
**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee – 19 July 2016

Subject: Early Help

Report of: Director of Children's Services

Summary

The purpose of this report is to provide the Committee with a progress update on developments within early help.

Recommendations

The Committee are asked to note the contents of the report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Young People and Children Scrutiny Committee - 12 November 2013
Early Help Strategy, 2013
MSCB Threshold of Needs, 2013
Ofsted Report, 2014
Young People and Children Scrutiny Committee – 21st October 2014
Young People and Children Scrutiny Committee - 3rd February 2015

Young People and Children Scrutiny Committee – 23rd June 2015
Young People and Children Scrutiny Committee – 1st September 2015

1.0 Introduction

- 1.1 Reports were submitted to Young People and Children Scrutiny Committee in February 2015, in June 2015 and on the 1st September 2015 providing an overview on the proposals to refresh the Early Help Strategy, to develop early help hubs and to implement a new Early Help Assessment (EHA). Development of the offer of early help was a key area identified by Ofsted in July 2014 as requiring improvement. The provision of a timely and effective offer of early help remains intrinsically linked to the strategies being implemented to reduce demand on statutory services.
- 1.2 This report provides a further update on developments within early help and will include the summary and feedback from a recent review of early help. Developments and progress since the early help hubs were established in September 2015 will be highlighted alongside challenges and early evidence of impact.

2.0 Background Information

- 2.1 In March 2015 revised Working Together Guidance was issued which re-emphasised the crucial role of effective early help and focuses on the collective responsibility of all agencies to identify, assess and to provide targeted services. Working Together clearly states that 'provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families'.
- 2.2 Since January 2012 Ofsted have included the inspection of early help provision by Local Authorities and their partners within inspection arrangements. Inspection findings reflect research evidence that Local Authorities and partners face significant challenges in maintaining consistency and quality of practice and understanding roles and responsibilities for early help provision. Manchester's own inspection findings in 2014 endorsed this.

In response to these challenges and to deliver the improvement required a new Early Help Strategy and new assessment model (EHA) was introduced. Improving the timeliness and coordination of the offer of early help was strengthened with the establishment of 3 early help hubs in September 2015.

2.3 Governance and Accountability Arrangements

In March 2015 Ofsted in their report Early Help: Whose Responsibility reported that current statutory powers do not provide a sufficient focus for any one agency or partners collectively to give early help the priority it requires. Whilst there is no statutory duty to hold agencies to account for early help arrangements Working Together guidance gives a clear role for the LSCB to assess the effectiveness of help, being provided to children and families.

This is a key priority in Manchester and MSCB have committed to 'develop the MSCB's engagement and support for the early help offer'. This is being achieved via a quality assurance audit programme, through sponsoring a joint

Early Help/MSCB event held in July 2015 and by maintaining a strong focus on the impact of early help via the new Integrated Working sub group of the MSCB.

- 2.4 In Manchester the Children's Board is the key strategic partnership to provide overall leadership for the shaping and delivering the vision for children, young people and their families and will drive the partnership to collectively deliver on the Early Help Strategy.

A refresh of the Children's Board's vision, terms of reference and key priorities to inform the Children and Young People's Plan has been undertaken. The refresh was led by the Strategic Director of Children's Services and multi-agency workshops were held to agree a vision statement and to inform the development of a refreshed Children and Young People's Plan. The vision will be **'Our Manchester – building a safe, happy, healthy and successful future for children and young people'**. The plan drawing on the vision statement will set out the key priorities and outcomes that as a city we will work towards over the next 4 years for all children and young people. A review of the governance and accountability arrangements was undertaken and confirmed that the Children's Board will continue to report to the Health and Well Being Board.

To ensure connectivity with front line staff, an Early Help Operational Steering Group is in place. This meets bi-monthly and oversees the work of the Early Help Champions Network, plans audit activity, identifies and responds to workforce development themes and monitors performance and delivery.

- 2.5 The strength based approach outlined in the Early Help Strategy and embodied in the early help assessment is complementary to and consistent with the new priorities articulated in the 'our Manchester' approach. In the light of these developments it was timely to review the progress and impact from the Early Help Strategy and the new delivery arrangements for early help.

2.6 **Greater Manchester Services for Children Review**

The summer budget 2015 announced that government and GM Local authorities would undertake a fundamental review of the way that all services for children are delivered, including services of local authorities and other public service providers. GM is developing proposals to promote better collaboration by the individual local authorities, and their partners, on certain key functions. The review looks at how to make best use of existing resources and to link to service transformation. Early Help is a key foundation and business cases are being developed that will apply a consistent definition of early help and an agreed approach to early help and prevention. This will involve defining a minimum core offer that is whole family, place and asset based.

