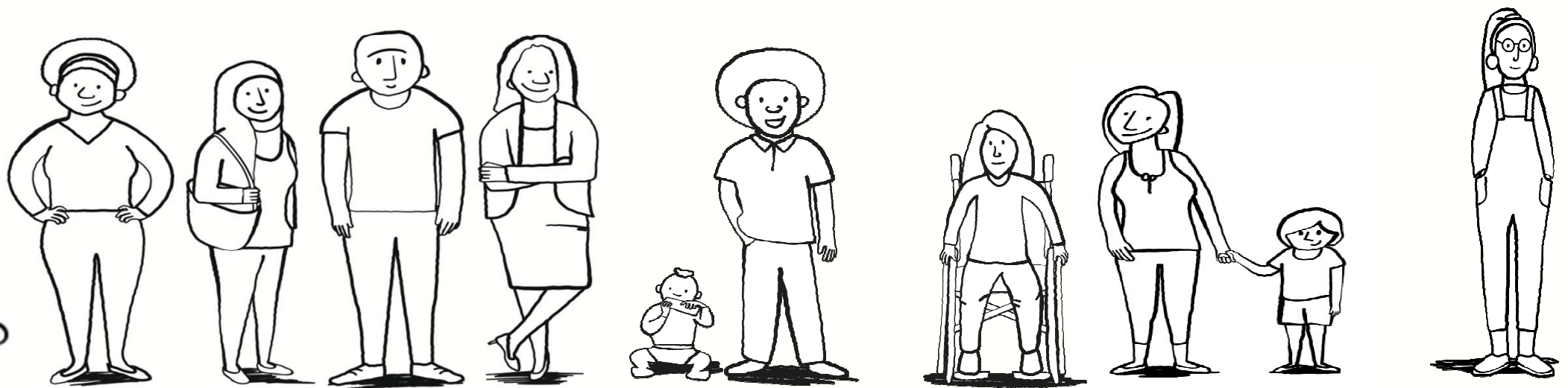


Manchester's Early Help Approach

Health and
Wellbeing Board-
July 2019



What are we covering today?

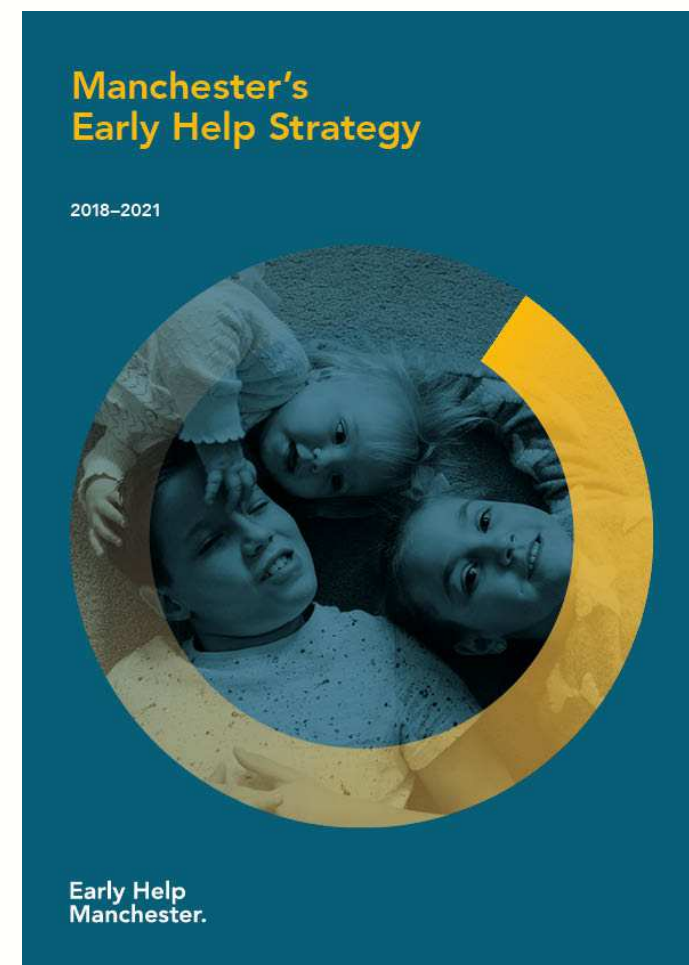
- 1) Manchester's Early Help Strategy
- 2) Understanding the Impact of Early Help
- 3) Troubled Families & Future Funding
- 4) Ask of Health & Wellbeing Board

Ofsted:

“Children and families benefit from access to effective early help when difficulties emerge, protecting them from harm”

