South Gloucestershire

Early Help Vision and Strategy
2015 -2017

“Working together today for a better tomorrow”
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This vision and strategy will be reviewed in 2017.

**Delivery of Early Help depends on partnership working across a wide range of agencies with children, young people and families.**
Section 1

Our Vision

The Vision for Early Help provision

“Working together today for a better tomorrow”

Our vision is that every child and young person in South Gloucestershire should have the best start in life, thrive, and be prepared for a successful adult life.

The majority of our children and young people in South Gloucestershire grow up and thrive 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 young people may require additional support at different times in their life.

We will provide all our children and young people with the

BEST

S
Safe

T
Thriving

A
Achieving and aspiring

R
Ready for the future

T
Transforming services and communities

IN LIFE
Our ambition for children, young people and families is to:

- Keep all children and young people safe from harm.
- Put positive outcomes for children and young people at the heart of all we do.
- Keep all children and young people safe from harm.
- Support the principle that a child is best placed within their family, with clear permanent alternatives available if that is not possible.
- Empower families to take responsibility and provide services which build family resilience and reduce the intergenerational cycles of need.
- Ensure that families receive integrated, coordinated and accessible support across a continuum of need.
- Keep children, young people and families at the centre of all decisions and make sure that they will only have to tell us their story once.

Our ambition for our services is to:

- Be user friendly and involve children, young people and families in planning our services.
- Minimise the number of ‘professional touches’ for a child family or Young person especially at transition point.
- Provide locally responsive services including community based services.
- Provide support to families until they no longer need it, and be assertive with families who may not want support but are assessed as requiring it.
- Actively promote health and wellbeing.
- Achieve best value for money and reduce demand for higher cost specialist services.
- Focus on clearly demonstrating an impact on outcomes.
Section 2

Introduction to Early Help

2.1 Definition of Early Help

Early Help means getting additional, timely and effective support to children, young people, and families who need it. It aims to enable children to flourish and to prevent costly, long term and damaging outcomes.

Early Help refers both to help in the critical early years of a child’s life (including pre-birth and pregnancy), but also to responding as soon as possible, at any age, when difficulties emerge. This prevents escalation of problems and enables interventions to take place before critical thresholds are crossed and pathways become much more irreversible for young people.

2.2 The Role of the Strategy

The role of the Strategy is to provide a vehicle for all partners working with children, young people and families to consider how Early Help can improve life chances for children, young people and families.

The Early Help Strategy:

- Establishes the case for Early Help.
- Provides the local context for commissioners and providers of children’s services to ensure resources are deployed effectively.
- Describes the local Early Help offer in terms of common strategy, common processes, and range of services.

The Strategy will link closely with existing partnership strategies. It will contribute to meeting targets in the Health and Wellbeing Strategy and in the Children and Young People’s (CYP) Partnership Strategy.

The draft Strategy focuses on the case for Early Help rather than the detail of implementation. The detail will be further developed through the consultation.

2.3 Governance of the Early Help Strategy

Governance will be provided by the multi-agency South Gloucestershire Children’s Trust Board, which is a stand-alone partnership reporting to the Health and Wellbeing Board. The South Gloucestershire Safeguarding Board will have oversight and scrutiny of the early Help Vision and Strategy and will receive an annual report on Early Help. The planning and delivery is not the responsibility of one group or agency, but is dependent on partnership working across a wide variety of agencies and settings.
2.4. South Gloucestershire Early Help priorities:

The following Early Help priorities have been developed and are further outlined in Section 5 of this document.

Early Help priority 1 – Safe

I Children and young people, especially those identified as at risk of significant harm or neglect, or having complex needs, are protected.

I Children remain within their family wherever possible and if this is not possible clear permanent alternatives are available.

I Children and young people feel safe in all aspects of their lives.

I Children and young people are not affected by crime and anti-social behaviour.

I Children are protected from unintentional injury and self harm.

Early Help priority 2 – Thriving

I Children and Young People in the early years thrive physically, cognitively and emotionally, and develop positive relationships within families.

I Disadvantaged and vulnerable parents, including those in priority neighbourhoods and in the Families in Focus cohort, gain the skills they need to give their children the best possible start in life.

Early Help priority 3 – Achieving and aspiring

I Children and young people have positive educational outcomes.

I Children and young people from vulnerable groups achieve outcomes in line with their peers.

I More able students achieve as well, or better, than their peers in similar local authorities.
Early Help priority 4 – **Ready for the future**

- Young people are able to make a successful transition to adulthood.
- Young people are able to make informed choices re their pathway post 16 and post 18.
- Young people make positive informed choices about their lifestyle which impact positively on their health and wellbeing.

