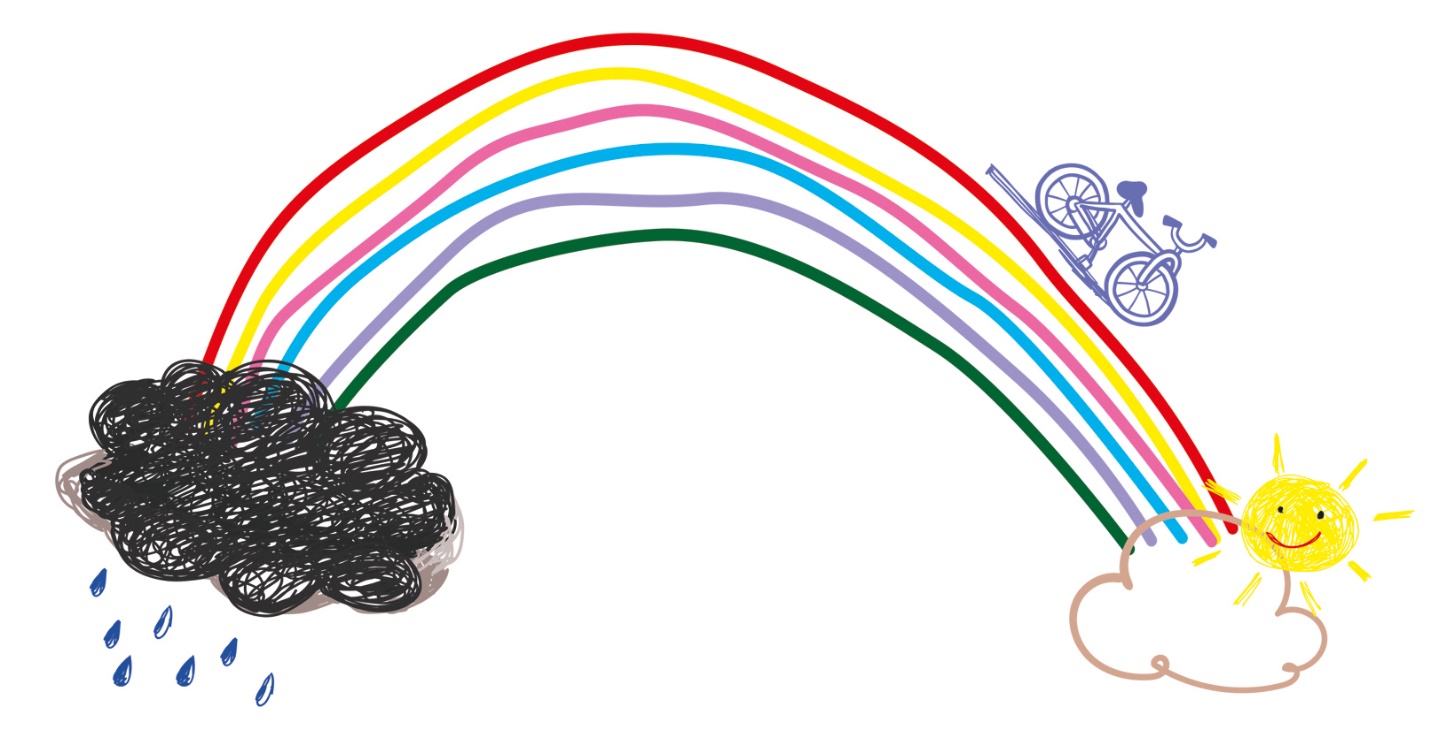
**St Helens Early Help Strategy**

**2023 to 2026**



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| **Version Control** | **Lead Officer** | **Date** |
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**St Helens Early Help Strategy**

**2023 to 2026**

**Foreword**

Our Early Help Strategy is ambitious and represents a continued commitment from all key organisations in St Helens to deliver and continue to improve Early Help and support offered to children and families.

Prevention is at the heart of what we do. Our approach to early help focuses on providing assistance as needs emerge, so that our resources are used to best effect, families are supported to become resilient and the challenges they face do not escalate.

This strategy sets out our vision, ambitions and how we will continue to develop our local systems to provide the absolute best services for families, and ensure that resources are targeted for those children, young people and families that are in need our help and support.

The St Helens approach to early help reflects the widespread recognition that it is better to identify and deal with needs early rather than to react when difficulties have become complex, requiring the intervention of statutory services.

By helping families to sustain improvements, demand for more costly support is reduced. It is recognised that preventative services are also more effective in improving the longer-term life chances and outcomes for children, young people, and their families.

The success of this Early Help Strategy is dependent on partners and communities effectively working together to deliver Early Help to families, minimising the impact on the lives of children, the family, and those communities around them.

**The final word on the importance of this Early Help Strategy comes from our 3 Key partners:**

Early Help is critically important to our partnership response in supporting children and families at the point at which families begin to encounter difficulties, this strategy shares our commitment, our values, and the outcomes we are seeking to achieve. It also outlines the way in which we will work together as a partnership to deliver Early Help that makes a positive difference for our children and families.

