshi children (who often tend to live in larger families).

We will seek to develop an in depth understanding of how welfare reform will impact on families in the borough and design appropriate activity to respond to and support the most vulnerable.

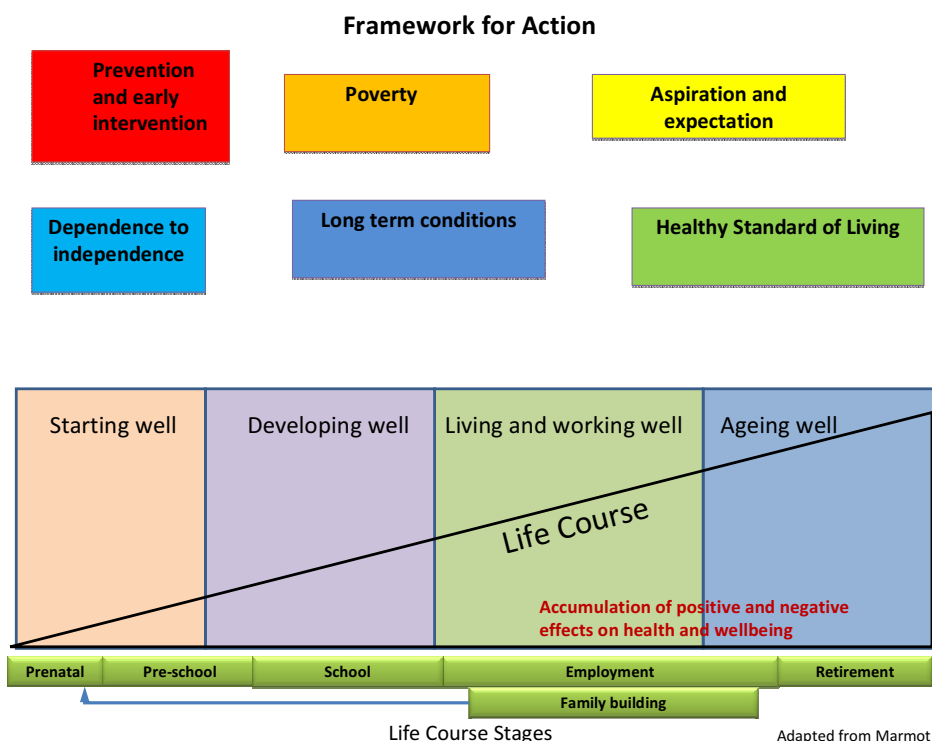
## LOCAL POLICY CONTEXT

### Health Inequalities in Rotherham

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. Some health inequalities are attributable to biological variations or free choice and others to external environment and conditions mainly outside the individual's control. (World Health Organisation)

There is a need to ensure that there is a fair and just delivery of health to avoid the development of the inverse care law, where those who least need services use services the most. There may need to be incentives used to close the gap and target resources to those most needy and/or least able to make health improvements.

Much of the work to address health inequalities is structured around the high level priorities for action identified by Sir Michael Marmot. The annual report from the Director of Public Health draws our attention to two things: first the importance of tackling all of the social determinants of health taking a 'life course' approach and, second, doing more than just targeting the most disadvantaged, but addressing the whole social gradient. This approach, and the high level priorities identified by Marmot inform this Early Help Strategy. They will also provide the structure for Rotherham's Health and Wellbeing Strategy, which identifies six high level strategic outcomes and adopts a life course approach to addressing public health priorities.





### South Yorkshire Local Policing Plan

The South Yorkshire Local Policing Plan identifies five strategic policing priorities, of particular relevance to this strategy are to:

**Improve confidence and satisfaction:** focusing on the service that residents receive; listening to concerns and dealing with them in a way that shows we take them seriously.

**Enhance community safety:** focusing on addressing antisocial behaviour and low-level disorder as well as other environmental and 'quality of life' issues such as vandalism, where we and our partners have a responsibility to work with communities.

**Tackle crime at all levels:** the focus is not only to solve those crimes that have been committed, but also work with communities to prevent them being committed, and with our partners to deter those who may turn to offending.

**Use resources effectively:** in order to enable a better understanding of the relationship between allocation of resources and matching them to demand.

### Community Strategy

Rotherham's Local Strategic Partnership (LSP) has agreed three strategic priorities for the Community Strategy 2011-2014. These are:

- Ensuring the best start in life for children and families
- Supporting those who are vulnerable in our community
- Supporting the growth of a sustainable and competitive local economy

The LSP will sponsor several key projects, linked to the Early Help Strategy, in order to deliver improved outcomes for each of these priorities. The Family Recovery Programme and 100 Families research project are both managed by the Think Family Steering Group on behalf of the LSP.

