



**Stockton-on-Tees**  
BOROUGH COUNCIL

# **Early Help and Prevention Strategy for Children, Young People and their Families**

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## Early Help and Prevention Strategy

### 'The right help, at the right time, in the right place'

#### Foreword

We know that families come in all shapes and sizes. Parents and carers have different experiences, knowledge, financial resources and energy levels. Communities and localities have a range of resources available to support families with children and young people with different needs and interests to build their resilience and be able to deal with challenges they encounter. Nobody's parenting situation is perfect and most of us recognise that we have to adapt our expectations for ourselves and our children in the light of what is possible, especially given the different and ever changing contexts in which we may each be trying to raise a family.

Although the majority of children and young people in Stockton-on-Tees achieve good outcomes, enjoying good health, feeling safe, achieving well at school, engaging in positive activities and having good prospects for future education and employment, there are a significant minority of children and young people for whom the predicted outcomes remain poor.

All parents need help from time to time. Bringing up a family has always had its challenges and this is just as true today as it has ever been. But there has arguably been a growing expectation, both locally and nationally, for families to be able to 'turn to' professional support, from a whole range of different practitioners in the community, to help them with their parenting. Time and time again research has shown that this professional support is most effective when those providing it are well led and perceived as part of a wider 'team' around that family. Words like 'partnership' are used to try to convey the way that those individuals, whether they be teachers, social workers, health care professionals, housing officers, police or any other professional are expected to engage with families and each other.

Prevention, by and large, is better than cure. Research shows that the input of these different partners is most effective when it is properly coordinated and strongly led by authentic, hard-working, compassionate and tenacious people, easy to access because it is close at hand, timely, responsive to needs, tailored to specific situations, addresses the family's situation holistically and does not just focus on one part of the family's priorities without reference to another. For example it is not helpful to concentrate on getting the housing right without taking account of where children will go to school. It is crucial that we work together, that managers at all levels lead by example, listen to feedback and support their staff to maintain their collective focus on improving outcomes for families even if this sometimes means making challenging decisions and undergoing difficult changes.

Attention in the literature is frequently on the way individual practitioners engage with families over time and build the kind of open, honest, challenging dialogue about the behaviours that they encounter and the likely impact of those on children's development. The ability of professionals, whatever their role, to get alongside and build those type of relationships where really difficult and personal family, education, health and care issues for young people of all ages can be identified, understood and addressed, sooner rather than later, is critical. This reflective practice is a key factor for how we want to work together in Stockton and is at the heart of the way we expect to deliver activity related to this Early Help and Prevention strategy. We believe that it is critical to develop a culture across the Borough between families and practitioners where we recognise our individual and collective strengths but also have the confidence to talk, and listen, to challenge each other and to be honest about what we find difficult and still need to address.

We believe that investment in Early Help not only improves outcomes for children, young people and their families but also provides value for money and an opportunity to ‘invest to save’ at a time when resources are limited. Vitality, it will bring together many strands of work to create a vision for the future where families are resilient and supported within their local community with reduced need for specialist intervention.

We acknowledge that we are at the beginning of this journey but the Early Help and Prevention strategy sets out the commitment to the continued development of Early Help in Stockton-on-Tees. It outlines a whole range of processes that help us to do this effectively, but these should not be perceived as ends in themselves. They are tools to enable us to build the kinds of practices, insights and relationships that make a real difference to outcomes for children and young people. We intend to use them to increase our capacity and our ability to make Stockton-on Tees a great place not just to be a child or young person growing up, but also to enable every parent, whatever their situation, to be the best they can be.

DRAFT

## **Introduction**

This Early Help and Prevention strategy for Stockton-on-Tees has been agreed by the Health and Wellbeing Board and the Local Safeguarding Children Board representing a shared commitment to the co-ordination of support to children, young people and their families across the borough.

The strategy sets out a vision for how the Council and its partners will work with children, young people and their families to offer help and support in a way that reduces the need for specialist interventions and provides support across the levels of need.

The strategy is a key element of our overall ambition to ensure that children and young people are healthy, safe, aspire and achieve their full potential and for families to become more resilient and develop capabilities to prevent and resolve problems.

The strategy forms part of a wider strategic approach to supporting children and families in Stockton on Tees which includes:

- Stockton on Tees Local Safeguarding Children Board Business Plan
- Stockton on Tees Health and Wellbeing Strategy
- Stockton Borough Council's Corporate Plan

This strategy has been developed in response to the need outlined in both national and local policy to develop and deliver effective responses to families who need early help.

## **Vision for Early Help and Prevention in Stockton-on-Tees**

In Stockton on Tees, we believe that early help and prevention services should:

- respond to local need in a clearly targeted way
- be coordinated across partner agencies to ensure a 'menu' or pathway of support for children and families
- empower parents and families to take responsibility for their children
- focus on clearly demonstrating an impact on outcomes for children, young people and their families

## **Key Objectives of the Early Help and Prevention Strategy**

- 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.

- To provide the context for multi agency partnerships to work together to improve outcomes for children, young people and families across the continuum of need..

## **Principles of the Early Help and Prevention Strategy**

To implement the objectives above, the strategy identifies the following principles as vital to the development and delivery of Early Help and Prevention:

1. All agencies working with children and families in Stockton on Tees should be committed to Early Help. This means that there are no wrong doors and all agencies are committed to addressing the needs of families whether that need falls within their immediate area of professional expertise or not.
2. Children and families are central to identifying, defining and addressing unmet needs and emerging low-level problems as early as possible. They are key partners in the assessment, planning and review process. The voice of the family and crucially the child (where age appropriate) must be sought at all stages of the early help offer.
3. The Early Help offer should be well defined but not separate from specialist services with a shared focus on the child's journey and the use of a 'step up/step down' approach.
4. Agencies need to be committed to identifying children and families unmet needs and identifying early problems emerging in children and families. A commitment is required from agencies to support their frontline staff to take a lead in meeting families' needs and be willing to support the multi-agency processes once families requiring Early Help are identified by other agencies.
5. Agencies should be committed to addressing unmet needs and low level problems at the lowest level of the continuum of need and ideally at the universal and targeted service level with effective interventions which prevent escalation into specialist services.
6. The Common Assessment Framework (CAF) is at the heart of Early Help to support identification of need and provision of a coordinated response.
7. Support and guidance will be offered to enable services/agencies to broker support from other partners.
8. Services should be integrated where possible providing step up where need and risk increase, and step-down services to sustain improvements where risk and need decrease; services must ensure pathways are smooth and uninterrupted for children and families.
9. Services should be continuously reviewed, monitored and evaluated, including by service users to ensure they meet needs and address problems effectively.
10. Commissioning arrangements need to be joined up, with robust service specifications in place that identify required outcomes and performance monitoring arrangements.

## What is Early Help?

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. It is about offering help to children and families to prevent problems arising and providing help when problems emerge. It refers to both help in the early years of a child or young person's life, including ante-natal interventions, and early in the emergence of a problem at any stage in their lives.

Early Help is crucial 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 help them move on from their difficulties and lead happier and healthier lives. Early Help therefore aims to promote better long term outcomes for families and, in doing so, also prevent them needing more intensive, potentially intrusive and higher cost services in the future.

