



Early Help Effectiveness FY 2016/2017

'Preventative services can do more to reduce abuse and neglect than reactive services'.

(Professor Eileen Munro – Child protection review)

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Early Help Strategy

97% of professionals know where to go for advice and support from Early Help

Confidence levels remain similar to those reported in the Early Help Effectiveness Report in 2015.

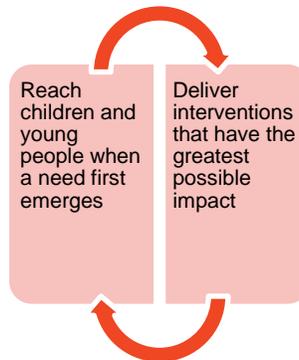


Early Help Partnership Vision - Our shared commitment

Shropshire Councils Early Help Strategy sets out our shared commitment to deliver effective Early Help to children, young people and families. Shropshire's Early Help Partnership vision is that children and young people are at the heart of everything we do. They are important now and in the future, they are the next generation. Children and young people need to enjoy their childhood and adolescent years and grow up to be responsible citizens contributing to our County life. It is our intention that children and young people have supportive families, live safe from harm, fulfill their potential, are healthy and have positive and fulfilling lives.

What is Early Help

Early Help is an approach to maximise the chances of this vision becoming a reality for every Shropshire child and young person aged 0 – 19 years old and up to 25 for young people with Special Educational Needs and Disabilities. Early Help is a way of working that supports children in the early years of their lives, or early on in the emergence of a problem at any stage of their lives. Our definition of Early Help is one that can be practically applied by any professional in any context. Our definition of early help is to:



WHY IS EARLY HELP IMPORTANT

Early Help is a high priority nationally and in Shropshire for two key reasons.

Effective Early Help has a positive impact on the lives of children and young people. This has been evidenced through several reviews - led by Graham Allen MP, Rt Honorable Frank Field, Dame Claire Tickell, Professor Eileen Munro, Sir Michael Marmot in addition to Working Together (2013) and work by the Centre of Excellence in outcomes (C4EO) and more recently Ofsted.

Sir Michael Marmot underlined the significance of early help in the following way, *“Giving every child the best start in life is crucial in securing health and reducing health inequalities across the life course. The foundation for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and well-being”*

Effective Early Help has a positive impact on public finance in a context of significant financial pressures. Effective Early Help reduces demand for higher cost services. Conversely, late help has a high human cost and a high financial cost. Indeed the Early Intervention Foundation report estimated a £17 billion national cost of late intervention. Our aim is for a redirection of our finite resources from high cost, late intervention to prevention and early intervention support services. In this context, there is a strong motivation to get Early Help right in Shropshire.

Our Shropshire context

Shropshire is a large, rural, sparsely populated county situated in the West Midlands. Latest mid-year estimates for 2015 show that Shropshire has a population of 311,380, of which around 59,300 are children and young people aged between 0-17. More of our population live in rural areas than in urban areas.

The majority of Shropshire’s children and young people are safe and in the community, do well at school, and are healthy. However, the number of children known to Children’s Social Care and having a Child in Need Plan, Child Protection Plan or being Looked After could be lower if Early Help supported families earlier before problems became a safeguarding concern.

Throughout 2016/17 Shropshire Council helped many young people. Whether through Early Help services, where we saw more families assessed for Early Help services or the Strengthening Families programme, which has now engaged with over 700 families. Children with higher needs entered the social care system where we saw a slight increase in the numbers of Looked after Children and stability within the number of Children on Child Protection Plans and CiN Plans. When children have the type of issues that require help from the

Council, their education can suffer, attendance drops and crime can increase, including drugs and gangs.

The number of families accessing A&E rather than accessing local community Early Help Services is on the increase. The 'toxic trio' of domestic abuse, mental health issues, and drug and alcohol abuse are significant issues for some Shropshire parents, not helped by rural isolation, which impacts on their children. Some families have deeply entrenched multi-generational problems.

