

South Tyneside

Early Help Outcomes Plan 2025

(South Tyneside Outcomes Framework 2025)



South Tyneside Council





Introduction

This document is designed as our guide for practitioners, staff, managers and auditors to ensure families achieve significant and sustained improvements to their lives.

Our aim is to build resilience in families and whilst doing so drive a system change of collaborative working, ensuring we facilitate interventions that change lives and services for the better.

South Tyneside is committed to supporting the most vulnerable and challenged families, which is articulated as key priorities within the Health and Wellbeing Strategy.

Our approach to supporting families



In South Tyneside, families are supported with:

- ✓ A **whole family approach** that considers the needs of all member of the family
- ✓ A **lead professional** for the family
- ✓ A **plan** that recognises that families are **experts** in their own experiences
- ✓ A **team around the family**, coordinating a package of support
- ✓ Access to a range of **services** to support families

Core Offer

HENRY

Healthy Families from the Start
8-week programme to help parents/carers to support their children's health and social development. Suitable for parents/carers with children aged 0-5 years.

HENRY Workshops
Single 90-minute workshops focus on a specific area of the HENRY programme.

- Starting Solids**
Introducing solid foods at 6 months
- Eat Well for Less**
Healthy eating on a budget
- Healthy Teeth**
Practical tips around children's oral health
- Looking after Ourselves**
Maintaining positive relationships as a family
- Understanding Children's Behaviour**
Learn parenting skills to hold boundaries and encourage cooperation while understanding feelings/needs behind children's behaviour
- Fussy Eating**
Tips to encourage children to try new foods and enjoy mealtimes as a family.

First Aid

Paediatric First Aid
Partnered with St John's Ambulance demonstrating basic first aid for babies and children. Booking required at Family Hub.

Home Learning

First Words Together
5-week programme for families who want to help their baby or toddler to talk using story, rhymes and games. Suitable for 0-2 years.

Early Words Together
5-week programme for families who want to help their child learn to talk and support communication. Suitable for 3-4 years.

Parenting

Solihull Antenatal
4-week programme for expectant parents covering stages of labour, infant feeding and practical advice for caring and bonding with their new baby.

Solihull Understanding Behaviour
8-week programme for parents/carers to understand their child's behaviour in the context of their development and child-parent relationship.

Triple P - Baby
Programme to help prepare for and adjust to parenting a newborn or baby under 12 months.

Triple P - Standard
Programme offering practical strategies to build strong health relationships and manage children's behaviour. Suitable for parents/carers of 6-12 year olds.

Triple P - Teens
Programme offering practical strategies to build strong health relationships and manage children's behaviour. Suitable for parents/carers of 12-19 year olds.

Triple P - Fearless
Specialist programme to learn new cognitive behavioural strategies for anxiety management. Suitable for parent/carers of 6-14 year olds.

Solihull Digital Offer
Free online Solihull courses to support emotional health and wellbeing

- Antenatal and postnatal baby bonding
- Understanding your child or young person
- Your child/young person with additional needs
- Teenager's feelings and brain development
- And many more specialist courses



Healthy Relationships

Arguing Well as a Couple
Group programme suitable for parents who are experiencing conflict in their relationship

Parenting when separated
Group programme suitable for parents who are preparing for, going through or have gone through separation or divorce.

Relationships Matter Digital Workbook
Online support tools for families to improve their relationships

Infant Mental Health

Grobrain
Course for parents/carers of babies pre-birth to 12 months. Focuses on bonding, brain development and the vital part parents play in 'wiring up' the connections in their baby's brain in the first 1001 critical days of life.

VIG
The VIG (Video Interaction Guidance) Approach is family centred and moves at the family's pace, with their individual goals in mind.

Baby Massage
4-week course to learn different massage strokes and strength bond with baby. Booking required at Family Hub.

Infant Feeding

Infant Feeding Workshop
For expectant parents to discuss bonding and building relationship with their baby, skin to skin and breastfeeding information.

Breastfeeding Group
Support group for antenatal and postnatal women who would like support around breastfeeding, with support from professionals.

Family Play Sessions

Learning with Play 0-4
Playgroup for children 0 to 4 year that promotes quality time through songs, outdoor play, sensory, crafts and messy play.

Learning with Play 0-1
Playgroup for children 0 to 1 year that promotes quality time through songs, outdoor play, sensory, crafts and messy play.

Learning with Play SEND
Playgroup for families with children under 5 years with an additional need or waiting for assessment. Includes sensory play, songs, rhymes and outdoor play.

Learning with Play Dad's Group
Playgroup for dads/male carers to attend with children aged 0-4 years including outdoor play, crafts, sensory and messy play.

