



NORTHUMBERLAND EARLY HELP STRATEGY 2018-21

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# Keeping Children and Young People Safe from Harm, Abuse and Neglect

## Contents

<b>Introduction</b>	<b>3</b>
1.1 Review of previous strategy 2014-17	3
<b>2. Context</b>	<b>5</b>
2.1 Policy Context	5
2.2 Research	7
2.3 Definition	8
2.4 Levels of Need	11
<b>3. Local Context</b>	<b>12</b>
3.1 Why is it important to Northumberland?	12
3.2 The Supporting Families Partnership	20
<b>4. Links to relevant plans</b>	<b>21</b>
<b>Appendix 1 Summary of Responses to Early Help Questionnaire</b>	<b>23</b>
<b>Appendix 2 Early Help Early Intervention Subgroup Work Plan 2018-20</b>	<b>25</b>

# Keeping Children and Young People Safe from Harm, Abuse and Neglect

## Foreword and Vision

Northumberland is a great place for families to live in and for children to grow up in.

We want our children to be healthy, safe and cared for. We want them to have the best start in life, so they are able to make the most of opportunities throughout their childhood and adolescence. We know that the needs of parents and the family environment have a significant impact on the life chances of the child therefore our plans take account of the whole family's needs.

Children, young people and their families who need support will receive the right intervention as early as possible to tackle problems and prevent issues escalating. Services will be delivered using a whole-family approach. Our interventions will be based on 'what works'.


This is a significant challenge for all organisations; however partners, including the Council, the NHS, Education and the Voluntary Sector, have committed to this strategy. It forms the agreement between the organisations that make up the Northumberland Safeguarding Children Board. These agencies have an important role to play in helping all children to thrive supported by universal services such as midwifery, health visiting and schools, as well as providing services to those children and families who need extra help to get back on track.

Organisations working together have made good progress over the lifetime of the last Early Help Strategy in ensuring that arrangements for children and families through early help are coordinated and timely. However, there is still much to do to continue that journey. We want to intervene in a timely way and our Early Help Strategy sets out our approach to achieve our aims through a systematic, multi-agency, consistent approach to early intervention. It sets out what we will do to make sure that children and young people get the early help they need. It depends on families, communities, staff and volunteers all working together to make the difference.

We want to ensure that children in Northumberland have happy, healthy, safe childhoods and grow into adults who can fulfill their potential and contribute to their communities.



Wayne Daley  
Cabinet Member for Children  
And Young People



Paula Mead  
Independent Chair of LSCB

# Keeping Children and Young People Safe from Harm, Abuse and Neglect

## 1. Introduction

### 1.1 Review of previous strategy 2014-17-what the data tells us

Indicator	15/16	17/Current	Trend	DOT
EHAs Commenced	872	1050	/	▲
EHAs Completed	868	1011	/	▲
EHAs - Stepped Up	23.00%	20.20%	\	▲
First Time Entrants	405	352	\	▲
Hub Referrals	1001	2040	/	▲
Hub Referrals - Stepped Up	12.80%	12.20%	\	▲
Hub Referrals to School Health	n/a	841	n/a	n/a
Supporting Family Claims	9	854	/	▲

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## Impact

There has been an increase in early help activity during the lifetime of the previous strategy although we are aware that there has been a recent plateauing off of registration of Early Help Assessments (EHA) and referrals into the Early Help Locality Hubs. The impact of this is difficult to quantify but the percentage of children being supported through the Hub and EHA processes being referred in for statutory social work has fallen over the period in which we have been monitoring it and the number of families who we have been able to demonstrate 'sustained and significant progress' for through the Supporting Families measurable outcomes has risen significantly in the last twelve months.

Over the last three years understanding of all agencies of the role early help plays in supporting families in Northumberland has grown with the help of the Early Help Strategy. The delivery of the strategy has been driven by the Early Help and Early Intervention sub committee of the LSCB chaired by the lead for 0-19 Integrated Public Health. The consistently high attendance at this committee from all partner agencies demonstrates the importance which all place on early help.

## 1.2 Developments during the last strategy

There have been a number of key developments which have supported early help across Northumberland:

- **Early Help Assessment form**-the Early Help Assessment form was relaunched in 2014 as a holistic assessment and plan to support children and families who require early help.
- **Early Help Locality Hubs**-first piloted in 2014 there are four early help locality hubs across the county which serve as a multi agency single referral point for families who require early help support.
- **Development of the First Contact service**-this acts as a single point of access for children's social care now including the early help coordination staff who manage the locality hub process. This supports greater consistency of decision making and further opportunities for families who don't require statutory social work input to be supported through early help.
- **Expansion of the Tier 2 emotional health support offer**-the increase in resource in the Primary Mental Health service has supported the development of a training programme for staff about emotional health which is being very well received. However, given that the greatest number of referrals into the locality hubs over the last three years have been for issues linked to children and young people's emotional health we know there is further work to do in this area linked to the development of a resilience strategy for Northumberland.
- **Review and relaunch of the multi agency thresholds document**-this has clarified where early help sits on the continuum of need for children and families.
- **The expansion and extension of the Troubled Families programme known locally as 'Supporting Families'**-this has provided a framework for the development of a multi agency outcomes plan, continued to develop our thinking of whole family working and to provide resource to support the early help offer across Northumberland.
- **Early Help Workforce Development Strategy**-sets out what key skills and competencies might be required for someone who is going to act as a lead professional for a family and provides a training framework for staff to use to help fill gaps in skills and knowledge.

# Keeping Children and Young People Safe from Harm, Abuse and Neglect

- **Joint working on universal and targeted support services for children 0-19**-including the development of the 'Washing Line' offer providing a visual aid demonstrating what support is available at a universal level from children's centres and health and the development of the integrated 27 month review by health visiting and early years education. A multi agency approach to enhancing resilience in adolescence in particular is a key development in addressing universal support
- **Development of the Early Help Locality Family Work teams**-since April 2017 these teams have been delivering support for children 0-19 who meet three of the eligibility criteria for the Supporting Families partnership and require intensive support around parenting and relationships on a locality basis. Delivered or commissioned by the local authority these teams provide a response for families who have a range of issues across multiple family members.
- **Investment in a case recording system for early help work**-live since September 2016 this allows us the potential for multi agency early help case recording to be completed on one system. Already being used by local authority internal family work teams and Barnardo's and Action for Children, the hope is to make this available for wider usage by others undertaking Early Help Assessments. As the system links to the local authority social work recording system it supports showing the 'journey of the child' and allows gathering of more robust performance data.

## 2. Context

### 2.1 Policy Context

All agencies working with children and young people are required to follow the recommendations set out in the statutory guidance document Working Together to Safeguard Children 2018. This very clearly sets out the importance of early help as part of the range of support which should be available to children and their families:

**'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'** (Working Together to Safeguard Children 2018).

**'Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments, such as the use of the Common Assessment Framework (CAF), should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.'** (Working Together to Safeguard Children 2018).

