

# **Gateshead's Early Help Strategy**

## **Introduction**

*Early help and intervention is a force for transforming the lives of children, families and communities, particularly the most disadvantaged. Its importance today in terms of policy and practice owes as much to its economic sense, as well as the social and personal benefits that it can generate.*

The aspiration and vision articulated in the plan is that:

*'All children and young people are empowered and supported to develop to their full potential and have the life skills and opportunities to play an active part in society'  
CYPP 2014-17.'*

The aim of this strategy is to empower families, professionals from all sectors and local communities to work collaboratively in order to make Gateshead the best place in which to live and develop.

## **Policy Context**

Over the last 5 years successive reviews have demonstrated the economic and social value of prevention and early intervention programmes and ways of working. There are a number of key documents that provide a compelling argument for the benefit of and need for early help for children, young people and their families.

Research shows that *'early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation, rather than to respond only when the difficulty has become so acute as to demand action.'* Grasping the nettle.

We recognise that from conception to the age of 2 years the effects of disadvantage are magnified. We know that this is a period of significant brain development and that neglect in these early years is likely to lead to a substantial and detrimental impact on their development. Equally we know that the other significant period of brain development is during the teenage years as young people approach puberty. This is a time when young people often want to take more risks and it is important that early help services are in place for young people identified as vulnerable. We therefore want to ensure through our collective approaches outlined in this strategy that these children will be prioritised with the ambition for all children to get the best start in life.

Both 'Working Together to Safeguard Children 2013' and Professor Eileen Munro's report on the future of safeguarding, 'Munro Review of Child Protection: Final Report' (2011) pick up these themes and promote the importance of early help within the wider safeguarding context.

*'Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.'* (Working Together to Safeguard Children 2013).

*'From a child or young person's point of view, the earlier help is received the better. Research on children's development emphasises the importance of the early years on their long-term outcomes so preventative services to help parents are a key strategy. Early help, however, is needed not just in the early years but throughout childhood as problems develop'. (Munro Review of Child Protection: Final Report 2011).*

The vision of Gateshead's Early Help Strategy is to secure a boroughwide approach within which all partners work together collectively to ensure families get the right help at the right time from the right people thus enabling children young people and their families to achieve success.

Gateshead's Corporate Plan includes a commitment from the Council to providing all children with the **best start in life**. Giving every child the best start in life is crucial to reducing inequalities across the life course. Effective preventative and early intervention services are essential in supporting vulnerable children and young people to reach their potential.

## **Drivers for Change**

The arguments for early help are numerous:

- Research has shown us the damage that can be done to children and young people's development when subjected to neglect such damage is difficult to reverse and so clearly better prevented
- It is cost effective where early help prevents serious problems developing and incurring significant resource from statutory partners. Communities and professionals working together in a more integrated way at an earlier stage helping families to find solutions are likely to change the pattern of demand for more specialist services.

There has been significant changes to the way in which services in Gateshead are configured and delivered. It is recognised that all partners continue to face reductions in budgets and therefore have to re-evaluate how they provide services to meet their priorities in the future.

We know that in Gateshead we have high numbers of children and young people that require protection through child protection planning or by becoming accommodated. Through this strategy we aim to reach those children earlier and provide support which prevents the need for statutory involvement.

We need to provide clarity about our role, how we will work with our partners and how to access support. We will, through this strategy, aim to develop a joined up approach that reaches across the continuum of services from universal to complex support which will enable us to achieve better outcomes.

We know that the issues that affect parents have a significant impact on the children in their care. We will therefore continue to embed our approach of working with families rather than individuals addressing issues that affect the family unit. Enabling vulnerable parents to develop their parenting skills will be a key element of support

within Early Help. Additionally parents experiencing difficulties in relation to their own emotional and mental health needs, domestic abuse and/or alcohol and substance misuse will require appropriate access to support as soon as issues are identified to prevent further deterioration and minimise the impact on children and young people.

