# Early Help Northamptonshire Strategy 2015-2020

Because Early Help Builds Strong Families

www.northamptonshirescb.govuk www.northamptonshire.gov.uk/earlyhelp



### Contents

		page
	Introduction	3
	What children, young people and families say about Early Help	4
1.	What is Early Help	5
2.	What is our Partnership Vision for Early Help In Northamptonshire	5
3.	What is our Partnership Aim for Early Help In Northamptonshire	6
4.	What is the Evidence Base for Early Help	6
5.	Whose Responsibility is Early Help	7
6.	Why is Early Help Important to Northamptonshire	8
7.	What does Effective Early Help Feel Like for Children, Young People and	12
	Families	
8.	What does Effective Early Help Feel Like for Professionals	12
9.	What does Effective Early Help Look Like for Public and Voluntary Services	13
10.	What is the Early Help Offer	13
11.	What have we done to improve Early Help since 2013	14
12.	What will we do for Early Help from 2015-2020 and how will we do it	15
13.	How will we know if Early Help is working	17
14.	Where can I find more information about Early Help in Northamptonshire	19
15.	Linked Strategies	19

### Introduction

Over the last two years partners, stakeholders and users of services have been working together to re-design Northamptonshire's approach to early help for children and their families. The adopted approach is based on the principle that prevention is better than cure. Reports released by a range of bodies and individuals (for example Munro, Graham Allen MP and Frank Field MP) unequivocally support the principle that prevention and early help can both improve outcomes for children and families and reduce service costs.

Based on this consensus, Early Help Northamptonshire has a single goal: to enable children and families to access appropriate support as early as possible so that they can maintain their quality of life, prevent any problems getting worse and feel stronger, happier and more confident.

The Northamptonshire Early Help Partnership and the Northamptonshire Safeguarding Children Board champion the vital importance of helping children and young people at the earliest point to provide them with the best opportunity for the future. Through effective early help, we will also prevent families from escalating to statutory high cost services.

We must target our early help where the likelihood is that problems will spiral and become more damaging for children and families. Reducing demand for high-need services will deliver better outcomes for children and families and reduce escalation for safeguarding concerns. Equally, it will reduce demand for services and interventions which are more costly for children's services and other public services to address.

Northamptonshire's Early Help offer recognises the crucial role that all family members, not just mothers and fathers, but step parents, grandparents, siblings, other extended family members and carers, and the wider community play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

It is important that we all have a shared vision of how our collective workforce supports Northamptonshire's children, young people and families, so that we understand our role — and that of our organisation as well as our partners — and how we need to work with other services in order to support families with additional needs.

Throughout this document, you will see quotes from partners involved in early help. This is a true partnership vision, a commitment by all involved in work with children and families to getting early help to families that need it.

In short, in Northamptonshire Early Help is never 'someone else's problem' and there is no such thing as 'no further action'.

Keith Makin Independent Chair, Northamptonshire Safeguarding Children Board Alex Hopkins
Director, Children Families and Education,
Northamptonshire County Council

### Dear Early Help Partnership,

Early help makes a big difference, and it matters to us a great deal. We want support for infants as well as families when problems emerge. We want all families to be able to access support and have their needs met.

We want young people's voices to be heard and allow them to give their opinions on services that matter to young people. We want professionals to work together effectively and listen to the voice of the child.

Please work hard to ensure actions taken by professionals meet the needs of all children as soon as possible. We would like all staff delivering Early Help to have high quality training and support to do their job effectively.

We want to empower children and young people to give their opinions and make a difference to other young lives. We want all children and young people from different cultures and backgrounds to be heard by services that involve them. Please allow for everyone to be represented equally.

We want everyone working with children and young people to be passionate, caring and want to help make things better.

Thank you for reading and your continued support

**Early Help Partnership Shadow Board Members** 

### 1. What is Early Help?

Early help means 'providing support as soon as the problem emerges, at any point in the child's life from the foundation years through to the teenage years.'

