



# Effectiveness of Early Help

April 2015 to March 2016

Report to SSCB and Children's Trust

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# 1. Early help vision

## 1.1 What is early help?

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together to:

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

(Working Together to Safeguard Children, 2015)

## 1.2 The vision for Strengthening Families through early help in Shropshire

This vision for children and families sits within the wider Shropshire Council and Partnership approach to focus on prevention and well-being. Through the offer of advice, support and assistance to the people and communities of Shropshire it seeks to enable people and communities to help themselves. It puts the home and community at the centre for enabling care and support. This includes promoting engagement of the community and the voluntary sector to identify and meet the needs within their local communities.

In Shropshire the Troubled Families programme phase 2 is known as Strengthening Families.

The Strengthening Families Programme has a key role in integrating the early help process whilst championing the principles and working together towards jointly agreed goals. It sets out to develop successful ways of working with families at the earliest stage to help and support them to make positive changes. It also looks to develop resilience within families so that they feel able and confident to deal with problems should they escalate or arise in the future.

Inclusion of families into the programme is based upon a cluster of six headline problems. To be eligible for the expanded programme, each family must have at least two of the following six problems:

1. Parents or children involved in crime or anti-social behaviour
2. Children who have not been attending school regularly
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan

4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness
5. Families affected by domestic violence and abuse
6. Parents or children with a range of health problems

It is a vision that has a child-centred and coordinated approach. That works with the whole of the family to enable prevention and early assistance and where the voice of the child is heard, the family voice is visible and their experience of life is understood by all professionals working with them.

(Strengthening Families through Early Help Strategy 2016 - 2018)

## 2. Purpose of the report

The purpose of this report is to evaluate the impact of targeted early help in Shropshire, in particular to gain an understanding of the quality of targeted early help support within Shropshire and the extent to which it helps to improve children's lives.

### 2.1 Report structure

The report provides:

1. An update on progress and key developments against the action plan put in place as a result of the findings within the 'Early Help Effectiveness Report 2014/2015'.
2. It then considers the effectiveness and impact of targeted early help within Shropshire across the three key themes outlined below.
3. Provides a summary of effectiveness findings, areas for improvement and moving forward for 2016/2017.

### 2.2 Key themes of the report

The effectiveness and impact of early help in Shropshire has been reviewed against across the three key themes outlined below. These themes are based on the early help vision, the Shropshire early help outcomes framework, key findings from the Ofsted early help thematic review and key judgements of the Ofsted framework and evaluation schedule.

#### **Theme 1: Outcomes and impact for the child and family**

**This means:** "...as a consequence of the early help offered, children's circumstances improve and, in some cases, the need for targeted services is lessened or avoided."

*(Ofsted Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers (ESN03), 2016)*

Theme 1 supports Shropshire early help outcomes of:

- Children, young people and families feel happier, healthier, safer, more valued, more accepted, more responsible for their actions, more positively engaged in their community and successful in achieving their goals.
- Families experience a positive family life
- Preventing the needs of children and young people from escalating to need specialist services

And the Shropshire Children's Trust outcomes of:

- Keeping children safe by preventing children's additional needs increasing in complexity and impacting negatively on their health and development; and by preventing lower level risk of harm developing into of significant risk of harm

Information evaluated in order to assess effectiveness for theme 1:

- Impact and effectiveness of support
- Sustainability of improvement

## Theme 2: The right help at the right time for the right duration

**This means:** "Children, young people and families are offered help when needs and/or concerns are first identified and, as a consequence of the early help offered, children's circumstances improve and, in some cases, the need for targeted services is lessened or avoided. The interface between early help and statutory child protection work is clearly and effectively differentiated". (*Ofsted Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers (ESN03), 2016*)

Theme 2 supports Shropshire early help outcomes of:

- Children, young people and families have swift, appropriate access to the right help at the right time

And the Shropshire Children's Trust outcomes of:

- Identifying early help at the first signs of problem and in early years providing accessible services to parents and children at the right time.

Information evaluated in order to assess effectiveness for theme 2:

- Accessibility of support
- Quality of support, assessment and planning and the voice of the child

## Theme 3: Leadership, management and governance

**This means:** “Leadership, management and governance arrangements comply with statutory guidance and together establish an effective strategy and good-quality services for children, young people and their families. There is a clear and up-to-date strategy for commissioning and developing services delivered by a suitably qualified and experienced workforce that meets the needs of local children and young people and families” (*Ofsted Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers, 2016*)

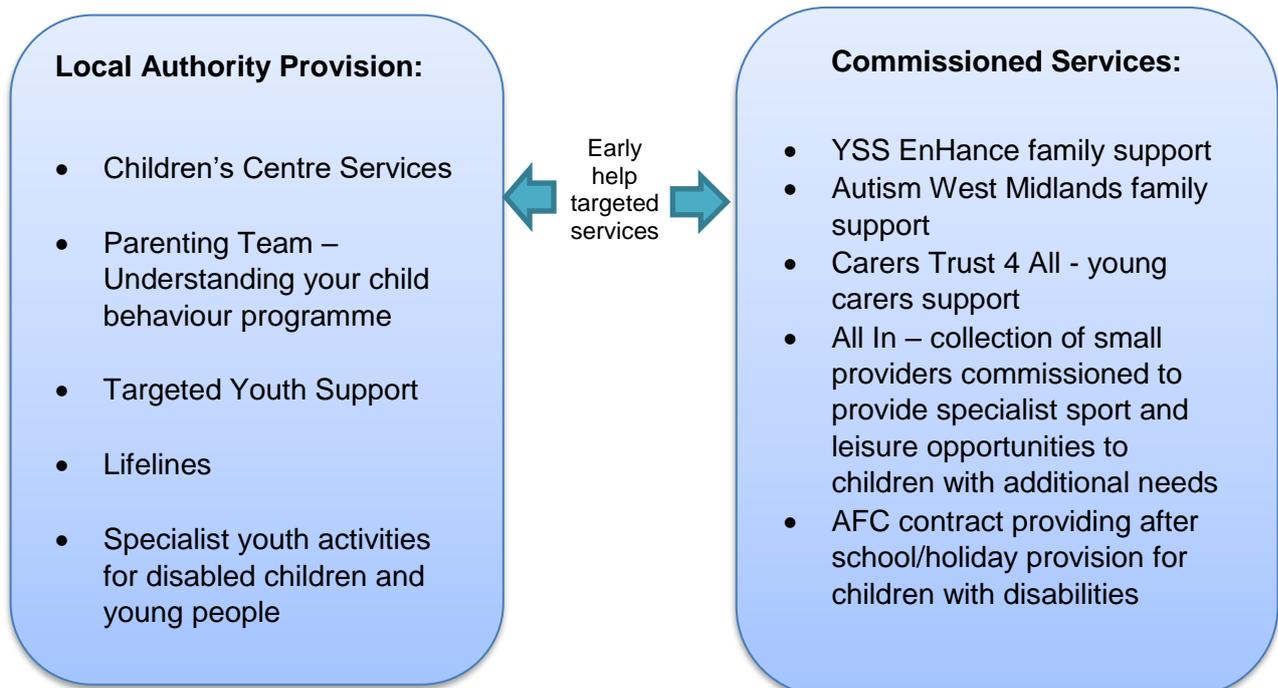
Information evaluated in order to assess effectiveness for theme 3:

- Management oversight of early help cases
- Early help training and support

### 2.3 Scope of the report

The report focuses on the effectiveness of targeted early help support (services provided to meet unmet needs at an early help level provided by one or more service) and the infrastructure in place in order to provide early help support.

Where the need for a targeted service is identified, the delivery of targeted early help support across Shropshire is provided via a combination of local authority provision and commissioning of external organisations. Targeted early help services are delivered by the following in-house teams/external providers:



## **2.4 Limitations of the report**

The report is limited by ongoing system developments required to extract additional early help data from the CareFirst system.

Following on from the 2015/2016 report, the back log of inputting at Compass has been addressed with the focussed use of admin.

Accurate, up-to-date Early Help data is reliant on all agencies either logging information directly onto CareFirst in a timely and accurate manner (direct users) or to send information into Compass in a timely manner (non-direct users). Going forward, the implementation of E-CINS will enable all agencies involved in providing early help support to input directly onto the system, therefore reducing delays in logging and accessing information.

The early help support to Children with disabilities and special needs is subject to a review through the short break commissioning group and the early help/high needs schools T&F group. Work of these groups will be incorporated as learning from this effectiveness report and will be coordinated with the Strengthening Families through Early Help strategy.

## **2.5 Sources of information to inform this report**

The following information has been reviewed to inform this report.

### **2.5.1 Early help practitioner feedback survey (2015)**

The early help practitioner feedback survey is undertaken annually via an on-line survey. All practitioners on the early help contacts list are invited to give their views on a variety of elements of early help by completing the survey. Some questions are repeated annually in order to monitor changing views over time.

There were **167 responses** to the 2015 survey: 139 fully completed and 28 partially completed. For fully completed responses this was a **22% increase in responses** compared with the 2014 survey (114 responses). Partially completed responses were used within the analysis. For ease of reading, response numbers for each individual question have not been noted in this report, however are included in the practitioner feedback report.

Respondents were from a wide range of services including schools, health visitors, child minders, preschools, early help targeted services, midwives and voluntary services. Appendix A shows the breakdown of respondents by service.