“Partner Agencies work well together in locality-based hubs, undertaking an increasing number of early help assessments”

Ofsted November 2017



Early Help Approach (2018-2022) // Our 10 Principles & Behaviours



1. Take a strengths based approach and be good listeners
2. Take a whole family and/or a whole household approach
3. Mobilise the strength and resources of the community
4. An offer of early help will be accessible, at the first sign that people need help and delivered as close to home as possible.
5. Support Manchester's Early Help workforce and provide them with the tools to be confident when working with children, young people and their families
6. Support Manchester's workforce to develop strong and lasting professional relationships
7. Simplify our approach using appropriate language and processes
8. Safeguard and promote the health and wellbeing of children, young people and their families
9. Independence is encouraged so people continue to be **safe, happy, healthy and successful**
10. Early Help is everybody's business

Our Early Help Approach // Health & Wellbeing Board Priorities

Getting the youngest people in our communities off to the best start

- Closer alignment of Early Years offer with Early Help Hubs- Bringing Services Together
- Increasing number of EHA's from Health Visiting

Improving people's mental health and wellbeing

- CAMHS pilot in North Early Help Hub- services working more closely
- I-Thrive Model- ICR workers in each Early Help Hub

Bringing people into employment and ensuring good work for all

- Job Centre Employment Advisors (TFEA's) in each Early Help Hub

Turning round the lives of troubled families

- A whole-family, strengths based approach for our most vulnerable families is at the heart of our offer
- Good quality Early Help Assessments by an increasing number of sectors

Our Early Help Approach // Other Strategic Priorities

Our Early Help Approach supports the delivery of a number of strategies and approaches. Two include:

Inclusion Strategy (2019 – 2022)

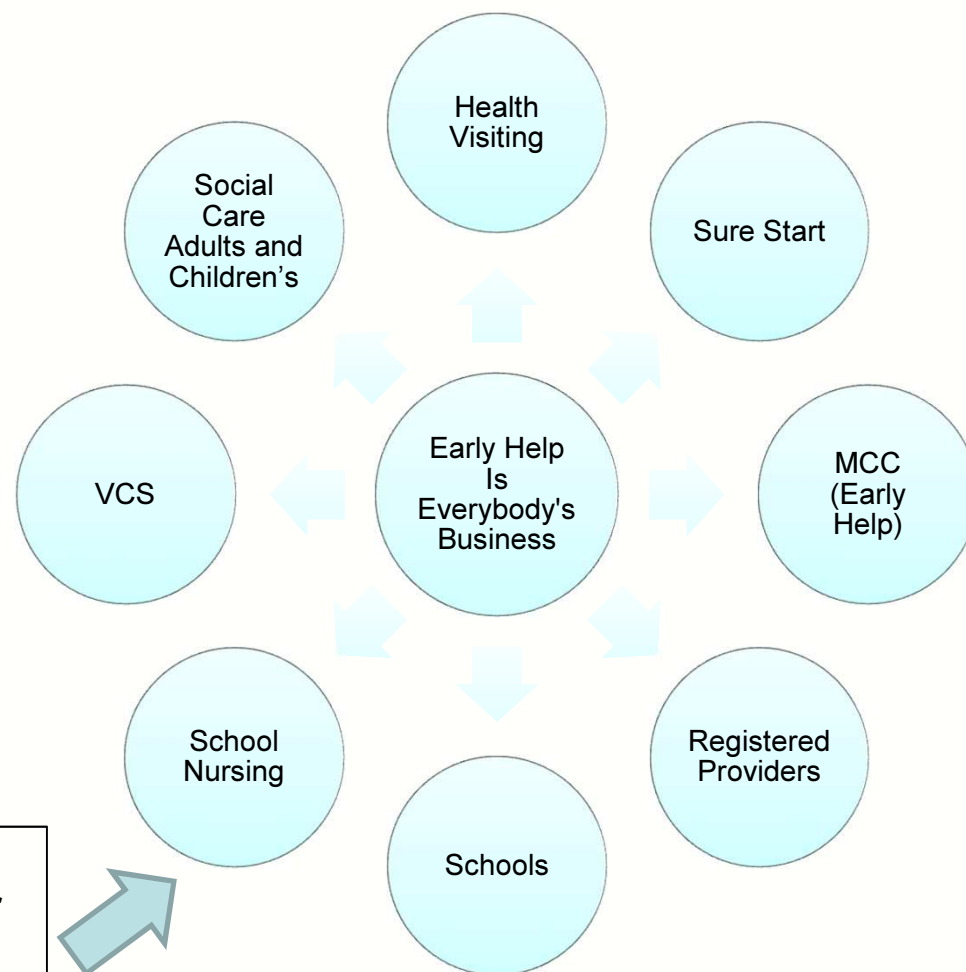
- Early Intervention is a key strand of the new inclusion strategy
- Our Early Help approach will support schools and settings to identify issues sooner
- An example: expanding the delivery of 'Bridging The Gap'
- An example: co-located Early Help Hub Teams in our Alternative Provision settings- Bridgelea & MSPRU