## **Principles of Early Help**

The proposed service model will embed and embody the Council's commitment and shared understanding of the principles of early intervention and prevention, based on a partnership approach. This includes:

- A shared understanding of early intervention and prevention and the outcomes being sought
- Identifying need and providing support at the earliest opportunity to prevent needs escalating
- An approach rooted in communities identifying and targeting services at those most in need and offering accessible support to prevent escalation of need
- Local and community-based support which is accessible and enables the development of formal and informal support networks for parents and helps professionals work together
- Evidence-based programmes and practice - central to an effective support offer alongside a willingness to be innovative and flexible in exploring ways of addressing the needs of an area or target group
- Focusing on increasing resilience to enable children young people and their families to develop the capacity and skills to resist adversity, cope with uncertainty and recover successfully from trauma and to develop personal and social skills and focus on changing behaviour.
- Providing holistic support to address multiple and complex needs and barriers in a co-ordinated way to address family and environmental factors as well as individual needs
- Establishing safe and secure information sharing across partners as appropriate.
- A seamless interface built on empowering community provision to recognise and respond to the needs of families if an intervention is not having the desired effect and, therefore specialist services are needed
- Underpinned by a solution focussed approach as enablers of change rather than always being the provider.

## **Strategic Objectives**

- To provide a comprehensive early help offer which is understood, developed and embedded across all agencies and communities.
- To deliver early help services as a shared organisational responsibility. To do this we will build on the holistic family support model of early help using the Common Assessment Framework and Team around the Family approach.
- To provide an Early Help offer that has a tailored approach to children, young people and their families working into locality models which takes account the communities and context in which families live.
- To reduce the pressure on high level or specialist services by ensuring the needs of children young people and parents/carers do not escalate.
- To ensure safe, appropriate and proportionate information sharing protocols are in place because we know that 'early sharing of information is the key to

providing effective early help where there are emerging problems' (Working Together 2013).

The key outcomes are to:

- Improve the health and well-being of children and reduce inequalities in outcomes as part of an integrated approach to supporting children and families which has a strong focus on prevention and early identification of needs
- Identify and support those who need additional support and targeted interventions with robust links to adult services where appropriate, for example, parents who need support with their emotional or mental health and well-being.
- Parents / carers are supported to understand the range, availability and value of both statutory and voluntary services for children and families, and are empowered to make appropriate choices to access services which meet their needs, without creating service dependency.

### **The Gateshead Model**

Fundamental to the model's success is a proactive approach to working across the Council and with communities so that it can provide timely access to a range of interventions from a seamless continuum of services designed around the child, young person and family.

The delivery model will:

- Bring together a range of services which support children and families - a broader range of provision and community activity, including health, emotional wellbeing, behaviour support, family support, advice and support around debt, worklessness and poverty.
- Use CAF and TAF approaches to wrap support around families to meet the multiplicity of their needs.
- Ensure that practitioners identify and intervene with causes rather than with presenting symptoms.
- Harnesses the social capital of communities and use an asset based approach to developing solutions.

In order to achieve this and deliver a seamless service we will operate through one front door. The model provides a single system of access through a 'front door' that will provide a managed and researched triage response which may lead to provision of information, signposting and where appropriate detailed background checks in order to determine the appropriate pathway.

The vision for Gateshead's Early Help Strategy is to secure a co-ordinated approach with all key partner agencies to collectively maximise their resources to enable children, young people and their families become more empowered and resilient.

It will provide a framework to support partners to reshape their existing services to ensure that we work in a more integrated way by working better together to secure better outcomes for children and families through a continuum of early help support. This is outlined as:

**Universal activities / groups (open to all families).** These services may be provided by:

- Voluntary community groups and other Council services where Early Help staff or officers from other Council Service areas will be available to offer support to leaders and ensure that families that are attending are aware of other support that is available to them if needed.
- Early Help staff and community businesses or services that have undergone a selection process. There will be a contract in place with such organisations ensuring information can be safely shared and evidence of outcomes collated. These services will be regularly quality checked by Early Help staff or officers in other Council Service areas e.g. Commissioning, Neighbourhood, Volunteering and Communities. These services/activities may charge parents a nominal fee.

**Universal/Targeted activities/groups.** These group activities will be developed collaboratively with partners and actively promoted to families who may benefit from them. These services may be provided by:

- Reserved/dedicated places at Early Help facilitated universal activities where additionality is provided by an Early Help Worker or other appropriate officer or partner who will monitor attendance and report on the impact for the family. (Open to those who have been signposted by other professionals or have been identified as requiring additional support).