### RMBC Corporate Plan

The Council's corporate plan has five key priorities, these are:

- Making sure no community is left behind
- Providing quality education; ensuring people have opportunities to improve skills, learn and get a job.
- Ensuring care and protection are available for those people who need it most;
- Helping to create safe and healthy communities.
- Improving the environment.

### Rotherham Literacy Strategy

Improving literacy in Rotherham is a crucial part of unlocking wider wellbeing for children, young people and families. Research shows that people with strong literacy skills are more likely to have greater self esteem, better health, and higher salaried jobs. Adults who can't read properly earn 30% less than those who can, while illiteracy is estimated to cost the UK £81 Billion in lost GDP every year.

Rotherham has a long history of low literacy levels which can be seen in adult qualification outcomes and children's attainment levels. Rotherham's literacy strategy builds on learning from the 'Learning from families and communities

evaluation report' to identify actions that will have a significant, measurable and cost effective impact on literacy in the borough.

The literacy strategy underlines the importance of the family in developing communication skills. The attitude, confidence levels, views on learning, aspirations, skills and levels of reading pleasure that the family has will affect the child's communication skills and their potential to thrive. It focuses on the following elements: diverse literacy, raising aspirations and reading for pleasure, family engagement, collaboration and literacy, whole school literacy approaches, professional development and creating a literacy rich community.

### **Financial Inclusion Strategy**

Financial exclusion impacts significantly on health and well-being, child poverty, housing, the ability to take up and retain employment opportunities and has been shown to be a major barrier to engaging fully and positively in society.

There are a range of private, public and voluntary sector organisations either contributing to, or who have the potential to promote financial inclusion activity. A co-ordinated approach to bring these agencies together to share skills, ideas, achievements and opportunities for joint working is vital if we are to secure the best and most cost effective outcomes for Rotherham people.

The Financial Inclusion Strategy (led by Voluntary Action Rotherham) promotes the core message that, to reduce the numbers of families in Rotherham who are financially excluded we must work together to simultaneously improve access to face to face advice and affordable credit and other financial services. Underpinning this is the need for improved financial capability for children and young people as well as adults. The strategy also outlines areas of focus that overlap with plans to deliver early help by:

- working with partners to improve coordination and cooperation
- increasing the number of joint initiatives
- targeting the most vulnerable and
- focusing on housing, employment and health

### **Rotherham Volunteers Strategy**

Voluntary Action Rotherham has recently produced Rotherham's first ever volunteering strategy on behalf of the Local Strategic Partnership. It aims to provide a vision for the future of volunteering in the borough that is shared by all partners. It also looks to raise awareness of volunteering, bring greater levels of coordination to bear and to align our strategic approach to volunteering to high level local priorities; in particular those promoted in the Rotherham Partnership's Community Strategy. The focus is on enhancing the volunteering experience for both the volunteer and the host, rather than simply on increasing the numbers participating. The Strategy has aligned its timescales to those of the Community Strategy, 2012-2015 and implementation will be led by a cross-sector group with progress reported to the Rotherham Partnership Board.

Our operational plans to deliver early help to children, young people and families will align with this strategy – to harness the value of volunteers to provide support and advocacy – and the opportunities for families to benefit from volunteering themselves.

## LOCAL DELIVERY CONTEXT

### Learning Communities

Rotherham developed the concept of Learning Communities in response to the Building Schools for the Future programme of investment into schools' capital infrastructure. Rotherham's plans are ambitious and far-reaching - to transform each of our secondary schools into the hub of a vibrant learning community. Although there are now no plans to invest in the physical infrastructure of Rotherham's schools we remain committed to developing learning communities as the organising principle that will allow us to deliver services to children, young people and families.

Rotherham has 16 learning communities, 14 mirror the non-faith secondary schools and academies and their catchment areas, and there will also be two non-geographical faith-based learning communities. Learning communities are developing flexibly and organically. It is unlikely that two learning communities will be exactly the same but some features will be shared, not least the need for strong local leadership and ownership of the issues affecting the wellbeing of families in each community.

Learning communities will be at the heart of how we keep children safe; they will help us to identify problems early and respond with appropriate support for the whole family. And, crucially, with learning at the core, they will provide opportunities to raise aspirations and develop innovative, inspirational approaches to building skills and confidence in communication. These are the skills that young people and families need to be successful and prosperous in the future.