Place based offer of support

- Early Years delivery model
- Early Help Hubs
- School Clusters
- Housing Providers
- Whole Family approach

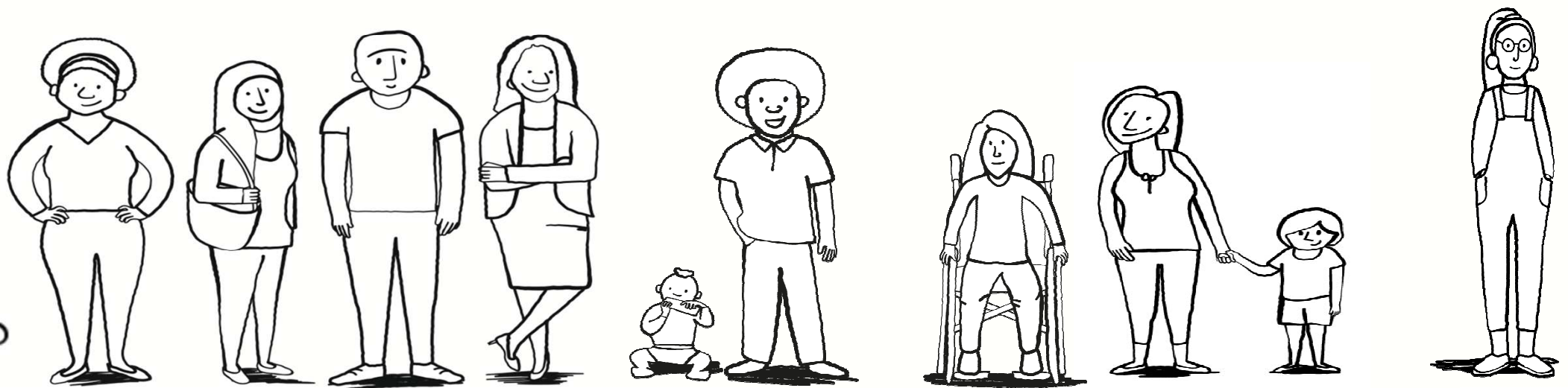
Who contributes to the Early Help Approach?

- A key strand to our refreshed approach: 'Early Help is Everybody's Business'
- Approx 300 whole-family, EHA's are registered each month in Manchester
- This equates to 300 families or 450/500 individuals receiving dedicated support
- 2/3rds of these EHA's are registered by an agency other than MCC (Early Help)
- Early Help in Manchester has evolved into a true partnership offer



Just some of the agencies who offer whole family support through an EHA

How do we know Early Help is working?



Health & Wellbeing Board to Note & Consider

‘EARLY HELP IS EVERYBODY’S BUSINESS’

The Impact

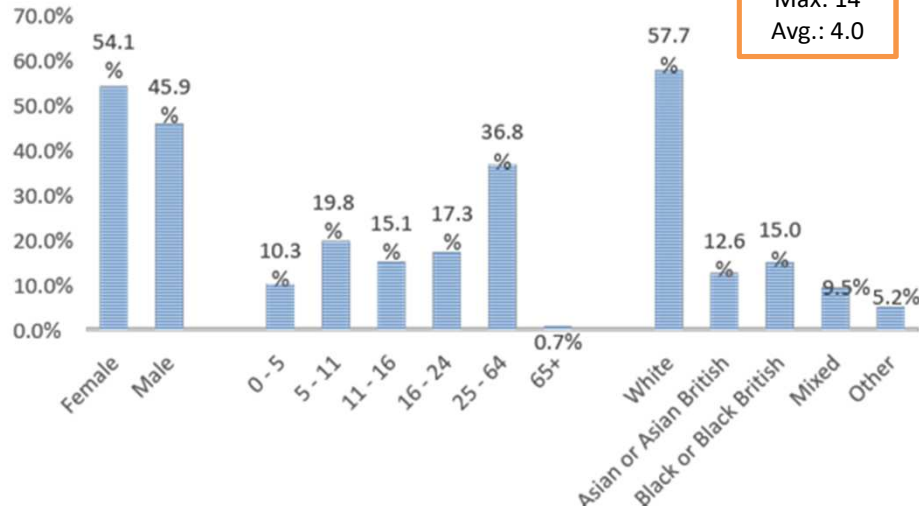
- The evaluation and CBA demonstrate that a good offer of early help, delivered by the partnership, supported through Early Help Hubs can:
 - Help families sustain their progress
 - Manage demand across categories for ALL agencies and service areas
 - Provide future costs benefit / cost avoidance for ALL agencies and service areas