For the purpose of this strategy the Health and Wellbeing Board has agreed that the following definition of Early Help will be used by all agencies delivering services across the borough:

**'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. Early intervention may occur at any point in a child or young person's life'.**

C4EO 2010

## What is Prevention?

'Preventing problems occurring by building resilience and reducing risk factors'

Prevention is an over-arching set of universal support activities which aims to increase the protective factors and decrease the risk factors facing children, young people and families.

It refers to the complex mix of individual, family, community and factors which combine to keep individuals safe and well, and for any problems or concerns to be tackled informally and quickly, without the need for more specialist support. Prevention through universal services offers the opportunity to engage all families through services they may usually access.

Examples of universal preventative services include:

- Children's Centres and the universal level programmes they provide
- Health visitors and the advice and support provided to families at a universal level
- Open access leisure provision such as youth centres or libraries
- Immunisation programmes
- Personal, Social and Health Education programmes within primary and secondary schools.

## The importance of Early Help and Prevention

The concept of early help and prevention is simple; by engaging and working together with children and families we can prevent issues occurring and deal with them more effectively when they do.

**'The growing interest in early intervention (help) as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action'.**

**C4EO, Grasping the Nettle, 2010**

### Early Help and Prevention : National Context

Five key documents published during 2010 and 2011 following the formation of the Coalition Government reinforce the case for Early Help: the Graham Allen reports on intervening early in a child's life, the Field report on preventing generational poverty, the Munro review of children's social care services, the Tickell review of Early Years and the Marmot review of health inequalities.

All make a compelling case for Early Help and Prevention – both early in a child's life or at the early signs of a possible problem. The key messages emerging from these documents are:

- Early Help results in positive benefits to the social, personal, emotional and economic lives of children and young people and to their parents and carers.
- Early Help has economic benefits. Universal and targeted services can be delivered at a lower cost than higher-level specialist services.
- Funding and resources should be realigned to support Early Help using the 'invest to save' model.
- Providers and commissioners should be required to improve how they measure outcomes and value for money.

In her review of children's social care services, Professor Munro comments that since preventative services do more to reduce abuse and neglect than reactive services, paying attention to the coordination of these services is essential. This is both to maximise the efficient use of resources and to effectively safeguard and promote the welfare of local children and young people. With significant reforms underway in the main public services, there is a further risk of inefficiencies if reforms do not take account of the repercussions for other services. She therefore recommended that local authorities and statutory partners secure sufficient provision for Early Help and set out their arrangements to develop and implement this locally for children, young people and families.

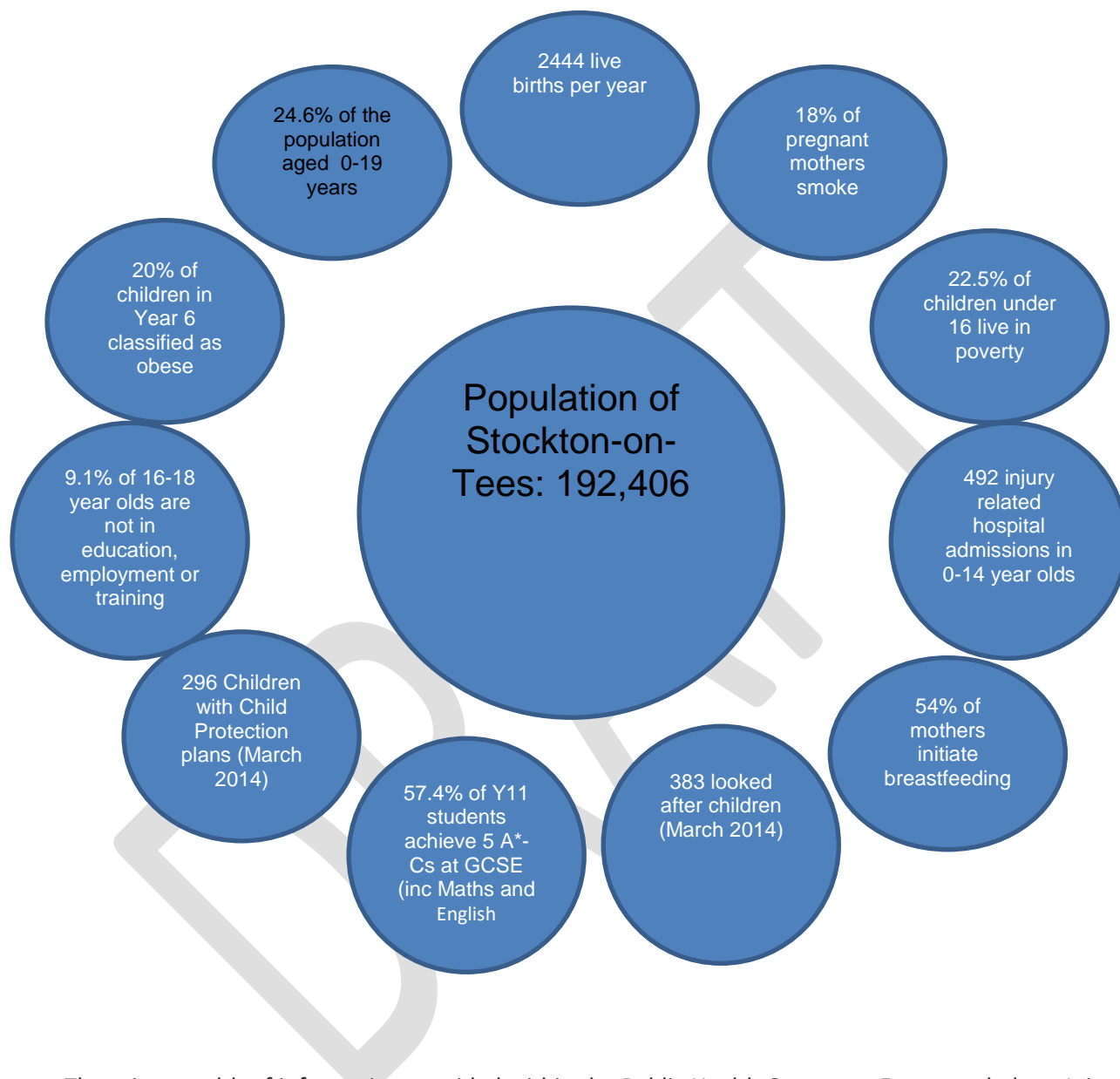
### Stockton on Tees – Assessment of Need

There are approximately 47,000 children under the age of 18 years living in the borough of Stockton. The majority of these are well supported through universal services. There are, however, a number



of children and families in need of further help and support. It is difficult to determine exactly how many children and families may require Early Help as there are a number of contributory factors and no single measure will identify them all.

There is often a close correlation between families in need of Early Help and a range of issues such as poverty, health, education and housing. Relevant key facts include:



There is a wealth of information provided within the Public Health Outcomes Framework data, Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy which has guided the production and priorities of this strategy.

### Early Help and Prevention - Local Context

The Ofsted Inspection of Local Authority arrangements for the Protection of Children in January 2013 identified that whilst children are supported effectively by a range of Early Help services in Stockton, there is a need to develop a co-ordinated Early Help offer.

