# **Purpose of This Guide**

The Early Help System is not a single service. It is a network of services, processes and interactions that aim to help children, young people and families at the earliest opportunity. Improving this system requires clarity of what success looks like, shared across a range of partners, and informed by the voices of managers, practitioners and families.

This is the second iteration of The Early Help System Guide. This second version outlines a national vision and descriptors for a mature Early Help System that is shared by DLUHC and DfE. It has been widely consulted upon across other government departments and local areas and is based on what is working around the country. It is a living tool that will adapt as new and better ideas are implemented.

The Guide is intended for the local strategic partnership responsible for the Early Help System. It aims to provide a framework for local workshops, partnership conversations and strategic planning and to support prioritisation. The Guide provides a self-assessment tool to support discussion, reflection and action planning against key areas that influence the effectiveness of Early Help. It does not dictate what needs to be done; but is a dynamic tool designed to focus the system on common goals, and progress towards these. Your reflections with partners and communities on the Early Help System Guide should lead to an improved local early help strategy which, in turn, will help your local partnership improve families’ outcomes and reduce demand on acute services.

The Guide is designed to help you use local and research evidence to deliver an effective approach to early help. It asks you to consider what organisational and community data you use to understand your current position, as well as which evidenced-based interventions and practices you use to support families across the partnership.

# **Background and Context**

This Guide has been produced by the national Supporting Families programme (formerly the Troubled Families programme) within the Department for Levelling Up, Housing and Communities (DLUHC) in partnership with the Department for Education.

Since 2012, the programme has been supporting and challenging local areas to transform services and systems to achieve significant and sustained outcomes for families facing complex challenges and problems. The programme promotes a whole family approach and has been evaluated as successful in improving outcomes. The programme invests significant resource into local areas in order to support the transformation this Guide sets out.

The Supporting Families programme places a specific expectation on all areas to use the Guide to self-assess the maturity of the Early Help System and to identify priority descriptors to work towards. More detail on this can be found in the Supporting Families programme Guidance.

# **System transformation: Supporting Families, Family Hubs and Start for Life**

During the budget 2021, the Government announced increased investment in the Supporting Families programme alongside new investment to transform Start for Life and family help services by creating a network of Family Hubs, investing in tailored breastfeeding services, infant and parent mental health, parenting programmes, and establishing a clear Start for Life Offer in half of upper tier local authorities.

Supporting Families drives high standards of continual improvements to local partnership working and data use, while funding intensive keywork support for those families facing multiple complex problems. Family Hubs are one way of delivering the Supporting Families vision of an effective early help system.

Where Family Hubs exist, they provide a single access point – a ‘front door’ – to universal and early help services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. Family Hubs involve co–location of services and professionals to make it easier for families to access the services they need, including Start for Life services, and this can include both physical locations, outreach support and virtual offers. Many services offered in a Family Hub network will be for families who do not need intensive, whole–family Lead Practitioner support; however, hubs will ensure seamless access to a whole– family Lead Practitioner where needed.

Supporting Families’ outcomes align with the Best Start for Life vision of achieving good early years outcomes for babies and young children, and practitioners, services and families all benefit from expanded core services which ensure that children have the best possible start in life.

Many local authorities have already adopted hubs as their leading model of delivery with the help of Supporting Families funding. These programmes can be entirely complementary and together they form a strengthened local family help and support offer, led by the Department for Education, Department for Levelling Up, Housing and Communities and Department for Health and Social Care working in close partnership across government.

# **How to use this Guide**

This guide provides the key descriptors of a mature Early Help System. It is a self-assessment and planning tool, the outcome of which should lead to a clearer and shared understanding of the current maturity of the Early Help System in an area and what steps need to be taken to progress. This could form the basis of a refreshed Early Help Strategy in a local area and a plan for implementation.

The guide contains:

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| **Contents** | **Description** | **Section** |
| The Early Help vision | A summary of our vision for the Early Help System of support for families. | **Section 1** |
| The Early Help system | A diagram demonstrating which services have a role to  play in the Early Help System. | **Section 2** |
| The workforce table | A table which defines the likely role of different types of  practitioners from different agencies in the Early Help  System. | **Section 3** |
| The self-assessment scoring system | An outline of how to use the 0-5 scoring framework. | **Section 4** |
| The self-assessment descriptors | Structured as five sections focussing on family voice and  experience, workforce, communities, leaders and data. | **Section 5-9** |

# Conducting a self-assessment

There are a number of different ways the self-assessment can be conducted:

1. **A series of multi-agency workshops –** using the themes in the guide as a structure, workshops could explore different perspectives on what is working well and what needs to improve linked to each descriptor. Evidence from family feedback along with population, cohort and family level outcome measures should be used to inform discussion.

1. **Individual interviews with stakeholders from different agencies and services –** this approach could yield more insightful responses from individual stakeholders, the results of which could be used to draft the self-assessment with stakeholders or used as one of the evidence sources for a multi- agency workshop.

1. **Peer review –** a number of stakeholders from 2 areas may wish to work together to complete the self-assessment to enable benchmarking and comparison of activity and progress.

The Guide can be used by any partnership to assess and plan for maturity in the Early Help System.

# **The Early Help vision**

**The Early Help vision (Plain Text)**

Early Help is the total support that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse.

**Family voice and experience**

1.There are well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance, and quality assurance.

2.Families say they know how to navigate local services and how to get help.

3.Families who have several needs say they know who their lead practitioner is, that all their needs were considered individually, and, they only needed to tell their story once. They also say all the professionals work together to one plan in a team around the family.

4.Families say that those that helped them listened carefully, cared about them and told them about their strengths.

5.Families say that the help they have received addressed all their problems and they are better connected to their own support network and local community.

**Workforce**

1.There is a professional family support service. Whole family working is the norm for all people-facing public services through a shared practice framework. And early help is seen as everyone’s responsibility.

2.Public services work together in place based or hub-based working where partners are integrated virtually or physically, based in the community with a common footprint.

3.We invest in our workforce with a workforce development plan to embed the shared practice framework and there is direct support for professionals to improve their practice through a quality assurance framework.

4.The response to different presenting needs are aligned or integrated to ensure there is always a whole family response.

**Communities**

1.We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity.

2.Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all.

3.We are building capacity in communities and harnessing the talent of parents, carers and young people with lived experience to help one another.

4.We are shifting decision making about local services and facilities towards families and communities.

**Leaders**

1.There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working.

2.Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children’s social care system.

3.Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of practice and family voice, which collectively represent the effectiveness of the Early Help System.

4.There is a culture of using evaluation and evidence to inform development of the Early Help System.

**Data**

1.There is a senior strategic group with representation across the partnership, which is accountable for developing and driving the use of data for the whole Early Help System.

2.All data feeds are shared safely and robustly across the partnership, brought into one place and used to identify family needs.

3.Case management systems are accessible to all partners working with families and allow us to quantify all issues affecting the family and report on all issues and outcomes in a quantifiable way.

4.Working with our strategic partnership group we are developing innovative approaches to the use of data. We are using technological solutions to match data, present information to family workers and strategic boards and analyse these data to prevent the escalation of needs.

# **The Early Help system**

**The Early Help System (Plain Text)**

The Early Help System available to children and their families is made up of three types of services that combine in different ways to form a local area’s Early Help offer to its citizens. These are universal services, community support and acute and targeted services.

**Community support includes** Family and friends, local places and environments, online support services, voluntary, faith and community services, local members of the community and local businesses

**Universal services include** Post-16 education, schools, early years settings, family hubs, children’s centres and youth centres, GP surgeries, libraries, maternity services, specialist public health or community nurses and community co-ordinators

**Acute and targeted services include** Family support, social care, accident and emergency departments, allied health professionals, mental health services, special education needs support services, jobcentre plus, school attendance and exclusion support, domestic abuse services, alternative provision, housing services, police, probation and prison services, family court and family court advisory services, substance misuse services, fire and rescue, youth offending and targeted youth services.

