



**The key enablers of
developing an effective
partnership-based early
help offer: final
research report**

March 2019

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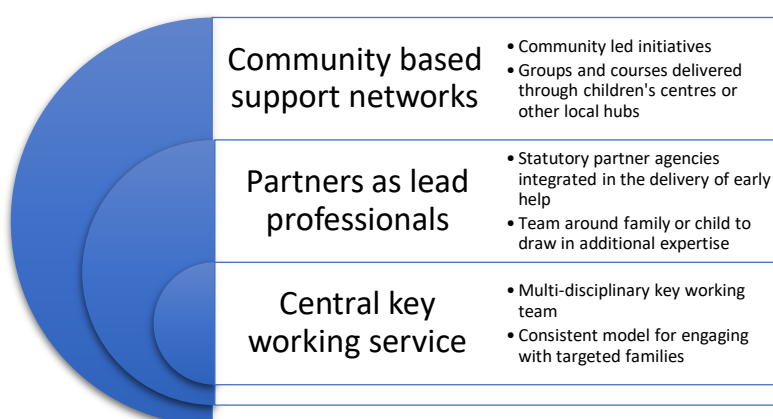
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Key findings

In July 2018 the Local Government Association commissioned Isos Partnership to undertake research to explore the enablers of and barriers to developing and sustaining an effective local early help offer. The findings of this research are based on in-depth engagement with eight local areas which were selected on the basis of interesting or innovative practice in the area of early help. This report explores in detail how these local areas have constructed their early help offers; how these have evolved over time; the key enablers that have supported the creation of an effective offer; and the future challenges that local areas are addressing.

Each of the local areas had taken their own distinctive approach to developing their early help offer, based on the needs of their populations and the history of how early intervention had previously been delivered in the locality. However, despite these differences there were some clear similarities between the eight areas, both in terms of organisation and principles.

Similarities in the organisational structure of 'early help'



In terms of their organisational structure, all eight of the local areas engaged in the research had a 'key work' support service for families. This was typically delivered by a multi-disciplinary team and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, to act as lead professionals for families requiring early help. Finally, all eight local authorities also had an underpinning offer of universal or group-based support offered either by the community or through community-based local authority run hubs, such as children's centres.

In describing the principles that underpinned their approach to early help, all eight areas displayed a remarkable degree of similarity. There were four themes that recurred consistently: The earliness of early help; working with families; building resilience; and an integrated joined-up offer.

This research suggests that the capacity of local areas to adapt their early help offers and evolve in response to feedback and information about their performance contributes to their effectiveness. The local areas engaged in the research had developed their early help offers in an iterative way, with four quite distinct and mutually supporting phases. These are set out in the diagram below and subsequent paragraphs:

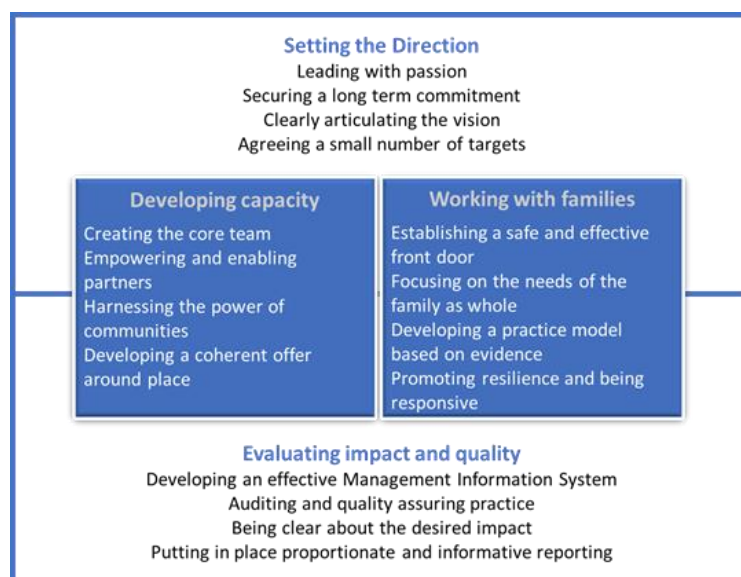
The evolution of a local early help offer



For the first phase of development, local authorities spoke about the importance of establishing support for the ***principle of early help*** within their own leadership cadre and with key advocates and catalysts in their partner agencies. In the second phase, this was then reinforced by exerting an ***organisational grip*** - putting in place the building blocks that would ensure early help was delivered consistently. The third phase of development – ***consolidation and integration*** – enabled local areas to improve consistency through better integration across a wider range of partners and experimenting with different ways of supporting partners in their delivery of early help. The fourth phase of development could be described as looking to achieve a ‘***multiplier effect***’. This is the point at which early help genuinely becomes ‘everyone’s business’. However, it is important to recognise that these four phases are not linear. Many of the local areas engaged described an iterative process.

For local authorities and their partners navigating the ongoing development of a strategic early help offer, the research identified sixteen key enablers which fit within four main dimensions. These are represented graphically below and explained in detail in the full report:

The key enablers



Going forward, the role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. To maximise the potential of early help, local authorities and their partners will need to strike the right balance between investing in long-term goals and achieving shorter-term reductions in demand for statutory services; explore how intensive and more universal forms of early help can complement each other most effectively; become sharper in both responding to demand and predicting need; resolve the tension between widening and deepening the scope of integration; and develop system-level responses to new types of need and risk.

Local areas suggested that in order to navigate the future effectively, and address some of the questions posed above, they would benefit from additional tools and support to help them to assess the impact and value for money of early help and to have better oversight of the strategies that local areas have deployed in developing their early help offers. We have therefore used the content of this research to develop thinking around these two areas. We have worked with local areas in the research to explore some of the measures that might contribute to an understanding of performance and value for money based on published data. These include simple metrics relating to relative early help expenditure; the impact on demand for statutory services; and the impact on long-term well-being. We have also suggested a framework that sets out for local authorities a range of strategies on how to approach the different phases of establishing an early help offer, organised according to the sixteen key enablers.

Executive Summary

What is early help?

- The history of the development of early help in England has been rooted in local discretion. It is therefore not surprising that the early help offers, in the eight local areas engaged in this research, have evolved in quite different ways. Nonetheless, there are some clear similarities between the eight areas, which together help to create a definition of what is meant by a local partnership-based early help offer.
- In terms of their organisational structure, all eight of the local areas engaged in the research had a **'key work' support service for families**. This was typically delivered by a **multi-disciplinary team** and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, **to act as lead professionals for families requiring early help**. These families would often be supported in a similar way to those receiving a targeted key work service, but the focus of the lead professional would be more around integrating the support they could provide within the parameters of their professional role and expertise, drawing in additional support where that was needed. Finally, all eight local authorities also had an **underpinning offer of universal or group-based support** offered either by the community or through community-based local authority run hubs such as children's centres. The flow of individual families into and out of these wider supporting networks tended to be less closely tracked and often corresponded with families whose needs were less complex or were believed to be more able to make and sustain progress independently.
- In describing the principles that underpinned their approach to early help, all eight areas displayed a remarkable degree of similarity. There were four themes that recurred consistently: **The earliness of early help; working with families; building resilience; and an integrated joined-up offer**. This common ground, particularly in terms of the underlying principles and goals, to construct a definition of an effective local early help offer. The working definition that we developed for the purpose of this research is:

An effective early help offer brings together local partners to provide early support for children and families that builds their resilience, prevents difficulties from escalating and leads to better outcomes that are sustained.

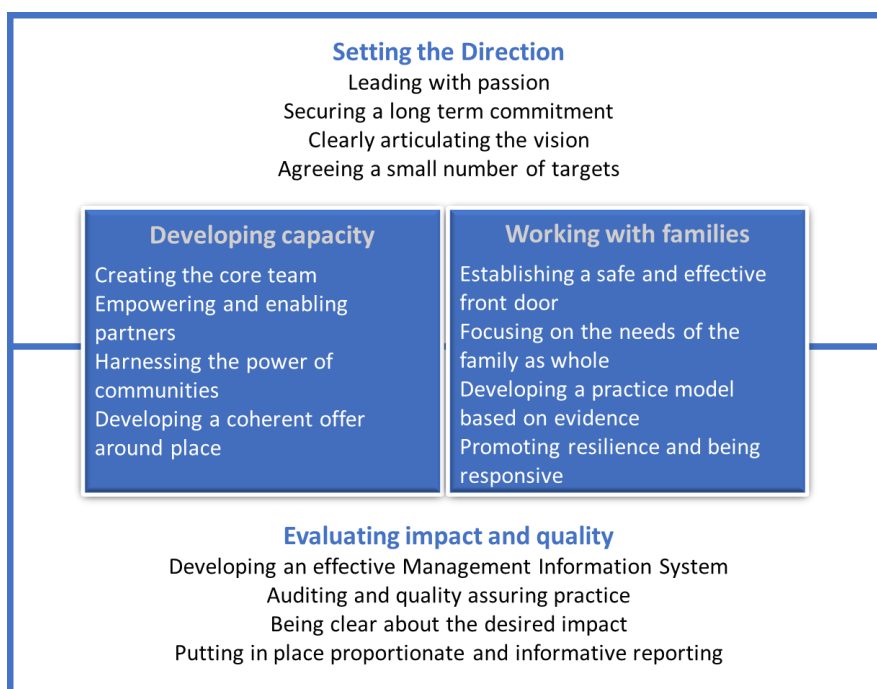
The lifecycle of developing early help

- All eight local areas which took part in this research were in the process of refining, refocusing or even redeveloping their offers of early help. Indeed, some felt that a hallmark of an effective early help offer was its capacity to evolve in response to feedback from families and data on performance and outcomes. Despite the differences in context, and in the organisational solutions put in place, there were four critical phases in the development of a local early help offer. These four distinct phases are not linear. Many of the local areas engaged described an iterative process, so it is more accurate, therefore, to think about **the phases of developing an early help offer as a layered process** with each successive development building and refining what has preceded it, rather than replacing it.
- In the first phase of development, local authorities spoke about initially establishing support for the **principle of early help** within their own leadership cadre and with key advocates in their

partner agencies. In the second phase of development they looked to exert an **organisational grip** - putting in place the building blocks that would ensure early help was delivered consistently. The third phase of development – **consolidation and integration** - often came after the early help offer had been in place for a couple of years, at which point local areas could assess the impact of what they were doing, look at how they could improve consistency through better integration across a wider range of partners and experiment with different ways of supporting partners in their delivery of early help. The fourth phase of development could be described as looking to achieve a **'multiplier effect'**. This is the point at which early help genuinely becomes 'everyone's business' and early intervention becomes the dominant way of thinking about public service delivery.

The key enablers of developing an early help offer

- There was a relatively high degree of consensus among leaders and staff in the eight fieldwork areas about the key enablers of developing an effective and partnership-based early help offer. Through this research we identified sixteen key enablers which fit within four main dimensions. These are represented graphically below:



Setting the direction

- The first dimension of building an effective early help offer was **setting the direction** for early help. The four key enablers which support this dimension are leading with passion; securing a long-term commitment; clearly articulating the vision; and agreeing a small number of targets.
- In setting the direction for early help, the first key enabler was **leading with passion**. Leaders in those local areas where early help was most embedded, and most effective, all demonstrated a strong conviction in the power of early help. Local areas fostered this **sense of conviction and belief** through, amongst other strategies, the power of story-telling and creating a clear narrative; leveraging dissatisfaction with outcomes achieved by traditional ways of working; and making judicious use of the evidence base for early intervention. A further hallmark of leaders

who were passionately committed to the concept of early help is that they were **prepared to take organisational risks**, or pursue creative and sometimes untried approaches, with the aim of delivering a more effective approach to early help. The final element was the extent to which the concept of early help had **permeated the culture of the local authority, and its partners**. In those areas where the early help offer appeared to be strongest there was a sense that early help was not simply another service, or indeed a collection of services under a new banner. Rather the principles of early help permeated a very wide range of interactions between the local authority or their partners and families.

- Developing an effective early help offer requires not just passion but also a **long-term commitment**. In most of the local areas included in the research the political commitment to having in place an effective early help offer had **not been limited by the time frame of electoral cycles**. The long-term nature of the commitment to developing effective early help had also importantly translated into continued funding. Although all the local authorities involved in the research were beset with the same budgetary pressures facing children's social care and other statutory services as have been widely reported nationally, together with their partners they had, to date, managed to sustain sufficient funding in early help. One of the key risks to securing a long-term commitment to early help was the rapid turn-over of staff at all levels in children's services. Local areas counteracted this risk of fragility through **establishing strong governance mechanisms** that supported partnership working and could cement relationships, plans and responsibilities beyond the tenure of key individuals.
- **Clearly articulating the vision** for why early help matters was an important step in setting the overall direction. Those local areas which had developed the most compelling visions were clear that early help was an 'offer' and not a 'service'; were grounded in the principle of providing the right support for families at the right time; and had effectively communicated that early help is everyone's business. A challenge for those setting the direction for early help in a local area is the risk that the offer becomes too diffuse and too complicated. Local areas that had successfully countered this risk had spent time up front in developing a very clear vision that was **easy to understand and easy to communicate**. Importantly, this vision statement was owned by partners and by staff, in many cases as a result of **co-development**. Local areas had worked on different ways to communicate their vision to ensure that it **inspired and empowered professionals**, and also so that it was **accessible to children and families**.
- Sitting alongside the vision for early help, a key element of setting the strategic direction was **agreeing a small number of priorities** which can be reflected in **meaningful outcomes-based targets** and using these as a way to track the impact of early help. Ideally these priorities and targets would link directly to key objectives within the corporate plan, placing early help at the centre of the organisation rather than on a limb. Some local areas could explain how a 'golden thread' linked the outcomes to which they were committed in early help with the broader local ambitions for community and place. Defining the priorities and outcome focused targets to guide the early help offer was in fact an area which many of the fieldwork local authorities recognised as a challenge. For example, some areas had found it difficult to ensure that their priorities were both **strongly influenced by community and staff** in a genuinely 'bottom-up' driven model and informed by a **rigorous and forensic analysis** of what the most pressing needs are in a 'top-down' way.

Developing the capacity

- The second dimension of building an effective early help offer was **developing the capacity** within the local authority, with partners and in communities and families to provide effective early help. The four key enablers which support this dimension are creating the core team, empowering and enabling partners, harnessing the power of communities, and developing a coherent offer around place.
- All the local areas that we visited as part of the research had **created a core service**, managed by the local authority, that delivered intensive early help interventions on a key-worker model. One of the striking features was the **range of different teams and professional disciplines** that had been brought together into an **integrated key worker service**. To achieve this successfully local areas invested in training staff to create a **shared culture and way of working** that crossed professional boundaries and disciplines; engaged staff from a variety of disciplines in **developing the frameworks**, plans, reports and processes which scaffold the interaction between key workers and families; developed peer support schemes and intelligent supervision to **create opportunities to reflect and learn with other key workers** about what worked well and what was challenging; created a culture of **no inward-referrals** within the service; and developed a **career trajectory** for newly created early-help practitioners.
- In all local areas which took part in the research partner agencies played a critical role in the delivery of early help. There were three key strands to **empowering and enabling partners**. Firstly, partners were strategically engaged in shaping the vision, setting the objectives and describing the offer. An important component of the engagement with partners at this strategic level was developing the **culture of professional trust** that was essential to enable more operational partnership working to flourish. Secondly, local areas were deliberate in supporting partners to be **effective lead professionals**. Local areas had invested in **training for partners** to ensure that they were working to the same assessment, reporting and outcomes framework as other early help practitioners; created **better management information systems** that supported the safe sharing of information; put in place support mechanisms to ensure partners were **confident in managing risk**; and provided information on **the range and scope of services available to families** which they might draw upon. Finally, there was also evidence that partner agencies were beginning to **internalise the principles of early help** and use this as a way of reshaping or refocusing their own services particularly with an emphasis on supporting resilience in families.
- There was a strong belief that the earliest and most effective help starts in communities. Therefore, the work of local areas in **harnessing the power of communities** is the third key enabler in this section. Key to this is a shift in mindset, away from a paternalistic view of the role of local government and statutory partners as delivering services to local communities which are more or less reliant, and towards a view of local government which is about **unlocking the potential of local communities to help themselves**. Local areas focused on ensuring that early help professionals **knew what local communities had to offer**. Some local authorities talked about empowering and encouraging early help professionals and other lead practitioners to get out into communities more and ‘know their patch’ to understand better the support networks, groups and formal organisations that could support families. Local areas also emphasised the importance of being **receptive to ideas** from local communities about how to do things differently. Finally, local areas were **investing in local community projects** in a way that **builds sustainability rather than dependence**.

- The final component to developing the capacity needed to deliver an effective offer of early help is **developing a coherent offer around place**. All of the local authorities engaged in the research were utilising existing **physical assets**, in particular children’s centres but also other public and community buildings, to maintain a “public face” of early help which aims to be non-stigmatising. The physical location of the services within the local community, and the idea that these spaces could be catalysts for other types of positive interaction, was an important part of the early help offer and philosophy. Organising teams either physically, or virtually, around a place can bear dividends not just in the **interactions between different professionals**, but also in the **depth of community knowledge** that those individuals begin to develop and create around the needs of the place in which they work. Some local authorities were able to point to ways in which this had enabled them to be **more precise in targeting support to the particular needs** of those living in a locality or more responsive to changes in the population.

Working with families

- The third dimension to developing an effective early help offer is how local areas were **working with families**. The four key enablers identified here as contributing to effective work with families are establishing a safe and effective front door; focusing on the needs of the family as a whole; deploying a practice model based on evidence; and promoting resilience and being responsive.
- The routes by which families come to the attention of early help can be multiple and varied. Most families were referred by professionals, but some local authorities were seeing increasing numbers of families seeking support themselves. To manage these different routes into early help, all the local authorities had focused on **developing a safe and effective front door**. This took different forms in different areas but essentially acted as a single point of **initial assessment and triage** to make sure that the family was directed to the most appropriate pathway and support. Staff from partner agencies such as health and the police were often formally engaged in supporting these decisions. Local areas emphasised the **importance of speed** in decisions made at the front door so that the window of opportunity to engage positively with a family that had been referred to early help was not lost. A number of local areas had focused on **aligning the front doors into children’s social care and early help**. In some areas there was a single integrated point of contact and referral for both services. In other areas the two front-doors were co-located but still operated separately. Other areas had achieved stronger alignment through joint training, joint development of thresholds and much clearer ‘step up and step down processes’.
- **Focusing on the needs of the family as a whole**, rather than the individual, was fundamental to the eight early help offers that we studied through this research. This had a number of practical manifestations in how the early help offer was constructed and delivered. The first was the ambition that instead of being referred between different experts, a family would be able to **tell their story once** and this would trigger a joined-up and multi-agency response. The second practical implication of working with the whole family was around how presenting needs were assessed. Early help practitioners talked about how the assessments they used, in partnership with the families themselves, supported them to understand and **address the underlying needs, rather than the presenting symptoms**. Thirdly, local authorities described how the family focus of early help had enabled them to **challenge other services** which have historically focused more on individuals, to think about supporting families more holistically.

