



Gateshead Early Help Strategy

2018-2021

Foreword



Effective Early Help is proven to minimise the risks faced by children, young people and their families before problems become more significant and entrenched.

Gateshead's Local Safeguarding Children's Board is committed to a broad partnership definition of Early Help, where frontline practitioners across a range of sectors are clear about their responsibility to identify concerns early, understand how and when to assess these concerns and how to provide a timely and effective response.

We know that intervention works best when a whole-family approach is taken and when those interventions are chosen on the strength of their evidence base. Gateshead already has much to celebrate in terms of delivering integrated, joined-up services for families, but we should remain ambitious about how we can help families build on their strengths, develop resilience and lead safe, healthy and fulfilling lives.

This means that Early Help is a shared responsibility which is responsive, tailored, easy to access and uses common language and processes wherever possible.

We want to ensure that this strategy is widely understood and used by practitioners, leaders and commissioners and that our children, young people and families are helped as a result.

I wish to thank all of those across the Early Help workforce and beyond who will translate this strategy into action. Our success depends on families, communities, paid staff and volunteers all pulling in the same direction to make the difference.

Early Help in Gateshead really is everyone's business.

A handwritten signature in purple ink that reads "Paul Ennals". The signature is stylized and includes a long horizontal flourish underneath the name.

Sir Paul Ennals
Chair – Gateshead Local Safeguarding Children Board

Introduction

Agencies across Gateshead believe that early help and intervention is a force for transforming the lives of children, families and communities and particularly those living with existing vulnerabilities and disadvantages.

The social and economic rationale for effective early help is compelling. Research undertaken by the Early Intervention Foundation (2016) estimated the cost of late intervention in Gateshead as £71 million or £354 per person against a national (England and Wales) average of £287 per person. Nationally, we know that demand for specialist services is increasing against a backdrop of reducing resources within the public and voluntary sectors. If effective, early help empowers families to regain control of their circumstances and help transform the lives of vulnerable children and young people.

The aim of this strategy is to:

- define what we mean by early help in Gateshead;
- set out our vision and principles for early help;
- confirm our strategic objectives;
- set early help into a national and local policy context;
- affirm our commitment to a partnership model for early help;
- describe our journey to an integrated service delivery model;
- present a performance framework to demonstrate the impact of early help.



Our definition of Early Help

We have a clear definition and understanding of early help which means:

- identifying needs within families early, providing preventative support and intervention before problems become complex and entrenched;
- timely intervention when it is most likely to be effective and prior to issues reaching crisis point, drawing upon families' own strengths and promoting self-reliance;
- using evidence-based interventions.

We believe our definition is consistent with the broad philosophy of early help set out in the Working Together (2018) document:

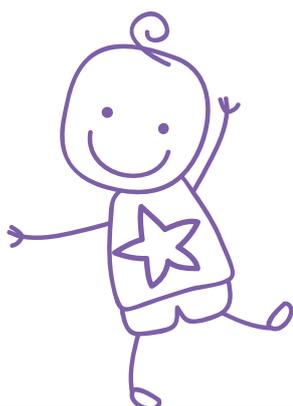
“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising - Working Together, 2018, P 13”.

Early help is not a service but a way of 'thinking and working', delivered through a collaborative approach between public, voluntary and private providers with families.

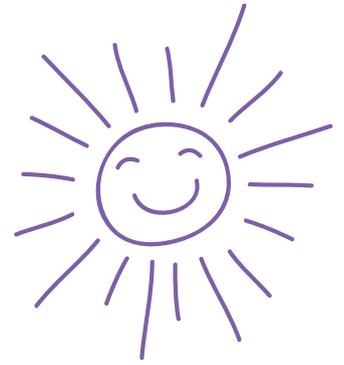
It is about prevention and early intervention, by providing support to families when a need is identified or as soon as a problem emerges, at any point in a child's life.

We will deliver this through:

- taking a whole-family approach;
- using interventions on the strength of their evidence base;
- delivering integrated, co-ordinated and sequenced services;
- listening to the voice of children and young people;
- taking a strengths-based approach with families;
- focus on reducing the impact of parental/adult vulnerabilities on children;
- timely responses which prevent escalation of vulnerability and risk.



Vision and principles



Our vision is that Gateshead will be a great place to grow up and live, where excellent health and wellbeing outcomes are experienced by all and where children develop well and achieve their potential. For some children, this can only be achieved with additional support.

Helping children, young people and their families is not about doing it for them; it is about helping them to find the right solutions to improve their situation. This means that those coming into contact with children (including police, teachers, health visitors and childcare professionals) have a responsibility to identify emerging needs at the earliest opportunity so that children are kept safe and achieve good outcomes.

Gateshead's Early Help Strategy underpins this vision.

