

Smarter,
Stronger,
Sooner,
Safer



An Integrated Approach to supporting
Children, Young People and their Families
through Early Help in Tameside

Foreword

Helping children and families get the best possible start in life is one of the most important services that a local authority provides. As part of the joint Corporate Plan of Tameside Council and the NHS Tameside & Glossop Clinical Commissioning Group, we have dedicated ourselves to the principle of “Starting Well”, ensuring that every child is given the care and attention they need to thrive, develop and move with confidence into adulthood.

Whilst many children and families in Tameside are able to achieve this without much support from public services, we must never forget that there are a few that are not so fortunate. Working closely with our partners, Tameside Council is committed to ensuring those children and families get the helping hand they need when they need it. Building an effective approach to Early Help is absolutely fundamental to making sure that this happens.

Like all councils, Tameside is also facing the impact made by sustained years of cuts to local government budgets. In this restrained financial climate, ensuring that we support children and families at the earliest possible stage takes on even more importance. Intervening quickly reduces the likelihood of problems escalating, improves the long term outcomes for children and families and allows funding for services to stretch as far as it will go.

This document lays out how we intend to make that happen. Our goal is to set out the priorities and create the conditions necessary to build a culture of Early Help across Tameside. While our Children’s Services can and will play a vital role in this, we must recognise that Early Help is not the responsibility of a single council service, or even a single organisation. Every council service, every agency and every community has a part to play, both in identifying the need for intervention and tailoring the response to meet those needs.

Our vision is simple; move beyond the narrow confines of statutory functions and combine our expertise with that of our partners, service users and charities to deliver a common purpose. A purpose based on prevention and on best practice from within and beyond Tameside. A purpose that will secure the future of our families and children at the same time as it secures the future sustainability of the services they need.

I look forward working with all of you to help make that vision a reality.



Cllr Oliver Ryan
Executive Member for Children’s Services

1. Introduction to Early Help

Whilst most children and their families in Tameside are able to have a good quality of life with minimal additional support from public services, there are some who find life more difficult for a variety of reasons. At different times in their lives, children, young people and their families in these circumstances may need additional support and help from universal, targeted and specialist services.

Definition of Early Help:

Whilst most children and their families in Tameside are able to have a good quality of life with minimal additional support from public services, there are some who find life more difficult for a variety of reasons. At different times in their lives, children, young people and their families in these circumstances may need additional support and help from universal, targeted and specialist services.

There is strong evidence that helping families early and providing support at the right time at the right place can reduce the likelihood of problems escalating and improve long term outcomes for children, young people and their families. This enables families to move on from difficulty and lead happier and healthier lives.

There is further evidence that not intervening early can bring high costs to public services and a recent, widely recognised estimate is that this could be as great as £17 billion annually (The Cost of Late Intervention, Early Intervention Foundation 2016). Most of this cost falls to local authorities and their partners and previous reports and reviews such as Munro, Marmot, Tickell, Allen and Field conclude that it is essential to prevent problems arising to reduce pressures on public services.

This strategic framework reflects the Tameside Children's Improvement Board's Ofsted Improvement Plan, and aligns with the Tameside and Glossop Locality Plan, Joint Health and Wellbeing Strategy and Tameside and Glossop Corporate Plan. The framework is intended to support and complement (rather than duplicate) local strategies and programmes, some of which are listed below:

- Tameside Early Years Delivery Model Programme and Early Years Strategy
- Care Together Programme
- Tameside Poverty action plan
- Troubled Families Programme
- Emotional Health and Wellbeing Transformation Plan
- Healthy Child Programme
- Children and Young People's Health and Wellbeing Programme
- Domestic Abuse Strategy
- Greater Manchester Population Health Plan
- Greater Manchester Public Sector Reform Programme
- Child Sexual Exploitation Programme
- Substance Misuse Strategy
- Teenage pregnancy
- Education, employment and skills work raising participation/reducing NEET
- Reducing youth offending
- Neglect Strategy

¹ Allen G (2011 a) Early intervention: the next steps. London: The Cabinet Office; Marmot Review Team (2010) Fair society, healthy lives. London: The Marmot Review; Munro E (2011) The Munro review of child protection: final report – a child-centred system. London: Department for Education; Field F (2010) The foundation years: preventing poor children becoming poor adults. The report of the independent review on poverty and life chances. London: HM Government; Tickell C (2011) The early years: foundations for life, health and learning. An independent review on the early years foundation stage. London: Department for Education.