### **Targeted/Specialist:**

Family Support offered on an individual basis to families usually in the family's home, following the CAF process. This will include work with families that are described as being "low level CIN" and families that have benefitted from social care intervention sufficiently to be 'stepped down' to early help on their journey back to being supported through universal services.

### **Early Help Service**

This model needs to be innovative, flexible and able to respond to the needs of the relevant area(s) driven by local priorities, as identified through the analysis of demographic and other relevant data and local knowledge

- JSNA
- HRBQ information
- Early years profile
- CAF/TAF analysis of local need
- Levels of need HV tier led responses

The delivery model will build upon the FamiliesGateshead initiative to develop a wider child and family focus providing a 0-19 (25) holistic approach to service delivery for children, young people and their families.

The Early Help Service will create a clear early help offer, delivered with partner agencies, that provides support as soon as a problem emerges at any point. It will ensure:

- Children grow up in a good family environment.
- Anyone can understand what Gateshead's early help offer is and their role within it.
- We can show the difference that early help makes.
- We set out clear expectations for adults to deliver their parenting responsibilities.

We will have a phased approach to implementation and would seek to integrate into one Early Help Service the following disciplines. This will provide a well-co-ordinated, pro-active and multi-skilled service which is modelled on getting things right the first time, reducing and managing demand and preventing escalation to more specialist and statutory services.

- Children's Centre staff
- Family Intervention Team
- Young Offenders Team including prevention
- Connexions staff
- Youth Service
- Positive Pathways Team
- Play Service
- Commissioned family support services including counselling/relationship support
- Disabled Children's Team

The team will provide proportionate support to the delivery of universal services that are working with children, young people and families whose needs are below the level of targeted /specialist services and can be managed in the community. Additional support and advice can be provided where necessary.

Improved use of data, intelligence and information will encourage and provide universal/targeted group provision that is linked to the needs of communities. These services will be proactively targeted at those most in need of support and ensure wide coverage across the specified area.

The Early Help Service will continue to deliver practical and therapeutic interventions that support families in long term change. The intensity of such interventions will be dependent on assessed need. There will be a clear menu of effective, evidence based interventions and practice which are creative, flexible and available to any tier. They will be locally appropriate to enable the creation of personalised support packages to meet needs and ensure outcomes are achieved.

Our approach will be predicated on identifying and working with families on root causes to ensure change is embedded and provides long term solutions.

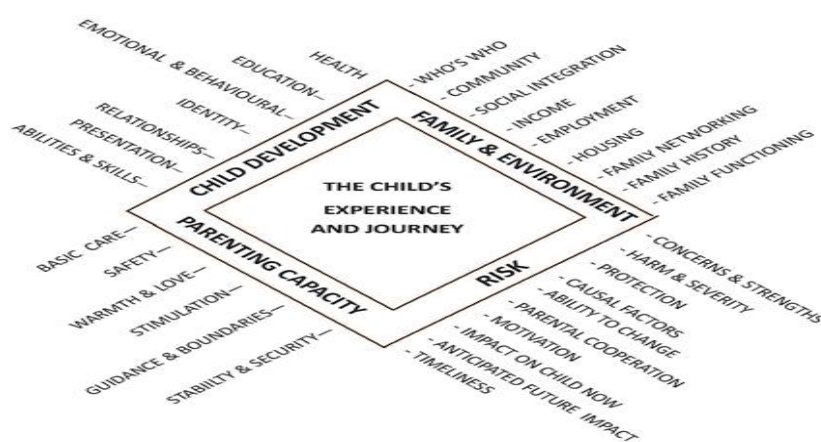
The offer will be accessible to services/teams delivering across the continuum of need to ensure that where additional support is necessary to prevent further escalation, including where children and families are being supported through social care for example to becoming a Looked after Child, this can be readily accessed. Services will be available flexibly at times that most suit the needs of families and partners within communities including both outreach and centre-based services.

The team will work closely with other Council services, schools, GP practices and other partners to support them in their identification of children where there are

concerns, providing advice and guidance on CAF/TAF and ensuring schools and GPs are supported to be fully engaged in the process.

### The Gateshead Tool Box

The single assessment framework ensures that the interplay between early assessment and statutory assessment is viewed as a continuum. In Gateshead the Common Assessment CAF and the Child in Need Assessment (CIN) informed by the regional assessment framework are based upon the same principles. The four domains illustrated below provide a consistent approach across early help and specialist social care.