Our ambition is that families, particularly those with multiple and complex needs, will have access to effective and co-ordinated early help as a soon as difficulties have been identified. This offer will be personalised, multi-agency where required, evidence-based and will use the well-established common (CAF/TAF) approaches to ensure a whole-family approach.

Children and young people in those families will live safe, healthy and fulfilling lives and develop into responsible adult citizens, thereby breaking the intergenerational cycles of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems independently. The aim is to reduce demand for higher cost specialist services and develop an increased number of scenarios where needs can be met by community-based, universal and preventative services. Social capital and resilience within local communities will be consolidated and enhanced.

We seek to ensure that:

- a clear early help offer is promoted across our borough;
- the offer is understood by children, young people and families;
- early help pathways are effective and draw on a clear evidence base;
- we develop a strong early help workforce across all sectors;
- partners take increasing responsibility for the Lead Practitioner role.

Strategic objectives

We will:

- provide a comprehensive early help offer which is understood, developed and embedded across all agencies and communities;
- deliver early help as a shared organisational responsibility. To do this we will build on the holistic family support model using the Common Assessment Framework (CAF) and Team Around the Family (TAF) approach;
- reduce the pressure on high level or specialist services by ensuring the needs of children, young people and their parents/carers do not escalate;
- ensure safe, appropriate and proportionate information sharing protocols are in place because we know that early sharing of information is the key to providing effective early help where there are emerging problems.

Policy context

National

Local Authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of children.

Several key reports have been published that support the need for early help and intervention: The Allen report on intervening early in a child's life ; the Field report on preventing generational poverty ; the Munro review of children's care services ; the Tickell review of early years ; and, the Marmot review of health . All make a strong and evidence-based case for early help, while asserting that no single agency can provide this support alone and that greater co-ordination and joint working across and within agencies is required in order to achieve optimum outcomes.

We recognise that from conception to the age of two years the effects of disadvantage are magnified. We know that this is a significant period of brain development and that neglect in these early years is likely to lead to a substantial and detrimental impact on a child's development. Equally, we know that the other key period of brain development is during the teenage years as young people approach puberty. This is a time when young people often want to take more risks and it is important that early help services are in place for young people identified as being vulnerable.



Other risks/needs for priority response might, but not exclusively, include those:

- with specific additional needs;
- who are young carers;
- showing signs of being drawn into anti-social or criminal behaviour;
- frequently missing/goes missing from care or from home or education;
- those at risk of modern slavery, trafficking or exploitation;
- those at risk of being radicalised or exploited;
- in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- misusing drugs or alcohol themselves.

Local

Gateshead is an Early Intervention Foundation ‘Pioneering Place.’

The strategy will link closely with existing policy initiatives, including those with a broader application to population vulnerability, including Vision 2030 – particularly the ‘Active and Healthy’ strand and the Corporate Plan of ‘Making Gateshead a Place Where Everyone Thrives’, which includes five key pledges:

1. Put people and families at the heart of everything we do
2. Tackle inequality so people have a fair chance
3. Support our communities to support themselves and each other
4. Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
5. Work together and fight for a better future for Gateshead



Early Help in Gateshead - a partnership responsibility

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help;
- provide services to address the assessed needs of a child and their family.

We already know that early help is delivered by a wide range of practitioners and volunteers across the public, voluntary and private sector in Gateshead, providing a strong existing foundation on which to develop our support to families.

While 47% of the CAF processes undertaken with families are from the Gateshead Council Early Help Service, the majority (53%) are undertaken by professionals working outside of this service, including education (35%) and health (12%). Other CAF processes registered with the CAF Performance Team originate from the early years sector, employment support teams, homelessness prevention and voluntary sector services. A total of 2,007 CAF assessments were undertaken between September 2017 and December 2018, further demonstrating a strong existing platform of assessment across the Gateshead early help workforce.

Partnership in action - Working with education

The Team Around the School (TAS) model commenced from January 2017 and piloted the placement of a family intervention worker in Whickham School for two days per week (undertaking direct work with young people) within a full-time caseload pattern which would include work with parents and the wider family in a range of domestic and community settings.

“Things are much better now. My child probably would be expelled now or on some kind of plan to move out of the school. I can see a difference in my child”.

The model focuses on young people within Years 7 and 8 and uses a monthly panel meeting of school staff, Early Help practitioner and manager, drugs/alcohol worker (Platform), school nurse and the emotional resilience nurse funded by the school. Allocations were supported by school staff completing a vulnerability tool to record and evidence concerns about young people in their year groups. The TAS model provided family intervention services to a total of 17 families during the pilot phase and was evaluated by Public Health, highlighting strong qualitative feedback from families on the impact of this partnership approach.