- The third key element that supports effective work with families is the consistent **application of a high-quality practice model** by those delivering early help interventions. Some local areas had investigated a range of different ways of working with families and used the **evidence of their efficacy**, combined with a knowledge of their staff and communities, to choose an approach which they felt confident would work in their context. Other areas developed a more bespoke approach, based on elements from different models. There was a lot of consistency in how practitioners and leaders described the hallmarks of a practice model that would be effective in an early help context. Working with families was seen to be most effective when it **focused on strength-based assessments** which evaluated a family's ability to make improvements for themselves. The practice-based models chosen also depended on a **high degree of interaction** between the key worker and the family so that the assessment, the plan and the measures of progress were all **co-produced and agreed** with the families against a common format. This helped to establish strong relationships, meaningful conversations, and a **pathway towards independence for the family**.
- The final key enabler that contributes to delivering effective early help to families is **promoting resilience and being responsive**. The local areas that took part in the research emphasised the importance of having an offer that was sufficiently flexible to **adapt to families' needs as they changed over time**. The key worker or lead professional model of support, combined with a range of less intensive support options such as group interventions and community networks, enables the type and degree of support to change as a family's needs change. Where early help is focused on building a family's resilience and capacity, as well as their ability to recognise their own needs and requirements, this flexibility in support will be **jointly developed and agreed between the key workers and the family** and will focus on building the families skills and coping mechanisms to sustain progress independently. The best early help offers maintain **strong processes for ending an engagement with a family**, including periodic 'checking in' and in some cases re-engagement. Community-based support networks proved a particularly helpful way of maintaining light touch contact with families who had been supported through a more intensive early help offer.

Evaluating impact and quality

- The final dimension of developing an effective early help offer concerns the work that local areas do to evaluate the impact and quality of the offer and use this information to continually refine the design and delivery. This dimension incorporates four key enablers: developing an effective management information system; auditing and quality assuring practice; being clear about the desired impact; and putting in place proportionate and informative reporting.
- All areas recognised the importance of **developing a management information system** that is reliable, minimises the barriers to data sharing across services, and allows multiple partners to engage with the data. However, in many cases it has proved quite challenging to get information systems used by different teams within the council, and different partners, to 'talk' to each other. While none of the local authorities had completely overcome these issues, many had made considerable progress in developing management information systems for early help which were contributing significantly to their understanding of the impact of their offer and enabling partners to engage with the information held about families safely and constructively. The most effective systems were **based on a workflow that was proportionate**, simple to understand and simple to complete; were able to **track the progress and outcomes for individual families** against a single plan and show that journey over time; provided **an interface**

which allowed partners from outside the local authority to view and contribute to the data held about a family; capable of generating **meaningful and insightful performance reports**.

- **Auditing and quality assuring practice** provides the essential counterpart to having in place a good Management Information System and ensures that the practice model for working with families is being implemented well. All the local areas which took part in the research had put in place the systems needed to audit the practice of key workers and lead professionals on a regular basis. Often these were seen to be most effective when based on a **collaborative approach to auditing** which engaged those working with families in the audit process. This helped to develop a **shared understanding of what good practice looks like** in family-facing early help. Another key ingredient of success was the extent to which the **outcomes of auditing were shared across partners** and related services, to ensure consistency of quality across the diverse range of professionals engaged in delivering early help.
- All the local areas we engaged had developed a range of methods for capturing positive outcomes and **being clear about the desired impact at the level of the individual family**. They did this by agreeing with each family receiving early help a small number (two or three) key outcomes to be achieved which would be collated and tracked through internal management information systems. Some local areas also used data on progress made by families to provide an insight into system level performance by monitoring metrics such as the duration of support from initial contact to case closure and re-referrals into early help. While defining and measuring impact at the individual family was well established, local areas recognised that **being clear about the impacts desired at the level of the local system was not, as yet, as well developed**. Local areas were typically using **evidence of demand for statutory services** to show either the positive impact of early help or the risks and consequences of not having the appropriate early help offer. Alongside indicators of preventing risks from escalating, local areas were also exploring using a suite of measures that, taken together, **were indicative of positive outcomes** from the type of holistic family support they were providing, for example indicators related to school-readiness.
- The final key enabler which contributed to the ability of local areas to develop an effective early help offer was **putting in place proportionate and informative reporting** and using it to drive a culture of continuous improvement. Many of the areas had developed **regular quarterly reporting tools** which allowed senior leaders to scrutinise the performance, quality and impact of the early help offer and had embedded these in their governance cycles. Some areas had also developed clear and concise ways of **sharing this information to shine a spotlight for managers and practitioners on areas of practice that were working well, and issues that required more focus and attention**. In general, performance reporting systems worked best when the **metrics being used were clear and intuitive**, when the focus was on a **small number of key indicators**, and when the presentation of the data made it **relatively easy to interpret** what it might mean in terms of the performance of the system, and what might need doing differently as a result.

The future of early help

- Going forward, the role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. There is a very strong logical and principled case for continuing to invest in early help so that it does become 'everyone's business'. But to achieve this in the current climate local areas will need to navigate some fundamental tensions in the development of their early help

offers. They will need to strike the right balance between investing in long-term goals and achieving shorter-term reductions in demand for statutory services; explore how intensive and more universal forms of early help can complement each other most effectively and how to build up the capacity of universal services to take on more of the responsibility for providing additional and lower-level intensive support; consider how to get sharper in both responding to demand and predicting need; resolve the tension between widening the scope of integration to encompass more services and partners or deepen integration with a smaller core; and develop system-level responses to new types of need and risk.

Introduction

Over the last twenty years, since the initial pilot of Sure Start Children's Centres in 60 'trailblazer districts', there has developed a growing body of evidence to demonstrate that effective early intervention with children and families can both lay the essential foundations for future well-being and prevent needs from escalating to the point that statutory intervention might be required. However, while a great deal is known about the effectiveness of specific interventions with children and families, less is known about the factors that contribute to or impede the development and sustaining of a high-quality partnership-based early help offer at a local system level. As the Early Intervention Foundation states in their recent report, *Realising the potential of early intervention*, "much of the evidence of 'what works' in early intervention rests on studies that test the impact of individual programmes, rather than the combined effects of a more comprehensive, place-based early intervention strategy."¹

It is therefore the aim of this research to make a contribution to addressing this gap in the collective understanding of system-level approaches to the design and delivery of early help. By working with eight local areas which have developed integrated and established partnership-based early help offers, we have tried to:

- Develop a clearer understanding of what is meant by a 'local early help offer'.
- Identify the key enablers which support the systematic development of partnership-based early help offers at the local level.
- Consider some of the issues that local areas will need to address in developing their early help offers in the future.

It is hoped that the findings of this report will be of use to local areas as they look to develop their approaches to early help, particular in the context of increasing pressure on resources and increasing demand for children's services.

Aims and methodology

In July 2018 Isos Partnership was commissioned by the Local Government Association to carry out research to explore the enablers of and barriers to developing and sustaining an effective local early help offer. Through the research we were asked to:

- work with a small selection of local areas to understand how their early help offer is arranged, how it has been developed, and how partners work together to sustain the offer;
- draw out some of the practical actions and activities that have helped to develop and sustain an effective local early help offer; and
- identify the key enablers of and barriers to developing and sustaining an effective, joined-up and partnership-based early help offer.

We addressed the research questions posed in three key ways. Initially we conducted a scoping exercise of existing publications, data and research relating to the development of early intervention as a concept and its practical application in locally based early help offers.

Secondly, we carried out fieldwork visits to eight local authorities which were invited to take part because they were recognised as having well established, interesting or innovative practice in the

¹ Early Intervention Foundation, *Realising the potential of early intervention*, 2018

development and delivery of early help. In constructing the sample, we also aimed to achieve a balance in key contextual variables such as size, rurality, deprivation and funding. The eight local authorities that took part in the research were Barking and Dagenham, Greenwich, Kent, Lincolnshire, Oldham, Southend, West Sussex and Wigan.

During the fieldwork, carried out between November 2018 and January 2019, we spoke with a wide range of local authority leaders and officers including the Lead Member for Children's Services, the Director for Children's Services, Assistant Directors for early help and children's social care, early help team managers and key workers, and leads for services including targeted youth support, education welfare and SEND, MASH and youth justice. We also engaged through, interviews and workshops, a wide range of partners including health and mental health, schools, early years settings, the Police, and job centre plus. We worked with each local authority to draw up a list of fieldwork participants that they felt would give us the greatest insight into how early help had developed and evolved in their local context. Therefore, the range of interviewees differed quite a lot between the individual fieldwork areas and tended to reflect the nature of their respective offers. The focus of the fieldwork was to understand in detail how local areas had constructed their early help offers, to explore how these had evolved over time, and to identify the key enablers that had supported the creation of an effective offer and the future challenges that local areas were addressing.

Finally, we held an action-learning day for all the eight local areas that had taken part in the research, which was also attended by the London Borough of Westminster. The focus of this day was to test and refine the emerging findings of the research with the participating local areas; create the opportunity for local areas to learn from each other in understanding how to create an effective early help offer; and to collaboratively problem solve some of the key issues that local areas were facing in their current practice. The key findings of this research are based on the discussions with local areas conducted through the fieldwork and the action-learning event.

What is Early Help?

The history and evolution of Early Help

The idea that providing support to an individual or family at an earlier point can help to improve life chances and prevent negative outcomes is not new. Indeed, the concept of early intervention as a powerful force in English education and social policy can be traced back to the piloting and roll out of Sure Start centres. In preparation for the Comprehensive Spending Review of 1998 the then Minister for Public Health, Tessa Jowell, described six criteria for effective early intervention programmes which were instrumental in developing the Sure Start concept. These were:

- Two generational – involve parents as well as children.
- Non-stigmatising – avoid labelling problem families.
- Multifaceted – targeting a number of factors, not just, for example, education or health or 'parenting'.
- Persistent – last long enough to make a difference.
- Locally driven – based on consultation and involvement of parents and local communities.
- Culturally appropriate and sensitive to the needs of children and parents.²

More than two decades have now passed since these guiding criteria were written and a lot has happened in those intervening years. However, those developing and implementing early help offers

² *House of Commons Briefing Paper – Sure Start, England*, Number 7257, 9 June 2017

in local areas today would recognise these criteria as continuing to be very relevant to the work they are doing.

The roll out of 3,500 Sure Start Children's Centres, providing joined up and integrated support to children and under five and their families provided a significant locus for the development of early help offers in every local community, on a national scale. In 2003, the Every Child Matters Green Paper provided a further policy impetus, explicitly linking failures in children's social care, such as the high profile and tragic case of Victoria Climbié, to a system which intervenes too late and with too little coordination and integration between local partners in the system. Following Every Child Matters, and the new legislative powers and duties given to Directors of Children's Services and Lead Members for Children's Services, tools such as the Common Assessment Framework, and the concept of the Lead Professional and Team around the Child, which are the forerunners of many of the processes and practice models deployed in the delivery of early help today, came into being.³

The years 2010 to 2012 were pivotal in the development of the concept of early intervention. In 2010 Frank Field MP was commissioned to look at poverty and life chances and recommended a new policy focus around supporting children up to the age of five as a critical period in which disadvantage becomes established.⁴ In the same year, Graham Allen MP was commissioned by the Social Justice Committee to carry out an independent review of early intervention. Allen's report *Early Intervention: the next steps*, published in 2011, made a strong case, based on the outcomes of research and empirical studies, for the efficacy of early intervention and in particular the imperative of working with children at risk of poor outcomes in the first five years of their life, with a view to preventing needs becoming entrenched. The report identified a number of proven interventions that could be used with families and children with different needs and at different points in their lives, as well as identifying tools to measure progress and make existing practice around early years intervention more scalable. One of the key recommendations of Allen's report was the need to establish the Early Intervention Foundation, which was subsequently set up in 2013.⁵ The work of Graham Allen, and since continued by the Early Intervention Foundation, has contributed immeasurably to a secure and evidenced-based understanding of what works in terms of early intervention.

Also published in 2011, Professor Eileen Munro's review of child protection built on the previous reviews and noted the growing body of evidence of the importance and potential impact of early intervention. Munro stated '*Preventative services can do more to reduce abuse and neglect than reactive services*' and recommended that government place a duty on local authorities and their statutory partners to secure the sufficient provision of local early help services for children, young people and their families.⁶ While the government agreed, in principle, with the recommendation it did not impose a new statutory duty on local authorities and their partners for the provision of early help.⁷

In 2011-12, the Early Intervention Grant was created, which brought together a number of previously centrally directed grants for supporting children and young people. The grant was non-ringfenced and could be used, at the discretion of local authorities, to fund a range of support

³ *Every Child Matters*, September 2003

⁴ Frank Field MP, *The Foundation Years: Preventing poor children becoming poor adults*, 2010. Referenced in *House of Commons briefing paper – Early Intervention*, Number 7647, 26 June 2017

⁵ Graham Allen MP, *Early Intervention: the next steps*, 2011

⁶ Eileen Munro, *The Munro Review of child protection*, 2011

⁷ DfE, *The Government's response to the Munro review of child protection*, July 2011

services for children and families including Sure Start children's centres, free early education places for disadvantaged two-year-olds, short breaks for disabled children, targeted support for vulnerable young people targeted mental health in schools and targeted support for families with multiple problems. The Early Intervention Grant was worth £2.24 billion nationally in 2011/12.⁸

In 2012, the Government announced a further investment of £448 million pounds up until 2015 to turn around the lives of approximately 120,000 Troubled Families. This initial phase of the Troubled Families programme was innovative in a number of ways. Not only did it place the concept of early intervention, to prevent the escalation of needs which have a high cost to individuals and society, at its heart. It was also the first major national programme to be funded on a Payment-By-Results methodology. Local authorities were paid £4,000 for every family who met the Troubled Families criteria and showed significant and sustained progress. Part of the £4,000 was paid up front, but the rest was withheld until evidence of significant and sustained progress had been collected. The second phase of the Troubled Families programme was launched in 2015 with an investment of £762 million up to 2020. The second phase of the programme, building on the learning from phase one has been characterised by a 'whole family approach', a relentless focus on achieving outcomes and transforming the way that public services work with families to be more integrated and reduce demand for reactive services.⁹

While there has been debate about the national impact that the Troubled Families programme has had against its core objectives, it is undoubtedly true that it has had a significant influence in shaping how local authorities think about and construct early help offers. The independent evaluation published in 2016 noted that the Troubled Families programme had raised the profile of family intervention nationally, boosted capacity for local family intervention and transformed local services and systems at a time when most local authority budgets were undergoing retraction.¹⁰

The final coda to this brief history of early help and early intervention is to consider the impact of public sector austerity on this aspect of local policy and delivery. Between 2010/11 and 2015/16, according to research by Aldaba, Children's Services spending decreased by 9% in real terms (adjusted for inflation), against a picture of slightly rising levels of demand for statutory services. 2013/14 was the last year that the Early Intervention Grant was available, with some of the funding being rerouted through other sources including the Dedicated Schools Grant and some through the local government financial settlement.¹¹ In 2010 the total budget to support all forms of early intervention in local authorities was £3.2 billion. By 2019-20 it is predicted to be £939 million – a reduction of 71%.¹²

During this period of increasing budgetary pressure, local authorities have responded in different ways. Some have consciously and deliberately maintained an investment in early help either because they strongly believe that it is the best way to secure improved outcomes for children and families or because they believe that in doing so they will be able to stave off damaging and unsustainable increases in demand for children's social care. Action for Children, the NCB and The Children's

⁸ *House of Commons briefing paper – Early Intervention*, Number 7647, 26 June 2017

⁹ DCLG, *Supporting disadvantaged families – Troubled Families Programme 2015-2020: Progress so far*, April 2017

¹⁰ DCLG, *National evaluation of the Troubled Families programme – final synthesis report*, October 2016. Referenced in *House of Commons briefing paper – The Troubled Families Programme (England)*, Number CBP 07585, 18 July 2018

¹¹ DfE, *Children's Services: Spending, 2010-11 to 2015-16 – a research report by Aldaba*, November 2017

¹² Action for Children, National Children's Bureau & the Children's Society – *Losing in the long run – trends in early intervention*, 2016

Society reported that between 2010/11 and 2015/16 spending on early intervention for children, young people and families fell by 31% in real terms, with a 48% reduction in spend on children's centres and a 29% reduction in spend on targeted youth services. Spending on family support services fell less, by only 4.5% over the period, reflecting both the protection to budgets offered by the Troubled Families programme, and also, potentially, efforts to safeguard those aspects of early help which can most obviously be seen to contribute to a reduction in demand for children's social care.¹³

Interestingly, the data suggests that despite declining budgets demand for early help is on the rise. ADCS reported that between 2013 and 2018 early help assessments rose by 116% from 105,100 per year to 227,210 per year. Yet this scale of activity is a drop in the ocean compared with number of initial contacts into children's social care which in 2018 stood at 2.4 million – more than ten times the number of early help assessments.¹⁴

Eight distinctive local Early Help offers

This very brief description of the recent history of early help and early intervention in the preceding paragraphs have tried to provide a context to understand the current work of local areas. It is important to recognise that in designing and delivering their current Early Help offer local areas are not starting from a blank sheet of paper. There is an archaeology, a legacy, of the building blocks of previous policy reforms and interventions which shapes what local areas are doing now. To take a practical example, the way that local authorities and communities rolled out the Sure Start Children's Centres programme, and subsequently the decisions that have been taken around how or whether to maintain that investment following the end of dedicated funding, will shape the way in which early help is currently delivered.

As explained in the methodology, the eight local authorities invited to take part in this research are not representative of the country as a whole. All eight areas were selected because they were known to have continued to invest in the development of local early help offers and were doing interesting and innovative things with that investment. However, the eight areas are very different, and much more nationally representative, in terms of their context - with areas of high and low deprivation, urban and rural communities and differing levels and types of underlying need.

It is perhaps unsurprising, therefore, that given these different contexts and the fact that the history of the development of early help in England has been rooted in local discretion, with local authorities working with their partners and communities, that the eight local offers have evolved in quite different ways. At Annex A, a short description is included of the offer in each local area to provide a sense of these differences and local variations. Having said this, at the core of each local area's approach there is something that can distinctively be described as 'early help' and which shares some key similarities across the eight local areas. It is helpful to think of these similarities firstly in terms of organisational structure and delivery and secondly in terms of the principles of intervention.

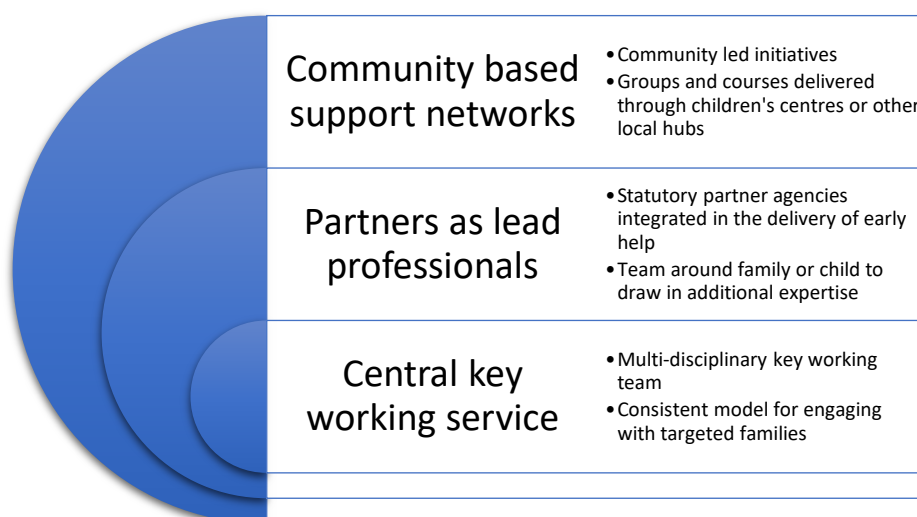
¹³ Action for Children, National Children's Bureau & the Children's Society – *Losing in the long run – trends in early intervention*, 2016

¹⁴ ADCS, *Safeguarding pressures phase 6*, November 2018

Similarities and differences in terms of organisational structures and delivery

All eight of the local areas engaged in the research had, at the core of their early help offer, a ‘key work’ support offer for families based on regular visits to the family and active support in developing the skills the family needs to make progress. This was typically delivered by key workers within a multi-disciplinary team that was managed by the local authority, followed a prescribed process in terms of assessment, planning and recording outcomes, had an established caseload that was closely monitored, and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, to act as lead professionals for families requiring early help. These families would often be supported in a similar way to those receiving a targeted key work service, but the focus of the lead professional would be more around integrating the support they could provide within the parameters of their professional role and expertise, drawing in additional support where that was needed. Finally, all eight local authorities also had an underpinning offer of universal or group-based support offered either by the community or through community-based local authority run hubs such as children’s centres. The flow of individual families into and out of these wider supporting networks tended to be less closely tracked and often corresponded with families whose needs were less complex or were believed to be more able to make and sustain progress independently. The graphic below provides a simple illustration of these different organisational aspects of the early help offer.