### **2.5.2 Quality assurance: early help quality audits**

Early help quality audits are undertaken bi-monthly in line with the early help audit schedule by the Early Help Stakeholders group made up of operational managers/practitioners from health, education, social care and the voluntary sector.

The early help audit schedule consists of the following audits: step up to social care, step down from social care, quality of plan and review, effectiveness of early help, quality of early help assessments and related tools.

From April 2015 to March 2016 five audits took place, auditing a total of 72 files, as follows:

<b>Audit type</b>	<b>No of files audited</b>	<b>Month of audit</b>
Step up to social care	10	February 2016
Step down from social care	17	April 2015
Quality of plan and review	15	June 2015
Effectiveness of early help	10	October 2015
Quality of early help assessments and related tools	20	December 2015

### **2.5.3 Service user feedback**

Service user feedback included within this report consists of:

#### **a. Internal targeted early help services service user feedback following closure**

Shropshire Partnership Consortium undertake service user feedback on Shropshire Council's behalf as an independent agency for the internal targeted early help services (Parenting, Targeted Youth Support, Lifelines and Children's Centre Services). SPC complete a scripted questionnaire on the telephone with parents of children who have recently finished an early help intervention.

The feedback used within this report covers the period January 2015 to December 2015. During this period there were 46 responses out of 101 parents contacted (a 46% response rate).

#### **b. EnHance service user feedback following closure**

Shropshire Partnership Consortium also undertake service user feedback on EnHance's behalf as an independent agency for this targeted early help service. This is done by 3 main methods:

- Telephone questionnaire with parents/carers of children/young people with a recent closed EnHance intervention.
  - The feedback used within this report covers the period January to September 2015. During this period there were 38 responses.
- Telephone questionnaire with parents/carers 3 months following the closed EnHance intervention.
  - The feedback used within this report covers the period April to December 2015. During this period there were 15 responses.
- Questionnaire completed by children/young people following the closed EnHance intervention answering the question: Does your life feel better after your meetings with your key worker/mentor?
  - The feedback used within this report covers the period April to December 2015. During this period there were 36 responses.

#### **c. Service user feedback provided by targeted services**

- Other service user feedback collated by early help targeted services.
- Complaints and compliments

#### **2.5.4 Early help activity and outcomes data**

Data relating to early help activity and outcomes extracted from the CareFirst system (note limitations below).

#### **2.5.5 Local Government Peer Review (2015)**

The report of the findings from the children's safeguarding peer review that took place in June 2015.

#### **2.6 Expressing proportions in words**

Throughout the report when expressing proportions in words, the Ofsted descriptions of expressing proportions in words have been used. Please see Appendix B.

### **3. Progress against effectiveness of early help (2014) action plan**

Based on the Effectiveness of Early Help report 2014/2015, an action plan was drawn up with six key actions.

Below is a summary of progress and developments against each of the six key actions.

#### **ACTION 1**

##### **Early help joint commissioning plan in place based on joint strategic needs assessment through the local strategic partnership group**

- The early help commissioning project plan and implementation group was formed in July 2015, new contracts are planned to commence in April 2017.
- A Children's Trust workshop was held in October 2015 and a report was presented to the Children's Trust in November 2015 which identified key actions to include opportunities to join up commissioning approach
- The following key research and documents have been produced:
  - An early help needs assessment which gives a comprehensive view of early help need and demand across Shropshire
  - A draft early help market assessment which gives a comprehensive overview of early help provision across Shropshire.
  - A draft early help market position statement (informed by the above two documents) has been issued to all stakeholders and partner agencies for consultation to contribute to the future development of commissioning for early help in Shropshire. There was a stakeholder event held on 11th March 2016 to start this consultation.
- School's Forum have agreed to hold a task and finish group during 2016/17 to clarify and agree the Dedicated Schools Grant (DSG) contribution to early help.

## **ACTION 2**

### **Early information sharing systems in place contributed to by all statutory partners including Police, Probation and Health**

- Strengthening Families Information Sharing Framework Protocol and Agreements have been developed and issued to all partners. These include Data Sharing Agreements for the use of the ECINS system.
- Compass has continued in its development as Shropshire's version of MASH (Multi-Agency Safeguarding Hub). The operating procedures have been finalised and issued to partners and the pathway has been updated to reflect this.
- A Compass information leaflet for parents was completed and disseminated to schools and partners for their use/reference.
- The process for managing contacts was revised – see 4.1 below for details
- Police staff from the Harm Assessment Unit are based at Compass. This co-location of safeguarding professionals will enable them to contribute their expert skills and knowledge to share information.
- The CSE and Missing Coordinator is now based at Compass
- E-CINS implementation: From the 1st April 2016, E-CINS is being used as the case management system for Strengthening Families through early help for new cases, with existing cases being migrated as part of a phased implementation plan. The introduction of ECINS will bring benefits to practitioners including:
  - direct access and inputting by all agencies
  - quick, secure and effective sharing of information in order to support families

## **ACTION 3**

### **Partnership agreement in place to share responsibility for lead professional role offering families help and support early and at the lowest level appropriate to need**

- The identification of the lead professional role is one of the key principles of the Strengthening Families through early help strategy.
- Guidance and Training on the role of the lead professional is under development
- New commissioning specifications will include clarifying the role of providers as lead professionals where appropriate and the need for these agencies to act as lead professional where appropriate. The Safeguarding Assurance Report that went to the SSCB in June 2016 raised the importance of having both strategic and operational commitment to partners undertaking the lead professional role.

#### **ACTION 4**

##### **Use of co-ordinated data outcomes in early help and data collection for Strengthening Families to inform service development and future commissioning of early help**

- Strengthening Families through early help:
  - Early help and Strengthening Families have been aligned through the Strengthening Families through Early Help Strategy and the development of the SFTE board which sits under the Childrens Trust.
  - The Shropshire Strengthening Families through Early Help Outcomes Plan provides an area-wide set of success measures applicable to all families, from which the outcomes and measures relevant to each family are drawn. The whole family assessment and whole family action plan have been developed based on these outcomes.
  - The production of the Market Position Statement for early help using the outcomes plan provides a broader, more informed picture of what early services look like and where potential gaps are, this is being used to inform commissioning.

#### **ACTION 5**

##### **Develop further methods of gathering service user feedback to ensure views are being captured from a broad range of service users as core business. Marketing and promotion of early help (communications plan/strategy)**

- An audit has taken place as to how service user feedback is gathered from each early help targeted service and there is comprehensive evidence that service user feedback is captured
- A communications and marketing plan is being drawn up for early help including a review and refresh of relevant digital information.
- Compliments and complaints reporting has continued to be a focus in EH leadership and End to End children's services meetings.
- Services have used service user feedback to review their activities and make them reflective of community need wherever possible. This ensures resources are used efficiently and effectively.

