

The Early Help Strategy for Children and Families in Bradford

**Supporting Children and Families
with multiple and more complex needs
(Level 3)**

2020 – 2022

(This document has been developed as an interim strategy to detail the response to children, young people and families with level 3 needs on the continuum of need. During the early part of 2021 work will progress with partners to develop a wider Prevention and Early Help Strategy in the context of the new Children and Young People Plan (2021 to 2024) and wider approach an all age approach for locality working)

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1. Introduction

This is an interim strategy ahead of work in the early part of 2021 through the Prevention and Early Help Partnership for Children and Families on a wider strategy for prevention and early help. It is expected the wider strategy will be published by April 2022 for three years. It will incorporate the work from Bradford's response to children and young people living with multiple and complex needs (Level 3 response on the continuum of needs).

This strategy focuses on promoting early help and all key partner's role is collaborative action for:

Any child or young person, responding to their multiple or more complex needs as they arise wherever they live, at any point in their life.

It also accelerates the role of the Lead Practitioner and Team around the Family across the Bradford district to promote and secure better outcomes for children, young people and their families.

This is in response to a review in late 2019 which identified there were significant issues associated with the way prevention and early help was seen and operated. The key findings were:

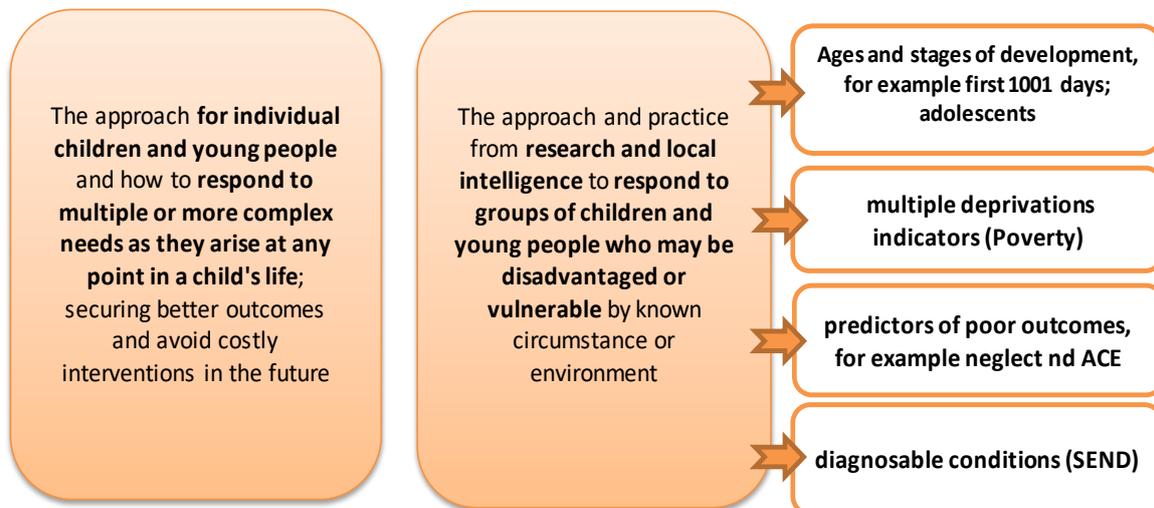
- Conflicting and confused language of what prevention and early help is; whose responsibility it is to deliver it and how it has been 'sold'. In most cases partners were referring to the LA Family Support Services as a default position for a response to families needs, rather than a collective response to families needs.
- Family Hubs are seen and described as either LA buildings or an entity, in much the same way you would describe a specific service, without necessarily knowing what that service is. There is limited or no understanding that Family Hubs are the collection of services already within the locality, in the main universal services.
- There is no evidence that partners were undertaking Early Help Assessments (EHA) and taking on the Lead Practitioner (LP) role, as you would expect to see if they saw Prevention and Early Help as a way of 'thinking' and 'working' collectively together as a joint responsibility.
- There are no arrangements in place to gather and measure the performance and quality of partnership working through the Lead Practitioner and TAC/F for individual children and families and the impact this has made.
- The Early Help Module (case tracking system) is not configured or accessible for partners to use if they were to undertake EHA and the LP role.
- Family Hub Managers were supervising Parenting and Family Support work through Senior Workers with direct case management. This is leaving limited capacity to promote locality based whole family working or development of partner relationships for a core offer responding to identified needs.

- There is no universal offer of information, advice and guidance to support parents and families to self-serve provision which could support their needs.
- There is no clear communication and engagement strategy or plan to engage key partners through their responsibility to deliver early help under the Children Act 2004; and detailed in statutory guidance ‘Working Together to Safeguard Children 2018’.
- Partner engagement in local arrangements to develop provision and measure performance is inconsistent across the District resulting in a focus on LA provision rather than partnership delivery.

This strategy although focused on Early Help recognises the two main areas of focus Bradford needs to progress to secure better outcomes. The Partnership will concentrate on Early Help during 2020/2021; but will progressively develop a wider strategy from 2022 recognising the key elements of prevention. This will include how we work to *influence* other key strategies which impact on a child and families lived experience, for example community safety; community development and economic wellbeing.