Shropshire's Early Help Strategic objectives

- ✓ To identify the needs of children and young people and their families across a continuum of need
- ✓ To understand and respond quickly to the needs of children, young people and families
- ✓ To support the refocusing of resources from crisis intervention to prevention
- ✓ To support families to achieve their full potential and thereby mitigate the impact such as child poverty and health inequalities.
- ✓ To support an action learning approach that ensures learning and evidence informs future service design and delivery. This includes listening to what children and families have to say about what best helps to prevent problems occurring or escalating
- ✓ To provide the context for multi-agency partnerships to work together to improve outcomes for children, young people and families for generations to come

The principles of how the Early Help Partnership will work together

The way that we work together is important. The following guiding principles set out the way we strive to work with families, together as practitioners:

- The experience, well-being and giving children and young people a strong voice, is central to everything we do so children are safe
- Effective Early Help is the responsibility of everyone in Shropshire. This includes organisations working directly with children, young people and families such as schools, the police, the housing sector, Shropshire Councils services, Shropshire Clinical commissioning Group, Shropshire

Community Health NHS Trust and community, voluntary and independent sector groups and organisations.

- Parents have the primary responsibility for the care and development of their children, growing up in a loving environment where there are strong attachments. The family is the primary resource. We believe that most parents want the best for their children. We will build trusting relationships with parents in order to support them and to build on the strengths and skills they have to bring up their children
- We will work with the whole family and recognise the uniqueness and diversity of each family and family member
- We will work with families to enable the development of positive extended family, personal and community networks so that families access positive informal support
- We will work with families to identify needs and root causes rather than with presenting issues at the earliest opportunity
- We will deliver and target the right evidence based support, at the right and will flexibly endeavor to ensure the best outcomes for children, young people and their families. We will stick with families rather than just referring them on
- We will regularly evaluate the impact of our work with individual families and learn from this through measuring success outcomes of interventions delivered and seeking feedback from children and families on their perceptions of the effectiveness of work with them
- We will involve families in shaping, designing and delivering support and services
- We will use shared resources and assets more effectively and creatively together. This includes buildings, finances and most significantly people – the strengths of families and professionals

How will we know Early Help is working?

The overall aim is to develop a cohesive Early Help offer embedded within the whole family approach that builds protective factors and family resilience, enabling families to help themselves, reducing expenditure on costly reactive services. Our ambition is that families, particularly those with multiple and complex needs will have access to coordinated Early Help in accordance with need as soon as difficulties are identified.

The offer is personalised, multi-agency and evidence based. Children and Young people in those families will live safe, healthy and fulfilling lives and develop into responsible citizens, thereby breaking the intergenerational cycles of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems. Social capital and resilience within communities will be identified and enhanced.

Out of 125 Early Help practitioner survey respondents – 90% are confident identifying level of risk against the Shropshire Safeguarding Children's Board multi agency guidance on threshold criteria.

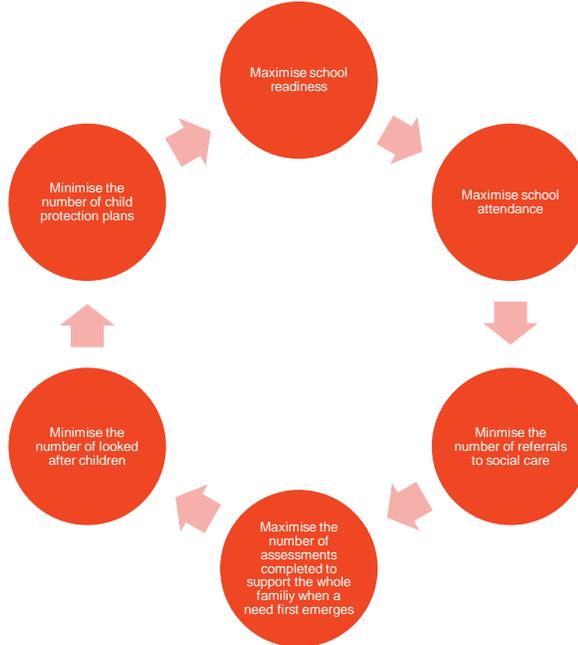
The Early Help offer

Spans a range of support and services aimed to preventing issues from escalating, across a 0 – 19 age range and upto 25 for children with a disability or special educational need. This is delivered from across the partners and a range of commissioned contracts both of which are designed to meet need eg a robust commissioned universal service aimed at delivering key contacts through the Health Child programme via 0 – 25 public health nurses, alongside direct 1:1 family support work with the most vulnerable families, supported by an effective evidence based parenting programme.

A full training programme helps the Early Help workforce to ensure they are able to offer the right services at the right time.

See appendix 1 for the full Early Help Menu, with links to access contact details and more information.

