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As a partnership, our Early Help Strategy is central to our ambition for children, young people and their families, for them to thrive and contribute to our community.

This Early Help Strategy document will set out how all partners will work together to plan and deliver a range of provision to support children, young people and their families at the earliest opportunity. It is based on the views of children and their families as well as local and national evidence around need and what works.

This strategy document will:

- Define what we mean by Early Help in Buckinghamshire
- Articulate the values that inform the development and delivery of services
- Set out Buckinghamshire’s ambition for the development of Early Help
- Outline how we will know we are making a difference: our success criteria underpinned by an effective performance monitoring system arrangement

This strategy is designed for staff across Buckinghamshire at all levels from Chief Executives and strategic managers to frontline, operational staff. It is supported by multi-agency guidance and procedures which will be helpful to practitioners in their everyday working environment.

I would like to commend this Early Help Strategy to you.

Warren Whyte
Cabinet Member for Children’s Services
What is Early Help?

“Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person’s life”

Centre for Excellence and Outcomes (2010)

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care. Effective early help relies upon local agencies working together with families to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children’ (Working Together 2015).

There are financial, academic and ethical reasons for Early Help. The Early Intervention Foundation http://www.eif.org.uk/ provides evidence of the costs of late interventions, and evaluates interventions for their effectiveness.

“We've been able to find ways to resolve our problems and to find strategies. It has helped tremendously at building our family back up and has made it stronger.”
Early Help in Buckinghamshire consists of all the help available to children and families at levels 1, 2 and 3 of the 4 level Thresholds document


- **Level 1** – children whose needs are met within universal services. May need limited intervention to prevent needs arising
- **Level 2** – children with additional needs identified that can be met through a single agency response and partnership working
- **Level 3** – children with multiple needs requiring a multi-agency coordinated response with a lead professional
- **Level 4** – children with a high level of unmet and complex needs or a child in need of protection

At level 3, where children and families have complex and multiple issues, requiring multi agency support, agencies come together to provide support using common tools and processes.

Our approach to Early Help in Buckinghamshire is family centred, consent-based and focused on working collaboratively with families to build their resilience. A critical ingredient to successful working is the need for families to make a commitment to change.
Our Mission

We want all children and young people in Buckinghamshire to live in resilient families, to be happy, safe and healthy and to grow up with skills, knowledge and attributes to be confident and independent; ready for adult life.

As partners we want to work together to provide a seamless service to children and their families, preventing the escalation of need and ensuring targeted, timely interventions that are supported by effective multi agency practices.

Our ambition

- The right support at the right time for children and their families
- Building resilience for families and the community
- A trusted lead family worker families can rely on
- All the family’s concerns and needs tackled together, not separately
- Children and families only have to tell their story once
- Real, positive outcomes
- Moving resources from specialist services to Early Help provision over time

We will do this by:

- Identifying the children, young people and their families who need extra help and support at the earliest opportunity
- Working together as a strong partnership to deliver an effective local offer of support
- Delivering a whole-family approach to make a difference and achieve good outcomes
- Supporting children, young people and their families to connect to their communities so as to build networks of friendship and increasing emotional resilience and mental health and wellbeing
Our values

Early Help strategies are based on and require full commitment to multi-agency working, with consistency of approach. We recognise that professionals from across the partnership who are working with children and families have vital contributions to make in order to improve the quality of life of children, young people and their families in our county.

It is because a child or family can experience an array of problems all at once that early help requires a multilevel, holistic approach. Early help is about working with children and families: A collaborative approach to providing effective support.

Our work is underpinned by the following values:

- Early Help is ‘everybody’s business’
- Services should be high quality, evidence based and accessible
- Intervening as early as we can, at the first signs of potential need
- Our workforce will be confident, well trained and supported to engage and intervene with children, young people and their families to offer Early Help
- We will make full use of community assets and resources as a key component of our partnership approach
Early Help Strategic Governance

The Children’s Partnership Board

The Children’s Partnership Board has responsibility to provide strategic direction and oversight of the implementation and delivery of Early Help in Buckinghamshire. The group develops the Early Help Strategy, and monitors and evaluates the impact of Early Help across the partnership, against the agreed outcomes. It holds partners to account for their part in Early Help and ensures regular communication across the partnership around developments in Early Help.

Buckinghamshire Safeguarding Children Board

Local Safeguarding Children’s Boards are multi-agency partnerships which are responsible for coordinating local arrangements for safeguarding and promoting the welfare of children and ensuring that these arrangements are effective. The Buckinghamshire Safeguarding Children Board has a role in monitoring the effectiveness of Early Help across agencies.

This strategy is jointly owned by The Children’s Partnership Board and Buckinghamshire Safeguarding Children Board. They will jointly scrutinise performance to ensure a high quality Early Help service is delivered.

“You were the light at the end of my tunnel.”
Outcomes

Measuring success

Success will be directly measured by the outcomes experienced by children, young people and their families.