Early Help

Prevention



1.1 Why an Early Help Strategy?

This is Bradford District’s first Early Help strategy (Level 3 Multiple and more Complex) and outlines our new approach to ensuring that children, young people and their families receive the right support at the right time to stop problems from escalating with referral and intervention to children’s social care services. It sets out our ambitions for Early Help across the District, describing how partners will work together to deliver services at both a strategic and operational level.

This document outlines:

- the steps that we will need to take in Bradford district to embed the principles of early help in the way we plan and offer services to children and families
- the support we need to provide services to effectively work together to improve outcomes at an individual family level
- the key role that children and families will have in shaping the delivery of our services
- how we can plan to deliver early help and support at the earliest opportunity

1.2 Delivering Early Help

This new Early Help Strategy for Bradford district provides the opportunity to refocus our understanding of Early Help. It will be used to inform discussions about the way both commissioners and provider organisations across the District think and work more effectively together over the longer term to improve outcomes for children, young people and their families.

Early Help (Level 3 Multiple and more Complex) is as a multi-agency response to multiple/ more complex needs of children and their families. This strategy makes clear that Early Help is also a clear philosophy that promotes a Team around the Family response at any stage of a child's life, and that this approach should influence a broad range of strategies in Bradford as we move forward. Proactively embedding an early help approach is crucial in seeking to narrow the gap in outcomes for some children and young people who are disadvantaged and experience a range of inequalities, either by their individual circumstances, the environment in which they live or a combination of both.

2. What is Early Help?

Ofsted describes Early Help as:

Children, young people and families are offered help when needs and/or concerns are first identified. The early help improves the child's situation and supports sustainable progress. The interface between early help and statutory work is clearly and effectively differentiated.

Early Help is not a specific service. It is a way of 'thinking' and 'working' through a collaborative approach between services with families.

It is about providing support to families when a need is identified or as soon as a problem emerges, at any point in a child's life. This can be from the point of conception through to the teenage years, to prevent or reduce the need for statutory services.

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 from a period of care, or protection through Children's Social Care.

It is about working with the family by identifying their strengths whatever they may be and involving wider family members and friends building resilience to sustain change and to find their own solutions in the future.

3. Why is Early Help important?

By changing the culture from a late reaction to chronic and acute need and refocussing activities and resources on the root causes of social problems, outcomes for children and families improve and costly statutory interventions can be avoided.

Investing in early help and better coordination of existing services will deliver significant benefits for partners and residents in Bradford.

Graham Allen's (2011)¹ report identified a long list of financial costs to society because of poor preventative services:

- A child with untreated behavioral problems costs statutory services 10 times the cost of children without behavioural problems by the time they reach 28 years old (an average of £70,000 per year)
- The average cost of an individual spending a lifetime on benefits is £430,000, not including lost tax revenue
- Young people between the ages of 16 – 18 years who are not in employment, education or training cost an additional £45,000 in resource costs and £52,000 in public finance costs per annum
- Societal costs associated with mental health problems in the UK are estimated at £105.2 billion per annum. Health economists have calculated that a return of up to 3 to 7 times the original investment could be achievable by the time the young person is 21 years old

Significant savings in the long run to the public purse could be achieved through the effective delivery of early help that prevents needs escalating to a level that requires statutory intervention.

This research will be further developed during 2020 to support the Prevention and Early Help Strategy for Children and Families from April 2021.

¹ Early Intervention: Next Steps; 2011

4. Who is responsible for delivering Early Help?

Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children. It is the responsibility of all public, private, voluntary and community services (and citizens) in Bradford to deliver the early help agenda.

Early help is based on the needs of families and not service thresholds. Operationally, this means that **all services and all practitioners** across the District, including specialist services, are responsible for its delivery in conjunction with each other.

When required, families should have access to a person they can trust and have confidence in from any universal or targeted service within Bradford to act as their **'lead practitioner'** and single point of contact for all elements of their care. The lead practitioner will help steer and co-ordinate a package of support where there are multiple/complex needs to secure better outcomes.

Getting Early Help right is also dependant on clear **strategic vision and leadership**. Through the use of research and local intelligence resources will be targeted to whole communities and groups of children where there is possible risk and known vulnerability. This can be achieved through the improved joint commissioning of services for shared outcomes, providers looking at ways in which they can integrate and develop clear pathways for children and young people, and by using research and intelligence to target resources at communities and groups of children who are known to be vulnerable and at risk of poorer outcomes. This work will be explored further for the future strategy for prevention and early help.

5. Outcomes to be achieved

The Early Help Strategy has specific outcomes to achieve through partnership working as well as contributing to the child, young people and family outcomes. It will also contribute to Bradford District Children and Young People's Plan. An Early Help Scorecard (Appendix A) has been developed with the following outcomes:

Partnership Outcomes:

Provider services:

- actively identify and assess a child and families holistic needs as they arise
- respond to child and family's needs at the earliest opportunity, appropriate to those needs
- are confident as Lead Practitioners and collaborate as members of the TAF
- increase involvement of children and families in services they need
- improve integrated working around families and communities needs in order to reduce or avoid costly interventions.

