

An Early Help Strategy for the Children, Young People and Families of Trafford

May 2013



Introduction

This strategy has been developed in Trafford in response to the need outlined in both national and local policy to develop and deliver effective responses to families who need early help. The use of the term early help as opposed to early intervention recognises the importance of working in partnership with families and being aspirational in new and creative ways to achieve the best outcomes with them. Our commitment is to offer help early in life and/or early in the identification of a need.

We believe that early help improves outcomes for children and families but also provides value for money at a time when the use of resources is subject to continuous scrutiny and challenge. Our goal is to enable the children of Trafford to be safe, aspire and achieve their full potential, regardless of the circumstances in which they are born.

Engagement across all partners in delivering early help will build on the success of previous early intervention work which already demonstrates many successes in Trafford. Crucially it will bring together many current strands of work, creating a vision that will enable the strengthening of communities and of families, so that needs are identified and met early and families are increasingly supported by their communities with less need for statutory support.

We are at the beginning of a journey but this strategy sets out the ambition for the continued development of early help in Trafford.

A handwritten signature in black ink, reading "Deborah Browne", enclosed within a thin black rectangular border.

Corporate Director Children, Families and Wellbeing

Why early help?

The concept of early help reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and demand action by more expensive services.

There is now a body of evidence which highlights the factors that place children at risk of neglect or abuse, of developing mental health problems, of failing in education, or of becoming involved in crime or anti-social behaviour. Early help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. If early help is not offered, there is a very real risk that for some children, their social and emotional development will be irrevocably impaired, they will experience significant harm, or their family life will break down.

Although research shows that the most impact can be made during a child's early years, early help is not just for very young children, as problems may emerge at any point throughout childhood and adolescence. Early help includes targeted services designed to reduce needs or prevent specific problems from becoming entrenched, and there is substantial evidence that early help can make a difference in improving outcomes.

The key message from four important national reports¹, is that investment and intervention in the early years is more effective than intervention later in life. It is therefore important to prioritise provision for the youngest children and their parents with the key objective that children, especially the most disadvantaged, have reached the appropriate stage of development by the time they attend school. A key focus must be on ensuring that children are "school-ready" and in a position to learn and achieve in the school setting.

¹ Allen, G (2011) *Early intervention: the next steps*; Field, F (2010) *The foundation years: preventing poor children becoming poor adults*; Munro, E (2011) *The final report of the Munro review of child protection: a child-centred system*; Tickell, C (2011) *The early years: foundations for life, health and learning*.

However, for those children, young people and families whose needs are not apparent or identified in early life, it is equally important that help is available for them at the point in their life that the need is identified. The importance of early help was reinforced by a recent strategy document developed by the North West Association of Directors of Children's Services in respect of early help. They described early help as a ' key element of our overall vision to improve outcomes for families, children and young people in the North West Region and enable them to achieve their full potential'.²

Trafford is committed to delivering effective early help for the future, building on the success of work already undertaken. All organisations who work with children and families in Trafford are increasingly working together to provide services which will contribute to meeting the early help needs identified.

This work is based on the key priorities of:

- Narrowing the gap
- Improving readiness for school
- Young people's lifestyle choices
- Skills improvement
- Workforce development and integrated practice

Similarly partners in Trafford have committed to:

- Provide leadership and direction to improve outcomes for children and young people
- Lead integrated service delivery, integrated commissioning and effective use of resources
- Agree, monitor and evaluate a strategic plan in respect of early help to drive forward the work that the partners deliver together
- Hold each other to account for the actions agreed

This strategy is therefore Trafford's statement of intent for future early help.

² North West Association of Directors of Children's Services (2013) North West Children's Improvement Programme Integrated Early Help Strategy

The Trafford Context

The 2011 census indicated that there are 226,600 residents of Trafford, of whom 56,500 are children and young people aged 0—19. It also indicated an almost 25% increase in children under five years of age and a nearly 8% increase in young people aged 0-19, presenting a number of potential future challenges in respect of meeting needs. Trafford is a high quality environment with a strong, diverse economy with efficient and integrated transport systems. The borough has internationally renowned sporting, culture and leisure attractions. The local education system provides some of the best schools which achieve amongst the very best results in the country.