Similarities in the organisational structure of early help



Within this overall common structure there were a number of ways in which local areas differed in their approach to developing early help. The first and most obvious difference was the balance of activity and investment between these three different parts of the offer. In some local areas the central key working service was the real driver of early help – the large majority of activity was focused there, the interface between the key working service and children’s social care was extremely tight, and the focus had been on bringing partners and services within this integrated core team. In other areas the balance was weighted more towards the other tiers of the system. In some local areas the strategy was to support partners so that the majority of families requiring early help were supported by lead professionals in their own agencies, and within their professional remits. In these cases, the key work service only held a small percentage of the families known to need an offer of early help. In other areas, the driving force was seen to be the opportunity for families to be

supported in a community setting with the key work service and lead professionals geared to enabling that to happen safely.

A second key difference was in the decisions that had been taken as to which services or teams would be integrated within the central key working service. As can be seen from the individual local authority descriptions at annex A, a very varied range of teams came within the scope of the early help service from parenting support workers to young people's drug and alcohol service. The exact constellation of teams and professional disciplines incorporated within early help are quite unique and specific to each local area.

The final obvious differentiator is the extent to which the early help offer is centralised or localised. These decisions partly depend on the size and structure of the local area, partly on the existing infrastructure available, and partly on the nature of the offer and the balance between the different types of support. However, it is clear to see that some areas have physically located a lot of their early help delivery in public-facing community spaces, within a place-oriented strategy. Other areas have a more centralised model of delivery with the local authority acting as a hub from which outreach and key work services are delivered. This means that in different areas of the country the early help offer might 'look' quite different.

Similarities and differences in terms of principles

In describing what they were trying to achieve through early help, and the principles underpinning that support and intervention, all eight areas displayed a remarkable degree of similarity. Indeed, there is a golden thread in terms of the underlying characteristics of effective early intervention that seems to run right through the policy turbulence and developments of the last twenty years. There is also a striking similarity in how local areas described the principles on which their local early help offer was based with the key tenets of the Troubled Families programme – a 'whole family approach'; a clear focus on achieving outcomes; and transforming the way that public services work with families to be more integrated and reduce demand for reactive services. This suggests how this national programme may have influenced thinking at a local level in developing the concept and practice of early help. In some areas, the Troubled Families programme has directly influenced the development of the early help offer whereas in others it has been incorporated into the existing work to develop and implement an early help system.

In describing the underlying principles of their early help offer, the phrase that was used repeatedly by local authority leaders, early help workers and lead professionals was 'the right support, given by the right person, at the right time'. There are four themes that recur consistently in how local areas describe their early help offer, in support of this ambition:

The earliness of early help

There appear to be two broad schools of thought, research and evidence about why the earliness of early intervention matters. These come together in the development of local early help offers. The first school of thought is based on the very significant amount of evidence that shows the first few years of a child's life – and there is debate about whether it is five years, or three years or two years – are critical in developing strong attachments to carers and the healthy emotional response to the world around them which will stand these children in good stead for the rest of their lives. There is a wealth of research, effectively summarised in Graham Allen's review, that shows there is a developmental window for establishing these foundations and if missed it can be much harder to establish these strong attachments at a later stage. This school of thought for early intervention therefore prioritises interventions for very young children and their families and also later life

interventions that might make young adults better parents in turn, and more able to offer their children the stable, caring and nurturing environment in their early years that will enable them to thrive.

The second school of thought does not consider the 'earliness' of the intervention so much in terms of the age of the recipients and what that might mean in terms of their developmental receptiveness, but rather in terms of the lifecycle of need. Proponents of this approach would argue, for example, that if one were to look at the case histories of children who were subsequently taken into care, in some cases there would have been multiple points at which that family could have been helped differently which might have resulted in a better outcome for the children and that family. These interventions might, for example, include support for parents to address substance misuse, tackle extreme poverty or end an abusive relationship. These are not interventions targeted predominantly at young children or future parents – the timing of these interventions are dictated more by the moments at which families can be incentivised to address underlying needs that are leading to adverse outcomes.

Typically, when local areas talk about *early* help, they are describing an offer which bridges these two schools of thought. An offer that can provide support and intervention at the earliest opportunity to a family experiencing difficulty, irrespective of the age of the children, but which is also informed by the developmental research that suggests that targeting support at younger children and new parents may pay significant dividends in the long term. Where tensions exist, it can be in the allocation of scarce resources between these two powerful goals.

Working with families

The second common principle which underscores all the early help offers represented in this research was the idea that the focus of early help is the family, and that early help is more effective if it is delivered in a way that builds an ongoing relationship with the family. Local areas described families as 'partners' in the early help offer. One early help practitioner said that with the right help and support to unlock their potential families could become 'experts' in understanding their own needs and the potential solutions.

Building resilience

Local areas were clear that the goal of early help was about building resilience in families and in communities. In constructing their early help offers, local areas were aiming to disrupt a traditional model of public service delivery which effectively rations very specialist support and input to a small number of families whose needs have reached crisis point. An underlying principle of early help is, therefore, that working differently with families at a point when difficulties are not so entrenched will enable them to find the capacity, and indeed the coping strategies, that they will need to navigate the future successfully. In some local areas there was also a more explicit recognition that part of the capacity for resilience in families also derives from their relationship with their community. Therefore, building supportive and sustainable networks and capacity within communities to be resilient was a further explicit goal of the early help strategy.

Integrated, joined-up offer

Finally, local areas recognise that it is not within the gift of a single agency to achieve a credible offer of early help. The needs of families are too diverse, as are the multiplicity of points at which they come into contact with public services. Therefore, the final underlying principle is that early help

requires multiple partners to work together in a different way, providing an integrated and joined up offer.

Working towards a definition of an effective local Early Help offer

There are many good and simple definitions of early intervention. The Early Intervention Foundation describes it as “Identifying and providing effective early support to children and young people who are at risk of poor outcomes” and goes on to explain that it is about reducing the risk factors and increasing the protective factors in a child’s life. However, having a good and serviceable definition for early intervention is not the same as having a solid sense of what is meant by ‘a local early help offer’. One of the questions posed by the local areas which took part in this research is “do we all mean the same thing when we talk about local early help offers?”. Unlike other aspects of children’s services which have a statutory basis and an accompanying set of duties that local government must fulfil, there is a much greater degree of local discretion in the development of early help. Furthermore, early help is not instantly understood and recognisable in the way that social care, education or policing all are. Families don’t always understand what is meant by early help and this can lead to some confusion.

An additional dimension to the issue around definitions is that early help is used interchangeably to refer to a *service*, an *offer* and a *system*. This makes it hard to reinforce the message that early help is not just a service to which other professionals refer families, but is a wider, multi-disciplinary and cross-community offer or system through which services and community groups work together to provide responsive, flexible support. Therefore, the question is not about defining early intervention, but being clear what early help looks like locally. When we talk about early help in the context of local government and delivery what do we mean?

Despite the fact that there were notable differences between the eight areas in terms of how their early help offers had been constructed initially, and subsequently developed, there is still enough common ground, particularly in terms of the underlying principles and goals, to construct a definition of an effective local early help offer. The working definition that we have developed for the purpose of this research is:

An effective early help offer brings together local partners to provide early support for children and families that builds their resilience, prevents difficulties from escalating and leads to better outcomes that are sustained.

The lifecycle of developing early help

All eight local areas which took part in this research were in the process of refining, refocusing or even redeveloping their offers of early help. Indeed, some felt that a hallmark of a well-functioning early help offer was its capacity to evolve in response to feedback from families and data on performance and outcomes. Furthermore, as the brief history of early intervention policy shows, this is an area where there have been significant shifts in policy, funding and emphasis to which local areas are responding. Despite the differences in context, and in the organisational solutions put in place, there appear to be four inter-related phases in the development of a local early help offer which were apparent in how all eight local areas described the journey that they had been on. These are captured and described in the graphic below:

The evolution of a local early help offer



In describing the first phase of how their local early help offer had evolved over recent years, many of the local authorities spoke about the importance of establishing support for the principle of early help within their own leadership cadre and with key advocates and catalysts for change in their partner agencies. In the second phase, this was reinforced by putting in place the systems and processes that allowed the local authority and its partners to exert an organisational grip on the new offer. This would often entail putting in place a new, consolidated management structure that would oversee the teams delivering early help; engaging a broader range of partners through effective governance mechanisms; and putting in place the building blocks that would ensure early help was delivered consistently and well. This might include developing the practice model used by key workers and lead professionals, investing in better management information systems to track progress, designing assessments and reporting formats and developing systems of peer review, supervision and quality assurance.

The third phase of development often came after the early help offer had been in place for a couple of years, at which point local areas could assess the impact of what they were doing, look at how they could improve consistency through better integration across a wider range of partners and experiment with different ways of supporting partners in their delivery of early help. At this point local areas often took the opportunity to assess whether they had the right targets in place, and whether they were making progress towards them. Sometimes this would lead to a reshaping or refocusing of the offer, bringing a different mix of professional skills and disciplines into the integrated delivery teams.

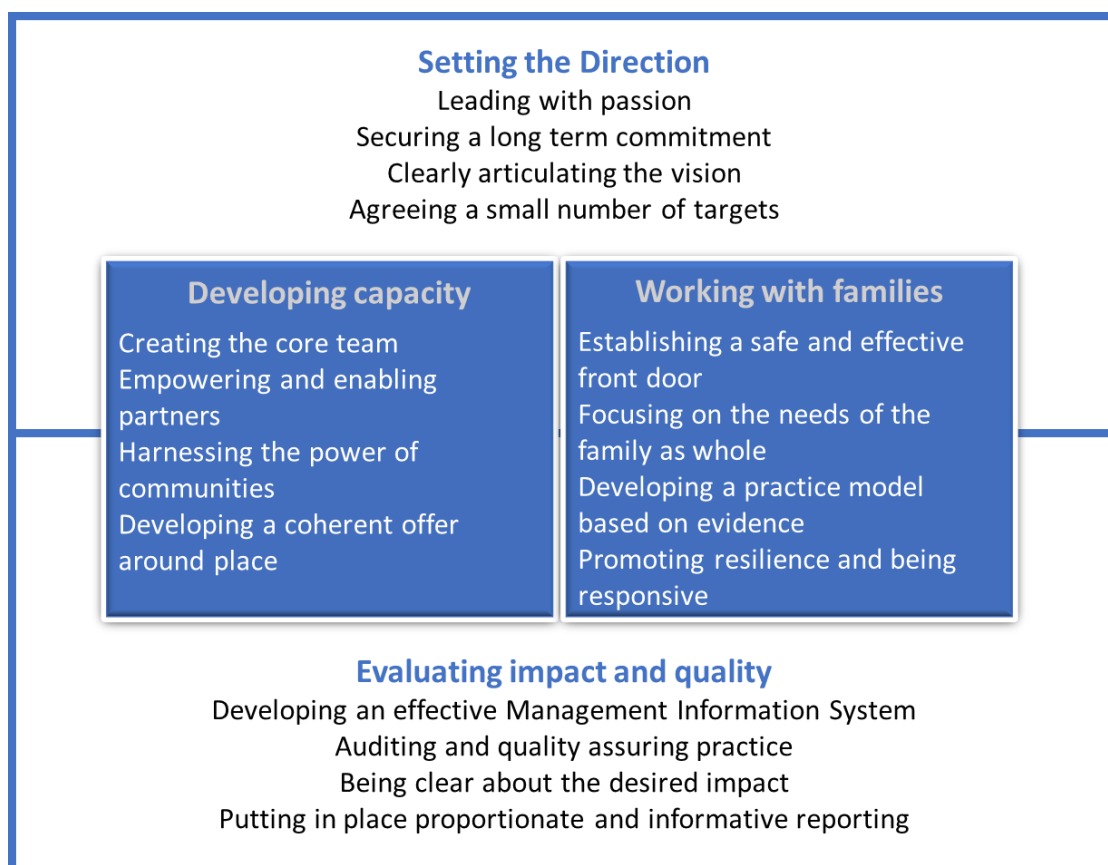
The fourth phase of development could be described as looking to achieve a 'multiplier effect'. This is the point at which early help genuinely becomes 'everyone's business' and early intervention becomes the dominant way of thinking about public service delivery. We have coined the phrase 'multiplier' for this phase of development because the impact of the central investment in early help might be multiplied many times as the reach becomes both wider and deeper. At this stage, from

the foundation of an effective and proven integrated early help offer, local areas might focus on empowering a far wider range of professional partners to adopt the principles and practice of early help, invest in building sustainable support networks in communities, use families who have benefitted from early help as advocates and champions, potentially also providing support to others, and working on achieving a much deeper cultural shift in organisational terms towards early help as the principle means of interaction between the public sector and families.

The lifecycle of the development of early help described above, and the four distinct phases are not linear. Many of the local areas engaged described an iterative process, particularly between phases two and three of this journey. In addition, many areas have described how they have tried to sow the seeds of the cultural shift required to achieve the ‘multiplier effect’ at phase four, right from the start. It is perhaps more accurate, therefore, to think about the phases of developing an early help offer as a layered process with each successive development building and refining what has preceded it, rather than replacing it. All the local areas which took part in this research saw themselves as being part way through the lifecycle described above.

The key enablers of establishing an effective early help offer

Despite the fact that the way in which early help has developed in each of the eight fieldwork authorities is quite distinct, there was a relatively high degree of consensus among leaders and staff in these areas about the key enablers of developing an effective and partnership-based early help offer. Through this research we have identified sixteen key enablers which fit within four main dimensions. These are represented graphically below:



Dimension 1: Setting the direction

The first dimension of developing an effective partnership-based early help offer is setting the direction. The key enablers which support this are: leading with passion; securing a long-term commitment; clearly articulating the vision; and agreeing a small number of targets.

Leading with passion

It has become a commonplace in any discussion of the effectiveness of public services that one cannot deliver high-quality services without strong and committed leadership. It is perhaps not surprising, therefore, that this exploration of the key enablers that support the delivery of effective and joined up early help offers at local level begins with a focus on the quality of leadership. However, there is something distinctive about the nature of leadership required to secure strong early help offers: that is the belief or conviction of the leaders in the efficacy of the model. Unlike other areas of Children's Services where the role of local authorities and their partners is set out in law, there is nothing that stipulates that local authorities must, or even should, have in place a way of providing early help and intervention for families who do not meet the threshold for engagement with children's social care. It is something that local authorities do because they believe it works, and this requires passion on the part of the leaders, not just competence.

It was striking that in those local areas where early help was most embedded, and most effective, senior leaders, including elected members, local authority officers and leaders of partner agencies, all demonstrated a strong conviction in their language and their behaviour that if their organisations could consistently intervene early and effectively it would improve outcomes for children and families, and it would, in many instances, prevent needs and risks escalating to the point that statutory intervention might be needed.

Interestingly, many of the local areas involved in the research could not point to hard data in their local areas which would evidence their conviction to the exclusion of all doubt. Indeed, they were aware of the complexity and subtlety of forces which might mean drawing a simple correspondence between putting in place effective early help and seeing a reduction in demand for statutory services is illusory. This, however, presents local authorities, their partners and policy makers who advocate for more extensive investment in Early Help, with a conundrum. It is very difficult to develop and sustain an effective early help offer without the deep-seated belief and conviction of local leaders that it works. But how does one foster and spread such a belief among senior leaders in the absence of watertight and conclusive evidence?

The answer to this question varied between the local authorities who took part in the research. In most cases the development of the early help offer required, at the outset, the commitment and evangelism of a small number of individuals who were strong advocates for the approach. The ways in which this belief was spread and embedded within a wider leadership cadre included:

- The power of storytelling – using examples of individual children or families whose lives had been turned around by effective early intervention.
- Leveraging dissatisfaction with the outcomes achieved by existing services to generate a conviction that there must be a way to 'do things differently'.
- Tracking cases where help had not been provided at an early stage, to demonstrate the impact of not intervening early.
- Making judicious use of the research base, for example research produced as part of the Troubled Families initiative, by the Early Intervention Foundation, or through public health initiatives, which point to the efficacy of earlier intervention.

- Developing a simple and clear narrative that is logical and easy to understand about what you are doing and why.
- Appealing to elected members as community leaders and showing how early help might provide a solution to endemic and entrenched issues of which they are aware in their constituencies.

If the first pre-requisite for developing an effective early help offer is fostering a sense of conviction and belief in the potential for early help to change lives among local leaders, the second pre-requisite is that leaders are able to generate that same belief and passion among staff and partners. The local authorities which took part in the research were very clear that creating a workforce that was committed to delivering early help depended on some key steps:

- Always framing the argument for Early Help in terms of how it might deliver better outcomes for children and families, rather than positing the rationale as reducing demand or pressures on statutory services.
- Communicating the vision consistently and simply.
- Finding multiple ways and opportunities to tell the story of what you are doing and why it's working.
- Use early advocates as catalysts for change within their teams or organisations.
- Behave in ways that are consistent with an organisational philosophy or early help – modelling early intervention inspired solutions in as wide a range of contexts as possible.

It was a hallmark of those areas where the leadership was passionately committed to the concept of early help that they were prepared to take organisational risks, or pursue creative and sometimes untried approaches, in order to deliver a more effective approach to early help. One head of early help said “Early help is risky. It means moving away from places of personal and professional safety. You must support people to take risks.” This preparedness to take well-considered risks resulted in developing a culture where partners and staff felt empowered to develop different ways of working that would enable them to reach more families, with earlier and more effective support.

For example, in Barking and Dagenham they took the bold decision to develop a new directorate – Community Solutions – which brings together sixteen services, including housing, the adults and children’s MASH, Libraries, Children’s Centres, targeted youth support, Anti-social behaviour, all age disability services and the Troubled Families team under a new leadership structure and which has early intervention as its guiding principle. The aim of this organisational redesign is to place early help at the heart of a range of key interactions between local government and residents. In West Sussex, in developing their Integrated Prevention and Early Help (IPEH) service they brought together eight distinct services over the course of 10 months into six local integrated hubs. In each hub there is a capacity team which is responsible for the buildings, partnership work and the menu of support, a process team which provides the intake and assessment duty work, and a delivery team which carries out direct work with families. Both the delivery and process teams support workers and oversee performance management and quality assurance. Staff within the IPEH service saw this organisational shift as having been instrumental in creating an integrated service which was more responsive to the needs of families.

In most cases these new ways of working are relatively untested. They are likely to evolve and change again in response to more information and new challenges. But the confidence to embrace different ways of working in pursuit of a different experience for children and families receiving services, can make an important contribution to ensuring the early help offer responds to the local context.

The final element which contributes to passionate leadership as a key enabler of early help is the extent to which the concept of early help has permeated the culture of the local authority, and its partners. In those areas where the early help offer appeared to be strongest there was a sense that early help was not simply another service, or indeed a collection of services under a new banner. Rather the principles of early help – intervening early, looking at a family’s needs holistically, developing joined up and flexible approaches to support and continually promoting resilience and sustainability - permeated a wide range of interactions between the local authority or their partners and families. In a few areas early help had come to characterise their view of what local government should be about – it was their primary means of doing business – and this had begun to permeate into other areas of the council beyond children’s services.