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In addition there is particular statutory guidance for schools and colleges 'Keeping children safe in education' 2016 which emphasises the importance of the role these organisations have to play in supporting children and young people at an early help level:

**'School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.'** (Keeping Children Safe in Education Statutory guidance for Schools and Colleges 2016)

**'All school and college staff should be prepared to identify children who may benefit from early help. Early help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years. In the first instance, staff should discuss early help requirements with the designated safeguarding lead. Staff may be required to support other agencies and professionals in an early help assessment.'** (Keeping children safe in education Statutory guidance for schools and colleges 2016)

**'All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.'**(Keeping Children Safe in Education Statutory guidance for Schools and Colleges 2016)

Following the transfer back to Local Authorities of the Health Visiting Service in October 2016, as of April 2017 the Health Visiting (HV) and Public Health School Nursing (PHSN) came together as one service and became known as the 0-19 Integrated Public Health Service (0-19 IPH). The 0-19 IPH provides universal and targeted public health promotion and parental support through the Healthy Child Programme (HCP) from birth to age 19yrs (and up to 25yrs for those with Special Needs).

The 0-5 element of the HCP provided by Health Visitors includes mandated reviews of all children up until 36 months as a universal screening and developmental support programme. All families where additional need is identified are stepped up into universal plus and enhanced packages are then offered on a bespoke basis. The 5-19 element of the HCP includes targeted support to children via their PHSN which largely provides targeted emotional and behavioural support and the National Child Measurement Programme (NCMP) involving childhood assessment of BMI at Reception age and year 6. Targeted support for 5-19yrs regarding substance misuse is also provided, as is support for schools in managing exclusions.

Safeguarding statutory duties apply across all professional services including Maternity Services and GPs and their staff working in Primary Care, across the life course.

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## 2.2 Research

There have been a number of research documents and papers written over the last few years which emphasise the importance of providing support to children and families at the earliest point. These include the documents written by Sir Michael Marmot<sup>1</sup>, Graham Allen<sup>2</sup>, Frank Field<sup>3</sup> and Eileen Munro.<sup>4</sup>

Closing the Gap in the North East<sup>5</sup> sets out a vision for transforming the health and wellbeing of North East residents with recommendations which included an increase in preventive spending across the health and care system and wider determinants of health and wellbeing.

More recently the Early Intervention Foundation in particular has produced a number of documents which detail both the practical and financial benefits of providing early help. These include:

Foundations for Life: What Works to Support Parent Child Interaction in the Early Years-July 2016

The Cost of Late Intervention: EIF analysis 2016

Early Intervention in Domestic Violence and Abuse 2014

Introduction to social and emotional learning in schools 2018

Inter-parental conflict and outcomes for children in the contexts of poverty and economic pressure-April 2017

Copies of these publications and others can be found <http://www.eif.org.uk/publication/>

Studies into the impact of Adverse Childhood Experiences (ACE) were first published in the US in 1998<sup>5</sup>.

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<sup>1</sup> <http://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/284086/early-intervention-next-steps2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf)  
<https://www.gov.uk/government/publications/early-intervention-smart-investment-massive-savings>

<sup>3</sup> <http://webarchive.nationalarchives.gov.uk/20110120090141/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

<sup>4</sup> <https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>

<sup>5</sup> (Felitti MD, Anda RF, Nordenberg MD, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 1998; 14: 245-258.)



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The first study ran in the UK was in 2012 followed by an England wide study in 2013. These studies found that over half the population reported one ACE and 8% reported four or more<sup>6</sup>.

The impact of ACEs affect not just the mental but also the physical health of people; the original study by Felitti et al found a strong relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults including heart disease and cancer.

All continue to provide a compelling case for the development of effective early help and prevention for families.

The Northumberland Early Help Strategy 2018-21 takes account of the progress made and what this will mean for:

- Children and young people
- Parents, family members and carers
- Frontline professionals
- The managers, supervisors and people who coordinate services
- The people who lead the organisations providing services
- People who are elected and appointed to provide leadership and accountability for making sure that we work together, do what we say we will and learn from experience.
- People who commission services on behalf of the population

### 2.3 Definition

Early help is 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. This has also been called Early intervention.

**Early Help** is about offering help to children and families before any problems are apparent and in providing help when low level problems emerge. It refers to both help in the early years of a child or young person's life (including pre-natal interventions) and early in the emergence of a problem at any stage in their lives.

**Early Help** is not about specialist services for children, young people and their families. Specialist services are there to support families who are experiencing significant difficulties e.g. social care services for children who are at risk of harm.

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<sup>6</sup> (Bellis MA, Lowey H, Leckenby N, et al. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health 2014c; 36: 81-91)

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**Early Help** is about stepping in to prevent escalation of children, young people and families needing any sort of specialist service. Early help is about providing low level services at the right time to meet families' needs and to keep them in control of resolving their issues and problems.

**Early Help** can sometimes lead to escalation or 'stepping up' for example where there is a need to protect a child or young person from immediate danger or where they need a specialist service urgently.

**Early Help** can also be used when a child and their family are 'stepping down' from statutory or emergency provision; this can often help everyone to move to a position where a family can manage with a low level of professional help and other forms of universal support.

**Early Help** is important as it allows for support to be put in place at the right time to meet families' needs prior to issues reaching crisis point and to reinforce families' own skills to determine their life course and therefore reducing poor outcomes and inequalities for children and young people. It also helps to break the cycle of families being dependent on services by empowering and enabling them to do things for themselves making them more resilient and independent.

**Early Help** has a positive effect on cost effectiveness. Professionals' working in a more integrated way at an earlier stage helping families to find their own solutions is likely to change the pattern of demand for more specialist services.

This strategy outlines the continuing way in which agencies and individual staff will work together to provide early help. It sets out the further work needed to embed these arrangements in all parts of the workforce and to increase the effectiveness of the early help arrangements.

This strategy refers to the Northumberland Safeguarding Children Board (NSCB) 'Thresholds for intervention and continuum of need'. This is the way in which all partner agencies have agreed to understand and organise how their services will work together and at what point in a child's journey they will act to offer help and protection.

The Neglect Strategy 2015-18 sets out Northumberland's approach to tackling how partners will support and protect children who are neglected by their parents/carers. A key element of this is the early identification of the signs of neglect built upon a common understanding across partners. The Early Help Strategy and use of the Early Help Assessment and coordinated early referral for multi-agency support through the Early Help Locality Hubs are key to this.

The NSCB uses this as one of the baselines in how it measures the effectiveness of professionals and partner organisations working together and whether this produces positive and safe results for children, young people and their families.

## Keeping Children and Young People Safe from Harm, Abuse and Neglect

This strategy also has key links with the approach for children with Special Education Needs and Disabilities (SEND) in Northumberland. Children with SEND should be supported at the most appropriate level for their needs at the earliest point when these become apparent. Early help supports this approach and enables coordinated early support for children with SEND and their families.

What do we mean when we talk about prevention and early intervention?

### Prevention

Both 'prevention' and 'early intervention' make up the 'Early Help offer' across Northumberland and can be offered at any point to a child, young person and family regardless of the ages of the children.