Working Together (2015)

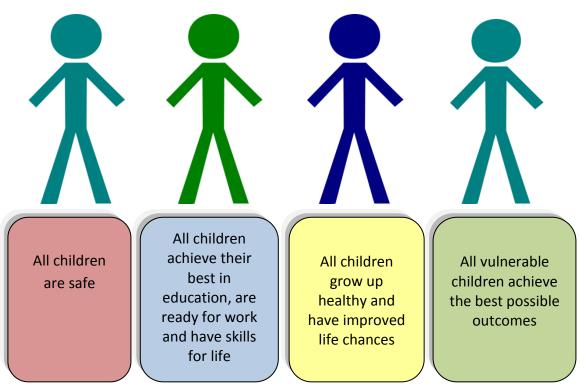
This is what Early Help in Northamptonshire aims to deliver through its Early Help Partnership and the wide range of partners and professionals who are delivering early help in a variety of settings and organizations. We all identify children and families who need help as soon as the problems start to emerge (and often identify circumstances where there is a strong likelihood that problems will emerge in the future).

Early Help in Northamptonshire is not just for very young children. Problems can also emerge at any point throughout childhood and adolescence. Early Help in Northamptonshire is for children pre-birth to age 19 (and up to 25 for children and young people with disabilities).

### 2. What is our Partnership Vision for Early Help in Northamptonshire?

This document sets out our ambitions for children and families through early help over the next five years, and our goals for the early help system improvements we need to deliver those ambitions.

Our early help vision is the same vision of better outcomes for children and families shared by all in Northamptonshire:



### 3. What is our Partnership Aim for Early Help in Northamptonshire?

Our partnership ambition is to offer and provide effective help to children and families as early as possible and when they need it. The aim is to identify families with additional needs as early as possible through close partnership with a range of services, and to empower and enable them to help themselves wherever possible.

We will use insight from needs assessments, data, frontline intelligence and from children and families to make sure Northamptonshire has the right early help services in the right place at the right time.

Our goal is to work together and build relationships with families in order support children and young people to achieve good outcomes.

#### **Early Help and Police**

Police officers across Northamptonshire have seen the positive effects of early help on crime and the criminal justice system. Our force is often closely connected to families who need early help, working regularly on estates where crime and anti social behaviour are severely impacting on children, families and communities. Through our work on local policing, community safety, organised crime and gangs, and child sexual exploitation, Northamptonshire Police are committing significant resource to supporting early help. We believe that done right and done well, early help can reduce crime and transform lives.

Ivan Balhatchet

Assistant Chief Constable, Crime and Local Policing, Northamptonshire Police

### 4. What is the Evidence Base for Early Help?

There is indisputable national evidence that early help is effective for children and families, illustrated by the following excerpts from 'Early Intervention – the Next Steps' (Allen, 2011):

- A child's development score at just 22 months can serve as an accurate predictor of educational outcomes when they are 26.
- The California Adverse Childhood Experiences Study estimated that 54% of current depression and 58% of suicide attempts in women can be attributed to adverse childhood experience. Poor maternal mental health is subsequently linked to poorer outcomes. Early Intervention will have a positive effect on mental health.
- Farrington and others found that aggressive behaviour at the age of 8 is a predictor of the following when the subject is aged 30: criminal behaviour, arrests, convictions, traffic offences (especially drunk driving), spouse abuse and punitive treatment of their own children. The Dunedin Study found that those boys assessed by nurses at the age of 3 as being 'at risk' had 2.5 times as many criminal convictions as the group deemed not to be at risk at age 21. In addition, 55% of the offences committed were violent for the at-risk group, as opposed to 18% for those not at risk. Early Intervention will have a positive effect on reducing crime
- Deep, long-lasting, emotional attachment influences mind, body, emotions, relationships and values and has a positive effect on self-esteem, independence, the ability to make both temporary and enduring relationships, empathy, compassion, and resilience. Research has long shown that people with an insecure attachment are more likely to have social and emotional difficulties. For example, some forms of insecure attachment are associated with significantly elevated levels of perpetrating domestic violence and higher levels of alcohol and substance misuse.
- The returns from intervening early have been well documented. For example, an evaluation by the RAND Corporation of the Nurse Family Partnership (a programme targeted to support 'atrisk' families by supporting parental behaviour to foster emotional attunement and confident,

nonviolent parenting) estimated that the programme provided savings for high-risk families by the time children were aged 15. These savings (over five times greater than the cost of the programme) came in the form of reduced welfare and criminal justice expenditures, higher tax revenues, and improved physical and mental health.