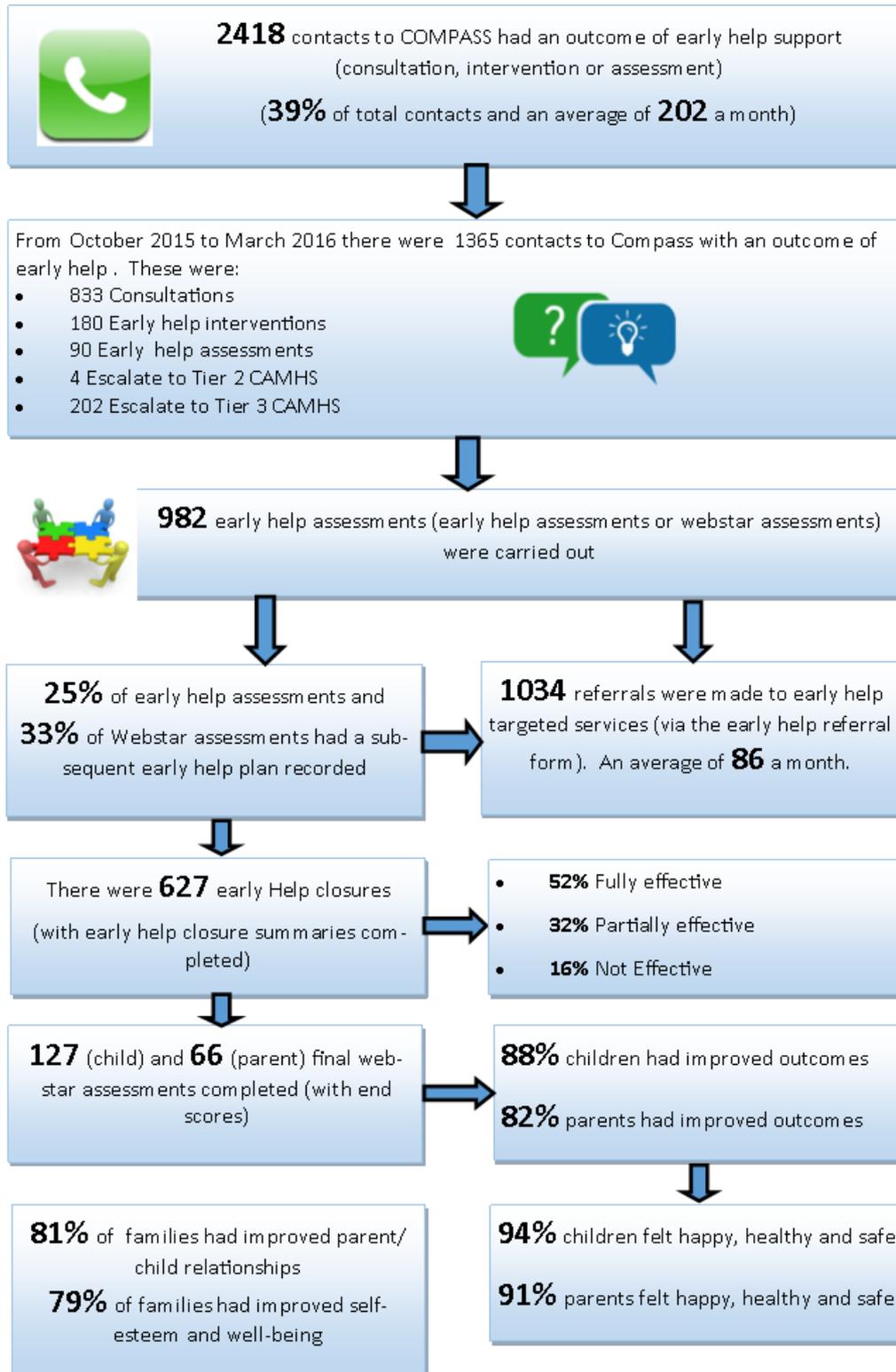
## **ACTION 6**

### **Training: including ensuring confidence in information sharing and consent processes**

- Throughout 2015/16 training for early help practitioners has continued to be accessed via early help network session, SSCB training events and included other training opportunities; TAMHS training
- Further to this a learning and development plan for Strengthening Families across Shropshire is being put in place, recognising that the change of working practices to work in a whole family way impacts on many partners across Shropshire. There is a need for extensive workforce training to support the development of these partners by providing a modular training programme which would encompass the following modules.
  - Assessment and analysis skills
  - Information sharing and consent
  - Role of the lead professional
  - Capturing the voice of the child and family
  - SMART action planning – linked to outcome plans
- Compass has continued to be developed as a multi-agency hub, including co-ordinating the delivery of support for early help, with information sharing all in one place
- Targeted Early help staff are represented at the full children's services management team end to end meetings, which include learning from complaints and audits.
- Network meetings have been established in order to address where themes have been identified within audit findings as requiring improvement. These were well attended by a wide range of agencies and focussed on:
  - Developing skills with assessment, planning and review (universal services)
  - Increasing confidence and skills as a lead professional (universal and targeted services)
  - Hearing the voice of the child

## 4. Early help activity: identification and assessment of the need

The diagram below gives an overview of early help activity from April 2015 to March 2016 (unless time period otherwise stated)<sup>1</sup>



<sup>1</sup> Source: CareFirst system

## **4.1 Summary of early help activity April 2015 to March 2016**

### **4.1.1 Contacts to Compass<sup>2</sup>**

The amount of contacts overall to Compass has increased compared with April 2014 to March 2015, with the number of those contacts with an outcome of early help support increasing by **27%** (39% of total contacts).

In October 15 there was a change in practice during 2015/2016 for practitioners raising concerns or requesting early help support/advice to ensure there is a timely and proportionate response to contacts and clear decisions made. The aim of this new approach was to support the early identification of need by providing advice and consultation to professionals at an earlier stage, promoting early help where appropriate and as such ensuing referrals into social work services met the threshold for concerns relating to Children in Need and at Risk of Harm.

The Initial Contact Form was also developed to ensure the service carrying out the early help consultation is recorded and also any early sign risk factors identified. This was to ensure data is available to monitor demand, need and quality.

From October 2015 to March 2016, there were 1365 contacts to Compass with an outcome of early help. These were:

- 833 Consultations
- 180 Early help interventions
- 90 Early help assessments
- 4 Escalated to Tier 2 CAMHS
- 202 Escalate to Tier 3 CAMHS

### **4.1.2 Early help consultations**

From October 2015 to March 2016, there were 833 early help consultations carried out by the following services:

- 643 by early help social workers (72%)
- 211 by CAMHS (24%)
- 35 Targeted Youth Support (4%)

Note that unlike the CAMHS workers or Early help social workers the Targeted Youth Support are more likely to start contact with a consultation but then progress to a direct intervention, this data is gathered from the end result of the contact and as such the 180 early help interventions will largely be TYS and this accounts for their lower level of consultation.

### **4.1.3 Early help risk factors at initial contact**

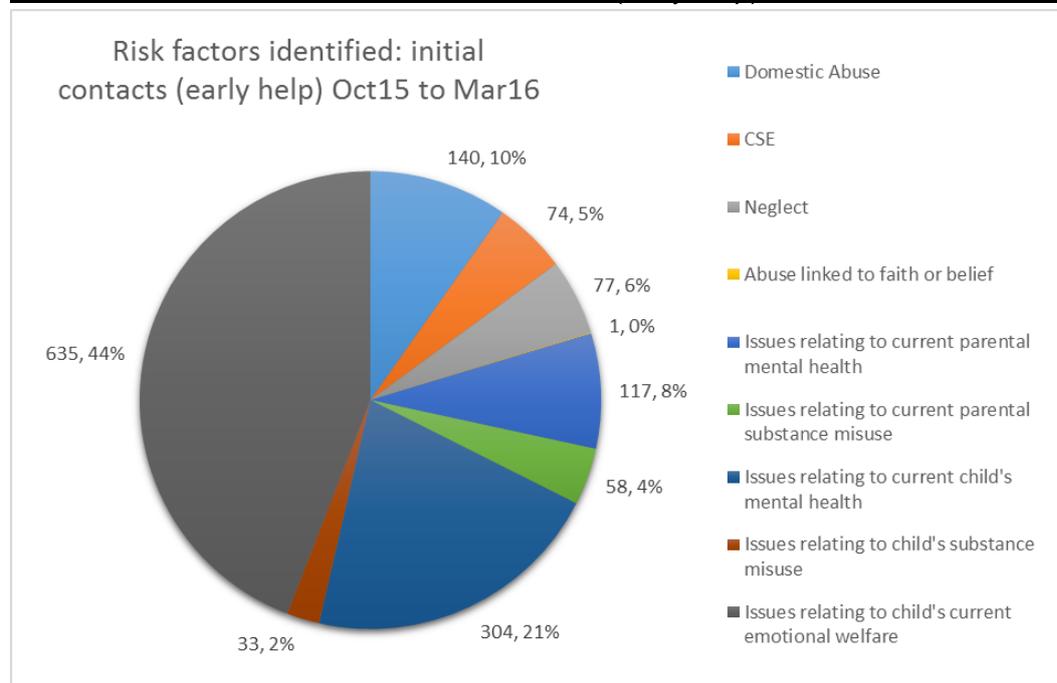
It is important that we recognise early sign risk factors in our early help work and the initial contact form was developed to capture this information which we can use to identify trends

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<sup>2</sup> Compass is Shropshire's Multi-Agency and Safeguarding Hub: a single point of referral for professionals and the public seeking advice or assistance with a concern for the welfare or protection of a child or young person.

and service needs. Chart 1 below shows the early factors identified for initial contacts with an outcome of early help support from October 2015 to March 2016.

**Chart 1: Risk factors identified: initial contacts (early help) October 2015 to March 2016**



#### 4.1.4 Early help assessments

There were 982 early help assessments of need for children carried out (either using an Early Help Assessment, Initial Webstar or a combination of both). This (39) a 4% reduction on assessments completed 2014/2015 (1027).

The assessments carried out from April 2015 to March 2016 were broken down as:

- 562 Early Help Assessments completed (66% of these also had an initial Webstar)
- 791 Initial Webstars were completed for children (46% of these also had an EHAF)
- 253 Initial Webstars were completed for parents

The Webstar was specially introduced in 2014/2015 to support partners to complete early help needs assessment with a focus on the voice of the child. Whilst this was and continues to be a welcomed less bureaucratic method further development this year has been on the whole family assessment. Whilst this will be a little more time consuming at the point of completion the use of E-CINS as a direct source will save time and reduce duplication and the additional quality will reduce time later in the process.

Chart 2 below shows the breakdown of agencies completing early help assessments.

Schools are responsible for completing or starting the majority of early help assessments. Although schools are recorded as “source” initiators of a large majority of early help assessments, it is known from audits that have taken place that the completion of these assessments is heavily supported by early help targeted services, early help social workers

and youth workers (i.e. these services/professionals will often continue the assessment to completion).