Universal preventative services are those which are available to all children and their families which include **help to promote resilience, reduce risk and prevent escalation of problems that have the potential to adversely impact on families**. These may be open access or specifically targeted services which often meet broad public health objectives; e.g. Healthy Child Programme,<sup>7</sup><sup>8</sup> and routine screening and immunisation programmes.

Examples include:

0-19 IPHS (Health Visitors, School Nurses)

**Example:** screening and assessment in the antenatal period, newborn visit, 6-8 weeks, 12 months and 36 months, Young Person Drop Ins offer in schools and ChatHealth (a digital means of contacting the PHSN team)

Open access services provided through children's centres

**Example:** Learning Together Through Play sessions (our universal children's centre offer for children 0-5 and their parents/carers)

Access to low level support within schools

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<sup>7</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)

<sup>8</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/492086/HCP\\_5\\_to\\_19.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492086/HCP_5_to_19.pdf)

## Keeping Children and Young People Safe from Harm, Abuse and Neglect

**Example:** All schools use a graduated approach and quality first teaching to identify additional support for all children Schools must involve and engage parents in all strategies.

### **Early Intervention**

Early intervention relies on the early identification of need for a child or young person which includes a timely assessment and action plan being put in place which is reviewed and monitored. This could be a relatively 'light touch' approach involving settings, school and parents at first which supports a family for short period whilst an issue is resolved or could involve more services for a longer period.

**Example:** A whole family intervention led by an early help family worker coordinated by an Early Help Assessment and plan.

**Example:** A preschool child with developmental delay being seen by a portage worker, speech and language therapist and has an Early Help Assessment led by the Health Visitor

The over-arching principle should be that services provide responsive support at the point of identified need.

### **2.4 Levels of Need**

Any early help strategy needs to work within the context of understanding that children and families can have a range of needs.

The multi-agency thresholds document which can be found on the webpage for the LSCB contains more detail of the levels of need and the types of services which may be appropriate to respond to them.

Children and families do not remain static in their levels of need. Over time they may move up or down the level of support they require. This may be due to a whole range of factors, for example a new baby in the family, children reaching a certain age, a change in family circumstances or a difficult event such as bereavement.

## 3. Local Context

### 3.1 Why is it important to Northumberland?

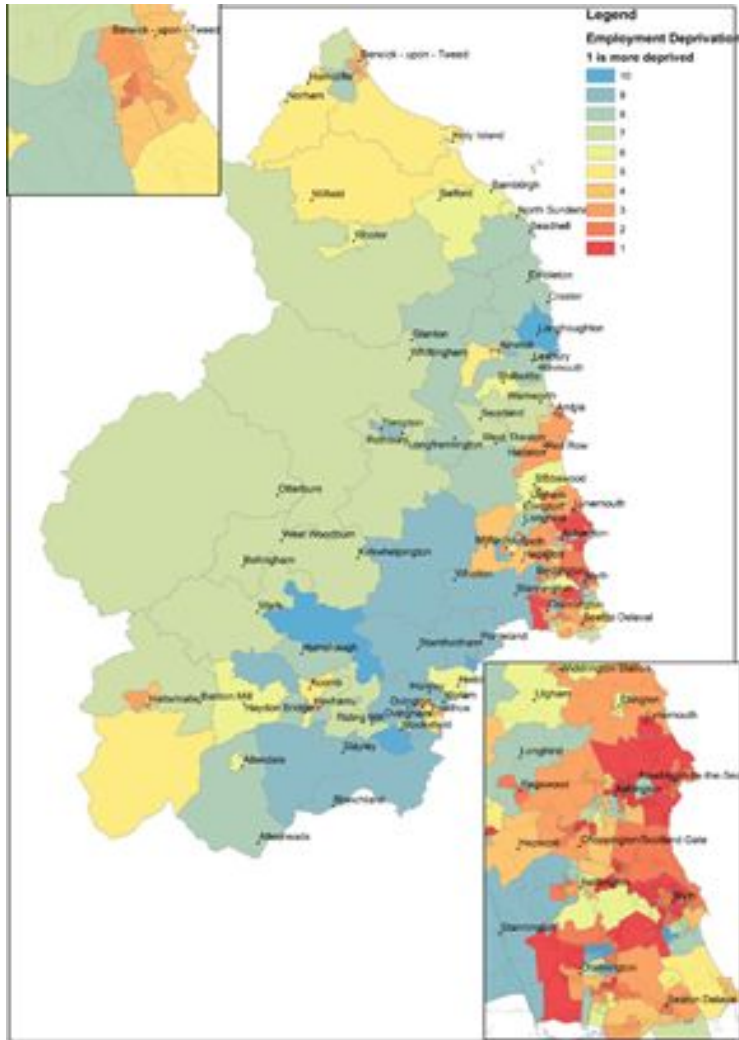
Northumberland is a diverse county with a large geographic area much of which is sparsely populated. Within the urban communities of the south east of the county there are areas of high levels of deprivation whilst in other areas there are small rural communities with limited public transport links.

An 'Early Help offer' for Northumberland needs to take all of this into account and should provide a tailored approach to children, young people and families depending on the communities in which they live. This makes sense for the communities and provides services at the most local level possible. If we get it right more families and young people will engage at the most appropriate level of need reducing the need for high level or specialist services and for children and young people to access services outside of their local area.

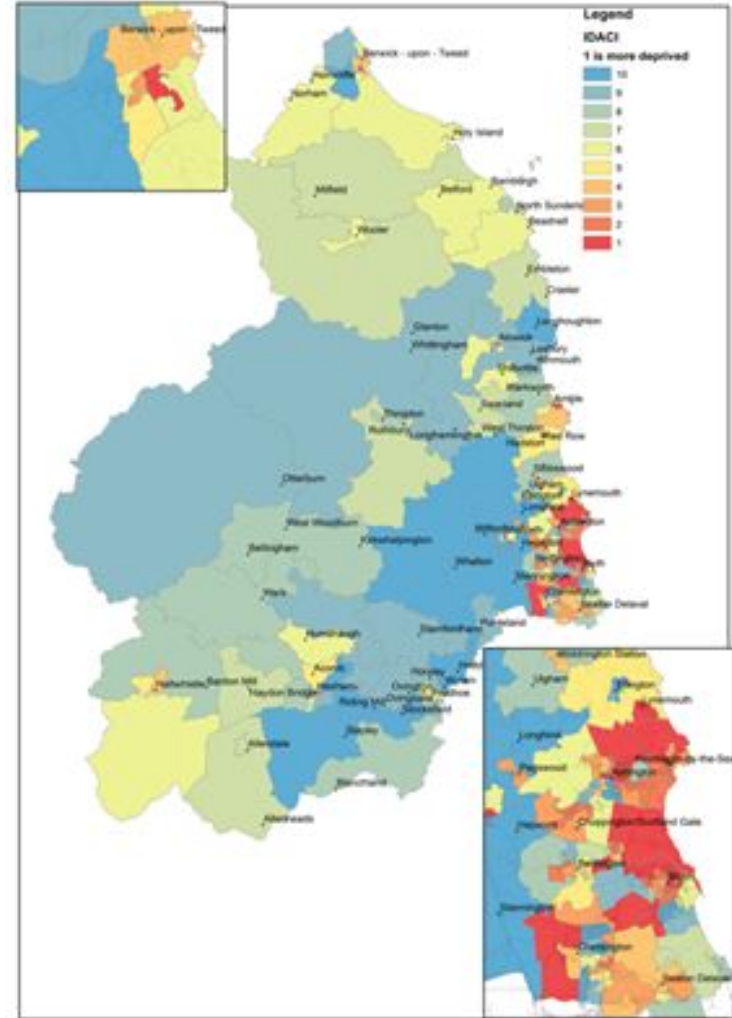
Over the last twelve months we have seen an increase in the numbers of children needing to access specialist support including increases in children on child protection plans and children accessing specialist mental health support.