The TAS model will be expanded to include two further schools in 2019. TAS is one of a number of initiatives in place to support education colleagues to provide early help interventions. Others include staff training on CAF and safeguarding thresholds, providing a single point of contact for the Pupil Referral Unit and attendance at/support for various behaviour and attendance panels.

Joint approaches with the (CYPS) Neurodevelopmental Team

The Early Help Service have worked closely with the Neurodevelopmental Team (Newcastle/Gateshead Children and Young People's Service) to develop a pre-diagnosis pathway for parents whose child is being assessed for ADHD or autism.

An example of how agencies can work in partnership – the support provided to families is shared across services, removing past barriers.

“Previously, parenting support was provided to those parents whose children had a confirmed diagnosis. Early Help parenting practitioners now attend all CYPS ‘welcome’ meetings to set out the support available. This includes a specific group parenting intervention – ‘Families First’ – to provide strategies to manage children’s behaviour and a counselling pathway provided (CCG funded) by North East Counselling Services. Written evaluations have been very positive and the aim is to reduce the number of escalating behavioural issues from children while they/their families undertake what can be a lengthy assessment process”.

- Dr Elinor Dennison, Principal Clinical Psychologist



Reducing parental conflict

Gateshead continue to provide nationally-recognised work in identifying and responding to couple conflict. Following completion of the Local Family Offer in March 2018, Gateshead now leads a group of 10 North East Local Authorities in the Reducing Parental Conflict Programme (RPCP) funded by DWP and will act as a referral gateway to four new pathways of provision from April 2019.

This will include a comprehensive workforce development offer to colleagues across the early help, social work, public health, police and voluntary sectors and provide access to programmes with a high, recognised effectiveness rating. This will complement further the strong and varied offer of evidence-based parenting programmes available in 2019/20.

Integrated Referral and Assessment Team

Professionals from social work, early help, public health, police, domestic abuse and education participate in a daily triage of new police information as part of the Integrated Referral and Assessment Team (IRAT) model since inception in May 2018. The same professional group also peer review 'Amber' cases on a daily basis. Amber cases are sampled for peer oversight on decisions made on the Tier 2/3 threshold.



Our Early Help Journey

The Early Help Service in Gateshead was developed through a phased integration of existing (Gateshead Council) family-facing services with the aim of reconfiguring more resources to vulnerable families within our borough – see Table 1 on page 12.

We did this by:

- merging resources from five teams into a multi-disciplinary service;
- increasing casework capacity to enable more direct intervention work;
- reducing fragmentation and simplifying access to family support services;
- building on the good practice identified in the 2015 Ofsted inspection;
- embedding the FamiliesGateshead approach of whole-family support.

The Targeted Family Support element of the Early Help Service went live from October 2017 and builds, see above, upon the best practice of the 2015 Ofsted inspection which identified:

- Wide range of very good targeted and co-ordinated early help... with elements of outstanding practice within intensive family support (p. 9);
- Good quality early help assessments lead to effective family-focused interventions; (p. 9);
- Very good performance management arrangements evidence these services are effective in providing support for families; (p. 9);
- Gateshead has appropriately prioritised and invested in early help; (p. 10);
- In the vast majority of cases, the life of a child (and often the parent) has improved because of the services provided; (p. 10).

This summary of our platform on which to re-design early help services also recognised the role of partners in undertaking the Lead Practitioner role, citing:

- A strong emphasis on partners delivering early help through collaboration and co-operation has resulted in consistent use of the Common Assessment Framework (CAF) to identify and respond to need (p. 10).

Table 1

Up to September 2017	Post October 2017
<p>Family Intervention Team Positive Pathways Team Adolescent Youth Support Service Children’s Centre - Parent Outreach Youth Crime Education Programme</p> <p>Youth Offending Team Connexions Children’s Centre - programmes Early Years & Childcare Service Play Service IDVA (Domestic Abuse) Service</p>	<p>Early Help - Targeted Family Support</p> <p>Youth Offending Team Connexions Children’s Centre - programmes Early Years & Childcare Service Play Service New Domestic Abuse Service</p>

The Early Help Service is an umbrella term for a number of family-facing services. This includes the Targeted Family Support Team which provides a frontline family intervention offer to families assessed as meeting the threshold for Tier 2 support and can provide:

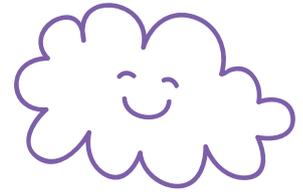
- Advice and support on parenting strategies;
- Direct work with children and young people on behaviour and staying safe;
- Practical support with home conditions;
- Advice and advocacy on managing a low income or debts;
- Help to find the right professionals to meet other, including health, needs.

Targeted Family Support use the same (CareFirst) case recording system as social care and have invested in the same systemic, evidence-based approaches used by social work practitioners, often through jointly commissioned training programmes.

