

Early Help Strategy for Children, Young People and Families 2018 - 2021

Revised strategy published September 2018

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Foreword

The idea of early help can be simply stated as working together with children young people and families to prevent problems occurring, or provide better support when they do. However in practice there are complexities to early help particularly regarding engagement and early identification.

Whilst in Salford we have been working well on this for some time, the revised Early Help Strategy represents a renewed commitment. We have asked partners to sign this version of the strategy to show the level of commitment to Early Help in Salford. The strategy provides assurance to the 0-25 Integrated Advisory Board, and Salford Safeguarding Children Partnership.

The 'Early Help' approach is a priority for all of us, and it will help to improve how we deliver services. When we say what 'we' are going to do, we really do mean the whole Salford community.

Charlotte Ramsden, Salford City Council
Joint Chair of the 0-25 Integrated Advisory Board

Anthony Hassall, Salford Clinical Commissioning Group
Joint Chair of the 0-25 Integrated Advisory Board

Simon Westwood
Independent Chair of Salford Safeguarding Children Partnership

Introduction

The strategy is for children and young people aged 0 -25 and their families and sets out an approach to early help across all agencies in Salford with the aim to enable every child to achieve their potential.

This strategy will be owned by the 0-25 Integrated Advisory Board, and was originally developed in 2014 following a series of consultation processes. The strategy was re-written in November 2015 to align with key drivers for change at a city and regional level – as we work to establish more integrated neighbourhood based 0-25 services.

In 2016 we reviewed and refreshed the Strategy following the evaluation of the review of the 0-25 Early Help Integrated Model and Early Years pilot work in the West Neighbourhood.

An Early Help Integrated model is now moving into the implementation phase and will develop with partners to ensure a joined up approach to Early Help across the City.

The previous strategy was based on work undertaken as part of a strategic review which brought together national evidence for interventions, demographic data, user feedback, and service review information. A refresh of the needs assessment for children is scheduled for 2018 and will be used to inform the strategy action plan.

The strategy lays out a framework and key principles of an integrated, neighbourhood, multi-agency approach to the development and implementation of this early help strategy. This will set out the key principles for Early Help delivery and performance measures which can be applied across all agendas and incorporated into individual agency performance management frameworks. Agencies will be held to account through the commissioners. An action plan will be developed and held to account via the 0-25 Integrated Advisory Board and Salford Safeguarding Children Partnership.

The Early Help Strategy has been cross referenced with the Neglect Strategy which has been developed in conjunction under the governance of those services but also by Salford Children and Young People's Trust, and Salford Safeguarding Children Partnership.

The strategy will also have interdependencies with the Anti Poverty Strategy.

A critical element of implementation and evaluation of our Early Help Strategy is the acknowledgement that this is a long term process. Whilst some interventions may be brief, the effectiveness may be longer lasting and a measurable impact may only be clear sometime in the future.

Another critical element is that this strategy is owned by all the partner agencies who make up the 0-25 Integrated Advisory Board.

What is Early Help?

‘Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person’s life.’

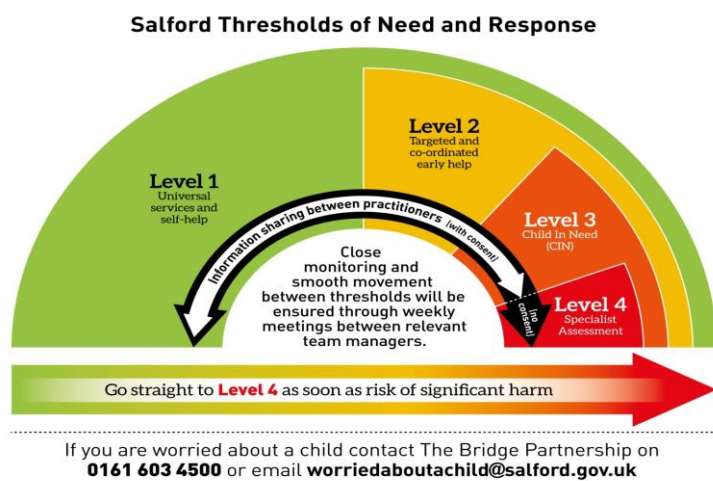
This is the definition used by the North West Children’s Improvement Integrated Early Help Strategy, which was approved by the Association of Directors of Children’s Services in 2014.