Children, Young People and Families Outcomes:

Children and young people with the family:

- live in caring and resilient communities
- are able to learn and develop for life
- are healthy and well and reach their potential
- are able to express their views and wishes and they are listened to.

Two key outcomes measures are:

- 1.1 Increase in the confidence; and ability of parents/carers to support and provide for their family – evidenced through the Outcome Star or Bradford local impact tool
- 1.2 Increase in parenting capacity and confidence evidenced through parenting programme measures (SDQ/PSI)

The effectiveness of the whole Early Help Strategy will be determined by the key measures detailed in the performance scorecard, along with the implementation of the key Priorities through the key actions in Section 9.

6. How do we respond in Bradford?

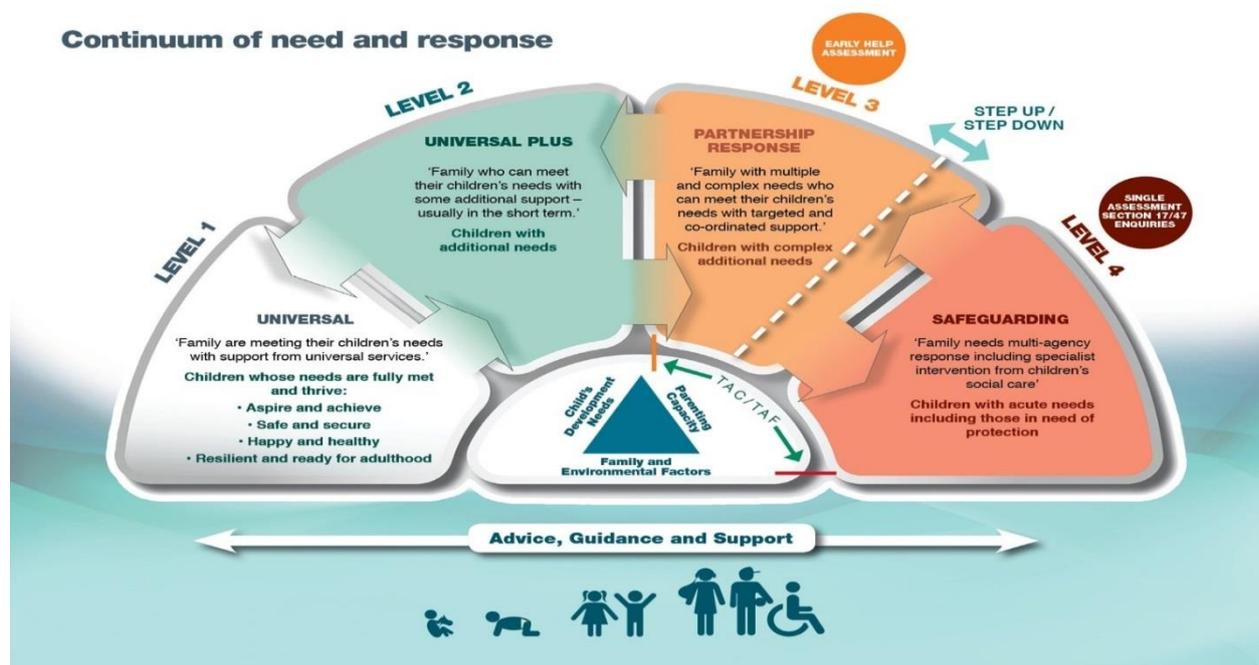
6.1 Early Help for Individual children, young people and families

In Bradford we use Early Help to describe our response to ***multiple or more complex needs (level 3) for children and families wherever they live in Bradford and whenever needs arise.***

This requires the following response:

- **Early help assessment and team around the family (TAF)** at times when multiple or more complex needs are identified with the help of a lead practitioner to co-ordinate a multi - service response.

Note: Early Help through a TAF should respond to needs not only when they increase but also when they are reduced following any Children’s Social Care intervention. A Lead Practitioner will be identified, where appropriate, at case closure (step down) through safeguarding arrangements to continue work to sustain the family plan and outcomes achieved.



- **Critical features of an effective Early Help response are:**
 - A multi-disciplinary approach that brings a range of professional skills and expertise to bear through a 'Team Around the Child/Young Person/Family'
 - A relationship with a trusted Lead Practitioner who can engage with the child/young person and their parents²/family (mother and father figures and extended family), and coordinate the support needed from other agencies
 - Practice that empowers families and helps them to develop the capacity to resolve their own problems
 - A persistent and flexible approach

² The term 'parents' is intended to include all those individuals of either gender or agencies in a parenting role. For instance, this may include birth parents, parents of looked after children, adoptive parents, foster parents, carers and kinship carers.

