



# Prevention and Early Help Strategy 2017/2020 Stockport Council



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## **Foreword: Cllr Colin Foster Lead Member for Children and Family Services**

I am delighted to introduce Stockport's Prevention and Early Help Strategy 2017/20. Over recent years, Stockport has seen real transformation in the way that need is identified across the borough. Children and families in Stockport tell us that when they are experiencing problems they appreciate a swift response and support from the right people, at the right time.

The Multi Agency Safeguarding and Support Hub (MASSH) enables us to systematically identify problems much earlier in the journey for the child and family. As a result, we are able to intervene earlier, so that issues do not escalate to more costly and reactive services where positive outcomes are less likely to be seen.

Stockport Family has created an integrated and agile early help and social care system that challenges the concept of referrals, thresholds and agency boundaries. All of our work with families is underpinned by restorative practice<sup>1</sup>. The existing MASSH supports high quality information sharing and collaborative working.

We have created a single service that has reduced the traffic of cases between agencies. Social workers offer consultation and intensive interventions to families and keep children safe within their own communities.

We have changed the way we work with schools by developing a Team around the School approach. All schools have a named social worker and named Stockport Family worker who provide advice, guidance and support to families when they need it.

We recognise that intervening early and tackling the causes, not the symptoms, is critical to improving outcomes, whilst reducing demand and cost.

This strategy focuses on ensuring that children, young people and families are ready for school, work and parenthood.

Work with our partners is essential if we are to build resilient communities. I would like to thank the range of agencies that have collaborated in the development of this strategy.

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<sup>1</sup> The adoption of a restorative approach – delivering assessments and interventions that take into account a family's strengths as well as their vulnerabilities, as well as efforts to ensure that families understand and take ownership of their role in any decisions that are being made.

## **Introduction**

The Prevention and Early Help Strategy is a statement of Stockport's approach to improving outcomes for children, young people and families. The strategy is guided by the best available evidence about the effectiveness of interventions.

## **What is Stockport Family?**

Stockport Family brings together people who work with children, young people and families to make it easier for Stockport families to get the right support at the right time. Stockport Family was established in April 2016.

Restorative practice training has helped change the way we are working with families by providing a set of values and behaviours that the workforce and the families we work with share and understand.

Schools are working with us to design the way that services are delivered. Conversations are action and solution based not hampered by delays. Co-location means true collaborative working, not just working alongside each other.

We are proud of having an engaged and dedicated workforce that is committed to different ways of working with children, young people and families.

The Prevention and Early Help strategy is underpinned by the Multi-Agency Safeguarding and Support Hub (MASSH) which is the borough wide, central means for the identification of need, early in the development of a problem. The Early Help Assessment (EHA) and the Team around the School (TAS) are central to the delivery of effective support in Stockport. The EHA is an approach that links prevention and early intervention to more specialist services and our commitment to the Lead Practitioner model<sup>2</sup> ensures that services are coordinated around the needs of the child and family.

## **Purpose**

The Prevention and Early Help strategy provides the framework to guide the work of all key partners across the children's workforce in Stockport and to provide a policy basis for the commissioning and development of provision and services. The strategy is consistent with the ambition of Stockport Children's Trust.

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<sup>2</sup> Where children and young people require support from more than one practitioner, experience shows that they and their family benefit from having one person who can help them through the system. This promotes experience of a seamless and effective service, where services are co-ordinated, coherent and achieve intended outcomes.

The aim of this strategy is to set out:

- Stockport's definition of prevention and early help as well as the expected outcomes.
- The key principles for the prevention and early help offer in Stockport.
- How current prevention and early help services are being delivered and our plans for future development.
- How the impact of prevention and early help provision is currently measured and how we can further develop this.

### **Stockport's Definition: What do we mean by 'prevention and early help' provision?**

Stockport's definition of prevention and early help is underpinned by Working Together to Safeguard Children 2015 as well as Stockport's Safeguarding Children's Board Child Concern Continuum (Levels of Need). These clearly identify the thresholds for making decisions regarding targeted support.

<http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2017/04/Stockport-Multi-Agency-Guidance-on-Levels-of-Need.pdf>

Prevention and early help provision includes activity that:

- Supports children and families in a way that reduces the risk of problems arising in the first place. As well as parents and carers, who are vital to reducing risk, services that provide this support include schools, children's centres, health visitors, general practitioner's, school nurses, midwives and public health services. These services are known as **universal** services.
- Supports children and families who have an additional identified need that requires a service in order to stop the problem getting worse. This type of activity is known as tier 2 activity and is usually provided by **targeted as well as universal services**. The EHA is the tool used to support assessment, intervention and planning at this level.
- Provides support to children and families who are experiencing increasing levels of unmet need and where the extent of that need is becoming more **intense/complex**. Although the help required at this level can be intensive, (and some may suggest that it is '*late help*') it is still extremely important in preventing further escalation or preventing re-escalation of need. This type of support is generally known as tier 2 or 3 activity and it is often delivered by targeted services in conjunction with universal services in a coordinated Team around the Child/Family approach. The EHA is the tool used to support intervention planning at this level; however some

children and families may be assessed using the Social Work Assessment.

- Children and families can move back and forth across the continuum of need based on resilience and protective factors being balanced against the assessment of need/risk and the effectiveness of the support offered. The Prevention and Early Help strategy seeks to promote resilience and prevent the escalation of need so that children/young people's needs don't get greater. The strategy also recognises the importance of preventing the re-escalation of need. When families have previously had a children's social care intervention and have made positive progress, effective 'step down'<sup>3</sup> is important in supporting the successful transition to universal services. The strategy acknowledges that for some children, particularly those with disabilities, it is not always possible to prevent escalation dependant on the nature of the need.