**Hilary Brooks DCS**

Merseyside Police is committed to working in partnership to support all our communities. Early Help plays a vital role in that support and the delivery of a professional and compassionate partnership response to supporting families and young people at the earliest opportunity. This strategy sets out how the partnership will develop and improve its vital Early Help Services and has the full support of Merseyside Police.

**Superintendent Steve Brizell, Merseyside Police**

NHS Cheshire & Merseyside Integrated Care Board is committed to working in partnership to support the health and wellbeing of children and families within each of the 9 places. Within St Helens early help is key to developing the supportive environment we need for our families and young people. With an ethos of making every contact count this strategy will support a partnership approach to the future direction of services for St Helens.

**Lisa Ellis, Associate Director, Quality & Safety Improvement (ICB)**

**Introduction**

**What Do We Mean by Early Help?**

‘Early Help’ means providing help for children, young people, and families as soon as problems start to emerge or where it is likely that issues will impact negatively on children’s outcomes. Early Help services can also provide help for families when they are already involved with statutory and specialist services to support them to no longer require this level of involvement. This can mean support to individuals, families, and communities to do more for themselves. This reduces dependency, but stresses independence and self-referral as means of accessing early support when needed. Effective early help relies upon local agencies working together to identify children and families who would benefit by assessing their needs and providing targeted services in response to identified needs.

**‘Early Help Is Everybody’s Business’**

St Helens has well established multi-agency working across the partnership. We are committed to provide the support that children, young people, and their families need, as soon as they need it, when they need it and by the people who are best placed to help.

We need all agencies to work together with children and families to promote family strengths, identify solutions, build resilience, independence and support the transition from childhood to adulthood. This includes effective information sharing and joint working between professionals from across the partnership, including adult and children’s services.

With this in mind, we have detailed below St Helens vision and values, as agreed by the multi-agency working group who have helped to develop this strategy about howwe will deliver early help in St Helens. The emphasis being that support should be easily accessible for families, should be high in quality and build on the strengths of the family.

**St Helens Vision and Values:**

* **Right Time** – All ages, all universal and targeted services able to identify and respond.
* **Right Support** – All agencies will be committed to contributing to Early Help. Learning from best practice to ensure support provided to children and families is high quality and impactful.
* **Right Response** – Tell it once, with services working to a shared plan.
* **Right Location** – No wrong Front Door, being flexible about where services are delivered and how families access them.
* **Right Impact** – Monitored and measures, continuous improvement. Informed by data and feedback from children and families.

**Progress Since Last Strategy**

St Helens 2019 to 2022 Early Help Strategy identified several areas of focus and whilst progress has been made in most areas, it is recognised we need to continue to make improvements. Below we have taken the opportunity to review progress made and were we need to continue to apply focus.

We have continued to build on strengths within the community such as identifying more volunteers to work with families. The COVID 19 pandemic brought with it an increased awareness of volunteering and wider range of community members contributing to the volunteer role. Community engagement will be an integral element of Family Hub development and therefore this will remain an ongoing focus.

We have continued to look outwards, reviewing best practice and considering how this can impact in our work with children and families in St Helens. We will continue to do this, using evidence-based practice to achieve the best outcomes for children and families.

The pandemic had impacted on agencies ability to deliver early help. There is a renewed focus to ensure Early Help is available for all families across the borough. The Partnership Coordinators will continue to engage and support partner agencies to provide early help, at the earliest opportunity. The Partnership Coordinators have continued to deliver accredited early help training and use technology in innovative ways to deliver a comprehensive early help offer. The Partnership Coordinators will focus their support not only on agencies engaged in early help work, but also those whose levels of engagement could improve.

Prior to the pandemic eight successful Multi Agency Early Help Workshops were delivered addressing areas such as supervision and support, the impact of adverse childhood experiences, reducing parental conflict, delivering evidence-based interventions, equality, and diversity. These will be built on and revived in 2023, providing opportunity to share good practice from across the partnership.

Practice continues to be evaluated through performance monitoring, audit, observation and service user and stakeholder feedback. Consideration needs to be given as to how partnership performance reporting can be improved and developed.

An Early Help Support Provision Directory has been developed. This will be built on with the use of technology and the development of an Early Help and Family Hub website. Providing a clear gateway to services and support, for children, families and professionals working in early help.

Both Signs of Safety and Graded Care Profile 2 have been incorporated into the Early Help Assessment Tool. The assessment tool will continue to be developed, addressing best practice, the importance of transitions and the need to take account of previous interventions and their impact. We will continue to develop assessment tools responding to feedback from children, families, and professionals.

Transitions continues to be an area of priority. Ensuring there is effective communication and that there are plans in place for when children transition from one setting or service to another.

Step up and step-down practice standards have been implemented and their effectiveness has been regularly reviewed. There have been demonstrable improvements in the step up and step down of case work, however, there continues to areas for improvement.

Supervision has been identified as area of need by the wider partnership. Supervision has been an area of focus during training and Early Help Workshops, it is acknowledged that this will continue to be an area of support and development.