### Children's Centres: Core Purpose

The provision delivered by a Children's Centre is not purely about a building or childcare. A Children's Centre delivers a way of working in an integrated multi-agency partnership. Different service providers, including voluntary organisations, all contribute to the delivery of the Children's Centre 'Core Purpose' - in order to meet the needs and improve outcomes for children, parents and families, with a specific focus on the most vulnerable and disadvantaged children, parents and families. Key statutory partners in Children's Centre service delivery are Health and Job Centre Plus.

The Government believes that Children's Centres should have a clear core purpose, focused on:

Improving outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in:

- Child development and school readiness;

- Supported by improved parenting aspirations, self esteem and parenting skills; child and family health and life chances.

Through consultation and analysis of good practice it has been determined that core purpose can be achieved, by:

- Assessing need across the local community
- Providing access to universal early years services in the local area including high quality and affordable early years education and childcare
- Providing targeted evidence based early interventions for families in greatest need, in the context of integrated services
- Acting as a hub for the local community, building social capital and cohesion.
- Sharing expertise with other early years settings to improve quality.

Sector Leaders believe that all children's centre activity should be underpinned by the principles of:

- Respecting and engaging parents
- Working in partnership across professional/agency boundaries

In Rotherham we have identified the potential of developing strong local ownership and leadership through a shared commitment to meeting the needs of local families through effective information sharing in multi-agency Children's Centres and Learning Communities.

### Think Family Practice

Think Family was a policy initiated by the previous government. Their Think Family Toolkit (2009) states that *'**Think Family practice** – making sure that the support provided by children's, adults' and family services is co-ordinated and focused on problems affecting the whole family – is important for everyone, and is the **only** effective way of working with families experiencing the most significant problems.'*

Rotherham adheres to this model, and puts it into practice through programmes of support such as the Family Nurse Partnership and Family Recovery Programme. We have also embedded it into our governance structures; Rotherham's Think Family Steering Group oversees programmes and projects that identify and challenge barriers to a Think Family approach.

We are committed to initiating continued system change so that a Think Family approach is embedded into the way we engage with families across our organisations.

### Common Assessment Framework

The CAF is a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children and young people's additional needs and promote coordinated service provision to meet them. It is aimed at children and young people with additional needs who have needs that are not being met by their current service provision.

Since 2009 Rotherham has made a significant investment in CAF through the delivery of multi-agency training, provision of back-office systems to monitor and record CAF outputs and outcomes and support for practitioners undertaking the lead professional role. This investment has led to a significant increase in awareness of the CAF process and in the number of CAFs initiated.

However, our work to embed CAF has also made us aware of some of the challenges associated with imposing a centrally prescribed tool to facilitate local delivery. These challenges were highlighted by Eileen Munro in her report, she says,

*‘There is conflicting evidence on whether the (CAF) form is contributing to improved practice or not. . . . the review considers that local areas should have the flexibility to make local decisions on revising the form to suit local needs. In doing so, they should work closely with other professionals involved with children and families and agree both the evidence and theoretical basis for their offer of early help.’*

Munro goes on to recommend that, *‘Local arrangements should take account of the cross-boundary work of health and police services. Arrangements should also make it clear whether a child or their parents have consented to sharing personal and sensitive information with other services and always take account of the child or young persons’ perceptions of their circumstances and their wishes and feelings in line with their evolving capacities.*

*In developing local and shared arrangements to identify and record the early help needed by children, young people and families, it is the provision of an early help offer, where their needs do not meet the threshold for children’s social care services, which will continue to matter and make the most difference to them.’*

In Rotherham we remain committed to a having a shared **family assessment tool** that supports practitioners to deliver outcome-focussed solutions to children, young people and families. We will explore Munro’s recommendations in the context of local need, understanding and practice.

### **Aiming High for Disabled Children**

Aiming High for Disabled Children (AHDC) began in 2007, it aims to transform the way services are set up and delivered for disabled children and their families. From 1<sup>st</sup> October 2011 every local authority had a duty to publish a short breaks statement. This statement should give disabled children, young people, families and local services information of how Rotherham is working to achieve the full service offer.

The focus points for AHDC include:

- Increase provision and better access to short breaks services
- Support access to childcare services
- Better transition from children’s to adult services
- Parent participation
- Community equipment and wheelchairs
- Palliative and continuing care

- Individualised budgets.

### **Troubled Families Initiative**

In December 2011 the Government announced that it had set up a Troubled Families Unit, led by Louise Casey, to turnaround the lives of 120,000 of the country's most troubled families by the end of this Parliament. Local authorities are expected to identify the troubled families in their areas and to work with Government to achieve successful outcomes for those families – parents into work, children attending school, reduced crime and anti-social behaviour and cutting costs for the State.