- 2.7 Such proposals are complimentary to the strength based approach embodied in the EHA and consistent with the emerging priorities articulated in the 'Our

Manchester' approach. This will ensure Manchester is able to inform, to contribute and help shape the regional collaboration.

3.0 Review of Early Help

3.1 The review of early help provides a timely stock take of progress and of impact to date. In January 2016 a review of Manchester's Early Help provision was commissioned by the Director of Adult Services. The review assessed the implementation of the Early Help Strategy, what had been achieved to date and whether implementation was on the right track. The review was conducted by the Reform and Innovation Team in Manchester City Council and feedback was reported to the Ofsted Improvement Board in April 2016.

3.2 The review consisted of:

- Semi- structured interviews with 36 key Council officers and partners who worked in or closely with Early Help;
- An online survey circulated to managers and front line staff working in Early Help, both Council and partners;
- Observation of the delivery model of the Early Help Hubs;
- Analysis of performance data for early help;
- An audit of completed early help assessments; and
- A peer review of cases.

This approach enabled a multi dimensional focus to the review and included early analysis of understanding of what impact Early Help was having on reducing pressure on social care. The review included a focus on understanding how partners view Early Help both in terms of their own provision and their interaction with the Council.

3.3 Key findings from the Review

- The approach to early help, set out in the Early Help Strategy was the right one, progress was noted in terms of delivering on the strategy with the establishment of the Early Help Hubs, and with the tools developed to support practitioners all within a tight timescale. It was recognised that the EH Hubs have given a presence to early help and provided a focus on how the partnership delivers early help.
- The review clearly articulated that the intended impact of the approach was not yet being felt in terms of the numbers of Early Help Assessments being undertaken and on referrals to social care. Crucially the review stated that learning from other local Authorities indicated that it would not be expected to be felt at this stage; rather it would be a minimum period of 18 months before the impact on social care was felt.
- The review highlighted that the quality of the conversations, planning and interventions with children and families should be the focus and should continue.
- It was recognised that the early help hub interventions are currently focused on higher levels of need (4 and 5), at which point children and families needs are already more complex. The review recommended that

the focus of interventions needs to shift towards lower level (3) earlier interventions.

- The review report recognised that although there is broad support for early help approach from partners, commitment on the ground was mixed. This ranged from some partners fully embracing and committing staff to the hubs; whilst others struggled to integrated new ways of working and the new EHA into their existing work.
- IT systems require improvement and current performance frameworks for early help should be streamlined.
- A stronger focus developing the early help workforce was needed with further training and development to support new ways of working and to embed the culture change required.
- Case management practices in early help hubs were not yet consistent
- The quality assurance of early help needed to be embedded

3.4 **Audit Activity**

Two audits were completed as part of the Review of Early Help. A quality assurance audit of Early Help Assessments (EHAs) was undertaken and an audit of Early Help Intervention cases.

The audit of EHA assessed a representative sample of 20 Early Help Assessments; the majority of which required practice to improve. The audits assessed early help assessments that were registered in January 2016; at this time many practitioners were adjusting to the new approach and new assessment process.

The findings were disappointing and an early help champion's network was re established to deliver some bespoke sessions to address areas for improvement. Actions focused on strengthening the child's voice, completing strength based plans, utilising the scoring and tracking changes and progress. In June 2016 a further audit of EHAs has been undertaken via the Early Help Champions Network and early findings have evidenced good improvements in quality.

3.5 **Audit of Review of Key Worker Cases**

The peer review included an audit of 28 Early Help cases over 2 days, there were no cases that warranted immediate action and strengths and areas for development were identified. There was clear evidence of regular and persistent home visits, the voice of the child was strong in assessments and plans, and there was evidence of timely recording and of consistency of work. Exit strategies were found to be good and the end of intervention closure and 3 and 6 months follow up were highlighted as a real strength.

Areas for development focused on ensuring issues identified in referral and assessment were addressed in planning and reviewing, ensuring case notes reflect management oversight, ensuring ethnicity and religion are consistently recorded and that timescales for review are set. These areas are all assessed

during monthly audits and supervision and improvements in quality are evident.

3.6 Recommendations from the Review

There were 28 recommendations made in response to the findings. The recommendations were grouped into key thematic areas covering, the overarching approach, management oversight and leadership, levels of need, referrals, access and triage. Specific recommendations focused on improving practice in relation to the EHA, on case management, data evaluation and on workforce development.

3.7 Response to the Review

The Children's Board and Improvement Board have debated the key findings and recognised that progress in relation to some key findings is already underway. To ensure a coordinated response and collective ownership the Early Help Operational Group will develop the action plan and agree key priorities. A workshop was arranged for 5th July to translate the recommendations into 6 key priorities.