Early Help Measures



The following output measure which constitutes a proxy indicator of an effective co ordinated Early Help offer will also be adopted:

- Increase in the number of open Early Help assessments completed per agency

An updated Early Help Performance management framework is currently being developed with partners – and will include measures to ensure that practice is informed by feedback from children and their families about the effectiveness of help, care and support they receive from the time it is first needed until it ends. In April 2016 a new data collection system - ECINS was introduced – in the long term the system will help to report and feedback progress against Early Help Measures – in the short to medium term it is vital that all staff who need access to the system and who are engaged in the delivery of Early Help services, know how to use the system, are informed of its benefits and receive feedback about success and improvements that need to be made.

Early Help Communications – 49% of the 125 respondents (Early Help Practitioner survey) feel changes in Early Help have been communicated very well or fairly well

Children's Services Quality Assurance Framework

Early Help Audits – are undertaken bi monthly to ensure the quality of practice is in place across the Early Help Partnership. From April 16 – March 17 audits undertaken viewed quality of early help whole case audits, child's journey, and targeted early help cases.

The learning from audit feedback helps to shape the ongoing practice development programme, a stakeholder/partner forum ensures feedback to managers and front line staff. This forum is currently being strengthened to ensure managers and front line staff understand what quality practice looks like and feels like for families, children and young people. This is followed up in reflective practice supervision and the appraisal process. Likewise, feedback from this helps to shape the future workforce development strategy and keeps abreast of any gaps in knowledge and skills, ensuring a fit for purpose training/mentoring/coaching programme is planned and in place.

A yearly Early Help practitioner feedback survey is completed on line, 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. Being repeated annually helps to monitor changes over time.

The following audits are undertaken:

Audit	Undertaken by	Frequency
Strengthening Families through Early Help whole case audits	Strengthening Families through Early help Stakeholders group	Bi-monthly
Child Journey audits	Early help managers	Monthly (analysis every quarter)
Targeted early help cases audit	Early help service leads	One audit carried out April 2017

Strengthening Families through Early Help whole case audits - These multi-agency whole case audits are undertaken bi-monthly by the Strengthening Families through Early help Stakeholders group. These audits look in more detail to ensure the quality of practice is in place across the Early Help Partnership. Due to service developments, the audit process was reviewed from April 2016 and resumed with a new audit process in February 2017, when 7 files were audited.

Child journey audits An internal deep dive audit of targeted early help cases and the child's journey. Cases selected for audit have been open to Targeted Early Help for a

minimum period of 6 months. 16 cases in total have been audited (from September 2016 to March 2017).

Targeted early help cases audit - An audit of 50 targeted early help cases was undertaken by early help managers in April 2017 to provide an overview of the quality of current, open targeted early help cases.

Shropshire Safeguarding Children Board themed audits - The Shropshire Safeguarding Children Board also carry out themed audits which include cases that have been supported at an early help level.

Early Help activity

Summary of changes to the Strengthening Families through Early Help process

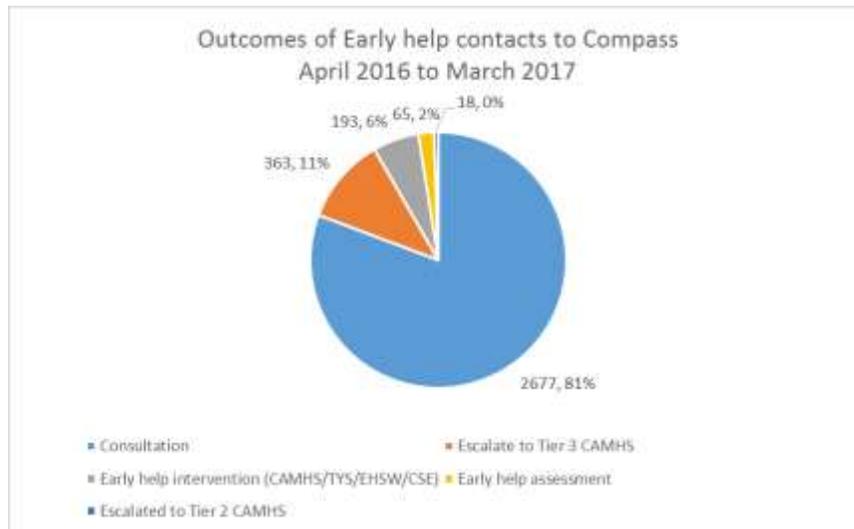
In April 2016, the Strengthening Families through Early Help process was implemented alongside the implementation of the multi-agency case management system E-CINS. This included:

- All services within early help adopting the 'whole family approach'
- Alignment of early help tools with Strengthening Families outcomes
- The introduction of the **Family Webstar and Assessment** (this replaced the Early Help Assessment and Individual Webstar Assessment)
- The introduction of the Family Action Plan (this replaced the early help plan)
- A request for intervention process to directly request a targeted early help intervention via E-CINS
- Use of E-CINS to record and share information securely

Identification of need

From April 2016 to March 2017, there were **3316** contacts to Compass with an outcome of Early Help. This was a 37% increase compared with April 2015 to March 2016 (2418).