# **Multi-Agency Workforce**

A strong Early Help System is made up of many different types of practitioners and services who operate as one. This table attempts to define the likely role of different types of practitioners in the Early Help System. The contents of this table were developed with local areas and relevant government departments. We recognise this is not a complete or exhaustive list, and the identified roles may have different names. This should be seen as a ‘minimum’ level of activity for how workforces should operate, for example how often they may act as lead practitioner. The lead practitioner (defined along with other aspects of whole family working in the family voice section) should always be the right person for the family at the right time, with the family having a say in who they are. In some circumstances specific professional groups or VCS organisations may have greater involvement as lead practitioner or as part of the team around the family following needs or risk assessment or because of specific contracting arrangements. The grouping terms relate to how often these workers would likely act as lead practitioner (e.g. frequent) and what role they have in whole family working (e.g. modelling)

Use this table to assess the current status of activity within your local workforce.

# **The self-assessment**

This self-assessment section is structured as five sections focusing on family voice and experience, workforce, communities, leaders, and data. Areas should work as a partnership to identify on average their score for the individual descriptors, what is working well and the evidence that shows this, and plans for what will be prioritised next.

**SCORING SYSTEM:**

# **Family voice and experience**

**5.1 - Family engagement: We have well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance, and quality assurance.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | Children and family feedback is captured through the individual partners to shape service development and the delivery of programmes.  The Early Help shadow board supports the work of the Early Help Partnership Group. They strengthen professional practice, services and ensure the voice of the child/young person is central to service improvement and development. This forum enables young people to feel empowered, informed and have the capacity to have their voices heard at the decision-making table. The meetings have been delivered bi- weekly with regular attendance of young people. Reports are presented to the Early Help Partnership Board.  Through the audit process we have evidenced a bespoke plan for each family tailored to the individual circumstances and needs of each family  Families who decline an Early Help Plan and whose children are not in school are offered an alternative pathway to the school attendance panel to bring about positive change.  High quality translation service commissioned to capture feedback from families from diverse cultural and ethnic backgrounds.  New beginnings group gather feed-back on issues pertinent to LGBT young people.  Parenting 2000 who we commission as part of our portfolio of family support have closure agreements with families.  There is evidence of quotes extracted from Interviews with families incorporated into case studies.  For those families who do not require an assessment there Is some evidence of signposting for support. For example, accessing counselling services.  There is evidence that school attendance is at the heart of our planning for children and is incorporated into our assessment process.  SYMBOL (Sefton Youth Making Better Opportunities with Leaders) gives young people an opportunity to meet with key decision makers including local counsellors and senior managers to influence how services are delivered.  Health has a well-established complaints and compliments system including the friends and family test to receive feedback.  This is reported monthly and fed back to senior leaders. Actions from any complaints /compliments are shared with staff at a variety of meetings to share good practise and changes due to feedback from families.  Good example of feedback from young people at an event that school health attended, and this has been utilised within CHAT health implemented by school health.  Sefton Young Advisors Team is made of people 16 to 23 from across Sefton in partnership with community leaders and key decision makers to ensure that the voices of young people are heard. They have undertaken a number of research projects.  **What are you prioritising next?**  Work with colleagues across the partnership to further develop tools to capture the child and family voice to provide consistency and embed in practice across the partnership.  Any feedback gathered will be used as learning to support changes in how the whole system works.  Explore the closure agreements across the early help partnership ensuring that families are aware of where their networks of support are within their communities.  Undertake ‘family follow-up surveys’ on regular basis to ensure families experience is at heart of service planning.  Developing a panel of young people for inclusion in service design for the youth Justice Service including children and young people who have been subject to “Out of court disposals”  Feedback from working group that has been developed to engage with groups of young people to inform future Early intervention offer for YJS.  New practice standards including effective case recording will be established and launched within early help.  Following up outcomes of referrals to other specialist agencies such as those providing support for mental health.  Continue to develop services offered across the family hubs that will include an offer for families who do not need  Intensive, whole family led support.  Develop a mechanism for families to have more say of how the Hubs are being utilised.  Explore the role of ‘Community Connectors’ and how we embed this into practice.  We aim to develop multi-agency operational groups within the Hubs to include local people who have accessed  services and have an insight into how we can improve.  Use the current findings from Ecorys research project, commissioned by the DfE, which is focussing on the lived  experience of those families accessing Family Hubs. |

**5.2 - One Lead Practitioner: We have evidence that families say they know who their Lead Practitioner is and they have a good relationship with them.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | The one Lead practitioner approach and ethos is embedded into practice and process for both the council and the commissioned services who take on the role of the Lead practitioner. This is evidenced in audits of the files.  There Is some evidence that we have changed a lead practitioner when the family have requested this.  Evidence from parental feedback states that they enjoy a consistent person in their lives.  There is some exceptional practice in relation to families co-producing the early help plan and the reviews include positive feedback.  BABS team and Health Visitor team will take the lead in any referrals or interventions – packages of care delivered.  **What are you prioritising next?**  As we have adopted the Family Valued framework, we will relaunch the role of the lead practitioner aligned to the  "whole family working principles".  Develop a bespoke programme to increase the number of lead Practitioners leading on early help plans from across the partnership. This will also include Merseyside Police.  Expand the current support offered to schools and develop a bespoke programme to increase the number of schools leading Early Help Assessments. |

**5.3 - One assessment: We have evidence that families say the assessment process considered their needs individually and as a whole, their views were reflected throughout the process and the assessment meant they told their story once.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | We have some positive examples including those from the commissioned services that the assessment and plan has considered the needs of the whole family. This is evidenced through the audit process.  Our current early help is a strengths-based assessment and plan aligned with the Supporting Families Programme considering the needs of the whole family.  Assessments in early help are shared with the family to ensure the information gathered is accurate and what has been discussed is evident in the plan.  We have recently put into place an early help multi-agency triage team in the front door who screen the contacts where the threshold has not been met for social care intervention but where additional needs have been identified. This will ensure families receive the right support at the right time.  Comprehensive assessments responding timely to referrals for families living with domestic abuse.  Health use electronic records which are accessible to health visiting team, school nursing team and GP which allow the story to be told once and not multiple times.  Babs use VIG approach which demonstrates strengths and is carried out in partnership with the family.  Chat health forms allow school age children to express their views and directly addresses their needs.  All individual family needs are considered at any health visitor contact and evidenced in the records and the plan drawn up for each family.  Sefton has made great strides to embed the Thrive model across services. Training is via SCVS & the Thrive model Network which brings together colleagues from Sefton providers, school representatives and commissioners to share practice, discuss trends and effectively influence the development of new initiatives and provision that will meet the emotional health and wellbeing needs of children, young people and families.  **What are you prioritising next?**  Explore further integrated working tools with the partnership that will ensure the families are not having to retell their story and that there is no duplication of work,  Additional work to be undertaken to capture Interventions with partners for example SEND/CAMHS/SWACA who have separate assessments to ensure the interventions are captured in the early help planning for children and their families.  Revise current early help assessment and plan incorporating the Supporting Families National Plan 10 headline outcomes that Include: -  • Getting a good education  • Good early years development  • Improved mental and physical health  • Promoting recovery and reducing harm from substance use  • Improved family relationships  • Children safe from abuse and exploitation  • Crime prevention and tackling  • Safe from domestic abuse. |

