

Report to: Improvement Board
Date: 7th May 2015
Subject: Update on Early Help
From: Julie Heslop, Strategic Head of Early Help

1 PURPOSE OF REPORT

- 1.1 To update the Improvement Board on progress in relation to Early Help including the refresh of the Strategy, to note the focus on performance and actions required to deliver improvements.

2 BACKGROUND

- 2.1 In September, Ofsted published its findings following a review of Manchester Children's Services. Early Help was a key measure in the Single Inspection Framework and Ofsted noted in their judgement report that:

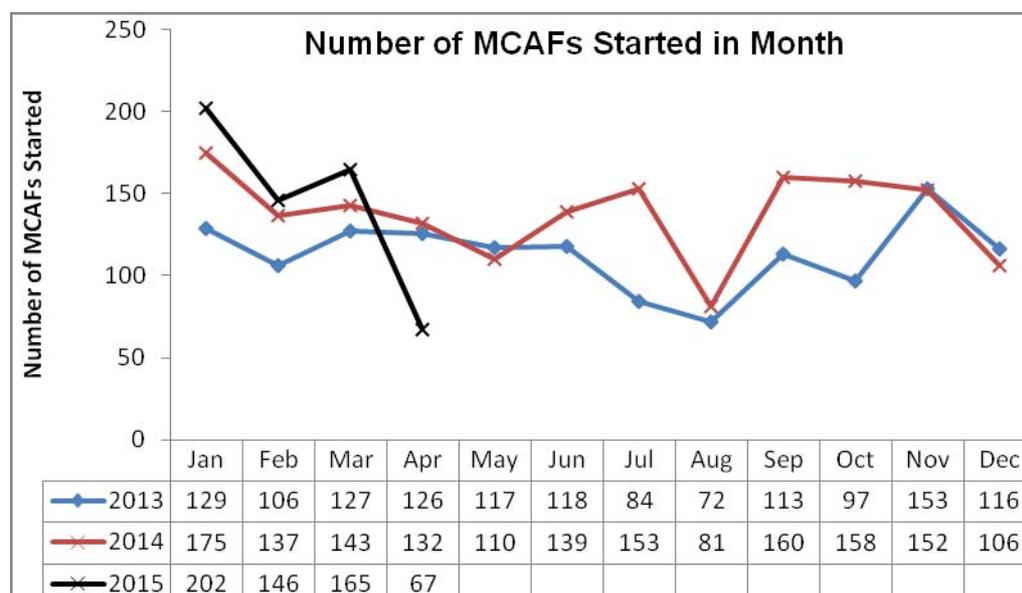
The local authority and its partners need to ensure that early help is targeted and coordinated effectively, so that families receive support when need is first identified and the number of referrals to children's social care is reduced as a result.

- 2.2 In addition the quality of MCAF assessments seen was too variable and expectations and outcomes were not always clear. This was exacerbated by the fact that not all partners had fully engaged in the use of CAF and not all professionals were fully informed about what early help services were available to families.
- 2.3 A key issue was the poor understanding of thresholds and lack of a targeted and coordinated approach resulting in continued high demand. To address this we have refreshed the levels of need and framework of response and the Early Help Strategy. There is investment in additional capacity to support early help and a new delivery model of Early Help Hubs being developed.
- 2.4 This report will provide a progress update and response to address the areas identified for improvement. The report will cover the following areas:
- Current performance including analysis of demand and MCAF activity
 - An update on the revisions to the levels of need and framework guidance and development of tools to support this work
 - A summary of the work to develop the Early Help Strategy and delivery model linked to Early help Hubs
 - Areas for further focus and development are highlighted