**Chart 2: Agencies completing Early Help Assessments**

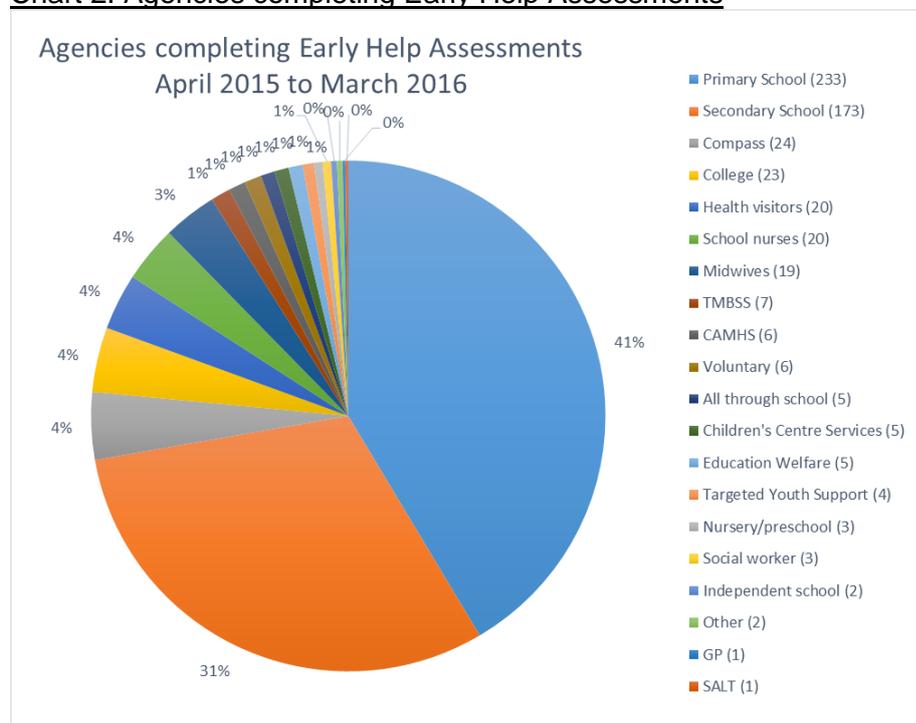


Table 1 below compares the percentage of early help assessments completed by agency in 2015/2016 and 2014/2015. The percentage of early help assessments completed by schools has increased by (6.3%) compared with 2014/2015.

**Table 1: % of early help assessments completed by agency 2014/2015 and 2015/2016**

Agency	Percentage of EHAfs 14/15	Percentage of EHAfs 15/16	% Change
Schools	67.2%	73.5%	6.3%
College	0.5%	4.1%	3.6%
Compass	2.6%	4.3%	1.7%
School nurses	1.9%	3.6%	1.6%
TMBSS	0.8%	1.2%	0.5%
Targeted Youth Support	0.6%	0.7%	0.1%
CAMHS	1.5%	1.1%	-0.5%
Social workers	1.0%	0.5%	-0.5%
Midwives	4.4%	3.4%	-1.0%
Nursery/preschool	1.5%	0.5%	-1.0%
Education Welfare	1.9%	0.9%	-1.0%
Voluntary	2.2%	1.1%	-1.1%
Children's Centre Services	2.4%	0.9%	-1.5%
Health visitors	6.0%	3.6%	-2.5%
Total number of EHAfs	780	562	

The greatest reduction is for those completed by Health Visitors but an increase in those completed by school nurses. During this period the responsibility for commissioning Health Visitors has moved to the local authority, September 15. While such a significant change can impact on front line stability and review of roles etc. it is imperative this is reviewed and understood in more detail.

#### **4.1.5 Referrals to early help targeted services**

Following early help assessment or within step down from social care, referrals for targeted early help can be made. The number of referrals to targeted early help services (accessed via Compass) completed (1034) is similar to the number completed during 2014/2015 (1030).

## 5. Theme 1: outcomes and impact for the child and family

### 5.1 Outcomes for the child, parent and family

During a targeted early help service intervention, an evaluation tool is completed for each family to identify their needs. At the end of the intervention, progress against each identified need is recorded in order to evaluate the impact of the intervention. There are 18 different outcomes to select and these will be identified alongside the needs of an individual family. In addition, there are seven individual child or parent outcomes that can be used to identify and monitor progress against personal issues for the individual using the Webstar.

#### 5.1.1 Outcomes for the child and parent: distance travelled against Webstar outcomes

From April 2015 to March 2016 there were:

- 353 final Webstars<sup>3</sup> completed for children (127 with end scores: 36%)
- 160 final Webstars completed for parents (66 with end scores: 51%)

At the end of the early help intervention final Webstars with end scores showed that:

- **Most children (88%) and parents (82%) had improved overall** against the Webstar outcomes
- **Most children (94%) and parents (91%) felt happy, healthy and safe** (score of 5 or above for each)
- The greatest impact of early help support was seen for both children and parents on:
  - The outcome of “happy” (with 79% of children and 85% of parents improving)
  - Their “additional outcome” (with 76% of children improving and 80% of parents improving)
- The outcomes with the least positive impact (over 10% got worse) for children were:
  - “Community”: 14% got worse
  - “Safe”: 12% got worse
- The outcomes with the least positive impact (over 10% got worse) for parents were:
  - “Healthy”: 17% got worse
  - “Community”: 16% got worse
  - “Safe”: 12% got worse

Chart 3 below shows the overall impact of early help support across each Webstar outcome for children.

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<sup>3</sup> The Shropshire Webstar tool shows the distance travelled by the child and/or parent during the early help intervention using a 10 point scale against the following 8 outcomes: happy, safe, healthy, valued, accepted, responsible, community, additional outcome (specific to the child or parent)

**Chart 3: Overall Webstar outcomes (children) April 2015 to March 2016**

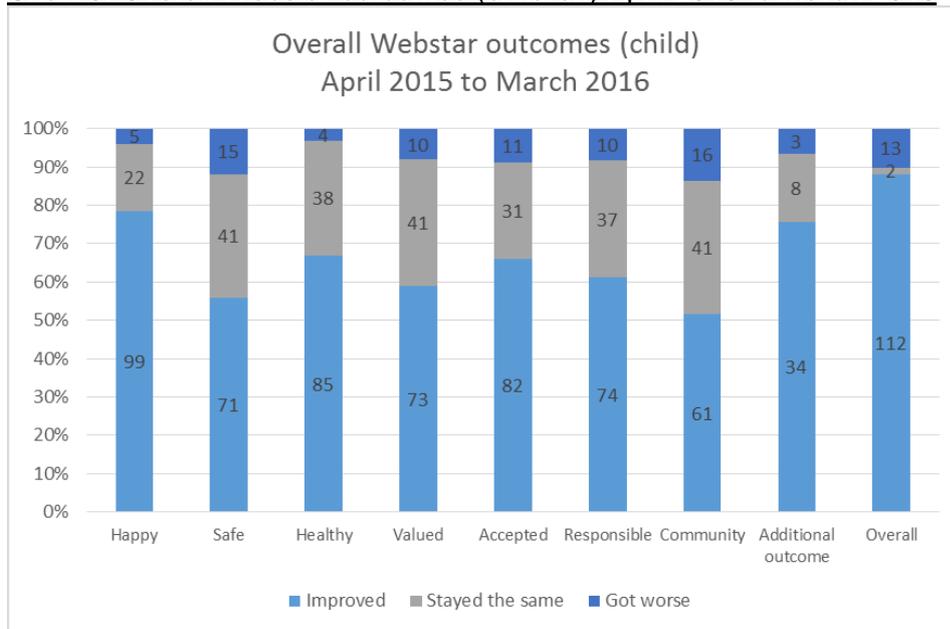
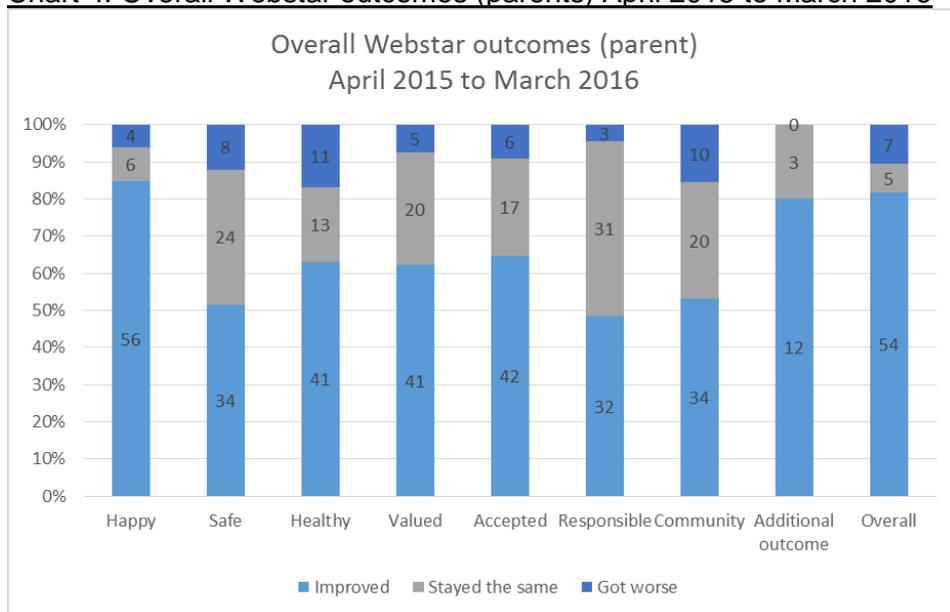


Chart 4 below shows the overall impact of early help support across each Webstar outcome for parents:

**Chart 4: Overall Webstar outcomes (parents) April 2015 to March 2016**



*Note: those scores that stayed the same could have been high scores at the start of the intervention and it is important to review numbers alongside %.*

Fifteen individual children reported feeling less safe at the end of the intervention. Review of these cases identified that either these young people had more awareness of their own stage i.e. in relation to CSE risks and or cases were stepped up to social care referrals.