- Strength-based practice that empowers families and helps them to develop the capacity to resolve their own problems
- A holistic approach that addresses a child/young person's needs in a wider context
- Simple, streamlined enquiry and assessment process and response

7. How do we achieve it?

We have identified 4 key Priorities which will deliver this interim Early Help Strategy:

- Promote Early help to Families; Communities and Partners to develop a common understanding of earlier intervention
- Develop the Early Help infrastructure and embed the Early Help pathway to support children and young people who have multiple/complex needs
- Support the Lead Practitioner role and increase responsibility across partner organisations
- Family Hubs will promote participation to increase access to services and improve integrated working to secure better outcomes for children and families

7.1 Promote Early Help to families; Communities and Partners to develop a common understanding of earlier intervention

A guiding principle of early help and working with families is that **parents are the first source of support and influence for their children.**

To support families we are going to re-establish the Families Information Service. By redesigning and re-engineering the Families Information Service from a service led directory and source of information to a searchable 'need's' led resource will enable parents and children to find a range of service provision they can access to support their needs and interests. Where possible, parents and children should be encouraged to guide themselves through the services available.

It is expected that the new FIS will also be used by partners to be aware of other services available and co-operate with each other when supporting individual families.

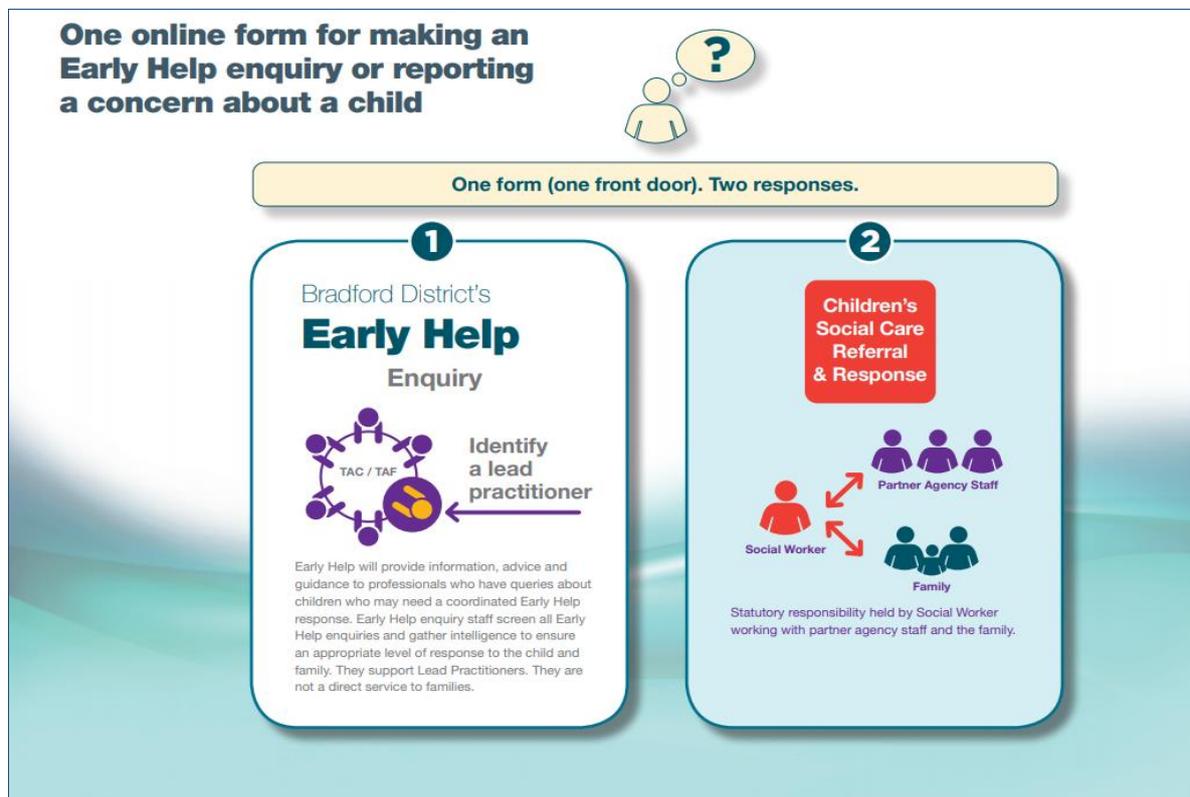
Where needs increase and become more complex, parents should know how to access help through any professional from any agency they come in contact with or through their local Family Hub. They should know this is by consent and be supported throughout the assessment to identify their needs and the outcomes they want to achieve with the help of a trusted lead professional.

7.2 Embed the Early Help infrastructure and embed the Early Help pathway to support children and young people who have multiple/complex needs (Level 3)

Effective Early Help for some individual children and young people relies upon local agencies and services working together to:

- Proactively identifying children and families who would benefit from early help
- Undertaking a whole family assessment of the need for early help
- Providing services to address the needs of a child and their family which focuses on activity to significantly improve the outcome for the child

In Bradford, we are building the infrastructure and 'One Front Door' to support families and practitioners from any agency to enquire about Early Help, flag concerns, share information and be supported to find the right pathway to support each family's specific needs:



In the coming months, we will continue to build on the foundations of this work to ensure the pathways are embedded to address a range of needs and ensure the continuum of support is consistent and outcomes are evidenced.