The chart below shows the breakdown of outcomes of these contacts. The majority (81%) resulted in an early help consultation.



Compared with 2015/2016¹:

- The number of early help consultations has increased by 71%

Early Help Assessment

From April 2016 to March 2017, **551** electronic initial family assessments² were completed.

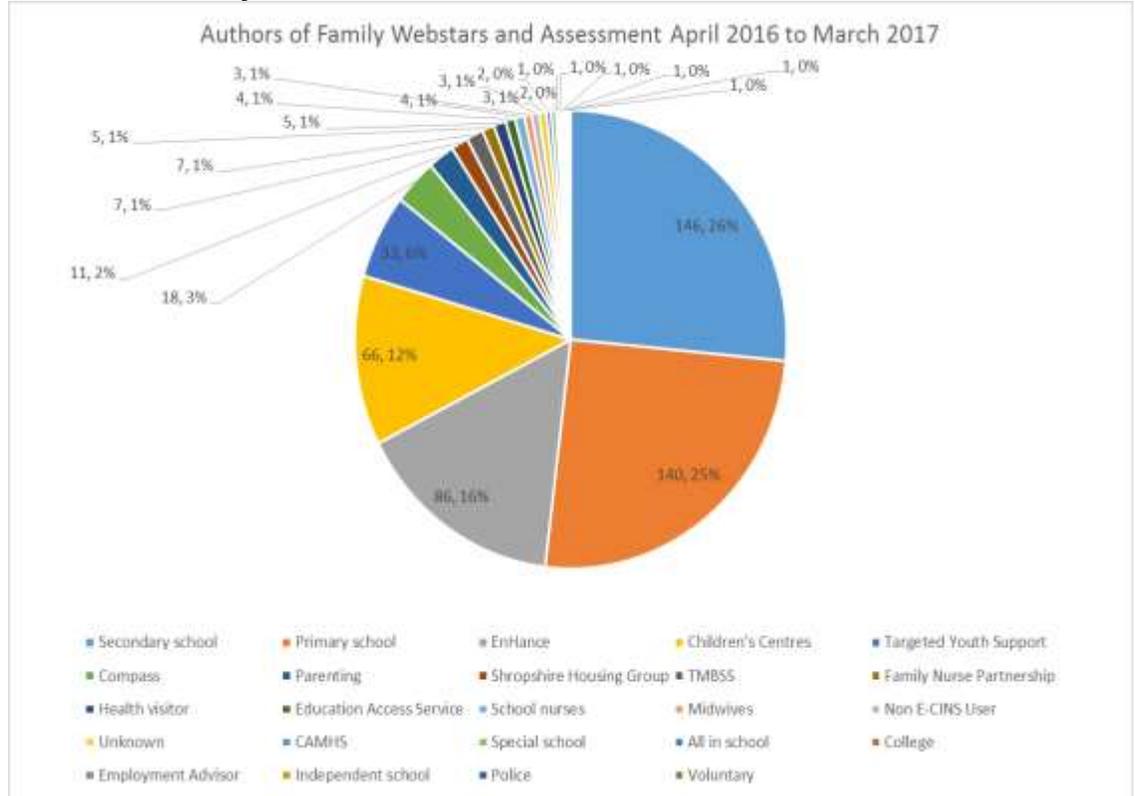
We are unable to compare with the amount of early help assessments completed from April 2015 to March 2016 as the family assessment is completed for a family rather than individual children. (There were 982 early help assessments or individual webstar assessments completed from April 2015 to March 2016).

Chart below shows the agencies of authors of Family Assessments from April 2016 to March 2017.

¹ When comparing the period from October 2015 to March 2016 and October 2016 to March 2017 (data unavailable for April 2015 to September 2015).

² This figure is for electronic family assessments only.

Authors of Family Assessments



53% of Family Assessments were completed by schools (26.5% by secondary schools, 25.4% by primary schools, 0.4% by special schools, 0.2% by the all in school and 0.2% by an independent school). Targeted Early Help Services (EnHance, Children's Centres, Targeted Youth Support and Parenting) completed 36% of Family Assessments.