Rotherham's plan to respond to the Troubled Families Initiative will be underpinned by this strategy. The activities will be drawn from three aligned components:

- Plans to work with Rotherham's Troubled Families (as determined by the Government Troubled Families Unit).
- The elements of this Early Help Strategy that require partnership-wide and service-wide change management.
- The multi-agency approach to targeting resources to Rotherham's most deprived communities.

## EXISTING PROGRAMMES OF EARLY HELP IN ROTHERHAM

### Family Nurse Partnership (FNP)

The FNP is a preventive programme of structured home visiting for young first-time mothers, provided by specially trained nurses, from early pregnancy until their child is 2 years of age. The FNP offers high-intensity support through home visits, using methods to build self-efficacy and promote attachment and positive parenting with practical activities that change behaviour and tackle the emotional problems that prevent some mothers and fathers caring well for their children. It has been particularly successful in connecting with those most disaffected with and distrustful of services.

The FNP team in Rotherham has been appointed and delivery commenced on December 1st 2011; the programme will support 100 Rotherham families.

### Early Support

Early Support is a national programme to improve the way that services for young children with disabilities in England work with families. The focus of Early Support is:

- to promote services for families and children that work in partnership with parents and carers, so that families are at the heart of discussion and decision-making about their children, and to
- integrate service planning and delivery, particularly when families are in contact with many different people and agencies.

The success of Early Support is reliant upon a wide range of multiagency practitioners being supported to develop their skills and qualities to support families with disabled children by applying the principles of Early Support. Rotherham has invested time and commitment in developing these skills to ensure that the programme is sustainable and accessible to all families with a disabled child.

### 100 Families

The '100 Families' project has been designed to provide local understanding of how well we are working together to support a child's development before they are 3 years old in order to improve life chances and stop inequalities passing from generation to generation.

The project will track 100 families to provide that evidence base and, at the same time, will help us to identify where we can better align our delivery to avoid duplication and increase the impact of our investment.

### Family Recovery Programme (FRP)

The Rotherham FRP offers an intensive evidence based approach to whole family support. FRP aims to recover families from a dependence on statutory services and improve the life chances for some of the most vulnerable families in Rotherham. These are families who have complex needs, a history of poor engagement with services and whom, despite high levels of support being in place, have failed to

achieve positive change. However, for FRP to be successful, families must have accepted the need to change.

Intensive intervention is delivered by an FRP Outreach Worker who provides direct whole family support and coordinates specific and high level support from appropriate services. Alongside this support, FRP families may need to be coerced and challenged strongly to improve the issues of concern within the family, and will be made aware of the consequences and sanctions of failing to engage.

Rotherham's Family Recovery Programme is led by a multi-agency steering group and delivered by Children and Young People's Services. It aims to engage 40 families in a 12 month period.

### **Voluntary and Community Sector**

Rotherham's strong voluntary and community sector is often well-placed to engage with families who are sometimes deemed 'hard to reach' and who may experience difficulties in accessing statutory services for a variety of reasons.

By necessity the sector is responsive to national and local priorities so the following example of existing programmes can provide nothing more than a snapshot. These are services that are commissioned by the local authority, in the context of local needs analysis and priority setting:

### **YOURS (Short Breaks)**

An innovative model of joint service delivery which provides a range of high quality short breaks for disabled children and young people and which has been heralded by parents and commissioners as highly successful and good value.

### **Ace Project**

The Alternative Curriculum Education (ACE) project is run by Youth Workers from Kimberworth Park Community Partnership (KPCP) who work with young people and their families, many of whom are at crisis point.

### **GROW**

GROW provide packages of support that are tailored to ensure the needs of families are identified and met. The unique holistic service ensures Rotherham women and their families have the information and support to connect to the services they need. Activities include informal drop in sessions, one to one support and advocacy when dealing with specialist services – ensuring all information is understood. The activities are delivered through a number of projects, including the Family Early Help Project which links to the Early Help Strategy and Family First Initiative, as well as the Sexual Exploitation Project, Teenage Parents Care Pathway Project, Maternity Forums, Maternity Services Liaison Committee, The Crèche Project and Footprints – support for families living with the death of a baby.

### **Home Start**

Home-Start deliver local family support and provide regular, targeted, practical early intervention which reduces parental stress, increases self esteem and parent's



confidence in their parenting ability and skills, thereby contributing to better outcomes for children. The service is available to all families in Rotherham with children under 5 years, and is delivered by trained volunteers.