19,500 adults, 19,800 children from 8,400 families

TOTAL

40,000 people from 8,400 families

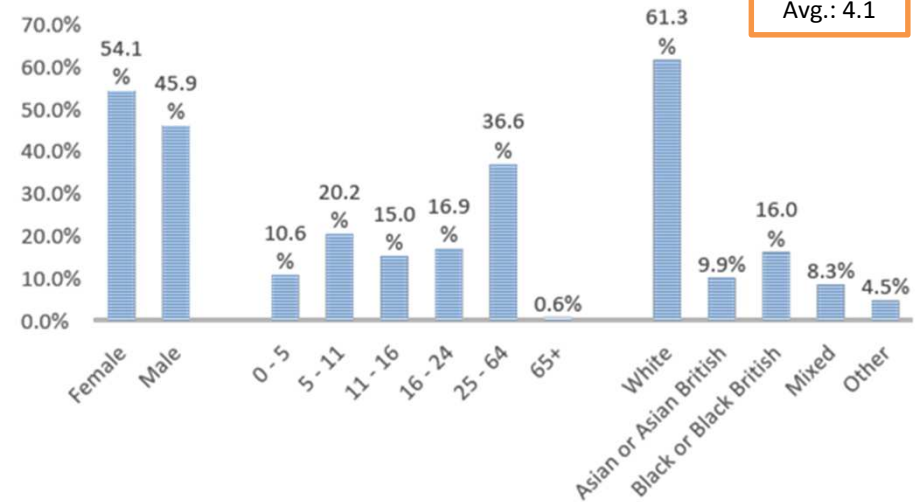
Family size
Min: 2
Max: 14
Avg.: 4.0



NORTH

15,600 people from 3,300 families

Family size
Min: 2
Max: 14
Avg.: 4.1

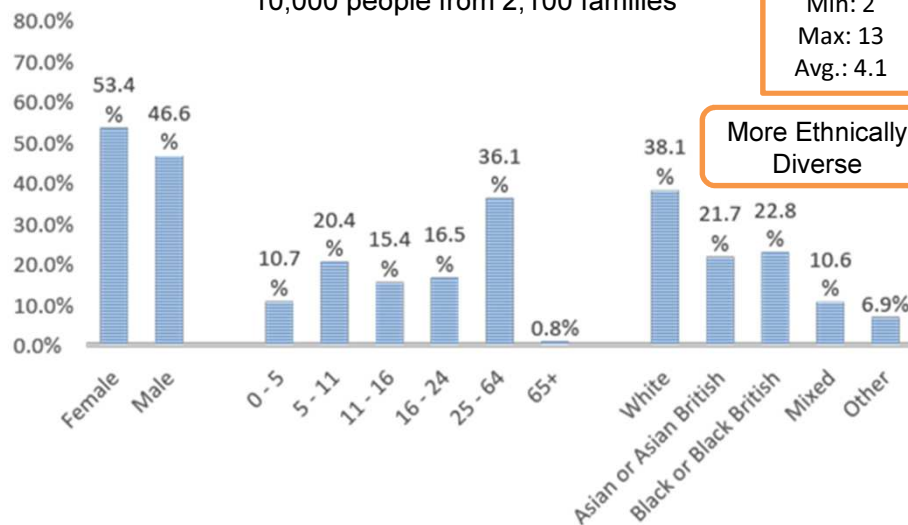


CENTRAL

10,000 people from 2,100 families

Family size
Min: 2
Max: 13
Avg.: 4.1

More Ethnically Diverse

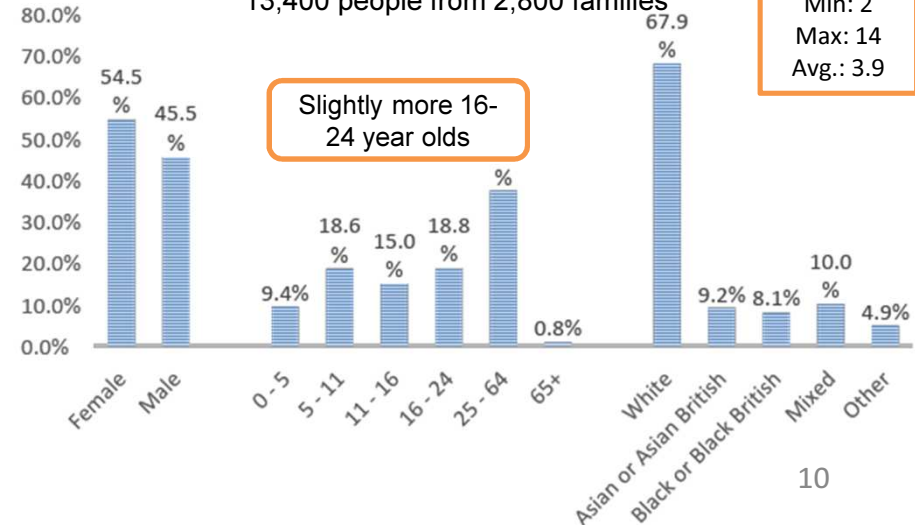