Multi Agency Early Help Practice Standards have been developed and launched in 2022, and these now supersede the Think Family Procedures. Best practice examples in respect of working with families have been incorporated into the updated standards.

Family Hub development will provide increased opportunities for parent/carers, children, and young people to influence the development of early help services. Promoting whole family working and the importance of maintaining the consistency of worker.

Systems reporting has been developed to provide an increased understanding of partner agency engagement in early help. We need to further develop reporting, taking account of newly revised key priorities, including the impact of early help outside of an early help assessment.

Reviews of case files demonstrates better recording of child’s wishes and feelings. However, this needs to be more consistent across all agencies engage in early help.

We have used the national Early Help System Guide (Department for Levelling Up) to assess early help and its impact in St Helens and agreed whilst there was evidence of good practice, this was not consistent across the partnership. We will aspire to progress this further in our journey from a maturing partnership offer to one that is mature.

Further work will be undertaken as to how best to demonstrate outcomes, using the Supporting Families Framework, an evidence-based model which includes measures for both the child and the parent/ carer. It is intended the Supporting Families Framework will be incorporated into this Early Help Strategy as well as our development of Family Hubs.

**St Helens’ Demographic Profile**

St Helens Borough is located within Merseyside in the Northwest of England and is one of the six local authority areas, along with Halton, Knowsley, Liverpool, Sefton, and Wirral that make up the Liverpool City Region.

The borough covers an area of 136 square kilometres of which half is rural, and half is urban. St Helens sits between the conurbations of Liverpool and Manchester and holds a strategic position at the heart of the regional transport network with strong connectivity.

St Helens was once a highly industrialised area and has a proud heritage of coal mining, railways and world-famous glass and chemical industries. The decline of these industries in the second half of the 20th Century led to significant economic restructuring and a resultant reduction in jobs and business opportunity, the legacy of which is still seen in many of the challenges facing the borough.

St Helens has a population of 181,095 residents (ONS MYE 2020) and this is expected to grow steadily over the next 10-20 years, although at a lesser rate than that predicted for the Northwest and England. The proportion of the working age population is below national and Northwest levels and has fallen by approximately 6,000 since 1992, now sitting at 110,667 (ONS MYE 2020).

Relatively high levels of deprivation and inequality exist within the borough. The Index of Multiple Deprivation 2019 ranks St. Helens as the 26th most deprived local authority in England out of 317. Nearly a quarter of all neighbourhoods within the borough fall within the most 10% deprived of neighbourhoods nationally. There is a high prevalence of health, income, and employment deprivation. According to the Centre for Research in Social Policy 2021, 29% of children under 16 in St Helens live in relative low-income households after housing costs.

Health outcomes across the Borough vary considerably, with life expectancy varying within wards by up to 10 years for males and 8 for females (PHE 2018/20). Similar rates of health inequality can also be seen in the health of children and young people with high rates of teenage pregnancy, child obesity, and hospital admissions for self-harm and mental health disorders.

**Education & Skills**

In St Helens, the percentage of children achieving a good level of development at the end of the Early Years Foundation Stage in 2019 was 70.2%, an increase of 1.2 percentage points on 2018. St Helens has a higher rate of children achieving a good level of development compared to the regional average of 68.9% and has closed the gap on the national average of 71.8%.

The percentage of pupils, both in St Helens and nationally, attaining the expected Key Stage 2 standard in Reading, Writing and Maths has decreased in 2022 compared to 2019. In St Helens, 57% of pupils met the expected standard in all of reading, writing and maths, down from 66% in 2019. Nationally, 58% of pupils met the expected standard in all three subject areas, down from 65% in 2019. This was the first publication of Key Stage 2 attainment statistics since 2019 due to cancellation of 2020 and 2021 assessments during the COVID-19 pandemic. These pupils experienced disruption to their learning during the pandemic, particularly at the end of year 4 and in year 5.

St Helens provisional performance at Key Stage 4 (GCSE and equivalent) in 2021/22 showed that pupils achieved an average Attainment 8 score of 45.5. Further improvement is still required to meet regional (47.1) and national (48.8) averages.​ 43.7% of pupils achieved a grade of 5 or above in English and Maths GCSE, compared to 46.6% regionally and 49.8% nationally.

As of December 2021, 78% of St Helens residents have achieved a level of education at NVQ2 or above, which is ahead of both regional (77%) and national (78%) averages (ONS 2021). The percentage of residents in St Helens with higher skill levels at NVQ Level 3 and 4 or above, at 58% and 39% respectively has shown improvement in recent years and now exceeds regional averages, although still lag behind national average levels.

The number of 16–17-year-olds not in education, employment, or training (NEET) or where their status is unknown has reduced strongly in recent years. The latest published data from 2020/21 shows 4.3% of 16–17-year-olds in the borough were classed as NEET or not known, lower than the Northwest average of 5.3% and England average of 5.5%.

Business growth in 2022 increased marginally to 5,950 units, though business density in the borough remains low. The borough has approximately 328 businesses per 10,000 population, which remains at some distance from regional (433 per 10k pop.) and national (491 per 10k pop.) levels (ONS IDBR 2022). As a result, job density also lags both regional and national averages.