Growing Healthy Gateshead

The 0-19 Public Health Nursing Service is an integrated service for expectant mothers, children, young people and their families that leads and delivers the Healthy Child Programme (HCP).

The HCP is the early intervention and prevention public health programme which provides opportunities to identify families that are in need of additional support and children who are at risk of poor outcomes. The service is made up of health visitors, school nurses and the Family Nurse Partnership under the ‘Growing Healthy Gateshead’ headline.



Early Help as part of a continuum of need

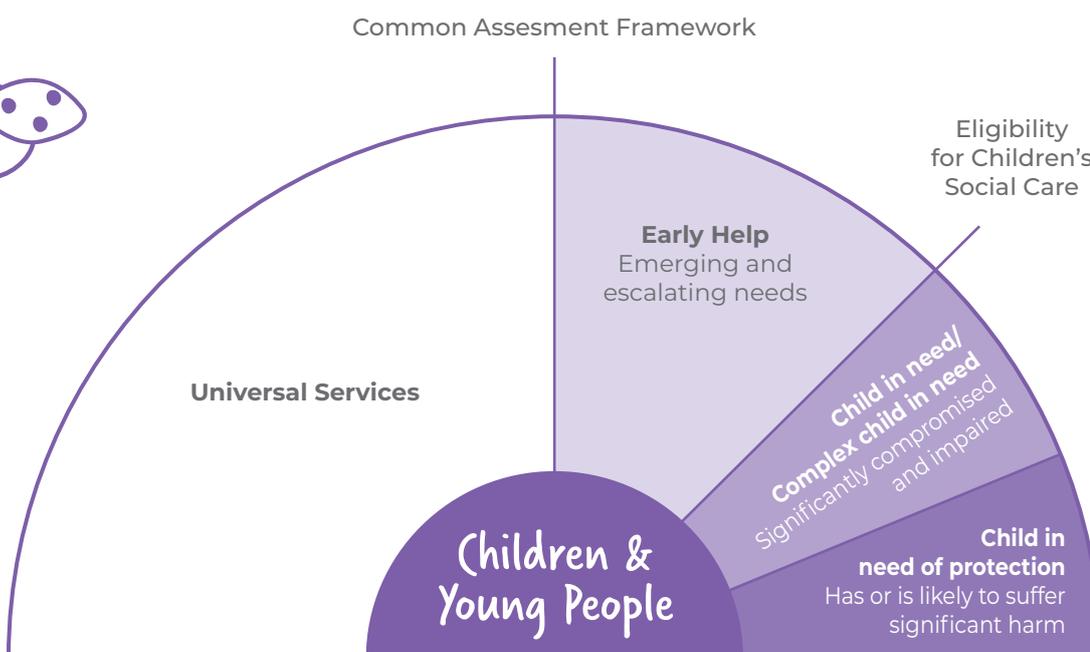
The interplay between early help and statutory social work assessment is viewed on a continuum. In Gateshead, the Common Assessment Framework (CAF) and the Child in Need Assessment (CIN) are informed by the regional assessment framework and based upon the same principles.

The four domains (see below) provide a consistent approach to assessment and support across early help and children's social care. This is underpinned further by common practice standards used by staff across the children's workforce within the Local Authority. While based on a clear interpretation of LSCB thresholds and distinct from statutory services, early help intervention – in all forms - is viewed within a continuum of need to help maintain strong existing relationships between families and practitioners and to reduce the need for regular 'stop-start' experiences of support.



Gateshead's Local Safeguarding Children Board clearly defines need and risk in an updated (2018) multi-agency document which uses detailed guidance indicators segmented into three age categories reflecting the key stages of child development.

The 2018 review of the thresholds was completed by a sub-regional task and finish group of Local Authority early help and social care officers and partners from across the education, police, early years and health sectors.



Universal interventions - these may be provided by voluntary and community sector organisations and/or professionals working in police, education, housing and health services. Children's Centre provision can provide support at this level, differentiated according to need. These services and interventions may be referred to as 'Tier 1' or 'universal' services. Encouraging and supporting families to access services on their own and making use of community-based services, including group provision, is a typical feature of this support level.

Targeted interventions - these may be provided by a range of providers, including the Early Help Service, where a Lead Practitioner undertakes the Common Assessment Framework (CAF) process and identifies if a single agency response or a multi-agency support plan is required. If more than one service intervention is needed, the Team Around the Family (TAF) process is used to co-ordinate a multi-agency response. The new Gateshead LSCB threshold guidance distinguishes between 'emerging' and 'escalating' needs within the Tier 2 threshold to guide interpretation of need and risk by professionals, volunteers and the public.