Table below compares the percentage of early help assessments completed by agency in 2015/2016 and the percentage of family assessments completed by agency in 2016/2017.

Comparison of Early Help Assessment authors 2015/2016 and 2016/2017

	15/16	16/17	% change
EnHance	0.0%	15.6%	15.6%
Children's Centre Services	0.9%	12.0%	11.1%
Targeted Youth Support	0.7%	6.0%	5.3%
Parenting	0.0%	2.0%	2.0%
Shropshire Housing Group	0.0%	1.3%	1.3%
Family Nurse Partnership	0.0%	0.9%	0.9%
Police	0.0%	0.2%	0.2%
Employment Advisor	0.0%	0.2%	0.2%
TMBSS	1.2%	1.3%	0.1%
Education welfare	0.9%	0.7%	-0.2%
Social workers	0.5%	0.0%	-0.5%
Nursery/preschool	0.5%	0.0%	-0.5%
CAMHS	1.1%	0.4%	-0.7%
Voluntary	1.1%	0.2%	-0.9%
Compass	4.3%	3.3%	-1.0%
Health Visitors	3.6%	0.9%	-2.7%
School nurses	3.6%	0.7%	-2.9%
Midwives	3.4%	0.5%	-2.9%
Colleges	4.1%	0.2%	-3.9%
Schools	73.5%	52.6%	-20.9%
Total number of assessments	562 (by child)	551 (by family)	

The percentage of early help assessments completed by schools has decreased by 20.9% and the percentage of early help assessments completed by early help targeted services has increased by 34% overall. There was a focus in January 2017 to ensure that all open targeted early help cases had a completed family assessment which increased the amount of assessments completed by targeted early help services.

Requests for targeted early help interventions

In September 2017, a change to the referral process for a targeted early help intervention was implemented. Requests for a targeted early help intervention were made directly to early help services via E-CINS as part of the family action planning process.

From April to August 2016, there were **288** early help referrals made to targeted early help services³ recorded on CareFirst.

From September to March 2017, there were **305** requests for intervention made via E-CINS⁴

Due to the change in process and recording annual figures cannot be compared. However, Enhance recording shows that during 2016/2017, requests for an EnHance intervention have decreased by 33% compared to 2015/2016.

Planning

From April 2016 to March 2017, **664** electronic family action plans⁵ were initiated.

The early help effectiveness report 2015/2016 found that there was a distinct lack of early help plans being recorded; for early help assessments completed from April 2015 to December 2015, only 25% had a subsequent early help plan recorded.

Although a direct comparison cannot be made, as at the end of March 2017, 66% of early help cases had an electronic family action plan recorded which indicates an improvement in the number of plans recorded.

Review

65 (12%) of the 551 Family Webstar and Assessments had been reviewed by the end of April 2017.

The targeted early help file audit found that 50% of cases (25) had carried out one or more reviews of the action plan and in 52% of cases (26) Early Help Partnership meeting arrangements were in place.

Reporting on the review of the Family Action Plan is currently being set up.

³ Referrals recorded for each individual child.

⁴ Requests for intervention recorded by family.

⁵ This figure is for electronic family assessments only. It will be the case that other early help assessments were completed, but not in a reportable format.

Results – So what? Impact and difference

Accessibility

Accessibility of Targeted early help services

Telephone support: EnHance have introduced telephone support to ensure that families receive appropriate support at the earliest opportunity. Families are offered telephone support with a support worker whilst waiting to be allocated for face to face support. In some cases this means that the needs of the family are met through the telephone support and face to face support is no longer required. Reporting is being set up to monitor this.

Triage: Lower tier level requests for intervention for Children's Centres Services South are managed through early assessment triage. In which, a dedicated support worker develops whole family assessment pulling from a range of sources to identify the most appropriate means of long term sustainable support. In some cases, this means the establishment of Early Help Partnership meetings with schools with a view to support them to continue early help support without the need for targeted intervention.

Family Matters Early Help Hub: Between September 2016 and March 2017 9 families referred for Children's Centres targeted support in the Oswestry area have been signposted to the 'Family Matters' Early Help Hub, which has removed the need for them to receive caseload support. This has relieved some pressure on caseload capacity and has enabled the staff resource to be utilised more effectively and efficiently. This approach has also enabled a swift intervention to be offered to families, largely around benefits and housing, with improved experience and outcomes for them. The Hub is also increasingly being utilised on a universal level for families to access peer support and social networking.