### 5. Whose Responsibility is Early Help?

Every person working with or engaging with children and families, regardless of organisation, status or position, has a responsibility to help deliver early help. Without shared responsibility – cross sector whether public, private, voluntary or community – we run the risk of missing an opportunity to get help to children and families quickly.

The Early Help Partnership has the highest aspirations for all children and young people in Northamptonshire and wants them to make a positive journey into adulthood. Ideally, there would be no need for early help and specialist services but additional needs will continue to arise.

Early Help in Northamptonshire puts the responsibility on everyone who engages with children and families to identify emerging problems and potential unmet needs, irrespective of whether they are providing services to children or adults. Early Help in Northamptonshire includes universal services (services that all children and families can access like GPs, early years settings and schools). Professionals working in these kinds of services are often best placed to identify children and families who may be at risk of poor outcomes.

When we identify need, we must support children and families back on a positive trajectory as soon as possible. At all times, we must aim to get children, young people and families to a safe and strong position where they can be effectively supported by universal services, and help families to help themselves wherever possible.

### 6. Why is Early Help important for Northamptonshire?

There are specific needs in Northamptonshire that show why early help is critical for our children and families. These issues are not unique to our county, but they are all things where we should be doing better, especially when compared to the rest of England and our statistical neighbours:

### Because we want all children to be safe

The Issue	The Scale of the Issue
Too many children are referred more than once to the Multi Agency Support Hub (MASH) because someone was concerned about their safety	In 2014/15 the percentage of referrals to social care with a previous referral within 12 months was 36.7%. Our statistical neighbour average was 23.2% <sup>1</sup>
Too many children become looked after by Northamptonshire County Council and are looked after too long	At the end of 2013/14 there were 835 children looked after in Northamptonshire. Our nearest statistical neighbour local area had 690. At the end of 2014/15 there were 935 children looked after in Northamptonshire <sup>2</sup> The current average length of care for children aged 10+ is more than 3 years
Too many children are on child protection plans, especially due to neglect	Northamptonshire's rate of children who were the subject of a child protection plan at 31 March 2014 was 49.8 per 10,000 children. Our statistical neighbour was 36.4.  183 children out of 792 presented with neglect <sup>3</sup>
Too many children are exposed to domestic violence, drug and alcohol misuse in their families, and to sexual exploitation	In 2013/14 there were 162 referrals for child sexual exploitation concerns In Northamptonshire approximately 14,000 children are affected by parental drug or alcohol use <sup>4</sup> In 2014/15, Northamptonshire Police had recorded 3362 incidents of domestic abuse where children were present <sup>5</sup>
Too many young people are admitted to hospital for injuries	In 2013/14 there were 1279 hospital admissions caused by injuries in young people aged 15-24 in Northamptonshire, equating to 156.7 per 100,000. England's average was 136.7 and England's best rate was 69.6 <sup>6</sup> .

### Because we want all children to achieve their best in education, be ready for work and have skills for life

The Issue	The Scale of the Issue
Too many children are excluded from Northamptonshire schools	In 2012/13 0.2% of Northamptonshire's secondary school population were permanently excluded compared to 0.03% in our nearest statistical neighbour  6.4% of our secondary school population had a fixed term exclusion (5.13% in our nearest statistical neighbour) <sup>7</sup>
Too many children are not	In 2013/14 the percentage of Northamptonshire's children
achieving their expected progress	achieving a good level of development within Early Years

<sup>&</sup>lt;sup>1</sup> Source: NSCB scorecard 2014-15

<sup>&</sup>lt;sup>2</sup> Source: NSCB scorecard 2014-15

<sup>&</sup>lt;sup>3</sup> Source: Characteristics of Children in Needs 2013/14 DFE (gov.uk)

<sup>&</sup>lt;sup>4</sup> Source: 'Children of parents who misuse drugs or alcohol' NSCB Procedures Online

<sup>&</sup>lt;sup>5</sup> Source: NSCB Scorecard 2014-15

<sup>&</sup>lt;sup>6</sup> Source: Child Health Profile June 2015, CHIMAT, Public Health England