Early Help priority 5 – **Transforming services and communities**

- Children, young people and families have opportunities to shape services in their local area.
- Professionals and service users are able to access the services and to understand service pathways and thresholds.
- The child, young person and family are at the centre of all decisions and services.
- Young people, particularly those who are disadvantaged or vulnerable, or who have additional needs are empowered to know about, shape and take part in, positive activities and decision making within their communities.
Section 3

The context for Early Help

3.1 National context

Early Intervention has support from all government parties:

‘... convincingly argues the economic, fiscal and moral case for switching public spending from dealing with the causes of social failure towards investing in programmes that prevent that failure in the first place, and provides some practical steps to help government make this transition.’
Conservative Party statement

‘A call for action – the action needed to ensure that every child in Britain can reach their full potential.’
Liberal Party statement

‘Early Intervention to reduce the risks of passing disadvantage from generation to generation is a long-term project. It requires not just “patient capital” but patient politics – including the commitment of all parties to realise the vision of an approach where we consistently help early enough in life to prevent problems in the first place.’
Labour leader Party statement

The importance of Early Help has been a common theme in a number of government reviews in recent years. These include:

Early Intervention: The Next Steps, January 2011 by Graham Allen
I recommend that future expansion of early intervention programmes should favour those which combine strong evidence bases with impact of crucial stages in the development of social and emotional bedrock in children and the present network of children’s centres should use such approaches to identify and meet the needs of vulnerable children and families.

The Munro Review of Child Protection: Final Report, a Child- Centred System by Eileen Munro
"Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies." The government has accepted Munro’s recommendations including the need to identify Early Help that is needed by a particular child and their family, and the provision of an Early Help offer where there needs don’t meet the criteria for receiving social care services.
Fair Society, Healthy Lives 2010 by Michael Marmot
“The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational and economic achievement….
Later interventions, although important, are considerably less effective if they have not had good early foundations.”

The Foundation Years, Preventing Poor Children Becoming Poor Adults 2010 by Frank Field
“We have found overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life and a shift in focus towards providing high quality integrated services aimed at supporting parents and improving the abilities of our poorest children during the period when it is most effective to do so. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life.”

Working Together to Safeguard Children 2013.
“In addition to high quality universal services, specific local early help will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family’s own capability to solve problems.”

‘We Should Have Been Helped from Day One’: A Unique Perspective from Children, Families and Practitioners. 2013 Findings from LARC5 by the National Foundation for Educational Research.
“One of the key factors in ensuring families are supported in a timely and effective way, and do not enter a cycle of needing regular support (through the ‘revolving door’), is to offer more effective early intervention and preventative advice and support. Practitioners and families agreed that more needs to be done to offer help early through universal settings (particularly in regard to parenting support). Further, they noted that more needs to be done to promote the availability of support services and to correct any misconceptions about local services, particularly children’s social care.”

A fresh start to tackling youth crime. A briefing for Police and Crime Commissioners. The Independent Commission on Youth Crime and Antisocial Behaviour 2014
“Policy makers across the political divide have increasingly recognised the potential for well-evidenced prevention programmes to prevent antisocial behaviour and deliver better outcomes for children and young people. The creation of an Early Intervention Foundation (EIF), following reports to the government by Graham Allen MP, is a tangible sign of the shift that is taking place. The EIF’s partners in a government-backed What Works Network includes the College of Policing”
Early Intervention Foundation

The Early Intervention Foundation (EIF) is chaired by Graham Allen MP and became an independent charity in 2013. It aims to assess the evidence of what works, to advise local authorities, charities and potential investors on how to implement Early Intervention and to advocate for Early Intervention to key decision makers nationally and locally, making the case for a pre-emptive approach to social problems and demonstrating why a solid social and emotional foundation for children and young people is so important for individuals, communities and society at large. The focus of the EIF is on the flow of evidence between research, policy and practice, with the goal of driving improvements to children’s outcomes and breaking intergenerational patterns of disadvantage and dysfunction.

South Gloucestershire is fully accessing the support of the EIF in the formation and delivery of the local Early Help Strategy.

“For children, better social and emotional skills, communication, the ability to manage your own behaviour and mental health mean a stronger foundation for learning at school, an easier transition into adulthood, better job prospects, healthier relationships and improved mental and physical health. These all result in a greater chance for individuals to flourish, a fairer society and better future parents. Because if we improve the capabilities of our children, we improve the skills and assets of the next generation of parents.

And it’s even more important when times are tough…

Early Intervention represents an intelligent approach to spending. It requires small investments to deal with root causes, rather than the much greater costs of dealing with the after-effects. It allows us to act in a less intrusive, more cost-effective way – through a parenting programme, for example – earlier on to prevent high cost interventions – such as prison – further down the line. That is why we need long term political thinking and longer spending rounds, because if we get this right now, our future can be different – saving individuals from damaging and sometimes traumatic experiences and society from incurring the costs of cleaning up the damage.”

‘About Us’ Early Intervention Foundation Website 2014

“A child’s development score at 22 months already carries information about likely education outcomes at 26 years. A study of boys assessed by nurses at age 3 as being ‘at risk’ found that they had two and a half times as many criminal convictions as the group deemed not to be at risk at age 21*. Vocabulary at age 5 has been found to be the best predictor of whether children who experienced social deprivation in childhood were able to escape poverty in later adult life.”