People in Trafford are safer than in any other Greater Manchester area, with the lowest crime rates and highest reduction in crime. Local people are generally healthier and live longer than anywhere else in the North West. However, this masks some of the largest inequalities in the region.

We are acutely aware that not all children, young people and adults have the opportunity to share in the excellent provision and quality of life the borough provides. We understand the diversity across the borough and that different communities have different needs. We are also changing as a borough, and our Early Help Strategy will be flexible to meet the change in demand.

Trafford contains some of the most affluent neighbourhoods in the country, yet some of our neighbourhoods also count among the most deprived. Social inequalities translate to very real inequalities in the lives of some local residents; life expectancy is nearly 10 years shorter for those in the most deprived areas.

Analysis of Income Deprivation Affecting Children Index scores for Trafford shows that most areas of the borough have generally low levels of income deprivation. However, among those isolated pockets where income deprivation is particularly prevalent there have been relatively few signs of improvement in recent years. In 2010, 21 of Trafford's 138 Lower Super Output Areas were in the bottom 20% nationally.

To the north of the borough we border with Manchester. This area has high levels of social housing. The south of the borough borders with Cheshire. This area is rural with most of the housing privately owned, with very little social housing.

Housing developments, as shown in the core strategic plan, are planned across the borough providing high quality affordable homes for the future. The planning of housing is linked with education provision to ensure high quality education for local people for the future

Despite many differences, all neighbourhoods share similar concerns around unemployment and crime, health and well-being, educational achievement and positive outcomes and economic well-being. It is our belief that providing the best start in life to our children is one of the most effective ways of reducing inequalities in Trafford and fulfilling our common goals.

On that basis Trafford's new Health and Well-being Strategy has two key priorities for children and young people:

- Reduce childhood obesity
- Improve the emotional health and wellbeing of children and young people

These priorities are fully reflected in our commitment to delivering effective early help.

Our challenges

Trafford's Children and Young People's Strategy (2011-14) noted that 'in addition to external inspection, we are constantly monitoring our own performance and assessing local needs in order to deliver the best services possible. The following are some of the current challenges we face concerning our children and young people.'

Health

A needs analysis showed that there are health inequalities in different localities across the borough and that obesity levels are rising for young people aged 11+. Of those children who are classified as obese, a lower percentage attain the recommended level in both English and mathematics at age 6.

The numbers of babies born to teenage mums (under 19) remain consistent at 30 to 40 per 1000 girls over the last 10 years (live births). Even though our breastfeeding rates are good, only about 50% of children are fully or partially breastfed at 6 – 8 weeks of their life.

Vulnerable groups

A higher proportion of pupils from the lowest income families have attendance issues, compared with other pupils. Those from the lowest income families do not achieve as well as their peers at all stages of education but particularly so at ages 14-16. Of those pupils subject to a fixed period school exclusion, a disproportionate amount are from black and minority ethnic backgrounds. Outcomes for children in the care of the local authority across health and education are lower than their peers and increasing numbers of children have been placed in the care of the local authority in the last 3 years. Stability of placement is key to achieving better outcomes for looked after children in residential care.

Localities

People in the less affluent areas live on average 10 years less. Pupils from deprived areas achieve a lower level of attainment by age 5 compared with their peers in the more affluent areas, especially in writing. They also achieve a lower average level of education at age 14-16 (Key Stage 4). Progress rates in mathematics and science at ages 6-16 are the slowest in the north and west areas of the borough.