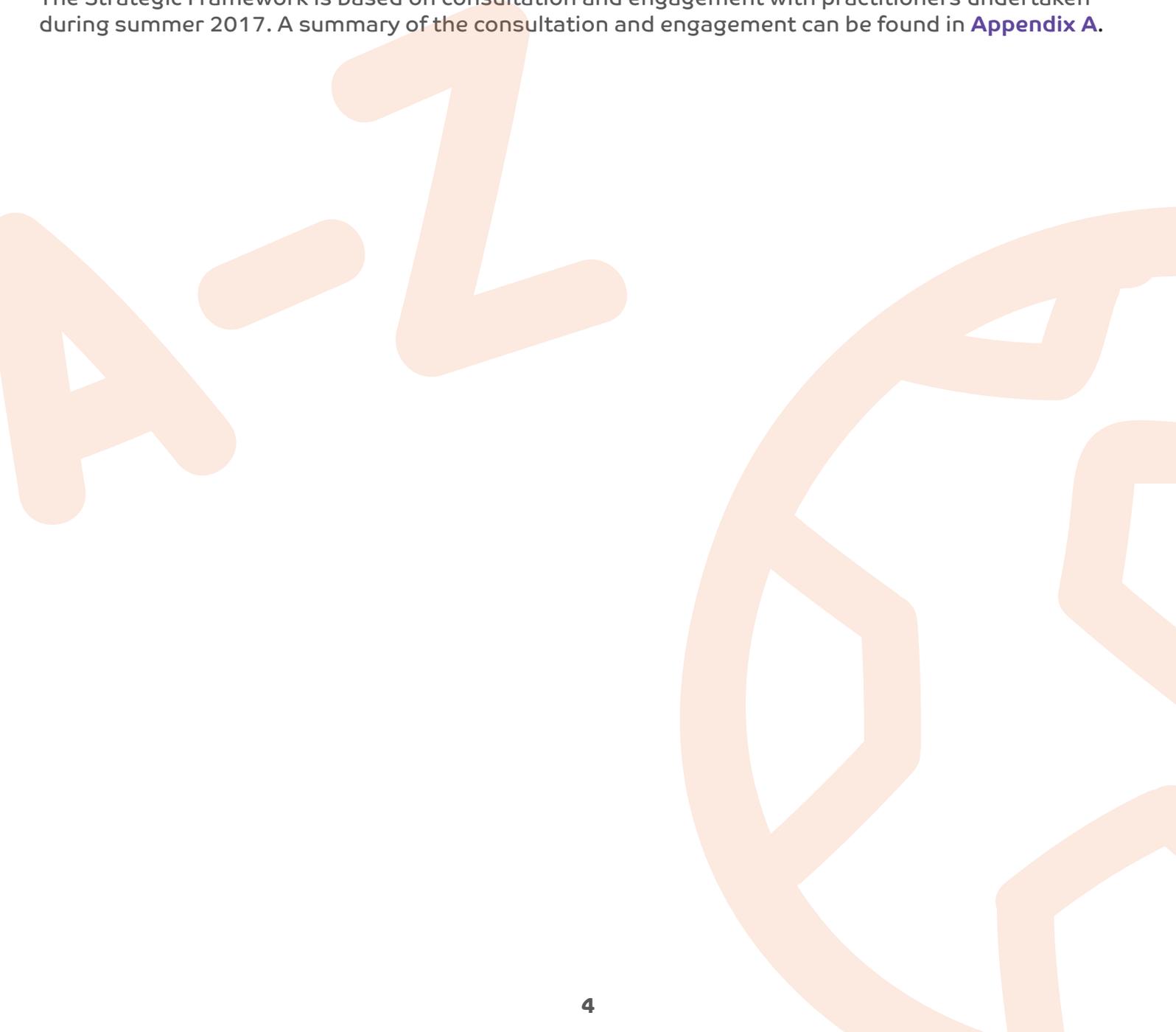
Early help can make the biggest difference when it is given before things go wrong. The concept of early help, or early intervention as it is sometimes known, reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and demand action by more expensive specialist services.

We believe and are wholly committed to the ‘Never do Nothing’ principle. What this means is early intervention and prevention is everyone’s responsibility, based on having the right conversation at the right time with the right people. In practice, what this means, is when a practitioner feels a child or family needs additional support, to at the very least, talk to another practitioner to help find a way forward.

Early help unknowingly may be provided by families, friends or neighbours but we know organisations like the Council, NHS, the education sector and the voluntary and community sector have an important role to play; helping all children to thrive with universal and community services such as health visiting and education, as well as supporting children and families who need extra help to get back on track.

The **Smarter, Stronger, Sooner, Safer** Strategic Framework is a statement outlining Tameside’s integrated approach to improving outcomes for children, young people and their families through early help and provides a guide to the workforce on the vision, principles, model, priorities and enablers of early help that will impact on children and families lives.

The Strategic Framework is based on consultation and engagement with practitioners undertaken during summer 2017. A summary of the consultation and engagement can be found in [Appendix A](#).



2. Scope of the Early Help Strategic Framework

This framework has been developed with all children and families in Tameside in mind. The model (outlined on page 10) includes a broad scope of services that can be defined as early help, and has a particular focus on providing early intervention and prevention. Crucially, it requires clear links to be defined with wider universal services which may be the first to identify emerging issues for children and their families. Services for adults also play an essential role in our early help approach. Many adults have additional needs e.g. substance use, mental health needs, parental learning disabilities and domestic violence which can impair their parenting capacity. Services which predominantly work with either children and young people or adults need to adopt a 'Think Family' approach to secure better outcomes for children, young people and families with additional needs, through effective teamwork and co-ordinating the support they provide.

The scope of the strategic framework also includes:

- Defining clear links with universal Early Years services, and the role of schools engaged in supporting early years outcomes and delivery.
- Support provided within schools within Tameside neighbourhoods – including universal health/wellbeing promotion campaigns, specific education on physical, mental and emotional health issues; targeted interventions/programmes; place-based support to schools' staff with training.
- Meeting the needs of young people who offend within the early help offer – working closely with youth engagement services to deliver this through an enhanced youth offer.
- Complex family experience – embedding delivery of the wider Greater Manchester complex dependency framework (Troubled Families) that uses an integrated (cross service) approach to identify problems early, prevent the escalation of complexity and demand for high cost services
- Support for children with disabilities (SEND).

3. Vision and Principles

Vision

We know that Tameside is a great place to grow up. We have strong communities, excellent schools and early education, good opportunities for work and much more.

But we can do better.

Most of our children and families grow up in a supportive environment that enables them to have the best start in life without the input of specialist services. When this is not the case children and families may need some extra support at different times in their life.

We want every child, young person and family to get the help and support they need to succeed as early as possible. This is what we call Early Help.

Our vision is that every child and young person in Tameside has the best start in life, to grow, thrive, and be prepared for a successful adult life; and when the need or emerging problems occurs, communities and organisations work together with children, young people and families to co-ordinate support thereby improving the overall wellbeing and quality of life of all Tameside's children and young people.

In supporting this vision, we have set out a number of long term outcomes that will enable us to achieve our commitment, championing prevention and early intervention to deliver effective early help in Tameside:

- Children will have the best start in life
- Families will know how to access services and information
- Our targeted and universal offer will be right and families will access it
- Families will raise and achieve their aspirations for employment, education and training
- Families will manage their health and prevent illness
- Families will be confident and self-reliant

Principles

Key to the delivery of this strategic framework will be the co-operative principles which underpin much of the work that we will carry out to support children, young people and families.

- **Early help is everyone's responsibility – partnership approach not provision.**

Early help organisations are made up of staff who practice early help. This means focusing on quality relationships with families and their quality of life, not just managing risk and reducing harm. It means constructive team working between the organisations, communities and families, by providing personalised, integrated and caring support making every relationship count the way we work.

- **A commitment to prevention - wherever possible all children and families' needs will be met by universal services, families and communities.**

A commitment to prevention underpins effective early help. Early help has the best chance of success where individuals and their families feel supported to find their own solutions to the issues facing them in the communities where they live.