- Early Help means identifying needs within families early, and providing preventative support and intervention before problems become complex and entrenched
- Early Help means supporting children, families and communities to further develop their networks within communities, recognising that individuals, families and the wider community can often help themselves and can develop their sense of wellbeing and greater quality of life through community engagement
- Early Help means both early in life, offering support to very young children, and early after the emergence of a particular need. It includes both universal interventions and targeted interventions to prevent needs from escalating
- Early Help allows for proportionate support to be put in place at the right time to meet families’ needs prior to issues reaching crisis point. It draws upon families’ own skills and promotes self reliance
- Early help services must take a pro-active approach to working with children and families and to preventing adolescent children becoming harder to help through unstructured interventions. All young people must be treated as a child in accordance with the Children Act 1989 until they attain the age of 18 years
- Link to statutory guidance for the [Care Act 2014](#)

For more information see the [Greater Manchester Early Help Policies](#).

Our threshold of need model

We have successfully used a '[threshold of need](#)' model to correctly identify the level of need and proportionate information. We published an interim version in April 2018 which will need a full review following the implementation of Working Together 2018 and the refreshed Early Help Strategy.



Why do Early Help?

The concept of early help reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and demand action by more expensive and statutory services.

Children and families need to develop and grow in circumstances which help

them to manage their own emotions, and in which they are able to engage in healthy and successful relationships with others. Their curiosity about the world needs to be fostered and their formal and informal learning sustained with the ultimate attainment of life and work skills.

Adverse Childhood Experiences

Across the UK there is a strong move towards understanding how we can increase our support for children and young people who live, or who have lived, in adversity this could be from living with domestic violence, experiencing physical or sexual assault to parents separating, there are a number of experiences which are known to cause harm to a child and the list is known as Adverse Childhood Experiences (ACEs).

ACEs often reference the experiences detailed with the original research undertaken by [Dr. Vincent Felitti](#)¹ - however today it is recognised that there are other types of adversity which can impact on a children development and health.





Adverse Childhood Experiences or ACEs affect individuals' health and behaviour and the lasting impact can be lifelong. Not everyone who suffers ACEs experiences the same

¹ The original research on ACEs is known as the '[CDC-Kaiser Adverse Childhood Experiences Study](#)'. It was led by [Dr. Vincent Felitti of Kaiser Permanent](#) and [Dr. Robert Anda of the CDC \(Centres for Disease Control\)](#) from 1995 to 1997 in California, USA.

harmful consequences, however, experiencing them does increase the risk factors for a number of risky behaviours. Whilst we would want to ensure no child in Salford experiences adversity, we know this will take a long time to see through. Because of this, as part of our Early Help Strategy we are setting ourselves some clear milestones to establish a change in the way we recognise and deal with risks and how we support resilience, which helps children and young people who have these experiences deal with them much better. Salford is a dynamic and innovative place, we have already undertaken a lot of work to get us to this point. With this in mind, our Early Help strategy aims to bring about a change in how we recognise, understand and respond to ACEs.

WHAT KINDS OF EXPERIENCES ARE ADVERSE?


Forms of ACEs include:

 Maltreatment i.e. abuse or neglect	 Violence & coercion i.e. domestic abuse, gang membership, being a victim of crime	 Adjustment i.e. migration, asylum or ending relationships	 Prejudice i.e. LGBT+ prejudice, sexism, racism or disablism
 Household or family adversity i.e. substances misuse, intergenerational trauma, destitution, or deprivation	 Inhumane treatment i.e. torture, forced imprisonment or institutionalisation	 Adult responsibilities i.e. being a young carer or involvement in child labour	 Bereavement & survivorship i.e. traumatic deaths, surviving an illness or accident


HOW DOES IT IMPACT THE LIVES OF YOUNG PEOPLE?

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood. Compared with people with no ACEs, those with 4+ ACEs are:


2x more likely to binge drink and have a poor diet




3x more likely to be a current smoker




4x more likely to have low levels of mental wellbeing & life satisfaction




5x more likely to have had underage sex




6x more likely to have an unplanned teenage pregnancy




7x more likely to have been involved in violence



11x more likely to have used illicit drugs



11x more likely to have been incarcerated



These images are taken from the most recent national work undertaken by [YoungMinds](https://www.youngminds.org.uk/).

Assessment and planning for children and families in Salford

Working Together to Safeguard Children 2018 makes it clear that safeguarding children and families and promoting their welfare is the responsibility of all practitioners working with children and young people, and that practitioners should understand the criteria for taking action across a continuum of need, including Early Help.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help

- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

Early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and focus on improving outcomes.