<http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2017/04/Stockport-Multi-Agency-Step-Up-Step-Down-Protocol.pdf>

## **Stockport's Story**

### **What we know:**

There are 67,913 children and young people aged 0-19 in Stockport, making up 23.5% of all residents (based on ONS 2015 mid-year populations).

- a. Approximately 5,747 children were presented at the Contact Centre for consideration at the MASSH in 15/16, 68% of these cases were deemed as not requiring a statutory response. In 14/15 the figure was 57%. This suggests that we are seeing a gradual reduction in the number of children presenting to the MASSH with high levels of need or in crisis.
- b. The top 5 predominant issues presenting to the MASSH in 2015/16 were:
  - Domestic abuse/domestic incidents
  - Support required around parenting
  - Child experiencing emotional difficulties
  - Child and family experiencing acute stress
  - Child and family dysfunction

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<sup>3</sup> Once the social care assessment and intervention has been completed, and where there are no ongoing needs requiring social work intervention a conversation takes place between the Lead Practitioner and the Team around the Child to advise on the outcome of the assessment and plan to discuss ongoing support needs for the child/family, which could be addressed by 'stepping the case down' to another practitioner to take the lead role in the EHA/Team around the Child/Family.

Of adults and parents entering drug treatment in 2015/16, 39% live with children. Of adults and parents entering alcohol treatment in 2015/16, 38% live with children (*Source Joint Strategic Needs Analysis 2015/16 – definition change in 2015/16*)

- c. In 2015, there were 3,376 new births in Stockport. These children and families are offered a midwifery and health visiting service that provides the opportunity for a universal health assessment and further assessment or interventions of early help if required.
- d. The number of young people in substance misuse treatment with Mosaic in 2015/16 has increased from 2014/15 from 89 to 108. The numbers for under 18's in treatment can vary considerably from year to year. Many of the young people come through our early intervention school based service and therefore access to treatment is very quick where required. We also have an < 18 A&E pathway and referrals through this route are increasing. We have around 14% referrals from A&E for under 18s in treatment compared to nationally around 1%.

In November 2015, Mosaic co-located in Central House with other services in Stockport Family. This has led to an increase in referrals into the service due to increased awareness and improved working relationships. In addition, in 2015/16 Mosaic and other services saw a notable increase of young people in services using new psychoactive substances. A working group was set up to look at this in more depth and to understand if there was likely to be an ongoing increase prevalence. Work that has been done to date suggests that this is so far a stable picture, however the impact of those who do use these substances is considerable.

- e. Stockport's first time entrants into the criminal justice system rate per 100,000 of the 10-17 year old population was 272 in 2015/16 and is significantly lower than the average rates for Greater Manchester, North West region and England and Wales.
- f. Number of children living in poverty: -

8,228 or 9.6% of children and young people in Stockport aged 0-25 live in Priority 1 areas (ONS mid-year 2014 population estimate). Poverty is not limited to Priority 1 areas, however, and JSNA estimates 8,500 children were living in poverty in 2015. This had increased from just over 8,000 in 2010.

Poverty is highest in Brinnington and Central, Davenport and Cale Green, Reddish North and Edgeley and Cheadle Health where more than 1/5 of children live in poverty (JSNA, using ONS data)

- g. In 2016 5,555 or 14% of children attending Stockport schools were claiming free school meals. In priority 1 areas this figure is 41.4% (May 2016 school census)

**h. Attainment Gap:**

Recently verified academic year-end data for 2015/16 confirms that though there is still a gap between the attainment of children entitled to FSM and the Borough average, outcomes for disadvantaged pupils are improving at EY and all Key Stages: -

At Early Years 49.2% of children eligible for FSM achieved a Good Level of Development at the end of the Early Years Foundation Stage in 2016 compared to 47.9% in 2015 and 39.5% in 2014. (Borough average in 2016 was 69.6%)

At Key Stage 4, in 2015/16 44% of disadvantaged pupils achieved C grades or above in English and Maths compared with 33% in 2014/15 (albeit with different discounting rules), an 11% increase.

Disadvantaged pupils in Stockport performed better than the national average for disadvantaged pupils in all Key Stage 4 threshold subjects with the exception of Maths (where performance is the same) and English (where there is a 1 percentage point negative difference) and the Progress 8 score for disadvantaged pupils in Stockport is -0.43 which ranks the Local Authority amongst the highest achieving for this population (5th in the North West).

- i. School absence rates are more prevalent for the FSM cohort, especially in the secondary sector. (*Source Stockport Child Poverty Strategy 11/14*)
- j. Stockport has a high rate of hospital admissions for unintentional injuries. In 2015/16 the rate of admissions as a result of unintentional or deliberate injury was 143.8 per 10 000 population. There were 14.4 admissions per 1,000 0-17 year olds.
- k. 2 year old offer for vulnerable children:  
September 2013 DfE target was 543 children, the actual take up was 505 children (93% of the target figure)  
September 2014 DfE target is 1274 children (approximately 40% of Stockport's 2 year old children.) Early Years provision has increased to meet the expected increase in demand.  
Summer 2015, actual take up was 1,069 (85.2% of those entitled)  
Summer 2016, actual take up was 1,014 (91.4% of those entitled)
- l. 18.6% of children in reception class were overweight or obese in 2014/15. The 2015/16 data is 21.6%, the measure has changed to 'recorded as overweight or very overweight'.  
29.8% of children in year 6 were overweight or obese in 2014/15 The 2015/16 data is 30.0%)



Stockport is delivering the HENRY programme which is a unique and highly successful intervention to tackle child obesity. The HENRY approach focuses on 0-5 year olds, empowering parents and carers to provide a healthy start for babies and young children.