**5.4 - One family plan: We have evidence that individuals and families say their needs are reflected in one family plan which the whole team around the family work to. Families and professionals agree outcomes together.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | One family plan is embedded in practice in the council and the commissioned services.  Evidence as to effectiveness of this is in the payment by results.  As a partnership there is evidence that we agree outcomes and at times they alter according to the family’s needs.  Health state that for complex cases family plans are in place where the needs of all the family are represented.  Joint working with School health and early help takes place. Often families have children being seen by both the health visitor and school nurse, so the lead professional role is taken on from these professions.  Youth Justice Service, work alongside Early Help to align plans and ensure the roles of professionals are clear.  Sefton utilise the Supporting Families programme attachment fees to support items that need to be purchased to deliver positive change.  **What are you prioritising next?**  As we adopt the Leeds Family valued model, we will embed the practice across the partnership, so families are able to solve their own problems continue to build on strengths and resources of families and their networks, enabling them to find their own solutions.  Unlocking the potential of family networks will embedded across the whole system. |

**5.5 - One team around the family – we have evidence from families about how well services work together to co-ordinate support to meet the needs of their family.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | There is evidence in our plans that the family have experienced coordinated support, however the quality is varied.  For families with complex needs and multiple agencies there are lead practitioners and support meetings around the families. eg Babs and health visitors are involved with some families and work together as evidenced in the notes.  Multi agency meetings organised for BABS.  Although most Lead practitioners are across family wellbeing and the commissioned services there is evidence of coordinated support in the plans from a range of services.  The Supporting Families Employment advisers work across family well-being centres and are involved in the coordinated support for families.  There is evidence of children open to the Youth Justice Service accessing the Early Help offer and incorporating the YJS intervention.  Homeless families accessing temporary accommodation, where there isn’t already an Early Help or Children’s Social Care plan in place, are provided with information about the benefits of Early Help and the Family  Wellbeing Service and how to access them.  Colleagues from Health and Probation service are involved in Early Help team around the family meetings and although rarely the Lead Practitioner, they will have actions to complete and access to the EH database to add their contribution.  Sefton commission career Connect to work across all three localities supporting young people not in education, employment training. They use the early help module to record their information.  **What are you prioritising next?**  Relaunch the lead practitioner forum to share good practice across early help with a specific focus on what good, coordinated support looks like.  The new Targeted Family Support Service to deliver workshops across the partnership that will focus on coordinated support.  Improve family feedback as this is currently not consistently collected.  As part of consultation, we will be asking children and families how well they feel. YJS has worked together to achieve outcomes for them. |

**5.6 - Access to support: We have evidence that families say they know how to navigate local services and how to get help.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | We have evidence that families access support through feedback from other families who have been on an Early Help Plan previously and recommended the service.  Sefton Community and Voluntary Sector have a directory for families to identify local support and provision.  There is published information about programmes delivered across the Family well-being Centres evidenced by attendance at the various groups.  Sefton’s local offer is refreshed on a regular basis publishing information and support for children, young people, and their families with SEND. This is supported by Sefton Community Voluntary Sector.  A variety of social media platforms are utilised to advertise support for families.  **What are you prioritising next?**  Need to review referral routes and pathways across the whole partnership and discuss one community directory of how we let families know about our early help offer and local support. Collaboration with Primary Care Networks will strengthen this offer.  We aim to make improvements to information available on the internet to help households and practitioners supporting them to find what they need with regard to homelessness prevention. |

**5.7 - Sustainability: We have evidence that families say their needs including underlying issues have been addressed. They will be better equipped to cope when support from services ends because they have identified their own support network and feel connected with their local community and the support network it provides.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | Some families continue to utilise community groups/ services following closure of the plan. This can be evidenced in the analysis and the closure summaries.  Health offers a range of services and can refer to agencies as required. Some difficulties within the health economy due to who is the provider and there are waiting lists that are outside of our control, however we do try to support families whilst they are waiting for engagement with other services.  Health offers an enhanced pathway to support certain families.  **What are you prioritising next?**  Adopting the Family Valued model will create an infrastructure across the partnership that will be focused on whole family and whole system working.  Strengthen practice at the stage of closure ensuring summaries state what objectives have been met and reflect that families are connected to their own support network and local community to prevent the re referrals into early  help.  Closure panels will challenge practitioners to ensure a robust exit strategy is in place.  Additional funding is being provided through Youth Justice Board to support Early Intervention and prevention. this offer Is being explored and will be aligned the Family valued. |

# **Workforce**

**6.1 - The workforce in our area operates effectively to deliver whole family working and is aligned with the levels set out in the workforce table (section 3 above)**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | Youth Justice Service work alongside key partners (Police, Health, Education, CVF sector, Probation, Housing, Substance Misuse service) to provide a whole family approach. Risk Management meetings and reviews are multi-agency. This can be evidenced in the plans  Most lead practitioners are council based or from those services who are commissioned. We have evidence that they pull together wider support including those specialist support services to form a team around the family.  Some colleagues from Education (schools) will take on the role of Lead Practitioner with support from the local authority.  Health team members often act as lead professional and work with families prior to referring to early help and afterwards.  A holistic approach is taken, and families are visited at home and referrals made to all agencies as required. Evidenced in clinical notes.  0-5 and 5-19 teams cross over as often a family has siblings that fall into both teams. Parents needs are also addressed in a think family approach.  Opportunities for joint training are available and some examples include: - Trauma informed approaches, Motivational interviewing, Early help assess, plan review.  **What are you prioritising next?**  Workforce development across the early help partnership aligned with restorative and relational practice adopted from the Leeds Family Valued.  Strengthen our links to schools and settings to ensure that, together with education colleagues, we are enabling all children to achieve their potential.  Strengthen the focus on school attendance in the early help system aligned with the DfE revised guidance. |

**6.2 - Early help is understood and seen as everyone’s responsibility across the partnership of services working with children, adults and families. We have a shared culture and set of core principles that underpin the wider Early Help System.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | All partners understand the role of EH being everyone's responsibility although they have varying degrees of involvement according to their specialism.  There is evidence of integrated working in the early help plans. YJS have a strong link with Early Help for "Out of Court" disposals  Whilst the YJS has a statutory requirement and framework the ethos of the service aligns with the Council's Early Help Strategy and priorities.  There is also evidence of whole family working for those children who are supported by an Education, Health and Care Plans  Some colleagues from Health take the Lead Practitioner role whilst others are key to the Team around the Family, such as school nurses, midwives, substance misuse workers.  All team members in Health understand the role of early help and take responsibility – often being the first service involved with a family. The health visitors and school nurses will work with children and families and offer support  where other agencies are the Lead Practitioner as they have a shared set of principles – this is demonstrated in notes and in the action plans in terms of referring on as required and providing as much information to families as  possible to develop partnership working.  **What are you prioritising next?**  Early help strategy and vision to be reviewed aligned with the early help system guide and Family Valued model including whole family working viewed as the” norm”.  The reviewed Early Help Strategy and vision will focus on core principles and values which underpin the whole system, with shared partnership expectations.  A review of the partnership infrastructure involving a new targeted family support team who will support those families who do not require statutory Social Care intervention. Targeted Family Support will work intensively with  children, young people, and their families to prevent re referral and interventions at a higher threshold.  Key schemes of work will explore families in need of support around intervention areas such as domestic abuse, toxic trio, neglect along with support for young people with mental health, complex needs, and challenging  behaviour.  Enhancements to the Early Help Assessment around homelessness and including 2 key questions in every assessment;  a) is this your permanent address,  b) is your home at risk. |