Stockton on Tees Health and Well Being Board has published its Joint Health and Well Being Strategy 2012-2018. Giving Every Child the Best Start in Life is identified as one of the three top priorities within the Borough. The objectives are:

- Develop comprehensive early support for families.
- Enhance the offer of good quality early years education and childcare.
- Improve access to evidence based programmes to support healthy lifestyles with effective follow on support for those who need further support and treatment.

An externally facilitated Accelerated Learning Event (ALE) was held in March 2013, attended by a wide range of partner agencies and stakeholders working within Stockton on Tees. The aim of the session was to critically examine current early help arrangements that are in place to prevent children from entering the children's social care system. The work undertaken on the day, subsequent research into existing early help services and the development of an interim Early Help strategy has formed the basis of this document.

Analysis of the currently available data from the CAF database reveals three key factors:

- 13-18 year olds are the most significant focus of CAF activity
- relatively smaller numbers are represented in the unborn and 5-7 years groups
- the most frequent reason for a CAF 2 being initiated are:

Difficulties with behaviour management  
Step down from social care intervention  
School attendance issues

Analysis of referrals to children's social care, particularly those resulting in children becoming subject to a child protection plan or entering the looked after system, indicate that chronic neglect is the key underlying issue. There is also evidence that domestic abuse is the primary cause of concern for a growing number of children.

Discussions arising from the ALE and subsequent research have identified a number of current local services as examples of what works:

- Family Intervention Project
- Troubled Families
- Family Nurse Partnership
- Family Information Services
- First Response Service (incorporating First Contact, Family Support and CAF Co-ordination)
- Children's Centres
- Targeted Mental Health in Schools (TaMHS)
- Moving Parents and Children Together (M-PACT)
- School Based Initiatives

A number of common themes were identified as being key contributory factors towards successful interventions:

- 'Whole family' ethos
- Intensive and challenging approach
- Open and honest engagement
- Consistent support from skilled key worker
- Support over a sustained period of time

Effective delivery of Early Help requires a whole family approach and encompasses all stakeholders working with children, young people and families. This includes Health, Police, Probation, Schools/Education, Children's Social Care, Adult Services, Housing, Faith groups, Voluntary and Community organisations and the wider public.

The strategy acknowledges that agencies will be addressing their own discrete needs and meeting a range of individual key performance indicators against a variety of policy drivers. However it aims to provide an overarching umbrella and pathway for the delivery of all Early Help and Prevention services for children, young people and families in Stockton according to need.

#### **Example of Good Practice : Early Help Partnership with Community Midwifery and Children's Centres**

Children's Centres and Health services are working in partnership to ensure that communication is robust and families needs are addressed early where the Healthy Child Programme is concerned.

Both Midwifery and Health Visiting teams are co-located within the Children's Centres and have an effective and professional relationship with the Children's Centres in their areas.

By working together we aim to ensure that services delivered are co-ordinated and managed in a way that enables families to gain new knowledge and skills helping them to become healthier and improve their outcomes. The Healthy Child Programme Offer will develop a multi-agency approach for all children and families from a universal perspective through to statutory intervention. The Healthy Child Programme sharing of data and information agreement will ensure that families needs are met as early as possible.

The process in place is as follows –the Midwife will complete a notification form (N2) when the parent is 16 weeks pregnant. This form is forwarded to the Health Visiting Service for recording and disseminating to the Children's Centre Manager. On receipt of the N2 form the Children's Centre Manager will allocate the most relevant member of the team to address the needs of the family and feedback to the Midwife. The same process is undertaken when the parent is 34 weeks pregnant.

By working together we will ensure that the early help strategy is embedded and our children and families are at the heart of all assessment and plans.

#### **Common Assessment Framework**

The Common Assessment Framework (CAF) is at the heart of this strategy. CAF is a standardised approach that is used across all services working with children, young people and their families. It is a holistic assessment tool that summarises a child's strengths, needs and goals after considering all aspects of his/her life, family and environment. It is designed to be shared between professionals/services and used as a starting point for planning coordinated multi-agency support. The CAF process is underpinned by collaborative partnership working with families and the child/young person. Stockton's process is currently broken down into 5 steps which provide a robust and fluid system for practitioners to use. We believe this provides the best approach possible to identifying where additional help is needed, assessing this and communicating across agencies in a consistent way. The CAF process is one of the key elements of the Local Safeguarding Children Board (LSCB) Continuum of Need and Services document which is the framework to provide greater clarity in relation to the roles and responsibilities of all agencies working with children in Stockton-on-Tees.

### Example of Good Practice : CAF and Family Support Team

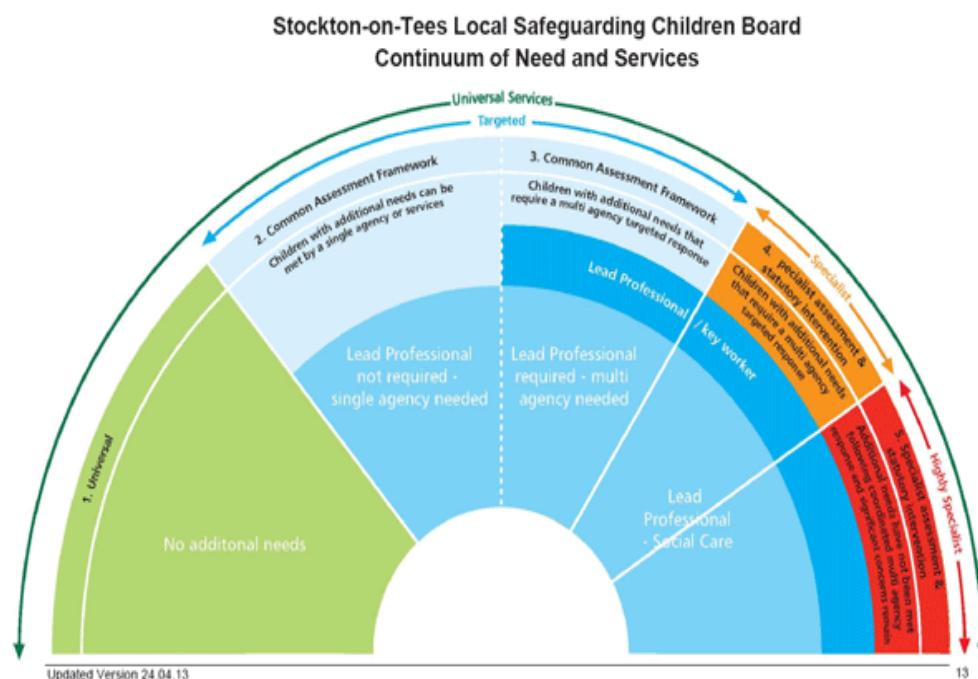
This case study involves a mother and her three children, OF (7 years), LF (5 years) NF (2 years). CAF 1 and 2 assessments were completed by school following several missed appointments by Mum to engage with the CAF process. The conclusion of the CAF 2 was to invite the CAF Co-ordinator to the Team Around the Child (TAC) meeting. CAF Co-ordinator attended with Head Teacher and Parent Support Adviser. Mum attended too. Main points raised and concerns discussed were in relation to: attendance, children's appearance and suitability of clothing, toileting, health issues, daily routine, learning and development, family relationships and environmental issues.