<sup>&</sup>lt;sup>7</sup> Source: Permanent and fixed-period exclusions in England: 2012 to 2013 DFE (gov.uk)

levels in education	Foundation Stage Profile was 57.1%. Our nearest statistical neighbour achieved 61.6%. England's best rate was 75. 3 <sup>8</sup>
	In the same year, the percentage of Northamptonshire's young people achieving 5 or more GCSEs or equivalent including maths and English was 51.8%. England's best rate was 73.8%
Too many young people are not in education, employment or training	5% of our young people aged 16-18 were NEET at the end of 2014. This compares to 1.9% in our statistical neighbour local authority <sup>10</sup>

### Because we want all children to grow up healthy and have improved life chances

The Issue	The Scale of the Issue
Too many children and young people are experiencing mental health problems resulting in high admissions to hospital, especially for self harm	In 2013-14, Northamptonshire hospital admissions rates as a result of self-harm (10-24 year olds) were 510.9 per 100,000 population. England's average rate was 412.1 and England's best rate was 119.1 11
Too many children and young people are experiencing drug or alcohol misuse problems	In 2013-14, Northamptonshire hospital admission rates due to substance misuse (15-24 year olds) were 97.1 per 100,000 population. England's best rate was 22.8 <sup>12</sup>
Too many young people are becoming parents in their teenage years in some parts of the county	In 2013-14, the percentage of delivery episodes where the mother was aged less than 18 years was 1.1%. England's best rate was 0.2 <sup>13</sup>
Too many children are becoming first time offenders	In 2013, there were 317 first time entrants to the youth justice system, a rate of 468.8 per 100,000 of 10-17 year olds. England's best rate was 171 <sup>14</sup>

### Because we want all vulnerable children to achieve the best possible outcomes

The Issue	The Scale of the Issue
Too many children with SEN and disabilities experience social exclusion, and do not get timely support, early intervention and diagnosis	In 2014, the gap between pupils with SEN and their peers achieving the expected level at Key Stages 2 was 54.9% and 42.3% at Key Stage 4
Too many children leave care without qualifications	In 2013/14 6.7% of children looked after achieved 5 or more GCSEs or equivalent including maths and English. Our statistical neighbour was 12.7%. England's best rate was 42.9 (2014 figure) <sup>15</sup>
Too many children looked after become involved in the criminal justice system	In 2013, the percentage of children looked after in Northamptonshire who were convicted or subject to a final warning or reprimand during the year was 7.1%. Our nearest statistical neighbour was 5.1% and the England average was 6.2% <sup>16</sup>

Source: Child Health Profile June 2015, CHIMAT, Public Health England
 Source: Children and Young Peoples Health Benchmarking Tool, Public Health England
 Source: NEET data by local authority 2014 DFE (gov.uk)
 Source: Child Health Profile June 2015, CHIMAT, Public Health England

<sup>&</sup>lt;sup>12</sup> Source: Child Health Profile June 2015, CHIMAT, Public Health England

Source: Child Health Profile June 2015, CHIMAT, Public Health England
 Source: Child Health Profile June 2015, CHIMAT, Public Health England
 Source: Child Health Profile June 2015, CHIMAT, Public Health England
 Source: NSCB scorecard + Child Health Profile June 2015, CHIMAT, Public Health England

<sup>&</sup>lt;sup>16</sup> Source: Outcomes for Children Looked After by local authorities, DFE (gov.uk)

If we get early help to children and families quickly and effectively, we can significantly reduce these problems. And reducing these problems means stronger, happier, more confident children and families with ambitions and optimism for the future.

#### **Early Help and Social Care**

There has never been a more important time to get early help right for children and families. Early help in Northamptonshire is a vital part of safeguarding children. In children's social care, we see daily – hourly – the impact of not getting the right support to families at the earliest possible stage. Neglect doesn't happen overnight; it builds up over time and it can be caught and stopped early. We have also seen how early help work with children in need can have significant success in preventing them becoming looked after, by helping families address their challenges and become more resilient.

We are committed to supporting early help because social care should always be the place of last resort, and never the norm.