3.8 More immediately the following actions have been undertaken:

- Strength Based Training has continued to be rolled out with additional training dates arranged in June and July. This will ensure the strength based approach is embedded across the workforce.
- Tools to support the early help workforce have been revised and Help and Support Manchester updated to include new guidance and practical tools. North West Employers will support with a training needs analysis of the early help workforce.
- A streamlined early help dashboard was developed to provide evidence of timeliness, volume, quality, and impact and reports bi monthly to the Children's Board.
- A new workflow in early help has been developed and will be implemented as part of MOSAIC.
- An updated and revised EHA was implemented in April 2016 with a shortened version to capture early help activity at lower levels of need and as soon an issue or problem emerges.
- An Early Help Assessment Portal is being developed. This will improve the registering and recording of EHAs's for partners and will include use of tools and provide data feeds for performance monitoring purposes. The timeline is implementation in October as part of the MOSAIC work.
- Work to strength the offer of early help at the social care front door has been completed. This has involved focused work with contact officers, assigning an Early Help Coordinator and social worker to screen and to identify early help at the first possible contact. This will reduce contacts that do not require a statutory response from flowing into the MASH (Multi- Agency Safeguarding Hub).

- A new Quality Assurance and Performance Framework in place. Audits of early help triage, interventions and the quality of EHA are undertaken each month. This ensures managers and workers collectively work on improving the quality and effectiveness of practice; in addition oversight and challenge on performance is provided at the monthly Children's Service Performance clinic.

There has been a proactive response across the partnership to the Review of Early Help; the report findings were welcomed and collectively the recommendations are being progressed at pace to deliver good early help services.

4.0 Key Achievements and Progress

4.1 Outlined in the summary table below are the key achievements and progress achieved since July 2015. Each area is addressed comprehensively in this report but below is a useful summary of the key issues the Early Help partnerships are managing.

Challenges:	Achievements
<p><u>Develop a coordinated and targeted approach to early help</u> :</p> <p>Ensure a coordinated and targeted approach to early help is in place</p>	<p>3 x early help hubs established and operational from Sept 15. Daily triage and weekly allocation meetings in place to deliver an offer of early help.</p>
<p><u>Increase the numbers of Early Help Assessments</u></p> <p>Low numbers of MCAF assessments do not reflect family's strengths and do not reflect levels of need.</p>	<p>New strength based EHA introduced in Sept 15 and reviewed in April 2016 to enable usage across all levels of need. Numbers of EHAs is increasing but registered EHAs should be higher.</p>
<p><u>Thresholds and Levels of Need</u></p> <p>Thresholds and levels of need are not understood across the partnerships.</p>	<p>Revised Levels of Need and Response Framework launched in July 2015. Decision making framework updated in April 2016. Ofsted visit in January 2016 to MASH reported thresholds were appropriately applied.</p>
<p><u>Reduce demand on statutory services</u> :</p> <p>Impact from the offer of early help and reducing demand on</p>	<p>Strengthened offer of early help at the front door and early help contacts are increasing. Level of demand for MASH remains high but is</p>

<p>statutory services is not yet being felt.</p>	<p>appropriate demand.</p>
<p><u>Improve the quality of assessments:</u> Quality of practice and experience of child and family not being captured in assessments.</p>	<p>New QA framework introduced and audit of EHAs in June demonstrating improvement. Champions network in place to increase numbers and quality of EHAs</p>
<p><u>Demonstrate impact and capture the range of early help</u> : Evidence of impact from early help and range of early help activity is not being recorded</p>	<p>New early help dashboard in place and demonstrates increase in hub activity over past 6 months. School clusters are mapping level 2 activity and community assets.</p>

4.2 Early Help Hubs

The three Early Help Hubs became operational at the end of September 2015. The North hub is based at the Abraham Moss Centre in Crumpsall, the Central hub is at Alexandra House in Moss Side and the South hub has recently co-located to Etrop Court in Wythenshawe.

The hubs have two key functions

- To support partners to develop and deliver an offer of early help to families.
- To ensure the delivery of targeted and specialist support to families at levels 3 and 4 on the Levels of Need and Response Framework

Over the last 8 months there has been a steady increase in activity across all three hubs. In October 2015 the early help hubs dealt with 621 enquiries via telephone and email by May 2016 this had increased to 1,651. This is a significant increase in contacts and activity within the early help hubs.

The number of hits on the Help and Support Manchester Early Practitioner zone on the website is also showing a high volume of activity with over 3,300 hits in May. This enables early help practitioners to be self serving and to be kept up to date with developments in their locality.

Daily Triage meetings take place in each of the three hubs and are attended by a range of partners (social care, education, police, health and housing) and relevant information is gathered in order to assess the level of need and most appropriate response for the family. Each hub has a Senior Social Worker permanently located with the triage teams. They maintain good oversight of safeguarding decisions and work closely with the locality social work teams and the Contact Centre and MASH to ensure robust step-up and step-down arrangements are in place.