Safeguarding interventions - this includes assessment and intervention under the oversight of children's social care, including Child in Need (CIN) and Child Protection (CP) as part of 'Tier 3' support. Early Help, using the TAF process, will not only respond to increasing, escalated needs, but also where families have stepped-down from social work intervention. A Lead Practitioner from across the Tier 2 workforce will be identified at the point of closure to children's social care to help sustain the family plan and work towards agreed goals.

We believe that assessment and intervention should be based on clear, consistent thresholds which have been developed using a collaborative, partnership approach. Colleagues from across the early help, health and social care sectors continue to facilitate training on thresholds as part of the LSCB offer to the children's workforce.

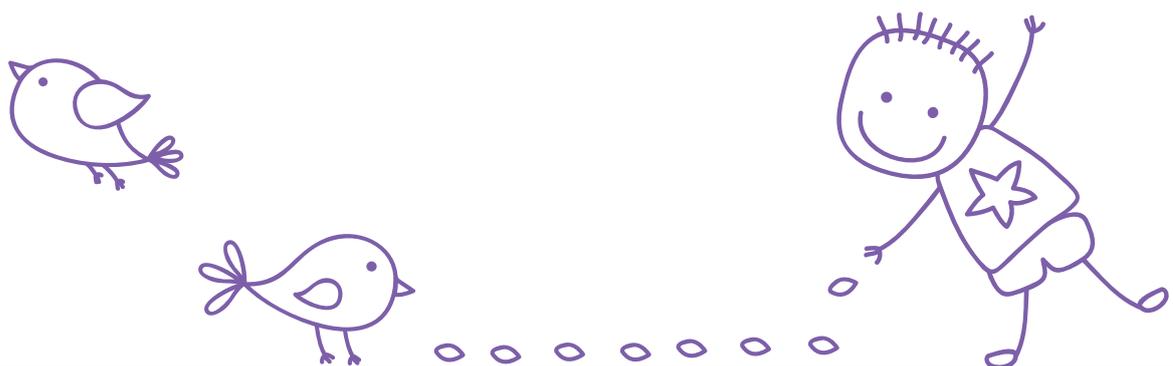
The Lead Practitioner

The Lead Practitioner is not a job title or a new role, but a set of functions to be carried out as part of the delivery of effective, integrated support.

These functions are to:

- act as a single point of contact for the child or family – building trust and engaging the family in making choices, setting goals and promoting change;
- co-ordinate the delivery of actions agreed by other practitioners involved with the family to ensure that support is effectively delivered and regularly reviewed;
- reduce overlap, inconsistency and duplication in the services offered to/received by families.

Gateshead remains committed to supporting the Lead Practitioner role and to increase the number of services and organisations discharging their responsibility to offer, embed and supervise this role as part of their operational business.



Delivering the offer

Parenting interventions - delivering 'what works'

“Really made me think about my actions and behaviour when dealing with my kids - was a real eye opener. Very helpful and learned a lot”.

Advice and support for parents and carers is available from a wide variety of sources in our borough, including from those working in the education, health, housing and voluntary sectors. Where parenting programmes are delivered by the Early Help Service, we will ensure that these are:

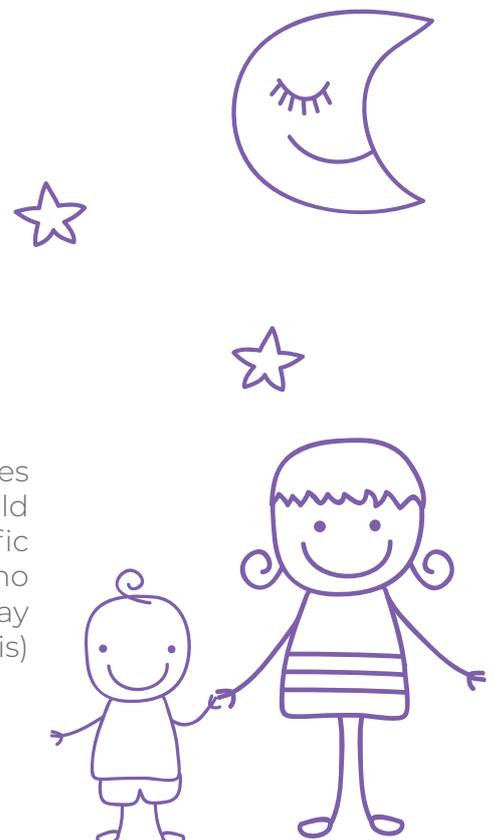
- widely promoted across the early help workforce;
- drawn from a clear evidence base to promote real change in family life;
- delivered by trained, experienced facilitators;
- provided in a range of community/locality settings, including school sites.

We will invest in parenting programmes that have a clear evidence base for achieving successful outcomes and will incorporate new evidence-based pathways to reduce parental conflict (2019-2021) as part of the national DWP Reducing Parental Conflict Programme.