### Parenting Offer:

We will invest in parenting programmes that have a clear evidence base for success. We know that parenting programmes in isolation are rarely effective and so will aim to deliver these alongside family support that supports parents to embed their learning in family life. Programme delivery will be co-ordinated centrally to ensure those who are assessed as requiring this form of support are prioritised. We will work in conjunction with partners, particularly the VCS, in order to deliver a varied and accessible programme that meets assessed need. Examples of parenting programmes that we will invest in are:

|              |                        |                            |
|--------------|------------------------|----------------------------|
| Mellow Bumps | 1-2-3 Magic            | Incredible years           |
| Triple p     | Strengthening families | Keeping up with your teens |

### **Neglect Guidance and Toolkit:**

We have high levels of children requiring child protection plans to support their safety and wellbeing a high proportion of these are under the category of neglect. As a result the LSCB led an inquiry into the reasons for this and current practice for supporting families where neglect was a feature. The resulting multi agency guidance and subsequent toolkit is currently being rolled out on a multiagency basis. We will use these resources to underpin our approaches to working with families where neglect is identified as an issue.

### **Planning Framework:**

We will develop a consistent outcome focused planning framework based on the information below (outcomes framework appendix 1) and aligned to the planning framework used in children's social care. Where appropriate we will also use outcomes stars with families to support them in managing their progress. The outcomes framework takes account of the expanded troubled Families criteria which is already embedded in much of our early intervention work.

### **Family Group Conferencing:**

We will build on the success of our family group conferencing service to broaden its availability to families to support conflict resolution and empower families to reach their own solutions.

### **Personalisation:**

We will continue to deliver a personalised offer for families whose assessed needs require additional bespoke options to promote positive outcomes.

As a Lead Practitioner or Social Worker providing support to families, personalised funding may be available to provide small scale flexible support to promote positive outcomes, ensure safeguarding and prevent further family breakdown. Personalised funding provides an opportunity to be creative and to identify support that will really make a difference in the way tailored services can be provided to respond to the identified needs of a family. We will continue to work with providers particularly where their services support the Local Authority in preventing escalation of need to specialist social care and support children from becoming looked after.

### **Workforce Development:**

Workforce development is essential to the success of the proposed model. To enable early help to become everybody's business practitioners must feel confident and capable in their abilities to respond to presenting issues. We will support the multi-agency children's workforce to recognise and identify early signs and symptoms and understand the help and support available to children, young people and their families. Awareness raising of early help will be a key factor in the success of our approach, measuring knowledge and input of partners will be a qualitative measure of effectiveness. It is crucial that we have a consistent Gateshead approach that is evidence led. To that end practitioners will have training and access to the Gateshead toolkit.



We will develop clear and consistent job descriptions for early help workers as a key tool in achieving a well-defined offer and core skills required for delivery including ability to engage effectively with both children and adults.

Early help with appropriate social work input will provide a basis for practical family support linked to core social work principles. We will ensure that there is appropriate access to social work advice/management and co-ordinated management oversight of CAF/TAF. This will support how we measure impact particularly where cases need to be escalated to social care despite previous interventions.

We will develop a clear information sharing agreement and protocol so that all agencies are clear of their duties in terms of seeking consent and sharing information appropriately.

### **Governance Arrangements:**

The Children's Trust Board will be the responsible partnership board for the oversight and development of our Early Help model. The Children's Trust Board will report into the Health and Wellbeing Board as the statutory board responsible for identifying local needs and producing the Joint Strategic Needs Assessment which informs the development of the Early Help offer.

The LSCB will provide additional scrutiny of the effectiveness of early help and its impact on the safety and wellbeing of all children in Gateshead.