The hubs are enabling a timely offer of early help; a good example of this was when the South hub received a request for support and assistance from a support worker from a local primary school. The school had been supporting a family where an older sister in her twenties was caring for her 3 younger siblings following the death of their Mother. Issues regarding benefits, housing including loss of tenancy, and emotional support were identified. The school had commenced an EHA and were on board but required advice and support. The triage team liaised with Housing Connect who responded and gave the family priority allocation to assist with benefits and to look at longer term housing options. The triage worker linked the children into bereavement counselling and supported the school with their plan. This prevented escalation of needs and immediately reduced a risk of homelessness and provided stability for the children and their carer.

Families who need a more targeted and specialist response are discussed at weekly allocations meetings in each of the hubs where an increasingly large number of partners are participating and contributing to the development of the offer to the family. Some of the agencies engaged include, Housing Connect, local housing providers, Shelter, Troubled Families Employment Advisors and Work and Skills reps, Targeted Youth Support Services, Young Carers, Education Caseworkers, Education Attendance Officers, CAMHS, GMP, the Anti Social Behaviour Action Team, Health Visiting Leads, Specialist Case Planners, Relate, Victim Support and various voluntary sector partners, for e.g., Big Manchester and the Factory Youth Zone.

Three Attendance officers have been commissioned by the Education and Skills Directorate and from June have been based in each of the Early Help Hubs. The role of the attendance key worker will be to ensure that all referrals into the hubs with concerns about absence (or 10 day notification) have an Early Help assessment and where appropriate a multi-agency plan. The worker will support schools with completing EHAs and be a key point of contact. In addition there is a dedicated education caseworker for each Early Help Hub. The caseworker attends the weekly allocations meeting and provides a point of contact for the triage team for any education enquiries.

To ensure the SEND offer is integrated within the hubs a member of the Information, Advice and Support service (IAS) is attached to each Early Help Hub. The IAS worker is co-located part of the week and provides advice and support to build capacity with early help practitioners around special educational needs. The IAS worker will support the engagement of parents in the EHA process and provide support for the parent at meetings if required.

Open days and drop in sessions are well attended and hub practitioners have been heavily involved in providing briefings and updates to partner agency team meetings and staff groups to promote the Early Help Strategy, the Level of Need and Response Framework and the development of strengths based conversations and Early Help Assessment tool.

An increasing number of partners are piloting the development of keywork interventions within their own organisations e.g. Registered Providers, schools and PCSO's. Support is being provided via the hubs including peer support and supervision to support the delivery of the Troubled Families key worker programme.

The last eight months have been incredibly positive but there is further progress to be achieved. Operating systems in the hub covering triage and the interventions delivery model are being reviewed and refined as learning from audits and partner feedback to ensure delivery models are timely, responsive and effective.

4.3 Specific groups - Young Carers

The implementation of the early help hubs provided an opportunity to strengthen the offer of early help to young carers. The early help team have ensured that the needs of young carers are embedded into the revised levels of need and reflected in the approach to early help assessments. Support for young carers requires a graduated response and this is reflected across the continuum of need. The ambition is that this work will be linked with the current developments in Adult Social Care.

Promoting awareness of young carers and ensuring improved identification has increased the number of early help assessments but has also identified a gap in the accessibility of universal provision for young carers locally. A pilot in the North of the city is testing the role of youth and play providers in supporting the needs of young carers. A young carers section has been developed on Help and Support Manchester on the Early Help Practitioner zone and is part of the carer's toolkit.

The timely identification of young carers has been strengthened at the front door for social care. The Social Worker and the Early Help Coordinator who sit alongside the Contact Centre are screening referrals in regards to young carers or potential young carers to identify appropriate support and to ensure young carers who require an assessment are assessed by a social worker. This approach will ensure a consistent offer of Early Help to all young carers in the city whilst ensuring any risks are identified and responded to appropriately.

4.4 Engagement work with Schools

Work with schools is a key priority and is being developed in a number of ways via the champion's network, via individual briefings for schools, one to one case discussions, via key workers and linking early help practitioners to schools. In recognition of the leadership role of schools a pilot was developed to test out how peer led school clusters could support the development of a local offer of early help.

The pilot commenced in January 2016 and funding was provided by the MSCB to recruit three school sector leads to work across each locality. The

schools recruited to lead this work were Communications Academy, Heald Place Primary and Barlow Primary; this ensured a pilot in each locality.

The school leads have developed and lead a cluster of 11 schools in each area with a total of 33 schools currently involved. The clusters have met regularly and in April reported:

- Schools involved have gathered a shared understanding of the Early Help offer and the role of community assets.
- Schools have contributed to the development of early help processes and tools.
- All of the clusters feel that the pilot was successful due to the model of peer support and problem solving.
- Schools have reported they experienced positive relationship building with the hubs via their attendance at the cluster meetings.