- m. 10.6% of women were smoking at the time of delivery in 2015/16. Maternal smoking in areas of disadvantage remains high. The NHS Foundation Trust have appointed a Stop Smoking Midwife to tackle this issue using the Babyclear programme.
- n. 51.6% of women were breastfeeding their babies at 6 weeks in 2015/16. Breastfeeding rates in areas of disadvantage remain low.
- o. The looked after children (LAC) cohort has altered because of a change in relation to recent case law. In the last 2 years the number of children on care orders at home has doubled (2014 - 23, 2016 – 47). There has also been an increase in the number of care orders the courts are making:  
  
2014 - 138  
2016 - 175 of that increase in number (37) a larger proportion of that group (24) are being placed at home.
- p. There has also been a reduction in the use of residential provision  
14/15      9.2% of LAC were in residential provision  
15/16      5.5% of LAC were in residential provision

### **Prevention and early help in Stockport**

Our shared aims and ambitions for our children and young people:

- Our children are given the very best start in life by their parents and carers
- Our children/young people enjoy good health and receive the services they need to become as independent as possible and to achieve the best health outcomes
- Our children/young people are well prepared for adulthood and engage in education, employment and training
- Our children /young people and families are supported in contributing to their community
- Our children and young people live safely and happily within their families and there are fewer family breakdowns.

## **Our Stockport Family pledge to children and families** (currently out for consultation)

- We will listen and understand
- You will be involved in agreeing what support is needed
- We will try to find the right person to help you
- Every communication will count

## **Our principles**

In developing service provision and support for prevention and early help, the following principles will be adopted:

- **Prevention is essential in order to reduce demand**  
There continues to be a need for universal services to support children, young people and families. Universal services are important for prevention and early intervention. Universal provision contributes to reducing maternal smoking, increasing breastfeeding rates, reducing unintentional injuries and ensuring children maintain a healthy weight; all of which help to reduce demand on services and cost.
- **The economic benefits of prevention and early intervention**  
Evidence from research highlights the benefits of early intervention, which can reduce or prevent the need for a range of costly and complex remedial interventions.
- **Evidence based**  
Effective prevention and early help requires an evidence-based, whole family approach with consistent impact measures. This is important if we are to understand the effectiveness of the provision experienced by children and families.
- **Distribution of resource**  
This strategy will inform commissioning and decommissioning in relation to Stockport's Prevention and Early Help offer, particularly investment in services which have an evidence base that prevent the escalation of need.
- **Outcome based commissioning**  
The impact of outcomes will provide evidence to inform commissioning decisions and the shaping of services.
- **Parents are the primary educators of their children**  
The key role of parents/carers in shaping outcomes for children and young people and providing support to help them is recognised.

- **Schools play a significant role**

Schools are key partners in identifying the needs of the child/young person and in the provision of early help, in addition to the provision of quality education to children and young people. We work in four locality teams in the borough and we are able to 'call in' specialist assessments and support if they are needed.

We have introduced a Team around the School approach, working with communities, schools and families to deliver the right kind of support at the right time.

- **Intervention in the early years of a child's life is critical**

Investing early in the life of a child is better and cheaper than taking remedial action. Child development, language skills and emotional and social wellbeing are important in enabling school readiness and achievement.

- **Clear pathways/early identification**

Stockport's MASSH has enhanced intelligent information sharing through the co-location of key agencies from across the public sector at the front door in the contact centre.

- **Ensuring that the greatest emphasis is given to safeguarding**

Stockport Family frontline staff take a broad view of safeguarding to ensure that early identification leads to prompt action and minimises the risk of harm.

- **Integrated approaches**

Ensuring that where more than one agency is involved in providing a service, information is shared appropriately between agencies and the provision of support is joined up and coordinated.



- **Investment in early help resources**

We will ensure that frontline staff can access resources that span a range of levels of need.

- **Protecting resources to support early help and prevention**

Stockport Family is a fully integrated service of early help provision and children's social care/other specialist services that emphasise the importance of the prevention of re-escalation. The provision of intervention to support 'step down' from high level statutory provision (as

well as preventing 'step up') is an important principle of the Prevention and Early Help strategy<sup>4</sup>.

- **The need of the child and family underpins all our decisions**  
We work with children, young people and families, using the principles of restorative practice, helping them to find solutions to their problems or concerns. We use a shared assessment to talk to families about how things are going and to be clear about what we want to achieve by working together.
- **Applying a whole family approach**  
This means understanding:
  - All aspects of home life including work, school/college, social/community and health and wellbeing
  - The whole person/whole family situation and what matters most to them
  - The impact of what's not working well for all family members
  - A family's strengths
  - A person's readiness to change, so that support is offered at the right time.
- **Recognising diversity**  
Ensuring that our prevention and early help services take full account of the diversity of the Stockport population.
- **Community solutions/co-production**  
Stockport is committed to engaging and involving communities in developing local solutions through community mentoring and peer support programmes.