Embedding a culture of early help – Wigan

‘The Deal’ in Wigan is an informal agreement between the council and everyone who lives and works in Wigan to work together to create a better borough. It is predicated on the idea that the council will make a number of pledges to residents, but that these can only be achieved if those who live and work in Wigan also play their part. The ethos of The Deal is to develop community responsibility and resilience and provides a core strategic foundation for the development of a culture of early help.

In translating the language and ethos of The Deal into a vision for services for children and young people and their families, Wigan recognised that the ethos of The Deal is as much about *how* you deliver support and services as *what* you do. The Director of Children’s Services described it as ‘Reclaiming humanity in public services’ – giving staff permission to work differently so that they see and respond to the human being in front of them, rather than thinking of their role in terms of process management.

Wigan therefore went through a process of redesigning the staff group based on the principles of an asset-based approach to working with children and families. The asset-based approach concentrates on the resources people have and employ to remain well; to achieve and participate in society; and to bounce back from adversity.

Securing a long-term commitment

The second key observation from the fieldwork authorities was that developing an effective early help offer requires not just passion and commitment, but also time. None of the areas engaged in the research saw early help as a ‘quick fix’ to pressing issues around rising demand for statutory services but a long-term endeavour to shift the relationship between local services and families. While the benefits to an individual child or family from receiving high-quality ‘early help’, such as increasing school attendance or fewer episodes of anti-social behaviour, might be felt within a number of months, longer term trends in terms of reducing numbers of children requiring intervention from social care or entering the youth justice system might not be realised for a number of years. The bigger societal impacts, which are the prize that sits at the heart of the early help philosophy, such as better educational outcomes, increasing rates of secure employment or breaking the cycle of intergenerational disadvantage and poverty, might take decades to realise.

Importantly, the passionate leadership based on conviction and belief, described above, meant that in most of the local areas included in the research the political commitment to having in place an effective early help offer had not been limited by the time frame of electoral cycles. One local area described their journey to configure an effective early help as lasting more than a decade. In another area where there had been a degree of political instability, they described how the commitment to

intervene early and effectively with families had transcended political boundaries. The leader of the council chaired the children's services improvement board and the ongoing political support was rooted in a belief that children were their most important citizens. Of course, we selected local authorities which were thought to be performing well in terms of their early help offer that are, by their nature, led by people who understand and appreciate early help. However, their reflection was that if this commitment is not in place you can build it by explaining the risks of not intervening early and getting leaders to think about the most appropriate way to manage those risks.

The long-term nature of the commitment to developing effective early help had importantly translated into continued funding. Although all the local authorities involved in the research were beset with the same budgetary pressures facing children's social care and other statutory services as have been widely reported nationally, in the majority of cases the local areas and their partners had managed, to date, to sustain a sufficient level of funding in early help. Certainly, early help services within local authorities had been required to find savings and had considered the scope and structure of their offer as a consequence. However, it was notable that in the large majority of the authorities included in this fieldwork very significant or threatening budgetary cuts to early help offers had not been realised. The longevity of key national funding streams, such as the Troubled Families grant, have certainly contributed to the ability of local areas to maintain funding early help to the level required. Indeed, one local authority was very candid that without the continuation of the Troubled Families grant the current early help offer would not be sustainable. However, the sustained funding commitment shown by local areas has been significant, both in their imaginative use of different ring-fenced grants and in contributions from core council funding.

Local areas were clear that maintaining a long-term commitment to early help, both in terms of leadership and funding, was necessary to achieve the transformation in ways of working and in outcomes for families. However, they were equally clear that the rapid turn-over of staff at all levels in children's services could frustrate the long-term strategic view and implementation that was a key component of success. One of the ways that the local areas had found to counteract this risk of fragility was through establishing strong governance mechanisms that supported partnership working and could cement relationships, plans and responsibilities beyond the tenure of key individuals. In some cases, local areas had developed specific governance structures that related to their early help offer and brought key partners to the table. Other areas used existing governance mechanisms such as the LSCB or the Children's Services Improvement Board to bring strategic leadership, ownership and oversight to the development and delivery of the early help offer.

Embedding early help in community-facing services – Barking and Dagenham

The London Borough of Barking and Dagenham has a long tradition of providing early help and intervention, but in 2017 a decision was made to develop a different operating structure within the council. This created a new combined directorate of care and support for adults and children, and alongside this another new directorate entitled 'Community Solutions'. The vision for Community Solutions is to place the concept of early intervention at the heart of how the council and its partners interact with families and communities. It is described as 'Investment in everyone, everyday' and aims to change how people come together as communities.

Community Solutions went live in October 2017 and really started to embed from April 2018. It brings together 16 services into a single directorate including the front door to adults and children's social care, housing, anti-social behaviour, Leisure, Libraries, Children's Centres, Troubled Families team, targeted youth services, employment and skills and others. The directorate, and by implication the early help offer, is managed through five 'life-cycles' which are universal, triage, support, intervention

and employment and training. Across Community Solutions staff have generic roles and job descriptions, whilst continuing to recognise the specialist skills that individual teams bring. To develop the new structure and vision the council held four rounds of staff roadshows, bulletins and lunchtime sessions supported through a 'change-maker' network.

As a result of the restructure Barking and Dagenham have looked to refocus investment from middle management to frontline staff, many of whom were located in universal services. The vision is that, with the training that has accompanied the move to Community Solutions, staff in a whole range of services will be able to support families who might benefit from early help. For example, there are now staff in libraries who are able to have a conversation with families about managing money and debt. Long-term, the borough is looking to deploy multi-agency teams, offering interventions from universal up to specialist, on a locality basis. In this vision any building could be a 'one stop shop' for early help.

Community Solutions as a concept and an organising principle is still very much in its infancy. However, senior managers have begun to identify some positive impacts from the change. They point to the wider step-down offer that is now in place; the ability of early help workers to focus much more on the root causes of a family's difficulties not just their presenting needs; and being able to lever much greater impact from front-line staff and council buildings and assets. One of the earliest areas showing measurably improved outcomes is Housing, where there has been a 50% reduction in evictions from council tenancies following their integration within Community Solutions.

Clearly articulating the vision

Creating a strong and positive vision for why early help matters was an important step in setting the overall direction. Those local areas which had developed the most compelling visions were clear that early help was an 'offer' and not a 'service'; were grounded in the principle of providing the right support for families at the right time; and could clearly articulate that early help is everyone's business. As one DCS eloquently summarised their approach "Specialist services do not have the magic wand. Sustainable change comes from families. People who know families, for example school or healthcare providers, are best placed to unlock that change".

A challenge for those setting the direction for early help in a local area is the risk that the offer becomes too diffuse and too complicated. Without a defined space set out in statutory terms the scope of early help can become all-encompassing and quickly lose both purpose and focus. Those local areas that had most successfully countered this risk of 'scope-creep' had spent time up front in developing a very clear vision that was easy to understand and easy to communicate. Importantly, this vision statement was owned by partners and by staff, in many cases as a result of co-development.

A number of local areas had worked on different ways to communicate their vision to ensure that it inspired and empowered professionals, and also so that it was accessible to children and families. In West Sussex for example, they had developed their 'vision on a page' that looked to summarise the core aims of the early help system and the different services and offers which contributed to those. Many areas had invested in roadshows and events to bring staff together around discussing the vision, contributing to it, and developing it going forward. When Greenwich were setting out on their EH journey, they did a "roadshow" where they went to every service, team and governance group to share the vision of early help and used real examples of cases that had reached crisis-point because support was not put in place quickly enough.

Articulating a clear vision for early help in Oldham

At the start of their early help journey in Oldham, leaders recognised that it would be vital that the offer of support was articulated in a way that made sense not only to professionals within the early help teams and the wider early help system, but also to children, adults and families. Oldham developed a visual tool which supports conversations with families about the extent to which they feel in control of different aspects of their lives, accompanied by descriptions of the early help offer which use plain and accessible language.

The offer of support across health and wellbeing, family and social support, and education, employment and skills was described in the following terms, along with examples of the sorts of services that formed part of the offer at each level:

Self-help and universal services – ‘I can usually find a solution myself or with a little direction I can’;

Community services and outreach – ‘I need some guidance to help me solve this problem for myself’;

Low intensity one-to-one support – ‘I need some practical support to help me solve this problem for myself’;

Engagement casework – ‘I need someone to show me how I can change some things in order for me to do things for myself’;

Intensive casework – ‘I need someone to work with me intensively to ensure that I can eventually resolve my own problems’.

This framework was accompanied by self-reflection graphics, flow-charts and other tools that could be used to help families understand what early help was, how it could be accessed, and what sort of support was available. This framework was also used as a means of drawing together the wide range of services that, in Oldham, support children, adults and families into a single system underpinned by a shared ethos of early help.

By its very nature, however, over time the needs to which the early help offer is seeking to respond change, and thus the offer needs to be refocused as well. In Oldham, work is currently underway to consider how to strengthen capacity to support families earlier within universal services and at the same time to develop a stronger offer for young people on the edges of the care system.

Agreeing a small number of targets

Sitting alongside the vision for early help, a key element of setting the strategic direction is agreeing a small number of priorities which can be reflected in meaningful outcomes-based targets and using these as a way to track the impact of early help. Ideally these priorities and targets would link directly to key objectives within the corporate plan, placing early help at the centre of the organisation rather than on a limb. A number of areas could explain how the ‘golden thread’ linked the outcomes to which they were committed in early help with the broader local ambitions for community and place.

The priorities and targets chosen by different areas was quite varied. In West Sussex for example, there are four overarching targets for their early help offer: to increase the number of families showing significant and sustained progress (as part of the Troubled Families framework); increase the number of children and young people who are a healthy weight; improve county-wide take up of early education and reduce reoffending rates among young people. In contrast in Lincolnshire they had set targets around reducing demand for children’s social care and improving school readiness.

Defining the priorities and outcome focused targets to guide the early help offer was in fact an area which many of the fieldwork local authorities recognised as a challenge. There was a tension in some areas between developing a set of priorities that were strongly influenced by community and staff inputs in a genuinely 'bottom-up' driven model and ensuring that this was informed by a rigorous and forensic analysis of what the most pressing needs are in a 'top-down' way. To take a concrete example, in two fieldwork local authorities the most pressing presenting need for families coming to the attention of children's social care for the first time was levels of domestic violence in the home. One head of children's social care described this as a 'local epidemic'. However, in neither case had bottom-up community consultation identified challenging levels of domestic violence as a key issue in developing the early help priorities. Therefore, the degree of explicit focus afforded to this issue through the development of the early help offer had not been as strong as it might. This points to the need to marry up both bottom up engagement and top-down analysis in the development of a strong set of guiding objectives and being flexible and fleet of foot enough to change these, as the needs and opportunities within communities change.

Dimension 2: Developing capacity

The second dimension of building an effective early help offer is developing the capacity within the local authority, with partners and in communities and families to provide effective early help. The four key enablers which support this dimension are creating the core service, empowering and enabling partners, harnessing the power of communities, and developing a coherent offer around place.

Creating the core service

In all the local areas that we visited as part of the research there was a core service, managed by the local authority, that delivered intensive early help interventions on a key-worker model. These interventions delivered by the core service were typically, though not exclusively, targeted towards families with more complex or serious presenting needs, often those close to, but below, the threshold for intervention by children's social care. While the local authorities differed in the size and reach of this core service, how it was organised and its relationship with other elements of the early help offer (as evidenced by the short descriptions in Annex A) the development of this element of the offer was in fact quite consistent between different local areas.

One of the first striking features of how local areas had gone about creating the core service was in the range of different teams and professional disciplines that they had brought together into an integrated key worker service. This often included a number of existing local authority services, such as early intervention teams, targeted youth support, educational and welfare officers, other family support workers and children's centre workers. In some local authorities they had also embarked upon moving some community health teams, such as health visiting or school nursing, to be managed by public health within the local authority. These teams then also formed part of the integrated early help core service. For many of the local areas this integration of different services had been an absolutely critical part of the transformation journey over recent years and many of the techniques and approaches they used to achieve this successfully are worth considering in more detail.

Firstly, local authorities were very clear about the need to invest in training staff to create a shared culture and way of working that crossed professional boundaries and disciplines. In general, local areas were very positive about taking people from different professional backgrounds and giving them a unifying practice framework within which to work while at the same time utilising their

varied skills and experiences to enhance the work of the early help team. However, leaders also described the sense of the loss of professional identity that some staff felt in joining a new multi-disciplinary service and reflected on the need to strike the right balance between respecting and sustaining the unique and varied skills that different professionals could bring to the key worker role, while empowering and challenging staff to adopt new and consistent ways of working. The engagement of staff in co-creating the frameworks, plans, reports and processes which scaffold the interaction between key workers and families was an important element in achieving the service wide commitment to delivering early help in a way that transcended previous service boundaries.

In discussions with key working staff about what had made a difference to them in making the effective transition into a new integrated early help service they highlighted the critical importance of peer support schemes – opportunities to reflect and learn with other key workers, perhaps from different professional disciplines, about what worked well and what was challenging. They also highlighted the role that intelligent supervision played, with the opportunity to reflect both on individual cases and more generally the way in which they were exercising their role as a key worker. Managers and leaders spoke about the importance of all those in the newly created core teams modelling these new ways of working and having opportunities to see what good quality key work looked like in practice.

Colocation was another key tool in creating a new core team that operated differently to the previous services which predated the integrated early help offer. Local areas had approached this differently, often (though not exclusively) determined by the size of the local area. In some cases, the core key work team was located together in the local authority, often alongside children's social care. In other areas, the core key work teams were based in localities or run through children's centres. In other cases, there was more of a hybrid model with some elements of the key work service situated in communities and other elements located centrally. Irrespective of the way in which the core early help service was organised, key workers reflected positively on the significant increase in professional dialogue about families both informally and formally, for example through weekly panels to discuss cases.

Where the development of an integrated service was paying real dividends, it had enabled a culture of no 'inward referrals' within the early help service. This meant that the key practitioners for the family remained consistent throughout the period in which early help was being provided. If it became apparent that more specialist skills were needed, for example an input on healthy eating or more targeted work with adolescents in the family, then the practitioner would draw that expertise in from the wider pool of professionals within the early help service rather than making 'a referral' into a different bit of the system. This enabled a far more responsive and multi-disciplinary offer of support, while maintaining the consistency relationship through the established key worker. In Greenwich this approach had been formalised by organising the early help practitioners into eight multi-disciplinary units which each include three Youth & Family Practitioners, one Senior Practitioner, one Unit Leader, a Unit Co-ordinator and a Clinician (CAMHS Clinician or Family Therapist). Furthermore, clinicians embedded in the units ensure that as more complex needs emerge practitioners are guided to understand and meet these needs, and where necessary interventions are delivered to the child, young person and/or their parents/carers.

A number of local areas also reflected that in building these new integrated key work teams they had also started to create a new career trajectory and progression path for early help professionals. There was a sense in which early help key workers had historically been seen as something of a 'Cinderella service' without the status accorded to social work professionals, and without the necessary professional qualifications to reinforce that. Local areas reflected that this was now

beginning to change with a greater respect for the unique skills and ways of working brought by early help practitioners, more focus on their professional development, and more opportunities to progress their career into management and leadership positions. Some early help practitioners said that they would welcome a more formal accreditation or qualification structure attached to their role as a means of enhancing their professional development.

Developing the role of early help practitioner – Southend

When Southend developed a new and integrated early help offer a core focus for the council's leadership was on how to bring together staff from a range of different disciplines successfully, to create a new role – the early help practitioner. Initially the Director of Children's Services recognised the need to break down the artificial divide that had developed between Children's Social Care practitioners who were seen as 'professionals' and early help and family workers who were not. As well as creating a new job title, the council invested in training for all its early help practitioners so that they undertook the same training as children's social care staff and made clear that everyone was subject to the same duty of confidentiality to remove barriers to sharing information between teams.

Southend also aimed to attract a far more diverse range of talent to join the integrated early help offer. They looked to bring in previously unqualified workers with the right personal qualities, principles and attributes whom they could train to become the next generation of early help practitioners and social workers. Many of these are now completing formal academic qualifications supported by the council. They also recruited over 50 volunteers from the community and from local colleges and universities. Everyone benefits from the same training, supervision, peer support within teams, and peer auditing of practice. Turnover of staff is very low and there is a really strong connection between the staff base and communities within Southend, including the hardest to reach.

There is a clear emphasis on what effective early help looks like – knowing all the family, having professional curiosity, being clear on what the issues are, knowing who is doing what and to what timescales, being realistic and being there when needed. Cases are reviewed every six weeks, and all reviews include the family. There is also the opportunity for early help practitioners to move between teams and disciplines, creating a much more fluid and multi-skilled workforce. This 'keeps energy and knowledge' in Southend. The head of early help also emphasised the importance of having honest conversations with staff, being clear about the intended outcomes and being receptive to ideas about how these could be achieved. It was this approach, based on honesty and dialogue, which has enabled Southend to recently restructure their offer of support for adolescents at risk of exploitation based on contextual safeguarding, and to create a service that is available and responsive from 8am to 11pm, seven days a week to those at the Edge of Care. By investing in staff and working with them they have been able to 'challenge traditional ways of doing business.'

Empowering and enabling partners

In all eight local authorities a key element of the early help offer was the contribution made by local partners, including schools, early years providers, health providers, and the police to supporting families. It is helpful to think about the ways in which partners contributed to and were engaged in the development of early help offers in three ways.

Firstly, there is the strategic engagement in shaping the vision, setting the objectives and describing the offer. In the local areas we visited partners such as clinical commissioning groups, the police and the Voluntary and Community Sector (VCS) were regularly and meaningfully engaged in the

governance mechanisms which both shaped the early help offer and ensured that it was delivering against the agreed priorities. An important component of the engagement with partners at this strategic level was developing the culture of professional trust that was essential to enable more operational partnership working to flourish.

Secondly there was considerable evidence within the eight local authorities of lead professionals in partner organisations either providing the main point of support, or making a significant contribution, in providing early help to individual families. This 'lead professional' role, embedded in different partner agencies has a well-established history in the development of the Common Assessment Framework and the Team Around the Child as part of the Every Child Matters agenda. However, many of the local authorities which took part in this research reflected how the development of a more strategic early help offer had enabled them to work with partners to move practice on.

- Local authorities had identified key strategic allies in partner agencies who were able and willing to act as strong advocates for early help and form an important 'bridge' into the agency. Key advocates acted as catalysts to shift culture and practice in agencies that previously sat outside the reach of the early help offer.
- Local areas had also worked with partners to establish a shared vision for early help which was about improving outcomes for children and families, not just reducing demand for statutory services. Partners were also supported to see how working within an integrated early help offer could make their engagements with children and families more effective – it was not about asking partners to take on more workload that should be carried out elsewhere in the system.
- Local areas had invested in training for partners to ensure that they were working to the same assessment, reporting and outcomes framework as other early help practitioners. The emphasis here was on developing and then rolling out a consistent approach that was fit for purpose and could be completed relatively easily within the parameters of a partner's professional context.
- A considerable investment had also been made by local areas in systems to enable local partners to safely and confidently manage risk in families they were supporting. This was particularly the case for schools and early years settings which are perhaps unique in being the only partners in the system who have regular daily contact with children and young people. Many local areas had established an offer to education settings which provided them with access to a social care professional or early help practitioner on a regular basis to have supervision-style discussions around the families in receipt of early help that they were holding as lead professionals. This ensured that levels of risk had been correctly identified and that schools or settings felt confident in maintaining and supporting that family at the appropriate level. In West Sussex they were piloting a monthly meeting with Police to look at high risk families below the social care threshold particularly in relation to exploitation and organised crime and ensured that all partners had access to a duty team, a holistic support worker, a telephone advice line and regular newsletters.
- The development of better management information systems had also contributed to the ease and success with which partner agencies could take on the lead professional role. Many

of the local areas had developed the management information systems supporting early help in such a way that partners could have access to an appropriate and safe level of information on children and families who they were supporting and could also contribute data and information to the system. Again, the role out of these was accompanied by significant training and hands-on support. However, it is important to recognise that a number of partners cited the limitations of technology and the restrictions concerning data protection as one of the more significant challenges impeding better partnership working.