The pilot demonstrated the importance of utilising the leadership qualities from schools and the benefits arising from sector led support. Schools reported that through this work they have begun to recognise the contribution of community assets and the potential to grow these. The clusters are currently exploring ways of reviewing and measuring the impact of these services on families. This work has demonstrated that schools in Manchester have the potential to develop a sustainable model of leadership and innovative practice in the delivery of Early Help. It has been agreed by the Schools Early Help Reference group that we should continue to build on the first phase of the pilot through supporting another three clusters during the autumn term.

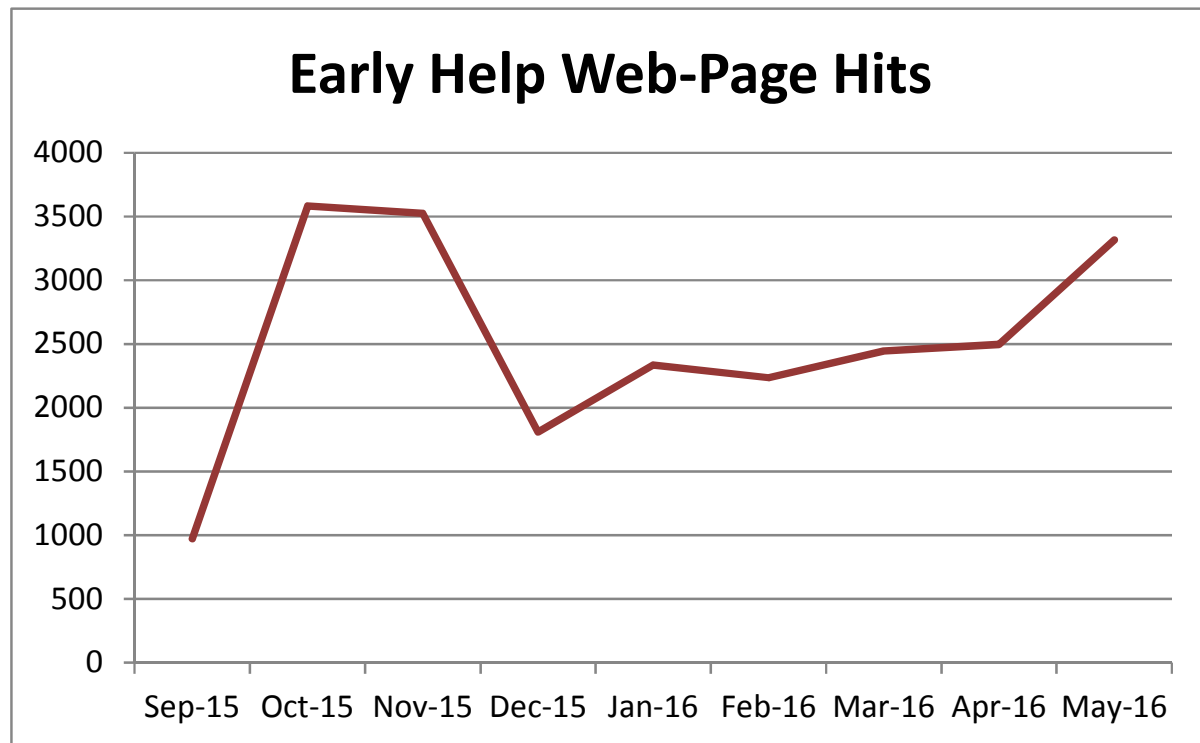
The three existing lead schools have agreed to host workshops for schools in their districts in October 2016. The purpose will be to provide feedback about the pilot, to gather feedback from schools not currently involved in the clusters, and develop a shared plan for the next phase of the work. In addition the North cluster have begun to explore potential models of joint commissioning and the pooling of resources to develop an improved Early Help offer from schools using community resources. The evaluation and learning from this work will be shared with all schools.

4.5 **Early Help Practitioner Zone**

Feedback from schools and other partners has highlighted the importance of accessible information and tools to support the effective delivery of Early Help. An Early Help Practitioner zone has been developed on Help and Support Manchester and this is being promoted with partners. A development plan for the practitioner zone has been developed and is being progressed by a multi agency group. The area has been updated with the revised tools and changes made to the layout. The plan includes training, communication and engagement. Implementation of the plan will be supported by the Early Help Champions.

Monitoring of the early help web pages has demonstrated the high volume of usage is being maintained, particularly the Early Help Practitioner Zone; this

had the highest number of hits recorded in May with 2002 and is reflected in the increase in early help assessment registered in May.