SOUTH

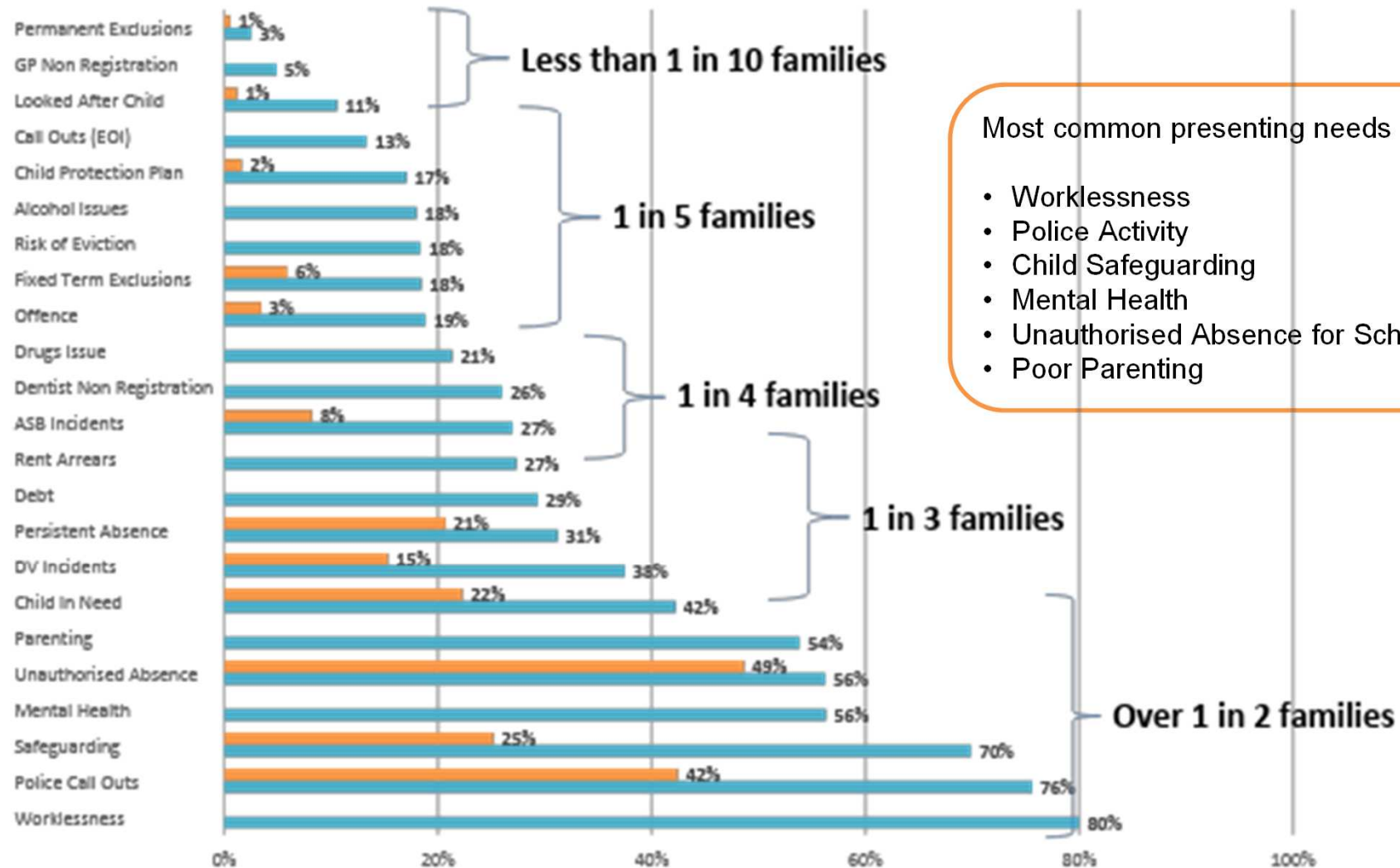
13,400 people from 2,800 families

Family size
Min: 2
Max: 14
Avg.: 3.9

Slightly more 16-24 year olds

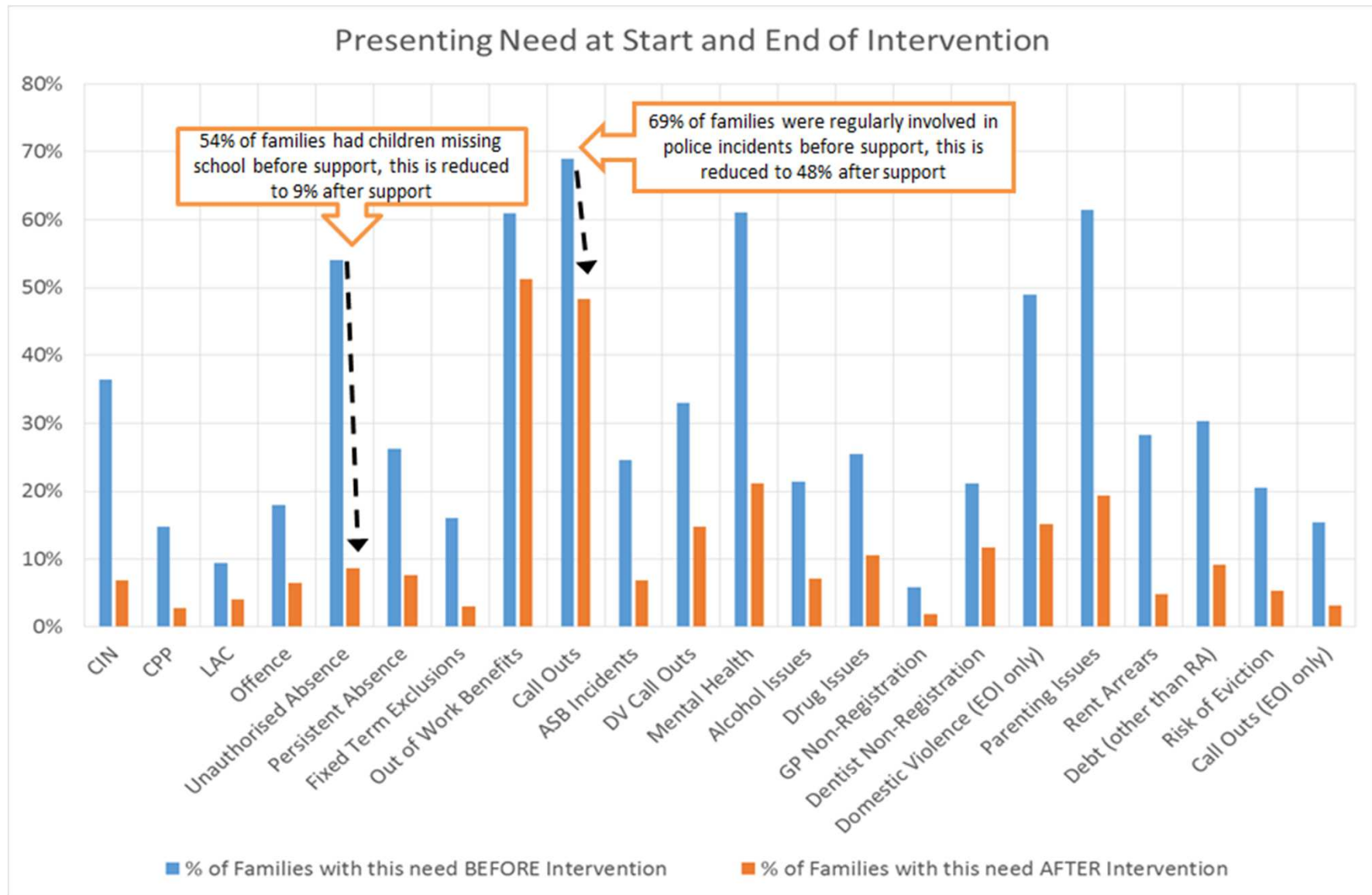


Presenting Needs are wide ranging



Based on 8,434 families

Support has led to reduced needs



Based on 4,576 families

Impacts are sustainable

	Presenting Need	Impact (12 months)	Recidivism
CIN	36%	81%	9%
CPP	15%	81%	4%