Satinder Gautam,

Assistant Director, Children's Social Care, Northamptonshire County Council

Equally we know that while the early help system has significantly improved since our last strategy in 2013, there is more work needed to guarantee delivery of these outcomes for children and families:

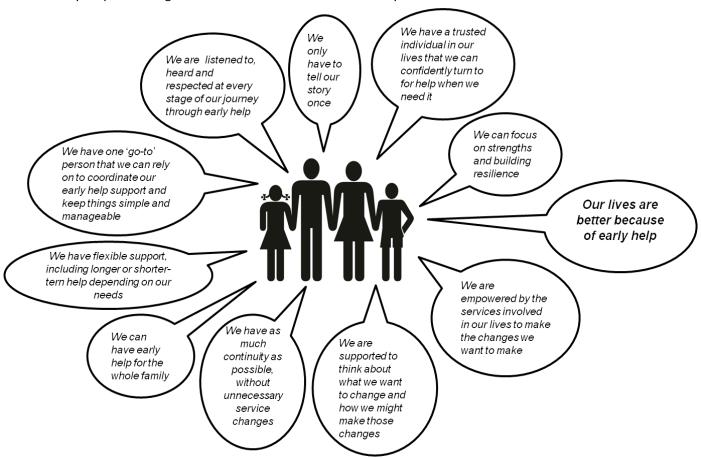
Because we want the early help system to be well understood and functioning effectively so that children and families can get help when they need it

- Parts of our partnership early help system have not had the opportunity to become sufficiently skilled, confident or well supported/supervised to engage and support families. This means our lead professionals and managers are not always able to identify and assess families and get them the help they need.
- Consistent understanding or application across the system as a whole of the thresholds of need across families has improved, but could be even better. This results in more safeguarding concerns and referrals to high need high cost services than there needs to be.
- We should be consistently identifying families in greatest need, or ensuring they receive help which is proportionate to that need. This also means we are missing potentially significant opportunities to prevent or reduce future problems for families and demand on high cost statutory services even when problems are highly predictable. Some parts of the system are using risk profiling, intelligence and insight to great effect and we need to make sure all parts of the partnership early help system can use this approach.
- We should consistently across the early help system be taking a 'whole family' approach to identifying issues and solutions or planning/providing support. Too many different services and people are trying to support individuals within families. Because of this, no one is helping the family to grip its challenges, and the family can become confused, overloaded and disengaged. There is some excellent 'whole family' practice in some parts of the early help system that we need to grow.
- We need to provide a broader and more effective range of support for families across the early help partnership. We also need to do more to ensure there is a clear and accessible market of support wherever the family may be on their early help journey, and not focus exclusively on intensive interventions at the higher end of the spectrum.
- We still need a single, easily accessible description of the early help offer across the county and how
  it is meant to work for families, or comprehensive information about how different services should be
  accessed. This means professionals working in early help are not always aware of what services are
  available, and how they fit together as a whole, to guide their responses to families.



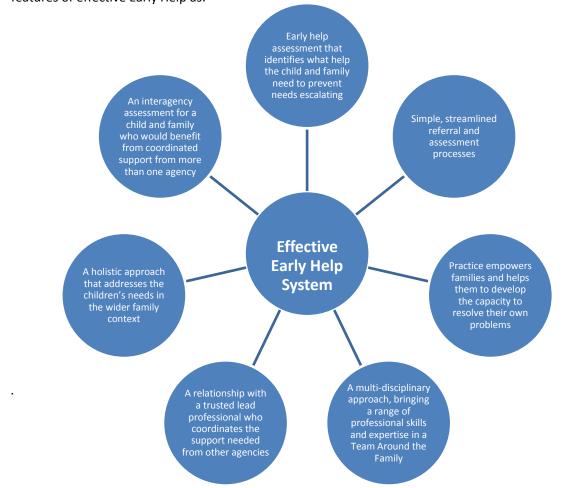
### 7. What does effective Early Help feel like for children and families?

Early Help is working well when children and families can say:



### 8. What does effective Early Help look like for professionals?

A strong early help system means a capable and confident early help workforce, supported by effective and efficient processes. Working Together to Safeguard Children (2015) sets out the critical features of effective Early Help as:



12

# 9. What does effective Early Help look like for public and voluntary sector services?

- Demand for high need/high cost services is reduced
- The workforce operating in the early help system is confident, skilled and experienced
- Partners are communicating sharing information, sharing effective practice, sharing knowledge and skills – and this is helping more families get the help they need
- A solid and reliable evidence base of need is visibly driving decision making
- The early help journey and the pathways through it is easy to understand and navigate

### 10. What is the Early Help Offer?

The Early Help Offer is a sister document to this strategy. It describes the range of early help services available to children and families and how they are accessed.