**6.3 - We have a shared practice framework and locally agreed processes for professionals in partner agencies working across the wider Early Help System which is known, understood and consistently used.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | All colleagues involved in the Early Help Partnership continually work on the shared framework and locally agreed processes. This is an ongoing process responding to change as roles / strategies / needs change.  Job Centre Plus Supporting Families Employment Advisers work in partnership with Family well-being centres and the community and voluntary sector in employment and progress to work.  0-19 teams have a good understanding of services available and how to refer to them. Evidenced in the electronic record.  Multi agency working in terms of BABS evidences that if not appropriate for the team they can re-direct to other appropriate services.  Within the council there is a development plan and QA framework that focuses on early help.  Joint multi agency training for practitioners delivered across Sefton focused on assess, plan, review and Reducing Parental Conflict as outlined in the McAlister independent review of Children’s Social Care).  The Safeguarding Partnership provide joint multi agency training across the partnership including working together and contextual safeguarding.  Trauma informed approaches, Motivational Interviewing and the Thrive model have been greatly received by the partnership.  **What are you prioritising next?**  A mapping exercise outlining services that contribute to the early help system and how they can be accessed to support families.  Adopting the Leeds Family valued model will support system wide relational practice framework across the whole partnership.  Alignment with Primary Care Networks and developing a place-based approach for integration are emerging. |

**6.4 - We have a multi-agency workforce development plan based on workforce development needs, to help embed the shared practice framework and culture. This equips the workforce with appropriate levels of understanding and skills to enable early identification of and response to family needs and the implementation of a whole family approach.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | Sefton has invested in a variety of programmes, partnerships and initiatives that aim to create an environment in which our workforce can flourish; through learning, supporting, and challenging one another and developing the  flexibility and skills required to succeed in the modern workplace and, most importantly, to improve outcomes for children and young people.  There is a workforce development plan for Early Help which has been in place for approx. 5 years for all Early Help Practitioners. All practitioners must complete the assess, plan, review training in order to gain a log in for  the Early Help system. This is accessible to partners at no cost.  Workforce development leads attend strategic meetings and are integral in sourcing and developing relevant training according to strategy, needs and gaps in practice.  There are a cohort of trainers in the training pool from across the partnership and specialisms  Health work force can access appropriate training as evidenced in supervision/PACE and safeguarding.  Professional development is critical to share knowledge and information and cascades are in place.  Our partnership commitment in reducing parental conflict is reflected by the representation on the steering group driving this. The membership includes partners within health, adult services, voluntary community sector, police,  probation, education schools, early years, schools, community and voluntary sector. Workshops have been delivered across the partnership and there are several champions promoting strategies for reducing parental conflict. Feedback has been positive, and we have incorporated reducing parental conflict into our early help assessment.  Supervision tool is embedded in Early help system.  **What are you prioritising next?**  Joint multi agency restorative and relational practice will be rolled out across the partnership.  Consistent supervision tool used across the partnership.  Developing and Integrating pathways so the right support can be found at the right time.  Agreed training priorities identified across the whole system supported by a robust delivery plan. |

**6.5 - We know the quality of early help practice across professionals listed in the workforce table. We directly support professionals in our partnership to improve their practice, including around whole family working, through a quality assurance framework, e.g. through audit, supervision and guidance.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | We have a quality assurance officer in early help who leads a quality assurance subgroup. Sefton Community and Voluntary Services are represented on the group.  The Early Help Performance scorecard has been developed which aims to evidence the impact of early help at a local level. There is evidence of consistent improvement data over a 12-month period linked to assessment,  review and closure.  Homeless families accessing temporary accommodation, where there isn’t already an Early Help or Children’s Social Care plan in place, are provided with information about the benefits of Early Help and the Family Wellbeing Service and how to access them.  Health has a robust supervision in place – clinical/managerial and safeguarding. This is audited regularly and reported monthly.  Referrals are evidenced in electronic system and are audited and monitored.  A well-established Community and Voluntary Sector facilitate “Every child matters” forum which has had a specific focus on early help.  Sefton Early Help colleagues attend ECM Forum, Thrive Network, Perinatal Community of Practice and CWAN Network.  **What are you prioritising next?**  Extend the membership of the Quality Assurance Sub-group.  Develop quarterly reporting to incorporate a focus on impact.  External verbal feedback on assessments & plans to individual practitioners.  Review the variety of outcome models across the partnership.  Raise awareness of housing issues to Early Help workers and give them practical tools to use with families experiencing housing difficulties. |

**6.6 - We have a model of place-based or hub-based working in the community with a common footprint. Partners are integrated either virtually or physically in e.g. family or community hubs. The model helps underpin the principles of whole family working.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | The Family Hubs (family wellbeing centres) have some co-located staff and also staff from other services who deliver outreach programmes.  Integration around emotional and mental health has developed a partnership delivery approach from one centre with a focus on delivering an integrated therapeutic service.  SWACA counselling Service in partnership with SWAN Women’s Centre.  New Hub for joined up services when referred for support around domestic abusee in partnership with SWAN Women’s Centre and Light for Life.  Health 0-19 services are present in some of the wellbeing hubs and are accessible in community clinic venues.  Close links are present within localities and services regularly remove barriers to enable inclusion.  Chat health is being rolled out within schools and is a service that is accessible and encourages young people to ask for support and help.  The Sefton Building Bonds and Attachment Service (BABS) was launched in January 2022 and is running a 12- month pilot scheme to help vulnerable mums and dads within the borough to bond with their newborn babies, as  well as promote positive mental health for new families.  Based across Sefton Council’s dedicated Family Wellbeing Centre network, the Sefton BABS pilot is being co-run by both the Local Authority and partners in the Mersey Care NHS Foundation Trust.  The partnership have been invited to present their work by the Parent Infant Foundation in London.  Merseycare have mental health hubs in the community that anyone can access. These hubs are accessible to the community and over a wide range of services to support early intervention.  Referrals can be made by any professional such as a health visitor, midwife, family nurse, GP, Social Worker, Early Help Worker.  Sefton partners utilise the Hubs on an outreach basis to deliver several evidence-based programmes in relation to public health, mental health and therapeutic support that include: -  Interpersonal therapy for adolescents – one to one individual therapy for 13-19 year olds struggling with depression.  VENUS Charity deliver services from the Star Centre. Services on offer include counselling, CBT (cognitive behavioural therapy), psychoeducation, peer support, family therapy, training for parents and group activities addressing issues such as the transition from children’s to adults’ services.  Light for Life are commissioned to deliver whole family working with a focus on housing, homelessness and financial exclusion In addition to this they offer services from the  Southport Housing Centre is the first point of call for anybody in the community needing advice on housing and related issues including:  • Housing options  • Housing related benefits  • Welfare rights  • Private rented accommodation  • Emergency accommodation  • Rent arrears  • Disrepair and housing standards  • Access to legal advice  • Access to the bond scheme.  We Are With You (formally Addaction) practitioners support the coordination of substance misuse treatment, mental health and family interventions. Seeking to address the following outcomes: Reduce the harms associated with substance misuse, promote positive parenting efficacy and family functioning. The team work very closely with early help workers and social workers and support co-ordinated support around a family. Data is shared with the local authority focussing on the impact of family focused work together with the impact of young people focused work.  ROMS used - Rcads (beginning and end), PHQ-9 (if over 16, used every week), Low mood tracker (if aged 13-16, used every week) Goal outcome measures (used every week).  Adolescent Skills Training – 8 week group for 12-19 year olds struggling with low mood and problems / difficulties in relationships with family or friends.  ROMS used - Rcads (beginning and end), Goal outcome measures (beginning, review and end), Symptom Tracker (used every week)  Incredible Years and Home Coaching – Incredible Years is 14 week parenting group for supporting with difficult and challenging behaviour in children aged 2-8. Home coaching is 121 adaptation of Incredible years.  ROMs used - GAD 7 (beginning and end) PHQ 9 (Beginning and end) Goal outcome measures (used every week).  Video Interaction Guidance (VIG) – Strength based focused encouraging parents of 0-5 year olds to reflect on video clips of their own successful interactions with their child.  ROMS used - HADS and MORS (beginning and end).  Riding the Rapids – 10 week parenting course for parents / carers of children with ASC / learning disabilities with challenging behaviour.  ROMS used - SLDOM – (Beginning and end), Goal outcome measures (beginning, review and end).  There are partners virtually and physically integrated into the team. YJS currently have two YJS police officers, YOT health nurse, substance misuse worker supports assessments.  Sefton Emotional Achievement Service (SEAS) is a group of local charities who have come together with the aim of helping children, young people and families to aspire and achieve through providing bespoke emotional wellbeing  support, delivered at the right time and right place through voluntary sector consortium working.  Targeted Therapeutic support to help Children and Young People make better choices in life.  Roots & Wings (R.A.W.), A 9-month project to enable children and young people to make better life choices in turn protecting them against involvement in criminal activities and prevent them from being vulnerable to predators with criminal intent.  50 Children and Young people aged between 10 years and 14 years joined an online programme that provided a combined approach of an extended series of one-to-one counselling sessions – and a six-week therapy-led creative group. Providing participants with an understanding of how their mind and thought patterns worked, providing knowledge and tools to overcome barriers to resilience and wellbeing.  **What are you prioritising next?**  Continue to develop services to be a part of the place-based hub in the community.  Increased co-location of staff and outreach from specialist services.  Early Help ‘Housing Champions’ in each Locality area.  Access to the space for local community use.  Continue discussions and alignment as part of Integrated Care System and in particular Family Wellbeing Hubs being a delivery model within Start Well. |