Preparing for adulthood

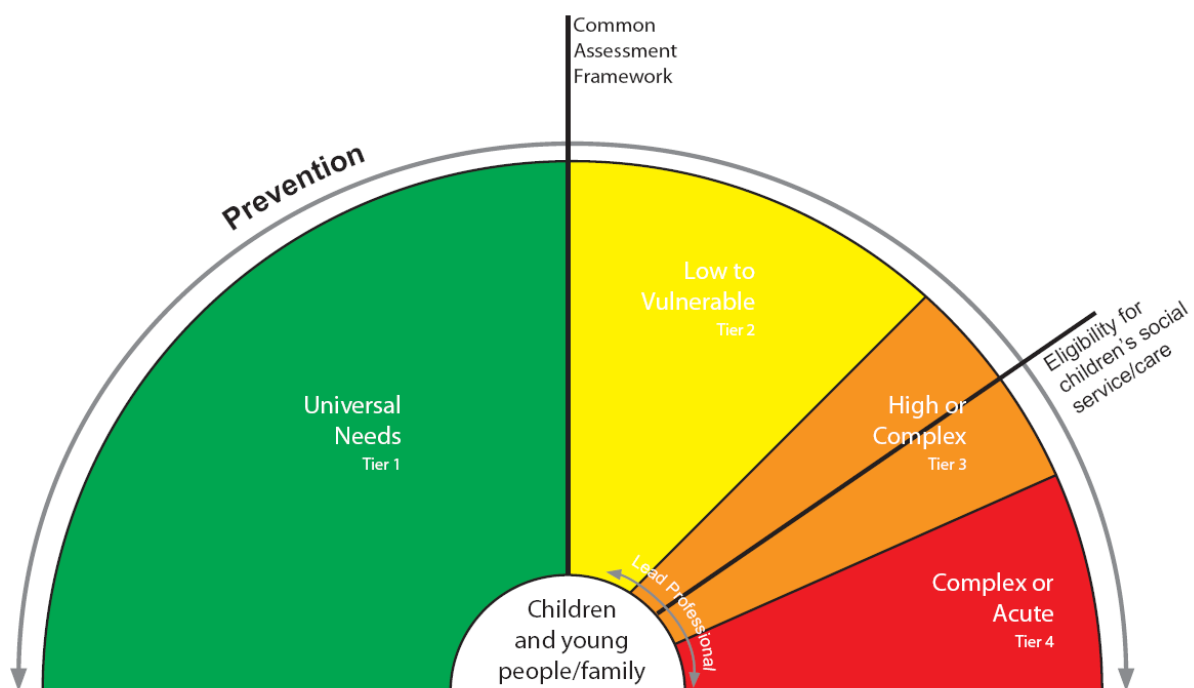
Children and young people feel that training and job opportunities are limited for young people leaving school at 16. They also feel that there are not enough activities and facilities in the borough for them to socialise, which increases the number of children and young people meeting up on the streets outside school hours. A lower proportion of pupils in the most deprived areas move onto further education college or 6th form provision.

This Early Help Strategy will be part of a whole approach to children and young people which will allow us to work with them on these issues at the earliest stage and in the most productive way.

Where early help fits

Early help is part of a seamless response to the needs of children and families in Trafford which is outlined across four tiers. Early help must be seen in the context of this overall approach to working with families.

The diagram below illustrates the continuum of need which recognises that for some families, at some points in their lives, they may require more support than universal services routinely offer.



Threshold diagram, reference Trafford Children in Need Guidance Notes April 2013

Tier one is those children whose needs are already met through universal services for families such as schools, GPs, health visitors, children centres, subsidised childcare and early education provision. These are services that are available to all and if delivery and support is right at this stage, the need for more targeted support should reduce.

Tier two is for those children whose health or development may be affected by events in their lives but are likely to be dealt with by way of a single agency, single need solution or by a wider early help response involving several agencies supporting the family via a team around the family approach.

Tier three provides services aimed at children in need which is defined as “those children who need additional local authority services to achieve or maintain a reasonable standard of health or development; or to prevent significant or further harm to health or development; or are disabled, but also that these children's needs are such that they might need a number of agencies involved in dealing with them.” Referral to children’s social care may be needed for families requiring a tier three response where concerns are more significant, and the Multi-Agency Referral and Assessment Service is available for consultation about such families or to receive a referral. In Trafford early help services are defined as operating across tiers two and three.