*Feinstein Director of Evidence EIF, Dunedin study 2003
Financial Context

Nationally the cost of low educational achievement, poor work aspirations, crime and poor health is estimated by the Early Intervention Foundation as being:

- £4.8 billion – the cost of youth unemployment in 2012, more than the entire budget for educating 16-19 year olds (The ACEVO Commission on Youth Unemployment, Centre for Economic and Social Inclusion)

- £22 billion – the cost of educational underachievement per generation (The Cost of Exclusion: Counting the cost of youth disadvantage in the UK, The Prince’s Trust, 2010.)

- £70,000 – the cost of each child with untreated behavioural problems, 10 times the cost of children without behavioural problems (2011)

- £59,000 - the average annual cost for a young person to be placed in a young offenders institution (2011)

- £10m a day - the productivity loss to the state as a result of youth unemployment (2011)

- £2.9bn – the current total cost of children in care, half of which is spent on supporting children who have been abused (2011).

- Every £1 spent on preventing teenage pregnancy saves £11 in health care costs.

- Smoking prevention programmes and anti-bullying interventions in schools can return up to £15 for every £1 spent.

Nationally and locally public sector spending continues to be reduced and there is a need to look at reduction of high cost interventions.

3.2 South Gloucestershire Context

Statistics and comments taken from:


** ‘South Gloucestershire Joint Strategic Needs Assessment 2013’

*** ‘Quality of life Better or worse? The annual quality of life indicators report for South Gloucestershire Summer 2013’

Population (Linked to all Early Help Priorities)

- The 263,400 people in South Gloucestershire (Census 2011) live in urban areas surrounding the city of Bristol (around 60%), in small towns to the north and in the rural areas in between. **

- Children and young people under the age of 20 years make up 24.1% of the population of South Gloucestershire.**
The age profile of South Gloucestershire’s population is broadly consistent with the national average, although the population age structure varies considerably across the district (eg. in Alveston parish around 30% of the population is aged 65 or above compared to Bradley Stoke, where around 5% of the population is within the same age bracket).

In 2012 there were 3,204 live births in South Gloucestershire which is a 6.7% increase since 2007. There has been a small but significant rising trend in births in the last ten years or so that is predicted to continue until around 2018-2020. The population will grow – to an estimated 283,700 by 2018 and 313,600 by 2035. This is largely the result of births exceeding deaths and to a lesser extent, net inward migration. The level of new housing development proposed in South Gloucestershire’s Core Strategy (around 28,300 new homes over the period 2006-27) is not factored into these official projections.

Between 2013 and 2018 the number of 0-4 year olds is due to increase from 16,300 to 17,000 and the number of 5-19 year olds from 47,400 to 48,200.

Economy (Linked to all Early Help Priorities)

People in South Gloucestershire are relatively affluent compared with the national average. Only about 10% of local authorities in England are better off than South Gloucestershire when measured by the Index of Multiple Deprivation.

Few people live in areas ranked as the most deprived in the country, but within South Gloucestershire itself, there are marked differences – the most deprived areas include Staple Hill, Kingswood, Patchway, Filton, Cadbury Heath and Yate, these areas are regarded as ‘Priority Neighbourhoods’.

In South Gloucestershire, about one in nine children and young people live in poverty (defined as household income less than half the national average). The 2011 School Census shows around 3,200 school age children who have applied and are eligible for free school meals, representing 9% of the school population.

In the year from April 2012 to March 2013 78.5%* of South Gloucestershire’s working age population (aged 16-64) were in employment. This is a slight increase on the figure recorded at the same time the previous year (76.5%). The employment rate locally is considerably higher than both the national rate and the rate for the South West.

The proportion of young people not in education, employment and training (NEET) is lower than the West of England and national average. In South Gloucestershire, one in twenty 16-18 year olds are not in any form of education, employment or training. Kingswood, Staple Hill and Yate all have relatively high NEET rates.

Education and Training (Mostly linked to Early Help Priority 3)

The proportion of children achieving a good level of development in the Early Years Foundation Stage (EYFS) in South Gloucestershire in 2013 was 67%. This is well above both the national outcome and places South Gloucestershire 4th nationally and 1st among statistical neighbours.

At Key Stage 2 in 2013 the proportion of pupils attaining L4+ in reading, writing and mathematics (RWM) is 76% which is above statistical neighbours and in line with the national average. In addition to those tests and assessments included in the RWM indicator, for the first time in 2013, the Key Stage 2 tests included a Grammar, Punctuation and Spelling test and 76% of pupils achieved L4+ in this test which is 2 percentage points above the national average.

2013 Key Stage 4 performance increased by one percentage point in the 5 or more GCSE (and equivalents) including English and mathematics measure to 57%. The percentage of pupils achieving 5 or more grades A*-C has fallen by 1 percentage point to 80%. The results are below the national and statistical neighbour average. Outcomes for pupils eligible for FSM were significantly below those of their peers.