**6.7 - The response to different presenting needs (pathways) are aligned or integrated to ensure there is always a whole family response. This could take the form of a ‘team around the school’ approach where all relevant professionals work together to anticipate and respond early to for example school engagement, mental health or special educational needs of children and young people in the school.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | Parenting 2000 one of the commissioned services have strong relationships working with schools and the CAMHS service  Internal systems are in place such as the model linked to team around the family working. Early help practitioners all have nominated schools to support partnership working.  Feedback from schools linked to the monthly meetings, interventions was positive and did ensure a more consistent approach re effective early intervention and prevention.  Evidence through audits that early help plans have brought about improvement in school attendance.  Health pathways around communication needs, sleep and Babs are working well.  School engagement with the implementation of Chat health forms has started well and will be further rolled out next term. This will allow the SN team to support individuals and also to support as a year /school group and will  allow family members to ask for some advice and support as well.  Evidence in records state that Babs team have a MDA meeting with all around the table and can initiate a whole family plan.  Teams contribute to EHCP which are monitored and quality assured. These are co-produced with the families.  Mental health Support Team in schools has now been rolled out.  Work closely with Sefton CVS. Feedback from schools is they are much more confident in dealing with mental health issues. We have seen children return to full time education after accessing the support.  The South Sefton Huddle is a meeting of a range of professionals who work on a service delivery footprint which identifies the “Place”. It offers a forum that supports and promotes effective multi-agency working regarding locality related issues both on an individual basis and in relation to common themes and issues.  It aims to ensure we identify the needs, assets and demands that exist in a place and work together, using shared information to improve outcomes for families together. The core purpose of the Huddle is to ensure that we use intelligence to put the right resources and assets in place, at the right time, to support families who need our help most.  The ACE Recovery Programme is now embedded practice across the partnership. The Programme has a bank of practitioners trained and enhanced partnerships with Health, SWACA, Adult Education, Liverpool Football  Club, Active Sefton, VENUS, Children Social Care and a number of voluntary community faith sector partners.  The team are currently delivering in Hillside High School, Maricourt and we have 3 teams delivering the adult programmes in Central, North and South Family Wellbeing Centres. The team have a waiting list of 12 schools as  the programmes have proven hugely success in terms of increasing educational attainment, improving wellbeing and developing positive metal health resilience.  Next steps  ACE participants to engage with national researchers ECORYS to share experiences.  TIE will launch training September 2022.  Pilot programme with Primary Care Network launches in September 2022 to respond and ensure effective early intervention and prevention referral pathway is developed across the wider system.  Pilot Programme with the virtual school will launch in September to ensure some of our most vulnerable young people are engaged in recovery.  Recovery Programmes 12-month operational plan in place and external funding secured 2022-2023.  The presenting issue for YJS is the criminality of the young person. Whilst this is the case, the underlying issues and additional support needs are explored and identified through assessment. The appropriate links are made  with partners to improve the outcomes.  There has been a focus on the mental health and educational needs within the cohort. The development of an operational partnership group has improved the connectivity of services.  Sefton CVS chair the Education and Mental Health Network meeting and meet each half term. On-line meetings once per half term, linking in with Sefton Mental Health Teams in Schools work.  Education and Mental Health Conference took place in Feb 22.  **What are you prioritising next?**  As part of the family valued model, we will build strong relationship between professionals across the whole partnership as part of one system.  Ongoing discussions with Sefton Partnership to determine how Start Well priorities of Early Intervention and Prevention and Mental Health can be fully aligned to existing practices across the system. |

# **Communities**

**7.1 - Public services partner closely with voluntary and community groups to maintain up to date information about local community assets, community groups, voluntary sector support and faith groups and have made this information accessible to local staff and residents e.g. through a website.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | Sefton CVS are members on all partnership boards across Sefton and they have a comprehensive directory that holds up to date information that is accessible to professionals and residents about what is available across all  communities in Sefton.  Our commissioned services who deliver whole family working have an up-to-date website detailing their offer.  They also use a variety of social media platforms and professionals, and the public can make referrals via their website.  Their key policies and procedures are publicly available to download on our website (Safeguarding CYP, Safeguarding Adults, Equality and Diversity, Covid-19, Complaints Policy, Privacy Policy).  HV teamwork with community groups e.g. foodbank etc to support families in innovative ways and share information through the trust website and social media. Information is also available on the local offer.  0-19 have been involved with the Ukrainian guests and planning support for them, including voluntary sectors.  0-19 work closely with voluntary sector to deliver breast feeding support.  All information is on the Local Offer.  **What are you prioritising next?**  To work with Sefton’s Digital Footprint and implement any new and developing initiatives.  Explore digital solutions via ICS to ensure a comprehensive integrated solution is available and accessible to local staff and residents. |