- **We will listen to children and families and treat them as partners.**

We will adopt a family and child friendly approach. The key role that parents/ carers play as educators is critical as they have the most significant influence on children. All services will keep the child at the centre of the solution, encouraging families to harness their own resourcefulness and build supportive community networks, thereby enabling families to develop the capacity to help themselves.

- **We will understand the needs of children and families in Tameside and Early Help resources will be commissioned based on this understanding.**

Interventions will be informed by a sound evidence base. Interventions will also be tracked in order to measure the extent to which they are delivering their stated aims and making a significant impact on outcomes. Resources will be allocated where there can be confidence of achieving significant impact and good value from the investment. We will use intelligence and information better and ensure effective early help systems and processes are in place.

- **We will ensure that children and families are safe.**

We all share responsibility for safeguarding and promoting the welfare of children and young people, whether as a teacher, nurse, police officer, or carer. When we are worried that a child is being harmed, by a parent or carer, we have a legal and professional duty to share our concerns with Children's Social Care. It is our responsibility to put the safety and health of the child before everything else including the needs and wishes of the parent. Where we have to do this, we will always treat the family with dignity and respect.

4. The Picture in Tameside Key Messages (2016 data)



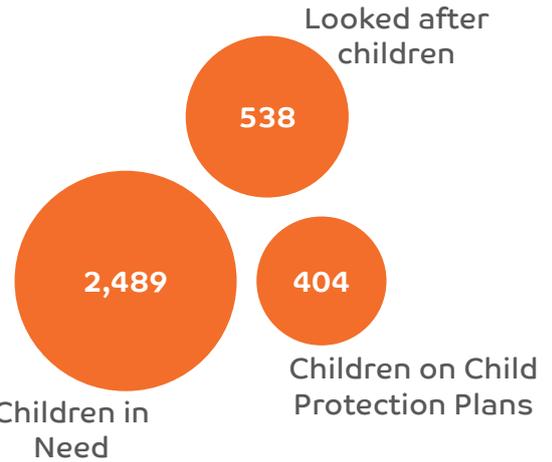
23.4%

of children in Tameside are in low income families, compared to 19.9% nationally



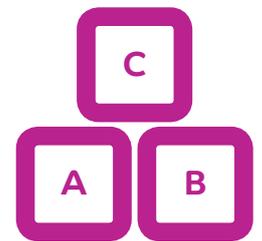
535

children are living with parents in treatment for drug or alcohol addiction



15.4%

of pregnant mothers smoke in Tameside, compared to 10.7% nationally



2,347

Incidents of domestic violence



237

children and young people aged 10-24 were admitted to hospital because of self-harm



94%

of children in Tameside go to a Good or Outstanding school

1,167 VCSE organisations in Tameside focus on support for children and families



An Early Help Needs Assessment and service mapping exercise was carried out in September 2017 which aimed to determine unmet need, trends and gaps in the provision of early help for children, young people and their families. The recommendations can be found in [Appendix B](#).

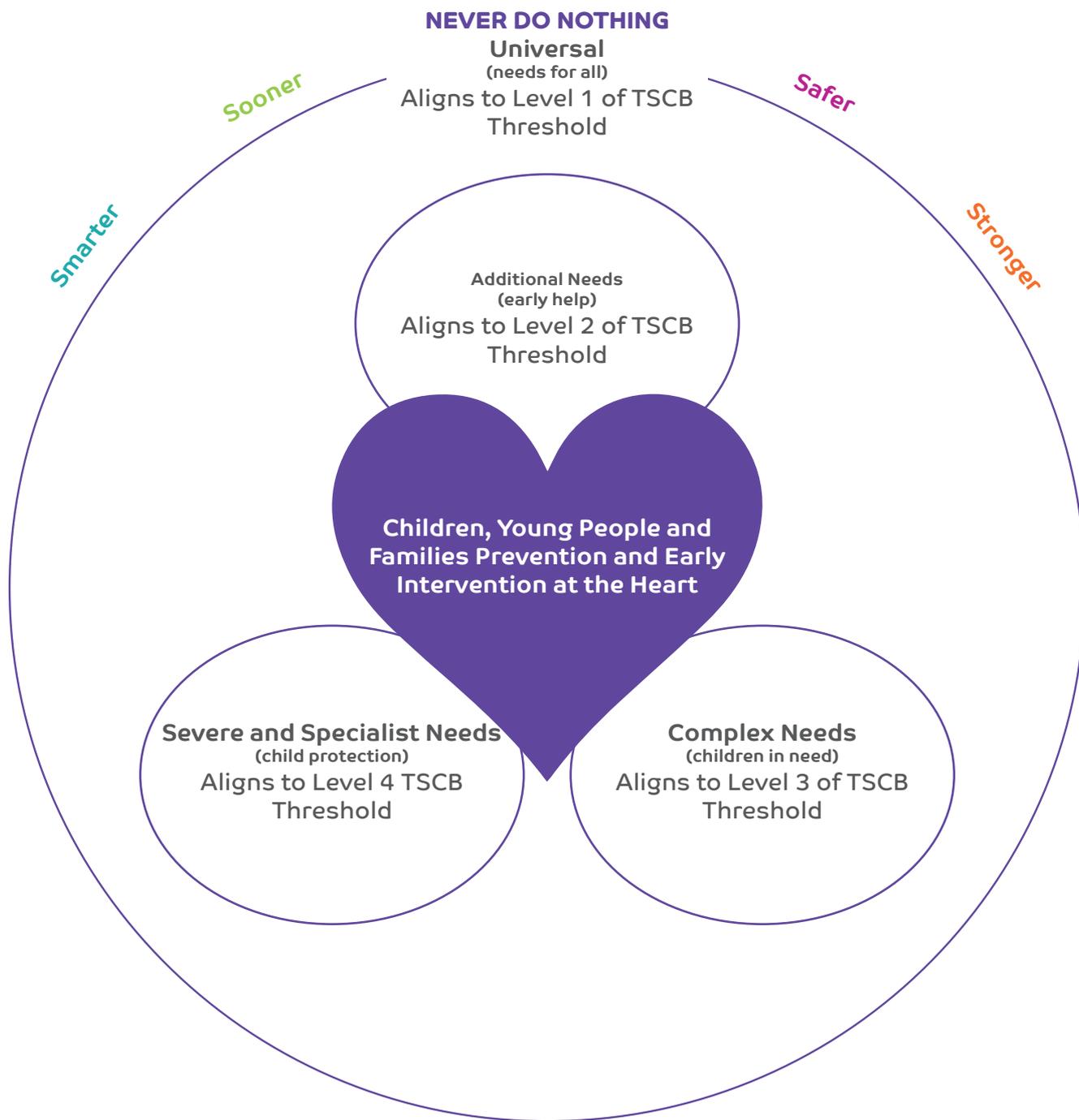
5. Our Early Help Approach

Our Early Help approach we are developing across Tameside will focus on four key priorities that are embedded in its model and delivery plan. These are:

<p>Smarter in the way we do things:</p> <ul style="list-style-type: none"> • How we structure and build our services • Effective governance and accountability for implementating the delivery plan • Creating a co-ordinated and intergrated place-based delivery and commissioning approach that identifies and manages demand appropriately and supports the development of an effectively 'early help' marketplace • Values and is committed to whole systems intergration • Training and learning to build capcity for the paid and non-paid workforce 	<p>Children, young people and families will get what they need Sooner, making sure the right help is available to the right people in the right place at the right time:</p> <ul style="list-style-type: none"> • Improve our knowledge of data and information • Ensuring early intervention and prevention is embedded in our culture of early help
<p>We will ensure children live in strong protective communities and families where they are Safer:</p> <ul style="list-style-type: none"> • Confident, positive parenting, resilient families and secure attachments are the most powerful protective factors for children and young people. Where these things happen in families the likelihood of children developing significant problems in later life is reduced • Developing a strategic approach to parenting and delivering excellent early attachment services • Uphold our safeguarding responsibilities 	<p>Stronger - Knowing we are making the right impact and improving outcomes for children and young people:</p> <ul style="list-style-type: none"> • Build resilience in our communities and strengthen the role of the voluntary sector • Agreeing with partners a set of indicators for measuring the difference the delivery plan makes • Indicators that will include system-wide and local measures including the satisfaction of children and families • Ensure we are measuring the things that really count and not just those that data is available for

These priorities are fundamental to the Tameside Early Help Model (illustrated below) and reinforces that the child and family are at the centre of all we do. Our model enhances the principle of 'Never do nothing' and illustrates the fluid relationship between the four levels of need as well as aligning to the Tameside Safeguarding Children's Board Thresholds Guidance which can be found in [Appendix C](#).

Figure 1: Tameside Early Help Model



Levels of Need Explained

UNIVERSAL (NEEDS FOR ALL):

Aligns to Level 1 of TSCB Threshold

The majority of children and families in Tameside will never come into contact with statutory or specialist services. The basic needs of all children can usually be met by their family and community networks and universal services such as maternity care, GPs, health visiting, nurseries, playgroups, childcare, healthcare, schools and youth services. Universal services are provided as a right to all children including our most vulnerable children and those with additional, complex or specialist needs.

ADDITIONAL NEED (EARLY HELP):

Aligns to Level 2 of TSCB Threshold

There are some children and young people in Tameside that may need extra help to be healthy, safe and achieve their full potential due to their own needs or their family circumstance. They are usually best supported on a voluntary basis, by those who already work with them such as children centres, various health professionals or schools. These services are well placed to recognise, co-ordinate and respond when early help may be necessary so that support is coherent and addresses family vulnerabilities early. Many families at this level will benefit from a multi-agency approach delivered using the Common Assessment Framework (CAF) to co-ordinate and pull together appropriate early help services.

COMPLEX NEEDS (CHILD IN NEED):

Aligns to Level 3 of TSCB Threshold

Some children, young people and families may require a very intensive or a substantial package of support where concerns will be managed at a 'Child In Need' level with social work oversight. These needs may be numerous or more serious in nature and require a coordinated, multi-disciplinary response from a number of agencies working with the family, to deliver targeted or intensive support.

SEVERE AND SPECIALIST NEEDS (CHILD PROTECTION):

Aligns to Level 4 of TSCB Threshold

Some children and young peoples' needs are so significant that immediate statutory social work or highly specialist intervention is required to prevent significant harm or serious risks to their health or welfare. These needs may emerge after a series of, or despite targeted interventions, or be sudden and/or so serious as to require an immediate request for services. There will be a concern that the child is likely to, or is suffering significant harm or developmental delay.

The development and implementation of our model is not about creating new structures or services but establishing a cohesive early help offer and approach delivered jointly by all partners with a commitment to the vision and principles.

We will deliver on our vision by developing an integrated, place-based model of early intervention and prevention as part of delivery plan for early help. Our current delivery models reflect a service-centric approach and this needs to shift to a person-and-family-centred approach rooted in communities, supported by predictive data and intelligence, delivered by an integrated workforce with the permissions to take strengths based, asset based approach with families with a clear knowledge of the assets in the communities they serve. Help often comes from within the family or community much earlier than from statutory services. Families and communities are often better at finding personalised low cost solutions which are easier to sustain over time. The universal places in communities - including schools, libraries and GPs - will be the neighbourhood 'hubs' around which we will wrap integrated services aligned to our Care Together programme. This interface with universal services helps to ensure issues are identified early, and resources are targeted early and effectively to minimise escalation, improve outcomes and reduce demand pressures on specialist public services.

6. Early Help Process for Children, Young People and Families in Tameside

Families, communities, universal, targeted and specialist services will work together effectively and efficiently to meet the needs of the child and family at the earliest point to prevent their needs escalating. Fundamental to this is placing the child and family at the centre of all we do and recognising that each child is an individual and each family unique.

Reaching a decision about levels of need in relation to the Tameside Threshold Guidance and the best package of support requires discussion, reflection and professional judgement. All professionals should work together to provide appropriate support to families according to their needs, but also be ready to respond if there is a change in a families circumstances.

A strong early help offer along the continuum of need, involves a range of robust interventions to support families through appropriate and correct usage of the Common Assessment Framework (CAF).

Universal services are important even when more specialist services are working with the family. Where a child and family is being supported by Children's Social Care and ready to 'step down' into universal services (Level 1 & 2 TSCB Safeguarding Threshold Guidance), it is vital we have appropriate community services that can meet the needs of the family, able to manage risk and support timely 'step down' services.

The process outlined on page 13 describes the child and family's journey which will include potential indicators of concern, questions that help to determine the level of need, when to offer and how to access appropriate support and a detailed explanation of each step can be found in [Appendix D](#).