The CAF Co-ordinator explained the role of the Family Support Team and Mum agreed to the referral to this service. It was explained to Mum that this resource is very limited and she must engage with the workers who contact her. Several home visits took place to undertake a full assessment of need. The assessment confirmed a number of concerns, that were initially highlighted by school. It also identified new issues that needed to be addressed quickly to ensure no children were left unsafe in the house. The work with the family was slow, but progress has been made, and to summarise to date:

- LF and OF have now changed schools closer to home to enable mum to get them to school on time.
- School uniform is now fully provided each day.
- The bedroom which was deemed inhabitable has now been decorated and new beds and bedding supplied for all the children.
- Home safety check has been requested for safety equipment.
- Clutter within the home has been cleared away.
- Rubbish and black bags have been removed from the home.

Mum is engaging with the process, and continues to recognise that she needs support to ensure progress does not deteriorate in the future.

## Stockton on Tees Continuum of Need and Services



The Stockton-on-Tees Continuum of Need and Services applies to all children from conception to the age of 18 years. It recognises that the shared aim of all services from universal to highly specialised is to provide supportive early help, which focuses on the needs of the child, young person and family and enables them to achieve their full potential.

The definition of Early Help and Prevention detailed in this strategy advocates that the Early Help offer covers all services across the continuum of need but is mainly aimed at those children and young people at Level 2 (children and young people with an additional need that can be met by a single agency) and Level 3 (children and young people with an additional need who require a multi-agency response). However, Early Help can span across the higher end of Universal Services and the lower end of Specialist services.

The strategy also acknowledges that some families may move across the continuum of need in both directions as needs escalate and de-escalate.

### Early Help Levels of Offer

#### Level 1 Universal

Universal services are those that are available to all families. Most children will access universal services successfully and have their needs met by their family and informal support systems with minimal intervention from professionals.

The provision of high quality universal services can enhance the quality of lives of children and their families and help prevent them from experiencing significant problems.

To effectively deliver universal services within the context of Early Help, agencies and professionals will support families to identify their own solutions to problems. This will involve:

- Making information available to families so that they can find out what services there are and where and how they can access them when they need them;

- Providing general advice and information;
- Assessing needs – using a CAF to establish if there is unmet need;
- Monitoring needs in a low-key way and be ready to step in if the family exhibits signs that indicate a more targeted response is required;
- Being aware of the range of targeted and specialist services available and understanding how to link with them. This may for example involve targeted services being delivered within universal settings so that families can ‘step up and step down’ between tiers of need quickly as their needs emerge and are dealt with.

If delivery and support is right at this stage the need to progress through the levels towards more targeted support will reduce and in this respect our universal services are preventive.

Indicative examples of needs and circumstances at universal level:

- A newborn baby is provided with post natal care through midwifery services
- A mother having problems with her child’s sleep patterns has the child’s needs met through health visiting services
- Most children and their families have their education and support needs met through schools
- A young person aged 13 plus has a need for careers information, advice, guidance and support from Youth Directions (formerly Connexions).

## **Level 2 Targeted Single Agency**

Targeted services are those that are available to families who have additional needs that they cannot address on their own. Assessment may determine that the input of one service is required for a limited period at a particular point in time.

Delivering targeted single agency services within the context of Early Help will require agencies and professionals to identify opportunities for supporting families at the earliest opportunity. This will involve:

- Using CAF to assess needs
- Working with families to identify actions and develop and monitor plans;
- Being aware of the range of targeted and specialist services available and an understanding of how to link with them. This may for example involve targeted services being delivered within universal settings so that families can ‘step up and step down’ between tiers of need quickly as their needs emerge and are dealt with.

Indicative examples of needs and circumstances at targeted single agency level:

- A child is struggling to communicate at nursery. Speech and language therapy services are accessed and the assessed need is met.

- A learning mentor assesses that a young person has a problem with alcohol and/or drugs, therefore substance misuse services are accessed and the need is met.
- A housing officer assesses that a family has financial difficulties and supports them to access welfare benefit advice and the need is met.
- A health visitor assesses a child as having additional health needs and refers to a paediatrician who meets the need.

#### Case Study : TS aged 22

I have been involved with Redhill Children's Centre from the age of 14 when I had my first child. I attended the Teenage Pregnancy Unit that was based there until my due date and then again until the end of secondary school. Through my time at the unit, I finished my exams while my son was in the nursery which was next door. All of the staff helped me every step of the way through that time and I'm so grateful to each of them. In my last year at college, I fell pregnant with our second child. By the time I was due, I had finished college and I went along to the Children's Centre to see if there were any courses I could now attend with my new born and my 5 year old.

I signed up to a number of courses and was accepted on all. I attended every session including baby massage, keeping your child safe, health and social care, cooking, recognising child illness, child development and triple P (for behaviour problems in a child, I wanted some help/support at the time with my 5 year old) I did these over 2 years, and went on to complete higher courses on some of them such as health and social care. Not only did I enrol on the courses for advice and knowledge but for the socialising with other people/mums. In this time I was also coming along to teenage parents groups – scrapbooking, events, and their own teenage/young parents stay & play.

I received some excellent advice from a number of Children's Centre staff when I'd completed my Health and Social Care Level 2 - where to enrol, which paths to go down and I still regularly attend their events. I'm also a member of the Family Forum and Advisory Board meetings, which my son's head teacher attends! The staff at the Children's Centre make me feel very proud because they've helped me become who I am today. Unlike other organisers/groups, the centre actually listen to what parents in the area want – as in courses, equipment, resources.

I'm now 22 years old, have just completed a 12 week health and fitness programme. I'm currently studying at Stockton's Riverside College on an access to HE course – which has helped me get an unconditional offer for a place at university for children's nursing starting in October.

I've always been in education from leaving school, I wanted to be a great Mum, doing everything possible to give them a great life – Redhill Children's Centre has helped and encouraged me so much through the years. They continue to offer a wide range of activities for all ages, which my 2 love to enjoy.

\*Since writing this case study the parent has now also secured a part time job to help her financially while she studies at university.

### Level 3 Targeted Multi Agency

Targeted services are those that are available to families who have a range of needs that they cannot address on their own and that, following assessment, may require a rapid response from a multi agency team for a limited period at a particular point in time – in addition to services provided universally.

Delivering targeted, multi-agency services within the context of Early Help will require agencies and professionals, in addition to the requirements at targeted single agency level, to identify and coordinate opportunities for supporting families at the earliest opportunity. This will involve the use of CAF to assess needs and work flexibly with families to put in place and monitor plans that reflect engagement with relevant universal and targeted services for appropriate lengths of time. This will also require agencies and professionals to be more aware of the range of universal and targeted services available and know how to link with them, including engaging with adult services where relevant to ensure a whole family approach.

Indicative examples of needs and circumstances at a targeted multi agency level:

- A child or young person who is displaying a range of anti social behaviours, is not attending school and whose parent's ability to manage this is compromised by their own substance misuse.
- A single unsupported parent who continues to miss their child's hospital appointments for investigation of failure to thrive.
- A child who has severe disabilities or health needs which will require co-ordinated intervention from a number of organisations.