**7.2 - Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all, prizes creativity, collaboration, and local solutions; alongside quality and inclusivity. We are building a culture and system where our communities understand that everyone helps to deliver a whole family approach.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | A real strength In Sefton Is the relationship with the voluntary and community and Faith sector Including those services we commission.  There are community practice meetings in place where information and good practice is shared and embedded.  There Is strong representation from the community and voluntary sector across the early help partnership.  0-19 services value the contribution of all sectors and have contracts with voluntary services to support the delivery of the HCP.  There is a well-established working pattern with voluntary groups to ensure families can access services/resources and support when required. Evidenced through the electronic records and case studies.  Fighting Against Crime Music Festival-Co-produced with the Community. In one area of Sefton, we consulted with families who utilised the Family Well-being Centre about how we could address youth violence and perceptions of fear of going out in the community. Part of the discussion focused on how we could raise awareness about where families could access support if they were concerned about their children. The families came up with the idea of having a music festival in the community to promote community cohesion, build  relationships and networks and dispel the myth of fear within their environment. We involved local businesses in sponsoring the event and asked the local media if they could give support in promoting it. We used the event to  gather feedback from the community about where they were now and what they would like to see going forward within their community in order to feel safe.  Recently Sefton CVS have been involved in delivering Thrive model training across the partnership. The thrive network includes all partners who are committed to delivering the model.  Public Health produced the Ch & Young People’s Emotional Health and Wellbeing toolkit which is promoted regularly by CVS through ECM, Thrive and other networks.  There is evidence of good collaborative working together for example community and voluntary group co-located to a family well-being centre.  The Family wellbeing centres work very closely with charities specific to the local area including Sefton Carers including Young Carers, Salvation Army. Lions and local foodbanks.  Sefton CVS are key contributors to the Youth Justice Partnership Group and operational group. This has enabled a collaborative approach to key areas of need highlighted across young people working with YJS. This has been in relation to gap in service provision for young females counselling in the North Locality & reviewing pathways into Mental health support.  Perinatal Community of Practice chaired by Sefton CVS and includes membership from Partners including Early Years, Merseycare, BABS, CAMHS.  Safe Families have worked with over 50 families offering a befriending service and targeted practical support. Outcomes have evidenced and shared with Sefton Council.  **What are you prioritising next?**  More work is needed at a place based/locality level to fully understand and appreciate the resource available to deliver a whole family approach.  Ongoing work with place-based delivery and alignment to Primary Care Networks has the potential to address this. |

**7.3 - We are building capacity in communities and making the most of the refreshed sense of community which grew through COVID-19 . We harness the talent and contribution of parents, carers and young people with lived experience to help one another.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | The partnership is aware that community spaces are an important asset to the borough and have facilitated many opportunities and events to come together and engage with the community. We have an updated use of public space policy to ensure that the public health / space agenda are fully integrated into risk assessments.  Breast feeding support relies on volunteers with lived and local experience and is an integral part of the work currently underway to promote breast feeding and offer support to mums who need this. Parents relate to others with the lived experience and often mums who have received support go on to become volunteers themselves.  The ACES recovery programme exit strategy for both adults and children focus on parents and children with lived experience helping each other.  Parenting 2000 have examples of where they have encouraged peer mentoring which has resulted in parents who have been on their programmes now volunteering for the organisation.  There are examples where Family wellbeing centres are used by adult learning, Job Centre Plus, SEND drop in and early years advice.  Perinatal Support Groups – Peer Support funded by CCG and Cheshire and Mersey Care Venus, PK2, SWAN, Feelgood and Homestart.  **What are you prioritising next?**  In refreshing our early help strategy there will be a focus on building capacity in our communities.  Embed a strong volunteer programme across the family wellbeing offer.  Development of tools and resource to support and promote connectivity. |

**7.4 - We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | We have good examples of connectivity between the voluntary and community sector family networks and formal early help activity, such as:-  Home start charity who supports families who have life changing events building on family strengths to find solutions. Feedback has included families who have been on plans meeting other families and feeling less isolated.  SWAN CENTRE provides a service for women and girls aged 14 plus who are affected by or experience anxiety, depression, stress, isolation, or other mental heath issues. A range of services such as counselling as well as an outreach service for those who struggle to leave their home, a befriending service as well as several women support groups. There is evidence in the formal plans that women continue to engage with this service when they  leave the formal services.  YJS provide information to families of the local youth offer & CVF sector.  Sefton Women and Children’s Aid (SWACA) provide support.  The support can be provided by phone in person, in school, the workplace, in Family well-being centres or in their own centre.  **What are you prioritising next?**  Further development on fully appreciating granular, neighbourhood and street level detail will support connectivity. Population health data will contribute towards this. |

**7.5 - We are shifting decision making about local services and facilities towards families and communities.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | We produce a monthly dashboard of locality information to inform Early Help activity that has taken place including the needs that were presented, the outcomes, achieved and which Early Help Practitioners engaged with the families.    Homeless families accessing temporary accommodation, where there isn’t already an Early Help or Children’s Social Care plan in place, are provided with information about the benefits of Early Help and the Family Wellbeing Service and how to access them.    Young people and Year 6 aged students involved in developing questions for Chat Health Health Forms.  We have consulted with the wider community on Sefton’s 2030 Vision and the ICS Population Health Management Plan.  **What are you prioritising next?**  Looking at more granular information to be produced within the dashboards and using this to inform practice via the Early Help Partnership Board.  This information to be utilised in the Hubs to have a better understanding of presenting issues locally and enable local representatives to have a voice in how we deliver services. |

# **Leaders**

**8.1 - There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | Specific early help governance arrangements are in place aligned with the Early Help Strategy. The Early Help Partnership Group chaired by health meets quarterly and brings together key stakeholders from across the partnership. Clear terms of reference and shared principles have been co-produced to ensure clear outcomes and trusted relationships. The board is made up of a range of senior officers who are committed to leading early help transformation.  Our approach to the SF Programme is not about a single team. It is a whole service delivery model underpinning our offer to families whereby we can measure outcomes for the families that we work with.  Supporting Families work closely with Sefton Homeless team to improve their recording systems to include the whole family as well as SWACA (domestic abuse service).  The Early help Partnership are committed to adopting the Leeds Family Valued model-strengthening the early help system, locality-based models an integration of systems and services offered, bespoke and personalised  services for families.  Partnership reports into a larger strategic leadership group called the Children's and Young People's Partnership Board and also the Health and Wellbeing Board.  Work is ongoing around a joint commissioning framework – although currently this doesn’t have family representation.  **What are you prioritising next?**  Refresh early help strategy to connect with Family Valued model which is an approach that seeks to promote relational (restorative) practice. It is underpinned by fostering a clear set of shared values and practice principles  which emphasise the strengths and importance of family and is centred on productive working relationships between workers and families, and beyond that with partner agencies and the wider community.  Looking for opportunities to increase integrated service delivery and system leadership including the use of joint resources and pooled budgets where possible. Actively exploring opportunities that arise through ICS.  We will be looking at the YJS early intervention offer and how this will be integrated into the wider services.  Explore how we capture the voice and opinions of the local community in strategic development. Fully integrate, findings, opinions, and suggestions from parental forum into Early Help Partnership Group. |

**8.2 - Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children’s social care system.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | We have recently put an Early Help Triage system in place at the integrated front door. The partnership is committed to ensuring this process works.  We have our partners based at the front door for case discussions and they are available to offer a package of support to meet the needs of a family including domestic abuse workers from SWACA.  Our commissioned services delivering the portfolio of family support considers the needs of the whole family in their assessments and plans.  **What are you prioritising next?**  The Early Help Strategy Is currently being reviewed to embed the family valued framework adopted from Leeds.  In line with the Ofsted improvement plan a Target Family support is being established to provide intense support around specific themes aligned with the Supporting Families Programme. |

**8.3 - Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of whole family practice and family voice, which collectively represent the effectiveness of the Early Help System. The performance against these measures shows that outcomes for families are improving.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | For commissioned services there Is a service level agreement in place that outlines the expectations of delivering a whole family approach working.  There is a strong record of focussing on outcomes through our commission process to deliver a portfolio of family support based on the Supporting Families Outcomes Plan. A monthly meeting monitors the commissioning  arrangements that are in place.  All commissioned services for Supporting Families have an SLA which includes cohort measures and demand measures. This is reviewed annually and meetings with Chief executives of these organisations are convened to discuss the contract and any challenges or areas of good practice.  Family measures are scrutinised and tracked by the Supporting Families analyst ensuring there is limited regression in families. Where this occurs, it is flagged up with both managers and workers and measures are taken to address this.  Our case studies submitted to for EH annual report are an example to this.  There is an Early Help Operational meeting facilitated by the Supporting Families team where workers report their progress with families and any operational barriers or concerns. These meetings are supported by cohort data provided by the analyst.  **What are you prioritising next?**  Working with partners to define local measures that will be Incorporated Into the national outcomes plan. This will aid holding partners to account.  Shared set of measures including family, cohort demand and population data will be shared with the early help partnership board for example school attendance, child in need.  As outlined in the McAlister independent review relating to governance and accountability 2.6 The updated Supporting Families outcomes framework provides a good model of the results Family Help should be delivering.  Whole population data to be analysed and support strategic needs assessment. |