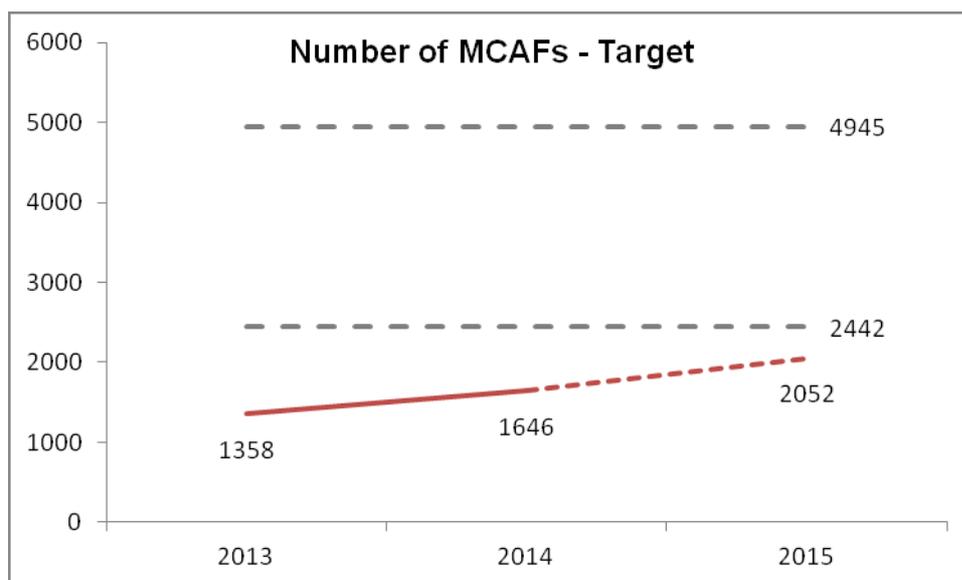
3 KEY AREAS OF ACTIVITY JANUARY 2015 – MAY 2015

3.1 Analysis of MCAF activity

- 3.2.1 As noted previously, improving both the number and quality of MCAF assessments is a key area for improvement. A constraint has been the absence across the partnership of MCAF being used as the universal early help assessment tool. Currently there are a variety of different assessments in usage and this has presented difficulties in evidencing both the range and the impact of an offer of early help. It has also contributed to maintaining MCAF numbers below the targets and numbers required.
- 3.2.2 To address this and to deliver some immediate improvements a communications brief was distributed in April and then repeated in May. This briefing note confirmed that MCAF remains the key assessment tool for early help and information was sent on the registration process. Early Help Coordinators and Early Help Advisors have continued to provide training, briefings and one to one support for partners and organisations on the MCAF process and tools. Three locality partnership meetings have been arranged in May to look at MCAF performance and targets and a task and finish approach adopted to ensure there is a strong focus on performance.
- 3.2.3 To ensure we capture the range of early help assessment activity where an assessment has taken place and a Lead Professional (LP) role undertaken this will be included as evidence of early help. The assessments undertaken within the Vulnerable Babies Service, Health Visiting Case Planning and Family Recovery Service all involve a lead professional role and will be included as evidence of early help. Across the partnership a priority piece of work is underway to collate the assessment activity; this will substantially increase the number of assessments and enable performance targets to be met. In the longer term plans are well developed to provide a refreshed early help assessment tool to be used by all agencies.
- 3.2.4 The current performance in relation to MCAF activity demonstrates that over the past 3 years the numbers of MCAFs that are started each month have increased and the number commencing each month from June 2014 shows an upward trend.