The employment rate currently sits at 77.8%, which is ahead of both the regional rate of 73.3% and the national rate of 75.7% (ONS June 2022). However, the percentage of workless households at 17.8%, exceeds regional (16.4%) and national (13.4%) averages (ONS December 2021). The effects of the pandemic on businesses and employment have been seen over the past 1-2 years and with the economy now entering recession this continues to be a concern. Levels of economic inactivity remain slightly higher than both the regional and the national average at June 2022.

Long-term sickness or disability is the main contributing factor to economic inactivity in the borough and reflects the poor health of many residents. As of June 2022, 35.5% of the economically inactive were long-term sick, 11% higher than the national average and 7.5% above the regional average.

Of a total of 65,000 employee jobs as of 2021, 43,000 are full-time and 22,000 are part-time roles (ONS, 2021). There are an estimated 11,000 jobs in the health and social work sector, 17% of all employee jobs, which is higher than the national average. The next highest employment sector is transportation and storage with 7,000 jobs or 11% of all employee jobs. Employment by occupation shows lower numbers of higher-level professional occupations and higher numbers of lower-level elementary occupations compared to national averages. As a result, there is also a noticeable difference in the average gross weekly pay of St Helens residents compared to regional and national averages. Gross weekly pay is St Helens equates to £576, compared to £578 within the region and £613 across England (ONS 2021). Female full-time workers in St Helens earn, on average, £40 less per week when compared to regional levels, and £68 less per week compared to national levels. This divide still exists with male full-time workers, though to a lesser extent.

## Health

**Low Birth Weight**

Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life (NICE). ​Between 2016 and 2020 there have been 652 babies born in St. Helens with a low birth weight (under 2500g), giving a percentage of 6.8% which is in line with the England average. Within St. Helens, however, the percentage of low birth weight babies ranged from 2.2% in the ward of Rainford to 8.7% in the ward of Eccleston.

Being overweight is a concern for some children, with 37% of 10 to 11 year olds have excess weight (700 children) of which 22% (400) are obese.

**Smoking in Pregnancy**

The most recent data relates to quarter 4 2021/22, where there were 54 women known to be smoking at the time of delivery in St Helens giving a percentage of 13.3%, which was statistically significantly higher than the England average of 9.4%. The rate for St Helens has been significantly higher than England for the last 3 quarters.

**Dental Health**

Between 2018/19 and 2020/21 there were 80 admissions of 0–5-year-olds in NHS St Helens CCG for dental caries, giving a crude rate of 211.8 admissions per 100,000. This was lower than the England rate of 223.1 and statistically significantly lower than the Northwest average of 343.5 per 100,000. NHS St Helens CCG has the 8th lowest rate in the Northwest.

**Hospital Admissions -drug poisoning related.**

In 2019/20 there were 130 admissions of St Helens residents for poisoning by drug misuse, given an admission rate of 77 admissions per 100,000 which was significantly higher than the England and Northwest rates of 31 and 46 admissions per 100,000 respectively. Trend data shows that the rate in St Helens increased between 2016/17 and 2018/19, but the most recent rate is a decrease from 2018/19. The trend both in England and the Northwest has remained stable with a slight decrease also observed between 2018/19.

**Hospital Admissions – alcohol related**

The latest published rates for St Helens, 2018/19-202/21, 81.4 remains significantly higher than the regional rate of 43.6 and national rates of 30.7 (averages). St Helens was ranked 2nd nationally out of 152 Local Authority areas.

**Early Help and Safeguarding**

The Early Help Assessment or EHAT is the agreed tool used across agencies, who are providing Early Help support to children and families. Since 2015 we had seen a gradual increase of EHAT’s completed, with schools being the main contributors, after the Council Early Help Services. The current data however highlights a gradual decrease in numbers of EHATs (Early Help Assessments) completed, with main reduction being those led by schools. As of November 2022, a total of 1,052 Early Help episodes have started in the fiscal year, this represents a 20% decrease in the number of episodes started compared to the number in the previous year. It’s a concern that progress made pre the pandemic has not been maintained and could indicate that children and family’s needs are not being identified at the earliest opportunity when we know help and support can be most effective.

During 2022 we have seen an increase in the numbers of contacts into St Helens MASH (Multi Agency Safeguarding Hub), in comparison to 2021. A greater number of contacts then converted to referrals across the year. With domestic abuse and neglect being identified as the main feature of need, at level 3 and 4.

The numbers of children being identified as Children in Need is higher than both statistical neighbours and national average. Whilst the numbers of St Helens children becoming subject to a Child Protection plan is below our statistical neighbour, the rate per 10k is above the Northwest and national rates. In December 2022, there were 477 St Helens children looked after. In terms of benchmarking, St Helens rate per 10k was 129.3 which is above our statistical neighbours (106.7) above the northwest average rate (97.0) and above national rates (70).