Figure 2: Early Help Process

STEP 1 Universal for all

All families and carers can access a range of services for all e.g. Children’s Centres, GP Practices, Childcare and Educational settings, Parent and Toddler Groups, Midwives & Health Visitors, Libraries, Sports Clubs, Youth Clubs, Women’s Centres and Sexual Health (see service mapping for more).

STEP 2 Think CAF

Child(ren) and family have a need for additional support

YES

Can their needs be met by your agency/school/service?
If unsure speak to your CAF Champion, Advisor or Manager.

Continue to support the child & family within your own agency/school/service.

Monitor and review. If additional needs are identified that cannot be met at this stage by those involved - follow ‘no’ route from step one.

NO

Check if child(ren) & family have a current CAF or are open to CSC.

NO

STEP 3 use CAF

Talk to the child(ren) & family about the need and CAF support. Gain their consent to have conversations with other professionals.

YES

Contact the lead professional or social worker and arrange to attend the next review.

Complete CAF. Talk to existing agencies involved, include the views of the child(ren) & family. Support with this assessment can be provided by your CAF champion or CAF advisor

Let your CAF Champion know that you are completing CAF, include meeting review and closure dates.

Arrange a multi-agency Team around the child meeting with all relevant professionals and family, nominate a lead profession & set review date for within 6 weeks. Agree CAF and use this to formulate a multi agency plan. Notify your CAF champion.

Hold review meetings every six weeks with the family and professionals to feedback on previous actions & discuss if the plan is working.

STEP 4 Step Up/Down

Plan working

Continue to review and revise. If needs met close the CAF and give child(ren) & family clear information about where they can access support from universal services e.g. children’s centres. Notify you CAF champion of the outcome.

Plan not working

Review the CAF and plan and consider engaging additional agencies to support with the revised plan. Refer to the Thresholds Guidance and have a conversation with the children’s HUB regarding next steps.

If at any time it is considered that a child is at risk of significant harm, contact the Children’s HUB during office hours or the out of hours team at other times.

The family should be informed the intention to contact CSC unless doing so would put the child at increased risk.

Children’s HUB
0161 342 4101

Out of Hours
0161 342 2222

If at any point you have concerns about the decisions of others that you cannot resolve on your own you can refer to the escalation policy.

7. Tameside Early Help Measurements of Success

We will assess the impact of the Tameside Early Help Strategic Framework on the basis that the Strategic Framework has:

Improved on outcomes for children, young people and families

- Children will have the best start in life
- Families will know how to access services and information
- Our universal offer will be right and families will access it
- Families will raise and achieve their aspirations for employment, education and training
- Families will manage their good health and prevent illness
- Families will be confident and self-reliant

Achieving key performance indicators, including:

- Early help access, assessment and positive outcome indicators
- Education and employment
- Reducing inequality and reaching vulnerable or hard-to-reach families
- Health and public health outcomes
- Criminal justice and youth offending outcomes
- Education – absence and exclusion

In order to understand the impact of early help in Tameside, we have identified a number of key measurements that will enable us to demonstrate the effectiveness of services.

Area	Suggested Performance Indicator
Early Help	<ul style="list-style-type: none"> • Number of open Common Assessment Frameworks by lead agency • % of Tameside Families Together cases stepped up to specialist children's services • % of specialist children's services stepped down to early help services • Rate of referrals to Specialist Children's Services per 10,000 of the 0-18 population • Rate of re-referrals to Specialist Children's Services • Number of Children in Need • % of cases stepped down by Tameside Families Together into targeted or universal services • Percentage of 0-5 living in the 30% most deprived LSOA's registered with a Children's Centre • School Attendance • Number of parents completing evidence based parenting programmes
Early years	<ul style="list-style-type: none"> • % improved school readiness • % Good Level of Development • % Good Level of Development for those achieving free school meals • % ASQ scores showing developmental delay • % of children achieving age related expectations at 2-2 ½ years
Education: primary and secondary key stages performance	<ul style="list-style-type: none"> • % 2 year old taking up eligible free 15 hrs childcare provision • % Looked After Children accessing 2 year old eligible free childcare provision • % of children who are persistently absent from primary/secondary schools • % of permanent/fixed term exclusions from primary/secondary schools – all pupils
Disadvantaged children (including youth offending, children with disabilities)	<ul style="list-style-type: none"> • Number of first time entrants to the youth justice provision (aged 10-17) • Rate of re-offending by CYP (aged 10-17) • % children with disabilities in full time EET (up to age 25) • % of children with disabilities on an EHC plan
Quality of provision	<ul style="list-style-type: none"> • Number of educational settings judged by Ofsted to be good or outstanding. • Number of educational settings judged by Ofsted as Requires Improvement. • Number of educational settings judged by Ofsted to be inadequate
Workforce development	<ul style="list-style-type: none"> • Workforce development measures TBC (including cultural change and integrated working)
Employability	<ul style="list-style-type: none"> • GCSE AND A level performance • % of apprenticeship starts vs % achievements • % of students progressing to higher education • % of 16-18 cohort that are EET • % of young offenders post statutory school age in full time EET • % of LAC in full time EET • % of children living in poverty
Health and mental health	<ul style="list-style-type: none"> • Children's public health indicators • Healthy Young Minds waiting time standards indicators • Hospital admissions as a result of self-harm (10-24 year olds)

To effectively reduce demand into specialist services, including reducing the numbers of looked after children; we will need to understand the extent to which families are being supported through appropriate and correct usage of the Common Assessment Framework (CAF). The number of active CAF's within the Borough will provide us with an indication as to how many families are being provided with support at this level. An increase in CAF activity should indicate that more families are being identified at an earlier stage and offered help, but on its own this is not enough as we also need to understand the impact that the activity is having on outcomes for families.

Scrutiny of these outcome measures will help us to understand where CAF is having an impact and where we need to target resources in order to improve outcomes and prevent escalation. Routine auditing of CAF's from across the Borough will also provide further evidence of the quality of the assessments and plans being produced.

We also need to understand the effectiveness of services in managing those families who have been stepped down from statutory CSC services due to a reduction in risk, but who still require some additional support through CAF. In order to achieve this we will measure the number of families who are referred back.