4.6 Early Help Assessment

Good progress has been made in developing the new strength based approach and revising assessment tools with the introduction of the EHA. Embedding usage and transforming existing assessment models across the partnership remains the wider challenge. The new EHA was launched in September 2016 although widely embraced; challenges emerged in embedding a different approach, in using the new scoring and tools, and in the quality of assessments. Following feedback from a range of partners the EHA was revised to include a shortened version to capture strength based conversation at lower levels of need. This was welcomed by partners particularly schools who are using the EHA to capture evidence of conversations, their response and the help offered. This will also provide evidence of prior support should targeted support or a social work intervention be required at a subsequent stage.

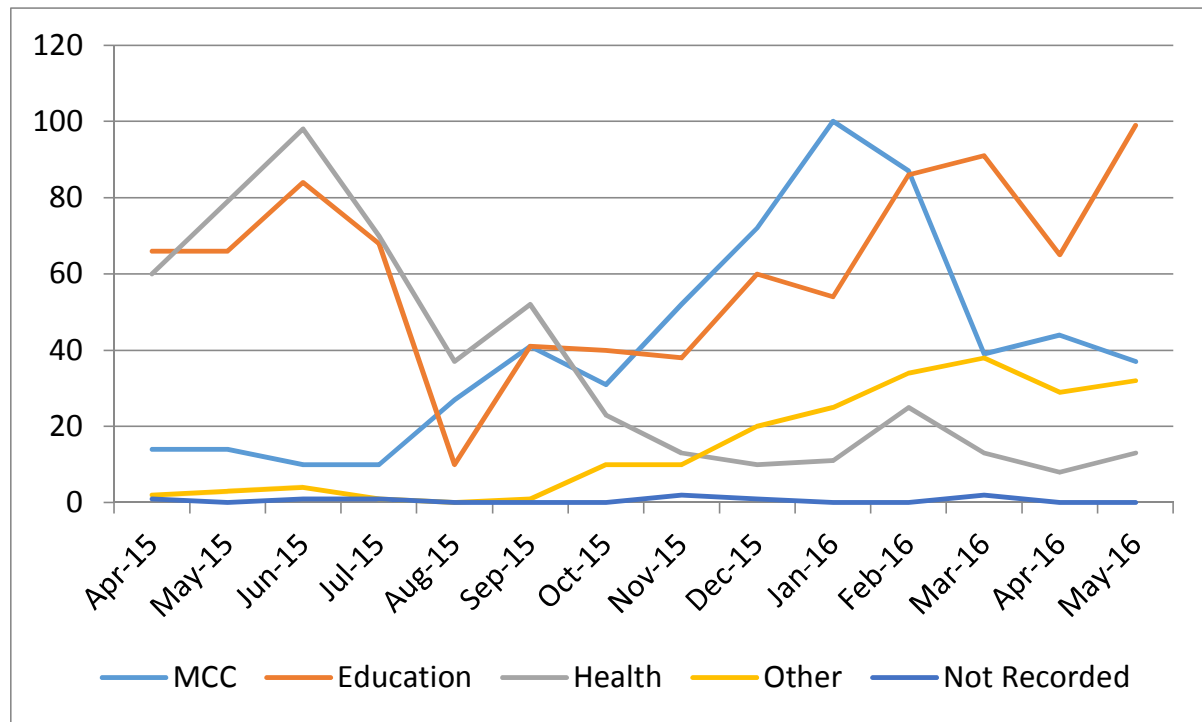
Overall the challenge remains to increase the numbers of EHAs being registered. The table below illustrates the current situation and the flow of registrations. A clear seasonal impact connected with school holidays is apparent, schools increasingly are completing EHAs and the numbers reflect their increasing usage. Strengths are registered providers and education services within MCC e.g. the Specialist Resource Team. Targeted support via the early help hubs and the champion's network will be undertaken for sectors where uptake of the EHA remains low.

Table 1: Number of EHAs registered 2015/16



The breakdown of EHA by agency is reflected in table 2 and reflects the key role of schools in holding strength based conversations and registering their EHAs. In May 99 EHAs were registered by schools the highest number in the year to date. Focused training for health visitors and schools nurses is underway to align the EHA, the signs of safety model and existing assessment tools. This should lead to an increase in the number of EHA's undertaken across health services.

Table 2: EHAs by Agency



4.7 Developments to embed the EHA

The following agencies have all amended how they work to embed the EHA as the key assessment tool:

- The Early Help Practitioners in the hubs are using the EHA as the key assessment tool and have aligned the EHA with the signs of safety approach. The hubs are leading the way to support and assist partners to undertake an EHA at the earliest opportunity.
- Specialist Resource Team has replaced the short breaks assessment tool with the EHA. Since February 2016 the team have completed 61 EHAs for children with SEND.
- School requests for education, health and care plans (EHC) including use of emergency funding are required to complete an EHA.
- Early Years Pathway amended to reflect all requests for additional support from early years setting are required to complete an EHA as evidence.
- Early Years Integrated Delivery model is adapting their existing assessment processes to incorporate the strength based approach.
- Housing Connect and housing support services are utilising the EHA as their core assessment tool.
- PCSO's are undertaking EHAs as part of their new role linked to the early help hubs.
- Targeted services in health such as Vulnerable Babies, Family Nurse Partnership and Health Case Planners are beginning to use the EHA as a core assessment tool.