### **Rotherham Mind**

Rotherham Mind Young Persons Service promotes positive mental health, emotional well-being and self esteem for children, young people and their families who are experiencing emotional distress through an accessible and supportive environment. The service provides one-to-one counselling and mental health support across a number of primary, secondary and special schools in Rotherham as well as building capacity within frontline professionals by offering training on a range of issues. The Intense Family Support Project is co-located with health and social care in Maltby Service Centre and liaises closely with a wide range of agencies including schools to provide services which aim to prevent escalation to acute need. The service also provides a route for families to 'step-down' from acute need and to assist with the transition to universal services.

## **UNDERSTANDING AND MAPPING LOCAL NEED**

ONS population estimates (2010) show there were approximately 62,100 children and young people aged 0-19 living in Rotherham, representing 24.4% of the population. The gender split for children and young people is consistently 51% male and 49% female.

In 2011 20,400 people in Rotherham received Disability Living Allowance (DLA) (8% of the population, which is higher than the national figure of 4.5%). Information from the DLA team estimates there are around 2,330 children and young people aged 0 to 17 years of age in Rotherham with a disability although there are currently only 440 children (18.7%) registered on the Voluntary Children's Disability Register. Information from Rotherham Special Educational Needs Team indicates there are 1,072 statemented children registered on the Special Educational Needs Register.

Deprivation in Rotherham is now increasing according to Communities for Local Government. Rotherham ranked 68th most deprived district in England in the 2007 index and is now the 53rd in 2010 index. This demonstrates how deprivation has increased in Rotherham. Rotherham still ranks amongst the top 20% most deprived districts.

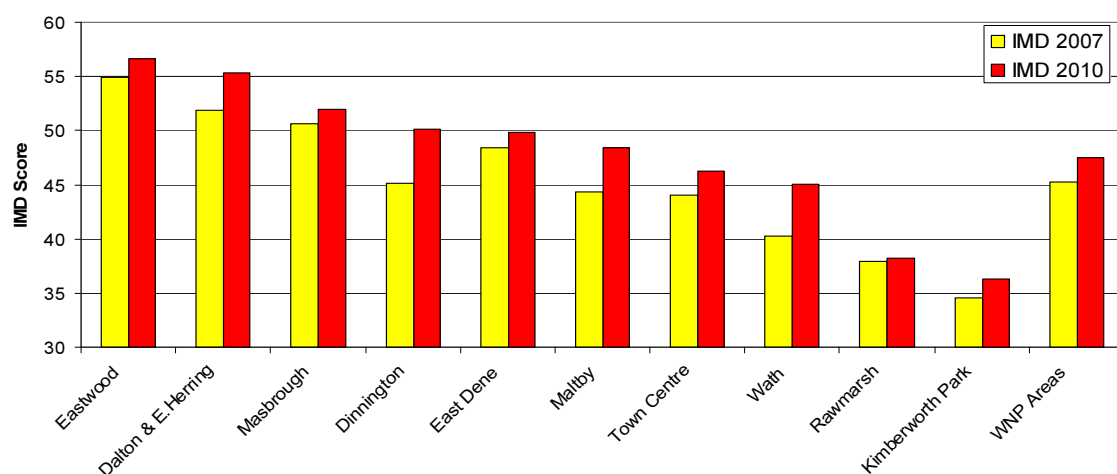
The key drivers of deprivation in Rotherham remain Education and Skills, Health and Disability and Employment although only relative Health and Disability has deteriorated since 2007. Improvements are most evident in Education and Skills, Living Environment and Employment. The greatest deterioration is in Crime although this is based on changes between 2005 and 2008 and does not reflect the most recent trends. The improvement in Education and Skills continues to be reflected in the most recent attainment data. However, the Employment Domain has deteriorated since the baseline used for the ID 2010

Deprivation tends to have reduced or stayed the same in the least deprived areas, whilst it has increased most in those areas with the highest deprivation. For Income, Health and Crime there is evidence of polarisation between the most deprived and least deprived, at least in relative terms. Children are more likely to be deprived than adults.

### Income Deprivation Affecting Children Index (IDACI)

This is an index within the Income Domain which shows the proportion of children in households deprived of income (using the percentage of children aged 0 to 15 living in households dependent on means tested benefits or receiving the highest rates of Child Tax Credit – applicable to very low waged parents).

Rotherham is still the above average percentage of children affected by income deprivation at 23.4% in 2010 and 24.6% in 2007. The level of polarisation within the Borough is even higher than with income deprivation as a whole, ranging from 61% in East Herringthorpe North to 0% in Whiston North. More recently, the Indices of Multiple Deprivation, published in 2010, showed that Rotherham's most deprived areas are falling further behind more affluent areas in terms of outcomes, assessed using data from domains including education, health, employment, income crime and environment.