Tier four is for higher risk families, whose needs are often complex and require statutory or specialist services, for example child protection intervention, youth offending service intervention following an offence being committed, young people’s drugs and alcohol services and specialist CAMHS for children with mental health disorders.

Trafford recognises the importance and need to work and integrate with partners across all four levels of provision.

The principles that underpin our Early Help Strategy

Our strategy for early help and targeted services has its roots in a vision that children, young people and their families will be better able to realise opportunities to improve their lives. Families will be more self-sustaining and therefore less reliant on services provided by agencies and from the public purse. We will be doing less, yet sustaining the quality of our offer to children, young people and families.

This vision is based on the following principles:

1. The role of all services working with children, their parents/carers and families is to ensure that their life chances are maximised, especially those who are potentially disadvantaged.
2. Parents have primary responsibility for and are the main influence on their children. Our role is therefore to strengthen parenting ability whilst steadfastly remaining vigilant with regards to our duty of safeguarding vulnerable children and young people.
3. The best way of helping people is to help them help themselves. Our role is to support families to be self-reliant, to become less dependent on public services, and to take control of their own outcomes.
4. The voice of the family and especially of the child is crucial and must be sought at every stage of an early help offer.
5. Intervening early prevents longer term, more costly and more damaging problems later. We will therefore invest in early help and targeted services so that we see fewer children requiring specialist services.
6. There should be a clear expectation about referral to statutory services where the needs of the child or family indicate that this is appropriate.
7. Our strategy for early help will be based on clear and obvious routes to support services according to need.
8. Children's needs are best met when addressed in the context of the whole family. Services should therefore work with families in an integrated and holistic way.
9. Decisions about what is commissioned and delivered will be evidence based. We will also look to use both quantitative and qualitative measures of the impact of services (this will include user satisfaction) to inform the resources we provide.
10. Agencies will work within the legal framework of the Equality Act 2010 and will ensure that all services are delivered in a way which represents, serves and

employs people as equals. They will work with children and families to promote a positive sense of identify and recognise and value difference, ensuring that children and family's needs are recognised, responded to and reflected in our workforce.

The Role of the Local Safeguarding Children Board in Early Help

Trafford Safeguarding Children Board (TSCB) will continue to scrutinise and challenge the local authority and its partners, in respect of the thresholds for the different types of assessment and services to be commissioned and delivered.

TSCB has published a threshold document that includes the process for the early help assessment and the type and level of early help services to be provided. This includes the criteria (including the level of need) for when a case should be referred to the local authority children's social care service for assessment and for statutory services under the Children Act 1989.

It will also co-ordinate, monitor and evaluate the multi-agency training in respect of early help, linked to the wider thresholds of need for intervention.

What works in early help?

An analysis of what works in early help, and feedback received from frontline staff and service users, indicates that the critical features of an effective early help offer include a multi-disciplinary approach that brings a range of professional skills and expertise to bear. Having a relationship with a trusted worker who can engage the child and their family, and coordinate the support needed from other agencies is also crucial. Professional practice must empower families and helps them to develop the capacity to resolve their own problems. This should be combined with a holistic approach that addresses children's needs in the wider family context, and simple, streamlined referral and assessment processes.

Easy to access services are essential, with no wrong front door, but an ability to communicate and help families to identify what help they need and where this will come from, regardless of the immediate professional expertise available.

Our commitment is therefore to offer:

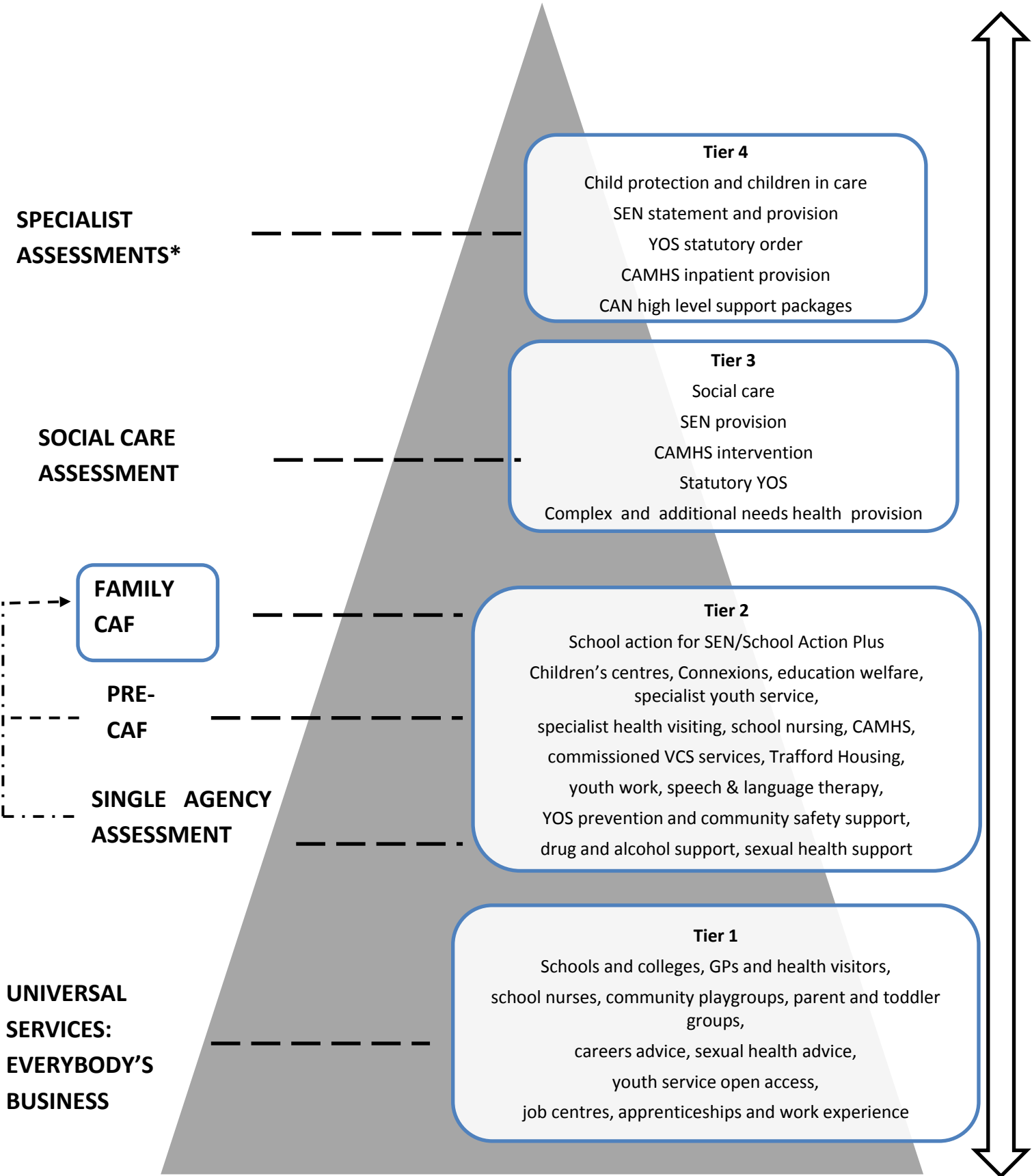
- A clear and effective partnership process for accessing early help and for working with families via use of the Common Assessment Framework
- A high quality responsive early help offer, with the opportunity for families to identify what will make a difference for them
- A strategic approach to joint commissioning on a partnership basis, of services that make a difference for children and families
- Effective evaluation of impact to know whether we are making a difference

Our local response so far

Trafford has a wide range of flexible and supportive early help provisions delivered by the voluntary and community sector, statutory services and partner organisations, and services commissioned via those organisations. Trafford has worked on effective pathways to join up access to services and planning with families on a partnership basis.

The following diagram shows what has been achieved:

Early Help System



*Specialist assessments would include all assessments undertaken by specific partners to assess a child or young person's complex needs, and could include: a Statement of Special Educational Needs, an urgent psychiatric assessment, an assessment for specialist community equipment, an assessment whilst in custody, and so on.