At Key Stage 5, at Level 3, the overall Average Point Score per Entry (including South Gloucestershire and Stroud College) rose by 2 points to 206. However, the figure excluding the college remained unchanged at 201. Both of these figures are below the national and statistical neighbour averages.
Health (Factors relating mostly to Early Help Priority 2 and 4)

- Life expectancy has shown a continuous improvement for the last 20 years, both nationally and in South Gloucestershire, where it has remained consistently about two years higher than England and Wales for men and 1.6 years higher for women.**

- Premature mortality rates in localities in the Priority Neighbourhoods are worse off than the non Priority Neighbourhoods and this indicates a substantially greater burden of ill health among people living in these parts of South Gloucestershire.**

- The health and wellbeing of children in South Gloucestershire is generally better than the England average. The infant mortality rate is better than and the child mortality rate is higher but not statistically significantly different to the England average.*

- Low birth weight among South Gloucestershire babies is statistically significantly less prevalent (all live and still births) than in England as a whole and mortality around birth (perinatal mortality) at 5.8 per 1,000, is also lower.**

- In 2012/13, 0.4% of women giving birth in this area were aged under 18 years. This area has a statistically significantly lower percentage of births to teenage girls compared with the England average.*

- 46.3% of mothers are still breastfeeding at 6 to 8 weeks. This is similar to the England average. This area has a lower percentage of babies who have been breastfed compared with the European average of 89.1%*

- In South Gloucestershire, it has been estimated that the costs of disease relating to overweight and obesity in 2012 was £54.8 million and expected to rise to £60.8 million in 2015. 19% of reception age children and 29.2% of Year 6 children were overweight or obese. These figures are lower than the national average. Local analysis of child obesity data by deprivation quintile shows that for both reception and Year 6 children there is a clear socio-economic gradient where prevalence of obesity is higher amongst our more deprived communities.**

- A survey of young people in South Gloucestershire in 2011 estimated that within the school age group, ten per cent use cigarettes daily and 14% and 2.8% use alcohol and cannabis respectively on a weekly basis. National estimates are that in 2010/11, one in five young people aged 16-24 years had used at least one illicit drug in the previous year.**

- Data from the National Treatment Agency shows that 74 young people living in South Gloucestershire (aged 16-24 years) were treated for problematic substance misuse in 2010-11. Nearly 90% of young people in treatment leave the service in a planned way, compared with about 75% nationally.**

- Around 15% of those aged 0-18 years in South Gloucestershire with either a statement of SEN or on School Action Plus programmes are shown to have a significant disability.** and 19% have a speech, language or communication need.

- The specific primary categories relating to children with a disability are: behavioural/emotional and social difficulties (22%), speech, language or communication difficulty (18%), moderate learning difficulties (17%), autistic spectrum disorder (11%), physical disability (6%), severe learning difficulties (5%), sensory impairment (5%), those with very complex health needs (1%).**

- The local admission rate for self harm by young people aged 10-24 years (294, 1 per 100,000) is statistically significantly better than the rate for England for the period 2012/13.

Children in Need, Child Protection, Children in Care and Care Leavers (Factors relating mostly to Early Help Priority 1)

- Between February 13 and February 14 there has been a fairly dramatic reduction in the number of children who are subject of a Child Protection Plan from 190 to 134 children. There has been a smaller but also significant reduction in the number of children who are in care in the same period from 177 to 161. Referral rates to Social care have not dramatically changed, however the rate of repeat referrals over this same period has decreased significantly.
In March 2013 there were 167 children and young people in care. There has been a significant decrease in the numbers of children in care, this represents a reverse trend which had previously seen numbers gradually increase from 178 children in care in March 2009 to a peak of 213 children in care in March 2012. The recent reduction in the number of children and young people in care is a reflection on the increased numbers of children leaving care rather than a reduction of the numbers of children entering care.

There has been little variation of the age profile of children in care. Children and young people aged ten and over forms the largest group (97 children in 2012/13) compared to 70 children under ten year. The majority of children and young people in care are placed in foster care (72.5%), of this 72.5%, 46% are placed in South Gloucestershire’s in-house fostering provision, 12% in kinship foster care and 18% with an Independent fostering agency.

Housing (Linked to all Early Help Priorities)

About 20% of the people in South Gloucestershire live in rural areas – small villages and the countryside in between, but because rural areas are relatively sparsely populated, these indicators can mask pockets of deprivation related to poverty (as employment in agricultural industries fall) and poor access to services and jobs.**

In South Gloucestershire, 90% of houses are in private ownership (82% nationally) with 77% of these householder being owner-occupiers. Nearly 30% of private households are in receipt of income or disability related benefits; 30% include a resident aged over 65 years and 16% include a resident with a disability.**

141 households were accepted as homeless in 2012/13, meaning the council had a statutory duty to re-house them. This compares with 155 households in 2011/12. This reduction runs contrary to the national trend which shows an increase in the number of duties accepted. ***

In 2013, there were 85 households in temporary accommodation which is an increase on the previous year. There has also been an increase in the number of emergency cases requiring temporary accommodation. ***

Three quarters of homeless individuals had dependent children (180 children were involved), nearly 20% were single people or vulnerable because of health or disability and a small number were also aged 16-17 years.**

Troubled Families (Linked to all Early Help Priorities)

There are 295 families in South Gloucestershire who fit the Government definition for the 2011-2015 Troubled Families Initiative (referred to as Families in Focus).