There is a striking variation in vulnerability and life chances for a child who grows up in one of Rotherham's most deprived areas compared to one of the least deprived. As a hypothetical way to demonstrate the levels of inequality in the borough, Rotherham Children and Young People's Plan 2010 utilised the local concept of 500 babies, born and raised in Rotherham. These were separated into two groups, 317 who were born in the ten most deprived areas and 183 who were born in the ten least deprived areas. This pattern is based on the higher percentage of babies born in the most deprived parts of the borough. (For the purposes of this illustration it is assumed that each baby experiences no significant change in background circumstances throughout the course of its life.)

This profile (Figure 3) provides a lucid picture of the vulnerabilities and inequalities for children, young people and their families living in different circumstances. Evidence indicates that the children living in the most deprived areas of the borough are also more likely to be at risk of significant harm, requiring Child Protection Plans and are subsequently more likely to become Looked After Children.

Of the 500 babies	183 live in the least deprived areas	317 live in the most deprived areas
Are boys	93	161
Are girls	90	156
Are minority ethnic	10	105
Live in Christian families	144	198
Live in Muslim families	5	72
Are disabled	5	15
Live in a council house	1	122
Grow up in a lone parent family on Income Support	5	77
Will be classed as a 'Child in Need'	2	20
Grow up in a workless or very low waged household	10	178
Are eligible for free school meals	7	138
Gain at least 5 GCSEs A-C (including English and Maths)	113	75
Stay on at school or college after 16	152	159
Become NEETs (Not in Education, Employment or Training)	4	34
Live in a household where highest qualification is NVQ 4/5 or degree	33	23
Become a professional or manager	31	16
Earn £30k+	193	79
Claim housing / council tax benefit	15	159
Qualify for a means tested DWP benefit	9	143
Become pregnant before 18	3	11
Experience low birth weight or still birth	13	33
Can expect to live until age (males)	80.8	72.4
Can expect to live until age (females)	87.2	78.1
Will experience (annually)		
Violent crime	1	15
Deliberate fire	1	5
Anti-social behaviour	4	38

Figure 3

However, in Rotherham we are anxious to dig deeper to understand the complex issues that face children, young people and families in the borough. This process has begun. Rotherham undertook a comprehensive consultation on health inequalities. This consultation identified 5 themes that affect the health of Rotherham people. These are; cost of living, health services, skills for life, Rotherham communities and the look and feel of Rotherham. There were some key issues raised under each theme.

**Health:** Nudge doesn't work, we need to move away from short term projects, increase the value attached to services and social support for service use.

**Rotherham Communities:** People from Rotherham don't always feel pride in their community or have a shared recognition of community assets. The consultation raised issues including negative views of the town centre and the way that Rotherham communities are changing.

**Cost of Living:** Families are anxious about the increased cost of living at a time when incomes may be shrinking. Activities seem expensive and it's hard to decide how to spend the household budget.

**Look and Feel of Rotherham:** There is a lack of pride in some local areas, residents highlighted poor quality of private housing stock and were concerned that some areas feel unsafe.

**Skills for life:** Opportunities in Rotherham are perceived as low skilled and poorly paid, life skills opportunities are required to help people become ready for living alone and living healthily.

We will build on this feedback by gathering data and local knowledge to help us understand the complex combination of factors that make families vulnerable? What are the local (neighbourhood) issues that should dictate the services we deliver? We will seek to answer these questions by undertaking an Audit of Need, specific to children, young people and families. This work will be informed by the JSNA, the data we have on the Indices of Multiple Deprivation, as well as by the principles of this strategy.

## UNDERSTANDING AND MAPPING THE ROTHERHAM RESPONSE

In order to meet the strategic objectives of the strategy, particularly to understand and respond quickly to the needs of children and young people and families (across the continuum of need) and support the re-focusing of resources from crisis intervention to prevention, we urgently require a multi-agency map of services by age group and level of need.

Rotherham's Directory, [www.rotherham.gov.uk/thedirectory](http://www.rotherham.gov.uk/thedirectory) provides a good starting point and is already a helpful tool for parents and practitioners to understand what is available locally.

The operational phase of implementing this strategy will see us develop this tool to provide a clear strategic picture of how services in Rotherham are delivered to meet need, and how these services improve outcomes for children, young people and families.

The table on the next page is a **preliminary** and very high level representation of how we will use the Continuum of Need across the age range from 0-25 to structure understanding of our early help offer. It is by no means representative of the full range of what's on offer, merely a helpful starting point.