# Keeping Children and Young People Safe from Harm, Abuse and Neglect

Employment deprivation in Northumberland

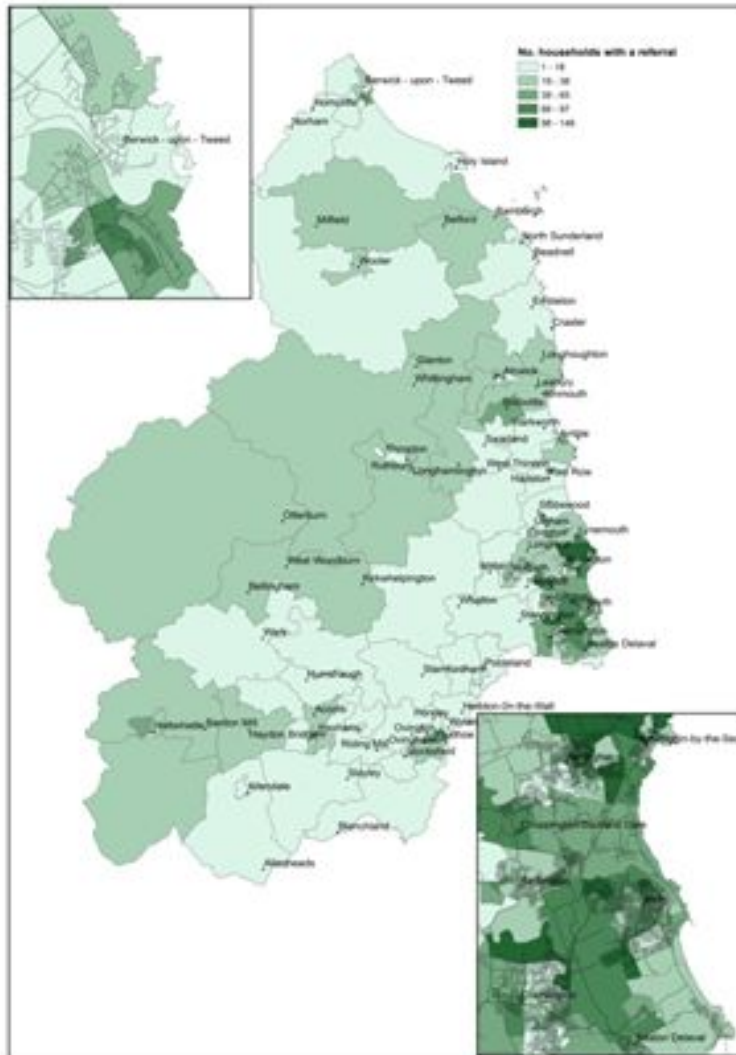


Income Deprivation Affecting Children Index (IDACI)