- A pilot with A&E in UHSM is underway to look at how strength based conversations can be used.
- Registered Providers have embedded the use of EHA and increasingly are undertaking and registering early help assessments.
- North Early Help Hub Triage Team use EHAs as part of a rapid response pilot and this is increasing the number of EHAs in North locality by partners.

4.8 **Challenges**

Support is being provided via Champions Network to align, agree and adapt existing assessment tools. Capturing the range and volume of early help activity is a challenge; the schools led pilot areas have started this work, and the depth and range of early help activity by schools is being collated.

To improve the registering of an EHA an Early Help Assessment Portal (EHAP) is being developed. This will be an online portal that can be used by any practitioner at any time to complete an EHA. The portal will be a central repository for reviewing and editing the EHA form. It will also feed into MiCARE and generate reports and management information. This will be available in October and will form part of the MOSAIC improvement work.

4.9 **Early Help Champions Network**

The Early Help Champions network is a multiagency group who have committed to championing and embedding the early help approach and EHA across their agencies. There are a number of organisations represented in the network, namely, schools, education and skills, Early Help Team, Health (nursing and midwifery), The Christie Hospital, GMP, Housing, Probation, Youth Justice and more recently a voluntary sector representative from MACC. The uptake from the Voluntary Community Sector remains a challenge, with low numbers of EHAs being registered. There is ongoing work to align a varied and diverse sector with the EHA.

The early help leads have reported that this collective network of champions, and strong positive leadership has enabled them to raise the profile and vision for the strength based approach in Manchester. It has not been without its difficulties, as for many agencies, moving from a deficit based model of assessment to a strengths based approach, requires a significant shift in the thinking and behaviours of practitioners, and this requires time and tenacious collaborative leadership with their teams.

The main focus of the Champions network is to assist in the undertaking of multi-agency audits. A large number of audits were undertaken in June and the quality of EHAs was ranked against grade descriptors. It has been a useful comparator in terms of progress since last the audit of EHAs undertaken in January 2016. Audits then identified practice needed improving in relation to evidencing voice of the child and in developing outcome focused plans.

Audits of EHAS in June have demonstrated that the quality of EHAs have improved over the course of the last six months with the majority assessed as requiring improvement and good. There was an increase in the number assessed as outstanding and these will be used as good practice examples. The latest audit highlighted that practitioners are having strengths based conversations, are capturing the voice of parents and what is important to them. However capturing the voice of children and young people remains a development area for many practitioners.

There has been a significant investment in Strengths Based Conversation training, which has been offered and accepted by a wide range of agencies, and specific agencies are now using the quality assurance framework to develop their practice and to improve the quality of their EHAs.

4.10 Early Help Quality Assurance Framework

To measure the impact and quality of the offer of early help an Early Help Quality Assurance Framework has been implemented. It is designed to support Early Help practitioners to identify areas of strength and good practice in their settings, as well as where improvements in provisions can be made.

The framework is made up of a four part self-assessment tool to allow partners to review their processes and protocols and evaluate the impact of their Early Help work. A tool to measure outcomes and impact and gather the views of children, young people and family's tool has been developed to assist every agency in gathering evidence of impact of the EHA.

A series of multi-agency quality assurance audits are planned within agency settings throughout June and July, and findings will be translated into agency specific improvement plans where appropriate. The Quality Assurance audits are being primarily led by the Early Help Champions network, and early indications are that the multi-agency work has been invaluable in terms of peer support, building local relationships and in supporting continual professional development.

5.0 Performance and Impact from the Early Help Strategy

The early help hubs have been operational for 8 months to date, much of the performance data has focused on activity and output information to get a clearer picture of volume and demand across the hubs. Systems are being refined in order to provide more detailed information on impact, however, some key improvements can be reported at this stage.

The number of contacts to the Early Help Hubs is consistently over 1,500 per month, with the number for May being 1,651. Arguably these are contacts that would have previously been inappropriately directed to Children's Social Care.

It is anticipated that this trend will continue and be further impacted by new arrangements put in place since June to strengthen the Early Help support available within the Contact Centre and the MASH. This improved screening

function will result in more cases being identified at an earlier stage and directed to the hubs for support, resulting in a quicker and improved offer of early help to families and children. These new arrangements have only been in place for a few weeks but already figures for May show an increase in cases directed to the hubs from the Contact Centre, the MASH and area teams (361 in May compared to 236 in April).