Tier	0-3	3-5	5-11	11-19	19+
<b>UNIVERSAL</b>	GP Health Visitor Midwives Comprehensive childcare offer including: Local VCS Children's Centres PVI sector childcare provision Wider family learning Imagination Library	GP School Nurse Comprehensive childcare offer including: Local VCS Children's Centres PVI sector childcare provision Educational Psychology Wider family learning Inclusion outreach Imagination Library Jobcentre plus	GP School Nurse Learning Communities Local VCS, including sports clubs Educational Psychology Extended Services Wider Family Learning	GP School Nurse Learning Communities Local VCS, including sports clubs Educational Psychology	GP Local VCS, including sports clubs Learning Communities Wider Family Learning
<b>VULNERABLE</b>	Children's Centres (2 year old places) (Outreach Family Support) Autism support Local VCS (Homestart / GROW / MIND) Health Visitor Outreach Family Support Parenting STEPS Play therapy Portage Inclusion Outreach	Children's Centres (Outreach Family Support) Autism support Local VCS (Homestart / GROW / MIND) Health Visitor Parenting STEPS Play therapy Portage Inclusion Outreach Autism support Educational Psychology Parenting Behaviour Support Education Welfare SEN assessment Jobcentre plus	Learning Communities GP Autism support Local VCS (Homestart / GROW / MIND) Educational Psychology Extended Services Parenting STEPS Behaviour Support Education Welfare SEN assessment	Learning Communities GP Autism Support Local VCS (Homestart / GROW / MIND) Educational Psychology STEPS Behaviour Support Education Welfare Youth Work Connexions	Learning Communities GP Adult Learning Local VCS (Homestart / GROW / MIND) Children'sCentres Parenting STEPS Connexions Jobcentre plus Connexions Peer support
<b>COMPLEX</b>	Children's social care Family Recovery Project Parenting Family Support Autism support Portage	Children's social care Family Recovery Project Parenting Family Support Educational Psychology Autism support Short Breaks for families Risky Business Jobcentre plus	Children's social care Family Recovery Project Parenting Family Support Educational Psychology Autism support Short Breaks for families Risky Business	Children's social care Family Recovery Project Parenting Family Support Educational Psychology Autism support Short Breaks for families Risky Business Youth Offending Connexions	Adult Learning Jobcentre Plus Short breaks for families Family Recovery Project
<b>ACUTE</b>	Children's Social Care Adoption LAC Team LAC Team FRP	Children's Social Care Adoption LAC Team LAC Team FRP	Children's Social Care Adoption LAC Team Safe at Last Risky Business FRP	Children's Social Care Adoption LAC Team Safe at Last Risky Business Youth Justice FRP Connexions	Wider social services Wider Social Services

## OUTCOMES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

Since Rotherham's first Prevention and Early Intervention Strategy was published it has become clearer and clearer just how important it is to understand the impact of our work to deliver early help for children young people and families. It is this understanding that will enable us to get it right, so that our efforts and resources are targeted appropriately.

Our challenge is to agree multi-agency, coordinated delivery models for early help that respond to local need *and* maintain fidelity to evidenced practice. The Family Nurse Partnership and the Family Recovery Programme are good exemplars.

We have begun our journey to understand our outcomes by looking at the impact that the Common Assessment Framework process has had on children and young people. Analysis of this work has enabled us to develop a framework which will provide a structure to help us to assess need and capture outcomes consistently across the partnership.

The framework is structured using seven outcome areas, underpinned by more detailed indicators of need. Early help will be designed to demonstrate positive impact against a single or multiple categories of need for the whole family.

Developing the outcomes framework, and aligning this with the process to identify need, is a key component of the Early Help Operational Plan. Equally, embedding understanding and use of a shared framework across the partnership will be a key feature of the workforce development plan, aligned to this strategy.

## UNDERSTANDING AND MAPPING RESOURCES

The financial imperative for targeting prevention and early intervention activity has been widely articulated. Effective early help for families (whether this is in a child's early years or as problems emerge at any age) can generate significant cost avoidance in terms of services delivered to children in later life and at the higher tiers of need. C4EO's, Cost Effectiveness Model for Children's Services (Figure 4), sets out how a looked after child in foster care costs £25,000 per annum, in comparison to a parenting programme costing only £900- £1,000 per family. Rotherham's cost pressures are being felt at the higher end of the scale, focussing scarce resources on a smaller number of families.