Children, young people and their families have assets and abilities within their own networks to create and maintain positive outcomes for themselves and their family members. Health, police, education, social care and other agencies that surround them should make all proportionate attempts to support this through agreed and consistent procedures and processes which are seamless between services. Practitioner approaches must begin with a generic input around the identified needs of children and young people. Alongside this, parents should be equipped with knowledge and skills to parent from pre-birth onwards, which will enable them to provide appropriate care for their child (primary prevention). Further levels of intervention may be needed if the primary prevention was not sufficient or effective. This level of intervention will range from practical parenting skills to a more structured and clinical approach and input, according to need of individuals referred (secondary prevention). This will progress to specialised interventions focussing on the complexities of need in an attempt to ensure skills, knowledge and awareness are embedded, instilled and sustainable for the individuals and families (tertiary support).

However for those children whose needs and circumstances are more complex and diverse, a coordinated multi agency approach is more effective when informed by an Early Help Family Assessment, undertaken by a lead practitioner who has established positive working relationships with the child and family. This ensures that the intervention is proportionate, appropriate, timely and effective.

The Early Help Family Assessment process has been developed as part of the 0-25 Early Help Integrated model.

A standardised Early Help Family Assessment and measurement tool is being used as the basis for support and action planning against an agreed Shared Outcomes Framework and to measure and evaluate impact.

The Early Help Family Assessment is designed to help families to develop self-help and self-management skills in order to better meet their long term needs and to reduce their reliance on public services.

It is an expectation that where the needs of a family has been identified for additional support, an Early Help Family Assessment will be completed, in partnership with the family. If the outcome of this assessment is single agency, the work will be completed by a lead practitioner. If however, the outcome identifies multifaceted problems and need for more than one agency, then the early help family assessment process with a multi-agency action plan should be put in place.

An ongoing programme of training will be available for all practitioners regarding the Early Help Family Assessment process. Partners will be encouraged to complete assessments, which will be quality assured to maintain a high standard.

We have ensured that the relevant priorities within the Tackling Poverty strategy have been embedded within the Early Help Family Assessment process to ensure that practitioners are able to identify these issues and enable families to access specialist advice. Examples of this include:

- Improving access to welfare rights and debt advice
- Supporting people into sustainable employment
- Homelessness prevention

Other assessment tools are available to complement Early Help Family Assessment. The [MARAM tools](#) are a suite of four assessment tools that can be helpful in evaluating, areas of, need and strength and supporting families.

For instances where neglect has been identified as the primary factor, the Graded Care Profile should be completed with the contribution of practitioners involved and used as the ongoing assessment tool to measure outcomes. The link to Graded Care Profile can be found at <https://www.partnersinsalford.org/sscb/gradedcareprofile.htm>.

Where concerns are specific to home conditions the [MARAM home conditions form](#) can be completed to record this and track progress. There is a [MARAM risk assessment form](#) for quantifying type and level of risk.

There is also a MARAM capacity to change tool, which can be used to ascertain parental capacity to change. This is helpful when used as part of a motivational interviewing approach when working with families to enable them to better meet their own needs.

Most families will never access additional services but will be helped appropriately through support networks, information and advice in their communities.

Many things can affect a child's development process, and if an individual child experiences physical limitation, lack of emotional and social support or material hardship, we need to put measures in place as quickly as possible.

Families, others around children and young people, the external circumstances and influences on their lives are also of importance. These influences could be the wider physical and cyber environment, nutrition, economic opportunities and maternal wellbeing.

There is now a body of evidence (see below, "The People, The Place, Their Needs") which highlights the factors that place vulnerable children at risk of neglect or abuse, of developing mental health problems, of failing in education, or of becoming involved in crime or anti-social behaviour. Early help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. If early help is not offered, there is a very real risk that for some children, their social and emotional development will be irrevocably impaired, they will experience significant harm, or their family life will break down.

Although research shows that the most impact can be made during a child's early years, early help is not just for very young children, as problems may emerge at any point throughout childhood and adolescence. Early help in pregnancy and supporting parents to be good parents is also important. Early help includes targeted services designed to reduce needs or prevent specific problems from becoming entrenched, and there is substantial evidence that early help can make a difference in improving outcomes.

Signs of Safety

The Signs of Safety approach is used within the child protection conferences in Salford. This has been successful and a recent evaluation of its use and impact on outcomes has recommended that signs of safety be rolled out across all children's services work with families, children and young people.