8. Implementation - Tameside Early Help Delivery Plan

To deliver on the vision and approach of early help in Tameside effectively and successfully a multi-agency delivery plan has been produced with key priorities for action.

The delivery plan sets out an ambitious but much needed plan of work for transforming the early help approach and services. With this in mind, we have themed our key priorities for action as follow:

- **Smarter** - How we structure and build our services
- **Sooner** - Making sure that the right help is available at the right time for families
- **Safer** - The provision of support, supervision and co-ordination will ensure children and families are safer
- **Stronger** - Knowing we are making the right impact

Each theme expands within the delivery plan with tangible and timely actions, such as reviewing the needs of workforce development and communications, the development of a practitioner's guidance and an online platform with an investment to scale up the community and voluntary sector support.

An improved co-ordination of services will also support successful 'step downs' from statutory services, by having a workforce who are confident in their ability to manage families in a safe and robust way, thus reducing the number of families subject to social work intervention.

The delivery plan is not a static document and will be co-produced and regularly reviewed by the Early Help Strategy Sub Group and agreed by the Tameside Children's Improvement Board.

APPENDIX A – SUMMARY OF CONSULTATION WITH EARLY HELP WORKFORCE (SUMMER 2017)

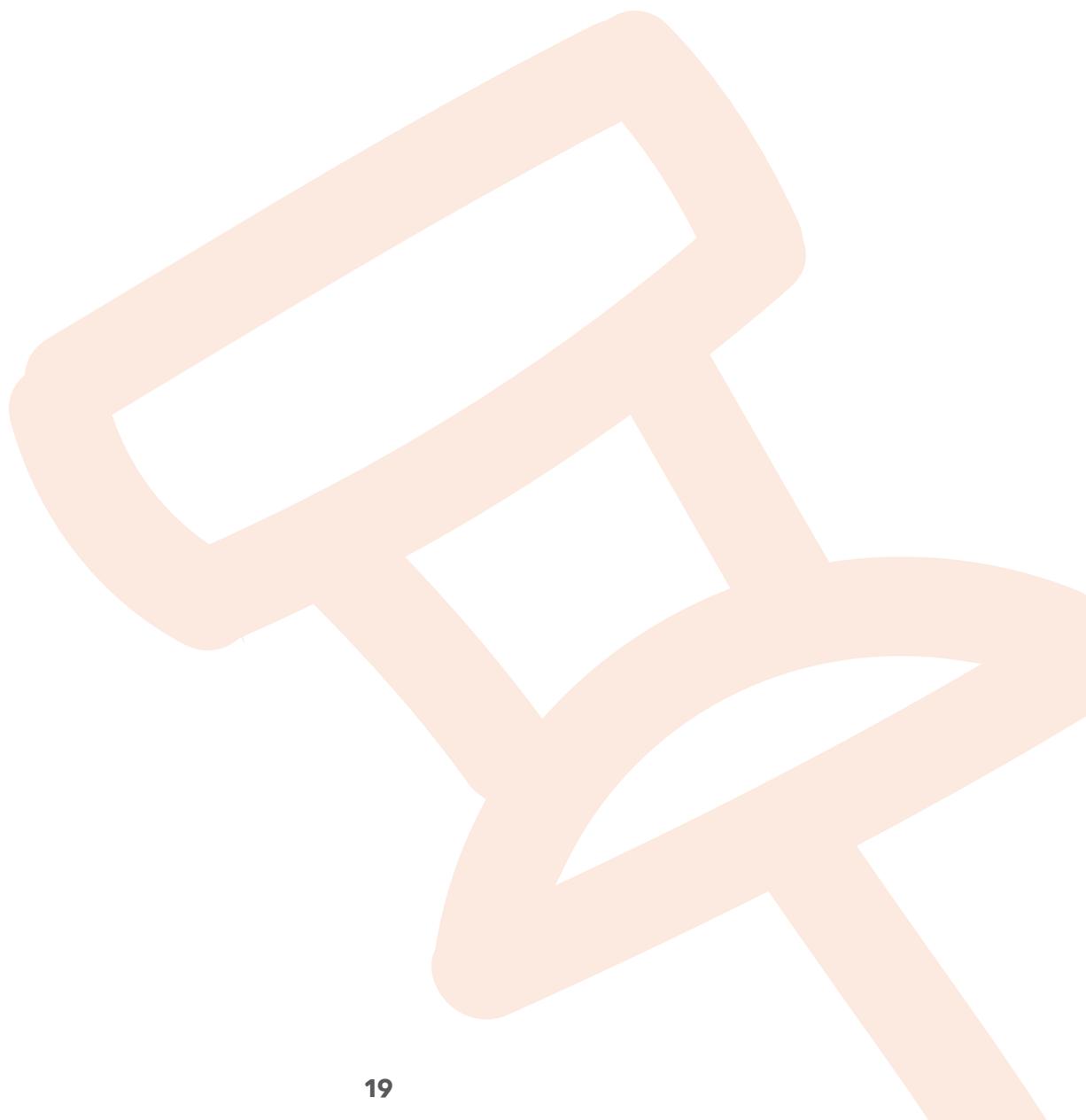
Common Theme	Recommendation and Must Do's
Understanding Early Help and the Tameside Model	<ul style="list-style-type: none"> • We must be really clear what we mean by the term Early Help (EH) and come to an understanding across all partners and stakeholders as it currently means different things to different people • It must be about prevention and early intervention through to safeguarding and needs to link to the Threshold Guidance • The system needs to develop a common assessment framework using a language that is relevant to all (maybe revisit every child matters) • Clear and simple referral pathways for all as part of an integrated model • Develop a relationship building model of EH with Early Intervention and Prevention at all tiers • Community development work must underpin the EH Offer
Language	<ul style="list-style-type: none"> • We need to develop a common language that everyone understands and the offer must be underpinned by a strong evidence base • Language is key and all parts of the system need to understand it including parents, children and young people • A model such as the THRIVE model might offer this kind of shared language. There is scope within such a model for barriers between services to be broken down
Multiagency/ Partnership working / collaboration across the system	<ul style="list-style-type: none"> • All the services from the Children, Young People and Families Directorate (Health Visiting, Podiatry, Speech and Language, Family Nurse Partnership etc) have a role to play and this must be reflected in the new strategy • Primary and secondary schools must be an integral part of the strategy, delivery model and implementation plan • A communication plans for all those working in the Early Help system must be part of the new strategy/implementation plan • The strategy must reflect the wide range of settings across the whole system having decided the age range – preference for 0-25 years
Workforce Development and training	<ul style="list-style-type: none"> • Training multiagency, whole systems workforce is going to be absolutely crucial to doing things differently and improving outcomes for CYPF • Workforce development and cultural change in terms of ways of working across the system is essential
Action/ Implementation plan	<ul style="list-style-type: none"> • The strategy is only the start it is its implementation and action plan that is important so we don't continue doing more of the same • The implementation plan needs to include an assessment tool against which services can monitor and assess performance
Involvement of CYP and their Families and communities	<ul style="list-style-type: none"> • A communication and participation plan for children, young people and their families, Carers and community is a necessity • Young parents - must include what they have to say • We must find ways to involve parents and coproduce this with them