It has been noted as an issue that 64% of all child Webstars and 49% of all parent Webstars had no end scores. The practice around outcomes measurement at closure will be improved through the use of the new Strengthening Families through early help tools (Whole Family

Assessment and Whole Family Action Plan) and the training and processes to support these tools.

### 5.1.2 Outcomes for the family: a positive family life

During a targeted early help service intervention, an evaluation tool is completed for each family to identify their needs. At the end of the intervention, progress against each identified need is recorded in order to evaluate the impact of the intervention. From April 2015 to March 2016, this tool was completed for 346 families.

The greatest impact was made against the following needs (these were also the most common needs identified amongst families):

- **Parent/child relationships: most families improved (81%: 211 families).** This was the second most common need identified for families (76%: 262 families)
- **Self-esteem and well-being: the large majority of families improved (79%: 230 families).** This was the most common need for families (84%: 292 families)
- **Other relationships: 64% improved (147 families).** This was the third most common need identified for families (66%: 229 families)

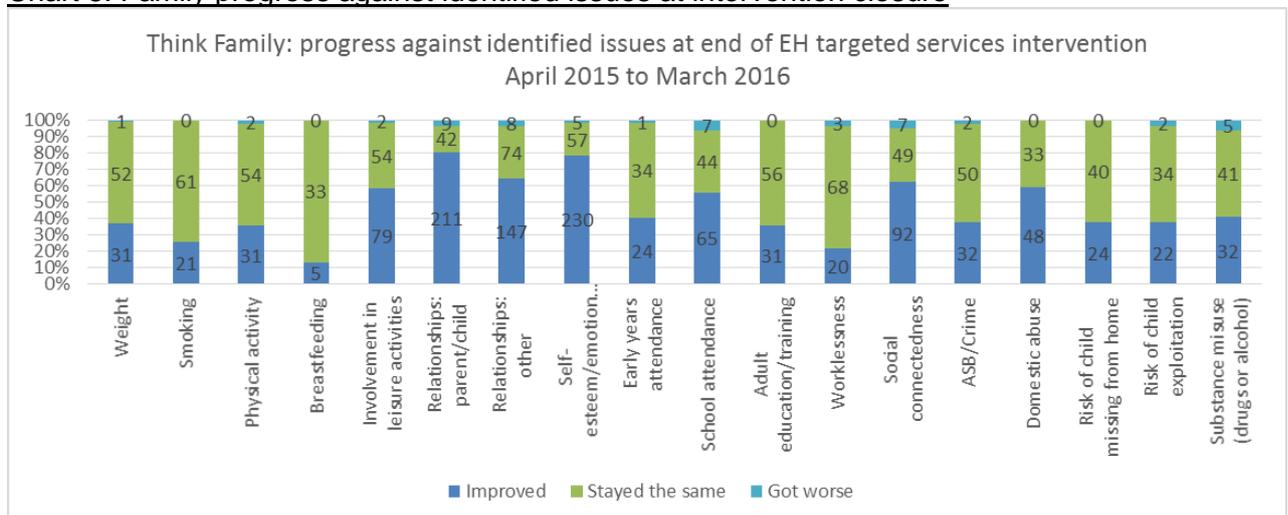
The majority of families (over 50%) also improved in the following needs:

- Social connectedness: 62% improved (92 families)
- Domestic violence: 59% improved (48 families)
- Involvement in positive leisure activities: 59% (79 families improved)
- School attendance: 56% improved (65 families)

Generally, across the needs, there was either improvement for the families or the needs remained the same. Where needs got worse, this was for a very small minority of families.

Chart 5 below shows the impact of the early help intervention for families against each issue.

**Chart 5: Family progress against identified issues at intervention closure**



The greatest three areas of need with the least impact (there was no improvement but the need/issue did not get worse) were:

- Breastfeeding: 87% of families remained the same (33 families)
- Worklessness: 75% of families remained the same (68 families)
- Smoking: 74% of families remained the same (61 families)

The greatest three areas of need with the most negative impact (need/issue got worse) were:

- School attendance: 6% of families got worse (7 families)
- Substance misuse (drugs and alcohol): 6% of families got worse (5 families)
- Social connectedness: 5% of families got worse (7 families)

Compared with 2014/2015 data, positive impact improved by a small proportion for the following needs:

- Adult education and training: 20% more families improved
- Early years attendance: 20% more families improved

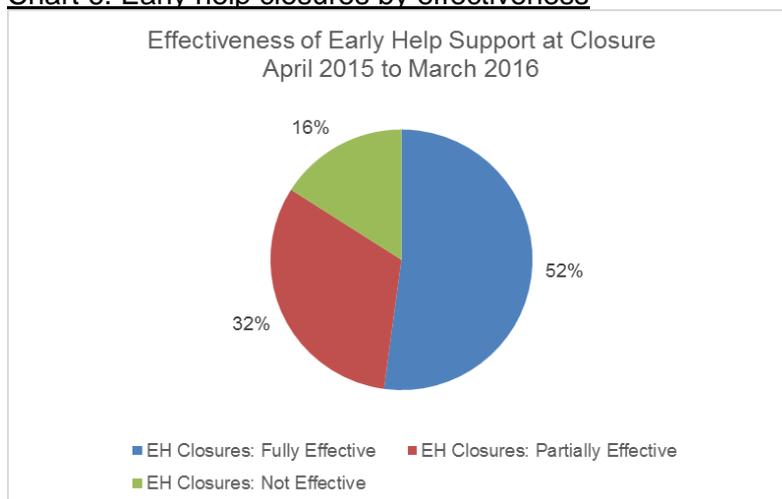
## 5.2 Outcomes: effectiveness of early help at closure

When early help support ends, the lead professional provides a judgement on the effectiveness of the early help intervention in the Early Help Closure Summary form. From April 2015 to March 2016 there were **627** closure summaries completed for children who had been supported by an early help intervention.

**84%** of early help interventions (529 out of 627) were either fully effective or partially effective (sufficiently effective to close targeted early help support)

Chart 6 below shows the breakdown of effectiveness of interventions at closure.

Chart 6: Early help closures by effectiveness



56 (57%) out of the 98 interventions that were not effective had the main reason for closure recorded as the young person/family disengaging.

Early Help is a voluntary process. Where a family disengage in early help the lead professional will consider whether there is sufficient concern to warrant referral to children's social work services. Cross reference indicators would be repeat referrals to social care (this is low for Shropshire) and data on the existence of early help within six months of the need for a referral (this is new data collated this year and subject to revised practice August 2016 to ensure the quality of the data recording).

Where a family have disengaged from early help we need to consider why families have disengaged and audit the outcomes for these families. i.e. did concerns continue to increase in risk or complexity requiring statutory intervention at a later time.

The LA targeted services closure form has been reviewed to ensure clear closure reasons and has been developed for use from September 2016.

8% of early help closures (50 closures) were due to needs escalating to require specialist services:

- 6% escalated to social care
- 2% escalated to CAMHS (tier 3)

### **5.3 Sustained progress following support**

#### **5.3.1 What does sustained progress mean?**

The Shropshire Council and Partnership approach focuses on prevention and well-being, including enabling people and communities to help themselves. The strengthening families through early help vision supports this by looking to develop resilience within families so that they feel able and confident to deal with problems should they escalate or arise in the future.

*Currently there are limitations with monitoring sustainability of progress following support. This is due to this reporting being reliant on where we would source the data. Currently this is:*

- *Where there was a repeat early help plan / intervention*
- *And/or whether there was a social care referral following early help support.*

Also consideration must be given to the fact that repeat early help support, is not necessarily a negative thing as it is recognised that a family's needs can change and the nature of early help is that a family can dip in and out of support, rather than the aim being just to have one intervention.

In terms of whether there had been an early help plan prior to a referral, there is a data recording issue in relation to the question on the referral form and also a practice issue in terms of the lack of early help plans being recorded. These are being addressed and will be improved with the introduction of the whole family action plan. This action plan ensures that when outcomes are achieved, sustained progress is also monitored.

## **5.4 Service user feedback regarding sustained progress following support**

Service user feedback for targeted early help services is gathered by various methods (see section 2.5.3 under heading “service user feedback” for details).

### **5.4.1 Shropshire Council early help targeted services service user feedback (46 parents)** shows that at the end of the intervention:

- Most parents (41 out of 46 parents: 89%) rated themselves as being more confident following the early help intervention (rated 3 to 5 on a scale of 1 to 5, with 1 being not confident and 5 being very confident).
- 48% of parents (22 out of 46 parents) felt they had developed new coping strategies as a result of the intervention and 48% (22 out of 46 parents) felt they may have.

### **5.4.2 Understanding your child parenting groups**

321 parents completed an Understanding your child parenting group. Of these parents, 98% reported an increase in confidence in understanding and managing their child’s behaviour, after completing the group.

In order to measure effectiveness and sustainability of change, 10% of the 321 parents who had completed groups were contacted via the telephone, 6 months following completion.

When asked about their level of ability to understand and manage their children’s behaviour:

- The majority of parents 59% (19 out of 32 parents) reported that they had managed to maintain the same as at the time of completing the group
- 30% (10 out of 32 parents) reported a continued improvement
- 12% (4 out of 32 parents) reported a decrease in their ability as compared to time of completion of the group.