Learning with Play Young Parents
Playgroup for young parents to attend with children aged 0-4 years including songs, outdoor play, sensory, crafts and messy play.

Science Buddies
Science experiment sessions for children 5+ years. Booking required at Family Hub.

Williby Rocs
Eco-friendly arts & crafts sessions for children 5+ years. Booking required at Family Hub.

Kalma Yoga
Free sessions of Pre-Natal, Post-Natal and Family Yoga for ages 3-12 years. Booking available on Kalma Yoga website.

Other Services

Early Help Support
Family-orientated intervention that works closely with families to provide the right support at the right time.

Welcome Visits
All South Tyneside families with a new baby are offered a FH New Birth Visit to their home and receive a new parent pack.

Breast Pump Loan
Free to breastfeeding parents who live in South Tyneside. For requests and information call 0191 423 4971.

Baby Boxes
Baby resources box with essentials and toys. Available to parents under 21 years via Health Visitor referral.

Quit Smoking
Smoking Cessation offers 1-1 support with pregnant parents to quit smoking and give their baby the best start in life.

Other Weekly Groups

Baby Weigh Clinics
Opportunity to get baby/child weighed and receive advice and information from Health Visitor. By appointment only - 0191 283 2677

Antenatal clinics
Ran by Midwives offering Antenatal support and guidance. Appointment sent by Midwife.

Twins, Triplets and more
Playgroup for parents/carers with twins, triplets or quads

Little Hearoe's Group
Stay and play group for hearing-impaired children aged 0-4 years. Facilitated by the Hearing Impaired service.

NICU Stars/NCIU Movers
Play/support group for families in South Tyneside who have been discharged from Neonatal Intensive Care Unit.

Foster Carers Group
Fortnightly playgroup for foster carers to attend where children can play and explore in a fun learning environment.

Digital Support 24/7



Developed with the NHS to give new dads and dads-to-be practical knowledge and skills to support themselves and their partner.



Free 24/7 Parenting, Pregnancy and Infant Feeding Support suitable for expecting parents and families with child ages under 2.

Get in touch

Professionals – can make a referral by emailing a Request for Service to the Family Hubs mailbox.

Parents/carers - can call the Family Hubs and a member of our team can submit a Request for Service on their behalf.

☎ 0800 783 4645

✉ familyhubs@southtyneside.gov.uk



Securing better outcomes

We are committed to securing better outcomes which reflect genuine improvement in families' lives.

We will listen to the views of family members to understand the difference the support has made.

We will also use a range of data sources to further evidence that outcomes have been achieved.



The Outcomes Framework, descriptors and data sources

The Early Help Outcomes are described in more detail in the table below which is referred to as the '**outcomes framework**'.

The framework sets out

- the **need** of the family
- the **outcome**
- the **data** that will be used to demonstrate the outcome has been achieved.



1. Getting a good education

Family Need	Data Source	Outcome	Evidence
1.1 Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms	Census data Information from Practitioner assessments, contacts and referrals	Improved and sustained good attendance for all children in the household who have started than less than 40%	Average attendance 90% or above for every child in the family over 2 consecutive terms
1.2 Average of less than 50% attendance authorised and authorised for 2 consecutive terms	Census data	Sustained improvement from very poor attendance	At least a 30% improvement in attendance, with a minimum of 50% average attendance, over 2 consecutive terms
1.3 Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET	Census data Information from practitioner assessments, contacts and referrals	Improved engagement with education (e.g. pupils no longer on report, reduction/no detentions)	Fewer days lost to suspension and exclusion over 2 consecutive terms Professional judgement – no further concerns about suitability of Elective Home Education Child who was off role receiving a suitable education
1.4 Child's special educational needs not being met	SEND data, Education Health and Care (EHC) Plan. Top Up Funding Information from practitioner assessments, contacts and referrals	Family happy that special educational needs being met and school/early years settings are providing adequate support	Child's needs have been appropriately assessed and suitable package of support is in place as per the SEND Code of Practice Family engaging with package of support and has a trusted relationship with the team around the family