Our strategy recognises the value of work already undertaken but also the need to develop a more strategic response in order to maximise the meeting of needs overall and maximise the use of collective resources.

Local good practice

We know that there are already good examples of early help across all agencies in Trafford. We will recognise and build on this good practice. As agencies we will learn and share with each other so we can have resources for all which are built on a track record of what works in responding to need. Most importantly, these will be the resources that children and families have told us work for them.

- *“My volunteer got me through a really bad time; she made coping with life a lot easier. I could discuss everything with her. I am very grateful – thank you.” (Parent)*
- *“Now I am doing things that literally 2 months ago I felt uncomfortable about doing e.g. going to meetings with new people, getting out and about, making friends and I am learning not to worry so much, or at least trying!” (Parent)*
- *“I really enjoyed the project because it helped me with my confidence and talking with my worker about family problems. I also enjoyed meeting new friends and loved the horse riding activity.” (Young Person)*
- *“We have been really impressed with the work of Trafford Engage and our son has definitely benefited from the one-to-one sessions and group activities. He has learnt a lot, thinks about the impact of his behaviour more and has developed his self-confidence.” (Parent)*

Young Carers Project (delivered by Action for Children) Impact Study

A referral was received by Trafford Time Out Project (Action for Children) about a young person following a family bereavement. The young person was dealing with one parent misusing alcohol, mixing with a gang and providing the majority of care for another family member.

The project recognised the need for some intervention to support this young person's emotional wellbeing as well as getting them involved with positive activities to reduce the risk of further emotional distress, as well as the risk of offending and risk taking behaviours. Key Work Support was provided which included; an assessment and 1:1 sessions, participation in a workshop, support to access group and holiday activities, liaison with the school to ensure that they were aware of other work carried out, and support for adult family members by making a referral to adult services to receive a support package.

Outcomes: This young person was withdrawn and anxious at the beginning of the intervention. By the end of the work they were engaging with confidence and enthusiasm, taking part in appropriate leisure activities. School have commented on the significant change in mood and behaviour, and have now implemented their own packages of support for young carers and siblings within the school since awareness raising of the needs of young carers.

Young person's view: 'I found the sessions useful, as I met others in a similar situation. I now feel more confident and less stressed now as I have some support in place'.

Local processes and pathways

We have reviewed and amended the Common Assessment Framework and developed a Trafford version of the Family CAF linked to guidance documents about how to complete the assessment and act as a case co-ordinator where children and their families have early help needs. We have commissioned and implemented a shared electronic recording system to enable shared records to be maintained by professionals working with a family on an early help basis and we have trained over 600 staff in the revised processes. We have a rolling training and support programme in place and are working on the links between this universal pathway for assessment and support and other more specialist but still early help pathways that are needed for specific groups.

How we will measure the success of our Early Help Strategy?

This strategy reflects priorities from the JSNA, the Health and Well-being Board, the Children and Young People's Plan and the work we are developing with our partners across AMGA in the Public Service Reform Early Years and Stronger Families work.

We will assess our impact through an outcome based framework of performance management which will give a clear indication of how the further development of multi- agency early help has:

- Improved Outcomes for children, young people and families by their own assessment
- Contributed to the achievement of key performance indicators across all agencies
- Made a financial impact

Our target groups are:

- Children born to a parent who is potentially vulnerable or living in adverse circumstances, who may require additional support to become school ready
- Children not ready to participate in education by age 4
- Children and young people at risk of entering or re-entering care or being in need of protection
- Children whose emotional well-being is poor or who are experiencing a breakdown in family relationships
- Teenage parents
- Children missing education
- Young carers
- Children and young people affected by drug or alcohol misuse
- Children and young people affected by domestic violence
- Children and young people whose families are homeless
- Children and young people with disabilities or SEN
- Children and young people at risk of child sexual exploitation
- Young people at risk of not being involved in education training or employment
- Children who are affected by members of family being imprisoned