#### Example of Good Practice : Engagement - Family Intervention Project

The A family were referred to FIP by Social Care. The main area of concern highlighted on the referral was very poor home conditions and lack of parenting. I went on 3 joint visits with the Social Worker before I gained entry to the home, where Mum and Child presented as dirty, tired and dishevelled.

I visited every day after that initial visit and worked hard at getting Mum on side, to see that this was no life for her and her child and that it was possible to make changes for them to remain together and be successful. This took a long time of chipping away, at first she was often not in, or wouldn't answer the door, but by being personable, approachable and often brutally honest I built a good working relationship with Mum.

### Level 4 Specialist

Specialist services are needed by a small number of families where there are urgent and/or complex problems that impact on their lives and limit their ability to function.

Delivering specialist services within the context of Early Help will require organisations and professionals to be more aware of the range of universal and targeted services available and know how to link with them. Families should have easy access to universal and targeted services so that they spend as little time as possible at the higher level of need.



Providers of specialist services should also ensure clear pathways for families whose needs are escalating into the higher tier of service and for families whose needs are reducing and can move to a lower level of support.

When a child or family has received the support of specialist services it is important that when they are 'stepped down' from the highest level of need/support they are provided with appropriate lower level support to maintain their progress. By providing effective lower level support, this should ensure children and families continue to make improvements to their lives until eventually they do not need significant support or interventions from local agencies or 'bounce back' into specialist services.

## **Ensuring Quality of Practice across the Early Help Offer**

Early Help service providers will develop and maintain a supervision policy and ensure that all practitioners working with children, young people and families access supervision and work towards implementation of the framework below:

### **Professional supervision**

Practitioners should have clinical supervision according to their needs using emotionally restorative supervision techniques.

### **Safeguarding Supervision**

Practitioners must receive a minimum of 3 monthly safeguarding supervisions of their work with their most vulnerable babies and children. These are likely to include children on a child protection plan, those who are 'looked after' at home and those for whom the practitioner has a high level of concern. Safeguarding supervision should be provided by colleagues with expert knowledge of child protection to minimise risk. For example, supervision must maintain a focus on the child and consider the impact of fear, sadness and anger on the quality of work with the family.

### **Management supervision**

Practitioners should have access to a manager or professional lead to provide one to one professional management supervision of their work, case load, personal, professional learning and development issues;

All the above forms of supervision should have an emotionally restorative function and should be provided by individuals with the ability to:

- Create a learning environment within which practitioners can develop professional knowledge, skills and strategies to support vulnerable families. This will include experiential and active learning methods.
- Use strengths based, solution focused strategies and motivational interviewing skills to enable practitioners to work in a consistently safe way utilising the full scope of their authority.
- Provide constructive feedback and challenge to practitioners using advanced communication skills to facilitate reflective supervision.
- Manage strong emotions, sensitive issues and undertake courageous conversations.

## Taking Forward Early Help and Prevention Services in Stockton on Tees

There is an extensive range of Early Help services offered within the Borough. For the purpose of this strategy, key services have been identified and set out in Appendix One to provide an overview of current services. However this is not intended to be an exhaustive list of provision within the borough. It is acknowledged that there may be some duplication of services and some gaps in provision. Whilst there is good practice and evidence of co-ordination and integration, changes to services and service delivery models have meant clarity is needed on what is available and accessible. A coordinated offer is needed to ensure that families receive the right help at the right time.

To enable us to help and support families at the earliest possible stage, a range of partners need to build on work together to plan, design and deliver services. Partnerships that understand the role each agency plays and the impact they have on supporting families are essential.

This strategy will support the identification of both duplication and gaps in service provision and will focus the council's commissioning activity in relation to early help for children, young people and families.

### Practice Development

#### Initial Response Service

The Initial Response Service comprises the following teams which offer a first point of contact into Children and Young People's Services and early intervention with children and families:

- First Contact Team
- Emergency Duty Team
- CAF Team
- Family Support Teams

#### First Contact

During normal office hours, the First Contact Team is the first point of contact for anyone who has a concern about a child or young person living in Stockton on Tees.

The Team can receive referrals about children and young people from the general public or from other agencies. The First Contact Officers and Social Workers are able to make further enquiries following a referral to decide if the threshold for a social work assessment has been met.

The First Contact Team also receives referrals for Adult Services.

#### Emergency Duty Team (EDT)

The Emergency Duty Team provides emergency social work support for children and adults outside of normal office hours and on weekends and bank holidays. The Team covers the whole of the Tees Valley providing the service on behalf of Stockton-on-Tees, Middlesbrough, Hartlepool, Darlington and Redcar and Cleveland councils. The Team can call on support when required from partner agencies such as the Police and Health.

## **CAF Team**

The CAF Team co-ordinates the collation and registration of all work carried out with children and families by agencies under the Common Assessment Framework (CAF) as part of the Local Authority's early help offer. The Team has recently been expanded with four CAF Officers who will work to support agencies who have implemented a Team Around the Child (TAC) or a Team Around the Family (TAF). The Team also acts as a point of contact for any professional or agency who has queries about the Common Assessment Framework.

## **Family Support Teams**

The Initial Response Service also includes two Family Support Teams which are separated nominally on a geographic basis working either north or south in the Borough. The Family Support Teams provide targeted support to children and families under the Common Assessment Framework. The targeted support can include parenting assessments to identify specific areas of need so that early intervention services can be provided with the aim of improving the outcome for children and avoiding a referral to statutory children's social care services. The Family Support Team also provide a range of parenting training that can be tailored to the needs of the family as well as facilitating group work with children and their parents and the co-ordination of sponsored day care.

## **Bringing the teams together as part of the First Response service**

Bringing all of these teams together under the First Response umbrella along with the addition of a social worker within the First Contact Team allows the service to provide a more proportionate response to referrals into children's social care and a more co-ordinated provision of early help services which will hopefully lead to better outcomes for children and their families.

If a referral into children's social care is not deemed to meet the threshold for assessment but it is felt that the child(ren) would benefit from intervention under the Common Assessment Framework (CAF) there is now an effective route into the CAF Team or Family Support Teams. Co-location of these teams has also meant that information can be shared more effectively which can help to improve decision making and improve the response to referrers.

## Measuring Progress - How will we know if we are making a difference?

The impact of the Early Help and Prevention strategy will be measured against the outcomes experienced by children, young people and their families. The proxy indicators of progress are set out below. Key Performance Indicators have been agreed for each of these measures with targets for improvement to be set on an annual basis (see Appendix Two for performance indicators).