General recommendations for the new strategy and implementation plan:

- A family approach with families and communities at the heart of the EH Offer.
- Person-centred planning based on needs addressed through goal setting must be at the heart of the offer including the involvement of families. It is not just about all our services.
- The principle of self-efficacy should be an integral aim of the new strategy/offer.
- The focus needs to be from maternity onwards i.e. cradle to career or even cradle to grave.
- The strategy must be explicit about the Tameside Early Offer (use similar model to the SEND Offer).
- Maybe consider developing the EH model along the same lines as the THRIVE Model i.e. needs based.
- Early intervention and prevention at all levels of needs and complexity from universal to targeted.
- Needs based identification (holistic offer not passed from pillar to post).
- Address the wider determinants e.g. debt, employment and housing.
- The Early Help offer cannot be time limited.

A final comment:

“It is a great idea with lots of back ground information, which for some it is necessary but personally I feel it is very wordy! Maybe an outline/synopsis at the end of how schools, agencies, services, partners etc. are responsible for the delivery of the EARLY HELP STRATEGY and how they are involved at each level. This might be useful for operational/support workers or those not use to reading documents of this type so that they can easily pick out their role and what is needed from them.”

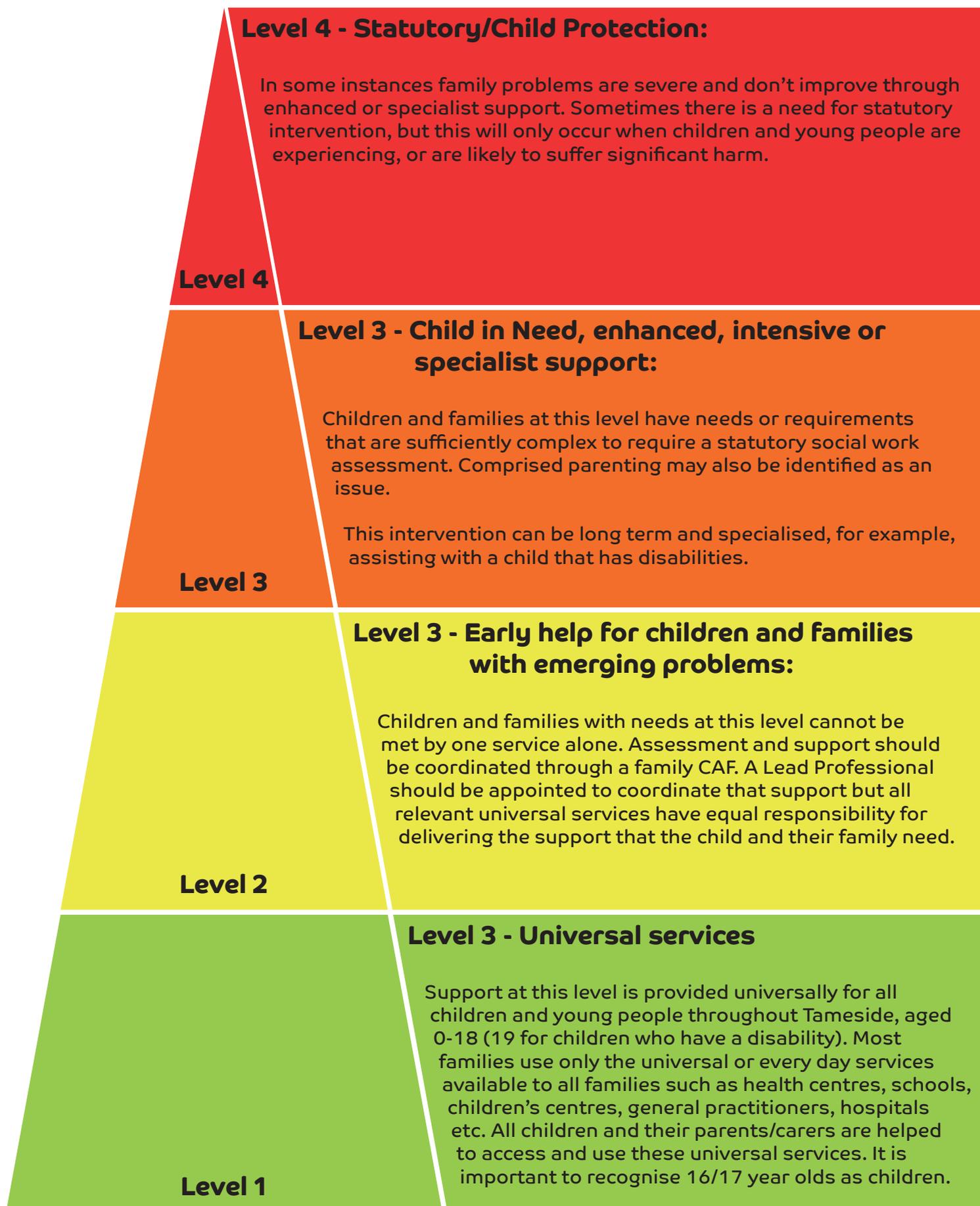


APPENDIX B – RECOMMENDATIONS FROM EARLY HELP NEEDS ASSESSMENT

The following recommendations should be considered:

1. It is important that we all have a shared vision of early help and of how our collective workforce supports Tameside's children, young people and families, so that we understand our role – and that of our organisation as well as our partners – and how we need to work with other services in order to support families with additional needs.
2. The 'voice of the child' needs to be implemented across all services that interact or support children and families. Some of the serious case reviews highlighted the lack of communication and engagement with the children at the heart of the review. With most communication about the child coming through the parent. A child's view of a situation could raise deeper concerns and thus prevent the issues escalating or the child's view could raise gaps in services or opportunities to understand a child's needs.
3. Referral pathways to early help need to be developed and clearly understood by all agencies - in particular clear referral pathways into mental health services. There needs to be a whole system clear pathway to Early Help that the health, education, social care, police sector adopt and adhere to. This will enable all the different services operating across Tameside to have a clear process of identifying need, taking action and offering appropriate support.
4. It is clear through the service mapping that there are a lot of services to support children and families. However they need to be more joined up and more integrated so that they can support children and families better, in particular targeted services able to support families stepping down from statutory services. The 'team around the family' approach and the system wide use of Common Assessment Framework is recommended, as this is an important aspect in enabling children and families to be more resilient and step down from statutory services over time.
5. Workforce development; Early help organisations are made up of staff who practice early help. This means focusing on quality of relationships with, and quality of life for families, not just managing risk and reducing harm. It means constructive team working between the organisations, communities and families, using a strengths based approach, providing personalised, integrated and caring support, and making every relationship count.
6. A commitment to prevention underpins effective early help. Early help has the best chance of success where individuals and their families feel supported to find their own solutions to the issues facing them in the communities where they live. To build resilient communities in all settings including home, school and the wider community which promote, improve and maintain the emotional health, mental health and wellbeing of children, young people and their families and encourage them to help themselves. This will be achieved by ensuring universal services are more integrated and joined up and by ensuring that communities, families and children have access to information regarding self-help and the support that is available and how to access it.
7. Data and information across the system for children and families needs to improve significantly. Troubled families data for example has a high proportion of incomplete case notes in particular information around the challenges families are facing. Other data sets also need to improve as data and intelligence is key to improving outcomes for children and families as it helps professionals working in the community to provide an effective and responsive service. The outcome of improved data collection, collation and analysis will impact significantly on the outcomes for our children.
8. There needs to be a comprehensive process for data sharing to ensure no child or family misses the opportunity to access early help.

APPENDIX C - TAMESIDE CHILDRENS SAFEGUARDING BOARD'S THRESHOLD MODEL



APPENDIX D – EARLY HELP JOURNEY EXPLAINED

Level of need	What this means is	What you should do
<p>Step 1 Services for all</p>	<p>We know the majority of children and families will never come into contact with statutory or specialist services. The basic needs of all children can usually be met by their family, community groups, networks and universal services such as maternity care, GP Practices, health visiting, nurseries, playgroups, childcare, healthcare, schools and youth services.</p> <p>Most families with a little support can overcome difficulties and it is our responsibility to support and enable families to sort out their own problems, rather than services doing it for them.</p> <p>These universal services are provided as a right to all children including our most vulnerable children and those with additional, complex or specialist needs. There is also many services and activities that are available for all families.</p>	<p>Work alongside the family, support them to access the information and services available in their communities.</p> <p>If the family needs more help it will be necessary to explain what this means and what is involved in moving through to step 2.</p> <p>If you think the safety of the child is at significant risk, complete safeguarding processes.</p>
<p>Step 2 Think CAF</p>	<p>You have identified a family with emerging needs that may require support and/ or interventions that cannot be met by one universal service alone.</p> <p>You may think a co-ordinated approach is needed.</p> <p>Remember, anybody in any service can start this process.</p> <p>If you think the safety of the child is at significant risk, complete safeguarding processes.</p>	<p>It may be worth speaking to your CAF champion, Tameside Families Together CAF advisor or manager to talk through the needs of the family. Is a CAF needed?</p> <p>If it is agreed a CAF is appropriate, check whether a CAF is already in place, to do this, contact the CAF advisor.</p> <p>Should a CAF already be in place, contact the lead professional.</p> <p>Should a CAF not be in place, always seek consent from the family before you co-ordinate the CAF processes (Step 3). Remember the CAF belongs to the family.</p> <p>It is worth noting that you may not be the best place person to co-ordinate the CAF with the family. However, never do nothing!</p> <p>Consider who is already working with that family and whether they are more appropriate. Contact them.</p>

Level of need	What this means is	What you should do
<p>Step 3 Do CAF</p>	<p>You have identified a family with emerging needs that requires a coordinated package of support by a range of services and/or interventions.</p>	<p>In partnership with the family, you will need to coordinate a package of time limited support using the CAF assessment as the tool to identify the family's strengths and areas for development.</p> <p>Discuss the needs with child and family and gain their consent to have conversations with other practitioners that may be involved with the family.</p> <p>Depending on the needs of the family you will need to identify partner agencies that can support the family in progressing and meeting shared outcomes.</p> <p>Once this is completed, a date for a meeting will need to be arranged in consultation with the family and all the identified agencies. Here a lead professional (this may be you or another partner agency) will be allocated to the family and will lead further actions set.</p> <p>The lead professional will need to set a review date for 6 weeks to review outcomes and so all agencies and the family can feedback progress and outcomes met.</p> <p>The Tameside Families Together CAF advisor service can provide advice, guidance and training for professionals using the CAF.</p>
<p>Step 4 Plan Working/ Not Working</p>	<p>PLAN NOT WORKING Despite best efforts from all involved and a range of interventions and efforts to engage the family having been tried, regular reviews show that the family are not making good enough progress and children are still not having their needs met. The family may need to be stepped up to statutory services.</p> <p>PLAN WORKING The plan is working well and there is evidence to show that the child and family's needs are now being met. This means the family can step down into universal services where they will continue to be able to access a range of support and services.</p>	<p>PLAN NOT WORKING Refer to the Tameside threshold guidance to assess the level of need.</p> <p>Discuss concerns and difficulties within the multiagency review. If agencies agree that the family's situation is getting worse then the lead professional needs to contact the Children's HUB, have a consultation, and where appropriate complete the single agency referral form.</p> <p>You should inform the family of the action you intend to take unless you have grounds to believe this will increase the risk of harm for the child.</p> <p>PLAN WORKING Refer to the Tameside threshold guidance to assess the level of need.</p> <p>Discuss progress made within the multi-agency review. If agencies agree that the family has met all the outcomes needed to continue without additional support, the plan can be closed and the family can continue to access universal services.</p>