**8.4 - There is a culture of using evaluation and evidence to inform the development of the Early Help System and the quality of whole family working. Where appropriate to local and individual needs, evidence-based services are used.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | Our Early Help Module is aligned to the Supporting Families outcomes plan.  Across Family well-being evidence-based systems are employed. For example:  Youth Justice Service  An Early Intervention offer is delivered across Early Help which can be accessed by children working with YJS. The evaluation and evidence around the life experiences of children working with YJS has been completed and  presented to the Early Help Partnership.  Many of the interventions used with families have been evaluated and validated nationally and are recommended by the Early Intervention Foundation.  **What are you prioritising next?**  Updating the early help module aligned with the 10 headline outcomes in the national outcomes plan. Any locally defined outcomes will be added to the system prior to October 2022.  Local impact analysis to be completed following evidence-based interventions.  Improved evidence of impact to be woven into quarterly reporting to Early Help Partnership Group. |

**8.5 - Working towards a shared culture, principles, practice framework and set of processes within the Early Help system is a standard feature in all commissioning processes and decisions.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | Commissioning local voluntary sector delivery partners, who are trusted in their communities, works well as it engages the hardest to reach. Additionally, the local knowledge of these organisations provides a more joined up seamless experience for the whole system of family support. All the commissioned services record on the early help system.  Representation of the domestic abuse theme at various local decision-making bodies.  **What are you prioritising next?**  Commissioning across Early Help to be further considered with all partners with a view to future joint commissioning procedures which aligns with ICS developments. |

# **Data**

**9.1 - We have regular data feeds from all parts of the partnership to support whole family working. These are open feeds and underpinned by strong data sharing agreements.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | We receive regular data feeds and sets from Merseyside Police, YOT, Commissioned Services such as SWACA for DV plans and School Attendance data. We also receive datasets from CSC databases i.e., LCS where open  and closed plans are concerned. In particular where plans have been stepped down.  We also receive community health, complex care and mental health data from Merseycare.  An agreement with all other health services across the local economy to share relevant information. Including GP surgeries in primary care services.  **What are you prioritising next?**  Exploring the Data Warehouse to see how the data feeds and sets can be incorporated.  The Council has recently invested in and implemented a new Data Warehouse. We intend to use this new technology to provide richer insight to individual household level across the borough as wider Council datasets (e.g. such as Benefits) are incorporated.  The LA is working collaboratively with our Sefton CCGs and using the Cipha platform as an opportunity to capture data from 44 of its 45 GP surgeries for the purpose of population health management. With established ISAs and DSAs it is intended that this data integration will serve to inform the SF Programme. |

**9.2 - Our case management system allows all partners to securely access all relevant cases and record whole family assessments.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | Colleagues in the EH and CSC Teams have access to EHM and LCS.  The Liquid Logic EH module (EHM) is the key case management tool for recording and reporting EH interventions. This system is integrated with the CSC system (Liquid Logic LCS) which allows for transparent step up and step down of cases between Family Support and statutory services.  **What are you prioritising next?**  Whilst the Council’s Education system (Capita One) and YOT system (Child View) are disparate; the Council’s Digital and ICT Strategy includes for the review of these systems and consideration of collapsing the functionality  into a single case management system supplied by Liquid Logic. However, this is subject to functionality meeting business requirements.  A review of the current case management system is underway with a view to incorporating additional modules such as Group Works and Family and Professionals Portal which will enhance the case management system. |

**9.3 - Our case management system allows us to record all issues affecting the family and outcomes in a quantifiable way and run reports on these.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | EHM has a broad functionality to record assessments and plans for families based on the current six headlines.  EH workers and support staff have full access to the system.  Associated documents e.g. meeting notes can be attached to the appropriate family. The qualitative data and narrative of outcomes is used in the quality assurance process for PbR claims for the SF Programme.  The EH performance dashboard quantifies specific data including reasons for episodes, how long an episode has been open for etc. Reports created based on data from the dashboard are circulated on a monthly, quarterly, and yearly basis.  **What are you prioritising next?**  Ongoing development to restructure the outcome plan templates within the EHM system. This is to incorporate the new 10 headlines as part of the SF Programme from Oct 2022. Commissioned Services who support the SF  Programme have asked for feedback as to why closed cases are not claimable.  This will help with Learning and Development in these services to ensure outcomes plans have the correct calibre of evidence.  Workflow allows Team Manager’s to look at individual workload and cases. This contributes to an individual’s performance. |

**9.4 - We have an effective data governance board that is accountable for our progress on data transformation. It supports us and our partners to unlock and resolve issues with data sharing and direct how we use data both for performance and analytics and how we consult on system changes that would impact across the partnership. Data are used by the partnership to support resourcing, planning, whole family working and early intervention. An identified member of the Children’s Services Senior Leadership team has responsibility for driving forward actions from this board.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **2** | The Council has appointed a new Exec. Director Children’s Social Care and Education.  The Council has embarked on an improvement journey. Performance Management is an integral part of the Council’s Improvement Plan which extends to improving the quality of data and record keeping held in systems  and databases.  The Service Manager responsible for delivery of the SF Programme is integral to the Early Help Partnership Board and has responsibility for driving forward actions relating to the programme from the board. Working closely with the Council’s Service Manager for BI they ensure system configuration and governance e.g. data sharing and performance management are robust to support the programme.  There is a dedicated Data Analyst to support the Programme who is intrinsic to Data Quality, performance reporting and claims identification process.  As part of our Data Transformation journey, the dedicated analyst is receiving in depth training in the new Data Warehouse technology and Power BI reporting tools.  Sefton Council has a designated DPO who supports the Programme in respect of data governance.  Analysts within the Council work corporately and collaboratively with internal departments and external partners to share good practice and insight.  Information in the form of a data dashboard is presented at the Early Help Partnership Meeting.  We have invested in a quality assurance officer for early help.  **What are you prioritising next?**  Focussing on data quality as an attribute to the successful implementation of the Council’s new data warehouse  environment and Power BI reporting tools.  Incorporating and maximising System P data linked to ICS. |

**9.5 - We have a system that allows us to pull together all data, analyse these data and ensure practitioners can see results.**

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| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | Sefton Council has embarked on the implementation of an Enterprise Data Warehouse for regularly extracting data from applications across Sefton, merging with key partner data transforming and loading data for analysis  and reporting, producing trusted information into a sharable secure record of performance over time.  The Council has adopted the best of breed Business Intelligence tools for analysis, visualising and sharing information, including Microsoft Azure SQL Data Warehouse and Power B.I. reporting system.  Sefton Council has recently implemented its data enterprise warehouse to extract data from various Council systems and merging with other datasets provided key partner agencies.  Within family wellbeing, data is used to provide and share daily, weekly, monthly & quarterly reports and this supports analysis within and across localities in family wellbeing.  **What are you prioritising next?**  Creating the pipeline of data to feed from EHM into the Data Warehouse where it can be analysed and presented using Power BI. |