## **Prevention and early help delivery**

### **Stockport does the following things well:**

- We have an effective universal approach, which creates an environment for the identification of need and risk, and promotes resilience in children and their families. Universal services are essential to the overall approach and more focus is being placed on supporting community solutions through the development of new models of co-production with families (finding solutions

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<sup>4</sup> Allen (2011), 'Early Intervention, the Next Steps' and 'Early Intervention: Smart Investment, Massive Savings'; Field (2010), 'The Foundation Years: preventing poor children becoming poor adults'; Munro (2011), 'Part One: A System Analysis', 'Part Two: The Child's Journey' and Part Three: A Child Centred System'; Tickell (2010), 'The Early Years: Foundations for life, health and learning' and Marmot (2010), 'Fair Society, Healthy Lives'

to issues through engagement with the community). The place based integration pilot is testing this work<sup>5</sup>.

- We have systems in place that pick up the early signs of need or distress in families and enable the offer of effective, swift support. Support is aligned to universal services/EHA, Early Years workers and health visitors.
- The First Response team in the MASSH underpins the next stage of early identification of need in Stockport. The MASSH is fully aligned to other early identification processes in partner agencies, for example the Accident & Emergency Department cause for concern notifications.
- A range of adult services are part of the MASSH; these include employment and skills support, Stockport Homes, Job Centre Plus and the Stockport Local Assistance Scheme.
- Troubled Families – nationally the government has recognised that earlier help is needed for families at risk of developing multiple and complex problems. The expanded Troubled Families programme began in April 2015. Stockport has achieved sustained and significant results with 421 families. In Stockport there is no specific ‘troubled families’ service, we use Stockport Family and partnerships governed through the Supporting Families Executive such as Housing, Police etc. to change the way **all** services support and challenge families to achieve positive and lasting changes in their lives. Funding from the Troubled Families programme has enabled the development of the Infant Parent Service which funds two CAMHS (now Healthy Young Minds –HYMS) practitioners; a clinical psychologist and child psychotherapist to work closely with the parenting team on the development of new interventions. The CAMHS Local Transformation Plan funds the clinical psychology post. There have already been positive outcomes for high risk families as a result of collaboration between both teams.
- Commitment to a consistent case management/lead practitioner approach and Team around the Child/Family process, rather than complex referral routes between services is at the heart of the prevention and early help offer in Stockport Family.
- Children and families have access to support (above the universal offer) if additional need is identified that requires support through the EHA process. We knew that there was some duplication of referrals to services from schools and repeat referrals to the MASSH. In response we developed the

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<sup>5</sup> The place based integration pilot will allow us to better understand and reduce demand at the neighbourhood level in the context of people and place; it is sponsored by the Greater Manchester Combined Authority as part of its public service reform programme.

Team around the School. The work is only in its 2<sup>nd</sup> term but a there has been positive feedback from schools about the benefits of the model that include improved response time, effective support and increased confidence from schools and partners around support and safeguarding.

- The Common Assessment Framework (CAF) has been replaced by a strengths-based EHA. The EHA was designed utilising the restorative ethos, with an emphasis on recording the voice of the child and focusing on strengths as well as vulnerabilities. As shown in the table below, there has been a significant increase in the number of CAFs/EHAs since the introduction of Stockport Family, which is an indication of rising early help assessment activity<sup>6</sup>.

Number of CAFs/ Early Help Assessments completed each quarter

Year	Qtr 1	Qtr 2	Qtr 3	Total Q1-Q3	Qtr 4	Total Q1-Q4
2013/14	220	185	349	754	383	1137
2014/15	373	385	437	1195	501	1696
2015/16	524	453	576	1553	592	2145
2016/17	771	480	502	1753	n/a	n/a

- Stockport Family has recently launched the e-Learning training for the EHA. The training has been designed to engage a broad range of services and raise awareness across wider public sector agencies about the importance of prevention and early help. The EHA has reduced the number of forms and referral pathways
- We have commitment to 'plan, do, review' via the EHA and Team Around the Child/Family approach – a constant process of testing and refining is an fundamental principle of the prevention and early help model.
- We are responsive. Stockport Family has rapid response assessment coordinators who operate from the 'front door' and respond swiftly to children and families that are at risk of escalating to statutory services without rapid engagement and support.
- The MASSH has an effective interface with children's social care; social care leaders and workers are co-located at Stockport's 'front door' in Stockport Family's First Response team.

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<sup>6</sup> The Early Help Assessment is a tool to help practitioners understand a child, young person and family's additional needs and develop a clear plan to help them find positive solutions. (It was formerly called the CAF). The early help assessment is completed on a simple electronic form which anyone working with children, young people and parents/carers in Stockport will be able to gain access to after a short training session.

- Our children's centres have focused on reaching and having a positive impact on many more families, including those who are most vulnerable. The Brinnington Pilot began in September 2015 and is due to run until March 2017. It involves increasing investment and resource allocation in order to build capacity.
- A range of effective early intervention strategies are deployed by our Children's Centres to target children and their families in areas of high deprivation.
- The Family Nurse Partnership is embedded within Stockport Family and demonstrates strong early help safeguarding practice around early decision making.
- We aim to use robust interventions that are validated, evidence based and proven to work. We have well-established, successful parenting programmes that include Webster Stratton, Incredible Years, the Respect programme and Think Family. Evidence-based programmes are offered at the right time and seek to tackle the causes not the symptoms where possible.
- The list of evidence based approaches that form part of the early help offer in Stockport is reviewed regularly based on the guidance and cost benefit analysis work being undertaken by Greater Manchester Combined Authorities (GMCA).
- We have re-modelled the provision and delivery of the tracking and NEET work and trained the staff in the 'Goals Programme'. In December 2016, we saw further improvement and the current position for our Year 12 and 13 combined is:  
  
Stockport's number of young people in learning at 94.4% is the highest in Greater Manchester.  
  