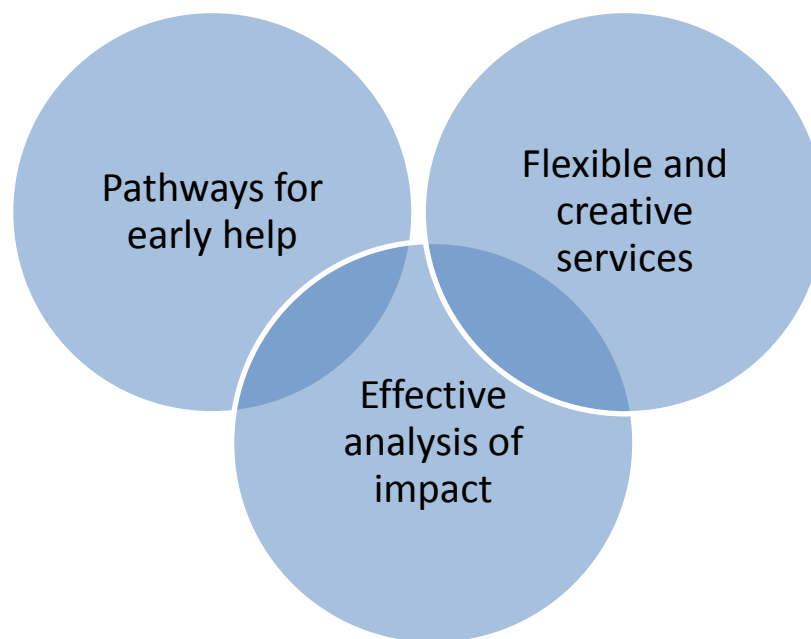
The key measures of success which will evidence the benefits to families include:

1. A reduction in the number of children needing the support of statutory safeguarding services via referrals to children's social care.
2. A reduction in the number of children needing to be taken into care.
3. A reduction in first-time entrants into the criminal justice system.
4. Cost reductions in the budgets of statutory and specialist services due to a reduction in demand measured over a longer term period (5 years).
5. Maintaining our positive achievements in measures such as the low rates of young people not in education training or employment or those experiencing teenage pregnancy.
6. Take-up of universal/ mainstream support for families with a child with special educational needs and disability. Meeting the needs of children with SEND through appropriate targeted services in the community wherever possible.
7. Narrowing the gap at ward level between children achieving well on the early years foundation stage and those doing less well.
8. Increased numbers of Family CAFs.
9. Demonstrable and measurable outcomes from Family CAFs.
10. Evidenced outcomes from our Stronger Families project.
11. Qualitative feedback from children and families gathered on a quarterly basis supported via our participation strategy.

"As a single parent with mental health issues our family often feels quite isolated. Having support from the youth club has made us feel stronger. X has got a chance to talk about living with a parent who has depression and learnt how to cope better. She has also made some good friends who know what she is going through. X always looks forward to going to youth group and this time out is good for our relationship." (Parent)

How will we implement the next stage of our strategy?

Our strategy links the work already in progress and provides a framework for development for the future. The implementation plan will be based around three key themes.



Clear and effective pathways for assessing need and delivering early help together:

The following pathways and a number of others are already in use in Trafford. We will develop clearer links between these pathways so that families in need are able to access support from the right services in a timely manner. We will promote understanding of these pathways across partners and encourage their use as appropriate.

- Early Family Support pathway (CAF)
- Education, Health, Social Care Plans for Children with SEND
- Early Years Pathway
- Emotional Health and Well Being pathway
- CAN Pathway
- Area Family Support Team Pathway

High quality, flexible and creative services:

The established services in Trafford identified below will continue to develop, while new and different provisions will emerge in response to the needs identified by families. This will be based on an analysis of what works, effective partnership commissioning and successful delivery of support.