**Why do we Need Early Help?**

Both local data, as detailed above, and national findings provide a compelling case for effective Early Help. At a local level, increasing demand on statutory services could indicate we are intervening too late and/or where intervention has been offered this has not brought about long-term sustainable change. Again, it is recognised that support for families is most effective when offered early, either early in the child’s life and/or when needs first start to emerge.

At a national level there have been a series of high-profile reviews highlighting the need for early help for families and work required to influence both policy and system design. Reviews include:

• The Field Review on preventing generational poverty (2010)

• The Marmot health review (2008)

• The Allen review on intervening early in a child’s life (2011)

• The Munro review of children’s care services (2011)

• Action for Children regarding local authorities’ role in providing Early Help (2019).

All describe the need for preventative work and the early identification of needs and concerns to give children the best start in life, prevent problems from developing and help children and adults to reach their full potential.

What is true for England as a whole is true for St Helens and the analysis above could not provide a clearer example of the points being made by Josh McAlister in The Independent Review of Children’s Social Care, May 2022 and a need to move towards **family help**. St Helens has a disproportionate number of families trying to parent within the context extreme adversity. It is therefore particularly important for local services to provide the **right support** at the **right time** for those local families and it is vital that everyone recognises the shared obligation to help families raise their children; and that support to families should be co-ordinated to best effect.

**Early Help Indicators in St Helens**

We have identified use of the Supporting Families Programme Outcomes Criteria, to support our understanding and to measure the impact of early help and support in St Helens. The Supporting Families Programme Outcomes Criteria are nationally recognised measures of need and outcomes, both for the child and parent/carer, promoting whole family working.

We are committed to making progress in each of the one of the ten criteria. With services providing the **right response, the right support, at the right time.**  We will work with the wider partnership to “sign up” to the priorities set out below and will ask them to report on progress against each of them.

There are a wide range of measures both for the child and the parent;

1. **Good early years development**

We recognise the importance of the first 1001 days in children’s lives. We will support children and parent/carers, to achieve good early years development. Identifying early where there is a need for increased support and interventions.

1. **Getting a good education**

We will support St Helens children and young people to have the best start in life, attending nursery, school or college on a regular basis and being ready to learn, to achieve their full potential.

1. **Improved mental and physical health**

We will promote good emotional and physical health for children, young people, and parent/carers. Supporting children and families to access and attend services, in respect of their physical and emotional health, when need arises.

1. **Secure housing**

We will, recognise the importance of secure housing and work together to ensure all children and families have access to accommodation that meets their needs, and provides security to allow all family members to thrive.

1. **Reduced harm of substance use**

We will ensure there is appropriate information and advice available in respect of substance misuse and the impact on children and families, with a focus on prevention. Children and families will be supported to access services when the need arises.

1. **Improved family relationships**

Parent/carers will feel supported in their care of their children, will understand the importance of the child and parent/primary carer relationship and what they can do to promote this. We will support families to build networks of support.

1. **Children safe from abuse and exploitation**

Children and young people will be safe from abuse and neglect and will have identified trusted adults to speak to should they have any worries in this regard.

1. **Preventing crime and anti-social behaviour**

We will work together, with community members, children, and families to address crime and anti-social behaviour and its impact.

1. **Safe from domestic abuse**

We will work together to reduce incidents of domestic abuse and its impact for children and families. We will support those affected by domestic abuse to access support services and interventions.

1. **Financial stability**

We will support families to gain financial stability, where possible. Supporting them to engage in further education, training, where appropriate effectively manage debt and access job opportunities.

**Our 2023-2026 Early Help Priorities**

**Objective 1: Define St Helens Early Help services, map and promote the partnership offer**

**Where are we now?**

* Partners do not have a shared understanding or common definition of early help across St Helens.
* Too many professionals understand the term ‘early help’ refers only to the Early Help Assessment (EHAT) process.
* Most services deliver effective, single agency early help and prevention services, but this is not always identified as part of the ‘St Helens Early Help offer’ of services.
* There is a lack of knowledge of what other services can offer to support low level early help.
* Level 1 early help interventions and services are not clearly mapped out or promoted.
* Not all families know what early help services are available or how to access them.
* Some partners indicate the lack the capacity to coordinate multi agency support for families and / or act as a Lead Professional.
* Some partners report a lack confidence in progressing early help support.
* Demand for advice and support through the MASH is high.

**Where do we want to be?**

* There is an agreed St Helens Early Help definition created by key stakeholders that is recognised, understood, and owned by partners.
* There is a published directory of early help services that covers all partner services.
* There is a strategic ownership of early help across partners.
* Partners share common goals and priorities.
* Professionals feel confident in offering help, advice and information sharing without the need to refer to statutory safeguarding services.
* Partners are more aware of early help services available and able to refer families more seamlessly to support.
* Partners have a platform for engagement, consultation, and feedback with other on changes to their services.

**What do we need to do?**

* Consult and agree a shared early help definition.
* Agree a set of values and vision for early help in St Helens
* Map all early help services at level 1 and 2.
* Develop an early help brand linked to Family Hubs.
* Develop an online directory of services linked and promoted via the Family Hub programme.
* Develop an early help forum/network for shared learning, service updates and joint training.
* Improve confidence and capacity in universal services to provide early help services
* Continue to offer refreshed levels of need training.