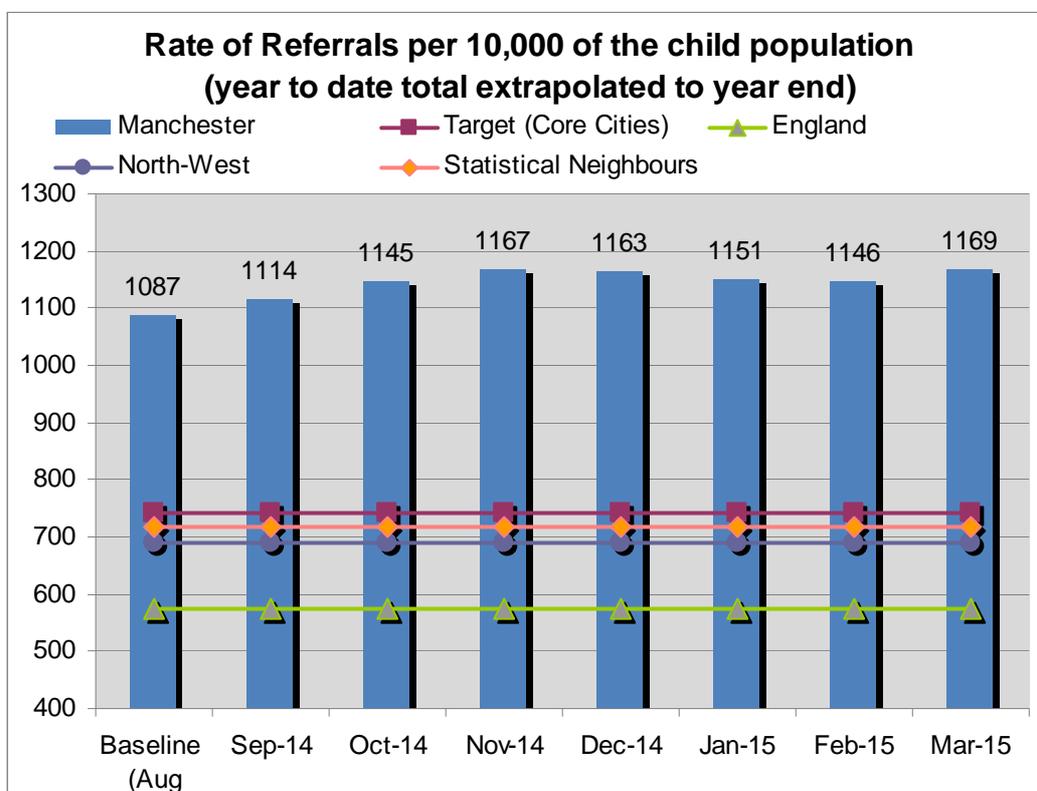
- 3.2.5 Between January and March 2015 there have been 513 CAFs registered an average of 171 per month. In comparison to the Northwest, Manchester is below the average given our population (see appendix A).
- 3.2.6 In order to be in line with the North West average target an additional 390 MCAFs would need to be registered; this would be an average of 214 a month, 43 more than the current average. To achieve good 2,503 CAFs would need to be registered, an average of 492 per month for the remainder of 2015. A caveat is there are notable differences in the way Local Authorities report CAF numbers and a time lag in CAF numbers being entered on reporting systems and this prevents against consistent reporting.
- 3.2.7 Nevertheless, this highlights the gap to be closed. As indicated earlier if assessments from the Family Recovery Service, Early Years New Delivery Model and Health Services were included as assessments then the figures would be around 500-600 per quarter or 167-200 per month. This would be a significant contributor to closing the gap.



- 3.2.8 Analysis of agency breakdown of MCAFs demonstrates that the majority come from education and health services. There are notable gaps in relation to secondary schools, midwifery and connexions. A targeted approach will be undertaken with these agencies and briefings and one to one support provided by the Early Help Team to increase their numbers.
- 3.2.9 Along with a drive to increase the number of MCAF assessments we will maintain a strong focus on quality. An audit of MCAFS will be undertaken in May in a range of settings including early years, secondary schools, the voluntary and community sector and housing providers. The audits will have a thematic focus on the child's voice and be concluded by June.

4. Analysis of Demand

- 4.1 The level of demand for statutory services continues to remain high with referral levels remaining persistently high. To understand the volume and type of referrals workshops have been held with partner agencies including schools, police and health services to look at the type and nature of the referral particularly those referrals resulting in no further action by Children’s Social Care.
- 4.2 Learning from this work endorsed findings from previous audit activity that with improved triage and better use of safeguarding leads within agencies the number of referrals would be reduced. Issues regarding thresholds and levels of need did not feature strongly but behaviours such as referring to obtain reassurance around risk rather than confirming risks were evident. This work will continue and will inform both the development of the changes to front door and MASH and the Early Help Hubs in the localities.