2. Good early years development

Family Need	Data Source	Outcome	Evidence
2.1 Expectant or new parent/carers who require additional or specialist support (e.g. young parents, parents who have been in care, parents with learning needs)	GP, dentist, health visitor, midwife, health records Information from practitioner assessments, contacts, and referrals, including self-referral Groupworks	Families are engaged with appropriate support that can be seen to be making a difference; capacity for positive, effective parenting increased and they are accessing and engaging with services	Completed evidence-based parenting course with evidence of parents/carers implementing those strategies and improved outcomes Practitioner and/or self-assessment – improved outcomes
2.2 Child's (0-5 years) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)	A&E records, GP, Dental, Midwife, Health Visitor Information from practitioner assessments, contacts and referrals, including self-referral	Child's physical health needs met, better awareness of home safety and accident prevention	Practitioner and/or self-assessment – improved outcomes
2.3 Child's (0-5 yrs) developmental needs not being met (e.g. communication skills/speech and language, problem-solving, school readiness, personal social and emotional development)	ELIM data, ASQ SE, ASQ 3 scores Early Years Foundation Stage Profile – not meeting development goals Not taking up 2-year-old entitlement or 3–4-year-old universal early years entitlement. Not attending 2-year Universal Health Visitor review Information from practitioner assessments, contacts and referrals, including self-referral Family	Child's developmental needs are being met, making suitable progress. Child has the right support in place. Children and young people with probable/confirmed prenatal alcohol exposure impacting on development or behaviour are referred for FASD assessment	Take up of 2-year-old or 3-4 year old entitlement, attending development check Practitioner assessment – improved outcomes, self-assessment (parent/carer) – improved outcomes/FASD assessment

3. Improved mental and physical health

Family Need	Data Source	Outcome	Evidence
3.1 Child needs support with their mental health	Mental health service provider records GP/other health data source Information from practitioner assessments, contacts and referrals, including self-referral	The child's mental health and/or wellbeing has improved Family/parents/carers feel better equipped to manage the child's mental health and wellbeing	Diagnosis received, if relevant, and appropriate support in place Professional assessment or self-assessment – improved outcomes Child (and/or parent/carer) is engaging with and benefitting from appropriate support
3.2 Adult needs support with their mental health	Mental health service provider records GP/other health data source Information from practitioner assessments, contacts and referrals, including self-referral	The adult's mental health and/or wellbeing has improved Family/parents/carers feel better equipped to manage the adult's mental health and wellbeing	Diagnosis received, if relevant, and appropriate support in place Professional assessment or self-assessment – improved outcomes Adult is engaging with and benefitting from appropriate support and adhering to medication regime, if relevant
3.3 Child/parent/carer require support with physical health needs that affect the family	Health vulnerabilities data. GP/other health data source. Information from practitioner assessments, contacts and referrals, including self-referral	Physical health needs are being well-managed, and family have sufficient/the right support in place	Necessary adaptation made or in place Professional assessment or self-assessment – improved outcomes. Family engaging in appropriate support plans to manage ongoing health needs

4. Promoting recovery and reducing harm from substance misuse

Family Need	Data Source	Outcome	Evidence
<p>4.1 An adult has a drug and/or alcohol problem</p>	<p>Alcohol risk screening tools: e.g., AUDIT alcohol screening tool and ASSIST</p> <p>Clinical diagnostic tool for alcohol dependence: SADQ</p> <p>Mental Health Data Set / Health provider records</p> <p>Information from practitioner assessments, contacts and referrals, including self-referral</p> <p>Police report</p>	<p>Adult reducing / abstaining from substance use (as measured by rescreening)</p> <p>Adult able to manage the substance use, understands the risk/impact of the substance use on the family and children and is able to promote safety and implement actions to reduce harm.</p> <p>Assessment undertaken with child/family to determine impact of substance misuse upon child and child is benefitting from appropriate support</p>	<p>Adult engaging with appropriate level of support and completing specialist treatment</p> <p>Practitioner or self-assessed improved outcomes</p>
<p>4.2 A child or young person has a drug and/or alcohol problem</p>	<p>Screening tools such as DAST-A, CRAFT, mental health data set/health provider records</p> <p>.Information from practitioner assessments, contacts and referrals, including self-referral</p> <p>MATRIX</p>	<p>Child reducing/abstaining from substance use and family/child better equipped to manage risk and find alternative coping strategies</p>	<p>Practitioner or self-assessed improved outcomes</p> <p>Child/young person engaging in appropriate support and completing specialist treatment</p>