7.3 Support the Lead Practitioner role and increase responsibility across partner organisations

A Lead Practitioner is someone who takes the lead to co-ordinate provision for a child and their family. This person can come from any professional background or agency

known to the family. They act as the single point of contact when a range of services are involved with a child, young person or family and an integrated response is required.

The Lead Practitioner is not a job title or a new role, but a set of functions to be carried out as part of the delivery of effective integrated support.

The key functions of a Lead Professional are to:

- **Act as a single point of contact** for the child or family, who they can trust and who can engage them in making positive choices and accessing the right services
- **Co-ordinate the delivery of the actions agreed by the practitioners involved** with the family to ensure that children receive effective support which is regularly reviewed
- **Reduce overlap and inconsistency** in the services received

Support package for Lead Practitioners

When a Lead Practitioner is identified, support around delivering these functions will be provided by dedicated Early Help Coordinators who will be based in Family Hubs across the District.

Lead Practitioner Support Package

There is a range of support for practitioners and services delivering an Early Help response



When you are identified as a Lead Practitioner, an Early Help Coordinator, based in one of the Family Hubs around Bradford District, will support you in a number of ways:

<div style="display: flex; align-items: center; margin-bottom: 5px;">  <div style="margin-left: 10px;"> <p>One to one support</p> <p>As required, on all aspects of the role.</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 5px;">  <div style="margin-left: 10px;"> <p>Early Help and Lead Practitioner Networks (weekly)</p> <p>Covering case work discussions (not management supervision), information sharing, and developing practice.</p> </div> </div>
<div style="display: flex; align-items: center; margin-bottom: 5px;">  <div style="margin-left: 10px;"> <p>Early Help multi-agency case file audits</p> <p>Including assessing and evaluating the multi-agency response to the family's needs and the outcomes achieved from whole family plans. (N.B. this does not replace single agency audits where services are auditing the quality of their own professional practice.)</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 5px;">  <div style="margin-left: 10px;"> <p>Training and courses</p> <p>Training for managers and the Digital Passport (a portfolio of courses for Bradford staff and partners) are available.</p> <p>Internal training is on the Evolve website which you can access through Bradnet</p> <p>External training is accessed via Learn and Develop with Bradford</p> </div> </div>



Lead Practitioners will also be supported to access information, advice and guidance from specialists to support their work with families:

- Children's mental health (CAMHS) • DVA (Domestic Abuse) • Employment advisors •
- Substance misuse / sex education / smoking cessation (Project 3) • Child development 0 to 5 yrs •

7.4 Family Hubs will promote participation to increase access to services and improve integrated working to secure better outcomes for children and families

In 2014, the Centre for Social Justice proposed a model that they termed 'Family Hubs'. This approach would see Children's Centres become the 'go to' place for any parent to access services or information about all family-related matters including birth registration, antenatal and postnatal services, information on childcare, employment and debt advice, substance misuse services, relationship and parenting support, local activities for families and support for families separating.

In July 2016, an All-Party Parliamentary Group (APPG) report called 'Family Hubs: The future of Children's Centres' was published that outlined whole family working becoming the norm. A significant restructuring of services has meant a progressive move away from direct delivery to Family Hubs in line with the recommendations set out in the report.