LAC	9%	56%	1%
Offence	18%	64%	10%
Unauthorised Absence	54%	84%	11%
Persistent Absence	26%	71%	17%
Fixed Term Exclusions	16%	81%	7%
Out of Work Benefits	61%	16%	20%
Call Outs	69%	30%	25%
ASB Incidents	25%	72%	8%
DV Call Outs	33%	55%	17%
Mental Health	61%	65%	
Alcohol Issues	21%	67%	
Drug Issues	25%	58%	
GP Non-Registration	6%	70%	
Dentist Non-Registration	21%	45%	
Domestic Violence (EOI only)	49%	69%	
Parenting Issues	61%	69%	
Rent Arrears	28%	83%	
Debt (other than RA)	30%	70%	
Risk of Eviction	21%	74%	
Call Outs (EOI only)	15%	80%	

- **Presenting Need** = % of families affected

- **Impact (12 months)** = % of those families with the Presenting Need where the issue has improved

- **Recidivism** = % of those families who improved, where there issues have returned within 6-months

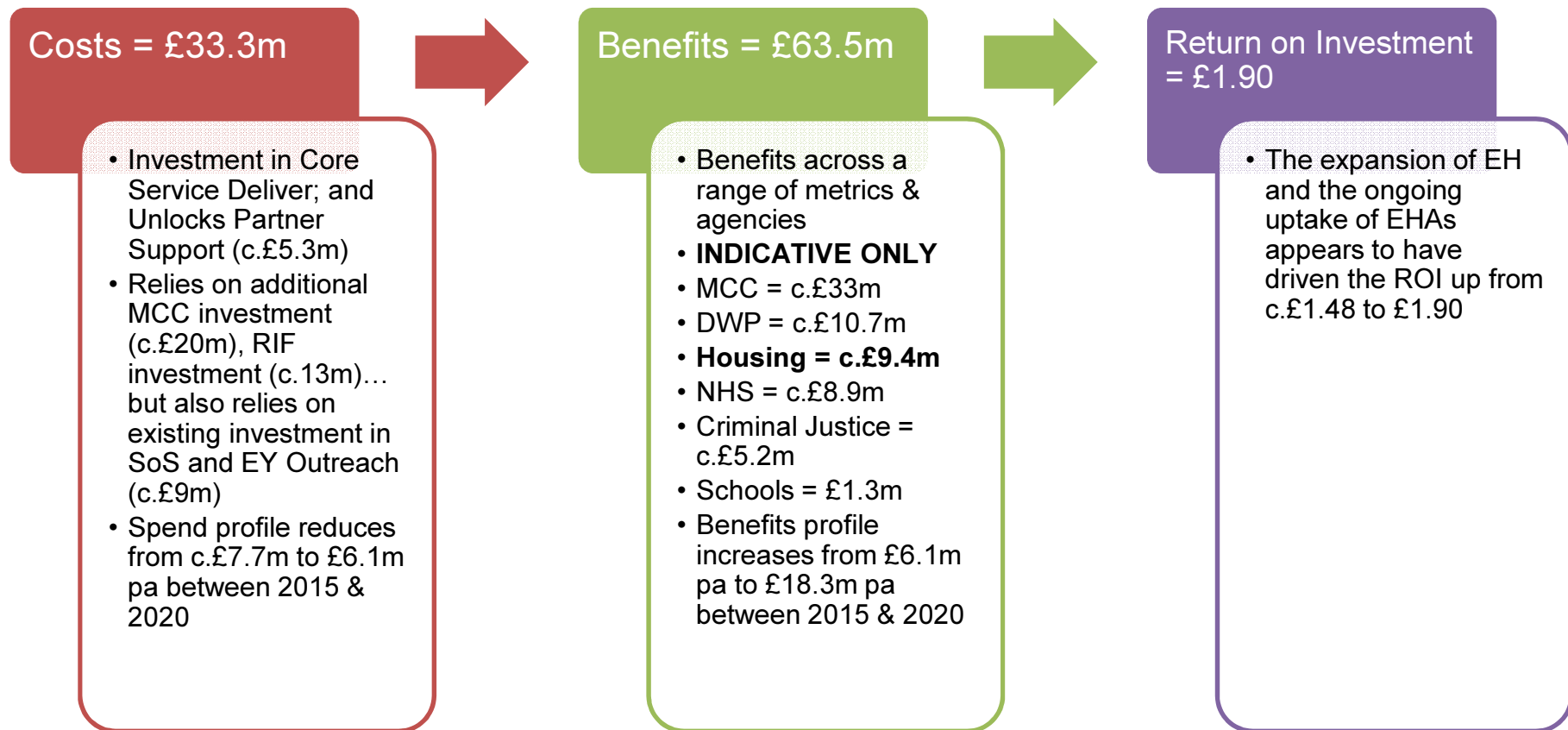
For example (from the top line of table):