The volume of contacts going to the Contact Centre and the MASH have reduced over the past 12 months, in June 2015 contacts were 2,609, by May 2016 this had reduced to 2,171. This reduction compares favourably with the baseline of 2,785 contacts in August 2014. It is consistent with the number of requests for early help beginning to rise.

Referrals are 994 (May 16) which compares well to the baseline in August 14, of 1087. Demand remains high for statutory intervention but this is reflecting appropriate demand and reflected in a higher conversion rate from referral to assessment with fewer cases not progressing onto assessment following a MASH recommendation for assessment previously rejections were higher.

Triage processes in the hubs are being constantly refined and the number of children discussed every month at daily triage meetings is consistently over 250, with the figure for May being 260. Targets are being developed to ensure that cases are managed in a timely and effective manner and managers have good oversight of workflows and response times. The number of cases discussed at weekly allocations meetings is increasing, again with a 50% increase from April to May (95 to 146).

The offer of early help that families are receiving is becoming more diverse and families are being linked into an appropriate offer of early help. This was not available previously, with a wider and more responsive range of partners available to support assessments and plans.

A good illustration of this when a referral was received from a school requesting support for a family due to concerns around the behaviour of children, the early help team were able to respond quickly. Discussion with the parent identified that the family had moved to the area following a relationship break down, the family were isolated and had some housing issues. The children were unable to play out due to the rubbish in their garden and some missing fencing from a previous tenant.

The triage team contacted the Registered Provider who arranged for the rubbish to be removed from the garden in the next 2 days and a surveyor was arranged to go out to measure up for the fencing. A volunteer befriender was allocated and a home visit immediately arranged to complete an EHA. The triage enquiry and support was completed within 2 hours and the parent stated to the Triage Advisor that she had been asking for help for a long time and this is the first time she felt someone had listened to her and action has been taken. Previously this case would have resulted in a referral to social care with a social care assessment recommending no further intervention. In this

instance a timely offer of help has been received and prevented an escalation of needs.

To ensure that the right cases are referred to front-line social care, the North Early Help Hub has been piloting a new arrangement within the Triage function, namely the North Early Help Assessment Team (NEHAT). The pilot aims to provide a swift response to requests for support for families that are assessed as potentially being at level 4 on the Framework of Need and Response and where a brief intervention is urgently required.

As part of the pilot, the NEHAT team will quickly visit and determine the most suitable outcome for the family and, where appropriate, offer a brief intervention lasting no longer than four weeks, with a view to then establishing a Lead/Professional/partner key worker to take over supporting the family where necessary. In the first 6 weeks, the pilot has provided an intervention in 63 cases and the impact of this is that those families have had a more timely response, have not experienced duplicate assessments and this in turn reduced the pressure on the area social work duty teams.

The Family in Need Service (FIN) is integrated within the hubs and manages cases that are stepped down from statutory social care. Where a social worker identifies that a family no longer need to be managed at statutory level, but still need support to maintain change, then the family are referred to the FIN teams and work is continued for up to 6 months. The North FIN Service is delivered 'in-house' by MCC staff and a VCS Provider is commissioned to deliver in the Central and South locality areas. In 2016 the FIN team worked with 445 families across the City and have sustained 61% of families from requiring a statutory intervention. This is contributing to the reduction in the re referral rate which has reduced from 33% to 27% and remains a key measure of the impact from early help.

The Early Help Practitioners delivering family support interventions are based within the hubs and are instrumental in delivering the Troubled Families programme. At any one time there are approximately 600 families open to the family and parenting support teams that sit within the hubs. A recent End of Interventions Analysis report shows the positive impact of the early help offer across a range of indicators. For example, compared against presenting need, there has been a positive impact for the family in over 80% of rent arrears issues, nearly 69% of debt issues, 86% positive impact in the risk of eviction, 81% in homelessness and 77% in reduced police call outs. In relation to safeguarding concerns, families achieved between 73% and 90% improvement in school attendance and improved parenting outcomes in between 63% and 82% of cases.

The analysis report is still being developed and impact information will be available across a wide range of key indicators and will form part of the requirements to demonstrate improved outcomes and to claim payment by results monies.

Work will continue to develop the EH dashboard and we need to ensure that the performance dashboard is embedded and that the data can evidence the impact of early intervention on the child's journey throughout the system.

6.0 Conclusion

Scrutiny members are requested to note the progress already achieved against the Early Help Strategy and to recognise the areas of challenge. Further reports will be provided to evidence the uptake of the EHA and how effective has been our approach to invest in the offer of early help to reduce demand and to deliver improved outcomes for children and young people.