Stockport's Not Known's (when the education, training and or employment destination of a young person is not known) at 1.3% is the second lowest in Greater Manchester.  
  
Stockport's number of young people not in education, employment or training at 2% is the lowest in the North West.
- We know all of our looked after children (LAC) and care leavers well. Our ambitions for our LAC and care leavers are high. We have designed a Stockport Families First team (SFF) to prevent children from coming into care by bringing together provider services (Short Breaks, Intensive Support, Kite, Healthy Young Minds, Family Group Conferences and residential provision) to provide wrap around intensive support to keep families together. The team is able to call in appropriate support services.

- We have the largest % decrease in use of residential placements in the North West.
- For those children who are in care with care plans for rehabilitation, SFF accelerate the support required to enable them to be supported to move home, this prevents drift. The SFF team work flexibly around family's needs.
- For children in foster care the Fostering Outreach Service and the SFF team provide support to foster carers to prevent placement breakdown.
- We have a clear edge of care strategy focused on supporting children to remain with their families, where it is safe to do so. An analysis of activity shows that the SFF team is working intensely in a new and innovative way to keep children with their families and that this is having an impact on cost.
- The 2016 Peer Review of the Domestic Abuse and Child Sexual Exploitation team said: 'Everyone we spoke to knew the children and families and showed genuine concern for their safety, security and well-being.' 'The Stockport Family programme has brought about a clear focus on strengths based, restorative approaches to working with vulnerable children and families in crisis.'
- What families have told us about Stockport Family:
 

'The last few years have been a tough journey for us as a family but we have always been grateful for your input, support and help. The fact that he has engaged well with both of you speaks for itself and reflects both of your skills and determination to help.'

'Thank you so very much for all you have done. You have helped us, supported us, guided us and kept us all together. I just wanted you to know how valuable you have been to us and it is very much appreciated.'

'I just wanted to send a message to say how much Stockport Family worker has helped me. I didn't have the confidence to follow through with the issues that was staring me right in the face, she came into my life and turned it right around, I was a very timid and nervous and vulnerable girl with no confidence what's so ever and she helped me like no one has helped me before'
- Families were surveyed between June 27 and September 21 2016 as part of the evaluation of Stockport Family. 106 families returned the questionnaire.
  - 71% (75) said that staff were available when their family needed them
  - 75% (79) said that staff listened to their family's views
  - 73% (77) said that staff did what they said they would



## **Areas in development**

- To further invest in the workforce so that it is better trained to deliver effective evidence based interventions. We are working closely with the GMCA to embed cultural change and develop a comprehensive programme of workforce development in the context of public service reform.
- We will have a greater focus than ever before on outcomes, to make certain that we are maximising opportunities for progress for children and families. We will have a consistent approach to monitoring and evaluation. We have run a series of agile workshops to embed good practice in the four cornerstones of our work: assessment, planning, interventions and supervision. We will evidence our achievements through the use of data and qualitative methods, using the learning from the Stockport Family evaluation.
- The EHA will allow us to consistently gather the voice of the child and family so that we can use them to reshape our services to better respond to need.
- We are developing 'single view' as part of the Digital by Design programme to address the issue of information being stored different places, enabling a more holistic approach to risk assessment, planning and support.
- We are developing tools to allow us to capture and share best practice, including a multi-agency supervision framework.
- We will maintain our focus on edge of care and provide wrap around intensive support, enabling children to live with their families where it is safe to do so.

## **Impact and Effectiveness**

The benefits of prevention and early help are not necessarily accrued to the organisation that invests. For example, effective early intervention approaches in the early years by health visitors or Children's Centres, which address issues such as social and emotional wellbeing, might not produce savings to that budget. The results might be seen many years down the line in future savings to other sectors e.g. the hospital sector, education or police budgets.

As well as measuring 'distance travelled' for children and families subject to intervention, it is important to be able to measure impact and to highlight the benefits to other public sector agencies of investing in prevention and early help approaches. Stockport is using the GMCA cost benefit analysis tools to understand the impact of the place based integration pilot.

## Quality Assurance

A structured Stockport Family quality assurance framework is in place to monitor the quality of services to families. Performance across Stockport in relation to the application of the new EHA is audited centrally to ensure that we have an accurate understanding of impact and uptake across the borough.

The Prevention and Early Help plan identifies the outcomes and the responsible officers. Alongside this, work is on-going to develop a learning culture and to further develop our workforce. This includes developing methods of capturing and sharing best practice.

The key actions in the Prevention and Early Help strategy will be monitored and evaluated by Local Safeguarding Children's Board, the Children's Trust Partnership Board, the Supporting Families Executive Board and the Health and Wellbeing Board.