- 36% of families (c.1650) have 1 or more children with a CIN status
- 81% of families (c.1350) see all CIN statuses removed within 12-months of the intervention ending
- 9% of families (c.120) where all CIN statuses were removed, see CIN status re-introduced within 6-months

Based on 4,576 families

Cost Benefit Analysis

Based on period 2015 to 2020



What does Support look like- an example

What does a targeted offer of support look like from an Early Help Practitioner, what does a 'team around the family' look like, how does it have a positive impact on the health and wellbeing of a family and how does it help us manage demand? (names have been changed)

Background

- Alice lived with father who was unable to look after Alice due to his own struggles with addiction. Alice moved to her Mum's.
- Also at address: Alice's older brother (mental ill health) suffers with mental health, older sister aged 17 and her baby (social work involvement)
- Mum suffers with anxiety, depression and anger issues. She is a recovering alcohol
- Home life for the family was very chaotic
- Alice diagnosed with Posterior Fossa Ependymoma when she was 9 years old which has involved surgery and radio therapy. She has been cancer free for 7 years.
- Growth and development issues incl very poor eyesight and partial paralysis of her face.
- Severe low mood

What needed to happen?

- Whole family working and coordinated support from all agencies
- Support Alice to build her confidence & self esteem
- Support Alice to attend school
- Support Alice to achieve her full potential.
- Attend all medical appointments- All family members
- Support for the family: benefits, debts
- Property condition
- Mum to be accessing support for her mental health
- Family to engage with community offers

What does Support look like- an example (cont...)

What does a targeted offer of support look like from an Early Help Practitioner, what does a 'team around the family' look like, how does it have a positive impact on the health and wellbeing of a family and how does it help us manage demand? (names have been changed)

'TEAM AROUND THE FAMILY'- Who was involved

- Education incl school nurse
- 'Arts for Well being' NHS Arts course
- WCHG to support around housing repairs
- 'Lifted' Charity - application for PIP
- 'Chicks' Charity - application for support
- Employment Advisor (DWP) - Support on benefits
- Access to a Psychologist
- GP - worked together to encourage the right type of support.
- Health Visiting- support for baby
- SW - all professionals a part of a core group.
- Sure Start- groups and activities for sister and baby

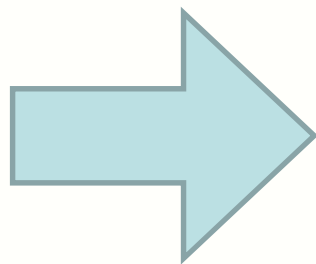
Outcomes and Sustained Impact

- Alice has an EHCP and awarded free travel pass
- School fully support Alice with revised timetable incl access to special she can take time out if feeling overwhelmed
- Alice has regular appointments with the Psychologist
- On-going support through Eye Hospital
- Awarded a gym pass- she has met new people and improved H&W
- 'CHICKS': 1 week respite break in Daleside. Given Alice new confidence and new experiences
- Alice is enrolled at College and is completing her GCSE's
- Mum supported by DWP on benefits and PIP
- Older sister and baby now in Lorna lodge, doing well. Getting support for her ADHD and has also been awarded PIP

Troubled Families, Future Funding – What Next?

- The national Troubled Families Programme ends in March 2020;
- We can evidence the impact of Early Help / TF programme through or local Evaluation and Cost Benefits Analysis;
- Troubled Families income contributes approx 1/3 toward the Offer of Early Help- this effectively means one Early Help Hub is funded through TF income;
- Recent National Evaluation released in April 2019 received positive feedback due to the shift away from 'Troubled Families' and towards Early Help, Transformation and Sustained Impact.
- There are no indication on what post-2020 arrangements will look like.

Our Reform Investment Plan enables us to access TF income via GMCA. TF income breakdown across 2 years



Financial Year	Required RI Funds
2018/2019	£1,960,937
2019/2020	£1,960,937
Total:	£3,921,874

Health & Wellbeing Board to Note & Consider

‘EARLY HELP IS EVERYBODY’S BUSINESS’

- How will Health & Wellbeing Board members influence future contribution to the refreshed strategic approach?
- How will Health & Wellbeing Board members influence future contribution to sustaining the positive impact beyond 2020?