5. Refresh of the Early Help Strategy

- 5.1 The Children’s Board is providing the key multi agency leadership to oversee the refresh of the Early Help Strategy. The Board is chaired by the Lead Member for Children’s Services and the Vice Chair is a Senior Leader from health. The strategy sets out the vision to promote the well being and resilience of families and ensure that children and young people are safe, healthy, aspiring and achieving.
- 5.2 The ambition is to offer early help as soon as possible to families who need support by:

- Identifying the right children, young people and families who need extra help and support at the earliest opportunity
 - By working together as a strong partnership to deliver an effective local offer of support
 - By delivering a whole family approach to make a difference and achieve good outcomes
- 5.3 A collaborative approach has been taken to the refresh of the strategy with consultation and workshops held across the partnership.
- 5.4 Central to the strategy is the co design and development of a new delivery model for early help with the establishment of 3 Early Help Hubs in the city. Early Help Hubs will be established in the north, central and south localities of the city, and will provide the infrastructure through which an effective Early Help offer can be delivered. Thus far we have agreed the overarching vision, principles and purpose of the hubs. The hubs will deliver an effective local offer of support as well as being the gateway to more intensive interventions. A key focus will be problem solving and support to unlock cases and access the knowledge and skills of the workforce and thereby reduce the need for higher tier interventions.
- 5.5 There is ongoing work to confirm which staff will be co located and which staff will be virtually linked. Work is progressing in relation to accommodation, referral and allocation process and workforce requirements. Demand data is being mapped by ward to understand areas of highest demand.
- 5.6 In developing an integrated offer of support we will ensure that we strategically and operationally services across the age ranges. We will link Early Years, the Sure Start core offer, the targeted youth support, along with Family Support Services so that a coherent offer is in place and is readily accessible.
- 5.7 We have a timeline to deliver phase 1 in September 2015 and this will deliver co-located staff in 3 hubs with existing ICT systems (including partners). In place will be agreed ways of working, clear referral routes, an allocation mechanism in the hubs (frequency, who attends, how this is recorded), and multi agency panels. A simple way to track the performance monitoring of cases will be in place. There will be clear processes to step up and step down cases that come to the Early Help Hub with advice and guidance offered for partners to help them deliver Early Help.

6. Strengthening the Offer of Early Help

- 6.1 Ofsted recommended in their Inspection Judgement that the Local Authority

should see seek to emulate its approach to and success with the troubled families programme, to ensure that help and support for families who struggle is timely and effective.

A number of partners including the community rehabilitation company, schools and registered providers are being supported by the Family Recovery Service to deliver the intensive key worker role. Support includes an induction and training programme and supervision. Capacity is being released within the Family Recovery Service to enable partners to be supported with the key worker role and includes a strong focus on engagement and managing resistance.

An internal redesign of the MCC Support Services is underway to bring together the Early Help Team and Family Recovery Service with a refocusing of the Family Recovery Service to support the delivery of Early Help. The revised Early Help Delivery Team will be based in the Early Help Hubs and will provide support to partners with assessments, key working, managing effective engagement and resistance.

- 6.2 Early Help Advisors have a key role to ensure following assessment of need that families are connected to the right help and support. The Local Authority is investing in Early Help Advisors who will be locality based and will clear role to ensure Lead Professionals are identified to support Team Around the Family meetings and to collate evidence of the impact of early help activity. The current number will be increased from 2 to 6 and the 3 Early Help Co-ordinators will provide strategic support for partnership working.
- 6.3 The MCAF enables staff to identify families that need early help and what the particular need is. The Family Service Directory (renamed Help and Support Manchester) is a key tool that lists the early help services available to meet the needs. Work is underway to strengthen and develop the directory and the upgrade of the directory is live from the 13th May with enhanced information. A website page and regular communication briefs on early help are all in progress. This will enable good access to advice, support and self help.
- 6.4 There are a range of Early Help Services delivered via the Sure Start Children Centre's , central is the Manchester Early Years New Delivery Model which is based on an integrated care pathway with five key stages; pre-birth, new birth visit and follow-up, three month check, 9 month and 2 year health and development reviews. In delivering the integrated service, Health Visitors and Early Years Outreach Workers work together to ensure that children and families are engaged, that assessments take place at the key points and that when children and families are identified for further support, they receive the right evidence based interventions. All Early Help activities are recorded by Outreach Workers in April 2014 – March 2015 13,477 families were reached.

7. Refresh of the Levels of Need and Framework of Response

- 7.1 Alongside the refresh of the Early Help Strategy has been a revision of the Needs and Response Framework and development of tools to support practitioners. Both have been entirely coproduced with representation from the public, private and voluntary sector, as well as with service users. It is anticipated that this approach will elevate the uptake and use of the revised

Early Help Assessment, as agencies have contributed to the design. Feedback thus far has been positive, with early indications that compliance and consistency of use will increase.