5. Improved family relationships

Family Need	Data Source	Outcome	Evidence
5.1 Parent/carers require parenting support	Information from practitioner assessments, contacts and referrals, including self-referral	Parent/carer demonstrates improved, positive parenting (e.g. Improved parent/child interactions)	Parents/carers complete evidence-based parenting programmes with evidence of improved outcomes. Practitioner or self-assessed improved outcomes
5.2 Harmful levels of parental conflict i.e. when frequent, intense or poorly resolved	Police report Information from practitioner assessments, contacts and referrals, including self-referral	No harmful parental conflict and improved family relationship Parent/carer understands the impact of the conflict on the children	Parent/carers complete parental conflict programmes or parenting support with evidence of improved outcomes. Practitioner or self-assessed improved outcomes
5.3 CPVA abusive in the home to parents /carers/siblings	Police report Information from practitioner assessments, contacts and referrals, including self-referral	No harmful child to adult or sibling abuse Child is better equipped to understand behaviours, develop coping mechanisms and self-manage Parent/child improved relationship	Family successfully complete CPVA parenting course or specialist provision for SEND Practitioner or self-assessed improved outcomes
5.4 Unsupported young carer or caring circumstances changed requiring additional support	Information from practitioner assessments, contacts and referrals, including self-referral. Humankind	Unsupported young carer now supported including with change in caring circumstances	Young Carer's assessment and relevant support in place. Practitioner or self-assessed improved outcomes Accessing targeted Young Carer's support

6. Children safe from abuse and exploitation

Family Need	Data Source	Outcome	Evidence
6.1 Emotional, physical sexual abuse or neglect, historic or current, within the household	<p>Early Help, CIN or CP plan</p> <p>Information from practitioner assessments, contacts and referrals, including self-referral</p>	<p>No longer abuse or neglect in the household</p> <p>Child/family has been supported and has strategies to manage going forward</p> <p>Children are in an emotionally and physically safe environment</p>	<p>Early help, CIN or CP plan closed and/or stepped down.</p> <p>Practitioner assessed improved outcomes</p>
6.2 Child going missing from home	<p>Police report</p> <p>Information from practitioner assessments, contacts and referrals, including self-referral</p>	<p>Child no longer going missing</p> <p>Child/family has been supported following missing episodes</p>	<p>No missing reports in month prior to closure and no re-referral into services 6 months following closure</p> <p>Practitioner assessed improved outcomes</p>
6.3 Child identified as at risk of, or experiencing, sexual exploitation	<p>MSET</p> <p>Information from practitioner assessments, contacts and referrals, including self-referral</p>	<p>Child not experiencing sexual exploitation and child has been supported following sexual exploitation</p> <p>Partners worked alongside child/family to manage risk of sexual exploitation</p>	<p>Practitioner assessed improved outcomes</p> <p>No more police reports</p>
6.4 Child identified as at risk of, or experiencing, criminal or pre-criminal, exploitation (e.g., county lines)	<p>Police report</p> <p>Information from practitioner assessments, contacts and referrals, including self-referral</p>	<p>Child not experiencing criminal or pre-criminal exploitation</p> <p>Child has been supported following criminal exploitation</p> <p>Partners worked alongside child/family to manage/reduce risk of criminal exploitation</p>	<p>Practitioner assessed improved outcomes</p> <p>No more police reports</p>

6. Children safe from abuse and exploitation (cont'd)

Family Need	Data Source	Outcome	Evidence
6.5 Child identified as at risk, or being affected by, radicalisation	PREVENT PATHWAY Information from practitioner assessments, contacts and referrals, including self-referral	Child not affected by radicalisation Child has engaged with and benefitted from relevant support Partners worked alongside child/family to manage or reduce risk	Practitioner assessed improved outcomes
6.6 Child experiencing harm outside of the family (e.g. peer to peer abuse, bullying, online harassment, sexual harassment/offences)	Police report School report Information from practitioner assessments, contacts and referrals, including self-referral	Child no longer experiencing harm and child confident in reporting and being taken seriously. Partners worked alongside child/family to develop strategies and support them to cope with and respond to, abuse/harm outside of the home and to keep themselves safe	Practitioner assessed improved outcomes, closure of plan, no police or school reports

7. Crime prevention and tackling crime

Family Need	Data Source	Outcome	Evidence
7.1 Adult (18+) involved in crime/ASB (at least one offence/arrest/named suspect report)	Police report. Probation data, multiagency safeguarding panel Information from practitioner assessment, contacts and referrals including self-referrals	(7 or fewer incidents in 12) months Adult no longer involved in crime (8 or more incidents in 12 months) Adult demonstrates at least 50% reduction in incidents/crime	Where number of incidents are 7 or fewer, the person must not have any arrests suspect reports or ASB for 6 months 8 or more incidents person must demonstrate at least 50% reduction in crime incidents or suspect reports for 6 months
7.2 Young person (U18) at risk of crime -including gangs, serious violence, weapon possession involved in harmful risk-taking	Multi-Agency safeguarding panels, ASSET Plus Police data Self-report delinquency scale Information from practitioner assessments contacts and referrals including self-referrals	Young person not involved in crime or ASB Young person better supported to manage risk or become involved in crime through accessing relevant services and engaging in this process	Young person must not have any offences arrests named suspect reports or ASB for 6 months YP recorded to be accessing relevant support services e.g. VRU initiatives, CAMHS, Youth Justice services and maintaining positive behaviours
7.3 Young person (U18) involved in crime/ASB (at least one arrest, named suspect report or ASB in the last 12 months)	Multi-Agency safeguarding panels, ASSET Plus Police data Self-report delinquency scale Information from practitioner assessments contacts and referrals including self-referrals	(4 or fewer incidents in 12 months) Young person no longer involved in crime or (5 or more incidents in 12 months) Young person demonstrates at least 50% reduction in incidents of crime providing none are severe defined by list of severe offences	Evidence that YP accessing and engaging in appropriate support services e.g. YJS, CAHMS VRY programmes until problems are resolved /progressed to conclusion of positivity