**Objective 2: Improve partnership working by supporting, training and developing the workforce.**

**Where are we now?**

* The partnership has a well-developed understanding of the ‘Think Family Procedures, which has now been updated to Multi Agency Early Help Practice Standards.
* There are good joint training programmes around some areas of support to children and families.
* There are reasonable levels of completion of EHAT’s, but these are undertaken by a small number of partners with under representation by some key partners.
* In some services, staff acting as lead professionals would benefit from shared learning and case supervision.
* Too many services are still working in isolation with families, with poor or limited information sharing taking place.
* Too many families must repeat their story multiple times to receive the right help.
* Some contacts to the MASH would benefit from improved information and evidence to demonstrate what Early Help has already been offered.

**Where do we want to be?**

* Good range of Level 1 early help services available, accessible, and well promoted.
* Increased EHAT activity by all key partners.
* More joint training across partners on the wider early help services available.
* Professionals acting as lead professionals in all agencies have access to effective supervision.
* Professionals less reliant on MASH for early help advice.
* Overall number of contacts to MASH reduced.
* More early help evidenced based contacts to the MASH.

**What do we need to do?**

* Promote the early help offer across partner agencies to aid referrals and joint working of services across early help provision.
* Develop an early help forum:
  + For the sharing of service developments, services, or programmes
  + where professionals can share practice or access peer to peer support
  + to develop a set of standards for Lead Professional supervision.
  + to provide more guidance and encouragement regarding information sharing between professionals and coordinated approaches before referral to statutory services.

**Objective 3: Measure, Prioritise & Target Early Help Provision.**

**Where are we now?**

* Most services have access to service user needs analysis data.
* Most services gather and measure data on their service performance.
* Most partners have priorities for their service.
* There is no agreed common measures or outcome framework in place for early help in St Helens
* Some services are spread thinly to meet the high demand for services.
* Some services are not able to effectively measure and demonstrate the impact of their early help offer.
* There are no agreed joint priorities for early help across partners.

**Where do we want to be?**

* An Early Help Performance Framework is in place to measure the effectiveness of early help in St Helens.
* Data is used to monitor and track impact of services.
* Data and performance are jointly being used to agreed early help priorities across the partnership.
* The partnership has an agreed set of annual priorities.
* The partnership can demonstrate impact of individual services and jointly provided impact.
* Partners can ensure the **Right Lead**, **Right Services**, **Right Location** for the child / family.

**What do we need to do?**

* Develop an agreed partnership Early Help Performance Management Framework.
* Monitor and respond to impact information.
* Agree annual partnership early help priorities.
* Welcome feedback and use it to improve service.

**Objective 4: Develop joint innovative community-based responses to Early Help**

**Where are we now?**

* The Local Authority is developing locality working for the delivery of services in the community.
* St Helens Care partnership is developing the integrated health and care programme.
* There is a new Child and Women’s Health Hub being developed.
* St Helens has funding for Family Hubs.
* Schools would like to develop a Team around the School initiative.
* Partnership working and initiatives would benefit from greater alignment and consolidations.

**Where do we want to be?**

* A Family Hub operated by operational from April 2023
* Strong links between community-based programmes that assist families to navigate services.
* More efficient use of resources by partners and maximise the use of grants.
* More integrated or ‘joined up’ commissioning arrangements.
* Reduce silo working through commissioning processes.

**What do we need to do?**

* Develop a forum for sharing service development and/or transformation plans to identify opportunities for joint partnership integrated services.
* Develop and deliver a partnership plan for Family Hubs.
* Further develop joint procedures for families navigating services.
* Improve information sharing across partners.
* Develop a ‘Tell it once’ and ‘No wrong front door’ St Helens ethos.

**Objective 5: Develop Leadership and Governance arrangements to champion Early Help, ensure accountability and quality of services.**

**Where are we now?**

* There are no clear governance arrangements in place for early help in St Helens.
* Early help has not got the same status as other partnership strategies across key stakeholders.
* There is limited opportunity or forums for boroughwide joint planning and developments on early help.
* There are limited forums to monitor partnership early help performance and a lack of accountability arrangements.
* We need increased quality assurance in place to monitor and improve the impact of early help services.

**Where do we want to be?**

* An identifiable and visible Senior Leader whose role is to champion early help.
* A partnership board with an appropriate level of seniority in place to monitor early help developments and performance.
* Partners understand and are accountable for their role in contributing to the St Helens early help offer.
* There is a partnership board in place to monitor and hold to account partners for their contribution to early help in St Helens.

**What do we need to do?**

* Identify a senior early help champion.
* Develop an Early Help Governance Structure involving a wide range of key partners.
* Develop, implement, and monitor early help performance and quality assurance systems.