## Early Help Outcomes Framework

| Child's Developmental Needs                            |  |   |
|--|--|---|
| Description  | Indicator of Need / Risk Factor  | Intended Outcome  |
| Health   | child with physical health problems  | Physical health problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities  |
|  | child with mental health problems (including self-harm)  | Mental health problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities    |
|  | child with a drug or alcohol problem   | Substance misuse problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities |
|  |  |   |
| Education and Training – Participation and Aspirations | Child Persistently absent from school  | At least 90% attendance for all school age children   |
|  | Child receiving fixed term exclusions  | Reduction in fixed term exclusions  |
|  | Child permanently excluded from school   | No permanent exclusions   |
|  | Child attending alternative education provision for behavioural problems                                   | Attendance of at least 90% of alternative provision and/or reintegration into mainstream provision where appropriate  |
|  | Child who is not registered with a school, nor educated otherwise  | Child registered with school or appropriate alternative arrangement with attendance of at least 90%   |
|  | Child identified in the School Census as having social, emotional and/or mental health needs               | Appropriate SEN/EHC Education Health Care/SAP School Action Plus plans in place and progression achieved in line with the plan                                  |
|  | Child about to leave school with few or no qualifications and no planned education, training or employment | Child leaves school and enters and maintains further education, training or employment  |
|  | Child/Young person who is not in education, training or employment   | Child/Young person enters and maintains further education, training or employment   |
|  | Child who has failed to take up or disengaged from the free early learning entitlement                     | Appropriate take up of early education entitlement for eligible 2 year olds and all 3 & 4 year olds (this is not a statutory requirement)                       |
|  |  |   |
| Emotional and Behavioural Development                  | Child at risk of involvement in criminal or anti-social behaviour  | No further incidences of criminal or anti-social behaviour  |
|  | Child who has committed a proven offence   | No further offences   |
|  | Child displaying anti-social behaviour   | No further anti-social behaviour  |

|                                 |   |   |
|---------------------------------|---|---|
|                                 | Child who is a perpetrator of violence and/or abuse towards others (including parents and other family members)   | No further incidences of violence or abuse  |
|                                 | Child persistently missing from home  | No further missing episodes   |
|                                 | Child at risk of Child Sexual Exploitation  | Child demonstrates appropriate peer relationships, resilience and is aware of risk and acts accordingly |
|                                 | Child struggling with age appropriate social and emotional competencies such as interacting with others and control over own emotions                                   | Child achieves all age appropriate social and emotional milestones                                      |
|                                 |   |   |
| Identity                        | Child displays signs of low self-esteem   | Child demonstrates a positive sense of self image and feels valued                                      |
|                                 | Child experiencing bullying or discrimination due to ethnicity, sexual orientation, religion or gender  | Child demonstrates feelings of belonging and acceptance within family, peer group and wider community   |
|                                 |   |   |
| Family and Social Relationships | Child has difficulty establishing and maintaining age appropriate friendships   | Causes of difficulties are addressed and child able to form age appropriate friendships                 |
|                                 |   |   |
| Social Presentation             | Child displays challenging behaviour at home and/or in public   | Child demonstrates appropriate responses in feelings and actions and manages appropriately              |
|                                 |   |   |
| Self-Care Abilities and Skills  | Child struggles with age appropriate practical skills such as dressing and feeding  | Child is achieving all age appropriate self-care milestones   |
|                                 | Young person is unable to demonstrate age appropriate independence: unkempt appearance, lack of personal hygiene, lack of budgeting skills, lack of personal healthcare | Young person is capable of self-management and has developed skills for independence                    |

| Parenting Capacity                               |  |   |
|--|--|---|
| Description                                      | Indicator of Need / Risk Factor  | Intended Outcome  |
| Ability to Provide Basic Care                    | Parent/Carer prioritises their own needs over that of the child  | Parent/Carer has capacity to recognise the needs of the child and prioritise those needs  |
|  | Child displays indicators of neglect:<br>Child presents as hungry, child is not provided with an adequate lunch or dinner money, child presents as unkempt and/or child misses medical and dental appointments | Child is appropriately fed and provided with a nutritionally adequate diet, is clean and appropriately dressed, their health and social care needs are met              |
|  | Parent/Carer with physical health problems   | Physical health problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively                                |
|  | Parent/Carer with mental health problems   | Mental health problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively                                  |
|  | Parent/Carer with a drug or alcohol problem  | Substance misuse problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively                               |
|  | Child is a young carer (helps look after someone in their family who is ill, disabled or misuses drugs or alcohol)   | Child is enabled to fully participate in age appropriate education and activities and is provided with opportunities to take a break from their caring responsibilities |
| Ability to Ensure Child Safety                   | Parent/Carer experiencing or at risk of experiencing domestic abuse (controlling, coercive, threatening behaviour, violence or abuse within current or previous intimate relationships)                        | Parent/Carer no longer experiencing or at risk of domestic violence or abuse  |
|  | Parent/Carer who is a perpetrator of domestic abuse (controlling, coercive, threatening behaviour, violence or abuse within current or previous intimate relationships)  | No further incidences of violence or abuse  |
|  | Family experiencing poor relationship quality  | Family enabled to reduce conflict and arguments and present a more stable parenting stance  |
|  | Lack of child safety equipment in the home (fire guards, safety gates, window locks etc.) and child demonstrates a lack of risk awareness eg. road safety  | Home is safe with all appropriate safety equipment installed and age appropriate risk mitigation is in place  |
| Ability to Give and Demonstrate Emotional Warmth | Child demonstrates anxious attachments   | Child presents as secure and parents/carers show warmth, praise and encouragement   |