The current offer of parenting programmes includes:

- Mellow Bumps
- Family Links Nurture
- Strengthening Families
- 123 Magic
- Incredible Years (Babies)
- Incredible Years (Pre School)
- ADHD Parenting Factor
- How to Argue Better
- Respect Young People's Programme

We will continue our community drop-in facilities for parents unsure about which programme would best meet their needs and to provide specific support for parents with dependent children who have been accepted onto the assessment pathway for autism and ADHD through our (pre-diagnosis) Families First programme.



Family Group Conferencing:

We will build on the success of our designated Family Group Conference service to broaden availability to families across the continuum of need to support conflict resolution and to empower families to reach their own solutions.

Personalisation funding:

We will continue to deliver personalised funding options for families where a recognised assessment and support plan are in place. As a Lead Practitioner or social worker providing support to families, personalisation funding can be used to provide small-scale, flexible support to remove barriers to wellbeing and prevent the escalation of needs and risks.

Personalisation funding provides an opportunity to be creative and seek bespoke solutions to the assessed needs of a family. We will continue to work with a wide network of local, regional and national providers in sourcing goods and services which improve outcomes for families. This includes the Gateshead Foodbank, BBC Children in Need Emergency Fund and a range of charitable trusts.

Performance Framework

We will develop and embed a clear, outcome-focused performance framework (Appendix 1) which is aligned to the planning framework used in children's social care.



This outcomes framework takes account of the expanded national Troubled Families criteria which is already in much of our early intervention work and is directly linked to the 'Closure Summary' report completed by the Early Help Service to evidence progress.



The Early Help Outcomes Framework can inform, guide and supplement existing performance management arrangements across services and sectors. Services should take responsibility for their own performance management functions. The framework also aims to embed a shared understanding of what progress and positive outcomes look like for families and to provide a common language when describing concerns, risks and changes to family life.

Practitioners can record and evidence family progress through:

Early Help - Targeted Family Support	Early Help - all sectors
CAF & CAF Support Plan Early Help Closure Summary Scales/measures This is Me! Record Tell Us What You Think! Record Troubled Families PBR claims	CAF & CAF Support Plan Scales/measures Service/team performance framework Troubled Families PBR Claims

The overall effectiveness of the Early Help Strategy will be determined by the key measures set out in the LSCB Scorecard for Care, Wellbeing and Learning as well as through the datasets used by the Early Help Performance Clinic.

Workforce Development:

“I will definitely be using the (Family Links) programme to support my work with families - fits in with the systemic practice my team are based on”.

Workforce development is at the heart of our approach and has two key strands:

- Local Authority early help and social care staff are provided with regular, high-quality supervision and professional development opportunities, including training in a range of evidence-based practice. Organisations and services across the early help sector take responsibility for the development of their workforce to deliver effective family intervention.
- the wider early help workforce is provided with a strong LSCB offer of professional development opportunities which supports effective frontline practice with families – see below.

To enable early help to become everybody's business, practitioners must feel confident and capable in their abilities to respond to presenting issues. We will support the multi-agency children's workforce to recognise and identify early signs and symptoms and understand the help and support available to children, young people and their families.

We will know that our approaches to workforce development are successful if practitioners:

- actively identify and assess a child and family's holistic needs as they arise;
- respond to child and family's needs at the earliest opportunity;
- are confident as Lead Practitioners and collaborate as members of the TAF;
- increase involvement of children and families in services they need.

Plus:

- focus first on families and their strengths;
- work closely with families to build trusting relationships;
- are skilled, knowledgeable and are co-creating new approaches;
- make time to learn, analyse, reflect in an open and honest way;
- have a shared vision and understanding of outcomes and success.

Practitioners across the early help (all sectors) and social care workforce also have access to a comprehensive training offer from the Gateshead Local Safeguarding Children's Board, Gateshead Safeguarding Adults Board and Gateshead Community Safety Board.

Governance:

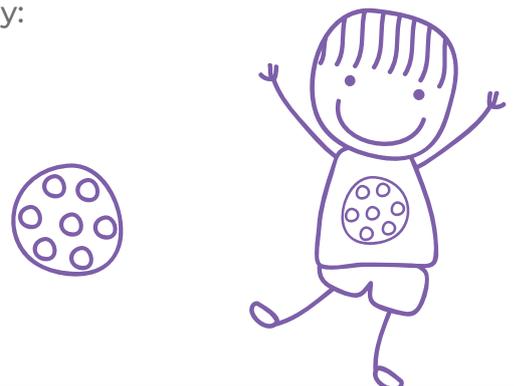
The delivery of an effective early help offer is not the responsibility of a single agency.