**9.6 - We are using data to inform performance across the Early Help partnership, demand and resourcing (including commissioning), operational delivery and workforce development.**

|  |  |
| --- | --- |
| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | An EH performance dashboard is established and is intrinsic to the performance management system. Data within the dashboard is used to inform service priorities, planning, resourcing, and commissioning.  BI colleagues have established a dashboard to inform the EH Team and stakeholders. The dashboard details contacts made, open cases, closed cases, teams and localities based on cases etc. This is facilitated through  Microsoft Excel.  **What are you prioritising next?**  Moving the current dashboard to Power BI.  Development of the dashboard to include outcome measures as opposed to output measures.  Transition to Power BI dashboards for presenting performance management information, which will provide a greater level of data for self-directed analysis e.g. trend. |

**9.7 - We have developed innovative analytical products. This could be needs analysis, place-based analysis, individual or family level risk analytics, apps or systems to improve information available to practitioners and partners, quantifying qualitative case notes or other documentation or any other product or system that has changed/improved our ways of working.**

|  |  |
| --- | --- |
| **Self-Assessment Score – Answer 0 to 5 – see scale above** | **What is working well and what evidence do you have?** |
| **3** | The performance in Power BI servers is proficient detailed analysis to identify individuals or families at risk.  In family wellbeing we analyse data to support learning and development within the service and improve the offer for families.  **What are you prioritising next?**  As we transition performance reporting to the new data warehouse environment it is anticipated that the Council will take advantage of automation, machine learning and AI in the data warehouse to provide big data analysis.  This will allow the dedicated Data Analyst to apply a wider range of data analysis techniques beyond the current descriptive and diagnostic to prescriptive and predictive using regression and correlation. |

# **Earned Autonomy Criteria and Eligibility – for information only**

**This section is to communicate the minimum thresholds for each descriptor that need to be met before the national team may invite you to apply for Earned Autonomy status. This has been published in the Earned Autonomy prospectus.**

**Early Help System Guide descriptors used for Stage 1 (for both prospective and existing EA areas):**

|  |  |
| --- | --- |
| **Family Voice and Experience** | **Minimum Score:** |
| Family engagement - We have well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance. | **4** |
| **Workforce** | **Minimum Score:** |
| The workforce in our area operates effectively to deliver whole family working and is aligned with the levels set out in the workforce table (section 3 above or page 11 of the published document). | **4** |
| **Workforce** | **Minimum Score:** |
| We have a shared practice framework and locally agreed processes for professionals in partner agencies working across the wider Early Help System which is known, understood and consistently used. | **3** |
| **Leaders** | **Minimum Score:** |
| There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working. | **4** |
| **Leaders** | **Minimum Score:** |
| Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of whole family practice and family voice, which collectively represent the effectiveness of the Early Help System. The performance against these measures shows that outcomes for families are improving. | **3** |
| **Data** | **Minimum Score:** |
| We have regular data feeds from all parts of the partnership to support whole family working. These are open feeds and underpinned by strong data sharing agreements. | **4** |
| **Data** | **Minimum Score:** |
| Our case management system allows us to record all issues affecting the family and outcomes in a quantifiable way and run reports on these. | **4** |
| **Data** | **Minimum Score:** |
| We have an effective data governance board that is accountable for our progress on data transformation. It supports us and our partners to unlock and resolve issues with data sharing and direct how we use data both for performance and analytics and how we consult on system changes that would impact across the partnership. Data are used by the partnership to support resourcing, planning, whole family working and early intervention. An identified member of the Children’s Services Senior Leadership team has responsibility for driving forward actions from this board. | **4** |
| **Data** | **Minimum Score:** |
| We have developed innovative analytical products. This could be needs analysis, placebased analysis, individual or family level risk analytics, apps or systems to improve information available to practitioners and partners, quantifying qualitative case notes or other documentation or any other product or system that has changed/improved our ways of working. | **3** |

# **Selection of Descriptors**

All areas are required through the Supporting Families programme to choose three specific descriptors they want to work on and progress during the coming year. Areas should use the following methodology to choose the three descriptors:

If the area is **data model 2** or below, **choose ONLY descriptors from the data section**;

If the area is **data model 3**, **choose one descriptor from the data section** and **two from the service descriptors** (family voice and experience, workforce, communities, leaders).

If the area is **data model 4** or above, **choose ONLY service descriptors.**

After applying this methodology, areas are free to choose any descriptor across the 5 sections (family voice and experience, workforce, communities, leaders and data). You can select more than one from individual sections of interest if preferred.

If you need to reference the full descriptor explanation or associated guidance in order to make your selection, these can be found in the relevant sections above **(Section 5 - Family voice and experience, Section 6 - Workforce, Section 7 - Communities, Section 8 - Leaders and Section 9 - Data)**

**Sefton's data model (as submitted in the September 2021 data survey): 3**

**Here is a reminder of the different data models:**

**Data Model 1: Manual –** Receiving data from other partners which is stored in separate files, and which is unmatched to case management systems. The local authority Supporting Families Outcome Plan is not quantified and there is no reporting from the case management system to keyworkers.

**Data Model 2: Basic –** Some data sources are brought together in basic data software, which is used to match and store data, identify families who may need support and to monitor progress. The Supporting Families Outcomes Plan is embedded in the case management system and receives manually inputted reports on outcomes and key indicators.

**Data Model 3: Building blocks –** Bringing most data sources together including early help case management data. The data is visible to keyworkers in a spreadsheet or form which is only provided once or twice during a case.

**Data Model 4: Early maturity –** Using a data warehouse or data lake where data is accessible to workers automatically in the case management system and which is updated when new feeds are received. More advanced data system software is used with automated matching and calculation of whether Payment by Results outcomes are met is built in. There are likely to be some open feeds.

**Data Model 5: Mature –** Data warehouse or data lake model as in the early maturity model but where primarily open feeds are used and where data is used to conduct needs analysis.

**Data Model 6: Advanced –** Sophisticated data model with open feeds as in the mature model, but where the system has been expanded beyond Supporting Families services and includes whole children’s services or whole of council solutions.

Do you think that Sefton's data model has changed since you submitted the data survey in September 2021? **No.**

Descriptor one: **7.3 – Communities**

Descriptor two: **6.4 – Workforce**

Descriptor three: **9.4 – Data**

# **How the DLUHC will use the Early Help System Guide self-assessment submissions**

The central team will use the EHSG self-assessments and chosen priority descriptors in the following ways:

1. Areas who have scored highly on individual descriptors may be approached for information around the practice in place, for this to be shared with other local areas. This could be developed into national good practice material to be linked to the individual descriptors.

2. Areas who have chosen the same priority descriptors will be supported to come together in action learning sets to support one another with the development of their work. The beginning of these action learning sets will be facilitated by the national team but handed over to local areas to support continued networking and learning.

3. The narrative text that areas submit in their EHSG self-assessments will be analysed by the national team to inform support and challenge conversations with local areas.

4. The analysis of the narrative will also be used to understand common areas for development and inform national policy making.

If you require further information, please contact [**families.team@levellingup.gov.uk**](mailto:families.team@levellingup.gov.uk).

# **Permission to Share**

As a result of our partnership working with specifically DfE on the programme, we will share the full results including narrative with DfE.

**Please acknowledge that you understand that your Early Help System Guide scoring, the self-assessment content and your chosen priority descriptors will be shared with DfE: Yes.**

To enable and encourage peer support and joint planning of development activity, we would like to share the scoring (not narrative) for each descriptor and the chosen priority descriptors from each area with all SF Co-ordinators during July 2022.

**Please confirm that you are happy for your Early Help System Guide scoring and chosen priority descriptors to be shared with Supporting Families Co-ordinators to enable networking, joint planning of development activity and peer support: Yes.**

To facilitate joint working across Government, we would like to share the scoring (not narrative) for each descriptor and the chosen priority descriptors from each area with Other Government Departments.

**Please confirm that you are happy for your Early Help System Guide scoring and chosen priority descriptors to be shared with Other Government Departments: Yes.**