### **5.4.3 EnHance service user feedback (38 parents)** at the end of the intervention shows that:

- Most parents (32 out of 38 parents: 84%) agreed that they felt more confident as a parent/carer as a result of the support received from EnHance
- Most parents (31 out of 38 parents: 82%) of parents agreed that they felt more positive with life changes and challenges following support from EnHance

EnHance service user feedback 3 months following the end of the intervention (15 parents) shows that:

- All parents:
  - Agreed that their child had been helped by the support and felt happier
  - Felt more confident as a parent
- Most parents:
  - Felt that family life had improved (14 out of 15 parents: 93%)
  - Agreed that their child's behaviour had improved (13 out of 15 parents: 87%)
  - Felt more positive with life changes and challenges (13 out of 15 parents: 87%)

## 6. Theme 2: The right help at the right time for the right duration

This theme explores the accessibility (section 6.1) and quality (section 6.2) of early help support.

### 6.1 Accessibility of early help professional consultations and targeted services

#### 6.1.1 Accessibility of early help consultations

Early help consultations are available through Compass to provide other professionals with support and guidance in completing assessments for early help and delivering early help plans. Consultations can be carried out by an early help social worker, Targeted Youth Support worker or CAMHS primary mental health worker.

In terms of accessibility of early help and Compass, the practitioner feedback survey 2015, showed that:

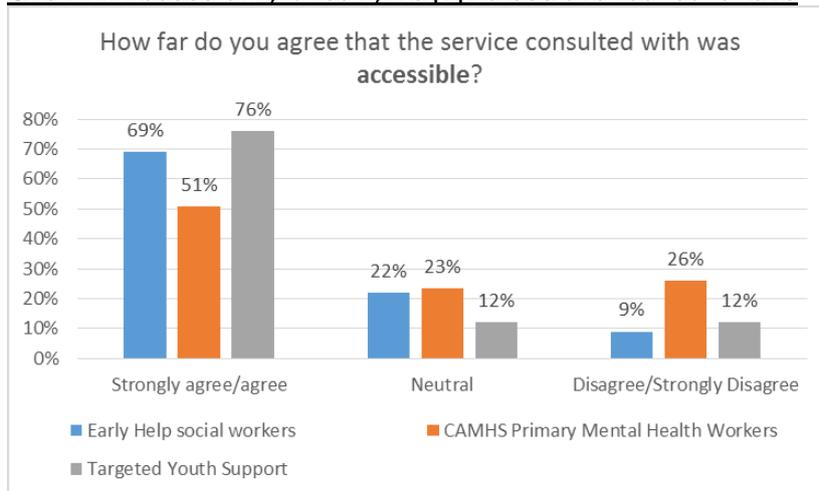
- Almost all practitioners (99%) know where to go to access advice and support regarding early help.
- Most practitioners (82%) that had phoned FPOC (First Point of Contact) during 2015 felt their call had been directed appropriately.
- Most practitioners (85%) understand the Early Help process, with the majority (56%) feeling the process is easy to use.
- 50% of practitioners agreed that pathways for support are clear, 19% disagreed and 31% were neutral.

5 comments were given by respondents that either were neutral or disagreed that pathways for support are clear, these were:

Duplication of work due to too much paperwork (1 comment)	Need a clear documented pathway - one side of A4 (1 comment)
Agency changes make it confusing (1 comment)	Not used the system (1 comment)
Confusing at times (1 comment)	

The practitioner feedback survey 2015 asked practitioners whether they agreed that early help consultations were accessible and effective:

**Chart 7: Accessibility of early help professional consultations**



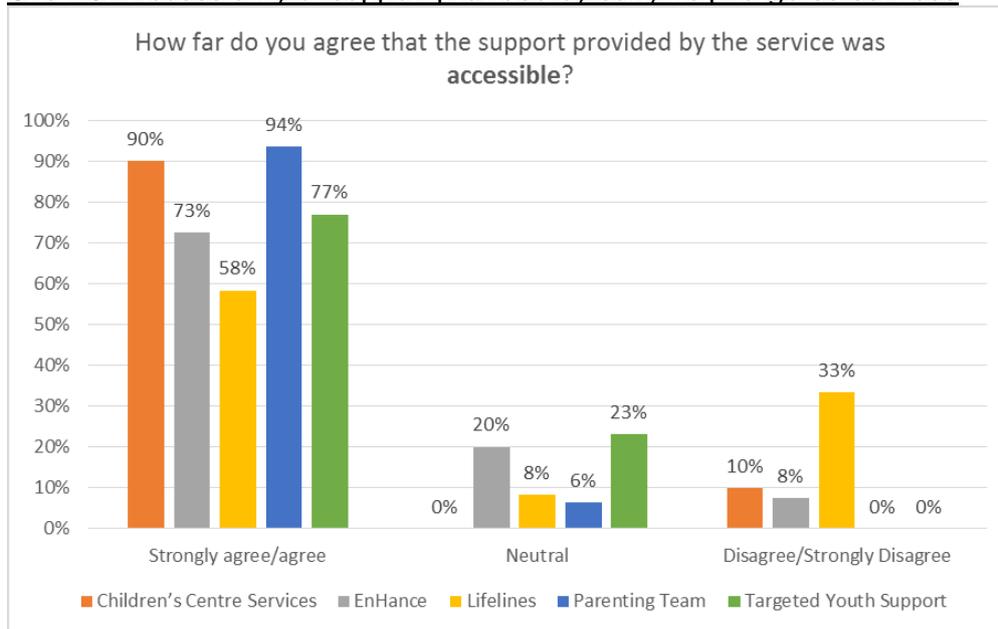
- The percentage of practitioners that agree that early help social workers and CAMHS primary mental health workers are accessible has decreased slightly by 15% for both services. Targeted youth support consultations were not included in the 2014 survey and therefore results cannot be compared.
- The main reason practitioners stated for the consultations not being accessible was that the consultations did not take place soon enough.
- During the autumn 2015, the method of accessing consultations changed to booking a pre-arranged time slot. Comments indicated that some practitioners liked the ability to book a time to suit and found the slots were timely. Others found they were not immediate enough due to difficulties in identifying suitable slots.

### 6.1.2 Accessibility of early help targeted services

- The practitioner feedback survey 2015 found that:

- Most practitioners felt that the parenting team (94%) and Children’s Centre Services (90%) were accessible
- The large majority of practitioners felt that Targeted Youth Support (77%) and EnHance (73%) were accessible
- The majority of practitioners (58%) felt that Lifelines was accessible

**Chart 8: Accessibility of support provided by early help targeted services**



- A small minority of practitioners (33%) disagreed or strongly disagreed that Lifelines was accessible. During 2015/2016 accessibility to Lifelines (which consists of 2 workers) was impacted by long-term staff absences. During this time any referrals made were signposted to other services or provided with additional information.
- The main reason practitioners disagreed or were neutral about early help services being accessible was that there was a waiting list for the service being requested (9 comments).

“Their waiting list is a bit frustrating. The support they give children and families is excellent and we would like more family support workers to be available quicker to help meet families’ needs”.

**EnHance progress reports** indicate that:

As at the end of March 2016 that most young people are having to wait for over 70 days to be allocated an EnHance support worker.

Analysis by managers has indicated that the main reason for the delay is the quality assurance process. Where the quality of the assessment is not sufficient to identify the reason for support, this is leading to a delay whilst additional information is sought. Other reasons for the delay were noted by EnHance as:

- A high number of referrals
- A longer length of intervention; with 67% of the 52 cases closed during January to March 2016 having been open for over 26 weeks. The main reasons for the longer periods of intervention were reported as:

- Ongoing need, more complex needs, the whole family approach generally leading to longer periods of support being needed, difficulty in engaging, delays in the support due to life events or holidays.

A significant number of referrals made to EnHance related to children awaiting CAMHS appointments. As a response to this the Clinical Commissioning Group has funded an additional EnHance worker whilst the back log and waiting list for Enhance is addressed.

- The early help effectiveness audit (10 files audited) found that: 6 out of the 10 files audited experienced some delay in the allocation of a targeted early help worker, following referral. The audit found that the holding arrangements agreed by early help leaders were not being followed, and clear decisions were not being evidenced about accepting or declining referrals.