Crime and Domestic Violence (Factors relating mostly to Early Help Priority 1 and 4)

In 2012/13, the total rate of recorded crime in South Gloucestershire was 48 crimes per 1,000 residents, representing a 14% reduction over the last year. The number of recorded crimes has fallen in South Gloucestershire year-on-year for the past six years, with a 37% fall in crime since 2006/07. This rate is considerably below the regional and national levels. ***

In 2012/13 South Gloucestershire continued to have levels of Youth Crime below the national average. Youth crime in South Gloucestershire is predominantly offences of petty theft, criminal damage and minor assaults. Although the second largest single category of offences is ‘violence against the person’, there are very few of these offences which fall into the more serious violent offence categories. The introduction of the Community Disposal and Youth Cautions has had a positive impact in reducing the numbers of young people entering the formal Youth Justice System. (Source YJB report 2013).

There were 2,987 reported cases of domestic and serious sexual violence in South Gloucestershire in 2013/14

In the 2012 the Viewpoint survey showed seven percent of respondents felt anti-social behaviour was a problem in the local area. The biggest anti-social behaviour issue was rubbish lying around (28%), followed by groups hanging around the streets (26%). ***
Section 4

The Early Help Offer in South Gloucestershire

4.1 The Continuum of Need

Many children, young people and families in South Gloucestershire access the wide range of universal services which are available, but some may need access to additional support at some point. This may be short term help to address specific needs, or longer term support for more complex needs. We aim to keep children in universal services with additional provision built on only when they need it, with universal services remaining a constant throughout.

The needs of children, young people and families are not static and there is a fluidity between different levels of need. Within South Gloucestershire services for children and young people can be seen to fit somewhere within the integrated service delivery model. This is based around different levels of services responding to different levels of needs. These are universal Tier 1, targeted Tier 2, targeted Tier 3 and statutory or specialist Tier 4. There is a clear continuum of need from early help through to child protection.

Further information on the continuum of need model can be found in the A Child’s Journey of Need: guidance including a thresholds matrix (https://edocs.southglos.gov.uk/journeyofneed/).

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<tr>
<th>Tier</th>
<th>Description</th>
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<tbody>
<tr>
<td>Tier 4</td>
<td>High risk children, young people and families often with complex needs and requiring statutory enforcement or specialist services. This includes responses to child protection and criminal justice</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Further targeted support or intervention as necessary to respond to individual need</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Focuses on groups which research has indicated have a higher risk of developing problems. Responses to low level problems in order to prevent them from getting worse.</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Universal services which offer a provision to everyone and address the needs of the whole population eg. schools, GPs, Health Visitors</td>
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see appendix 1 for further detail on Tier 1, Tier 2 and Tier 3 services

The Early Help offer in South Gloucestershire is delivered by a wide variety of providers. Many partners provide universal services such as schools and GP surgeries. A range of services operate below the threshold of social care providing an enhanced universal service and targeted services to tackle specific problems from worsening and becoming deep seated or extended.
An overview of these services is included in Appendix 1. This table is a preliminary overview of how South Gloucestershire provides for continuum of need across key age ranges in Tier 1, Tier 2 and Tier 3. It is a helpful starting point which will be added to and developed during the consultation period of the strategy.

4.2 The Common Business and Delivery Process.

Effective Early Help relies upon local agencies working together to identify children and families who are facing particular problems and challenges, undertaking an assessment of need and providing support and services required to address those needs. An agreed Common Business and Delivery Process is critical to ensuring early identification of need and coherent agency responses.

National developments including the revised ‘Working Together’ guidance, the new Children and Families Act, and the SEN and Disability Green Paper pathfinder programme are directing Local Authorities towards a unified single assessment process for social care, early help assessments and a new single Health, Education, and Care Plan (EHCP) to replace Statements of Educational need. The aim is to simplify access to services for families and to ensure they only have to tell their stories once.

The Common Business and Delivery Process includes the use of a common assessment process, which has been known locally as the CAF process. From May 2014 South Gloucestershire is launching a new simplified single assessment to replace the current CAF which was piloted across settings and agencies from January 2014.