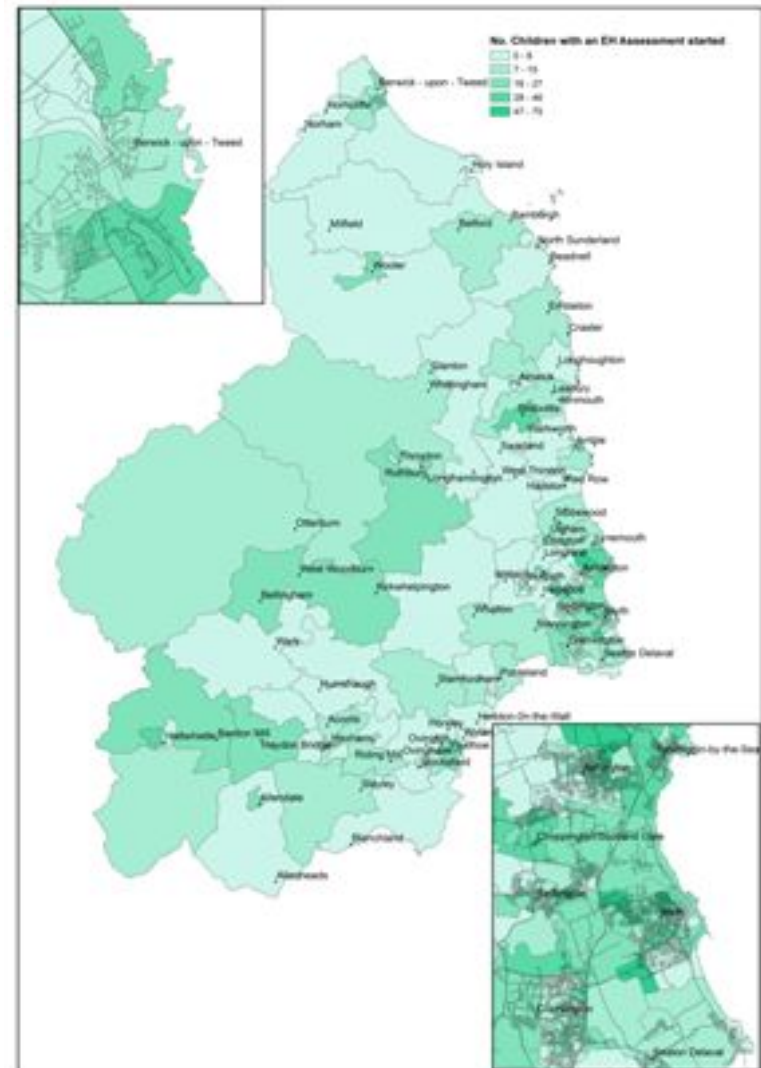


# Keeping Children and Young People Safe from Harm, Abuse and Neglect

No. households referred to children's social care



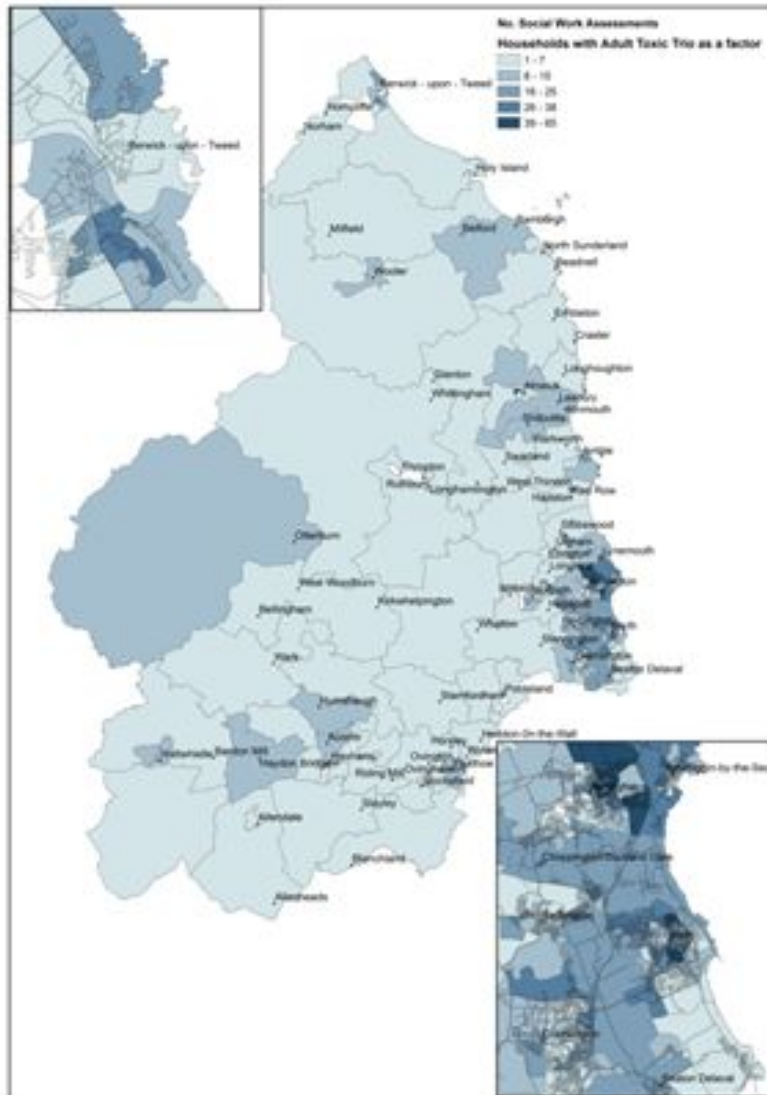
No. children with an Early Help Assessment



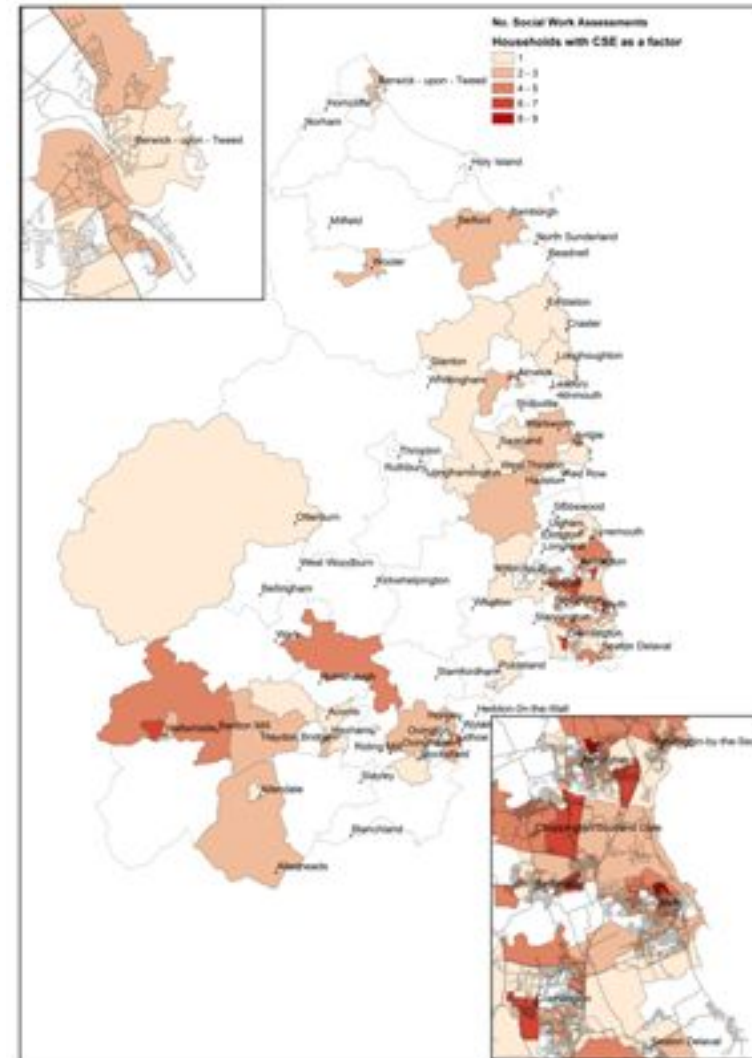


# Keeping Children and Young People Safe from Harm, Abuse and Neglect

No. households assessed by a social worker where at least one of the parents is the subject of the 'toxic trio' of drugs, alcohol or domestic violence



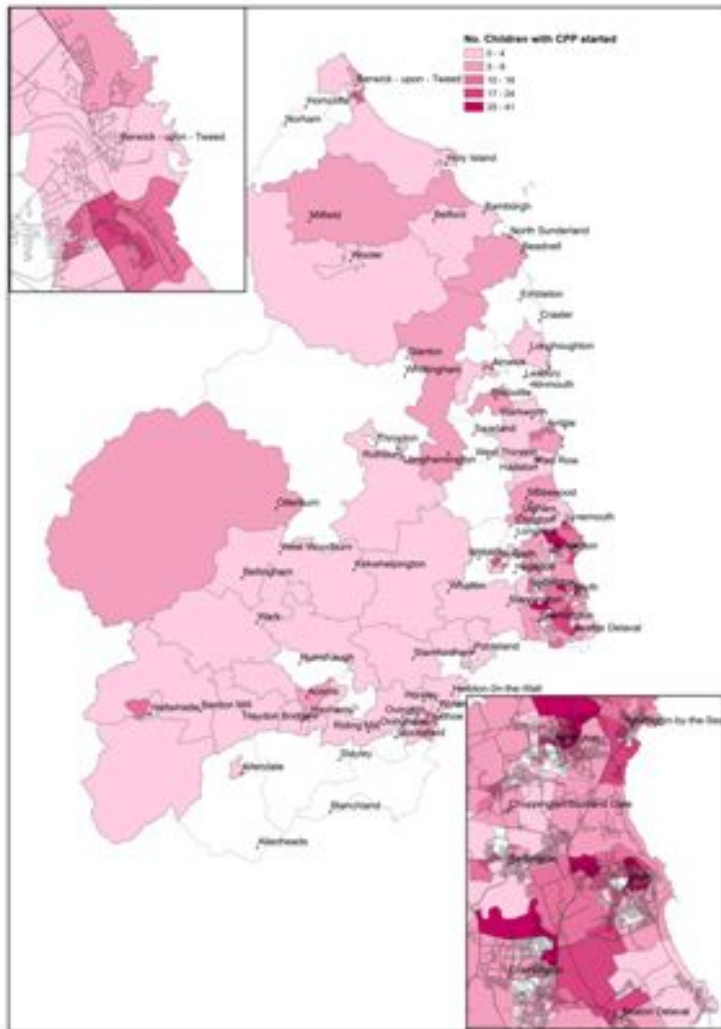
No. households assessed by a social worker where at least one child is at risk of sexual exploitation