**Service user feedback (Shropshire Council early help targeted services)** indicates that:

- Most parents (89%) felt that early help services were accessible
- 59% felt early help was easy to access and 30% felt it was ok.
- The large majority of parents (78%) felt early help was offered in a reasonable time

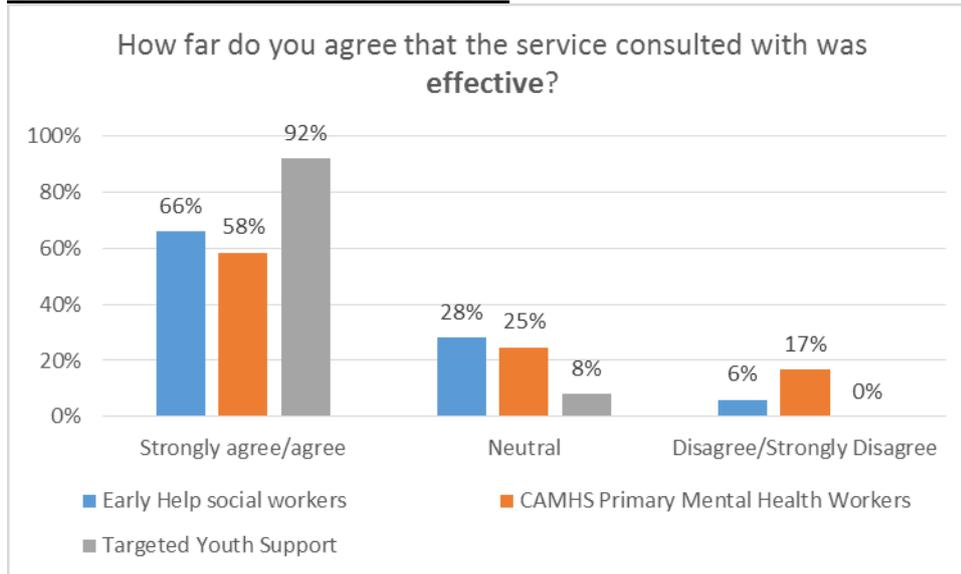
## **6.2 Quality of early help support, including quality of assessment and planning**

### **6.2.1 Quality of early help consultations**

In relation to the quality of early help consultations:

- The Local Government Peer Review (July 2015) found that:
  - The professional consultations provided by the early help social workers were valued by partners
- Chart 9 below shows practitioner feedback (practitioner survey 2015) regarding accessibility of early help consultations:

Chart 9: Effectiveness of consultations



Positive comments made about the effectiveness of consultations, included one for an early help social worker

**“They were a great help and in a few cases prevented the issues escalating any further”**

## 6.2.2 Quality of early help assessment

Early help quality of assessment audit (20 files audited) found that:

- 10% of the assessments were outstanding, 35% good, 45% requiring improvement and 10% inadequate.
- Most assessments (80%) had a clear reason for the assessment to be undertaken and identified risk and protective factors
- The majority of assessments (65%) were deemed to be good at identifying the needs of the child.

The practitioner feedback survey 2015 found that:

- Almost all practitioners (97%) feel confident in identifying levels of risk (*a 5% increase compared with 2014*)
- Most practitioners feel skilled in completing assessments (83%), able to talk to parent/carers about difficult issues (93%) and able to analyse and evaluate assessment information gathered (86%)
- Practitioner confidence in assessing thresholds has increased, with the large majority of practitioners (74%) now feeling confident in assessing thresholds. This is one of the areas with the most improvement since 2012; a 17% increase in positive responses.

### 6.2.3 The voice of the child

The Webstar was specially introduced in 2014/2015 to support partners to complete early help needs assessment with a focus on the voice of the child. During 2015/2016 there were 791 Webstars completed with children and young people as part of their early help assessment and intervention.

The early help quality of assessment audit (20 files audited) found that:

- The child/young person's voice was heard within 50% of early help assessments
- The parent's voice was heard within 40% of early help assessments.

The early help quality of plan and review audit (15 files audited) found that:

- A key theme of the qualitative analysis was that the majority of early help plans are not sufficiently child focussed; with insufficient evidence of the child being part of the plan.

Practitioner network meeting sessions were held during January 2016 on hearing the voice of the child to address this learning from audit.

### 6.2.4 Quality of early help planning and review

In terms of the quality of early help planning and review, the information below indicates that:

- Where early help plans are in place, they link to need
- Most practitioners feel confident in planning and evaluating support
- Early help plans need to be SMART
- There is a lack of evidence of early help plans being put in place

The Local Government Peer Review found that:

- Early help plans could not always be found, but within case records it was possible to see the work being undertaken and how this links to the issues and needs.
- Plans were not always SMART, making it difficult to monitor progress and whether goals were being achieved.
- Further training for early help staff on writing and monitoring early help plans is required.

The early help quality of plan and review audit (15 files audited) found that

- There was evidence of good representation of practitioners taking on role of Lead Professional
- Early help plans were noted to have been drawn from the assessment in terms of addressing identified need.
- There was improvement in plans being more focused on outcome (7 out of 15 files audited had plans which were focussed on outcomes not support).

- 10 out of 15 (67%) of the files audited did not have plans that were sufficiently SMART.
- A key theme of the qualitative analysis was that the majority of early help plans were not sufficiently child focused; with little evidence of the child being part of the plan.

The stepping up to social care audit (10 files audited) found that:

- A key theme from the audit was that there was a distinct lack of evidence of multi-agency working/communication to progress early help support; with very few Partnership Meetings (only 3 out of 10 cases) and no reviews of plans before making the decision to refer into social care.

Data analysis (early help data from the CareFirst system) shows that:

- For early help assessments that were carried out from April to December 2015 (383), only a small minority (25%: 97 assessments) had an early help plan recorded up to the end of March 2016
  - For initial Webstars for children that were completed from April to December 2015 (586), only 33% (195 assessments) had an early help plan recorded up to the end of March 2016.

The practitioner feedback survey 2015 found that:

- Most practitioners (90%) feel able to plan appropriate strategies using their assessment of children and young people's needs
- The large majority of practitioners (79%) feel confident in managing their cases within early help

Most practitioners (80%) feel that they evaluate the impact of the early help support they are providing to children.

- The majority of practitioners (60%) feel part of a well-coordinated approach to providing targeted early help support.

### 6.2.5 Quality of targeted early help services

In terms of the quality of targeted early help services:

The Local Government Peer Review found that:

- The way that different early help services spoke of working together was positive.
- The involvements of early help services were not consistently recorded (*on CareFirst*) and it was hard to find plans and evidence of direct work.
- There were examples of referrals to early help which were not allocated, and examples where cases are closed because parents were not engaging, but there are still needs identified

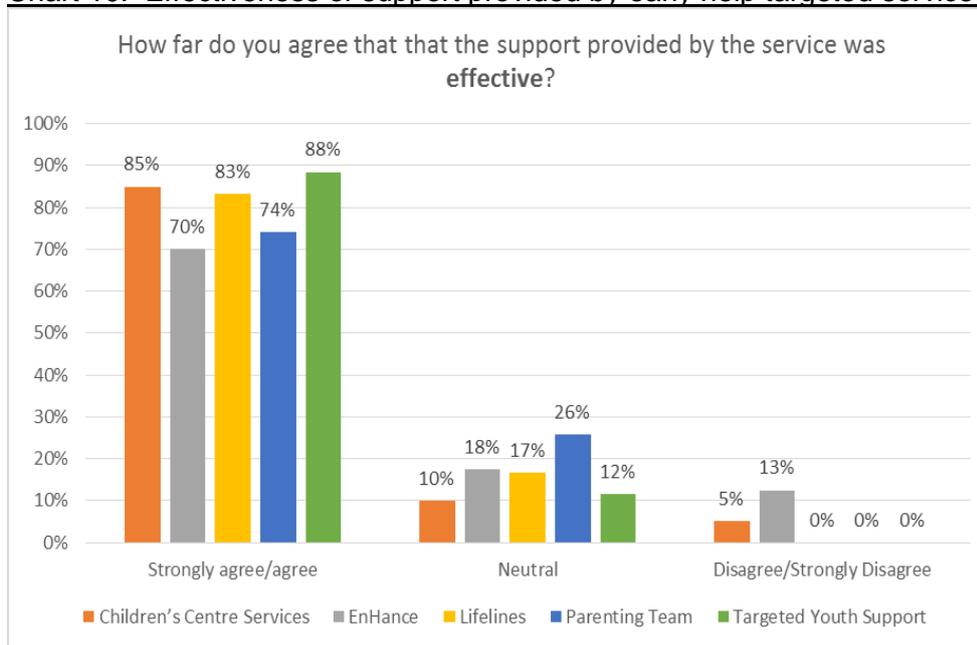
The effectiveness of early help audits (10 files audited) found that:

- In some cases once targeted services were involved it appears they often work as a single agency as there is a lack of partnership meetings with other agencies or recording of information on a plan. Changes in recording may account for some of the findings, where evidence was not found.
- *Note that the QA lead picked up some issues with the quality of this audit and as a result of this a workshop was delivered to auditors around auditing.*

The practitioner feedback survey 2015 found that:

- The large majority of practitioners feel that targeted early help services are effective

**Chart 10: Effectiveness of support provided by early help targeted services**



The practitioner feedback survey 2015 found that:

- 63% of practitioners agree that that early help support and systems are helping to prevent children's problems from getting worse. The main reason practitioners did not agree was due to time delays in accessing services (7 comments)

### Parenting team: CANparent quality mark

In March 2015, Shropshire Council was awarded the CANparent Quality Mark from the Department of Health for its 'Understanding Your Child' parenting programme. In order to achieve the CANparent Quality Mark, organisations must demonstrate that they have met all the indicators across all four quality elements, which are:

1. The service can be relied on by parents to make a positive difference, it is evidence based, monitored and evaluated to improve parent/child relationships
2. Parents can rely on the integrity of the agency, its professional conduct, its level of competence, its secure financial and governance systems, data protection/confidentiality, etc. to ensure suitability to deliver a service

3. The provision is recommended by other parents
4. The provision is responsive/warm/welcoming/accessible and relational, engaging with parents and building on these effective relationships to meet their needs

### **6.2.6 Service user feedback on quality**

Service user feedback (Shropshire Council early help targeted services) shows that:

- The large majority of parents (74%) felt that all their expectations had been met
- Most parents felt issues were at least partially resolved (18% fully and 74% partially)

Service user feedback (EnHance) on the effectiveness of the intervention (38 parents):

- All parents agreed that they had a good experience overall of the support their child received
- Most parents agreed that:
  - Their child had been helped as a result of the support they have received from EnHance (92%)
  - Their child felt happier following the support they had received (84%)
  - The support they received had the impact they had wanted (84%)
  - Their child's behaviour improved following EnHance's support (82%)
  - Family life had improved as a result of the support received (74%)

When 36 children/young people supported by Enhance were asked as part of the service user feedback "Does your life feel better after your meetings with your key worker/mentor?"