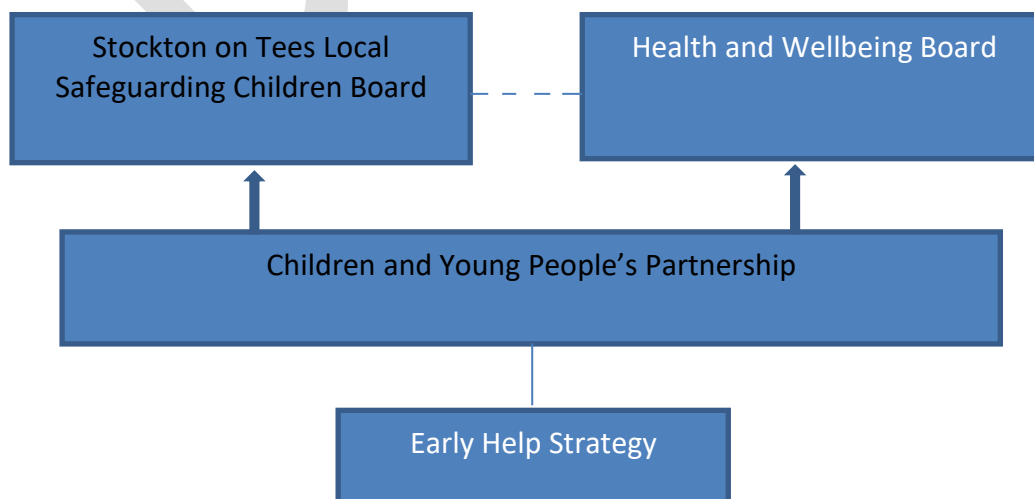
<b>Strategic Priority</b>	<b>Outcome</b>	<b>Indicator</b>
Safeguarding and supporting children and families	Children are safe	Reduction in number of looked after children  Reduction in number of children on child protection plans
Health and Well-Being	The best start in life	Reduction in child mortality rates  Increased rates of Breastfeeding - initiation and 6-8 weeks  Reduction in low birth weight  Reduction in maternal smoking prevalence  Reduction in hospital admissions for unintentional/deliberate injuries to children under 5  Increased numbers of children who are school ready as measured by Early Years Foundation Stage programme
	Staying healthy	Increased rates of children/young people at a healthy weight  Reduction in smoking prevalence of under 18s  Increased rates of physical activity in children/young people
	Positive approach to risk	Reduction in first time entrants to Youth Justice System  Reduction in under 18 conception rates  Reduction in hospital admissions for alcohol

		related harm Reduction in young people in treatment for substance misuse
	Emotional Health	Reduced rates of hospital admissions for self harm
Attainment	Good academic performance	Increase in GCSEs at A*-C
	Progression to Education, Employment and Training	Decreased rates of 16-18 year old NEETs
	Narrowing the Gap	Increased levels of attainment by looked after children

### Governance and Accountability

The Health and Wellbeing Board has overarching strategic responsibility for the Early Help and Prevention strategy which will be monitored through the Children and Young People’s Partnership on behalf of the board. Performance will be managed through Partnership structures which will in turn be accountable to the Health and Wellbeing Board. Quality assurance and challenge will be provided by the Local Safeguarding Children Board as directed within Working Together (2013). Working Together (2013) sets out that:

“In order to meet its statutory function the Board should use data to assess the effectiveness of the help being provided to children and families including early help”



## Next Steps

This strategy clearly defines the vision, objectives and principles upon which Early Help and Prevention Services in Stockton on Tees will be delivered. Building on the good work that has already commenced, there are a number of key strategic priorities which form the implementation plan for 2014-15. The priorities are based on the available data and information and on key messages from the ALE and other discussions with stakeholders.

## Strategic Priorities

- 1) Improve the use of intelligence and information to target early help provision
- 2) Develop a new integrated approach to the strategic commissioning of Early Help services
- 3) Provide well-coordinated, multi-agency Early Help services that are accessible and meet the needs of children, young people and their families
- 4) Ensure the workforce is effective in identifying and supporting children, young people and families who require support from Early Help services
- 5) Improve the voice of children, young people and their families to inform the way in which we commission, plan and deliver services
- 6) Create a communication plan to support the implementation of the Early Help strategy and increase awareness of the range of Early Help services available.

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### Early Help Strategy Implementation Plan

<b>Early Help Strategy Implementation Plan</b>		
<b>Strategic Priority 1</b>		
Improve the use of intelligence and information to target early help provision		
<b>Success Criteria for this Priority</b>		
1. Comprehensive picture available of the levels of need in the population with regards to Early Help services 2. An agreed framework will be in place for monitoring the impact of Early Help services		
<b>Actions/ tasks related to priority</b>	<b>Milestones</b>	<b>Lead</b>
Develop improved linkage of Social Care and CAF databases to enable more effective monitoring of activity and its impact.	Preferred solution to be identified by October 2014.	Head of Business Support and Improvement
Commission research project with University of Teesside, funded by the Institute for Local Governance (ILG), to evaluate the quality and impact of CAF practice.	Research project to start April 2014. Target completion October 2014.	Head of Business Support and Improvement / Head of Children and Young People's Services
Use the data mapping exercise, external study and ILG research to help evaluate impact of Early Help activity during 2014.	Evaluation to be included in annual review of Early Help Strategy, July 2015.	Public Health and Head of Business Support and Improvement
Link in to any emerging regional or national developments, through the ADCS network and sector led improvement work, on the development of performance indicators for application to early help services.	Developments to inform locally proposed metrics (see Appendix Two) and annual review of Strategy from July 2015.	Head of Business Support and Improvement



<b>Early Help Strategy Implementation Plan</b>		
<b>Strategic Priority 2</b> Develop a new integrated approach to the strategic commissioning of Early Help services		
<b>Success Criteria for this Priority</b> Comprehensive picture available of how far current services focus on early help and how they link with each other Early help services are commissioned based on an agreed set of standards and criteria for monitoring outcomes. across partner agencies		
<b>Actions/ tasks related to priority</b>	<b>Milestones</b>	<b>Lead</b>
Map existing services into a framework for support matrix and feed any gaps or duplication of provision into future commissioning priorities.	Service map produced and gaps identified in a report by October 2014 to feed into needs assessment process.  Benchmark against national examples of good practice by December 2014.	Head of Children and Young People's Services
Profile current Early Help spend across all agencies	Report produced and presented to Children and Young People's Health and Wellbeing Joint Commissioning Group by October 2014.	Head of Children and Young People's Services
Identify and release resources to lead an Early Help Implementation team	Resources identified by August 2014.	Children and Young People's Health and Wellbeing Joint Commissioning Group
Agree through Children and Young People's Health and Wellbeing Joint Commissioning Group the strategic and commissioning priorities for Early Help delivery.	Strategic priorities identified and agreed by September 2014  Commissioning priorities identified and agreed by December 2014.	Head of Business Support and Improvement, Consultant in Public Health
Undertake gap analysis of current spend profile against commissioning priorities to develop commissioning plan (both joint commissioning and individual service commissioning) which	Commissioning plan based upon needs assessment and pathway work developed by March 2015	Joint Commissioning – Chair of Children and Young People's Health and Wellbeing Joint Commissioning Group