7.4.1 What are Family Hubs?

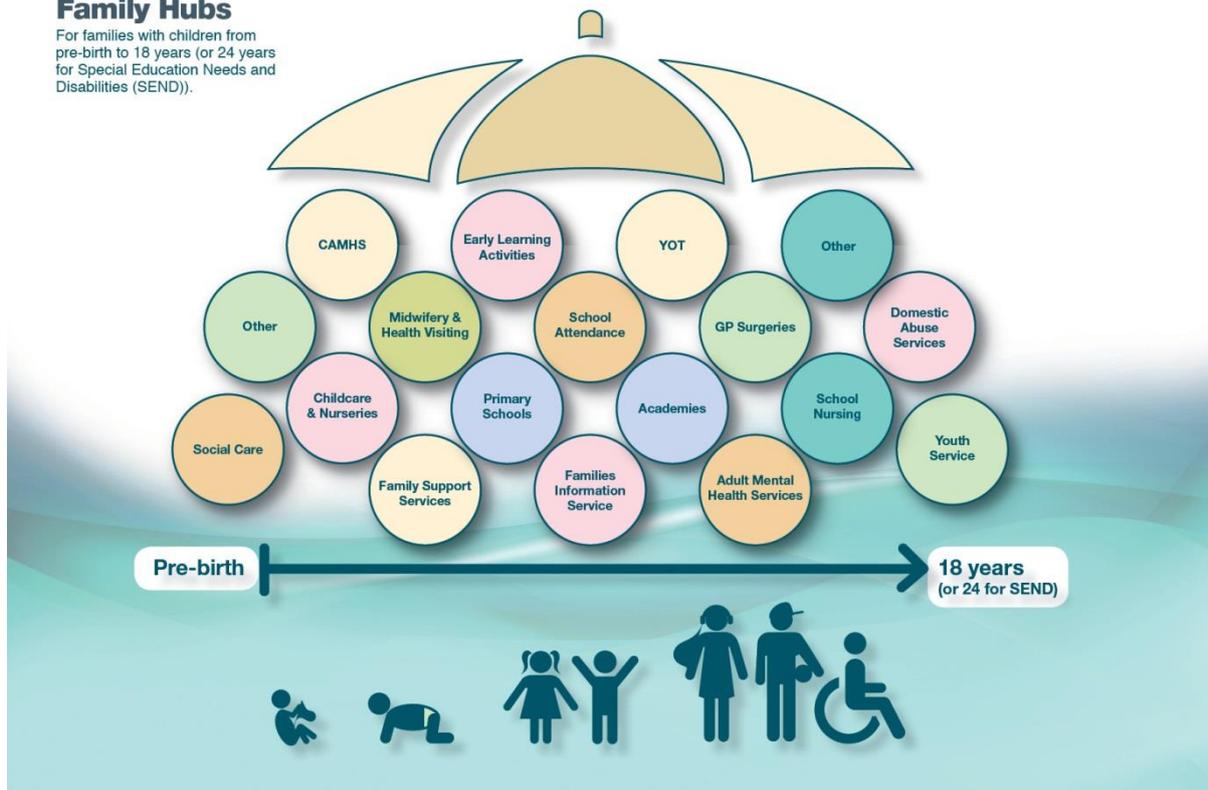
Family Hubs are designed to bring services together to work with families from conception, through childhood and into adolescents (0 to 18 yrs. and 24yrs SEND) to deliver an integrated local offer. Think about any service that families may need and Family Hubs are being designed to provide information and access to them - this could include a wide range of services ranging from day care and early learning to schools and alternative education, from midwifery and health visiting to mental health, and from advice on parenting to family support, adult learning and employment opportunities.

There are four Family Hubs covering the whole of Bradford District with a number of venues in each geographical area where services are delivered, which includes individual partner venues. These are co-ordinated together in 4 locality areas to make best use of resources and space. Services should be accessible independently by families but also work together when a child, young person or parent/carer has an additional need or through an early help assessment and a lead practitioner to support multiple/more complex needs. Family Hubs provide support through Early Help Co-ordinators to help any service or practitioner with the lead practitioner role and to increase the uptake of the 2-year-old offer.

Family Hubs should be seen as *an umbrella term*, not physical buildings, to describe the collection of services working in a locality or more targeted services deployed with other services to support children and families needs.

Family Hubs

For families with children from pre-birth to 18 years (or 24 years for Special Education Needs and Disabilities (SEND)).



7.4.2 What is the aspiration and outcomes for Family Hubs?

There are two key outcomes we want from our Family Hubs which are measured through the Early Help Strategy and will be strengthened in the future prevention and early help approach. They are:

- Increase involvement of children and families in services they need:
 - Children and young people are recognised in their own right and listened to when developing and reviewing services
 - Parents are encouraged and supported to self-serve the help their family need including support around parental conflict
 - A broader range of services are available which make Family Hubs the go to place
- Improve integrated working around families and communities needs in order to reduce or avoid costly interventions:
 - Timely response to child and family's needs with support being delivered in a timely and appropriate manner to improve outcomes
 - A broad range of practitioners make Early Help enquiries and take on the lead practitioner role and contribute to the team around the family process to support family's needs

- Quality of practice is good or better securing longer term outcomes
- Practitioners and provider organisations identify with family hubs and make use of the Information, Advice and Guidance service to develop effective working relationships and arrangements
- Actively promote and engage practitioners in delivering the Troubled Families Programme
- Promoting community and workforce awareness of the distinction between parental conflict and domestic abuse (using the Intimate Relationship Continuum) to reduce families where conflict between couples (together or separated) is intense, frequent and poorly resolved.

8. Governance and Performance Management

8.1 Governance of the Strategy

This strategy is owned by the Prevention and Early Help Partnership (P&EHP) on behalf of the Children Systems Board and the Health & Wellbeing Board. The P&EHP has the strategic lead for Early Help, which includes partnership working at both operational and strategic levels, ensuring collaboration with service users and partners.

This Strategy and the action plan will be led collectively by the lead officers of the partnership and partner agencies to account for its implementation and for the impact of service delivery.

The P&EHP is supported by four sub-groups as follows:

- Performance and Outcomes;
- Integrated Delivery and Practice;
- System Workforce Development; and
- Resources & Commissioning

The sub-groups have a work plan and are responsible for monitoring and reporting on performance and to make recommendations to the P&EHP to drive improvements. Appendix B shows the governance reporting lines of the P&EHP and the sub-groups.

8.2 How partners will measure progress and success

The partnership agrees that promoting Early Help is a shared priority for all agencies and in order to achieve value for money, it is important that we quality assure the work we do both in terms of the individual service user's experience and the overall effectiveness of services. In support of this there are a number of different ways the partnership will measure progress and the impact of the strategy.