The revised Common Business and Delivery Process includes;

- Pre-assessment checklist (or internal holistic assessment) for internal agency/service assessment (Tier 1 universal).
- An agreed action plan and review format for internal service / agency support (Tier 1 universal).
- Single Assessment for Early Help for a more in depth assessment where needs are unclear, or more than 2 agencies are involved. (Tier 1 universal and Tier 2).
- Team Around the Child / Family meeting (TAC/F) to be used to share assessments and develop coordinated action plans as required.
An agreed Early Help action plan and review format for integrated working between services / agency's. Using Change Tracker (an outcome measurement tool of progress for children and young people receiving additional support) to assess distance travelled in improving outcomes for children and young people. (Tier 1 universal and Tier 2 targeted).

An Access and Response Team (ART) request for help format to access further support for Early Help work within South Gloucestershire council (at all tiers for Local Authority support).

A Single assessment format for social care that uses the same format as Early Help to facilitate sharing information in a step up and step down process.

An action plan and review format for Children’s Social Care that is similar to that of the Early Help action plan and review.

Further information on the introduction of the SAF for Early Help and where to access all relevant paperwork can be found on the Partnership website.

4.3 Change Tracker

Change Tracker is a tool for practitioners to use both within their own settings and services, and also as part of the new Early Help action plan and review process. It aims to support planning to improve outcomes for children and young people, and also to measure the progress that each plan makes. It is hoped that children, young people and their families will be involved in using Change Tracker as a means of engaging them in being a part of every action plan, and also to support them on objectively defining their own needs and desired outcomes. Change Tracker is an example of assessing the impact of Early Help work on children, young people and families.

4.4 Partnership Working.

Integrated multi agency partnership working is an essential part of Early Help. South Gloucestershire has examples of good and developing partnership working in place.

Examples of this include:

Integrated hubs with collocation of staff from Integrated Children's Services, NBT and Education, Learning and Skills.

Multi-agency partnership boards and steering groups. Examples include The Children’s Trust Board, Local Safeguarding Board, Youth Offending Service Management Group and the Children’s Centre Steering Group.
The work around the Troubled Families Initiative (Families in Focus) includes multi-agency delivery of interventions for families in the Families in Focus cohort. This is organised through a partnership board, operational group and delivery group model.

Locality based multi-agency cluster groups based around school clusters to discuss the needs and provision for individual children and young people.
Section 5

Early Help Priorities for Action

The implementation plan for this Strategy will be based on the following priorities which link to the Health and Wellbeing Strategy, the CYP Partnership Plan outcomes, and the information on the local context in section 3.2 of this document.

The priorities focus on children having the best start in life and young people being able to make the best start to adulthood:

**BEST**

- **S**afe
- **T**hriving
- **A**chieving and aspiring
- **R**eady for the Future
- **T**ransforming services and communities

**IN LIFE**

Further details about the contribution of the five Early Help priorities to achieving positive outcomes for children, young people and families can be found on the following pages.
Early Help priority 1 - Safe

What will good look like?
Children and young people, especially those identified as at risk of significant harm or neglect, or having complex needs, are protected. Children remain within their family wherever possible and if this is not possible clear permanent alternatives are available. Children and young people feel safe in all aspects of their lives. Children and young people are not affected by crime and anti-social behaviour.

How will we measure our success?
We will know that our Early Help Strategy is effective when children, young people and families confirm that it is making a difference to their lives. In order to monitor the impact of Early Help the effective use of performance data re quantity, quality and outcomes of interventions will need to be agreed with partners as part of the consultation process for the Early Help Strategy.
Successful Early Help will contribute to the following long term outcome measures:
- Number of Looked After Children.
- Number of children on CP plans.
- Number of Looked After Children adopted within 12 months.
- % of Looked After Children with placement stability.
- Hospital admissions for deliberate and unintentional injuries.
- Number of referrals and % of referrals to Social Care.
- Number of families reaching the threshold as vulnerable victims of domestic abuse.
- Improved perception by the public of anti-social behaviour in the local area.
- Proportion of children and young people not known to the Youth Offending Service.
- Number of missing children and young people.

What services and activities will contribute to achieving this success?
All partners involved in Early Help interventions for children, young people and families will contribute to the success of this priority.

The actions and resources that contribute to the outcomes supporting this priority are part of individual service action plans and of the Children’s Trust Board Senior Officer Group’s action plan.
### Early Help priority 2 - **Thriving**

**What will good look like?**

Children and young people thrive physically, cognitively and emotionally, and develop positive relationships within families.

Disadvantaged and vulnerable parents, including those in priority neighbourhoods and in the Families in Focus cohort, gain the skills they need to give their children the best possible start in life.

**How will we measure our success?**

We will know that our Early Help Strategy is effective when children, young people and families confirm that it is making a difference to their lives. In order to monitor the impact of Early Help the effective use of performance data re quantity, quality and outcomes of interventions will need to be agreed with partners as part of the consultation process.