- 7.2 The renewed Needs and Response Framework promotes early intervention that is targeted and coordinated effectively, so that families receive support when need is first identified. The refreshed framework is far more focussed on whole family indicators. This underpins the principle for holistic assessment as recommended in the refreshed Early Help Strategy.
- 7.3 The single assessment tool will promote a move away from a service led approach and towards person centred outcomes, drawing on the person's own assets, strengths and capacity. Self Efficacy, motivation and drivers for change will be assessed as early as is practicable, which will facilitate a more considered approach to the speed and intensity of interventions offered. The Single Assessment will measure the level of need (quantitatively and qualitatively), as well as the self-efficacy to make a change. This will support the aspiration to be able to measure progress made as a result of Early Help Interventions.
- 7.4 The revised tools will be piloted in a number of different settings from June 2015, with a view to scaling up the roll out in line with the launch of the Early Help Hubs.

8. Areas for Improvement

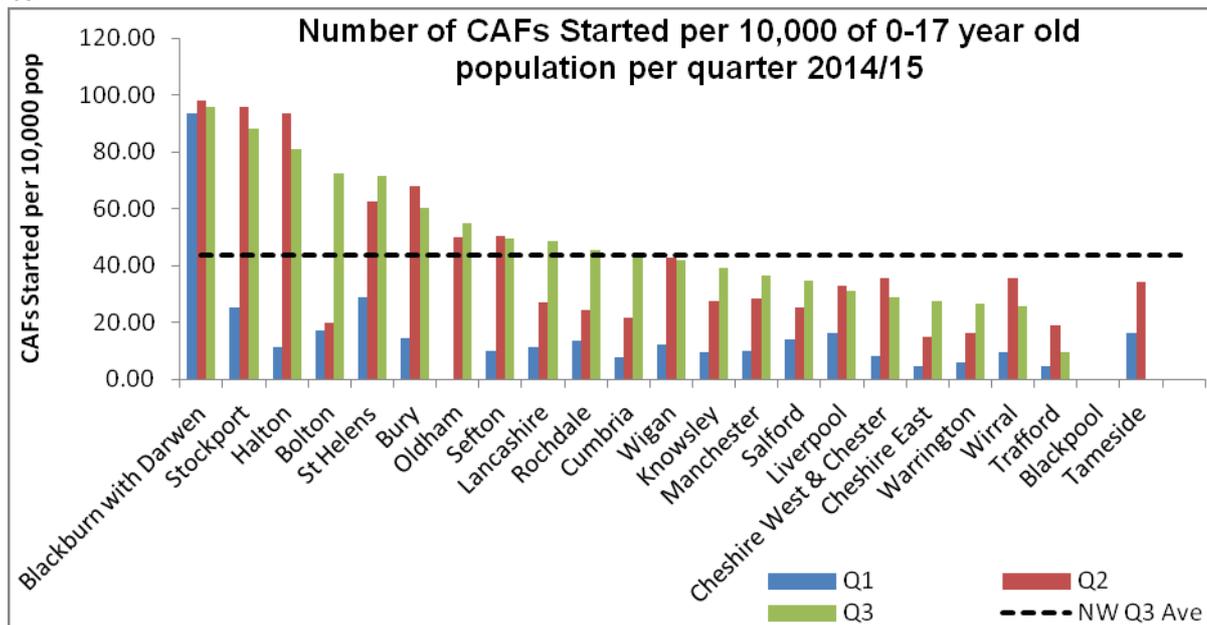
- 8.1 There has been a notable drive and impetus to deliver change in relation to Early Help and we have harnessed the enthusiasm and motivation across the partnership. Good progress has been made in relation to the strategic vision and approach and developing an understanding of an integrated locality based delivery model.
- 8.2 There remain challenges in relation to reducing demand, in increasing the volume and quality of assessments and in developing a shared understanding on the levels of need. We have further work to deliver at pace if we are to achieve the standards and improvement required.

9. Summary

Members of the Improvement Board are requested to note the progress update on Early Help and activity underway to strengthen the impact of the offer and to deliver integrated working across the partnership.

Appendix A

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