This approach looks at:

- What are the concerns and worries
- What is working well
- What needs to happen next

The practitioners across the different agencies will work collaboratively and in partnership with families to achieve the above and agree an overall danger statement. This statement looks at what might happen in the future if the right supports/plans are

not put into place and progressed. The signs of safety approach compliments the Family Partnership Model as both are strength focused and support an asset based approach.

Neglect

This strategy links closely with the Salford SSCP Neglect strategy and this is to be enhanced by the following:-

- Consideration of the use of shared indicators which would assist in oversight and synchronising the actions arising,
- Integrating actions arising from the current Early Help thematic audits in relation to Older Children at risk; Neglect; Domestic Abuse.
- Improving the use of the Graded Care Profile (GCP) through an appraisal of usage and scrutiny of barriers, impact and outcomes.
- Incorporating into the action plan, any actions arising from the survey conducted with designated education safeguarding leads, to obtain their views in relation to referrals, use of MARAM tools and supervision.
- Ensuring the focus on impact and outcomes is central to the strategy.

Principles

The key principle for driving this ambition for us is:

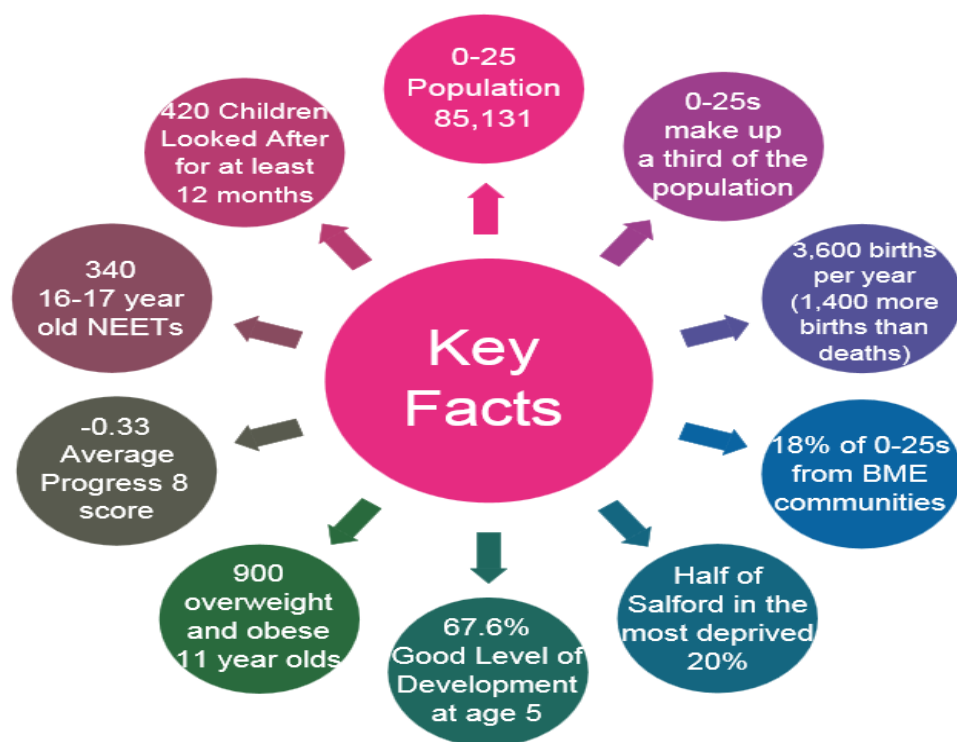
“The right help, at the right time, in the right place, by the right person.”



- When practitioners are involved, it is the most appropriate practitioner to meet the needs of the family
- Effective multi-agency and cross sector working

- Practitioners are trained collaboratively and a learning culture is developed
- Volunteers are valued and supported
- Practitioners are using a consistent approach - using the family Partnership Model and Signs of Safety Language.
- Public services will be committed to building community capacity.
- Early Help will be delivered on the basis of informed consent. Positive engagement with families and individuals is key.

The city of Salford; the people, the place, their needs



“23% of children live in poverty”

“11% of children grow up in families with a low income where at least one person in the household is in work “

“Salford has the second highest proportion of primary school children in GM eligible for free school meals at 24%”

Link to 0-25 analysis at www.partnersinsalford.org/jsnapfilesalford

Salford's Early Help Offer – the Bridge Partnership and Early Help 0-25 Services

The Early Help service has adopted the Family Partnership Model, strengths based model with an asset based approach. Essentially it facilitates a way of working that treats the parents/carer givers as the expert and promotes sustainable solutions to support the family, considering the role of agencies where needed. The model will strengthen the understanding of what engagement and alignment looks like with families, supporting an evidence based approach that should increase practitioners ability to safety step up and step down cases.