### Measures in place for the effective monitoring of preventative and early help intervention:

#### Collective/ Global measures

	<b>Measure</b>	<b>Existing or new</b>
A	Number of EHAs completed in the period	Existing
B	Number of contacts submitted to MASSH in the period	Existing
C	Outcomes of contacts submitted to MASSH in the period (EHA Rec/Open EHA/Universal Rec/SWA response)	Existing
D	Predominant presenting issues to MASSH in the period (thematic need)	Existing
E	% MASSH EHA conversion rate within 30 working days	In development
F	Offending rates	Existing
G	First time entrant rate	Existing
H	Attendance rates	Existing
I	Exclusion rates	Existing
J	Missing from family home rates	Existing
K	Maternal smoking at time of delivery rates	Existing
L	Breastfeeding maintenance at 6 weeks rate	Existing
M	EYFS outcomes	Existing
N	Rate of hospital admissions for unintentional and deliberate injury	Existing
O	Childhood obesity rates at reception and year 6	Existing
P	Rate of hospital admissions for unintentional and deliberate injury	Existing
Q	LAC admissions and discharges	Existing

## Child and family distance travelled

	<b>Measure</b>	<b>Existing or new</b>
T	Employment- family members previously workless that are a) closer to the labour market or b) in full time paid employment	Existing

## Key Enablers

- MASSH
- Health and Wellbeing Strategy
- Public Service Reform Programme
- Safer Stockport Partnership Review of Domestic Abuse Provision 13/14
- Troubled Families Programme
- Greater Manchester Early Years Programme
- Family Nurse Partnership
- Child and Adolescent Mental Health Local Transformation Plan

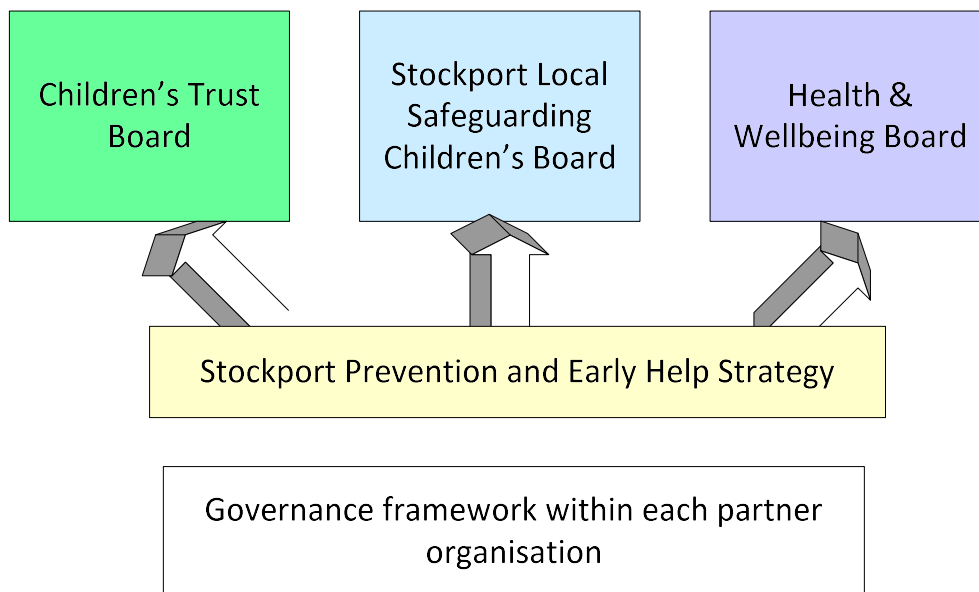
## Key Interdependencies

- Health and Wellbeing Strategy
- Children and Young People's Strategic Plan
- Stockport Safeguarding Children's Board Strategy
- Special Educational Needs and Disabilities Plan
- Joint Strategic Needs Assessment
- Domestic Abuse Strategy
- Safer Stockport Partnership
- Drug and Alcohol Strategy
- Early Years Strategy
- Greater Manchester (GM) Integrated Health & Early Help Strategy
- LAC and Care Leavers Strategy

## Governance

There is full engagement with all key partners. As the work develops there is commitment to full engagement with local communities based on a co-production approach.

The governance model for the programme of work is shown below:



There will be regular process reports to the following boards:

- Stockport Children's Trust Board
- Stockport Local Safeguarding Children's Board
- Stockport Health and Wellbeing Board
- Supporting Families Executive Board