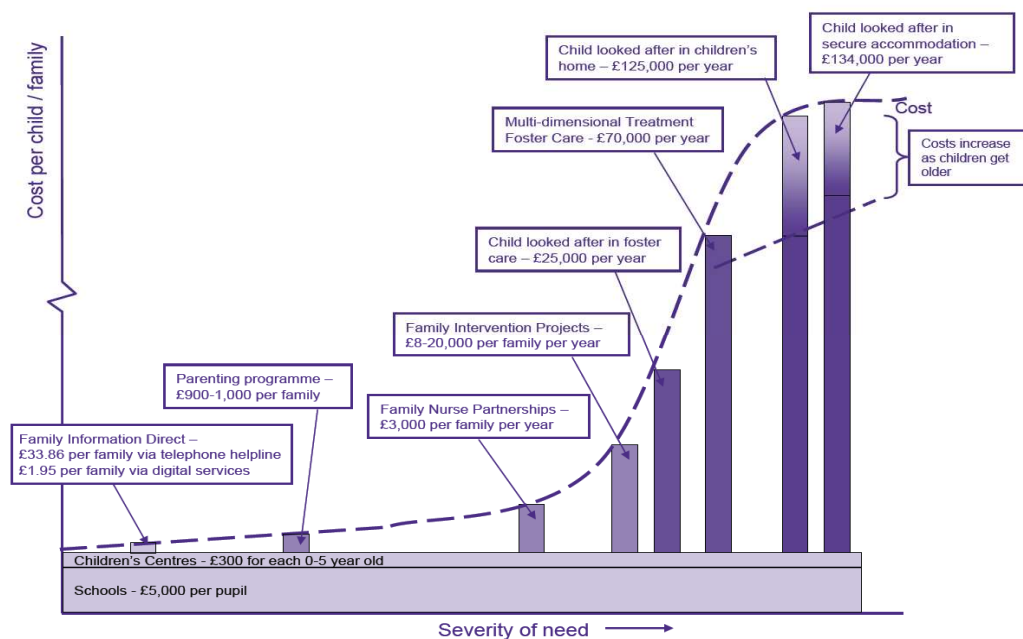


Figure 4: C4EO's, Cost Effectiveness Model for Children's Services

The Children, Young People and Families Partnership have requested that all partners commit a portion of their spending to the prevention and early intervention agenda. The analysis prepared for the purposes of the Children and Young People's Plan was organised using the four big things.

The financial methodology to support the delivery of early help continues to emerge in the context of shrinking local budgets following the publication of Graham Allen's second report. This document provides our commitment to aligning budgets to deliver prevention and early intervention services and developing our understanding of cost savings and cost avoidance so that we can make the case for shifting financial commitments from acute services to provide early help. We acknowledge that this will also be a funding requirement if we are to resource services through innovative financing including social impact bonds and payment by results arrangements. We also recognise that it will require all partners to hold their nerve in a climate where, to invest in the causes of vulnerability, will require disinvestment in spending on the symptoms.



## WHAT NEXT?

Rotherham is proud of the multi-agency commitment that has led to the publication of this revised strategy re-stating our commitment to prevention and early intervention, or early help. However, if the 'early help' offer in Rotherham is not well-organised, well-articulated and well-understood, then the principles stated in this document will be empty.

The next steps are, therefore, to put our strategic objectives into action. In so doing, Rotherham will be responding to Eileen Munro's recommendations related to 'early-help' (which were accepted by Government in July 2011).

She says that, *'Government should place a duty on local authorities and statutory partners to secure sufficient provision of local early help services for children, young people and families.'* She goes on to recommend that the partnership should,

- *Specify the range of professional help available to local children, young people and families, through statutory, voluntary and community services, against the local profile of need (set out in the JSNA);*
- *Specify how (we) will identify children who are suffering or likely to suffer significant harm, including the availability of social work expertise to all professionals working with children, young people and families who are not being supported by children's social care services and specify the training available locally to support professionals working at the frontline of universal services;*
- *Set out the local resourcing of the early help services for children, young people and families; and most importantly;*
- *Lead to the identification of the early help that is needed by a particular child and their family, and to the provision of an 'early help offer' where their needs do not meet the criteria for receiving children's social care services.*

To implement these recommendations Rotherham has developed an Operational Plan for Early Help. This sets out our vision for delivery and identifies key workstreams to oversee the developments of:

- The referral and screening process, allocation process and tools for assessment and review;
- The Early Help outcomes framework
- The Early Help reporting framework
- Early Help systems
- Early Help quality assurance
- Local leadership, and
- Workforce development.

The governance and accountability for delivery of the strategy will come from the Think Family Steering Group, acting on behalf of the Children, Young People and Families Partnership. The Local Strategic Partnership and RMBC Cabinet are also committed to ensuring that Early Help is successfully delivered across the borough.

But, more than anything, our success relies on the collective ownership and commitment of every single person whose work will contribute to improving the lives of families in our borough.