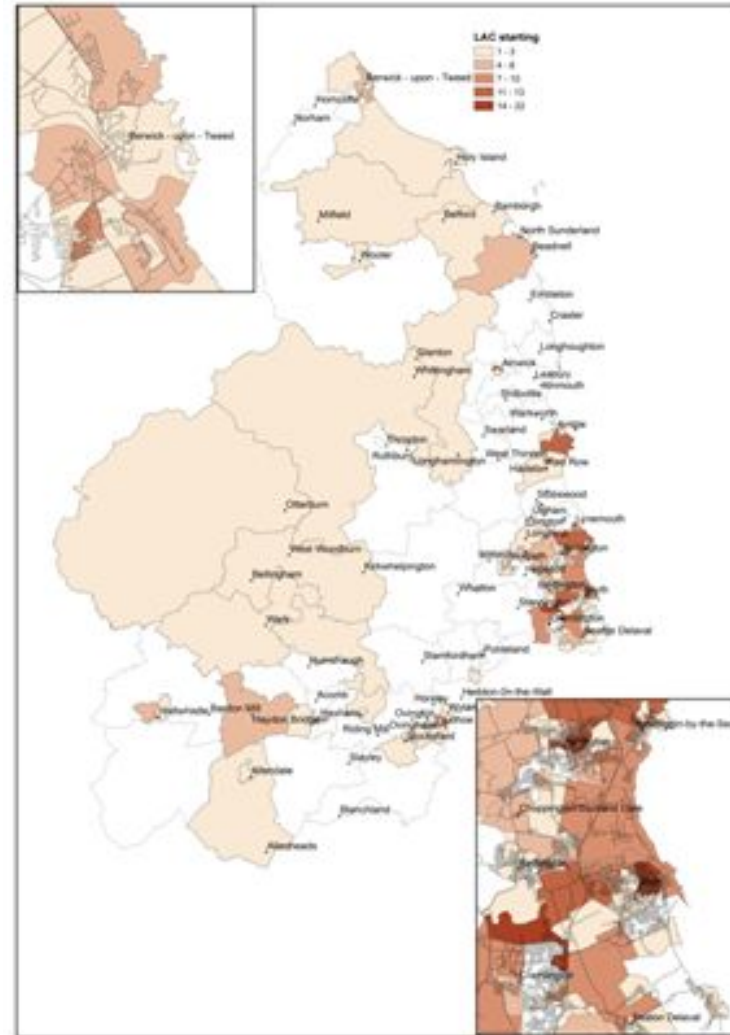


# Keeping Children and Young People Safe from Harm, Abuse and Neglect

No. children made subject to a Child Protection Plan

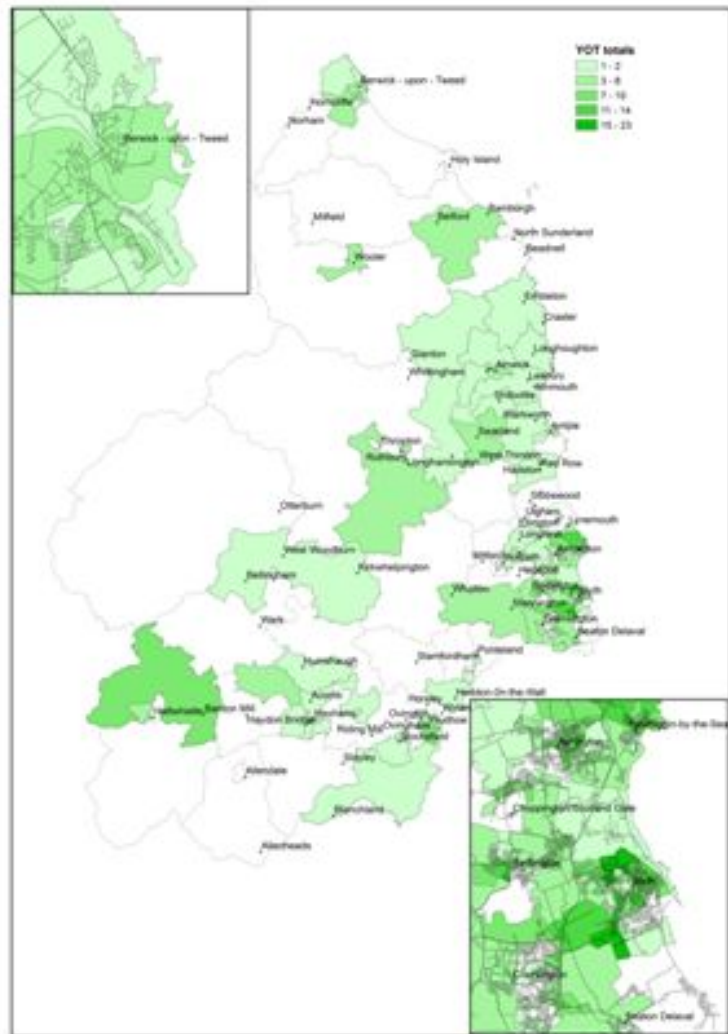


No. children entering care

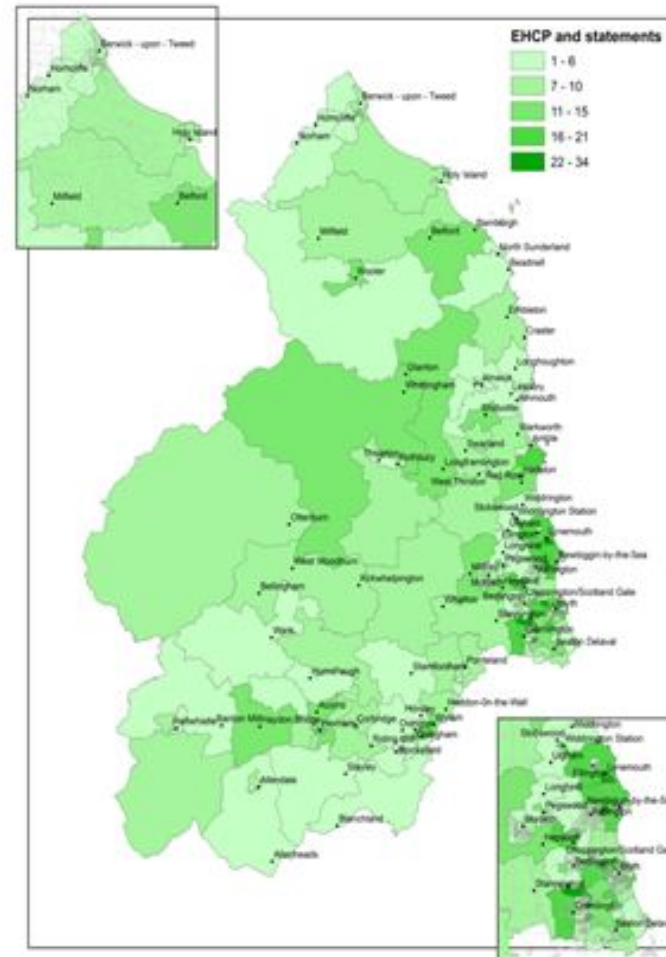


# Keeping Children and Young People Safe from Harm, Abuse and Neglect

No. children who have been given a youth caution or order



EHCP and Statements





## Keeping Children and Young People Safe from Harm, Abuse and Neglect

The data provided demonstrates that the highest areas of deprivation, interventions from social care and SEND are in the South East corner of the county. Most agencies working with children and families already concentrate a significant proportion of their resource in these areas. As part of the early help strategy all agencies need to continue to be mindful that children living in these parts of the county are more likely to require support to achieve their potential. However, we also need to be mindful of the hidden aspects of rural deprivation coupled with some of the public transport challenges faced by our rural communities mean that families in those areas can equally require support.

We need to ensure that the early help strategy and the new poverty strategy support each other in the work undertaken with communities in all areas to encourage locally driven solutions which are owned by the communities themselves.

As part of reviewing the previous strategy a consultation questionnaire was sent out to staff in all agencies and organisations working with children and families in Northumberland asking for views on the impact of the current strategy and what people felt needed to be in place in the new strategy. A summary of this is included at Appendix 1. Of the 65 responses received the largest number came from staff in schools reflecting the importance of their role in the early help offer in Northumberland. In response to the question asking what the key areas for the next strategy should be answers can be grouped into the following key themes:

- Training
- Communication
- Engagement of all agencies
- Streamlining of processes
- Engagement of families in early help
- Prioritisation and understanding importance of early help by agencies and families
- Information on the impact of early help
- Identification of unmet needs

We need to ensure that this strategy and the subsequent action plans address these areas.

The Safeguarding Board ensures that there are clear and effective arrangements and agreements in place for sharing information, removing obstacles to professionals being able to use all the information there is. We know sometimes when things go wrong it is because someone had vital information about a child that had it been shared would have made the difference.

The Department for Education publication [Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers \(2015\)](#) makes reference to 'The Seven Golden Rules for Information Sharing'. These are directly relevant to practitioners and organisations that may have concerns about sharing information.

# Keeping Children and Young People Safe from Harm, Abuse and Neglect

## **Organisational Responsibility for Early Help**

Early help in Northumberland is a shared organisational responsibility. Support has been provided to and continues to be available for professionals within organisations who complete Early Help Assessments and act as the lead professional. It is incumbent upon all the partner organisations to ensure that appropriate staff feel skilled and able to complete Early Help Assessments and that any barriers are identified and overcome.

In addition to this the roll out and embedding of the early help locality hubs has led to their endorsement through the previous Strategy by the LSCB partners. It is the responsibility of the relevant organisations to ensure that staff participate fully in the processes linked to the hubs including attendance at and participation in the meetings involved. Through use of the thresholds document agencies should identify clearly when providing support through an Early Help Assessment should be undertaken by themselves, when a referral to the hubs would be appropriate and when the risk is such that a referral to the children's social work teams should be made. The single point of access arrangements for children's social care, including early help staff, will make this easier for referring staff in the coming years.

The Safeguarding Board will support this approach by ensuring that everyone is clear about what they should do when they feel that a child and family may need early help.

In the longer term this means that organisations will need to reflect the importance of early help in their commissioning strategies and arrangements. This may include the reorganisation and reconfiguration of their internal services.