## Appendix A

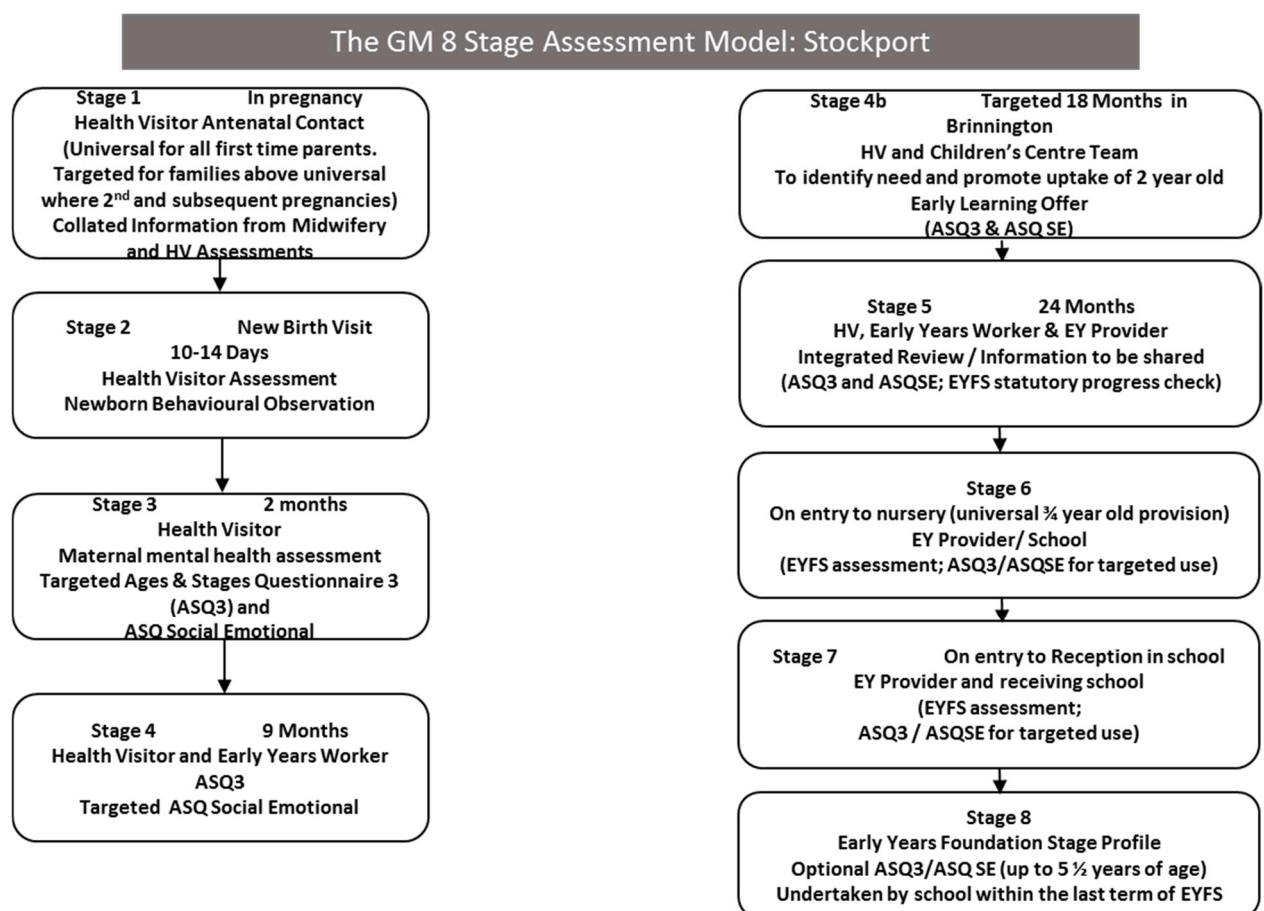
### Conception – 5 years

What happens in the earliest years has a significant and long term impact on a child's health, wellbeing and achievement.

The conception – 5 focus draws on the most up-to-date early years evidence, and considers this alongside what matters most for children and families in Stockport.

It aims to shape local early childhood services, bringing together the workforce under a shared set of key priorities as set out in the Stockport's Early Years Strategy 2017- 2020. It will support and challenge us all to make the most of this opportunity to lay strong foundations for children and families in Stockport.

To do this, we are working to implement the Greater Manchester Early Years delivery model based on the 8 stages of assessment. This model aims to ensure effective early identification of need, followed up with clear pathways to intervention with the aim of achieving school readiness.



## **Appendix B**

### **Lead Practitioner**

When a child needs a package of integrated support, experience shows that they and their family benefit from having one person who can help ensure they get the right services at the right time.

The Lead Practitioner is not a new job title or new role, but a set of functions essential to delivering integrated support. These are to:

- be a single point of contact – giving children, young people and their families a trusted person to support them and communicate without jargon
- coordinate services – so that effective action is properly planned, delivered and reviewed
- reduce overlap, inconsistency or gaps – to ensure a better service experience and better outcome.

The Lead Practitioner can be from any service and there is no one job they are likely to have. They will be chosen with the family and the child's view in mind, and it is likely they will be someone with a good working relationship with the family.

**Appendix C**  
**Prevention and Early Help Plan 2016/18**

<b>Delivery of</b>	<b>Action</b>	<b>Lead officer(s)</b>	<b>By when?</b>	<b>Review comments</b>	<b>Evidence/ Milestones</b>
Delivery of an electronic EHA to Stockport Family, Schools, CYDisP and wider partners	Deliver e-learning training and roll out of EHA.	Kate Fitzhugh Jennie Neill	Phase one September 16	EHA went live across the full range of Stockport Family Services in August 2016, followed by schools in September 2016. The roll out to wider partners has begun and will be complete by 1.9.17.	Training completed by 1.9.17
Development of Single View	Establish a dash board to allow data to be viewed from a range of sources.	Kate Fitzhugh Jennie Neill	April 17	The test phase is on track as part of the Digital by Design programme.	Phase 1 completed by 1.4.17
Creation of a Stockport Family First Response Team in the MASSH		Katie Horridge	Feb 17		Induction programme in place by 1.4.17

Develop the Place Based Integration pilot	Design and test the interface between the team around the school/ localities and the MASSH	Jennie Neill	Phase 1 September 16	On track	Evaluation of data Staff interviews
Build upon co-location of Employment & Skills Advisors and Job Centre Plus at the MASSH to ensure that employment remains a key focus of assessment (EHA) and subsequent family support interventions.	Monitor progress of Employment Support in the MASSH  Develop training to support professionals in having the 'work conversation'	Jennie Neill  Jennie Neill/ Jennie Stanton	Review date September 17  April 17	In process	Training programme Staff interviews
Establish a strong interface with educational outcomes and FSM/vulnerable children as part of the Team around the School.		Heidi Shaw	April 17 Review September 17		TAC reviews EHA data EYFS and Key Stage data
Deliver early help provision that is needs led, responsive and offers support swiftly to reduce risk and escalation	Gather learning from EHA Gather learning from Team around the Child (TAC) Team Coordinator	Katie Horridge/ Sally Roy Principle Leads	Review September 17		Analysis of escalation and de-escalation data Family voice interviews Evaluation report from TAC Coordinator