8.2.1 Strategy Action Plan

The strategy has planned actions to progress the Priorities and work towards the Priorities detailed in Section 9. This will be reviewed every eight weeks throughout the year at the P&EHP, with a key stage review report in March 2021 detailing progress so far and the impact of the work. This review will determine the actions required in 2021 onwards.

Where there is concern over progress in an area of practice or outcome throughout the year the partnership may decide on a 'deep dive' to understand the issue in more detail and help overcome any challenges or barriers identified. This maybe a single agency 'deep dive' or a specific task and finish group to undertake this work

8.2.2 Progress of Early Help Performance and Outcome Measures

Annually the partnership will formally review the Performance Scorecard (Appendix A) to monitor improvement, although indicators will be reviewed by exception quarterly. This review may identify areas where improvement has slowed or the trend causes concern. The partnership will discuss with the lead partner who has responsibility for these specific indicators their plans for improvement with the intention to provide support to change the current or trend position.

The sub-groups will meet to support and progress this work on behalf of the P&EHP and report progress with specific recommendations. The Early Help Scorecard will be the primary source of measuring progress on performance and outcomes.

9. Early Help Strategy Priorities and Key Actions

Priority One - Promote Early help to Families; Communities and Partners to develop a common understanding of earlier intervention	Priority Two - Develop the Early Help infrastructure and embed the Early Help pathway to support children and young people who have multiple/complex needs	Priority Three - Support the Lead Practitioner role and increase responsibility across partner organisations	Priority Four - Family Hubs will promote participation to increase access to services and improve integrated working to secure better outcomes for children and families
<p>Key actions:</p> <ul style="list-style-type: none"> • Develop key messages to promote early help and family hubs to partners and families. • Develop and implement a Communication and Engagement Plan: • to promote key message to and engage partners in delivering Early Help (B2B) through FiS and Family Hubs and • engage children/ parents in use of the FiS and Family Hubs to support their needs (B2C). • Engage Commissioners of services to deliver Early Help including the TF principles to ensure they are embedded within contracts. • Improve the collection and assessment of key performance indicators/measures and outcomes at District and locality level to drive the quality and effectiveness of practice through the Early Help response by partners 	<p>Key actions:</p> <ul style="list-style-type: none"> • Review the Early Help pathway to make further improvement to the system to improve the quality of the assessment, family plan and recording of work including closure demonstrating outcomes. • Expand the range of practitioners and services making enquiries for Early Help, specifically for those families identified as vulnerable and underrepresented through local intelligence reports. • Development of EHM system for use by partners including Implementation of Outcome Star. • Harmonise the SEND pathway with the EH pathway to assess the holistic needs of these children and improve the practice response. • Recruitment and training of Early Help Coordinators. 	<p>Key actions:</p> <ul style="list-style-type: none"> • Lead Practitioner Support and Development Framework including an LP Practice and Operating Manual <ul style="list-style-type: none"> Sub Actions: <ul style="list-style-type: none"> ➢ Training and Dev. Materials outlined and consult with stakeholders and implemented ➢ Audit Practice through Appreciative inquiry developed ➢ Network & Learning Meetings available One to One Support available • Develop and promote for managers a standard practice model of supervision for the role of LP which is used across the partnership to improve the quality and effectiveness of case work with families and support the welfare of staff. • Support and challenge partners to undertaken the role of LP across 	<p>Key actions:</p> <ul style="list-style-type: none"> • A Demands and Needs assessment by locality using data and local intelligence to identify specific vulnerabilities and risks <ul style="list-style-type: none"> • Phase one children under 5. • Develop partnerships with other services in localities to respond to vulnerable needs <ul style="list-style-type: none"> • Phase one responding to under 5 needs and appraisal. • Redesign and re-engineer the Families Information Service to be: <ul style="list-style-type: none"> • a searchable 'need's' led resource for families. • accessible and used by partners to be aware of other services available and co-operate with each other when supporting individual families. • a single repository of information to support service mapping for commissioning.