- There had also been a real focus on making sure that partner agencies, when acting as lead professionals, were aware of the range and scope of services available to families which they might draw upon. In Wigan, for example, lead professionals from any professional discipline were able to discuss families with which they were working at local ‘huddle’ meetings with other professionals in the area. This would enable them to speak to other informed colleagues about the range of services or support from which the family might benefit.

Thirdly, there was also evidence in the local areas visited that partner agencies were beginning to internalise the principles of early help and use this as a way of reshaping or refocusing their own services particularly with an emphasis on supporting resilience in families. For example, in Wigan the local authority and the CCG had recommissioned CAMHS services to work at a much earlier stage with children and young people, instituting a triage meeting every two weeks to look at referrals and developing new pathways around anger management, bereavement and family loss, and GPs were engaged in pilots with schools around ways of managing conditions such as asthma. In another example, in Barking and Dagenham three GP surgeries are piloting a form of social prescribing in referring patients with housing or money concerns or suffering from social isolation into Community Solutions for access to appropriate support.

Making early help “everyone’s business” in Lincolnshire

A defining feature of the system of early help in Lincolnshire is that the majority of early help cases are held by lead practitioners in services and settings outside the central early help service itself. Around eight in every 10 cases are held by other professionals – seven in 10 by professionals in schools and 1 in 10 by 0-19 health workers and other partners. Key to Lincolnshire’s journey has been securing the buy-in and building the confidence of professionals in schools, health services and the police to support families, hold cases and manage risks appropriately, effectively and safely. This has been achieved by three key things.

A clear, compelling vision and rationale – a fundamental principle of the early help offer in Lincolnshire is that early help is everyone’s business. The aim of early help in Lincolnshire is the right person providing the right support at the right time. Leaders in Lincolnshire have worked hard to simplify and communicate these messages and the overall vision for early help in a way that is compelling for key partners. For instance, Lincolnshire felt they would be met with resistance if schools perceived that their teachers were being asked to take on the role of social workers. Instead, the message in Lincolnshire has been couched in terms of recognising that lasting change comes from within families, and the people best-placed to unlock that potential for sustained change are the people who know children and families already. In this way, early help has been positioned in a way that recognises the importance of relationship-based practice and the fact that, in many cases, it will be school staff who have the best relationships with families.

Investment in the development of people and practice – in Lincolnshire, the agreement to the principle of “right person, right support, right time” has been backed up by investment in developing

people and practice. A unifying model of practice – signs of safety – has been implemented, and where necessary adapted, across the early help system. The central early help service has also been configured so as to provide high-quality supervision and support to practitioners in their day-to-day practice, building their capacity and confidence to support families and access any additional services they require. A key role in the Lincolnshire system is that of the Early Help Consultants, with two working in each of the four localities to provide regular support for lead practitioners in schools and other services.

Celebrating success and demonstrating impact – ongoing communication, celebrating of good practice, but also responding to challenges (either to take on board constructive feedback or to challenge misconceptions) has been vital in securing continued buy-in from partners. The school leaders to whom we spoke were positive not only about the practice model and support they received as lead practitioners, but also about the impact on pupil attendance, outcomes and parental engagement that they saw in their schools as a result of being part of the early help system. Likewise, youth justice colleagues could point to the 50% reduction that they had seen in first-time entries to the criminal justice system from young people in the past year.

Harnessing the power of communities

The previous section focuses on the work that local authorities have done to support statutory partners in the development and delivery of the early help offer. Equally important, however, is the work of local areas in fostering the power and capacity of local communities in early help. Key to this is a shift in mindset, away from a paternalistic view of the role of local government and statutory partners as delivering services to local communities which are more or less reliant, and towards a view of local government which is about unlocking the potential of local communities to help themselves. The development of an effective and integrated early help offer is critical to this shift, as it starts from the principle that the earliest and most effective help starts in communities.

There are a number of concrete ways in which local areas which took part in the research have effectively harnessed the power and potential of local communities to support families. These can be slightly different in application between smaller urban boroughs and larger shires. In the former there may be community sector partners whose reach extends across the whole local area and who are engaging more as system level partners. In the latter the geographical spread is likely to mean that work with community groups starts first at the locality level.

However, irrespective of whether the focus is the locality or the whole local authority, the first practical way to harness the power of communities is relatively simple – knowing what the community already has to offer. Some local authorities talked about empowering and encouraging early help professionals and other lead practitioners to get out into communities more and ‘know their patch’ to understand better the support networks, groups and formal organisations that could support families. Southend, as described in the case study above, spoke very eloquently about the vital role that their 50 volunteers, drawn directly from the community, played in creating a knowledge and understanding of the opportunities available in the community and in providing a powerful way to engage with some harder to reach families.

Secondly, local areas reflected that it was important to create a climate in which the local authority was open to suggestions and opportunities from the community, and willing to try doing something differently. A number of local authorities reflected on community-led initiatives which were making important contributions to delivering their early help offer. In Southend, for example, there is a community designed and run hub which includes a kitchen, an allotment and a gym. The success and

popularity of the hub has been such that a range of agencies have begun taking services there. In Barking and Dagenham, the local community, the authority and the college have worked together to pilot 'Social Supermarkets' which allow anyone in financial difficulties to join a food club which, for a subscription of £3.50 a week enables them to get access to £20.00 of food. This removes the stigma often attached to foodbanks, but more importantly enables the start of a conversation around finance, employment, homes and health. This is an important first step in supporting families to get their lives back together, while retaining their pride in helping themselves. Barking and Dagenham described schemes like this as investment in "everyone, everyday" and emphasised that how people came together as communities was essential to building up civic pride.

The question of how local areas invest in community-initiated projects in developing their early help offers is worth considering further. Wigan, for example, described how they changed their approach from grant funding VCS projects to a focus on sustainable investment. To secure council funding, new projects needed to be able to secure match-funding and demonstrate a sustainable business plan. This had changed the relationship with the VCS from one of dependency to a more productive partnership of equals. It had also enabled £10 million of additional external funding to be levered into community projects in the area.

Developing a coherent offer around place

The final component to developing the capacity needed to deliver an effective offer of early help is a consideration of the importance of place. All of the local authorities engaged in the research were utilising existing physical assets, in particular children's centres but also other public and community buildings, to maintain a "public face" of early help which is non-stigmatising. Those local authorities which continued to run universal or group-based services through children's centres as part of their early help offer described the importance of these less intensive services as providing a non-threatening opportunity for families to seek support and engage with some of the challenges they are facing, as well as way to continue to maintain contact with families who had been 'stepped down' from more intensive support. The physical location of the services within the local community, and the idea that these spaces could be catalysts for other types of positive interaction, was an important part of the early help offer and philosophy.

Locality-based working has often been used in the development of early help offers as a way to bring practitioners together. Organising teams either physically, or virtually, around a place can bear dividends not just in the interactions between different professionals, but also in the depth of community knowledge that those individuals begin to develop and create around the needs of the place in which they work, the strengths and the opportunities. Some local authorities were able to point to ways in which this had enabled them to be more precise in targeting support to the particular needs of those living in a locality or more responsive to changes in the population. In West Sussex they provided each early help hub with individual 'insight reports' which provided a detailed (by ward or lower super output area) breakdown of demographic and community data, including poverty and deprivation, health, education employment and training, housing, transport and crime. The purpose of the profiles was to assist the hubs in understanding their local area and using this knowledge to make decisions about the focus of their support for children, young people and families.

An asset-based model of working in localities – Wigan

As part of implementing 'The Deal' for residents and communities, Wigan local authority and its partners have begun a process of integrating teams and services on the basis of seven 'Service

Delivery Footprints' (SDFs). These geographical areas are built around the locations of GP practices and Schools which are referred to as the 'Public Service Foundation Stones' due to the unique knowledge they have of the individuals and families with whom they work.

The concept of Service Delivery Footprints has been critical to the development of early help in Wigan. Staff are encouraged and supported to know their communities and the 'patch' in which they work. This enables them to engage a much wider range of people in the tapestry of support that can be harnessed for children and families. 'Huddle' meetings have been set up in each of the seven SDFs and are a place where practitioners can bring any issue related to providing early help to a family that can't be addressed within their own organisation. The wide range of professionals who engage in Huddle meetings enables a much more lateral and creative response to a family's needs. Wigan has also developed a digital offer – The Community Book – which is an online resource that enables practitioners and residents to find out more about what is going in in their locality.

Through the place-based approach to the delivery of early help, the potential for developing new and exciting ways of delivering services is being explored. For example, GPs and a school working together in one locality pioneered a different way to deliver Asthma Clinics for children which led to the equivalent of a year's worth of preventative work for a GP practice on managing Asthma in children being completed in one day.

Community-based organisations make an important contribution to Wigan's care planning and support for families. The team based at Westfield have used Church-led drop in sessions in Marsh Green and the Fur Klempt led community café at Central Park to support the families they work with. The borough also has a community-led Golden Mile programme that forms part of the wider offer of support and engagement for those families that is at the core of what is different about Early Help in Wigan.

Dimension 3: Working with Families

The third dimension to developing an effective early help offer is the nature of the interaction with families. The four key enablers identified here are establishing a safe and effective front door; focusing on the needs of the family as a whole; deploying a practice model based on evidence; and promoting resilience and being responsive.

Establishing a safe and effective front door

The routes by which families come to the attention of early help can be multiple and varied. Referrals into early help might be made by partner agencies; from within the service if families are engaging with universal or targeted provision for example in children's centres; by children's social care; by other local authority teams such as those working with vulnerable adults; or indeed self-referral by the families themselves. In general, local areas were keen to promote their early help offer and make it as easy as possible for families or professionals to access it. However, this necessarily creates a significant flow of requests for early help and demand pressures. All the local areas engaged in the research had developed some form of 'front door' into their early help. This took different forms in different areas but essentially acted as a single point of initial assessment and triage to make sure that the family was directed to the most appropriate pathway and support, and that where more serious risks were identified these cases were escalated appropriately to children's social care. In many of the local areas staff from partner agencies such as health and the police were engaged in supporting the decisions about the allocation of early help referrals. For example, in Barking and Dagenham, there was a daily multi-agency meeting convened to triage all referrals into community solutions and to decide on the appropriate support plan.

Importantly, local areas emphasised the importance of speed in decisions made at the front door and the subsequent allocation of families to the appropriate support pathway. This is not to prioritise pace at the expense of quality. However, those delivering early help described how there was often a clear window of opportunity to engage positively and productively with a family that had been referred to early help. If the processes around decision-making and allocation were too sluggish this opportunity for engagement by families in an entirely voluntary process could be lost.

One of the tensions around early help that was apparent in some of the fieldwork areas was where the interface with children's social care was not sufficiently well-aligned. In some cases, this stemmed from difficulties around how the respective front doors into early help and children's social care interacted with each other. In a minority of areas there were concerns that cases which should have come to the attention of children's social care were being 'held' in early help too long. In other cases, there was an anxiety that too many families were being passed from early help to children's social care or vice-versa indicating that processes to get the decision right first time were not working well enough. Areas where the interface between children's social care and early help at the front door were working better had deployed different solutions to tackling some of these issues. Some local areas had taken the decision to integrate the front doors into children's social care and early help, effectively having a single point of contact and referral for both services. In other areas the two front-doors were co-located but still operated separately. Co-location afforded much better opportunities to speak about families whose needs could not be easily assessed as above or below the social care threshold. Other areas had achieved stronger alignment through joint training, joint development of thresholds and much clearer 'step up and step down processes'. One local authority senior leader described the effective interface between children's social care and early help as "passing the baton but not the buck".

Many of the local authorities described how the trajectory of demand for early help was rising. In part this was ascribed to rising levels of need within communities, driven by changes such as the introduction of Universal Credit and reform to the housing and benefits system. However, local authorities also recognised that in making early help visible and high profile, in offering a fast and efficient referral and allocation process, and in beginning to achieve a positive reputation in communities they could also become a victim of their own success. Certainly, many of the local authorities involved in the research suggested that in the first few years of implementing an effective and integrated early help offer previously hidden levels of need might be uncovered which would have an impact on demand not just in early help, but also potentially in other statutory services. This points even more strongly for the importance of having effective mechanisms at the front door for managing demand and ensuring that the interface with children's social care is absolutely aligned.

Establishing an effective front door to early help – Southend

One year ago, Southend co-located the 'front doors' into early help and children's social care to create an integrated service. Leaders within the council feel that this has made a significant impact on making sure that the right families are receiving the right support, at the right point in the system. They also believe that it has made a contribution to holding the number of children requiring child protection plans at a relatively low level as families that would previously have been referred to children's social care are being successfully supported by early help.

The co-located front doors make it as easy as possible for professionals or families to reach early help. The service has developed a series of '1-minute guides' for referrers which make it extremely simple for anyone who has a concern about a family to make a referral. There has also been a focus

on encouraging families to approach the early help service, which has resulted in a high percentage of self-referrals. Partner agencies are absolutely embedded within the decision-making process at the front door with police officers and qualified health professionals sitting in the MASH, rather than just administrative staff from those agencies. This means that decisions about where families can best be supported are informed by cross-agency intelligence.

Speaking to staff who worked within the co-located front doors they spoke about the importance of children's social care being co-located with early help to enable professional dialogues about individual families. They also described how a range of supporting processes and ways of working such as carrying out joint visits between early help and children's social care, very clear protocols for stepping up or stepping down cases, and consistent professional development across services all contributed to confidence that the right professionals were working with the right families. What came through most strongly was not just the clarity about different roles but deep mutual respect.

Focusing on the needs of the family as a whole

The principle that the family, rather than the individual, is the focus of intervention is absolutely fundamental to the eight early help offers that we studied through this research. All local areas had based the development of their offer on the ambition of unlocking the potential in families to help themselves, by providing "the right support, by the right individual, at the right time."

This focus on the family as the point of interaction had a number of practical manifestations in how the early help offer was constructed and delivered. The first was the ambition that instead of being referred between different experts, a family would be able to tell their story once and this would trigger a joined-up and multi-dimensional response. As one head of early help described it "tell us your story and let us decide where it sits." In asking local authorities and their partners what difference the early help offer had made, the first answer often centred around this different way of relating to families. As one service manager described "It is now a joined-up approach, with one worker and one plan, and the family tells their story once. This means that families are travelling to sustainability quicker than previously, with greater access to the whole system and quicker support, and we are getting better value for money out of staff as they are taking on a broader range of roles."

The second practical implication of working with the whole family was around how presenting needs were assessed. Many of the early help practitioners to whom we spoke described how the family might be referred into the service based on the specific needs of an individual, but only through more detailed work with all the family members would it become apparent that the underlying causes, and hence the possible solutions, might sit elsewhere. Early help practitioners talked about how the assessments they used, in partnership with the families themselves, supported them to understand and address the underlying needs, rather than the presenting symptoms. Interestingly, some local areas had begun to reflect on the types of family need that might be particularly amenable to early help. There was an emerging sense that where the presenting symptoms manifested themselves in neglect of children and young people, these might indicate families who would significantly benefit from the routines, focus on parenting, and strategies to address parental concerns such as mental health issues or drug or alcohol misuse, that high-quality early help could provide.

Thirdly, local authorities described how the family focus of early help had enabled them to challenge other services which have historically focused more on individuals, to think about supporting families more holistically. For example, in Greenwich, the youth crime prevention team had

historically focused on the presenting needs of the individual at risk but had not considered the wider family dimension. In particular, the service was not sufficiently considering the risks to siblings, who often went on to exhibit similar needs at a later stage. Bringing the service within the early help offer has enabled better support to be put in place which takes into account the whole family context. All staff across early help division have been trained to work systemically which has supported the development of whole family working.

Fostering a holistic focus on families through integrated working in Kent

Kent undertook a large restructure of its early help offer in 2015. This involved bringing together a range of services that were, to all intents and purposes, working with individuals within the same families to address different presenting needs. In the latest phase of its early help journey, over the last year the focus has been on strengthening the join-up and integration with other key services, including children's social care. In January 2018, Kent launched a series of four pilots, one in each locality of the county, to explore aspects of how to strengthen day-to-day integrated working between early help and children's social care *services* and to develop a stronger integrated early help *offer*. The four pilots focused on:

- core processes to support day-to-day joint working between children social care and early help professionals;
- supporting children and families with multiple (more than three) foster care placement moves;
- supporting schools with high rates of referrals to early help or social care; and
- tackling risks for older young people (adolescent risk).

The pilots have been evaluated and the learning from them mainstreamed and rolled out across all localities in Kent. Some of the key developments to have come out of the pilots have included:

- the launch of a single front door and integrated referral route covering both early help and social care, with more decisions being made correctly at the front door and few cases being moved between early help and social care;
- stronger processes for “stepping across” cases (rather than talking about “step up” or “step down”) between social care and early help – professionals reported that this made support feel more seamless to families, and meant professionals were having discussions about what was right for a family, rather than arguing about whose role it was to support the family;
- a greater recognition that, for a small group of families with the most complex needs, success is not to be measured in how quickly a case can be moved to completion, but rather will involve incremental steps over a longer period of more intensive support; and
- a focus on reducing risks that adolescent young people encounter, following the success of the pilot in reducing knife crime, drug-related admissions to hospital, children going missing and those at risk of exploitation.

Deploying a practice model based on evidence

The third key element that supports effective work with families is the consistent application of a high-quality practice model by those delivering early help interventions. As a minimum this should ensure that all those offering early help to families are using a consistent approach to assessment, a consistent way of planning the support, a consistent way of interacting with families and a consistent way of tracking outcomes. Pages 31 and 34 above described the training and support that local authorities have put in place to achieve this consistency both within the core integrated team, and across partners working as lead professionals in an early help context.

However, developing an appropriate and good quality practice model is about more than just internal consistency. When referring to a 'practice model' local areas generally meant a set of principles and processes to underpin their work with families, which were based on research and evidence. A number of local areas had investigated a range of different ways of working with families and used the evidence of their efficacy, combined with a knowledge of their staff and communities, to choose a model which they felt confident would work in their context. Other areas developed a more bespoke approach, based on elements from different models. One local authority emphasised that it was not the practice model, *per se*, which made the difference but the deliberate process of working out which practice model should be deployed and why, and then the faithful replication of that model across different teams. Some local authorities referenced the importance of sources such as the Early Intervention Foundation in helping them to assess evidence for the relative impact of different ways of working. The emphasis was on using the evidence intelligently and to root early help in relationship-based practice, rather than see it as an exercise in applying a series of off-the-shelf interventions to individual families.

It was also striking that while individual local authorities had decided to deploy different practice models there was a lot of consistency in how practitioners and leaders described the hallmarks of a model that would be effective in an early help context. Working with families was seen to be most effective when it focused on strength-based assessments which evaluated a family's ability to make improvements for themselves. The practice-based models chosen also depended on a high degree of interaction between the key worker and the family so that the assessment, the plan and the measures of progress were all co-produced and agreed with the families against a common format. This helped to establish strong relationships, meaningful conversations, and a pathway towards independence for the family. One early help practitioner described their role as "Helping families to understand that they are the experts and not just doing everything for them. Making sure that when you step away they have the tools to continue their progress."