This requires a whole family approach owned by stakeholders working with children, young people and families. These include health, police, probation, education, housing, adult services and voluntary and community organisations.

The Health and Wellbeing Board will be the responsible partnership board for the oversight and development of our Early Help model and for producing the Joint Strategic Needs Assessment (JSNA) which informs the development and focus of early help services across all partnerships.

Further scrutiny of the strategy will be provided by:

- Early Help Advisory Board
- Early Help Performance Clinic
- Gateshead LSCB



Early Help Outcomes Framework – Child’s Developmental Needs

Description	Indicator of Need / Risk	Intended Outcome
Health	<p>Child with physical health problems</p> <p>Child with mental health problems (including self-harm)</p> <p>Child with a drug or alcohol problem</p>	<p>Physical health problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities</p> <p>Mental health problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities</p> <p>Substance misuse problems resolved or effectively managed through appropriate care package and Child enabled to access age appropriate education and activities</p>
Education and Training – Participation and Aspirations	<p>Child Persistently absent from school</p> <p>Child receiving fixed term exclusions</p> <p>Child permanently excluded from school</p> <p>Child attending alternative education provision for behavioural problems</p> <p>Child who is not registered with a school, nor educated otherwise</p> <p>Child identified in the School Census as having social, emotional and/or mental health needs</p> <p>Child about to leave school with few or no qualifications and no planned education, training or employment</p> <p>Child/Young person who is not in education, training or employment</p> <p>Child who has failed to take up or disengaged from the free early learning entitlement</p>	<p>At least 90% attendance for all school age children</p> <p>Reduction in fixed term exclusions</p> <p>No permanent exclusions</p> <p>Attendance of at least 90% of alternative provision and/or reintegration into mainstream provision where appropriate</p> <p>Child registered with school or appropriate alternative arrangement with attendance of at least 90%</p> <p>Appropriate Special Educational Needs Support Plans for Education Health Care Plans</p> <p>Child leaves school and enters and maintains further education, training or employment</p> <p>Child/Young person enters and maintains further education, training or employment</p> <p>Appropriate take up of early education entitlement for eligible 2 year olds and all 3 & 4 year olds (this is not a statutory requirement)</p>

Description	Indicator of Need / Risk	Intended Outcome
Emotional and Behavioural Development	<p>Child at risk of involvement in criminal or anti-social behaviour</p> <p>Child who has committed a proven offence</p> <p>Child displaying anti-social behaviour</p> <p>Child who is a perpetrator of violence and/or abuse towards others (including parents and other family members)</p> <p>Child persistently missing from home</p> <p>Child at risk of Child Sexual Exploitation</p> <p>Child struggling with age appropriate social and emotional competencies such as interacting with others and control over emotions</p>	<p>No further incidences of criminal or anti-social behaviour</p> <p>No further offences</p> <p>No further anti-social behaviour</p> <p>No further incidences of violence or abuse</p> <p>No further missing episodes</p> <p>Child demonstrates appropriate peer relationships, resilience and is aware of risk and acts accordingly</p> <p>Child achieves all age appropriate social and emotional milestones</p>
Identity	<p>Child displays signs of low self-esteem</p> <p>Child experiencing bullying or discrimination due to ethnicity, sexual orientation, religion or gender</p>	<p>Child demonstrates a positive sense of self image and feels valued</p> <p>Child demonstrates feelings of belonging and acceptance within family, peer group and wider community</p>
Family and Social Relationships	<p>Child has difficulty establishing and maintaining age appropriate friendships</p>	<p>Causes of difficulties are addressed and child able to form age appropriate friendships</p>
Social Presentation	<p>Child displays challenging behaviour at home and/or in public</p>	<p>Child demonstrates appropriate responses in feelings and actions and manages appropriately</p>
Self-Care Abilities and Skills	<p>Child struggles with age appropriate practical skills such as dressing and feeding</p> <p>Young person is unable to demonstrate age appropriate independence: unkempt appearance, lack of personal hygiene, lack of budgeting skills, lack of personal healthcare</p>	<p>Child is achieving all age appropriate self-care milestones</p> <p>Young person is capable of self-management and has developed skills for independence</p>