Another sister document is Northampton's Early Help Practice Manual. This sets out the Early Help Pathway, how to identify needs, how to assess needs and how to meet needs.

This strategy sets out our vision for early help in Northamptonshire. The Early Help Practice Manual and Early Help Offer set out how the strategy is executed in practice.

You can find links to these documents, and others in the Early Help Northamptonshire documents suite in section 14 of this strategy.

### 11. What have we done to improve Early Help since 2013?

Significant work has taken place across the Early Help Partnership since the last Early Help Strategy, including:

- Recommissioning of both children's centre and 5-19 support services that enhances the likelihood that more vulnerable families get the help they need
- Commissioning of a package of interventions to meet key needs of Northamptonshire families, including Multi Systemic Therapy, Family Intervention Project, challenging behaviour, parenting and domestic violence
- Significant developments across the Health system in early help including an extensive review of CAMHs services
- Prevention and Diversion workers in the Youth Offending Service supporting children and young people who have committed first or very low level offences
- Targeted early help work by Northamptonshire Police who have trained 1400 officers in safeguarding and have early help leads in ASB units and Community Safety Teams
- Increased early help work by district and borough councils through Community Partnership Teams and housing services
- Successful delivery of the Troubled Families programme which turned around 1200 families over 3 years, with the majority supported by and through schools
- New local offer for children and families with special educational needs and disabilities
- Introduction of a new MASH model, resulting in one front door for families and professionals
- Early Help Coordinators and domestic violence specialists in the MASH providing expert advice and support to families and professionals
- A new Early Help Assessment, designed to simplify the process of identifying needs and getting help for families and professionals
- A new Early Help Support Service, providing information, advice and guidance to professionals working with families who may need early help
- Development of a new Risk Profiling methodology and tool, built on the highly successful Troubled Families model
- The launch of the RISE service, supporting children experiencing, and at risk of, child sexual exploitation

As these improvements take root, the impact will be seen through our outcome indicators shown in section 13.

# 12. What will we do for Early Help from 2015-2020 and how will we do it?

There are a multitude of partners and programmes supporting early help improvements in Northamptonshire. This Strategy does not aim to describe in detail all the actions partner agencies will be taking to develop early help. It aims instead to describe the broad 'umbrella' objectives that the Children's Early Help Partnership will focus on and in turn will require all partners to focus on through their specific development work and programmes. These objectives will deliver a strong and effective early help system. A strong and effective early help system will in turn deliver improved outcomes for children and families.

Our 12 partnership objectives for the next three years are to:

What we will do	How we will do it
Improve how the voice of the child and family is heard and listened to throughout the early help journey, and ensure children are active participants in the early help they want and receive	<ul> <li>Put in place an audit programme of early help assessments</li> <li>Scrutinise the quality of voice of the child in early help assessments quarterly at Children's Early Help Partnership meetings</li> <li>Undertake an annual survey of children and families to understand their experience of early help</li> </ul>
Focus rigorously on our four priority outcomes through all partnership programmes and agendas	<ul> <li>Undertake a twice yearly assessment of partners contribution to the four priority outcomes</li> <li>Monitor partnership programmes progress towards the four priority outcomes – and their contribution to tackling the key issues identified in this document - through the Children's Early Help Partnership</li> <li>Where appropriate, instigate deep dive impact assessments on issues of concern where the Children's Early Help Partnership do not believe progress is being made quickly or effectively enough</li> </ul>
Ensure that children and families who have been on the early help journey describe the experience set out in section 7 of this strategy	Undertake an annual survey of children and families to understand their experience of early help
Ensure at least 4200 families are enabled to be stronger and more confident through early help (by 2020)	Deliver the early help families programme and monitor progress through the Children's Early Help Partnership
Improve early identification and risk profiling of children and families with the highest predictive probability of poor outcomes, and improve long-term tracking of the impact of our interventions with these key cohorts.	<ul> <li>Introduce a new early help risk profiling methodology for partners</li> <li>Track 'significant and sustained progress' for families using the early help families methodology</li> </ul>
Execute our early help strategy through our partnership commissioning intentions to ensure needs are effectively matched to services, and that Northamptonshire has the right quantity and quality of services needed	<ul> <li>Produce commissioning intentions for the Children, Families and Education Directorate</li> <li>Commission a range of early help supportive and therapeutic services to meet need</li> <li>Monitor impact of commissioned services</li> <li>Align partners commissioning strategies to maximise impact and use of resources</li> </ul>
Execute our early help strategy through our partnership operational work and continue to improve the effectiveness of	<ul> <li>Improve definition and understanding of the Early Help Offer</li> <li>Monitor effectiveness of early help commissioned and directly provided services, reporting quarterly to Children's Early Help</li> </ul>