<p>will include commissioning, de-commissioning and re-commissioning intent for Early Help services</p>		<p>Individual Service Commissioning – Head of Children and Young People’s Services, Head of Education, Early Years and Complex Needs, Consultant in Public Health, CCG Stockton Locality GP Lead, Head of Public Health Commissioning - DDT Area Team</p>
<p>Develop outcome based service level agreements and contracts for commissioned Early Help services</p>	<p>Service Level Agreements and Contracts to be drafted by March 2015</p>	<p>Joint Commissioning – Chair of Children and Young People’s Health and Wellbeing Joint Commissioning Group</p> <p>Individual Service Commissioning – Head of Children and Young People’s Services, Head of Education, Early Years and Complex Needs, Consultant in Public Health, CCG Stockton Locality GP Lead, Head of Public Health Commissioning - DDT Area Team</p>

<b>Early Help Strategy Implementation Plan</b>		
<b>Strategic Priority 3</b>		
Provide well-coordinated, multi-agency Early Help services that are accessible and meet the needs of children, young people and their families		
<b>Success Criteria for this Priority</b>		
Updated referral pathway produced and adopted by partner agencies, to ensure appropriate use of and communication between Early Help services, leading to an increase in appropriate referrals and provision of support at an earlier stage		
Families benefit from clear and consistent pathways with 'no wrong door' and a smooth transition to specialist services when necessary.		
Increase in numbers and quality of CAFs registered		
<b>Actions/ tasks related to priority</b>	<b>Milestones</b>	<b>Lead</b>
Engage with partners through Children and Young People's Partnership to ensure robust referral and communication processes are in place between agencies and between Early Help services.	<p>Process map current Early Help services to understand how they fit together by October 2014.</p> <p>Produce a map / flowchart of current Early Help services (capturing new arrangements as needed – see priority 6) with clear information on access points, referral and communication processes. Map produced by December 2014.</p> <p>Communicate map to all relevant partner agencies and services from January 2015.</p>	Head of Children and Young People's Services
Develop clear links between existing pathways and promote understanding across partner agencies.	Pathways aligned and shared across partner agencies from January 2015	Head of Children and Young People's Services
Explore feasibility of extending Family Information Service to become a resource for professionals alongside providing information to parents/carers.	Feasibility Report produced and presented to Children and Young People's Partnership by December 2014.	Head of Education, Early Years and Complex Needs

Embed continual review as part of the CAF process	CAF documentation reviewed and revised by July 2014.	Head of Children and Young People's Services
CAF Quality Assurance framework developed and disseminated to all partner agencies.	Quality Assurance framework agreed by CAF project board October 2014 and implemented by December 2014.	Head of Children and Young People's Services

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<b>Early Help Strategy Implementation Plan</b>		
<b>Strategic Priority 4</b>		
Ensure the workforce is effective in identifying and supporting children, young people and families who require support from Early Help services		
<b>Success Criteria for this Priority</b>		
Professionals feel confident, trained and supported to coordinate Early Help based on an assessment of need, to collaborate, to act as lead professional as appropriate and to focus upon the child as part of the family		
<b>Actions/ tasks related to priority</b>	<b>Milestones</b>	<b>Lead</b>
Audit current training offered to practitioners and identify gaps in provision	Audit completed by December 2014 with report presented to Children and Young People's Partnership and Stockton LSCB Children's Workforce Training Group by March 2015	Head of Education, Early Years and Complex Needs
Expansion of CAF team to provide support and guidance in relation to the CAF process and Team around the Child	4 x CAF Project Officers and 1 x CAF Administrator in post by July 2014	Head of Children and Young People's Services
Development of Early Help competency framework in relation to: <ul style="list-style-type: none"> <li>• Children and Young People's Development</li> <li>• Safeguarding</li> <li>• Health and Wellbeing</li> <li>• Communication, engagement and intervention with children, young people and families</li> <li>• Assessment, planning and managing risk</li> </ul>	Competency framework developed and agreed by Children and Young People's Partnership by December 2014.  Competency framework implemented from April 2015.	Head of Education, Early Years and Complex Needs

<ul style="list-style-type: none"> <li>• Supervision and managing risk</li> <li>• Multi agency working</li> </ul>		
<p>Development of common induction programme to ensure children’s workforce is equipped with the appropriate skills to deliver early help.</p>	<p>Induction programme developed and agreed across Local Authority, Health and Voluntary and Community Sector organisations during 2015/16.</p> <p>Induction programme commences delivery during 2015/16.</p>	<p>Head of Education, Early Years and Complex Needs</p>
<p>Further development of Multi-Agency training programme in relation to :</p> <p>Thresholds CAF Assessment Skills Team around the Child approach Voice of the Child Lead Professional</p>	<p>Training package produced during 2015/16</p> <p>Delivery of training to commence during 2015/16.</p>	<p>Head of Education, Early Years and Complex Needs</p>

<b>Early Help Strategy Implementation Plan</b>		
<b>Strategic Priority 5</b>		
Improve the voice of children, young people and their families to inform the way in which we commission, plan and deliver services		
<b>Success Criteria for this Priority</b>		
Feedback from service users indicates improved understanding of how to access services		
Children, young people and their families have a voice in how services are designed and delivered		
<b>Actions/ tasks related to priority</b>	<b>Milestones</b>	<b>Lead</b>
All service redesign and commissioning to include the views of children, young people and their families	Evidence of engagement and explicit statements of how engagement has influenced service design, commissioning and delivery to be monitored by Children and Young People's Partnership.	Needs assessment consultation will be led and completed by the Early Help Implementation Team.  Ongoing consultation with children, young people and families will need to be embedded as standard practice in each service area.
Children, young people and families to be involved in the design and delivery of multi-agency training in relation to the Early Help offer	Evidence of engagement and explicit statements of how engagement has influenced the design and delivery of multi-agency training to be monitored by Children and Young People's Partnership.	Needs assessment consultation will be led and completed by the Early Help Implementation Team.  Ongoing consultation with children, young people and families will need to be embedded as standard practice.

<b>Early Help Strategy Implementation Plan</b>	
<b>Strategic Priority 6</b> Create a communication plan to support the implementation of the Early Help strategy and increase awareness of the range of Early Help services available.	
<b>Success Criteria for this Priority</b> Clear vision and process communicated to all stakeholders regarding Early Help services leading to an increase in appropriate referrals and the provision of support.	
<b>Actions/ tasks related to priority</b>	<b>Milestones</b>
Devise and implement communication plan to promote early help strategy and early help offer (services and pathways) to partner agencies, stakeholders and service users	Two phase communication plan devised by September 2014  Phase One – promote engagement of partner agencies, assessment process.  Phase Two – launch of full Early Help strategy
Launch the Early Help strategy including a ‘family friendly’ format which explains what the strategy means for local families.	Strategy launched by November 2014 with public consultation