	role and make recommendations about what works well to inform future delivery				
Ensure a strong child and family voice at all levels of intervention and use this in order to inform future delivery.	Audit of EHA's	Sally Roy/Katie Horridge	Review August 17		Family Questionnaires Exit interviews
Develop a consistent, coordinated participation plan crossing a range of children's services		Nuala O'Rourke	April 17		Coordinator's report
Consistent QA and Audit that focuses clearly on the journey of the child and family	Implement borough wide, integrated framework across Stockport Family; utilising established frameworks where appropriate.	Stockport Family Principle Leads	Review September 17		Reports to Children's Trust, HWB Board and Safeguarding Board
Build a family baseline outcome framework into EHA to ensure an understanding of distance travelled for children and families		Katie Horridge/ Sally Roy	September 16	Complete	Reports to Children's Trust and HWB Board

Support a resilient, highly skilled and well equipped workforce	Workforce development /GMCA links	Bilkis Hirani	Review September 17/Ongoing		Online and face to face training programme
GP safeguarding meetings with health visitors/school nurses established.		James Higgins/ Christine Stelfox	Review April 2017		Records Impact evaluation report
Ensure a reduction in demand on public sector services becomes a focus for early help and preventative monitoring in Stockport	Build the EHA outcome measures into the performance framework that will capture data and enable efficient tracking	Mike Henry	September 17		Established Baseline information Evaluation of tracking data
Delivery of evidence based work to support teenage parents and ensure positive outcomes.	FNP Implementation: Ensure successful implementation of the Family Nurse Partnership programme in Stockport.	Maura Appleby	Review September 17		Impact evaluation report
Ensure an appropriate response to low level, universal concerns presenting at the contact centre		Katie Horridge	September 16/ongoing		Periodic analysis of records

Effective intervention to support maternal health and raised awareness of maternal health issues		Maura Appleby/ Duncan Weldrake	Review September 17		Impact evaluation report Training programme Reports to HWB board
Solutions that are rooted in the community	Work with the private voluntary and independent sector as well as community members to establish community interventions.	Jennie Neill	Review September 17		Evaluation Reports to Children's Trust PVI Annual Reports
Develop greater awareness of the needs of Stockport's diverse community	Work with Ethnic Diversity Service and other community groups to build better picture of need	Stephanie Longson	Review September 17		Training programme Report to Children's Trust
Effective work to raise breastfeeding rates across Stockport	Ensure successful implementation of the Breastfeeding Strategy	Claire Woodford/ Maura Appleby/ Michael Priestley	Review September 17		Quarterly reports to HWB board and Children's Trust

Ensure effective health provision in schools		Maura Appleby/ Michael Priestley	Review September 17		Report to Children's Trust
Ensure effective parenting programmes are provided.		Maura Appleby/ Heidi Shaw	Review September 2017		Report to Children's trust and Supporting Families Board
Deliver early help to children on the edge of care to enable them to live safely with their families where appropriate.	Monitor SFF team performance data and user feedback	Jeanette Warburton	April 2017		Regular data analysis

## **Appendix D**

### **Greater Manchester (GM) Integrated Health & Early Help Strategy**

#### **The Strategy**

The GM Integrated Health & Early Help Strategy is designed to provide the following purpose:

- Help develop a more consistent definition of Early Help across Greater Manchester
- Drive greater consistency of the Early Help offer in GM
- Set out a shared vision for Early Help that all localities/partners can engage with
- Help inform future investment decisions
- Identify and what has worked well across GM and can be taken to scale
- Act as a benchmark against which to monitor future progress
- Provide a reference point for different services, partners and the public.

It is recognised that the Strategy can only provide a framework for localities and that implementation needs to be led by localities themselves. The Strategy does however describe a delivery model for Early Help that has common principles and features that can allow for local flexibility and can be adapted to local places and specific local issues. These include:

- GM level leadership and commissioning: holding localities accountable for delivering the agreed ambitions and outcomes for Early Help.
- Collaborative locality leadership: localities should be led by joint, cross organisational teams who are committed to delivering the ambitions of the Greater Manchester Strategy together. They will be held jointly accountable for delivery of these outcomes and should be reflective of the range of services and interests required to make the system flourish in that locality. The formal organisation of these teams may differ by localities depending on the specific Integrated Care Organisation forms they are developing.
- Integrated Care Arrangements and Delivery Models: These may serve as the vehicle for delivery in some localities and may commission services to support Early Help. These should have a core, enshrined responsibility to deliver early intervention prevention as part of their priorities. Resources and capabilities should be available to deliver both universal services; and targeted additional support which can be stepped in as required

- All age public service hubs serving to support universal services to play a coordinating and allocating role for managing demand and accessing specialist services/stepping up provision.
- Place based teams who are embedded within communities who are able to intervene early and manage demand effectively. Teams are able to call on additional professional capabilities and specialist support when needs dictate for more targeted interventions.

## Appendix E

### Supporting documents:



PSR Hubs.pptx



MOSAIC end of  
year report April 201



Parenting Team  
Evaluation Report 20



Early Years  
Review.pptx



Stockport Early  
Years Strategy 2017 .



Stockport peer  
review 9'9'16 v2.doc



Youth Justice Plan  
2016-17 (final).doc