What we will do	How we will do it
our targeted early help services and interventions, ensuring all early help provision used by all partners meets the 5 key principles of effective family working, works to an evidence-based model and systematically delivers positive outcomes for children	Partnership
Embed operational and process improvements introduced to early help and ensure these are contributing to improved outcomes for children and families	<ul> <li>Scrutinise quality and impact of early help assessment</li> <li>Scrutinise impact of early help support in the MASH in diverting children from care</li> <li>Scrutinise impact of Early Help Support Service for professionals</li> </ul>
Focus on practice excellence across the early help system and for the benefit of all partners	<ul> <li>Produce a new set of early help core competencies for the Children's Early Help Partnership</li> <li>Undertake practice needs analysis across the Partnership against competencies</li> <li>Commission package of early help learning and development for the partnership to meet practice needs</li> <li>Monitor impact of learning and development, including quality of early help assessments</li> <li>Trial 'early help mentoring partnerships' with Northamptonshire schools</li> </ul>
Achieve demonstrable reduced demand on high need/high cost services across the Early Help Partnership	<ul> <li>Scrutinise impact of early help through the early help families cost savings calculator</li> <li>Assess impact of early help on numbers of children in need, on child protection plans, children re-referred to MASH and children becoming looked after</li> </ul>
Work as a partnership to deliver integrated services where this will benefit children and families	Scope opportunities for integrated, co-located or multi-agency teams across the partnership
Tighten our grip on understanding the impact of early help for children, families and professionals in the system	<ul> <li>Twice a year, monitor progress against the definitions of effective early help set out in this document using the Early Intervention Foundation Maturity Matrix as a benchmark</li> <li>Four times a year, monitor population level early help outcome indicators to assess whether early help is having a positive impact for children and young people</li> <li>Annually assess partners understanding of, and confidence in, early help</li> </ul>

### Early Help and Health

The Health Service in Northamptonshire is showing how early help can make a real difference to children and families. Midwives, health visitors, school nurses, community paediatricians, safeguarding nurses – all are united in their commitment to getting the right help to children and families when they need it. We know that our GPs are a crucial part of the picture; they are often the first port of call for families, and are a trusted individual in their lives. So too are those frontline practitioners working in our services for adults. Getting help to parents accessing our mental health services or drug and alcohol services is of equal importance to us. We are proud to support early help in Northamptonshire

Jane Bell

Head of Nursing, Nene and Corby Clinical Commissioning Groups

### 13. How will we know if Early Help in Northamptonshire is working?

The objectives in this strategy will all have outputs. But we are committed to ensuring that outputs lead to better lives for children and families. Our suite of 31 outcome indicators provides a benchmark of whether early help for children and families in Northamptonshire is making a difference to our population. All our partnership activity — whether strategic or operational — over the next three years will be expected to make a contribution to these outcomes.

This strategy follows an outcome-based accountability model. The indicators below tell us whether early help is working at population level. Outcome measures are used at service level to tell us whether early help is working for individual children and families. It follows that if early help services are delivering positive outcomes to children and families, then we should see that reflected at population level.

This strategy is governed by the Children's Early Help Partnership who will monitor progress towards these outcomes throughout the 5 years of the strategy cycle. The Northamptonshire Safeguarding Children Board will provide additional scrutiny and receive regular progress reports.