**Appendix One**

**Early Help Service Mapping**



### Targeted Service - Single Agency Response

Programme Title	Description	Lead Organisation/Provider
Breastfeeding Peer Support Service	This service provides women with support, advice and encouragement to initiate and maintain breastfeeding.	North Tees and Hartlepool Foundation Trust
Targeted Parenting Programmes	A range of parenting programmes can be offered to meet the needs of a family. These include 123 Magic, Strengthening Families, Nurturing, Parent Factor in Parental Substance Misuse, MPACT	Family Support Team, SBC
Children's Centre Targeted Programmes	Targeted sessions including Stay and Play, Baby Massage, Tiny Teeth etc	SBC Early Years, Education and Complex Needs
Children's Centre Home Safety Loan Scheme	Vulnerable families with children aged 0-5 (up to their 5 <sup>th</sup> birthday) can receive a home safety assessment, home safety advice and safety equipment where appropriate	SBC Early Years, Education and Complex Needs
Family Nurse Partnership	An evidence based, intensive home visiting programme for first time teenage mothers aged 19 or under at conception.	North Tees and Hartlepool Foundation Trust
Targeted Mental Health in Schools (TaMHS)	This project supports children and young people aged 3 to 18 years as well as parents, carers and the wider educational community by tackling blocks to good emotional health at an early, preventable stage.	Alliance Psychological Services
Targeted Youth Support Team	Street based work that supports the Joint Action Groups. The service provides youth support workers who run sessions with target groups. A small grants budget is also available	Youth Directions, SBC
Get On In Life project – support with education, employment and training	An ESF funded project targeted at moving young people into employment, education or training. The service works with the hardest to reach young people aged 14-19.	Youth Directions, SBC

Parents with Prospects programme	The programme is targeted at young mothers and focuses on progression into further training opportunities such as an Apprenticeship or into Employment.	Tees Achieve
Crafty Mums	Programme aimed at engaging teenage mothers in learning opportunities	Youth Directions, SBC
A&E Early Intervention project	Service which supports young people attending Accident and Emergency department with a variety of health issues to engage with broader young people's services.	Lifeline Young People's Substance Misuse Service
Smoking Cessation Brief Interventions	Advice, support and provision of drop-in sessions to support the decision to become smoke free.	North Tees and Hartlepool Foundation Trust
Community Safety team Person-Centred Counselling	Counselling for perpetrators and victims of anti-social behaviour	Community Safety team, SBC
Ohana Family Intervention project	The programme works with families to provide support in resolving problems and family conflicts.(NB. Referrals for this service are only accepted from Youth Offending Service, Preventions Team, Northfield School and Billingham South Primary school).	The Children's Society
Ohana Children's and Young People Counselling Service	Ono-to-one therapeutic counselling to support the emotional health of school-aged pupils. (NB. Referrals for this service are only accepted from Youth Offending Service, Preventions Team, Northfield School and Billingham South Primary school).	The Children's Society
Ohana Mentoring for Children and Young People	Mentoring scheme of 8 sessions for school-aged children and young people to support with any problems or issues they identify (NB. Referrals for this service are only accepted from Youth Offending Service, Preventions Team, Northfield School and Billingham South Primary school).	The Children's Society

Coaching Scheme	One to one coaching for vulnerable young people	A Way Out
Positive Futures programme (geographically targeted)	This project provides prevention and diversionary activities for vulnerable 10- to 19-year-olds at risk of drug misuse and offending and uses a range of activities to engage vulnerable young people such as sport, arts or learning and employment activities.	Corner House Youth project
Young Carers project	The service is based at Newtown Resource Centre and provides an outreach service to support young carers through one to one work and group work.	Eastern Ravens Trust

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**Appendix One (cont'd)**

**Early Help Service Mapping**

<b>Targeted Service – Multi-agency</b>		
<b>Programme Title</b>	<b>Brief Description</b>	<b>Lead Organisation/Provider</b>
Supported Housing Providers	A variety of support packages can be offered to help families to manage tenancies.	Thirteen Housing
Troubled Families programme	This programme works with families with complex needs who place high demands on services due to their involvement in crime/anti-social behaviour, children who truant from schools and receive out of work benefits.	Community Safety team, SBC Youth Directions, Thirteen Care and Support, Voluntary Sector Consortium
Preventions team	Targeted services providing caseworkers to support young people who display anti social behaviour. The aim is to work with young people and get them into targeted youth services. The service only works with children and if work is required with the family a referral is made to the FIP.	Youth Directions, SBC
Family Intervention Project (Tees Valley Housing)	Works with families who are referred to the service as a result of crime/anti- social behaviour and unemployment or there is a likelihood of the family losing their tenancy or children being taken into care. The work with families is contractual and intensive support is given to change behaviours and sustain positive parenting.	Thirteen Care and Support
2 year olds early years placements	This scheme can provide childcare places in independent day care provision (such as childminders, nurseries or playgroups) for	Family Support Team, SBC

	children in need. This is a limited resource with specific referral criteria and an assessment process.	
Sponsored Day Care placements	This scheme can provide childcare places in independent day care provision (such as childminders, nurseries or playgroups) for children in need. This is a limited resource with specific referral criteria and an assessment process.	Family Support Team, SBC
Family Wise worklessness project	This project offers a comprehensive information, advice and support service to help families identify and move towards finding work.	Regeneration and Economic Development, SBC

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## Appendix Two

### Proposed Performance Indicators

Measure	Data Provider	Data Frequency	Target (March 2015)	Amber Value
Mothers who receive a face to face contact with a health visitor at 28 weeks of pregnancy or above	NTHFT	Quarterly		
Smoking in Pregnancy – status at time of delivery	NTHFT	Quarterly		
Breastfeeding Initiation	NTHFT	Quarterly		
Breastfeeding 6-8 weeks	NTHFT	Quarterly		
Low Birth Weight of Term babies	NTHFT	Annually		
Hospital admissions caused by injury (0-14 year olds)	NTHFT	Annually		
Persistent absentees in primary schools	SBC BUSI	Termly		
Persistent absentees in secondary schools	SBC BUSI	Termly		
Post 16 Level 2 qualifications	Tees Valley Unlimited	Annually		
Learners with Special Educational Needs 5+ A* to C grades at GCSE including Maths and English	SBC BUSI	Annually		
Pupils on Free School Meals : KS4 5+ A* to C grades including Maths and English	SBC BUSI	Annually		
Proportion of children living in poverty	SBC BUSI	Annually		
Children who received a 2 to 2 ½ year health visiting review	NTHFT	Quarterly		
2 year olds taking up early education places	SBC BUSI	Quarterly		
Obesity in primary school age children in Reception (4-5 years)	NTHFT	Annually	9.5%	
Obesity in primary school age children in Year 6 (10-11 years)	NTHFT	Annually	21.5%	
CAF 2 registered per month	SBC BUSI	Monthly		
CAF Reviews completed on time	SBC BUSI	Monthly		
Troubled families achieving full or partial Payment by Results outcomes		Monthly		
Number of pupils permanently excluded from school	SBC BUSI	Termly		
Number of fixed term exclusions	SBC BUSI	Termly		
Young people aged 16 to 18 years who are not in education, employment or training	SBC BUSI	Quarterly		
Number of first time entrants into the youth justice system	SBC BUSI	Quarterly		
Under 18 conception rates per 1000 women as measured by reduction from baseline	Office for National Statistics	Annually	44	
Flow into social care (as measured by referrals)	SBC BUSI	Monthly		
Number of Children in Need	SBC BUSI	Monthly		
Number of children who are the subject of a child protection plan	SBC BUSI	Monthly		
Number of children who are looked after	SBC BUSI	Monthly		
Special Education Needs :% of Statements issued within 26 weeks		Quarterly		
Substance Misuse – Young people exiting treatment in a planned way	Lifeline	Quarterly		