For organisations who work with children and families it means that they may have to consider changing some of the ways they work as well as their systems and processes. In order to embed early help organisations need to embed the agreed Northumberland processes into the way they work. This will include everyone registering Early Help Assessments with the central database and reviewing the agreed plan with families and other involved professionals.

## **3.2 The Supporting Families Partnership**

Known locally as the 'Supporting Families Partnership' the national Troubled Families programme is aimed at families with a range of complex needs grouped into the following criteria:

- Parents and children involved with crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help

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- Adults out of work or at risk of financial exclusion or young people at risk of worklessness
- Families affected by domestic violence
- Parents and children with a range of health problems

Within Northumberland we are using the funding we receive for this programme to support the resourcing of our Early Help Offer. Our local outcomes plan which sets out what success looks like for a family is being embedded in the Early Help Assessment action planning process to support practitioners with measuring outcomes for families.

The Troubled Families service planning and transformation maturity matrix tool contains six strands:

- The family experience of transformed services
- Leadership
- Strategy
- Culture
- Workforce Development
- Delivery structures and processes

Through a questionnaire developed to get multi agency responses it highlighted that multi agency training around whole family working was a key area for us to develop.

Going forward use of the matrix tool will be incorporated within the early help early intervention sub committee action plan.

### 4. Links to relevant plans

**NSCB Business Plan Priorities 2016-19** whilst this strategy links with all the priorities as set out in the Safeguarding Children's Board business plan

<http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Safeguarding/NSCB-Business-Plan-Part-1-2016-2019.pdf>

It particularly relates to priority 2:

**Further promoting preventative and early help approaches**

Within this the NSCB set out three key areas for development:

**We will promote the development of capacity, resilience and independence of families through supporting the early help approaches across universal and specialist services.**



## Keeping Children and Young People Safe from Harm, Abuse and Neglect

**Ensure that local agencies work together to identify children and families who would benefit from early help following the thresholds of need guidance.**

**Scrutinise the early help offer in relation to neglectful behaviours.**

These will be referenced within the early help action plan arising from this strategy.

**Northumberland Health and Wellbeing Board** has four objectives:

- **Give every family the best start to life** is the highest priority area identified in the Marmot Review in terms of reducing inequalities in the longer term. Whilst there are many areas of child health in which Northumberland performs better than the England average, there are also a number of indicators for which child health outcomes are poorer. Improving the early life experiences of children will, both directly and indirectly, result in improved health and wellbeing in later life.
- **Empowering people and communities** good early help arrangements start with community empowerment and engaging with the range of voluntary and community sector organisations is an important part of early help. Delivery of locality based early help services will encourage better partnership working at a local level. Early help support should be provided with a view to supporting families to support themselves.
- **Tackling some of the wider determinants of health** research shows that many of the health inequalities in communities arise as a result of lack of early intervention. Early help for families to access appropriate health services at the right time is key. In addition we know that other social and environmental factors have a huge role to play in health determinants such as appropriate housing, education.
- **Adopting a whole system approach to health and social care** Early help is focussed on providing a whole family approach looking at the full range of needs. The models we have developed in Northumberland through the hubs ensures that a whole system approach is taken. This needs to continue to be built upon.

## Appendix 1 Summary of Responses to Early Help Questionnaire

A questionnaire was sent out to a range of interested partners including all schools, GPs, health and local authority services to ask their views about the impact of the current early help strategy and what they saw as the key priorities for the new revised strategy.