Some local authorities had used, or were planning to use, the introduction of a new practice-based model of interaction with families as a way to achieve a smooth continuum of support across early help and children's social care. A number of the authorities, for example, had chosen to implement *Signs of Safety*, as a way of achieving a more seamless offer of support for families receiving targeted services all the way up to those with children on a child protection plan or looked after children. Having a common practice model between early help and children's social care was also seen as a practical way of breaking down boundaries between services, creating a common professional language and more effectively managing the integration of reporting and information systems.

Promoting resilience and being responsive

The final key enabler that contributes to delivering effective support to families is the responsiveness which sits at the heart of good quality early help. The local areas that took part in the research emphasised the importance of having an offer that was sufficiently flexible to adapt to families' needs as they changed over time and enabled them to match the support to the needs of the family. Underpinning this is a recognition that the trajectory for families who need support through an early help offer is unlikely to be linear. Families are likely to have periods when they are coping well and other periods when they need more intensive and sustained support.

The design of a good early help offer takes into account these vicissitudes. The key worker or lead professional model of support, combined with a range of less intensive support options such as group interventions and community networks, enables the type and degree of support to change as a family's needs change. Furthermore, where early help is focused on building a family's resilience and

capacity, as well as their ability to recognise their own needs and requirements, this flexibility in support will be jointly developed and agreed between the key workers and the family. Those engaged in direct work with families described how, over time, they could help families develop the skills and coping strategies to manage their specific needs. However, they were also pragmatic in recognising that, just like an individual who successfully manages a long-term health condition, some families that had been managing well for some time might suddenly require more support again. For this reason, the best early help offers maintain strong processes for ending an engagement with a family, including periodic 'checking in' and in some cases re-engagement. The existence of additional community-based support networks run, for example, through children's centres was a particularly helpful way of maintaining light touch contact with families who had been supported through a more intensive early help offer.

Local areas engaged in the research also recognised that there was a small subset of families that might require very long-term and continued support and that, despite progress, might not reach the point at which they were able to sustain that without ongoing external input. The local areas we worked with differed in how they worked with this small group of families. In some areas they continued to 'hold' the families, long-term, within the early help service on the basis that this offered the best option for the families concerned. Other areas concluded that if sustained and focused intervention from early help had not led to significantly increased capacity and resilience, combined with better outcomes for the children, then the family should be escalated to children's social care. How best to support and improve life chances for families with ongoing needs likely to require very long-term input from public services is a question that may require further investigation as the offer provided through early help continues to evolve and mature.

Creating a single children's service approach in Greenwich

The early help journey in Greenwich is focused currently on drawing together a broad range of services into an integrated, multi-service offer that makes the best use of the expertise and resources across the borough to provide timely and effective support to its families. Greenwich recently reviewed the local offer of early help and found that there were gaps in support for young people aged 5-13, where lots of services were working in a way that was very much focused on individual needs, rather than thinking about the young person holistically and in the context of the family. As a result, Greenwich have sought to re-orientate the local offer of early help so that there is a firm focus on working holistically and systemically with families and doing so as part of a single children's service, rather than as an individual, needs-focused service. This has involved five key elements:

- **Bringing together support into a single, coherent children's service** – services including the central early help service, support for troubled families, youth crime prevention, target youth support services and youth services have been brought together in this way.
- **Making the case for taking a holistic view of the whole family** – senior leaders spent time visiting individual services to explain the vision for holistic family work and using specific cases and examples where support for a young person and a family had not been joined up and the impact this had had and the opportunities that had been missed.
- **Implementing a consistent model of practice and a culture of working** – focusing on engaging families, working *with* (as opposed to doing *to*) families to shape their own solutions, but also being pragmatic about things like non-engagement, thinking of the family as a system and thinking in terms of identifying risk and escalating to more specialist services, rather than closing the case.
- **Re-focusing staff time on supporting families rather than completing paperwork** – implementing a team-around-the-professional model of support and streamlining the early help assessment so

that staff time can be focused on providing early support, not completing assessments and referrals, and so that young people and families only have to tell their story once to get access to holistic, joined-up support.

- **Developing a single front door** – leaders in Greenwich are currently working towards having a single front door across the Children’s Service, to promote a focus on providing the right support at the right time, rather than individual services trying to work out which one should pick up a case.

Greenwich seeks to ensure that there is a golden thread running from this overarching strategic vision through to everyday practice and the support the children and families experience in schools, youth services, health services, the voluntary and community sector, and from the police. At a strategic level, partners come together to shape and refine the vision and offer through the Early Help Partnership Group. To complement this, there are also key engagements at a more local, practice-focused level between early help managers and frontline professionals. These include:

- regular meetings with schools and children’s centre on a geographical basis to reinforce schools’ role in the early help offer in Greenwich and to coordinate the work with individual families with children’s centres
- joint training organised with health professionals and the police; and
- commissioning of local voluntary sector organisations, such as the Charlton Athletic Community Foundation to provide youth services to complement and work alongside the detached youth work offered by the Community Interventions Team.

Dimension 4: Evaluating impact and quality

The final dimension of developing an effective early help offer concerns the work that local areas do to evaluate the impact and quality of the offer and use this information to continually refine the design and delivery. This dimension incorporates four key enablers: developing an effective management information system; auditing and quality assuring practice; being clear about the desired impact; and putting in place proportionate and informative reporting.

Developing an effective Management Information System

All areas recognised the importance of developing a management information system that is reliable, minimises the barriers to data sharing across services, and allows multiple partners to engage with the data. However, in many cases this has proved quite challenging to achieve. The issue expressed by many of the local authorities with whom we worked was the difficulty in getting data systems used by different teams within the council, and different partners to ‘talk’ to each other.

To give a very practical illustration, in most local areas data about children subject to a social care intervention will be held on one management information system, data about children subject to an Education, Health and Care plan will be held on another system, information about families at risk of homelessness will be held on a third system, health visiting and school nursing records will be held separately again. This can make it difficult for a professional engaging with a family for the first time or assessing a new referral to early help to quickly understand the complexity of a family’s needs and their existing points of contact with public services. It can also make it very complex to answer questions about the scale of need across an area, the degree of overlap between different types of need or support, or the pathways that families might take between different parts of the system. In a small number of cases, even when a local authority had developed its management information system for early help as a module within its overall management information system for children’s social care, they experienced difficulty in tracking the flow of children and families from early help to

children's social care and vice versa. This meant that answering fundamental questions such as 'how many of the families whose support from early help was ended were subsequently rereferred into children's social care within 24 months' could only be answered with considerable manual filtering of the data.

None of the local authorities we visited felt that they had completely overcome issues around the matching of data across different systems. However, many had made considerable progress in developing management information systems for early help which were contributing significantly to their understanding of the impact of their offer, which were enabling partners to engage with the information held about families safely and constructively, and which were beginning to offer ways to bridge the divide across different systems. Some of the characteristics of the most effective systems were:

- They were based on a workflow that was proportionate, simple to understand and simple to complete.
- There were robust systems for tracking the progress and outcomes for individual families against a single plan and being able to see that journey over time.
- There was an interface which allowed partners from outside the local authority to view and contribute to the data held about a family, within the appropriate data protection safeguards. This was backed up by training and support to ensure all those using the system could do so effectively.
- The system was capable of generating reports that showed not just the progress of individual families but also snapshots of performance of the early help system as a whole.

Auditing and quality assuring practice

The counterpart to having in place a good Management Information System that acts as a repository for information and supports an overview of performance, is putting in place the incisive and comprehensive system of audit that provides an insight into the quality of practice. This is essential for ensuring that the practice model for working with families is being implemented well. All the local areas which took part in the research had put in place the systems needed to audit the practice of key workers and lead professionals on a regular basis. Often these were seen to be most effective when based on a collaborative approach to auditing which engaged those working with families in the audit process. This helped to develop a shared understanding of what good practice looks like in family-facing early help. Another key ingredient of success was the extent to which the outcomes of auditing were shared across partners and related services, to ensure consistency of quality across the diverse range of professionals engaged in delivering early help.

As noted at page 39 above, one element of the development of early help that has proved more challenging in some areas is getting the interface with statutory children's social care absolutely right. Having a rigorous approach to audit, with a methodology that spans early help and children's social care is one way of ensuring that risk in the system is being managed safely and securely, and that when families are either stepped up to children's social care or stepped down to early help that the transition is managed efficiently.

Being clear about the desired impact

All the local areas we engaged were tackling questions of how to measure and demonstrate the impact of their early help offer. In a few cases the context for this discussion was explicitly about demonstrating impact in order to support continued investment in early help. When local areas

considered the impact of early help they typically focused both on the improved outcomes achieved by individual families, and the bigger impacts that might be measured at the system level.

Local areas had developed a range of methods for capturing positive outcomes and being clear about the outcomes achieved at the level of the individual family. All local areas with whom we engaged had systems whereby professionals, at the start of their work with a family, would agree with the family a small number (two or three) key outcomes to be achieved. These could then be collated and tracked through internal management information systems and reported to senior leaders. Often measures of families' progress would be a combination of the progress perceived by the worker, the progress perceived by the family themselves and other supporting outcomes indicators such as improved attendance by children at school. A number of local areas commented on how the rigour of the Troubled Families programme and the payment-by-results model had positively influenced their approach to monitoring and recording progress at a family level, leading them to put in place sharper and more robust techniques.

Some local areas had also made progress in using the data on outcomes and progress of individual families to gain an insight into system level performance. For example, Oldham, tracked measures like the duration of support, the level of support required from the point of initial contact to the point at which a case was closed, and the rate of contacts after the point of closure a family may have with early help or other services. Other local areas, such as Greenwich, had undertaken in-depth analysis of cases within children's services to pinpoint evidence of what could happen when risk factors were not spotted and a whole-family approach was not taken (for example, not spotting the risk to siblings of a young person involved in gangs).

While defining and measuring outcomes at the level of the individual family was well established, local areas recognised that being clear about the impacts desired at the level of the local system was equally important. However, this aspect of practice in general was not, as yet, as well developed as systems for tracking impact at family level. Local areas were using a range of different methods for considering the impact that early help was having at the system level. As stated at page 30 above, a number of areas had identified a small number of targets which underpinned their early help offer. These often provided a starting point for defining, measuring and demonstrating impact. However, by definition, these bigger system-level impact measures are influenced by a very wide variety of factors which makes both defining and isolating the impact of early help challenging.

Some local areas had used evidence of demand for statutory services to show either the positive impact of early help or the risks and consequences of not having the appropriate early help offer. There are some issues inherent in this strategy. Firstly, a number of local areas argued persuasively that an effective early help offer could, in the early stages of implementation, actually increase demand at all levels in the system, as levels of hitherto undisclosed need might be exposed. Secondly, there is a risk that some of the wider positive benefits of early help might be overlooked if the sole focus is on reducing demand for other higher cost services. Thirdly, being clear what constitutes an 'appropriate' level of referrals to statutory services is far from straightforward. Nonetheless, despite these tensions, many local areas used levels of demand for children's social care as a key indicator of early help: an effective early help offer should, over time, help to ensure demand for children's social care is at an appropriate level. Sometimes classic indicators of demand for children's social care such as number of referrals or assessments were also combined with other indicators, such as levels of referrals which resulted in no further action or levels of rereferrals to children's social care, to create a more nuanced view of whether demand was at an 'appropriate' level.

Local areas also considered a wider range of demand reduction indicators. For example, Lincolnshire considered rates of first-time entry of young people into the criminal justice system and had seen a substantial reduction which they believed to be the result of incorporating youth justice and the police into their early help offer. Other local areas considered accident and emergency admissions, mental health self-harm admissions, rates of teenage pregnancy and rates of permanent exclusion from schools.

Alongside indicators of preventing risks from escalating, local areas were also exploring using a suite of measures that, taken together, were indicative of positive outcomes from the type of holistic family support they were providing. For example, given Lincolnshire's focus on school readiness, outcomes for pre-school children and in the early years foundation stage were a key part of the early help indicators considered by senior leaders. In Kent, given the co-location of inclusion services within early help, rates of inclusion and attendance (and the low rates of permanent exclusion from school) were key to the overall suite of indicators used to consider the impact of early help.

Putting in place proportionate and informative reporting

The final key enabler which contributed to the ability of local areas to develop an effective early help offer was the way in which they used the information generated by the MIS and audit processes to drive a culture of continuous improvement. Many of the areas we visited had developed regular quarterly reporting tools which allowed senior leaders to scrutinise the performance, quality and impact of the early help offer and had embedded these in their governance cycles.

Some areas had also developed clear and concise ways of sharing this information within the teams and partners leading early help interventions to shine a spotlight on areas of practice that were working well, and issues that required more focus and attention. When used well, and in combination with a culture of celebrating success, this broader sharing of performance information could provide an additional means of motivating staff and team leaders. In general, performance reporting systems worked best when the metrics being used were clear and intuitive, when the focus was on a small number of key indicators, when data was shared in a timely fashion and when the presentation of the data made it relatively easy to interpret what it might mean in terms of the performance of the system, and what might need doing differently as a result. Techniques that some local areas used to aid the interpretation of the data included comparison between different geographical areas, time series that showed changes over months and years and explanation of any data quality issues.

Developing a management information system to support partnership working – West Sussex

West Sussex have invested in the development of a bespoke Management Information System, called Holistix, to underpin the Integrated Prevention and Earliest Help (IPEH) offer. Originally developed to enable smoother and more automated reporting against the outcomes required by the Troubled Families Programme, it has now become the core management information system underpinning the whole early help offer.

Holistix is a web-based system which makes it more accessible to partners. It is based on a practice model of assessment, action planning, and recording progress which is based on a *Signs of Safety* approach. All the information which is placed on Holistix is co-produced with families, who read and agree the assessment before it is finalised. In doing, so families receiving early help support

also give consent to the sharing of their information with other professionals in partner agencies. As well as providing a place to capture the early help assessment, the plan and the outcomes of reviews of the plan, the management information system includes the capacity to capture notes, chronologies and a distanced travelled tool to chart a family's progress.

There has been considerable investment in training both internally and with partners to ensure that all those delivering early help can use the system and do so effectively. Early help practitioners spoke very positively about the importance of this platform as a way to facilitate better joint working with schools and giving a really clear view of the progress made by families, through the six-week review cycle that is built into the system. One school said working through Holistix had 'revolutionised' how they worked with families. Schools are the biggest contributors to the system outside the local authority, initiating nearly half of all early help plans. However, the system is also used by the voluntary and community sector, housing and health. One success story is the use of Holistix by staff in A&E who have been able to check whether children with multiple attendances are known to early help.

The management information system, combined with other metrics, is also used as a basis for quarterly performance reporting on an Early Help dashboard which provides services and localities with a snapshot of how the service is performing in terms of number of early help plans initiated, the number of plans closed, progress made in completing assessments, and the progress made by families. Data is made available on the relative performance of different locality teams against key performance metrics which creates a degree of 'healthy competition'. Service leaders have also been able to use a pop-up daily dashboard for team managers to focus attention on issues that need improvement. For example, circulating daily data on out of timescale reviews led to a 50% reduction in around two months.

The future of early help

As set out very cogently in ADCS' thinkpiece about the future of children's services, *Pillars and Foundations*, the country is facing the challenge of unprecedented levels of demand for children's services combined with shrinking budgets.¹⁵ The role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. As set out at page 18 there is already evidence that some local authorities, very often through necessity, are stopping or reducing their investment in early help. However, this presents a real challenge to the system. The higher the percentage of the children's services budget that is invested in delivering statutory interventions, the less likely it is that there will be a credible strategy or mechanism for preventing needs escalating or managing demand in ways that reduce risk rather than ration support. There is a very strong logical and principled case for continuing to invest in early help so that it does become 'everyone's business'. But to achieve this in the current climate local areas will need to navigate some fundamental tensions in the development of their early help offers.

¹⁵ ADCS, *Pillars and Foundations: Next Practice in Children's Services – a Think Piece*, 2016

Achieving long term impacts or shorter-term gains?

Many local areas are likely to face the question, in a resource constrained environment, about when they can expect to see the benefits of their investment in early help realised, at a system level, in reduced demand for interventions such as children's social care or youth justice. The development of an early help offer is not a short-term strategy, as described at page 27 above. However, the nature of the early help offer, and the choice of families at which this is directed, will influence the timeframe over which results might be seen. As described above, at page 20, the earliness of early intervention often means two things in a local context. It means paying attention to the research which says that putting in place support for children in their earliest years will lead to significantly better outcomes in later life. It also means working to intervene earlier in a family with complex and escalating needs. The first of these two strategies tends to be a longer-term intervention, with system-level effects potentially taking decades to lead to reductions in demand for statutory services. The second of these two strategies, which focuses on anticipating need and working proactively at a pre-statutory level with families, may lead to a quicker realisation of benefits in terms of reductions in demand for statutory services.

However, there are risks in concentrating on one without the other and benefits in getting the right balance between these two strategies. The focus on the earliest years of children's development is needed to begin to build a stronger foundation of emotional health and preparedness for life and learning in the next generation. Done well, this offers the potential to prevent acute needs and difficulties arising in the first place. The focus on preventing the escalation of needs which are already present is necessary to support the families in the system right now, who may not have benefitted from the type of support they needed at an earlier point in their lives. There is a danger that when resources are scarce and demand pressures are acute that the pendulum swings too far towards managing and diverting risk in families whose needs are already complex. This is necessary for the short term, but neglecting the opportunity to support at the earliest point risks missing the benefits that might be realised in the longer term.

Universal, additional or intensive support?

The second question that local areas will need to address going forward is achieving the right balance within their early help offer of services that are intensive, costly and targeted at families with the greatest need or those which are of lower intensity, less costly to deliver and offered on a less targeted or more universal basis. This is strongly related to the question above. Where local areas are predominantly offering early help to families whose needs are already very complex the intervention is likely to be more intensive and costly and therefore only possible for those families that need it most. An intensive key work offer, for example, might consist, at its height, of a visit from the key worker five days a week with telephone support and contact at other points in the day. Going forward, local areas will need to strike the right balance between this very intensive early help and different forms of support, such as group classes, community networks and lead professionals within partner agencies. Leveraging the power of universal services to provide early help creates the capacity to reach more families at lower cost but may be less suitable for those whose needs are already acute. Local areas engaged in the research were actively considering how to design an early help offer in which the universal, universal plus (additional support), and more specialist interventions fully complemented each other and how to build up the capacity of universal services to take on more of the responsibility for providing additional and some lower-level intensive support.

Predicting need versus responding to demand

The third tension that local areas will need to navigate in the future is the balance between the reactive and proactive elements of an early help offer. At present most local early help offers are constructed around a proactive universal offer and a reactive targeted offer. This means that local areas will proactively make available opportunities such as parenting classes, parent and child play sessions or community health offers on a universal basis – to anyone who would like to take part. However, the offer of more targeted support by a key worker or lead professional is often made available on a more reactive basis, once the need for support has been identified either by a professional or by the family themselves.

However, going forward some local areas are beginning to think about whether they might be able to do more to use data to predict more accurately which families or communities would benefit from targeted early help and make that offer earlier and in a more proactive way. This is difficult and complex territory and raises questions including the accuracy of the data and the statistical models used. However, it is a strategy that some local areas are beginning to explore with promising results. Nonetheless, it must be said that the use of statistically-based needs and risk analysis for targeting early help did not feature significantly in the work of any of the eight fieldwork areas. There was interest among some of the local authorities in the research in developing these techniques, but not yet a clear sense of how these would be applied in practice within their early help offers.

Wider or deeper integration?

Achieving an integrated offer of early help, that ensured the experience for the family was joined up and seamless, was perceived to be critical to success. However, many of the local areas involved in the research were considering what their next steps should be in terms of further developing an integrated offer. The tension is whether to look wider and increase the scope of services and teams that are delivering early help and are using the core systems and processes and the common practice model or instead to focus on deeper integration of a smaller range of services and partners.