To deliver our Early Help principles, we have rearranged our services. Services have grown over time: each has focussed on particular needs of children and young people, and developed expertise in particular areas of work. Salford values the practitioner skills of staff and seeks to preserve these. At the same time, a renewed culture is required, one that focuses on the best interests of the child or young person and their family, holistically, over the life course.

In April 2016 we launched a pilot to review how we deliver early help support through an integrated response.

A redesign of Early Help services within Salford City Council People's Directorate provided an opportunity for a more integrated, targeted and evidenced based offer which is community based and able to more readily respond to the support needs of children, young people and their families.

Four Family Hubs have been established as part of the new Integrated Early Help Model. There will also be a range of outreach sites in each neighbourhood in addition to the main Family Hub site and targeted outreach in the home will also be a vital element of the Family Hub offer.

The Family Hubs are not to be seen as an effort to locate as many different services in a single building as possible, but rather as a means to better co-ordinate different types of support and deliver these in the most effective way for families.

The Integrated Early Help offer of support will span across the age ranges and will build upon the work already delivered by partners across the threshold up to and inclusive of level 3 to support families within their communities. The cornerstone of our approach will be:

- A comprehensive and detailed Early Help Family Assessment
- Effective planning and support
- Co-ordinated approach through a key worker approach delivering intensive intervention where there are complex needs

- A seamless transition through the types and levels of support families require throughout their family journey.

We will continue to work closely with key partners to ensure that the best possible offer can be made to people in the city. Partners include staff within Salford City Council, Greater Manchester Police, housing (including Registered Providers), the National Probation Service, Job Centre Plus, Youth Justice, Community Rehabilitation Company, voluntary and community services and social enterprises, and Greater Manchester Fire and Rescue, children's public health service providers (providing health visiting services, the Family Nurse Partnership and school nursing services) and Clinical Commissioning Groups working with GPs, primary care services, Greater Manchester West Mental Health Trust, community services, maternity services and Acute Services.

In 2015 Salford launched the Bridge which aligned key agencies including statutory and community services to form a single 'Front Door' for contacts and referrals. The purpose of the Bridge is twofold:

- To agree the current level of need utilising Salford's Threshold of Need and Response document. This would be measured within the context of their family environment and experiences.
- To ensure the response is timely appropriate and proportionate and at the right time.

Salford's Bridge Partnership is complimented by the development of the new delivery model for Early Help.