8. Safe from domestic abuse

Family Need	Data Source	Outcome	Evidence
8.1 Family affected by domestic abuse or inter-personal violence and abuse – historic, recent, current or at risk (victim)	Police data Notification via Operation Encompass (for affected children) Information from practitioner assessment, contacts and referrals including self-referrals	Domestic abuse has stopped Victim has a clear safety plan in place and knows how to seek help, victim feels safe at home Victim has received (or is receiving) appropriate support	No incidents of domestic abuse in the month prior to closure and no referral into services for 6 months following closure Practitioner or self-assessment
8.2 Adult in the family is a perpetrator of domestic abuse	Police data Notification via Operation Encompass (for affected children) Information from practitioner assessment, contacts and referrals including self-referrals	Domestic abuse has stopped Perpetrator understands crime and impact on the victim(s) (including children) and is engaging with perpetrator support	No incidents of domestic abuse in the month prior to closure and no referral into services for 6 months following closure, or complete specialist programme. Practitioner or self-assessment
8.3 Child currently or historically affected by domestic abuse	Police data Notification via Operation Encompass (for affected children) Information from practitioner assessment, contacts and referrals including self-referrals	Domestic abuse has stopped Child feels safe at home. Child has received appropriate support	No incidents of domestic abuse in the month prior to closure and no referral into services for 6 months following closure Child engaged in therapeutic support Practitioner or self-assessment

9. Secure housing

Family Need	Data Source	Outcome	Evidence
9.1 Families who are in local authority temporary accommodation and are at risk of losing this	Homelessness data Information from practitioner assessments, contacts and referrals including self-referrals	Family no longer at risk of losing temporary accommodation have sustained temporary accommodation for 6 months or have moved into settled housing	Confirmation from Homelessness Services of the outcomes Practitioner assessment – improved outcomes
9.2 Families not in suitable, sustainable housing e.g., poor home conditions Families threatened with or at risk of eviction Families at risk of homelessness	Homelessness data Information from practitioner assessments, contacts and referrals including self-referrals	Family no longer at risk of eviction* and/or in suitable and sustainable housing for 6 months	Confirmation from Homelessness Services that no homelessness duty is owed; or from landlord (PRS/RP/LA) that notice withdrawn Practitioner assessment – improved outcomes
9.3 Young people aged 16/17 at risk of, or who have been, excluded from family home	Homelessness data Identified via the CS front door e.g. MASH or Early Help Information from practitioner assessments, contacts and referrals including self-referrals	Young person no longer at risk of homelessness – remains with or is returned to family or wider family network with support available for 6 months	Practitioner assessment – improved outcomes

10. Financial stability

Family Need	Data Source	Outcome	Evidence
10.1 Adult in the family is workless	Universal Credit or legacy benefit, ADMS Information from practitioner assessments, contacts and referrals including self-referrals	Adult is in work Or Adult has made progress to work (e.g. gained a qualification, completed training, volunteering, is attending job interviews)	Universal Credit or legacy benefit data, ADMS Practitioner or self-assessed – adult has gained employment/made progress to work
10.2 Family require support with their finances and/or have unmanageable debt (e.g. rent arrears)	Housing benefit, registered social landlord data Crisis payments, benefit caps Information from practitioner assessments, contacts and referrals including self-referrals	Family feels able to manage their finances Debt is being managed or has been resolved	Debt repayment plan in place Reduction in debt Practitioner or self-assessment – improved outcome
10.3 Young person is in NEET	NEET data, CCIS statutory dataset Connexions data Information from practitioner assessments, contacts and referrals including self-referrals	Young person is in education, employment or training	Census/NEET data, CCIS statutory dataset Practitioner or self-assessment – confirms young person is in education, employment or training



For more information

Email: familyhubs@southtyneside.gov.uk

Telephone: 0800 783 4645