**Early Help Strategy 2023 to 2026 Action Plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective 1: Define St Helens Early Help services, map and promote the partnership offer** | | | | | | | |
| **Outcome : This tells us what we want to achieve to improve Early Help Services** | | | | | | **How Will We Know We Are Making Progress?** | |
|  | **What do we need to achieve?**  Common understanding of early help/family help across all partner agencies, taking account of the recommendations of the Independent Review of Children’s Social Care. | **What are the outcomes we are looking for?**  Definition of early help/family help    Partners understand and own the definition.    We know what early help services are available across all partners.    We are promoting early help services to families. | **What are we going**  **to do?**  Jointly agree a definition of early help/family help | **When by** | **Who** | **How will we know if this has been achieved?**  There is a recognised early help /family help definition. The service offer that is well understood by partners.  Families can access information of the early help and family help offer and able to describe the services available.  We would have taken account of the recommendations made by the Independent Review of Children’s Social Care, considering these in the context of St Helen | **How we will monitor progress?**  Annual consultation/ survey of partners and families  Reporting and monitoring to the Early Help Governance Board |
| Consult widely in the definition |  |  |
| Map Level 1 and 2 early help services include single agency interventions. |  |  |
| Develop and publish an early help offer of services linked to the Family Hub ‘Local Offer’. |  |  |
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**Early Help Strategy 2023 to 2026 Action Plan**

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| **Objective 2: Improve partnership working by supporting, training and developing the workforce** | | | | | | | |
| **Outcome : This tells us what we want to achieve to improve Early Help Services** | | | | | | **How Will We Know We Are Making Progress?** | |
| **1** | **What do we need to achieve?**  The partnership has well developed and understood ‘Think Family Procedures’, which has now been updated to the Multi Agency Early Help Practice Standards. | **What are the outcomes we are looking for?**  The Multi Agency Early Help Practice Standards will be fully imbedded into day-to-day early help practice, with all partners adhering to the practice standard.  We will be able to demonstrate the range of Level 1 early help services that on offer, they will be of good quality and easily accessible to children and families.  We will see an increase in the numbers of EHAT assessments and support provided by partner agencies and a wider range of partners will be shown to be lead professional.  More professionals acting as lead professionals in agencies have access to effective supervision.  Professionals will be less reliant on MASH for early help advice. This will be evident in a reduction in the numbers of referrals assessed as being inappropriate/ or for advice only.  Professionals less reliant on MASH for early help advice  Where MASH contacts are received there will be increased evidence of early help support having been tried. | **What are we going**  **to do?**  Promote the early help/family help offer across partner agencies to aid referrals and joint working of services across early help/family help provision.  Develop further opportunities:  For the sharing of service developments, services, or programmes  Where professionals can share practice or access peer to peer support  We will seek opportunity to promote and embed the Multi Agency Early Help Practice Standards into day to day.  A multi-agency group will review the current EHAT assessment, simplifying this support use. | **When by** | **Who** | **How will we know if this has been achieved?**  Partners will be able to articulate an understanding of theMulti Agency Early Help Practice Standards and more Early Help assessments and plans will reflect this understanding.  An increased number of partners will reflect that they feel supported and are continuing to develop in their early help work. More assessments and plans are assessed as good.  We will have an updated EHAT assessment, which the wider partnership finds easier to use. their early help work with families.  We will see a reduction in the numbers of referrals into the MASH deemed to inappropriate.  There will be reduction in the numbers of professionals reliant on MASH for Early Help advice. | **How we will monitor progress?**  Annual consultation/ survey of partners and families  Review and audit of case files.  Data in respect of EHAT’s, reflecting an increase in numbers and completion by a wider range of partners.  MASH data in respect of inappropriate referrals. |

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| **Objective 3: Measure, Prioritise & Target Early Help provision** | | | | | | | |
| **Outcome : This tells us what we want to achieve to improve Early Help Services** | | | | | | **How Will We Know We Are Making Progress?** | |
| **1** | **What do we need to achieve?**  An Early Help Performance Framework is in place to measure the effectiveness of early help in St Helens | **What are the outcomes we are looking for?**  We will have an Early Help Performance Framework in place to measure the effectiveness of early help in St Helens.  We will use data to monitor and track performance and will have an agreed set of early help priorities across the partnership.  We will be able to demonstrate the impact of early help support both single agency and across the partnership.  Support for families is easily accessible, there will be “no wrong door” and “right lead” will provide/coordinate the support needed. | **What are we going to do?**  We will develop an agreed partnership Early Help Performance Management Framework  We will monitor and respond to impact information.  On an annual basis we will agree partnership early help priorities.  We welcome feedback and use it to improve services. | **When** by | **Who** | **How will we know if this has been achieved?**  We will have an Early Help Performance Framework in place to measure the effectiveness of Early Help in St Helens.  Data will be used to monitor and track performance.  We will have an agreed set of early help priorities across the partnership.  Families’ views will be sought in regard to access to services and responsiveness to their needs. | **How we will monitor progress?**  The Early Help Performance Framework will be in place.  We will use the Early Help Performance Framework data to track progress.  We will have in place an agreed set of early help priorities across the partnership, which will be reviewed on an annual basis.  Annual Consultation/ Survey of partners and Families. |