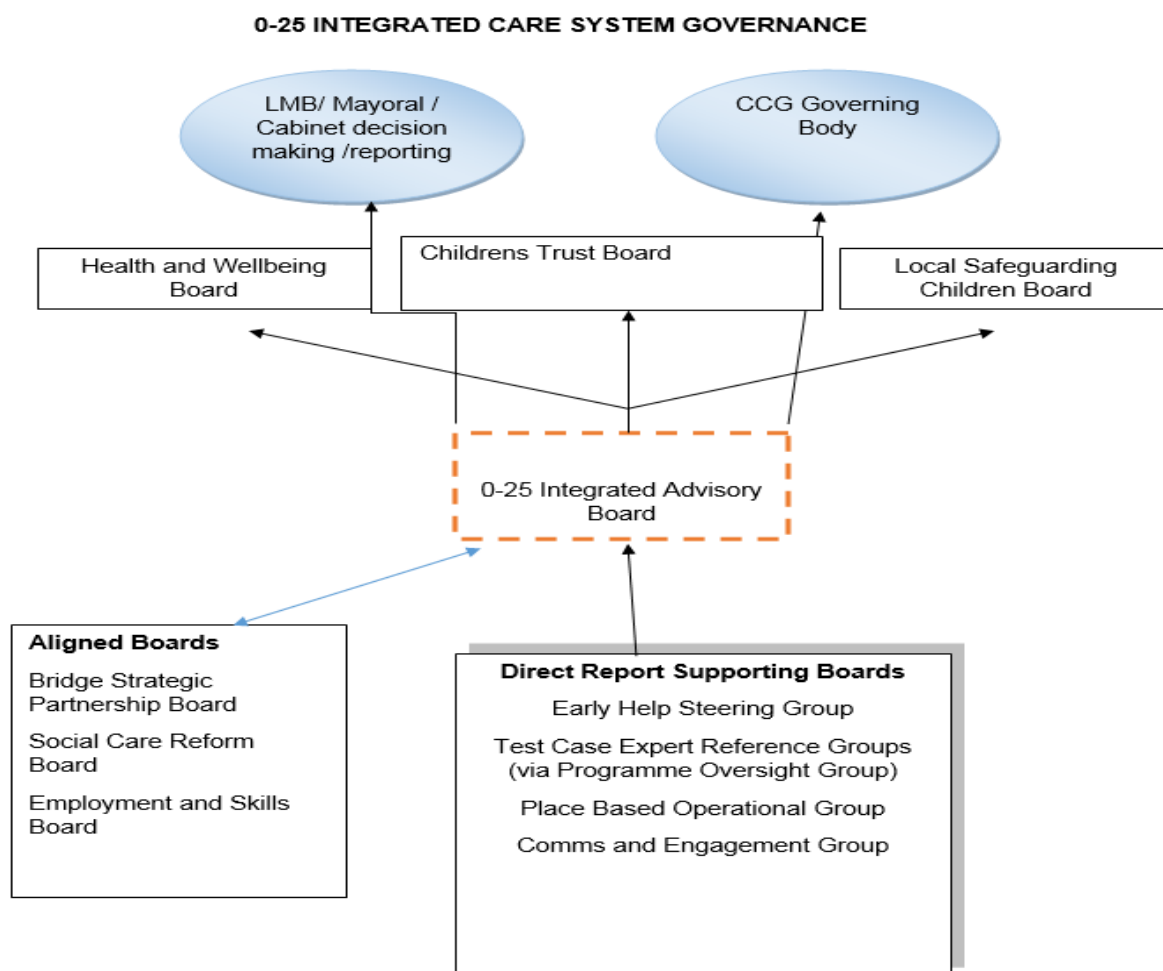
The role of the VCSE Sector in Early Help

The VCSE sector includes organisations that work in partnership with Salford City Council and NHS Salford CCG however there are also organisations that work outside of these partnerships. With 1,513 voluntary organisations, community groups and social enterprises delivering services and activities in the city the sector has a dynamic landscape.

All organisations that work with children, young people and/or vulnerable adults undertake safeguarding training delivered by Salford CVS, some of the messaging regarding early help will be delivered in this training. 69% of the organisations in the VCSE sector are micro, with an annual income under £10,000. A small organisation is directly involved with their service users and participants on a personal level, the organisation often springs from the community itself addressing a direct need. This dynamic creates an environment where early help is the primary model of engagement when issues arise. Larger organisations tend to be engaged on a partnership level because of greater capacity.

The VCSE sector is a part of what supports Salford's resilient communities. The challenge here is for the City Council and the CCG to engage well with the communities in the city so people are able to access early help or further help as necessary.

Governance



What we are doing to put our model in place

Salford already has a strong Early Help offer. The building blocks include:

- A Joint Working Protocol between Children's Services and the VCSE (Voluntary, Community and Social Enterprises) sector. This sets out arrangements for Children's Services and VCSEs to work together to meet the needs of families.
- The Healthy Schools Grant from Salford Clinical Commissioning Group. These grants are for schools to promote healthy living.
- Schools and college activity e.g. pastoral support for emotional health; parent peer support groups (with VCSE). Schools' early help staff supervised by Children's Services mentor.
- Early year's settings and schools in Salford provide a variety of early help provision to children 0-5 and their families – for example day nurseries and play groups.