Successful Early Help will contribute to the following long term outcome measures:

- Sufficient free high quality Early Years and Nursery places.
- % uptake of entitlement to free nursery places and disadvantaged 2 year olds.
- Reduction in childhood obesity.
- % of Children’s Centres judged good or better.
- % of disadvantaged and vulnerable families in contact with Children’s Centres.
- Reduction in the number of women smoking at time of delivering as a proportion of those smoking at booking.
- Increased breastfeeding initiation and at 6-8 weeks.
- % of children of healthy weight in reception and Y6.
- % of children who are ‘school ready’.
- Number of parents successfully completing parenting programmes.
- Uptake and outcomes of Family Nurse Partnership provision.
- Number of children requiring high level mental health services.

NB. Please see priority 4 ‘Ready for the Future’ for further specific measures for Young People.

**What services will contribute to achieving this success?**

All partners involved in Early Help interventions for children and families will contribute to the success of this priority.

The actions and resources that contribute to the outcomes supporting this priority are part of individual service action plans and of the Children’s Trust Board Senior Officer Group’s action plan.
### Early Help priority 3 - *Achieving and aspiring*

#### What will good look like?
Children and young people have positive educational outcomes.
Children and young people from vulnerable groups achieve outcomes in line with their peers.
More able students achieve as well, or better, than their peers in similar local authorities.

#### How will we measure our success?
We will know that our Early Help Strategy is effective when children, young people and families confirm that it is making a difference to their lives. In order to monitor the impact of Early Help the effective use of performance data re quantity, quality and outcomes of interventions will need to be agreed with partners as part of the consultation process.

Successful Early Help will impact the following long term outcome measures:
- % of students achieving 5+ GCSEs including English and Maths at A* - C.
- % of children attracting a successful level of educational achievement at each Key Stage.
- % of students making at good progress in literacy and numeracy.
- Average points per entry at KS5.
- Reduced gap between the educational attainment of vulnerable children and others.
- Reduced gap in achievement between those entitled to free school meals and their peers.
- % of students attending school regularly.
- % of fixed term and permanent exclusions from school.
- Achieving national Troubled Families Initiative measures on attendance.

#### What services will contribute to achieving this success?
All partners involved in Early Help interventions for children and young people will contribute to the success of this priority.

The actions and resources that contribute to the outcomes supporting this priority are part of individual service action plans and of the Children’s Trust Board Senior Officer Group’s action plan.
### Early Help priority 4 - Ready for the Future

#### What will good look like?
- Young people are able to make a successful transition to adulthood.
- Young people are able to make and positive informed choices re their pathway post 16 and post 18.
- Young people make informed choices about their lifestyle.

#### How will we measure our success?
We will know that our Early Help Strategy is effective when children, young people and families confirm that it is making a difference to their lives. In order to monitor the impact of Early Help the effective use of performance data re quantity, quality and outcomes of interventions will need to be agreed with partners as part of the consultation process.

Successful Early Help will impact the following long term outcome measures:
- % of young people who are in employment, education or training (EET).
- Proportion of those from vulnerable groups and Priority Neighbourhoods who remain in education, training, or secure employment.
- Numbers of parents who are teenagers.
- % of young parents supported by children's centres.
- Numbers of young people misusing drugs and alcohol.
- % of young people requiring high level mental health services.
- Achieving national Troubled Families Initiative measures on attendance.
- Number of young people reporting as homeless.
- Reduction in first time entrants to the criminal justice system.
- Reduction in reoffending rates for young people.
- Reduction in young people sentenced to custody.

#### What services will contribute to achieving this success?
All partners involved in Early Help interventions for young people will contribute to the success of this priority.

The actions and resources that contribute to the outcomes supporting this priority are part of individual service action plans and of the Children’s Trust Board Senior Officer Group’s action plan.
### Early Help priority 5 - Transforming services and communities

#### What will good look like?
- Children, young people and families have opportunities to shape services in their local area.
- Professionals and service users are able to access the services and to understand service pathways and thresholds.
- The child, young person and family are at the centre of all decisions and services.
- Young people, particularly those who are disadvantaged or vulnerable, or who have additional needs, are empowered to know about, shape and take part in, positive activities and decision making within their communities.

#### How will we measure our success?
We will know that our Early Help Strategy is effective when children, young people and families confirm that it is making a difference to their lives.

Successful Early Help will contribute to the following long term outcome measures:
- The new Single Business and Delivery Process is fully embedded.
- Increased use of Change Tracker to monitor progress with families.
- % of SAF (Singles Assessment for Early Help) with action plans focussed on outcomes with clear measurable success criteria.
- Increased number of Access and Response Team (ART) referrals which access an appropriate service.
- % of case audits and comments from families demonstrate family centric actions.
- % of service users reporting joined up and coordinated support focussed on their needs and strengths.
- Early Help is referenced in partnership strategies and action plans.
- Evidence based programmes are mapped across the 0-19 cycle.
- Information sharing agreements and protocols are in place.
- Number of children and young people involved in decision making activities through the Youth Board, Children in Care Council, Young Carers Forum and School Councils.
- Number of Early Help outcomes included in commissioned contracts.

#### What services will contribute to achieving this success?
All partners involved in Early Help interventions for children, young people and families will contribute to the success of this priority.