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| **Objective 4: Develop joint innovative community-based responses to Early Help** | | | | | | | |
| **Outcome : This tells us what we want to achieve to improve Early Help Services** | | | | | | **How Will We Know We Are Making Progress?** | |
| **1** | **What do we need to achieve?**  St Helens will have established a first Family Hub by April 2023. The Family Hub will bring together a broad range of services, statutory, commissioned, and voluntary sector. | **What are the outcomes we are looking for?**  We would have developed opportunities for sharing service development and/or transformation plans to identify opportunities for partnership integrated services.  We would have developed a partnership plan for Family Hubs.  We would in place joint procedures for families navigating services.  There will be improved information sharing across partners.  We would have developed a ‘Tell it Once’ and ‘ No Wrong Door’ St Helens ethos., which will be understand and signed up to by partners. | **What are we going to do?**  We will develop opportunity to share service development plans and further explore opportunities for joint working.  Develop and deliver a partnership plan for Family Hubs  Further develop joint procedures for families navigating services  We will develop a ‘Tell it Once’ and ‘ No Wrong Door’ St Helens ethos. | **When** by | **Who** | **How will we know if this has been achieved?**  St Helens will have established a first Family Hub by April 2023. The Family Hub will bring together a broad range of services, statutory, commissioned, and voluntary sector.  We will have in place a forumto share service development plans and further explore opportunities for joint working.  We will have in place a joint delivery plan for Family Hubs and further developed procedures in respect for families navigating services.  The development of a “Tell it Once” and “No Wrong Door” way of working will be in place and families will report accessing services when in need, to be easier. | **How we will monitor progress?**  We will have in place a Family Hub in April 2023.    We will have in place a forum to share development opportunities, Early Help Workshop 2023.  We will be able to evidence that service plans, have been jointly developed.  Procedures to support family’s smooth navigation of services, will be in place.  We will use new technology to support children and family’s access to information and services, when they need it.  Survey of partners and families will be complete. |

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| **Objective 5: Develop Leadership and Governance arrangements to champion Early Help,**  **ensure accountability and quality of services.** | | | | | | | |
| **Outcome : This tells us what we want to achieve to improve Early Help Services** | | | | | | **How Will We Know We Are Making Progress?** | |
| **1** | **What do we need to achieve?**  Having in place clear governance arrangements in place for early help in St Helens | **What are the outcomes we are looking for?**  An identifiable and visible Senior Leader whose role is to champion early help  A partnership board will be developed to monitor early help developments and performance. The Early Help Board will monitor and hold to account partners contribution to early help.  Partners understand and are accountable for their role in contributing to the St Helens early help offer | **What are we going to do?**  Identify a senior Early Help Champion  Develop an early help governance structure involving a wide range of key partners.  Develop, implement, and monitor early help performance and quality assurance systems. | **When** by | **Who** | **How will we know if this has been achieved?**  We will have in place a senior leader who is a champion for early help.  An early help governance structure will be in place, which would have been developed in partnership with a wide range of key partners.  We will have in place early help performance and quality assurance systems. | **How we will monitor progress?**  We will monitor progress via the newly established Early Help Board. The Early Help Board will report into the Children’s Safeguarding Board. |
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**Early Help Strategy Development Group Membership**

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| **Name** | **Agency** | **Job Title** |
| Vicky Velasco | St Helens Council | Head of Early Help |
| Jason Pickett | St Helens Council | Head of Access & Sufficiency |
| Andrew Passey | St Helens Council | Safeguarding Children Co-Ordinator |
| Caiti O’Callaghan | NHS | Service Lead 0-19 Service |
| Joanne Bibby | St Helens Council | Head of M.A.S.H Duty & Edt |
| Lauren Whyte | Merseycare, NHS | [lauren.whyte@merseycare.nhs.uk](mailto:lauren.whyte@merseycare.nhs.uk) |
| James Mawhinney | CGL | Senior Social Worker & Designated Safeguarding Lead |
| Lidia Wolos | St Helens Council | Early Years Advisory Consultant for Inclusion |
| Andrea Holker | St Helens Council | Partnership Manager |
| Andrea Derbyshire | St Helens Council | Designated Nurse Safeguarding Nurse |
| Heather Addison | St Helens Council | Safeguarding Children In Education Co-Ordinator |
| Lee Norman | St Helens Council | Head of Housing |
| Donna Cullen | St Helens Council | Early Years Development Officer |
| Nikki Carter | St Helens Council | Signs of Safety Implementation Officer |
| Nicola Kearney | Eaves Primary School | Headteacher |
| Robert Crookes | St Helens Council | Assistant Director – Adult Social Work |
| Samantha Talbot | Wirral Community Health & Care Trust, NHS | Service Lead 0-19 Service |
| Sharon Fryer | St Helens Council | Head of SEND and Inclusion |
| Donna Birch | St Helens Council | Housing Option & Advice Team Manager |
| Paul G Holden | Merseyside Police | Merseyside Police |
| Thomas Howard | St Helens Council | Head of 0-25 SEND Service |
| Lisa Forshaw | Rainford High Technology College | Headteacher |

**References and Appendix**

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