- Our “Thresholds of Need and Response in Salford” policy document emphasises that communities can often help themselves.
- We have run Safeguarding Children Board Practitioner Forums focussed on information sharing between adult and children’s services, to facilitate better understanding and partnership working to support families.
- We have published a 0-25 data and research review as part of Salford’s Joint Strategic Needs Assessment. This will inform the development of services and will be refreshed on a regular basis.
- We have a ‘Single Assessment’ model for children entitled to a social work assessment.
- We have a new Early Help Family Assessment that holistically looks at the needs of the whole family.
- Our Bridge Partnership is a multi agency front door where referrals into Children’s services are screened and support can be offered – including early help support.
- Helping Families is delivered through our new redesigned Early Help Model.
- A 0-19 Health service which aims to provide a universal access service to all children and families in the City
- Neglect Strategy
- Roll out of the GM Early Years Delivery Model across the City, which is embedded in the 0-5 element of the Early Help Model
- Integrated Family Hubs that are committed to working and integrating with partners across universal and targeted services, including health, education, employment, and the voluntary and community sectors to provide services to support families.
- Local Offer for Children with Special Educational Needs or Disabilities. This is online information from Salford City Council showing what services and support are on offer to families where a child or young people has a Special Educational Need or Disability.
- Education, Health and Social Care plans are in use to support children with disabilities.
- Embedding the Family Partnership Model and Signs of Safety in all Early Help practice within Children’s Services. Created a Debt Adviser within the Council’s Welfare Rights and Debt Advice Service integrating specialist debt advice into the broader early help offer for families and children.
- Delivered targeted support to vulnerable families and children affected by the lowered Benefit Cap who are at risk of eviction.
- Work in partnership with the Illegal Money lending Team to raise awareness about loan sharks in Salford.

To further strengthen Salford's Early Help offer we will add:

Early Help Action Plan

Actions	Lead	Timescale	Accountable (bold) and Monitoring	Progress Q1	Progress Q2	Progress Q3	Progress Q4
Gather the data to enable performance monitoring of the whole system of Early Help	Robert Hughes	August 2018	Debbie Blackburn Robert Hughes				
Develop the Universal Ante natal Parenting Offer for the City so that parents can access advice and support prior to becoming parents	Becky Bibby	September 2019	Debbie Blackburn Jane Case				
Adverse Childhood Experiences: Develop an approach to complement existing programmes with a system wide approach	Jane Case	September 2019	Debbie Blackburn Jane Case				
Monitor the implementation and development of the early help "infrastructure" (e.g. number of assessments, lead practitioners, link visits undertaken, training courses)	Tim Littlemore/Becky Bibby/Michelle Ward	Dates to be agreed.	Sharon Hubber/ Cathy Starbuck				
Feedback findings and recommendations from audits to individuals involved and to relevant agencies & partnership Boards. Note: process in place	Emma Ford	To be scheduled through the Steering Group once available.	Sharon Hubber				
Implement a restorative practice approach, infused with a trauma lead service-	Tim Littlemore and Becky Bibby: -Embed the Family	April 2018	Sharon Hubber/ Cathy Starbuck				

	<p>Partnership Model within all Early Help practice, incorporating the Signs of Safety approach.</p> <p>- Review current Family Group Conference practice within Early Help, ensuring a consistent approach.</p> <p>-Review how ACEs are understood within Early Help and responses to them within practice.</p>	<p>April 2018</p> <p>Dates to be agreed.</p>					
<p>Evaluate the impact of the restorative practice approach</p>	<p>-Comparable evaluation- using test cases.</p> <p>-Service user feedback (need to link with CCG/Children QA framework)</p> <p>-Consider cases that have stepped up from Early</p>	<p>Dates to be agreed.</p> <p>Dates to be agreed.</p> <p>Dates to be agreed.</p>	<p>Sharon Hubber</p>				

	Help to DAT. -Consider use of approach above threshold of Early Help	Dates to be agreed.					
Implementation of the Children's Obesity Strategic Action Plan and to further develop recommendations for neglect and obesity for the Neglect Strategy.	Michelle Whittaker	Dates to be agreed.	Debbie Blackburn				

This action plan will be overseen by the Early Help Steering Group.

The Improving Financial Resilience Project was originally approved until 31st March 2017 and in summer 2016 it was agreed that the project should be continued as part of the Skills and Work Commissioning Plan for 2017/18, funded via the Helping Families budget.

- Taking in to account the learning from the project and the wider Salford context, it is proposed to refocus the project from May 2017 to integrate specialist debt advice with the broader city-wide early help offer for families.
- The rationale for closer integration is strong. Recent evaluation of the 0-25 West Neighbourhood Pilot demonstrated that debt is a key area of concern for many families referred for early help and that this is often linked to housing. Indeed, a dip sample of current Family Support Cases across the city shows that worklessness and financial exclusion are one of the top five presenting needs within families referred for Family Support. In addition, debt remains a key outcome area within the Greater Manchester Family Outcomes Plan for Troubled Families (Helping Families) and consultation on the planned DWP Social Justice Green Paper suggests that problem debt will be positioned as one of the critical risk factors for families.
- The post should be re-designated as Debt Adviser (Early Help) and will be expected to be flexible in response to the development of future Early Help delivery model for families and emerging lessons from the Eccles Place Based Pilot focussed on debt. The post will be line managed by the Senior Debt Adviser in Welfare Reform and Debt Advice Service (WRDAS).