### **Outcome Indicators for Early Help in Northamptonshire**

#### Because we want all children to be safe

- Fewer referrals to social care with a previous referral within 12 months
- Less children at 'child in need' status (s17) who subsequently became looked after
- Less children subject to a repeat child protection plan
- More adults with parental responsibility who have drug or alcohol issues are completing drug or alcohol treatment
- Appropriate repeat referrals where necessary to ensure further safeguarding and support to victim
- Increase in young peoples awareness of risk and exploitative behaviour + reduction in frequently missing young people (missing episodes)
- Less hospital admissions caused by injuries in young people aged 15-24

### Because we want all children to achieve their best in education, be ready for work and have skills for life

- More children are taking up free nursery education entitlement at age 2, including % with SEN and disabilities
- Less children are permanently excluded from school or have less than 3 fixed term exclusions over 3 consecutive terms, including % with SEN and disabilities
- More children are achieving a good level of development at the end of reception year
- More children are achieving their expected progress levels at primary and secondary levels, including % with SEN and disabilities
- More young people are in education, employment or training, including % with SEN and disabilities

### Because we want all children to grow up healthy and have improved life chances

- Fewer children and young people are homeless or living in temporary accommodation
- Reduction in the rate of children admitted to hospital as a result of self harm (10-24 year olds)
- Reduction in the rate of children admitted to hospital due to substance misuse (15-24 year olds)
- More children and young people with drug or alcohol issues are completing drug or alcohol treatment
- Infant immunisation rates are maintained at above national average levels
- Less young people are becoming parents in their teenage years
- Less children and young people become first time offenders
- Child poverty rates are maintained at better than national average levels

Child obesity rates are maintained at better than national average levels

### Because we want all vulnerable children to achieve the best possible outcomes

- More statutory assessments for children with disabilities are completed within timescales
- Less children and young people report that caring responsibilities are negatively impacting on their lives
- More children who receive mental health services self reporting improved outcomes
- More children looked after achieve 5 or more GCSEs or equivalent including maths and English
- More children looked after receive immunisations
- Less children looked after commit offences

### Because we want the early help system to be well understood and functioning efficiently and effectively so that children and families can get help when they need it

- EHAs scoring good or better through quality assurance audits
- Increase in early help internal and commissioned services delivering demonstrable outcomes for children and families (outcomes star performance)
- More partners report understanding of, and confidence in, early help
- Increase in overall annual score on EIF Maturity Matrix

### **Early Help and Schools**

Our work with children doesn't stop with educational achievement. Schools and educational establishments throughout Northamptonshire are achieving real success in getting early help to families that need it. We are in a privileged position of seeing our children most days of the week; we get to know them and their families intimately and become a source of trust in their lives.

We see how early help can transform a child in school. Not just what they are able to achieve academically, but how their personal, social and emotional development can thrive with the right support. We are committed to early help because it is the right thing to do for our children to give them the best start in life.

John Wayland – Headteacher Grendon Church of England Primary School

# 14. Where can I find more information about Early Help in Northamptonshire?

The following sister documents support delivery of our early help strategy:

**Thresholds and Pathways** – Northamptonshire's approach to levels of need, how to identify what level of intervention a child or family may need, and the differences between early help and statutory child protection

**Early Help Practice Manual** — a key document that sets out the Early Help Pathway in Northamptonshire and how early help works in the county

**Early Help Assessment** – a suite of information and documents to help practitioners from all agencies to identify, assess and get help to children and families

**Early Help Offer** – a guide to what early help is available in Northamptonshire and how to access it

**Early Help Support Service** – a team dedicated to supporting professionals working with children and families who may need early help

**Children Families and Education Commissioning Intentions** – analysis of early help needs in Northamptonshire and sets out what services and interventions will be commissioned to meet those needs

### 15. Linked Strategies

- Northamptonshire Health and Wellbeing Strategy
- Northamptonshire Corporate Parenting Strategy
- Northamptonshire Safeguarding Children Board Business Plan
- Northamptonshire Strategy for Learning
- Northamptonshire Disabled Children and Young People's Strategy and Action Plan
- Northamptonshire Youth Justice Plan
- Northamptonshire PCC Police and Crime Plan
- Northamptonshire Child and Adolescent Mental Health Strategy
- Northamptonshire Domestic Violence Strategy
- Northamptonshire Anti Social Behaviour Reduction Strategy
- Northamptonshire Strategy for the Emotional Wellbeing and Mental Health of Children and Young People
- Northamptonshire Child Sexual Exploitation Strategy