The questionnaire was sent out as a Google form and also a Word document and answers were collated centrally by the local authority.

A total of 65 responses were received with school staff providing the largest number of responses.

From the questions asked and responses received there were some key themes which emerged in relation to what staff felt needed to be progressed from the current early help strategy. These are:

### **Training**

Respondents felt that there needed to be more training offered to reflect that information changes, staff need to be refreshed and new staff coming to work in Northumberland need to be trained in the local arrangements. In particular how to complete the assessment form and organise a Team Around the Family.

Going forward there is a rolling training programme booked till September 2018 for EHA and lead professional training and feedback from the survey about training has been fed back to the staff delivering that training.

### **Communication**

This was particularly about communication about what is happening for families with whom respondents in the survey were working from other agencies involved or from agencies who had been referred to.

It also reflected that staff have sometimes struggled to understand changes in the system for early help support and need to have regular communications about this.

### **Engagement of all agencies**

Respondents felt that there are some agencies who engage more readily in the early help process than others.

### **Streamlining of processes**

Respondents reflected that as new services and systems are developing then we need to ensure that all align to make accessing support at the appropriate level for families as straightforward and easy as possible for them and also the professionals referring on their behalf. There was also a sense that some of the existing processes around referral for multi agency support through the Hubs need to be revisited.

Going forward, integration of these processes with the One Call arrangements will streamline.



## Keeping Children and Young People Safe from Harm, Abuse and Neglect

### **Engagement of families in early help**

Some respondents felt that, because early help and the early help assessment process is a voluntary arrangement, that families did not always engage meaningfully in it. Further messages needed to be given about this to families, but additionally training for professional about how to engage families.

### **Prioritisation and understanding importance of early help by agencies and families**

Linked to engagement by agencies and families some respondents felt that participation and prioritisation from all agencies would give the process more meaning and achieve better outcomes for families. Similarly key messages to families about why it is important for them to engage in early help were required.

### **Information on the impact of early help**

Respondents wanted case studies and performance data about the impact of early help on families.

### **Identification of unmet needs**

Respondents were interested in understanding if there were needs which were not being met and how these were highlighted.

# Keeping Children and Young People Safe from Harm, Abuse and Neglect

## Appendix 2 Early Help Early Intervention Subgroup Work Plan 2018-2

Objective( what)	Action required to achieve objective (how)	Lead (s) (who)	Timescale (when)	Anticipated impact on Safeguarding children (why)	Success measures (how we know it's worked)	Quarterly Update/comment and RAG rated
1. Ensure there is a clear communications strategy to disseminate key changes, updates, user feedback to ensure client voices are heard	<p>Support a culture that regularly captures the voices of children and families</p> <p>Develop a meaningful dialogue across community networks around early signposting and safeguarding children at the very earliest point.</p> <p>Adopt standardised template for agency use and ensure multi-agency monitoring takes place</p> <p>Ensure feedback acted on and change is transparent</p>			<p>For all partners to share good practice amongst workforce</p> <p>Recognise and incorporate the role of communities in achieving best outcomes for children</p> <p>To give assurance the needs of families are being met</p>	<p>All agencies to engage in the feedback process</p> <p>Feedback from communities</p> <p>We will receive positive feedback from families</p> <p>We will receive positive feedback from professionals</p>	

## Keeping Children and Young People Safe from Harm, Abuse and Neglect

	<p>To deliver more early help services in partnership with communities at a locality level</p> <p>To further develop the early help newsletter to contain impact case studies and performance information</p>	<p>Jackie McCormick</p>		<p>Children receive support in areas where they live with communities empowered to support themselves</p> <p>Professionals working with children can see benefit of early help in safeguarding children and use more regularly</p>	<p>Feedback from communities</p> <p>Increased number of early help assessments and referrals to the Hubs</p>	
<p>2. Explicitly link this strategy to others e.g. resilience strategy, HV Parent Plus (HVPP), Neglect, SEND &amp; CSE Strategies, Young carers section of Carers Strategy, Poverty Strategy, Commissioning Strategy</p>	<p>Ensure Early Help Strategy is referred to and updates are linked to relevant workplans</p> <p>Ensure multi-agency integrated working meets collaborative objectives/outcomes i.e. 2½ year check, transition points</p> <p>Ensure system wide adoption of training programme and toolkits (i.e. Neglect Toolkit)</p>			<p>To ensure all relevant link to each other and address wider determinants that impact on child safety</p>	<p>Feedback from individual Strategy leads/placeholder</p>	

## Keeping Children and Young People Safe from Harm, Abuse and Neglect

				Increased awareness amongst workers across council and health providers will result in more children being identified and early help offer triggered		
3. Reinvigorate the training offer for Early Help Lead Professionals and local outcome plan	<p>Refresh programmes based on feedback</p> <p>Fully launch the early help workforce offer</p> <p>Report twice per year that reflects assessment/evaluation post training sessions are acted upon</p>	<p>Jackie McCormick</p> <p>Training sub group</p> <p>EH Coordination staff/Training sub group</p>		There is a trained workforce who understand the importance and role of EHA processes in supporting and safeguarding children	Numbers of staff undertaking the training on offer. Number of staff feeding back that they are confident in undertaking early help processes	
4. Monitor and improve engagement between professionals in adopting Early Help as a key component of day to day working	<p>Produce and disseminate meaningful regular performance updates from all agencies.</p> <p>Continue to streamline pathways for EHAs, step downs, hub referrals as systems continue to develop and publish in a timely way</p>	<p>All agencies' performance teams.</p> <p>EH coordination staff and First Contact managers</p>		Raised awareness of the early help hubs and SPA across all services to increase and maintain referrals across the county and promote the welfare of vulnerable children	<p>Positive impact demonstrated and agencies feel work is worthwhile</p> <p>Quarterly review and evaluation of outcomes</p>	

## Keeping Children and Young People Safe from Harm, Abuse and Neglect

	Ensure thematic audit is relevant to multi-agency workforce			Reporting from audits should inform actions points, responses and recommendations	Quarterly review and supported by recommendations	
5. Ensure all tools are promoted and accessed across partnership agencies	<p>Develop Early Help Module Cascade to external partners</p> <p>Embed use of outcomes plan in EHA action planning with practitioners</p>	<p>Mary Connor</p> <p>EH Coordination staff</p>		To ensure that practitioners and families are clear about the outcomes they are seeking to achieve for children and how they will measure success	<p>Numbers of families being claimed for under Supporting Families continue to rise</p> <p>Ensure training for supporting parents' health is disseminated wider than 'health workforce'</p>	
6. Identify and address organisational barriers to undertaking and participating in EHAs/Hubs across all agencies in Northumberland	<p>To ensure that the strategic sign up to early help is being replicated at an operational level across agencies</p> <p>Quarterly strategic meetings continue to identify, challenge and support providers</p>	<p>Mary Connor</p> <p>Karen Herne/LSCB</p>		Children requiring support receive it at the earliest opportunity possible from the full range of services they may be involved with	Numbers of EHAs and Hub referrals being undertaken	