Measuring success - How will we know if the strategy is working?

It's important that we agree success measures from the beginning to provide evidence of success.

We will use multi-agency learning and evidence from voice of the child work at www.partnersinsalford.org/voiceofthechild to assure ourselves of quality.

Performance and impact will be monitored quarterly by the 0-25 Integrated Advisory Board, and will be reported to the Safeguarding Children Board.

Qualitative measures

Quality services to children and families will be the centre of our approach, ensuring every child, young person and their families receives practitioner support to the highest standard. Outcomes will be measured by quality of work and distance travelled.

Success should be directly measured against the outcomes experienced by children, young people and their families. We have identified a number of key performance indicators to measure our success.

We will also use person centred stories to bring meaning to the work we are relaying.

We will include quality measures and feedback to measure our progress and success. This will include an opportunity for the added value of partner activity which delivers on early help to be reported on e.g. grant funded activity in VCSEs and schools

Progress will be measured against outcomes. This will include capturing the voice of the child and young people describing their daily life experiences. A number of key performance indicators relating to measurements have been identified.

Early Help Strategy outcomes framework – quantitative measures

The data for these measures should be compared against statistical neighbours and/or broken down geographically. Baselines and targets will be agreed in due course, where applicable.

As part of signing up to the Early Help Strategy, organisations are committing to provide the relevant data to the 0-25 Integrated Advisory Board. The 0-25 Integrated Advisory Board may challenge where services appear to be underperforming, highlighting concerns to the Safeguarding Children Board and/or Health and Wellbeing Board as necessary.

The provision of services relates to the main commissioning source for services, but grant funded community projects and other contributors will be identified and reported on an annual basis.

In addition to those listed, we will also explore other relevant measures – for example the number of children living in workless households, how many young people volunteer, and the number of children/parents receiving mental health services.

Measure (Aim)
Number of parents completing parenting programmes and demonstrating an improvement in parenting capacity
% of parents completing parenting programmes
Two year old children accessing Two Year Old funding
Number of Early Help Family Assessments Undertaken
Number of Graded Care Profiles completed by Salford City Council Early Help Service
Number of new families receiving a service through team around the family
Number of young people supported by youth service as 1:1 (definition EMS cases and activities)
Number of families that successfully complete family interventions.
Number of Children in Need
Rate of Children in Need.
Rate of children subject of a child protection plan for reasons of Neglect - at a point in time
Percentage of referrals that are a repeat referral within 12 months of a previous referral
Number of young carers known to the Young Carers Service.
Proportion of children whose families have engaged in the Strengthening Families programme who become looked after.
Percentage of children achieving good level of development in FSP
Domestic Abuse incidents recorded in the City
Children with one or more decayed missing or filled teeth
Tooth decay in children age 5 - Average number of decayed, missing or filled teeth (dmft) in five year olds
Hospital admission of 0-4 year olds caused by unintentional or deliberate injuries
Level of school absence (primary)

Numbers of fixed term school exclusions (primary).
Number of GP practices with 3 or more carers aged 17 and under registered with those practices
The number of carers aged 17 and under registered with GP practices
Number of permanent school exclusions (primary)
% Pupils achieving Key Stage 1 Reading (Expected Standard)
% Pupils achieving Key Stage 1 Writing (Expected Standard)
% Pupils achieving Key Stage 1 Maths (Expected Standard)
Level of school absence (secondary)
Meeting the expected standard in reading, writing and mathematics
Numbers of fixed term school exclusions (secondary).
Number of permanent school exclusions (secondary)
Numbers of fixed term school exclusions (special schools).
Numbers of permanent school exclusions (special schools)
Attainment in English and Maths (The Basics)
Achievement of a level 3 qualification by the age of 19
Successful completion rate of drug treatment (or substance misuse treatment) 'for parents/adults living with children)
No. of victims aged 16-17 years heard at MARAC
% of victims aged 16-17 years heard at MARAC
Number of perpetrators aged 17 or below heard at MARAC
% of perpetrators aged 17 or below heard at MARAC
First Time Entrants (per 100k)
Number of children subject of a child protection plan who are previously known to SCC Early Help Service (Proposed)
Education, Health and Care Plans (Proposed)