Early Help Outcomes Framework – Parenting Capacity

Description	Indicator of Need / Risk	Intended Outcome
Ability to Provide Basic Care	<p>Parent/Carer prioritises their own needs over that of the child</p> <p>Child displays indicators of neglect: Child presents as hungry, child is not provided with an adequate lunch or dinner money, child presents as unkempt and/or child misses medical and dental appointments</p> <p>Parent/Carer with physical health problems</p> <p>Parent/Carer with mental health problems</p> <p>Parent/Carer with a drug or alcohol problem</p> <p>Child is a young carer (helps look after someone in their family who is ill, disabled or misuses drugs or alcohol)</p>	<p>Parent/Carer has capacity to recognise the needs of the child and prioritise those needs</p> <p>Child is appropriately fed and provided with a nutritionally adequate diet, is clean and appropriately dressed, their health and social care needs are met</p> <p>Physical health problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively</p> <p>Mental health problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively</p> <p>Substance misuse problems resolved or effectively managed through appropriate care package and parent/carer enabled to parent effectively</p> <p>Child is enabled to fully participate in age appropriate education and activities and is provided with opportunities to take a break from their caring responsibilities</p>
Ability to Ensure Child Safety	<p>Parent/Carer experiencing or at risk of experiencing domestic abuse (controlling, coercive, threatening behaviour, violence or abuse within current or previous intimate relationships)</p> <p>Parent/Carer who is a perpetrator of domestic abuse (controlling, coercive, threatening behaviour, violence or abuse within current or previous intimate relationships)</p> <p>Family experiencing poor relationship quality</p> <p>Lack of child safety equipment in the home (fire guards, safety gates, window locks etc.) and child demonstrates a lack of risk awareness eg. road safety</p>	<p>Parent/Carer no longer experiencing or at risk of domestic violence or abuse</p> <p>No further incidences of violence or abuse</p> <p>Family enabled to reduce conflict and arguments and present a more stable parenting stance</p> <p>Home is safe with all appropriate safety equipment installed and age appropriate risk mitigation is in place</p>

Description	Indicator of Need / Risk	Intended Outcome
Ability to Give and Demonstrate Emotional Warmth	Child demonstrates anxious attachments	Child presents as secure and parents/carers show warmth, praise and encouragement
Ability to Provide Appropriate Stimulation	Child does not have access to age appropriate toys and books Parent/Carer demonstrates little or no interaction	Child has access to appropriate toys and books Parent/Carer is able to meet the developmental needs of the child acting on professional advice when necessary (GP, health visitor, school etc)
Ability to Provide Appropriate Guidance and Boundaries	Young person at risk of Child Sexual Exploitation: lack of parental oversight and knowledge of child's whereabouts Child demonstrates poor behaviour	Parent/Carer demonstrates ability to discuss the impact of risk taking behaviours, build resilience and puts in place appropriate safeguards Parent/Carer demonstrates appropriate behaviour management strategies
Ability to Provide Stability and Security	Family experiencing a life changing event such as pregnancy, childbirth, bereavement, health diagnosis, new partner, divorce etc.) Parent/Carer who has committed a proven offence Parent/Carer displaying anti-social behaviour Parent/Carer prisoner who is due for release Parent/Carer on a community order or suspended sentence	All family members are equipped to build resilience, communicate and resolve differences to enable them to adapt to change No further offences No further anti-social behaviour Successful reintegration into family home and community upon release and no further offences Successful completion of order and no further offences

Early Help Outcomes Framework – Family and Environmental Factors

Description	Indicator of Need / Risk	Intended Outcome
The Community and Community Resources	<p>Family are socially isolated</p> <p>Poor or non-existent local community resources</p> <p>Family experiencing neighbourhood disputes or conflict</p>	<p>Family are enabled to access community resources</p> <p>Family are integrated in their neighbourhood, have developed positive relationships and are able to maximise local amenities and access wider resources</p> <p>Family able to resolve disputes effectively</p>
The Family's Social Integration in the Community	<p>Family not registered with primary healthcare providers</p>	<p>Family members registered with GP and dentist</p>
The Family's Income, Employment and Housing	<p>Family has a household income significantly below the national average</p> <p>Family experiencing financial exclusion or at risk of financial exclusion</p> <p>Family experiencing worklessness</p> <p>Family's accommodation does not have basic amenities</p> <p>Family's accommodation is not accessible to disabled family members</p> <p>Family's accommodation has poor levels of hygiene and cleanliness</p> <p>Family's accommodation is in a state of disrepair</p>	<p>Improved household income</p> <p>Decreased risk of financial exclusion or improved financial circumstances</p> <p>Parent/carer/other significant adults into continuous employment</p> <p>Family enabled to improve accommodation or moved to more appropriate home</p> <p>Accommodation is made accessible or family moved to more appropriate home</p> <p>Appropriate levels of hygiene and cleanliness are achieved and maintained</p> <p>Accommodation made safe and to an acceptable standard or family moved to more appropriate home</p>

Description	Indicator of Need / Risk	Intended Outcome
The Extended Family Network	Parent/carer has been in care themselves and/or experienced poor or dysfunctional relationships with their own parents	Parent/Carer able to reflect on their own parenting and learn new skills & strategies as appropriate
The Family's History and how they Function as a Family	Individual linked to the family who may pose an additional risk	Parent/Carer demonstrates awareness of risk and act/supervise accordingly



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