Widening of the scope of early help is attractive. It offers the opportunity to address a much wider range of needs, to reach more families and to begin to achieve that ‘multiplier effect’ where central investment in early help is replicated many times as it becomes a more common mode of interaction between families and public services.

However, the widening of the integrated offer also presents challenges and potentially opportunity costs. Some local areas are now reflecting on where they can and have had an impact and reached the conclusion that their offer has become too diffuse, that it lacks consistency or a clear purpose and direction and that there is now a need to consolidate what has been achieved. In those areas there is likely to be a focus in the coming months and years on deeper integration within a smaller core set of partners to ensure a much tighter focus on quality and the experience of families.

Responding to new types of need and risk

Finally, it is a truism that children’s services never stand still. One of the tensions that local early help offers will experience over the next period is how to get ahead of the curve and develop effective responses to the new types of need and risk which are emerging, or indeed developing responses based on new knowledge and understanding of existing risks, while continuing to maintain focus on the dominant issues in the system right now. One very concrete example is how local early help offers might need to evolve to work effectively with young people at risk of exploitation, particularly in the context of issues such as the growing scale of ‘county lines’ drugs trafficking. A number of the

areas engaged in the research were tackling this very question and reflecting, for example, on how the practice model of early help might need to change when working with a young person at risk from their peers rather than a child at risk from their parents; or where the protective factors might be found for young adults who may be living semi-independently compared with children who are embedded in families and within the school community.

Tools to support the ongoing development of early help

The future of developing early help in a local context is likely to be challenging, given the pressures on budgets and rising demand for statutory services. But this degree of challenge presents a huge opportunity for those with the capacity, courage and resources to seize it. At present, developing a strong, secure and evidence-based offer of early help presents one of the best prospects for breaking the intergenerational cycle of need that is fuelling so many of the demand pressures in children's services.

Local areas that took part in the research suggested that in order to navigate the future effectively, and address some of the questions posed above, they would benefit from additional tools to help them to assess the impact and value for money of early help and to have better insight into the strategies used by local areas to develop a systemic local offer. We have therefore used some of the content of this research to contribute to thinking in these two areas:

Measuring the impact or value for money of early help

As one LA senior leader put it, demonstrating the impact and value for money of early help services is 'a developing science'. Senior leaders responsible for early help agreed that demonstrating impact in this area is complicated for three reasons.

- **Early help is not a single *intervention or programme* that can be evaluated** – instead it is by its very nature a *system* made up of multiple forms of support that can be deployed flexibly based on the needs of the families with whom it is working. While being responsive, flexible, and working across traditional service boundaries are virtues of early help, they make the task of evaluating its impact all the more complicated.
- **Part of the purpose of early help is to *prevent issues escalating*** – as an approach that aims to be preventative, one of the challenges is capturing evidence that can show what would have happened if an early help intervention had not been made. Finding such counterfactuals, particularly in a field where demands and needs are changing rapidly and the range of interventions is varied and complex, is difficult.
- **The impact of early help is likely to be seen over the medium- and long-term** – senior leaders argued that the impact of early help was unlikely to be seen in an immediate reduction in demand for statutory services; the stabilisation and reduction of demand may be one among several indicators of the impact of early help, but it was likely to be seen and needed to be considered over a longer period of time.

These difficulties of evaluating impact are compounded when considering the further issue of value for money. This is because there is currently a paucity of accurate information on how much local areas are investing in early help. Section 251 returns do not include a discrete line for early help expenditure. Instead it is spread across multiple lines of the return including in costs associated with children's centres, family support services and targeted youth services. Depending on the nature of the early help offer in different areas, expenditure is likely to be reported in different proportions

across these different lines and sometimes lumped together with expenditure that is not strongly related to early help. The other complication is that early help is a partnership endeavour. Section 251 returns do not capture the expenditure on early help by schools, health partners, the police or others. This points to a need for more work to be done at a local level to try to develop a better understanding of the true level of investment in early help.

Nonetheless, it is still possible, and potentially helpful, to use the information that is published to develop some simple indicators of impact and value for money so long as this is accompanied by a sensible understanding of the limitations of such measures. The benefit of working with published data, however flawed, is that it enables some form of comparison between different areas. Among the local authorities that took part in this research, there was support for the idea of developing an early help 'balanced scorecard' that would use published data to enable local authorities to develop a sense of the impact of their early help offer in comparison with other similar local areas. This would complement the service level performance data that all local authorities engaged in the research were maintaining.

Based on our discussions with local areas through the research, we believe there may be a value in looking at how existing published data might be used to provide some very simple comparators in relation to:

- Expenditure
- Outcomes in terms of demand for statutory services
- Outcomes in terms of long-term well-being

For expenditure, the two sources of published information are Section 251 returns and RO3 returns. Though neither is perfect, Section 251 returns go into a slightly higher degree of detail on categories relevant to early help than RO3 returns. One way of producing an estimate of local area investment into early help is to calculate the per capita expenditure for children's centres and other early years funding (excluding the early years block within the DSG), targeted and universal family support services and universal and targeted services for young people as set out in S251 returns.¹⁶

In terms of impact, local areas suggested it would be important to use measures which capture activity across the breadth of the early help partnership and that these should focus both on reducing demand for statutory services and laying the foundations for children's wellbeing in the long-term.

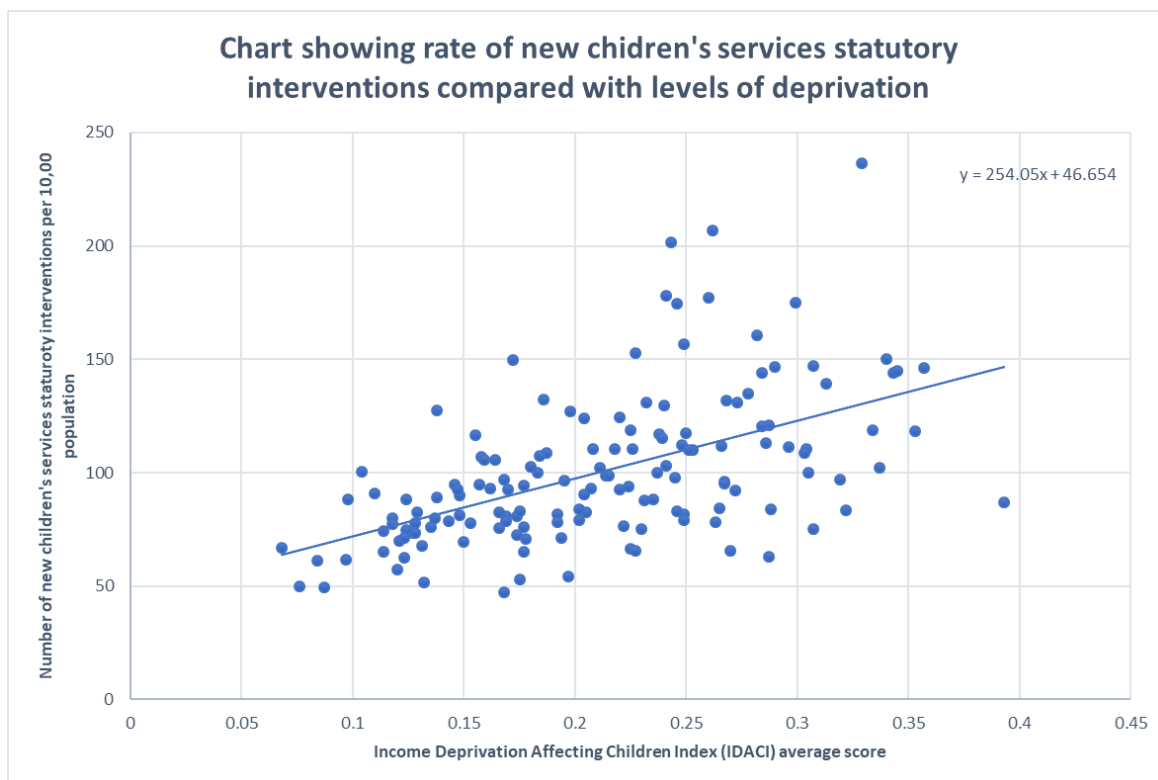
To provide an indication of whether local early help offers were contributing to reducing demand for statutory services, we believe there could be value in developing a composite measure which is based on the number of children in a year requiring a new statutory intervention in children's services. We carried out some initial work to explore what this might look like and tested it with the local areas engaged in the research at the action learning day.

The measure that we explored with local areas was calculated by adding together the number of new child protection plans in a year, the number of newly looked after children, the number of first-time entrants to the youth justice system and the number of permanent exclusions. By focusing on *new* statutory interventions, as opposed to the *total number* of children on child protection plans or looked after, it makes the metric more responsive to changes in the impact of early help. To enable authorities to make meaningful comparisons we then calculated the rate per 10,000 population aged

¹⁶ This is a combination of S251 lines 3.0.5; 3.4.4; 3.4.5; and 3.5.3

0-19, and then derived an 'expected' level based on the local authority's percentage of children living in income deprived households.¹⁷

This calculation can be explained very simply by the chart below. The vertical axis shows the composite number of new statutory interventions for children and young people per 10,000 population (based on the measures listed above). The horizontal axis shows the percentage of children living in income deprived households. Each dot represents a local authority and the distance that dot is from the line represents how different that local authority is, in terms of the rate of new statutory interventions in the year, from what would be expected given the percentage of children affected by deprivation in that area.



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One of the limitations of this approach as currently modelled is that some data (for example permanent exclusions) is published on a much longer time-lag than other statistics. The data used here is the most recent data available at the time of publication, but none the less there is a mismatch between the timeframe covered for the permanent exclusions data compared with the other data. While local areas recognised that much more work would need to be done to test and validate the usefulness of this metric, they felt that it had potential and could be worth pursuing further. They were attracted by the fact that it spanned a number of different types of intervention and that it focused on new interventions rather than the overall caseloads. However, they were also very clear that measures which centre on reducing demand for statutory services must also

¹⁷ English Indices of Deprivation 2015 - Income Deprivation Affecting Children Index (IDACI) - Average score by upper tier local authority

¹⁸ Source data: MHCLG, *English Indices of Deprivation 2015*, September 2015; DfE, *Characteristics of children in need*, October 2018; DfE, *Children looked after in England including adoption: 2017 to 2018*, November 2018; MOJ, November 2018; MOJ, *Youth Justice annual statistics 2017 to 2018*, January 2019; DfE, *Permanent and fixed period exclusions 2016 to 2017*, August 2018

importantly be balanced with measures that relate to the future positive outcomes for children and young people.

We therefore considered a range of indicators for the long-term wellbeing of children and young people. In particular, we tried to identify those which might be more responsive to the quality of the early help offer and which focused on the early years as a critical period of development. There are a number of different metrics that are being used by local authorities as part of their approaches to tracking performance and demonstrating impact, including the proportion of eligible children taking up the free childcare offer, the percentage of children at reception year who are obese or overweight, and the percentage of children achieving a good level of development by the end of the foundation stage (age 5). We felt that this last measure was particularly promising given the range of different disciplines it encompasses from physical to emotional development and also the strong association between this and later life chances. This is an indicator that is published at local authority level, but local areas could also consider calculating the percentage of children in families who received an early help intervention achieving a good level of development by the end of the foundation stage as an interesting comparator.

Taking these metrics, based on published data, it is possible to generate a very simple ‘balanced scorecard’ which is illustrated below. We have chosen one of our fieldwork local authorities, Kent, to provide the illustration to make the example more concrete and meaningful:

Early help impact – balanced scorecard 2017-2018					
Local authority: Kent					
Impact on reducing demand for statutory services		Impact on laying foundations for future well-being		Net expenditure on early help per capita	
Number of new statutory interventions per 10,000		Percentage of children achieving a good level of development - EYFS		Section 251 reported budget per capita	
LA	IDACI expected	LA	Stat neighbour	LA	Stat neighbour
71	92	68.5%	61.0%	£82	£102

This is included here, not as a definitive proposition but as an illustration and a starting point for future discussion. The Early Intervention Foundation, the National Children’s Bureau and local authorities are all taking work forward in this area and it is hoped that some of this thinking may contribute to that ongoing debate. It may be that generating a very simple set of data along these lines could provide a straightforward tool for local authorities to use to compare their own performance with an ‘expected level’ based on deprivation or with statistical neighbours, as well as a way of tracking changing performance over time, which would take into account national trends.

Strategic framework

The second tool which the local areas which took part in the research said that they would value was a strategic framework which provided a way of considering the range of approaches they might take to developing early help offers over time. Some of the local authorities were aware of, and had used,

the early intervention foundation's maturity matrix and had found that a constructive exercise.¹⁹ This framework complements the focus on self-assessment embedded in the maturity matrix, to help local areas answer the question *how* to develop a systemic and partnership-based offer. It is based on the sixteen key enablers, and the four phases of development in the evolution of early help and draws on examples of practice from the eight fieldwork areas. The full framework is shown overleaf.

¹⁹ <https://www.eif.org.uk/resource/how-to-use-a-maturity-matrix/>

		Establishing the principle	Exerting organisational grip	Consolidating and integrating	Achieving the multiplier effect
Setting the Direction	Leading with passion	Create a convincing narrative for why early help matters. Identify early adopters and use them as catalysts for change.	Demonstrate how absent or poor early help can lead to negative outcomes for families. Use the research base to reinforce the importance of early help.	Find multiple ways to communicate how early help delivers better outcomes for children and families. Review the delivery structure for early help.	Create a guiding coalition to promote behaviour that is consistent with an organisational philosophy of early help and position early help as the 'way we do business'.
	Securing a long term commitment	Ensure buy-in to early help from key political and corporate leaders. Secure adequate funding in the medium term financial plan.	Establish secure governance mechanisms which engage senior leaders across the partnership. Build strength in depth in the operational leadership of early help	Consider options for leveraging additional funding to support early help, including grant funding / pilots. Review governance arrangements to strengthen strategic buy-in.	Place early help at the heart of the long-term plan for renewal and development at a corporate level, across the partnership and with communities.
	Clearly articulating the vision	Co-develop, with partners, a concise and compelling vision statement for early help. Use roadshows and other events to sell the vision and rationale.	Ensure middle managers are using the vision to drive routines and practice. Demonstrate to staff how their work contributes to the vision.	Review the vision to ensure that it remains relevant and engaging in light of any new challenges. Use the refreshed vision as a tool to support wider or deeper integration.	Support community groups and a much wider range of partners and universal services to own and adapt the vision to their purposes.
	Agreeing a small number of targets	Work with staff, partners and communities to develop a small number of targets by asking the question 'what would it look like if we got this right'.	Carry out a forensic needs analysis to ensure early help targets will contribute to strategic challenges. Establish the 'golden thread' from early help to corporate targets.	Work with partners to review the continued relevance of the targets. Stop doing things which do not contribute to the agreed targets and/or act to fill gaps.	Develop the ownership of the targets across a much wider scope of community groups and services, so that they become integral to the work they are doing everyday.
Developing capacity	Creating the core team	Bring together staff from different professional backgrounds to create key worker capacity. Roll out core training to establish consistent ways of working.	Develop rounded EH practitioner skills through programme of ongoing staff development. Establish high quality supervision and peer support mechanisms.	Consider whether there is the right skills mix in the core team and adjust if needed. Build key worker skills to deliver support across different disciplines.	Support early help staff and key workers to act as advocates for EH with other services and partner. Distil the learning from effective key-working to other family services
	Empowering and enabling partners	Make case that partners best placed to support sustainable change in families. Show partners how EH can support their work with children	Co-develop expectations for the lead professional role that are achievable and meaningful. Train partners in using common systems and light touch processes.	Put in place direct support mechanisms that grow partners' confidence in managing risk. Make it easy for partners to access the range of family support available	Enable and facilitate partners not already engaged with early help to consider how operating differently could lead to better outcomes. Pilot new approaches and evaluate.
	Harnessing the power of communities	Use public-facing communications to reinforce message that early help starts in communities. Get to know the existing strengths / support in communities.	Provide opportunities, training and support for community group staff to be lead professionals. Consider using community volunteers to support early help.	Invite suggestions from communities around how to do things differently. Try these and evaluate. Invest in community projects on a basis that promotes sustainability.	Use the successful early help experience to shift the public service mindset towards promoting community resilience as a primary aim.
	Developing a coherent offer around place	Use existing public buildings as the outward face of early help to attract families and reach out. Map existing services, groups or support on a locality basis.	Bring professionals working in a locality together to 'know their patch'. Carry out locality-specific needs analysis to understand opportunities	Review the offer to ensure that it meets the needs of specific localities and target appropriately. Build locality plans around GPs, schools and EY as foundation stones.	Broaden out the place-based offer so it is jointly owned by partners. Maximise opportunities for public-facing staff to start an early help conversation with families
Working with families	Establishing a safe and effective front door	Map the main routes by which families come to the attention of early help. Develop easy referral mechanisms and promote these widely.	Establish a single multi-agency point where all EH referrals are assessed, triaged and allocated to support. Track timescales for assessing families and allocating right support	Create clear protocols and processes to ensure alignment with front door to Children's Social Care. Support referrers across partnership to make better referrals to EH.	Strongly publicise the ways to access early help, with a particular focus on enabling self-referrals. Strengthen the multi-agency dimension to decision-making.
	Focusing on the needs of the family as a whole	Create an offer that is based on the family as the focus of support. Set the ambition that services join around the family so they tell their story once.	Develop streamlined assessment frameworks and tools that consider the underlying family needs not presenting symptoms. Seek family feedback on experience.	Work with other services so they understand the benefits of working more holistically. Strengthen integration with services for vulnerable adults.	Work to ensure that the full-range of public facing services, delivered by the council or partners are able to 'think family' through strong promotion of the EH approach.
	Developing an evidence-based practice model	Work out the principles that will underpin the EH practice model, focusing on strength-based assessment and inter-relational practice.	Assess the evidence for the strengths of different practice models. Role out the chosen practice model across the EH service, with high quality training to ensure fidelity.	Reinforce the use of the practice model with partners and lead professionals with training & support. Ensure close alignment with the approach in Children's Social Care.	Experiment with how the principles of the EH practice model might be used in a much wider range of services and settings and develop simple illustrations for practitioners.
	Promoting resilience and being responsive	Develop a clear suite of tools and approaches that staff and partners can use to build the skills in families that promote resilience. Disseminate these widely.	Review the way that the EH offer is delivered to ensure it is flexible to changing family needs, and adjust. Create processes for ending an engagement which maintain contact.	Track whether progress made by families is sustained over time. Refine understanding of how to promote family strengths based on clearly knowing what has worked.	Consider opportunity to use families who have been supported through EH as ambassadors. Reinforce networks and capacity that create resilience in communities
Evaluating impact and quality	Developing an effective MI system	Create a Management Information system that is based on a simple workflow and supports a clear view of performance. Negotiate access for partners to MIS	Train key workers and lead professionals on how to use MIS well. Develop reports that enable tracking of family outcomes and journeys.	Support wider roll-out of MIS to other key partners and integrate use within their core role. Work to overcome data-sharing barriers between different systems.	Use the information for the MI system, combined with data from other systems to develop a much clearer view of the needs and opportunities across the system.
	Auditing and quality assuring practice	Develop a clear and shared view of what good practice in early help looks like and use this to underpin the creation of an audit tool.	Establish a regular and robust routine of auditing early help work with families to ensure consistent quality. Share learning from audits across EH	Develop peer supported approaches to audit and quality assurance deepening understanding of what good looks like. Engage broad range of partners in QA	Ensure that engagement with and feedback from families forms a key plank of the QA process. Use the learning to inform wider service improvement
	Being clear about the desired impact	Develop a robust approach for assessing and recording outcomes for families. Work with families to agree outcomes at outset of support.	Agree metrics that can show impact of EH at system level, focusing both on achieving positive outcomes for children and reducing the need for statutory interventions.	Robustly track progress against metrics and scrutinise through governance structure. Where progress is less than expected review key aspects of offer / delivery	Work with partners and communities to create joint outcome measures across the partnership. Report progress / impact widely.
	Putting in place informative reporting	Create a framework for reporting on the performance of early help which is clear, simple to understand and easily derived from information in the MIS.	Develop a consistent reporting routine through sharing good quality reports. Ensure reports are meaningful and allow the right questions to be asked.	Use performance reporting tools to motivate staff and partners, within a culture of celebrating success. Review regular reports to ensure their continued relevance and impact	Consider how to share performance information more broadly with partners, across the local authority and in communities to foster a clear grasp of the reach and impact of EH.