We will use the Early Intervention Foundation guidebook and evaluation guidance to inform our outcomes framework [http://guidebook.eif.org.uk/](http://guidebook.eif.org.uk/)

We have identified a number of indicators both qualitative and quantitative to measure our success. We will continue to develop key performance indicators against each measure. We will include feedback directly from children, young people and families to understand the impact that we have on their lives, as part of our measures of success. Performance and impact will be monitored quarterly.

Our Early Help Strategy is built on our Troubled Families Outcomes Plan, which is an integral part of the clear and coordinated Early Help Service in Buckinghamshire. It supports partners to work together with families to make positive changes to their lives.

The six Troubled Families Outcomes measures are the basis for our performance measures and indicators.

**Troubled Families national criteria:**

**Reduction in:**
- Parents and young people involved in crime and antisocial behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion, and young people at risk of worklessness
- Families affected by domestic abuse and violence
- Parents and children with a range of health problems

Additionally, we will continue to monitor the following key performance indicators:

**Increase in:**
- Uptake of Early Help Assessments
Uptake of children attending early year’s education programs for both two year old and three to four year old offers

Quality rating for children using the two year old and three to four year old offers

“From day one I felt I was able to talk and was being listened to. I instantly felt I wasn’t alone and isolated in how I felt.”

Reduction in:

- The number of children not ‘school ready’ using either the Early Years Foundation Stage Profile or the new Reception Entry measure suite as recommended by the Department for Education
- The number of referrals to First Response that require either an Early Help service or no further action from Social Care
- The number of children and young people living in workless households
- The number of children and young people experiencing domestic abuse
- The number of children and young people experiencing parental mental ill-health
- The number of children and young people experiencing parental substance misuse
- The number of children in need requiring statutory intervention
- The number of children and young people on a child protection plan
- The number of children and young people who enter the looked-after-children system
- The number of school exclusions for children and young people
- The gap in attainment levels for children and young people
- The numbers of young people who are not in Education, Employment or Training
Useful links

Thresholds document
http://www.bucks-lscb.org.uk/professionals/thresholds-document/

Further Guidance on the Thresholds document
http://www.bucks-lscb.org.uk/professionals/thresholds-document/

Good Practice Guide/Early Help Toolkit

Safer Bucks Plan 2016-2017

Special Educational Needs & Disabilities Strategy
https://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/advice.page?id=ginScCY9QWo

Early Intervention Foundation
http://www.eif.org.uk/
Appendix 1

Buckinghamshire: Needs Analysis

The needs analysis will be updated annually.

The Early Help Strategy informs and is informed by the Joint Strategic Needs Assessment.

Demographic facts - Need and Demand

- **Population** - 127k children aged 0-19 (2011), growing by 19k (15%) by 2031. The largest growth is in Aylesbury Vale (24%), followed by South Bucks (16%), Wycombe District (9%) and Chiltern District 7%

- **Worklessness** - There are higher concentrations of unemployment among 16-64 year olds (approx. 2k) in the counties key towns, but there are also isolated pockets of unemployment in some of the more isolated rural areas in the county. This pattern is similar for 16-24 year olds claiming JSA (approx. 100)

- **Disadvantage** – Areas where levels of deprivation are relatively high (and affect a large number of people within that local area) predominately appear in the urban centres of Aylesbury, Wycombe and Chesham (as measured by the Indices of Multiple Deprivation). Note that individuals are affected by disadvantage in other areas of the county, but those affected are not concentrated in particular areas in the same way as they are in the town centres. The ACORN classification shows that 21% of the population live in areas categorised as 'Financially Stretched' or as ‘Urban Adversity’

- **Crime** – ‘Violence and sexual offences’, Anti-Social Behaviour and ‘other Theft’ are the most common alleged offences in Bucks districts. There were approx. 29k crimes reported in Buckinghamshire during 2016. Crime is highest in towns and in areas of South Bucks District. During 2015-16, young people from Bucks committed 412 offences, with 20% of these committed by those 10-14 years of age. The most common offences types were Violence Against the Person and Criminal Damage. In comparison with the south east region, there were higher proportions of young people offending from Black and Minority ethnic groups.

- **Alcohol and Drugs** – Approx. 6.5% of 15 year olds drink alcohol in Buckinghamshire and it is estimated that 2.6k (5.1%) of 16-24 year olds are frequent drug users. It is also estimated that approx. 6.2k (2.2% of adults aged 16-59 are frequent drug users)

- **Mental Health** – it is estimated that between 1.8k and 3.0k women have mental health issues during and post (up to 1 year after) pregnancy. Note that there are approximately 6k births annually in Buckinghamshire and approximately 2.5% of non-premature babies have a low birth weight (2.5kg)
- **Domestic Violence** – There are a large number of Domestic incidents reported to the police (7.9k in 2015/2016), 2.4k if which are recorded as domestic crimes. There are higher concentrations of incidence in the main towns e.g. Aylesbury, High Wycombe Chesham, Buckingham etc. and in some areas of South Bucks e.g. Iver

**Current service use – existing demand**

The geographic concentrations of children and young people using a range of Family Support services has been considered to understand where existing demand for services is highest and areas where demand is more dispersed – across six services: Family Resilience Service, Early Help Service, Families First, Children’s Centres, Children in Need and Child Protection services.