<p>(development and implementation of the Early Help Scorecard)</p> <ul style="list-style-type: none"> Local intelligence from performance and outcome data informs the commissioning and contracting of services Re-establishing the Families Information Service to be a needs led resource to support parents and partners to access a range of services to support families needs and interests Continue to promote awareness of the Reducing Parental Conflict project and Intimate Relationship Continuum and regional Relationships Matter website 	<ul style="list-style-type: none"> Develop and implement the Early Help Co-ordinator Operating and Practice Model Sub Actions: <ul style="list-style-type: none"> Set key timescales and operational procedures for the role to support Lead Practitioners Use Data from the Early Help Scorecard to direct EHCs work priorities (including performance management reports) Consult with key agencies to test EHC offer and approach Agree promotion of EHC offer across localities / services. Develop the step down arrangements between CSC and early help through a Lead Practitioner to support family's needs and engage families to promote and sustain outcomes for their children. Strengthen the step up arrangements between EH through a LP and CSC to support family's needs and reduce the risk to children with the support of their families. Feasibility and options report on Community (locality based) Social workers to support the development of family engagement and support partners to manage risk and appropriate referrals (Early Help Investment funded) 	<p>the age range delivering quality and effective practice</p> <ul style="list-style-type: none"> ➤ Improve the timeliness; quantity and quality of assessments and family plans to reflect the range of family's needs securing longer term outcomes ➤ Increasing the take up of training and other workforce development opportunities to improve multi-agency staff skills and knowledge. (Early Help, Lead Practitioner, measuring impact tool, use of EHM) 	<ul style="list-style-type: none"> Review all locality governance arrangements and forums to ensure active engagement of families and the community and to reduce duplication of partner's resources. Engage practitioners in the planning, implementation and delivering of the Families First Programme to maximise additional resources. Promote an open door policy/network events to professionals and identify appropriate areas they can work and make them aware of the resources within Hubs. Develop programmes for befriending services to support families who need longer term support to sustain good outcomes for their children. Post level 3 support through LP. Test and trial of the Family Hub arrangements through the Keighley pilot. All age development <ul style="list-style-type: none"> Customised model of working for Family Hubs relating to people panels and place based working. Increase take-up of the 2-year-old offer
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	<ul style="list-style-type: none">• In partnership with DA & SV Board, consider feasibility of Reducing Parental Conflict specific parenting programme		
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Appendix A

Performance Scorecard Early Help

Children, Young People and Families Outcomes	Partnership Outcomes
<ul style="list-style-type: none"> • Children live in safe, caring and resilient communities • Children are able to learn and develop for life • Children are healthy and well and reach their potential • Children are able to express their views and wishes and they are listened to 	<ul style="list-style-type: none"> • Actively identify and assess a C&Fs holistic needs as they arise • Respond to C&F needs at the earliest opportunity, appropriate to those needs • are confident as Lead Practitioners and collaborate as members of the TAF • Increase involvement of children and families in services they need • Improve integrated working around families and communities needs in order to reduce or avoid costly interventions

Outcome Measures (a measure to show what has changed in the lives of individuals, families, organisations, or the community which is attributable to an intervention or series of interventions)

Child and Family	Practitioner / Service
1.1 Increase in the confidence; and ability of parents/carers to support and provide for their family – evidenced through the Outcome Star or Bradford local impact tool 1.2 Increase in parenting capacity and confidence evidenced through parenting programme measures (SDQ/PSI)	2.1 Rate of children receiving Early Help support, per 10,000 population 2.2 Multi-agency (Response through TAF through LP) 2.3 Single agency (only to be used for 1 agency response to a family being used as a case management system) 2.4 % Re-referrals for Early Help Service 2.5 Cases allocated in period and previously closed within the last 12 months 2.6 Cases allocated in period and previously opened within the last 12 months 2.7 % of Social Care referrals previously receiving Early Help support 2.8 % of cases closed to Children's Social Care receiving Early Help support following C&F assessment 2.9 % of cases closed to Children's Social Care receiving Early Help support following intervention 2.10 Rate of Children in Need, per 10,000 population 2.11 Rate of Children in Care, per 10,000 population 2.12 % Re-referrals for statutory Social Care services 2.13 Number of families with significant and sustained outcomes

Process Measures

3.1 Time taken from an Early Help enquiry to a family receiving an Early Help intervention <ul style="list-style-type: none"> a. Average working days from triage completion to allocation b. Average working days from allocation to start of EHA c. Average working days from start of EHA to completed EHA including draft Family Action Plan d. Average working days from completed EHA to the TAF/C meeting 3.2 Timeliness from an Early Help enquiry to a family receiving an Early Help intervention <ul style="list-style-type: none"> a. % of Contacts completed in 1 working day b. % Triage Assessments completed in 4 working days c. % of Allocations completed in 6 working days d. % of Assessments completed by Key Worker in 15/20 working days (from allocation) e. % of Assessments signed off by Manager in 5 working days f. Number of cases open at the end of the quarter (or closed during the quarter) that had been open for 5 months from allocation 3.3 Number of families attached to the Families First programme: <ul style="list-style-type: none"> a. Number / % Attachments against target b. Number / % PbR against target 3.4 Increase in use by CYP&F of the Families Information System (IFS in development) 3.5 Number of 2 year olds taking up a funded early education places 3.6 Number of 3 year olds taking up a funded early education places 3.7 Number of 4 year olds taking up a funded early education places

Quality Measures

4.1 Practitioner's accessing training and development 4.2 Broad range of practitioners making enquiries/contacts to the Early Help Gateway to support family's needs 4.3 Broad range of practitioners across agencies using the EHA and taking on the Lead Practitioner role to support family's needs
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| 4.4 Children and Young People's wishes and needs are evidenced through the family plan (Audit - Child's voice measurement descriptor to be agreed) |
| 4.5 Quality of practice increases and is evidenced through audits being carried out by partners |

Financial (VfM) Measures
5.1 Cost avoidance of children and young people being re-referred to CSC for second or subsequent time and receiving Early Help support through TAF and LP
5.2 Value of Families First income £/against budget target

Appendix B

Systems Governance for Prevention and Early Help for Children and Families