|  |  |   |
|--|--|---|
| Ability to Provide Appropriate Stimulation             | Child does not have access to age appropriate toys and books   | Child has access to appropriate toys and books  |
|  | Parent/Carer demonstrates little or no interaction   | Parent/Carer is able to meet the developmental needs of the child acting on professional advice when necessary (GP, health visitor, school etc) |
| Ability to Provide Appropriate Guidance and Boundaries | Young person at risk of Child Sexual Exploitation: lack of parental oversight and knowledge of child's whereabouts                 | Parent/Carer demonstrates ability to discuss the impact of risk taking behaviours, build resilience and puts in place appropriate safeguards    |
|  | Child demonstrates poor behaviour  | Parent/Carer demonstrates appropriate behaviour management strategies   |
| Ability to Provide Stability and Security              | Family experiencing a life changing event such as pregnancy, childbirth, bereavement, health diagnosis, new partner, divorce etc.) | All family members are equipped to build resilience, communicate and resolve differences to enable them to adapt to change                      |
|  | Parent/Carer who has committed a proven offence  | No further offences   |
|  | Parent/Carer displaying anti-social behaviour  | No further anti-social behaviour  |
|  | Parent/Carer prisoner who is due for release   | Successful reintegration into family home and community upon release and no further offences  |
|  | Parent/Carer on a community order or suspended sentence  | Successful completion of order and no further offences  |

| Family and Environmental Factors                       |  |   |
|--|--|---|
| Description  | Indicator of Need / Risk Factor  | Intended Outcome  |
| The Community and Community Resources                  | Family are socially isolated   | Family are enabled to access community resources  |
|  | Poor or non-existent local community resources   | Family are integrated in their neighbourhood, have developed positive relationships and are able to maximise local amenities and access wider resources |
|  | Family experiencing neighbourhood disputes or conflict   | Family able to resolve disputes effectively   |
|  |  |   |
| The Family's Social Integration in the Community       | Family not registered with primary healthcare providers  | Family members registered with GP and dentist   |
|  |  |   |
| The Family's Income, Employment and Housing            | Family has a household income significantly below the national average   | Improved household income   |
|  | Family experiencing financial exclusion or at risk of financial exclusion  | Decreased risk of financial exclusion or improved financial circumstances   |
|  | Family experiencing worklessness   | Parent/carer/other significant adults into continuous employment  |
|  | Family's accommodation does not have basic amenities   | Family enabled to improve accommodation or moved to more appropriate home   |
|  | Family's accommodation is not accessible to disabled family members  | Accommodation is made accessible or family moved to more appropriate home   |
|  | Family's accommodation has poor levels of hygiene and cleanliness  | Appropriate levels of hygiene and cleanliness are achieved and maintained   |
|  | Family's accommodation is in a state of disrepair  | Accommodation made safe and to an acceptable standard or family moved to more appropriate home  |
|  |  |   |
| The Extended Family Network                            | Family have little or no support from extended family  | Family are enabled to build local relationships and friendships   |
|  |  |   |
| The Family's History and how they Function as a Family | Parent/carer has been in care themselves and/or experienced poor or dysfunctional relationships with their own parents | Parent/Carer able to reflect on their own parenting and learn new skills & strategies as appropriate  |
|  | Individual linked to the family who may pose an additional risk  | Parent/Carer demonstrates awareness of risk and act/supervise accordingly   |