Around 2/3rds of demand is situated in:

- **Aylesbury and High Wycombe** alone account for approximately half of all service users
- **Chesham** is the next biggest town in terms of service users between 5 and 8%
- **Buckingham, Amersham, Burnham & Lent Rise, Beaconsfield, Marlow and Princes Risborough** all have high proportions of service users across all of the six services (between 2% and 4%)

Other areas account for a large proportion of the demand (the remaining 1/3rd) but are geographically dispersed - the model will have to consider how to reach these service users. There are three types of area

- **17 towns and villages** where demand is much lower (with a maximum number of service user of between 1% and 2%)
- **35 towns and villages** that have much smaller numbers of service users
- **Rural areas** which account for between 5% and 11% of service users depending on the service
Key findings of the 2017 Child Health Profile for Buckinghamshire indicate that:

- Approximately 122,200 children and young people under the age of 18 years live in Buckinghamshire. This is 22.9% of the total population in the area (534,700 people), which is slightly above the English average of 21.3%.
- The health and wellbeing of children in Buckinghamshire is generally better than the England average. Infant and child mortality rates are similar to the England average.
- The level of child poverty is better than the England average with 10.5% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.
- Children in Buckinghamshire have better than average levels of obesity: 7.1% of children aged 4-5 years and 15.3% of children aged 10-11 years are classified as obese.
- Smoking in pregnancy is known to increase the risk of a baby having a low birthweight. The percentage of women smoking in pregnancy is lower than the England average, with only 7.4% of women smoking while pregnant. The percentage of babies being born with a low birthweight is similar to the England average.
- In 2015/16, there were 13,030 A&E attendances by children aged four years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is similar to the England average, and the admission rate for injury in young people is higher than the England average.

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1 Office of National Statistics, Mid-year population estimates 2016 (realised summer 2017)
The map below illustrates the complex nature of services for children, young people and families. All of these are useful, many are essential. However, together they can make up a web which families find very hard to navigate and which often militates against them receiving the right support at the right time.
Drivers for change – National context

National policy is moving to a more co-ordinated approach to problem solving and service delivery to ensure a better use of public assets. Many other local authorities have already taken decisions to streamline and co-ordinate Early Help services to be more effective for users, better value for money for residents and more sustainable in the long term. There is increasing evidence that this approach is producing better outcomes and reductions on statutory services. The main finding in the current research is that strong political and cross partnership leadership is essential for the successful implementation of any new approaches.

Work undertaken by the Early Intervention Foundation, the Washington State Institute for Public Policy, the Dartington Social Research Unit, MP Frank Field’s review on the Foundation Years, MP Graham Allen’s review of Early Intervention, Education Endowment Trust and the work of the WAVE Trust among many others provide enough evidence that Early Help can reduce demand on more reactive and expensive services.

Enabling children, young people and their families to reach their full potential has been a common theme in a number of reviews commissioned by successive governments (Munro, Marnet, Tickell, Allen, Field). They all independently reached the same conclusion that it is important to provide help early in order to improve outcomes. Nationally, interest is growing in an evidence base for early intervention and in particular a need to demonstrate effectiveness to produce cost savings in more specialist and acute services. It is important to recognise that early intervention is not a one-off fix but a highly targeted process and approach – a way of working with specific outcomes.

There has been a substantial increase in demand for Children’s social care statutory services nationally, above the increase in population growth. This demand is projected to continue to rise. The reasons for this are complex, but include demographic changes and pressures, reductions in universal services provided by local authorities and other partners and anxiety experienced by front line practitioners about perceived risk to children. This means that more children and their families are already having and will increasingly have intrusive, often unwelcome and costly statutory intervention.

There are many problems which impact negatively on a family and children living within that family. It is the combination of problems which has most impact on children. Problems for children commonly appear in the early years and in adolescence – key times for brain development as well as physical development.

Currently most Early Help services are focused on a particular age group, a single issue or one approach. Feedback from children and families captured nationally has consistently shown that this is not the best approach to improve outcomes and build resilience. Problems within a family invariably link together and impact across the family. For example, parental mental health issues are likely to impact on their employability but also on the attendance, behaviour and attainment of their children in school. Similarly, one child’s serious or long term disability or learning difficulty
brings both mental and financial pressures onto the whole family, while domestic abuse or relationship problems are proven to have serious consequences for the long term outcomes of children. These families with multiple needs: mental ill-health, domestic abuse and substance abuse are all indicators of increased risk of harm.

“Time and again, it seems that the combination of problems is much more likely to have a detrimental impact on children than a parental disorder which exists in isolation” Cleaver et al (2011). So tackling one problem or one individual is less likely to be effective than dealing with everything that is going on for the family as a whole.