- Multi-Agency Referral and Assessment Team to act as the front door hub for social care referrals
- Through a new Children, Family and Well-being Directorate, starting with looking at integrating our services for children and adults with complex and additional needs
- Area Family Support Teams to support families in need of both early help and statutory services based in localities
- Voluntary and community based services providing responses in localities
- Partnerships with schools, adult mental health and substance misuse services to deliver early help supported by other services as needed
- Community safety and neighbourhood support services linked to early help by partners such as housing
- Family Information Service to highlight available early help services via the Children's Service Directory

Effective analysis of impact and partnership engagement:

We are working on an enhanced performance framework to enable us to understand on a strategic as well as a case by case basis, the impact of early help. We will develop further:

- Evaluation of the impact of early help
- Effective monitoring of partnership engagement with the pathways for support

Conclusion

Our strategy for early help builds on our previous achievements and takes us on a journey with families in Trafford to maximise their opportunities for the future. The implementation plan that supports it will help us to deliver success. Our early help journey will continue in partnership with statutory and voluntary partners, partnership with communities and partnership with families and young people. We can and will continue to make a difference together.

Further Reading

Allen, G (2011) Early intervention: the next steps

Field, F (2010) The foundation years: preventing poor children becoming poor adults

Munro, E (2011) The final report of the Munro review of child protection: a child-centred system

Tickell, C (2011) The early years: foundations for life, health and learning

ADCS (2013) North West Children's Improvement Programme (Integrated Early Help Strategy)

Trafford Children's Trust Partnership Children and Young People's Strategy 2011-2014

HM Government (2013) Working Together to Safeguard Children

C4EO (2011) Grasping the Nettle

Glossary of terms

CAN: Complex and Additional Needs service which encompasses community paediatrics, disabled children social work team, orthoptics, speech and language services, occupational and physiotherapy services, trained carers and home from home carers, integrated learning disability team, sensory impairment services, children's community nursing, Trafford Early Development Service, and short break foster carers.

Child and Adolescent Mental Health Service (CAMHS): NHS mental health services for children and young people.

Common Assessment Framework (CAF): The CAF provides a standardised approach for assessing needs at an early stage and deciding on what action to take. It is designed to enable practitioners across all agencies to follow the same process and achieve more consistent assessments.

Dedicated Schools Grant (DSG): The Dedicated Schools Grant is the principal source of funding for schools and related activities in England. The grant was introduced in place of funding previously allocated via the Formula Grant and a number of smaller specific grants.

Early help: The term currently used in Trafford to describe early intervention, this is seen as less invasive than early intervention.

Early intervention: Taking action early, when a child, young person or family first show signs of having difficulties to prevent further, more complex problems developing.

Early years: Services for children aged 0-5, based in children's centres and includes early learning, care, family support, health services, outreach services to children and families not attending the centre and access to training and employment advice.

Early Years Single Funding Formula (EYSFF): The Early Years Single Funding Formula funds early years education and childcare across both the maintained and private, voluntary and independent sectors.

Evidence based programmes: Programmes proven to produce sustained benefits and outcomes to individuals and families.

Extended Schools: Extended services are additional services and activities offered to children and their families in the school but outside of school hours.

Family Nurse Partnership (FNP): The FNP is a preventive programme for young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two.

High needs: Children and young people who have a need beyond the Children Act 1989 Section 17 threshold. This encompasses both children in need - those who are disabled or whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health and development without the provision of services; and complex needs - children looked after or at risk of becoming looked after, child protection concerns, children with acute medical needs or SEN and those not in school.

JSNA: Joint strategic needs assessment

Minimum free entitlement (MFE): Funding towards childcare for 3 and 4 year olds. This was increased from 12.5 hours to 15 hours per week in September 2010.

Outcomes: A change in behaviour expected as a result of an intervention.

Referral and assessment: The method by which children and young people will be able to access the early help team (referral) and the method for helping them judge what their strengths and weaknesses are and how the team may be best placed to support them (assessment).

Specialist services: Services specifically targeted at children and young people with complex needs. Services tend to be more intensive and are generally provided under statute.

Targeted services: Services that are aimed at particular groups of children and their families, particularly those who are vulnerable, to address additional needs.

TSCB : Trafford Safeguarding Children's Board

Universal services: Services that are available to all children and their families.