- 69% of children/young people responded "definitely"
- 25% of children/young people responded "yes"
- 6% of children/young people responded "a little"

### **Children's Centre Services service user feedback:**

The Children's Centres family satisfaction survey 2015 results showed that:

- 100% of families expressed satisfaction with Children's Centres services.
- 100% of parents/carers recommend Children's Centres to others
- 100% of parents/carers feel safe when attending Children's Centres with their children

## Service user positive feedback on the quality of support (quotes)

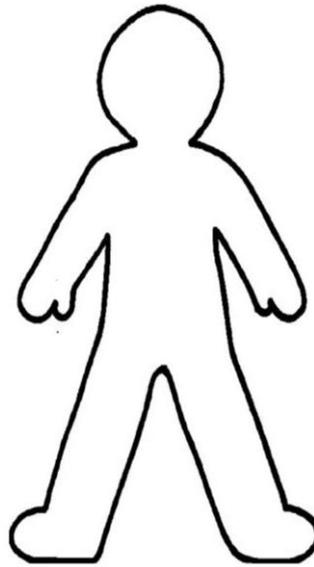
Examples of positive feedback received by early help targeted services are listed below:

Very practical and achievable guidance has made my family's life a whole lot more manageable.

Progress has been made in dealing with behaviours and maintained. It has helped son to identify his feelings and given the ability to deal with them.

My perception of what domestic abuse is and whether or not it applies to my relationship with (xxx) has changed somewhat, helping me to look at my relationship differently.

I can't believe how I have changed. I was so alone and now I feel confident and normal, I have friends and I am back in school. It is lovely at home and I am getting on well with everyone.



I love being part of the Young Carers group. It makes you feel as if you are not the only one.

The support me and my children have had has been fantastic, we have finally settled down and have everything in order.

I had my 1<sup>st</sup> ever meeting with AWM in Oswestry today and I'm so glad I went. I feel so much more confident about things, knowing I've got the support I need to get my son

My worker really helped me control my emotions and get better.

I feel more confident and feel better about myself. Because I have safeguarded xxx, she feels safer and this experience has given her a stronger mother.

Your reassuring words and observations were so helpful and supportive. This was the first time I'd spoken to a professional about x and Asperger's and you have renewed my confidence and re-fuelled me!

My house is a completely different place to be. It is much calmer and I don't shout as much.

Key: Blue = Children's Centres, Green – TYS, Orange – Enhance, Yellow - Parenting, Purple – AWM, Turquoise – Young Carers

## 7. Theme 3: Early Help leadership, governance and management

### 7.1 Early help leadership, governance and management

In relation to early help leadership, governance and management:

The Local Government Peer Review (July 2015) found that:

- Locality partnerships work well to promote an early help focus.
- A partnership commitment to early help is seen in strengthening strategic and operational links between early help and child protection and in the broad range of in house and commissioned early help services in response to need. There was good evidence of early help provision and activity.
- There is an active locality based approach to coordinate early help via Early Help Partnership Meetings (local multi agency meetings). Troubled Families has been used to underpin the development of locality services and, in a tailored approach, to fill gaps in service provision for families across early help and social care.
- The current front door arrangements (Compass) needed reviewing.
- Compass had a very positive reception and in general partners do feel that the new arrangements for processing concerns are a positive step forward. Staff felt they wanted a period of stability to embed the changes.
- Compass work flows needed to be analysed to ensure (i), actual work flow meets expectations and, (ii), good use of the resources that have been allocated is being achieved
- Use of performance information needs to be improved to ensure robust strategic and operational oversight, including monitoring the way levels of provision interact e.g. how early help provision mitigates demand for higher level interventions.

The practitioner feedback survey 2015 found that:

- The large majority of practitioners (68%) feel that their manager provides them with effective, quality supervision and management oversight for their early help cases.
- The main reason why practitioners disagreed or were neutral, was that the practitioner does not have line manager to provide this supervision e.g. schools (11 comments)

### 7.2 Early help training and support

In relation to early help training and support:

- The Local Government Peer Review (July 2015) found that: Further training for early help staff on writing and monitoring early help plans is required.

- The practitioner feedback survey 2015 found that: The large majority of practitioners (72%) felt they had access to effective training and/or learning opportunities to support them in providing early help support.

### **7.3 Training and confidence in parental substance misuse, parental ill health and domestic abuse**

In relation to training and confidence in parental substance misuse, parental ill health and domestic abuse:

The practitioner feedback survey 2015 found that:

- The majority of practitioners (56%) have had training in domestic abuse in the last 3 years.
- Only a small minority of practitioners (29%) have had training in parental mental ill health
- Only a small minority of practitioners (26%) have had training in parental substance misuse.

On a scale of confidence from 1 to 10 with 1 being not confident at all and 10 being very confident:

- Overall, practitioners are confident in recognising and addressing children's needs for early help arising from domestic abuse (average score of 7.1)
- Practitioners were fairly confident in recognising and addressing needs for early help arising from parental mental ill health and parental substance misuse (both with an average score of 6.3).

## **8. Areas for improvement 2016/17**

Using the findings from the Effectiveness Report and implementation of the Strengthening Families through Early Help Strategy the following are recommendations for **improvements in early help**:

### **8.1 Outcomes for children, parents and families: areas for improvement**

- Use the Strengthening Families through early help whole family assessment and whole family action plan to improve the measurement of outcomes and sustained progress.
- Review the closure summary to ensure clear monitoring of reasons for closure and outcomes, ensuring clear processes are in place for cases that end without positive outcomes
- Ensure there is a consistent and good quality offer of early help assessment, planning, intervention and review, where it is safe to do so, before referrals to social care are made.
- As part of the commissioning cycle develop a more consistent reporting and monitoring system to apply across all commissioning arrangements to improve measurement of sustainability and progress.

#### **What we will do to achieve this?**

- Implementation of the E-CINS system as the multi-agency case management system for early help
- Implementation of the whole family approach, including whole family assessment and action plan
- Confirm and implement the Shropshire Targeted Early Help Performance Framework and develop reporting of the relevant management information for evaluation.
- Continue the use of multi agency case file auditing of early help cases to monitor and improve quality of recording and interventions.
- Working the Commissioning Support Unit, develop the reporting framework for commissioned services.

## 8.2 The right support at the right time: areas for improvement

- Review and reduce where needed waiting times for early help targeted services and ensure family's needs are prioritised and managed during waiting times.
- Further improve the quality of early help assessment (with use of the whole family Webstar), in particular ensuring the voice of the child is heard.
- Increase the number of early help plans where there is evidence of continued multiagency liaison, high quality case recording and regular reviewing in place.
- Improve the quality of plans, in particular regarding being SMART and child-focussed.
- Enable improved use of early help performance information (including an agreed early help performance framework and required management information) to ensure robust strategic and operation oversight, in order to:
  - Effectively monitor practice, performance, work flow and work load
  - Evidence service case outcomes and impact
  - Establish effective processes for evaluating the overall impact of early help, including how early help mitigates demand for higher level interventions
  - Inform commissioning

### What we will do to achieve this?

- Develop a set of quality standards for early help targeted services that include expectations around communication and early intervention
- Set targets for reductions in waiting times for these are necessary.
- Implementation of the learning and development plan for Strengthening Families across Shropshire (modular training programme)
- Confirm and implement the Shropshire Targeted Early Help Performance Framework and develop reporting of the relevant management information for evaluation.
- Audits: confirm multi-agency schedule particularly focusing on participation of service users, hearing the voice of the child, and ensuring children and young people are represented throughout early help support and feedback learning session to a multi-agency audience

## **Leadership, governance and management**

- Develop the understanding and collaboration of joint commissioners.
- Increase access to early help training.
- Increase availability of supervision and management oversight for early help cases, particularly in relation to schools.

### **What we will do to achieve this?**

- Develop the understanding and collaboration of joint commissioners through work with appropriate level multi-agency groups and the use of the Early Help Needs Assessment
- Promote and support the take up of professionals to training for early help including ensuring that training is available and taken up in relation to parental mental ill health and parental substance misuse.
- Review and understand the impact and actions if necessary to increase availability of supervision and management oversight for early help cases, particularly in relation to schools.

## **9. References**

Working together to safeguard children (Department for Education, March 2015)

Strengthening Families through Early Help Strategy 2016 – 2018 (Shropshire Council, April 2016)

Effectiveness of early help report 2014/2015 (Shropshire Council, February 2015)

Early help: whose responsibility? (Ofsted, March 2015)

Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers (Ofsted, August 2016)

Children's safeguarding peer review of Shropshire summary letter (Local Government Review, July 2015)

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06/09/16