The actions and resources that contribute to the outcomes supporting this priority are part of individual service action plans and of the Children’s Trust Board Senior Officer Group’s action plan.
Section 6.

Next Steps

“Working together today for a better tomorrow”

1. Key partners continue to update, agree and further develop the Early Help Strategy.

2. Key partners complete the Early Intervention Foundation ‘Early Intervention Maturity Matrix Self Assessment Tool’ which is designed to support local areas in working through their current levels of progress in delivering effective early interventions.

3. There is a shared agreement on the need to provide multi-agency co-ordinated delivery models that respond to local need and maintain fidelity to evidenced practice.

4. The main priorities for the delivery of a successful Early Help offer in South Gloucestershire are confirmed and owned by all partner agencies.

5. The agreed measurable outcomes are mapped against single service plans.

6. Arrangements to quality assure the overall impact of the Early Help offer are decided, with a process for regularly reporting progress to the Children’s Trust Board.

7. An Operational / Delivery Plan for Early Help is produced by the Children’s Trust Board Senior Officer Group.

8. The new Single Assessment Framework for Early Help is used consistently.

9. There is consistent training and monitoring relating to Early Help

10. A clearer understanding is sought on the costs of interventions and this links to outcomes for children and young people.

For further information regarding the Early Help Strategy please contact: Integrated Children’s Services
Appendix 1

Early Help Provision in South Gloucestershire

The table following is a snapshot of early help services at the point of publication. Provision will continue to develop and change over time. This table will therefore require updating frequently during the life of the strategy.

The table splits the cohort into age groups and looks at services provided in Tier 1, Tier 2 and Tier 3 (see section 4.1 of the strategy document for definitions of the tiers). Tier 4 is not currently included in this table as this is not classed as Early Help but is the statutory provision.

Please note where provision is not age specific it is included in the final section of the table.

The Early Help Vision and Strategy will be reviewed in 2017.
### South Gloucestershire Early Help Vision and Strategy 2014

<table>
<thead>
<tr>
<th>Age</th>
<th>Tier 1 (Universal)</th>
<th>Tier 2 and 3 (Targeted)</th>
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<tbody>
<tr>
<td><strong>Pre Birth</strong></td>
<td>GP</td>
<td>Children’s Centres</td>
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<td></td>
<td>Midwives</td>
<td>Family Nurse Partnership</td>
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<td>Health Visitors</td>
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<td>Midwives</td>
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<td>Specialist teenage midwives</td>
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<tr>
<td><strong>0 -3 Years</strong></td>
<td>Children’s Centres (Advice and signposting)</td>
<td>Children’s Centres (target groups and geographical areas)</td>
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<tr>
<td></td>
<td>Early Years Team (Advice to settings)</td>
<td>Community Paediatrics</td>
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<td></td>
<td>GP</td>
<td>Early Years Settings (2 Yr Old Funding)</td>
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<td></td>
<td>Health Visitors. Midwives (to 28 days)</td>
<td>Early Years Team (Advice and support to settings)</td>
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<td>Educational Psychology Service (Early Bird Programme)</td>
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<td>Sensory Support Service</td>
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<td>Solihull Parenting Programme</td>
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<td>Speech and Language Therapists</td>
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<td><strong>5 -11 Years</strong></td>
<td>GP</td>
<td>Children’s Centres (target groups and geographical areas)</td>
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<td>Schools</td>
<td>Educational Psychology Service (Cygnet &amp; Early Bird Plus Programmes)</td>
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<td>Parenting Programmes (Parents Plus - Children)</td>
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<td><strong>3-5 Years</strong></td>
<td>Children’s Centres (Advice and signposting)</td>
<td>Children’s Centres (target groups and geographical areas)</td>
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<td>Early Years Setting (Advice to settings)</td>
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<td>Early Years Team (Advice to settings)</td>
<td>Early Years Team (training and advise to settings re individual need)</td>
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<td>Incredible Years Parenting Programme</td>
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<td>11-19 Years</td>
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<td>Health promotion and signposting</td>
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<td>Leisure activities (including libraries, sport, volunteering)</td>
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<td>Local VCSE (including youth centre provision)</td>
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<td>School Nurse (open access drop ins)</td>
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<td>Schools / Colleges Midwives</td>
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<th>Post 19</th>
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<td>Job Centre Plus (advice and signposting)</td>
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<th>Post 19</th>
<th>Education / Employment / Training settings (targeted work on educational and emotional development)</th>
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<td>Job Centre Plus (employment and benefit support)</td>
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<td>Youth Offending Service (Prevention and Pre Court Work)</td>
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<th>Additionally the following services cross over the age boundaries</th>
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<td>Fire Service (smoke alarm check)</td>
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<td>Job Centre Plus (employment and benefit support)</td>
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<td>0-25 Service</td>
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<td>Schools (eg Family Liaison Officers etc)</td>
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<td>VCSE (including family support, mentoring, support for Young Carers, support for domestic violence)</td>
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