Conclusion

The development of integrated, locally-based early help offers has reached a critical juncture. Faced with extremely difficult decisions about resourcing within children's services, some local authorities are concluding that they can no longer afford to invest in early help at previous levels. And yet, faced with unprecedented levels of demand for a wide range of specialist and statutory interventions, the question that local authorities should perhaps be asked is *can they afford not to invest in early help?* Furthermore, while security of funding is undoubtedly important, the findings of this research demonstrate that creating an effective local early help offer is as much about culture, leadership and strategy as it is about money.

The work of the eight local areas profiled in this research provides an insight both into what can be delivered through well organised, integrated and partnership-based approaches to early help and the ways in which this can be achieved in a local context. Passionate leaders, who have invested over the long-term, and set out a clear, focused and simple vision have set the direction. Capacity has been developed and released through the development of multi-disciplinary teams, enabling and empowering partners as lead professionals, building resilient and self-supporting communities, and investing in a coherent approach to individual places. A new way of working with families has emerged which effectively triages needs, considers the strengths and assets of the family as whole, works through a relationship-based practice model and promotes resilience through responsive working. Finally, local systems are becoming clearer about how to share and record information, how to use performance metrics to improve delivery and demonstrate impact, and how to promote quality in early help practice. This research aims to show that there is no single 'silver bullet' but that concerted action across a wide range of areas, can make a positive difference.

In navigating a future that is both uncertain and full of opportunity, it is hoped that the practical approaches set out in this research will provide local areas with a platform for continuing to develop early help that has the potential to break cycles of intergenerational disadvantage and deliver significantly better outcomes for children, young people and their families.

Annex A: Descriptions of each local area's model

Barking and Dagenham

In Barking and Dagenham, the early help offer is embedded within and largely delivered through the Community Solutions directorate which brings together 16 services including the front door to adults and children's social care, housing, anti-social behaviour, Libraries, Children's Centres, Troubled Families team, targeted youth services and work and skills plus others. The early help offer, is managed through five 'life-cycles' which are:

- Universal
- Triage
- Support
- Intervention
- Work and skills.

Across Community Solutions staff have generic roles and job descriptions, whilst continuing to recognise the specialist skills that individual teams bring.

All referrals at the front door are triaged through a daily multi-agency meeting, at which point families are assigned to one of the five life-cycles or to children's social care. Those families who are assigned to the 'support' or 'intervention' life-cycles will be assigned a key worker or lead professional who will then work with the family to carry out an assessment and develop a support plan. The intervention service works with families with a wide range of needs, for example it will work with some families who meet the Troubled Families criteria but also on issues such as relief of homelessness and families negatively impacted by Universal Credit.

On average, around 110 early help assessments are initiated each quarter, although that number has been rising with 141 assessments in the most recent quarter. The large majority of these (over 80%) were initiated by the local authority, with around 16% initiated by schools.

After cases are allocated to a worker, they will be kept open until the worker is confident that the family has made significant and sustained progress. In general, families are now being held in early help a bit longer than they had been previously which means that many fewer families are coming back into the system after cases had been closed. This is also enabling early help to better control the flow of new cases into children's social care. Staff in early help receive the same training as qualified social workers where appropriate and also receive case supervision by social workers on higher risk step-down cases, so are confident in managing risk.

Greenwich

Greenwich's offer of early help focuses on providing "intensive" support to families at two distinct levels. Leaders in Greenwich wanted to make clear the unique role of "intensive" early help, which they define in terms of providing support around a range of inter-related needs for a family, and distinguishing this from "additional" support that may involve a single issue and a single service providing support.

In November 2017, Greenwich undertook a large re-structure of the local early help offer. The drive for this restructure was the recognition of gaps in support for children and families, and that many services were focusing on addressing a single need, rather than seeing and supporting the child and the family holistically. The aim of Greenwich's early help offer now is to (a) provide intensive and holistic support to families and (b) provide support and meet needs early so as to prevent issues escalating and requiring interventions from more specialist or statutory services.

Greenwich's early help offer is divided into two levels: "core" and "connect".

- **Connect** – this provides support that seeks to "nip issues in the bud". Greenwich are moving to deliver this on a unit basis, with two units operating across the borough. Each unit will have a team leader and 3 practitioners, each holding 15-20 cases. The units will provide an integrated approach, drawing in information, advice and support from a range of universal and targeted services, including the Family Information Service, the Special Educational Needs and Disability Information, Advice and Support Service, youth services, employment services and the Community Interventions Team.
- **Core** – this provides more intensive, and generally long-term work (with most families being supported for between three and six months, depending on the nature of the support they need). The support is delivered by eight units across the borough. Each unit is made up of three Youth & Family Practitioners, one Senior Practitioner, one Unit Leader, and a Unit Co-ordinator. The unit approach ensures that the members of each unit are all able to provide support to the families on their caseloads, rather than families being reliant on a single lead practitioner. The approach is very much based on a "team around the professional". Staff in the units are trained to provide a range of support, including restorative family therapy and supporting those who have experienced trauma, so that they can work directly with families rather than having to refer to multiple other services.

In total, the core and connect units employ 48 staff and support between 950 and 1000 families at any given time.

The work of these units sits within a wider offer of early help, that is delivered through a broad range of partner organisations. This includes schools and settings, the police, public health, local health services, and a broad range of voluntary & community sector partners including Charlton Athletic Football Club. The overall early help offer is overseen by the LSCB, supported by an Early Help Partnership Group that brings together key partners to work on the development of the early help offer.

Kent

Early help in Kent is an approach designed to provide integrated and intensive support to families experiencing complex problems. Early help is viewed very much as part of a continuum, ranging from universal and universal plus services through to support that is provided on a more targeted, intensive and multi-agency basis. There are two tiers to Kent's offer of early help. Given the size and geography of the county, Kent's early help offer is delivered on a district basis, with services operating the same core offer in 12 districts.

1. **Children's centres and youth hubs** – Kent has a network of 85 children's centres and 12 youth hubs – one in each district. These provide a range of universal, targeted and additional support services. There are also some universal plus and targeted services – outreach support for families at risk of domestic violence and targeted youth support, for example. Around 70,000 families are supported in Kent's children's centres by 166 full time staff, and around 4,000 young people are supported through the youth hubs by 75 full time staff.
2. **Intensive family support** – this is delivered through early help workers, operating in units across the 12 districts. There are a total of 44 early help units across Kent, made up of 250 staff. The units deliver intensive support to families with multiple complex needs below the threshold for statutory social work services, with professionals trained to provide a range of forms of support. This is done to minimise referrals between services and avoid families feeling that they are being handed off between professionals.

The early help offer in Kent has been developed deliberately to be broad and to encompass other services that may be working with children or families with complex needs. There are three important additional parts to the early help offer, beyond the children's centres, youth hubs and early help units.

1. **Inclusion & Attendance** – in Kent, the Inclusion & Attendance Service is located within the early help offer. This was done because many of the children at risk of exclusion were from families known to other services within the early help offer, and because this approach enables a joined-up approach to be taken to address underlying issues for a young person or their family that may be manifesting themselves in terms of attendance or behaviour that is putting the young person at risk of exclusion from school.
2. **Youth Justice** – the statutory Youth Justice Service is also located within the early help offer so that both the statutory and non-statutory aspects of the role, including out-of-court disposal, can be managed and delivered in a joined-up way.
3. **HeadStart** – Kent has a grant-funded project focused on skilling up schools to support young people's emotional resilience. This is part of building the capacity of universal services to provide support to young people and families across Kent.

A significant focus of Kent's work has been on building partners' understanding of the distinctive role of early help, as something distinct from social work services but complementary to universal and statutory services. There has been a strong focus on building the capacity and understanding among the 600 schools in Kent, developing an ethos of supporting vulnerable individuals within part of the local police, and strengthening integrated working with children's social care (through a single front door and referral route, and a series of practice development pilots during 2018). At county-level, the early help offer is overseen by the LSCB, as well as the Children's Trust Board and Health & Wellbeing Board. At district level, District Managers and district Children's Partnership Groups provide strong, partnership-based management and governance of early help.

Lincolnshire

Lincolnshire has sought to develop a broad offer of early help such that early help is seen as “everybody’s business”. The emphasis is on there being a team-around-the-child, with the right person providing the right support at the right time. Early help in Lincolnshire aims to:

- provide early support for children and families who require something additional to what can be provided by a single universal service (while at the same time building the capacity and skills of universal services);
- address issues at the earliest opportunity and prevent needs escalating to the point where statutory services become involved; and
- ensure high quality, strengths-based multi-agency working to achieve lasting outcomes for children and families.

A central aspect of the early help offer in Lincolnshire is the role of Lead Professionals: at any one time, around 80% of the circa 2,500 team-around-the-child (TAC) cases are held by lead practitioners who work in other services. The majority (c.70%) of these cases will be held by lead practitioners in schools. In other words, while Lincolnshire has invested in developing a core early help service, the distinctive feature of their approach is that early help is seen as part of a broader offer and a wider system.

In terms of the Local Authority early help service itself, this operates on a locality basis in four quadrants.

- There are one or two early help teams for each district, making up a total of seven. Children’s social care and 0-19 health services are organised on the same geographical basis, enabling stronger partnership working at locality level. Lincolnshire uses signs of safety as a unifying, relationship-based practice model.
- Within each locality, there are around 50-75 early help professionals, dependent upon need. Early help workers come from a wide range of professional backgrounds, within and beyond children’s services. All receive a core offer of training to be able to provide a wide range of advice and support to the families and lead practitioners they may be supporting.
- Each locality has two Early Help Consultants, whose role is around case supervision for schools, support and challenge to all Lead Professionals, quality assurance of TAC cases, and the facilitation of multi-agency learning opportunities. The Early Help Consultant role is part-funded by the LA and by schools forum.
- Within each locality, there are also 0-19 Health Workers. This role combines what was previously the role of health visitors and school nurses and has been repurposed to focus on ensuring younger children are ready for and make a successful transition to school, as well as providing a more holistic approach to health and wellbeing support for young people throughout the childhood.
- Each locality also has two IAPT practitioners. This role has been developed in partnership with partners from the Clinical Commissioning Groups and schools. The focus of the role is providing targeted support and building skills within universal services around social, emotional and mental health needs that may fall between pastoral support and more specialist CAMHS support.

Working in partnership between the local authority, schools, health services and the police has been central to Lincolnshire’s vision for early help, and specifically in ensuring professionals in those services feel confident in initiating conversations and accessing the right support for children and families. The overall leadership and oversight of the early help offer in Lincolnshire is provided through the LSCB.

Oldham

The early help offer in Oldham was developed in response to the recognition that the then configuration of services was not serving the needs of families with complex needs well. Colleagues in Oldham undertook some deep dive exercises and identified a number of families who were moving in and out of the remits of lots of different support services without any one intervention making a lasting difference for the family.

In response, Oldham developed a new model of early help that is based around three tiers of support. A unique feature of the model in Oldham is that early help is an all-age offer: it is delivered in an integrated fashion for both children and adults.

1. **Intensive support** – this is provided by an in-house (council) service. The service employs 15 staff, each with caseloads of around 7-8 families, with whom they work intensively over a period of around six months. The team supports around 230 households per year. Situated within this service, there are also specialist advisers offering support in relation to domestic violence and, so called, honour-based Violence.
2. **Medium-level support** – this is provided by a charitable organisation called Positive Steps. Positive Steps is based in Oldham and specialises in providing targeted and integrated services for young people and families across the Greater Manchester area. Positive Steps were commissioned by Oldham to deliver part of the offer of early help in the borough. The part of the early help offer commissioned from Positive Steps is delivered through three teams that operate within Oldham. Each team has a Team Manager, a Senior Engagement Worker, and Eight Engagement Workers (each with caseloads of c.20 families). These teams are supporting between 400 and 500 families at any given time, and a total of 4,000 individuals annually. Families are supported for around three months at a time on average.
3. **Low-level support** – this is also provided by Positive Steps through the same structure and teams as the medium level of support. Often this will involve a less intensive form of support, that may involve information or advice for a person or family and over a shorter period of time.

All Early Help staff are trained in a range of engagement techniques and evidence-based interventions, so that they are equipped to provide holistic support to families. The Engagement training enables staff to build empathic relationships with families providing a strong position to develop rapport and trusted relationships that allow both challenge and support. The success of this approach was demonstrated within early Troubled Families work, in which 96% of all families engaged - many of whom had previously been considered 'difficult to work with'.

There is a big focus currently on refocusing the early help offer so that it forms part of a more integrated continuum of support with social care services, provides support that prevents issues from escalating to the point they require intervention from statutory services, and builds capacity and confidence to support families within universal services. This is linked to implementation of a place based "Oldham Family Connect" model. This will engage particularly closely with schools, as well as strengthening joint working in localities with partners such as health services and the police, together with the wider range of community support services in order to achieve the greatest impact in working with local citizens and families. The relaunch of the Children & Young People's Board from January 2019, is also part of a strong focus on renewing partnership governance.

Southend

In 2004, when faced with funding challenges, Southend took the decision to bring together all their early help elements to create an embedded, integrated early help offer. Over the intervening years this has been strengthened and refined so that it now encompasses the following colocated services - Youth Offending Services, Targeted Youth Support, Teenage pregnancy, Young Persons Drug and Alcohol services, Community Engagement, Troubled Families, Family Support, Attendance, Missing Children, Edge of Care and reunification, Young Carers, and Adolescent intervention and prevention.

There are 135 staff and 50 volunteers from the community, brought together under a common management structure with consistent job descriptions and training and a shared practice model. The offer is targeted primarily at families at tiers 2 and 3, in terms of the complexity of their needs, and is based around the principle of making it as easy as possible for families to find and access support. As the lead for early help described it 'We provide children's services at the earliest opportunity'.

The development of an integrated service within the local authority has been accompanied by very close working with statutory partners, in particular health, police, the job centres and schools. Around four years ago the Police in Southend were judged to be inadequate for safeguarding and this provided the impetus to work much more closely around sharing information about families and children at risk and engaging actively with the early help offer. Partnership working with health has also been a key element in the development of the offer. There is now a process in place for health visiting to move into the local authority and to be managed by public health. In 18 months, the vision is that Southend will have an integrated 0-25 early help offer which includes health visiting and community paediatricians. This is backed up by the support of two very influential GP champions who have ensured that every GP practice is signed up to supporting early help and sharing records appropriately. All schools in Southend will have an allocated early help worker, to whom they can turn for advice and support about children and families with whom they are working.

There are currently 232 families supported through Southend's family support service. Typically, through this service, families will receive support for between 6 and 18 months, depending on the complexity of their needs. When early help practitioners are confident that a family has achieved significant and sustained process then a structured exit programme is put in place which includes introducing the family to community workers to get them involved in community-based activities and support and carrying out regular follow-up phone calls to check that the family is continuing to manage well. Currently community workers are supporting a further 62 families. As a result, re-referrals into early help are low.

West Sussex

The early help offer in West Sussex, called Integrated Prevention and Earliest Help (IPEH), aims to put in place a whole system partnership approach with a view to 'making sure every child in West Sussex reaches their potential'. The offer has four areas of focus:

- **A flying start for pre-birth to five year olds**, focusing on 1001 critical days and young parent pathways; early parenting support from pre-birth; the healthy child programme and take-up of free early education and childcare.
- **In school ready to learn**, focusing on working with schools and partners to increase the percentage of children assessed at a good level of development at the end of reception; improving school attendance; and school nursing and health.
- **Yourspace Youth**, focusing on emotional health and wellbeing for young people; building family and network connections; increasing the number of young people post-16 in EET; and supporting young people in care, care leavers and young carers.
- **Skills for life**, focusing on parenting courses; domestic violence prevention and support; debt and homelessness; family assist; and the PAUSE project supporting parents after children and removed.

The IPEH offer went live in April 2017, following a ten-month process in which eight different services across the local authority were brought together under a single management structure. This included a number of teams which are very commonly located within the early help umbrella, such as Think Family, the Early Years' Service and parenting support programmes. However, the restructure also encompassed a number of services not so typically located within early help, such as support for victims of domestic abuse, care leavers, supervised contact for looked after children and homelessness prevention. There is a consistent vision and a shared set of 20 outcome targets that create a unified focus across all those engaged in delivering and supporting the early help offer.

At the same time investment was made in supporting partners to engage with and deliver early help. Dedicated support was put in place for lead professionals holding early help cases, all of whom have access to a named link worker, support with the management information system and regular newsletters.

The IPEH offer is delivered through six local hubs – one in each district and borough. Each hub has a slightly different offer in place depending on the needs of their locality and will provide a range of services and support from universal (tier 1) all the way up to families requiring highly specialist and complex support (tier 3 to 4). Each hub leader is provided with data on their population and demographics to help shape the offer. The aim of IPEH is to support families at the earliest possible point. Any professional can start an early help assessment and typically around 3000 children at any one time will have an early help plan and be supported by a lead professional or key worker.

Wigan

The overall ambition for early help in Wigan is to ensure that ‘every child has the opportunity to live a healthy and happy life’. There is an integrated, place-based early help offer which works across seven places, also referred to as ‘Service Delivery Footprints’ (SDFs). The locality-based model of delivery incorporates Start Well locality teams, Start Well Family Centres, Targeted Youth Support Service, school nursing, CSC, CAMHS, Health Visiting, ICS as well as a whole host of adults’ services. Each SDF is made up of a population of between 30,000 and 50,000 people. Investing in community-based projects is also a core element of the council’s early help strategy. Under the auspices of ‘The Deal’ which is the council’s overarching strategy for managing relationships between the council and its residents, Wigan has invested more than £7.5 million in community-based initiatives providing services to residents across the borough.

Within the overall early help offer, the Start Well service provides targeted early intervention to families predominantly at safeguarding levels 2 and 3 in terms of the complexity of their needs. The Start Well service was created 2.5 years ago by bringing together former Children’s Centres and the Local Authorities Early Intervention Service. It is delivered through five Start Well family centres, three Start Well Locality Teams and Confident Family Workers who have been integrated into the locality teams to enhance the place-based offer. The Start Well Family Centres are all former Children’s Centres (and are still recognised as such) and predominantly deliver early help to children under 5 and their families. The management of the centres is contracted out to five primary schools. The Start Well locality teams predominantly work with children and young people from 6 – 19 (up to 24 years for those with SEND). The service comprises of around 60 full time equivalent front-line practitioners, all of whom have the same job descriptions and have benefitted from the same training.

The Start Well service offers:

- Parenting and family support
- Improving school readiness
- Support to families to get into work or training
- Support for families to access their community services
- Advice and support to parents on a range of issues including improving children’s wellbeing; childcare; school attendance, finance, debt, and housing.

All referrals to the Start Well service come through the Early Help hub where cases are triaged and then typically allocated to Start Well, Targeted Youth Services or commissioned services for support. There are currently 2076 families receiving ongoing support through the integrated early help offer, around 60% of which are held by key workers in the Start Well service and 40% are led by professionals in schools, health or other partners. To date the Start Well service has trained 27 schools and 1 college to use the early help assessment and recording framework which is contributing to a strong and more consistent partnership-based offer.