Accessibility of Early Help consultations

- 77% of practitioners felt that early help social workers were accessible
- 44% of practitioners felt that CAHMS Primary Mental Health workers were accessible
- 86% felt that Targeted Youth Support workers were accessible

EH sws: "They can be a sounding board when stuck and not sure which direction to take" "they are effective, and have given some very useful advice and support at Partnership meetings."

CAMHS "Useful to consult, but such a long waiting list just for a consultation"

“The introduction of advisors can be very helpful part of the journey. I had a very positive experience working with (a CAMHS Primary Mental Health worker) on a case this year. She was excellent and very helpful in accessing the appropriate help and support”

Over 70% of practitioners agreed that the support and systems provided by Strengthening Families through Early Help allowed them to promote the welfare of and safeguard children.

“Early help telephone advice is effective but services to support seem very hard to access e.g. CAMHS - still 6 month waiting list; family mediation recommended but not provided unless on verge of being looked after; prevention services seem to be diminished....all focus on acting in crisis”

“When they are working and all the professionals involved with the family are on the system this works well”

“Issues around the time taken to upload information and the delay in some cases being picked up means that safeguards and support can take too long. This can make some families and children vulnerable when they most need help and support”

“The bureaucracy is overly burdensome and changes too frequently”

Outcomes for the family

65 (12%) of the 551 Family Webstar and Assessments had been reviewed by the end of April 2017.

At their last Webstar score review, overall:

- 67% of families had made improvement against their initial Webstar scores
- 17% had got worse
- and 17% had stayed the same.

Chart below shows the overall impact of early help support across each Webstar outcome at the last review.

Improvement in Family Webstar scores April 2016 to March 2017



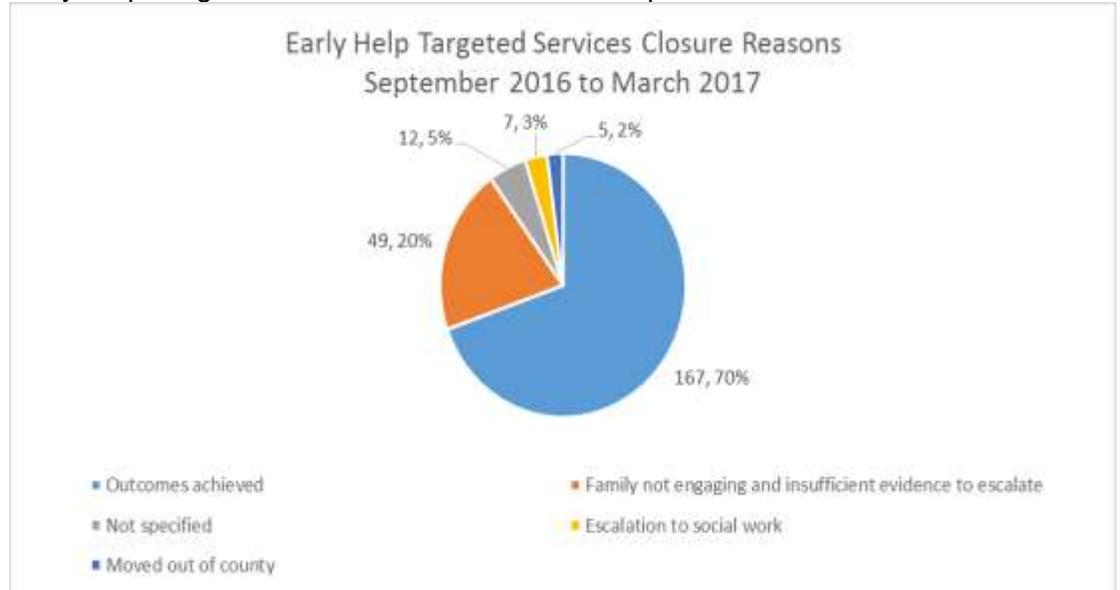
The greatest impact of early help support is on improvements in emotional mental health (56% of families improved) and parenting (53% of families improved).

The outcome where the least positive impact was seen was Housing (15% of families got worse).

Targeted early help outcomes

From September 2016 to March 2017⁶, 70% (167) of early help targeted services cases closed with an outcome of “outcomes achieved” recorded.

Early Help Targeted outcome closure reasons September 2016 to March 2017



3% closed due to escalation of needs to require social work involvement.

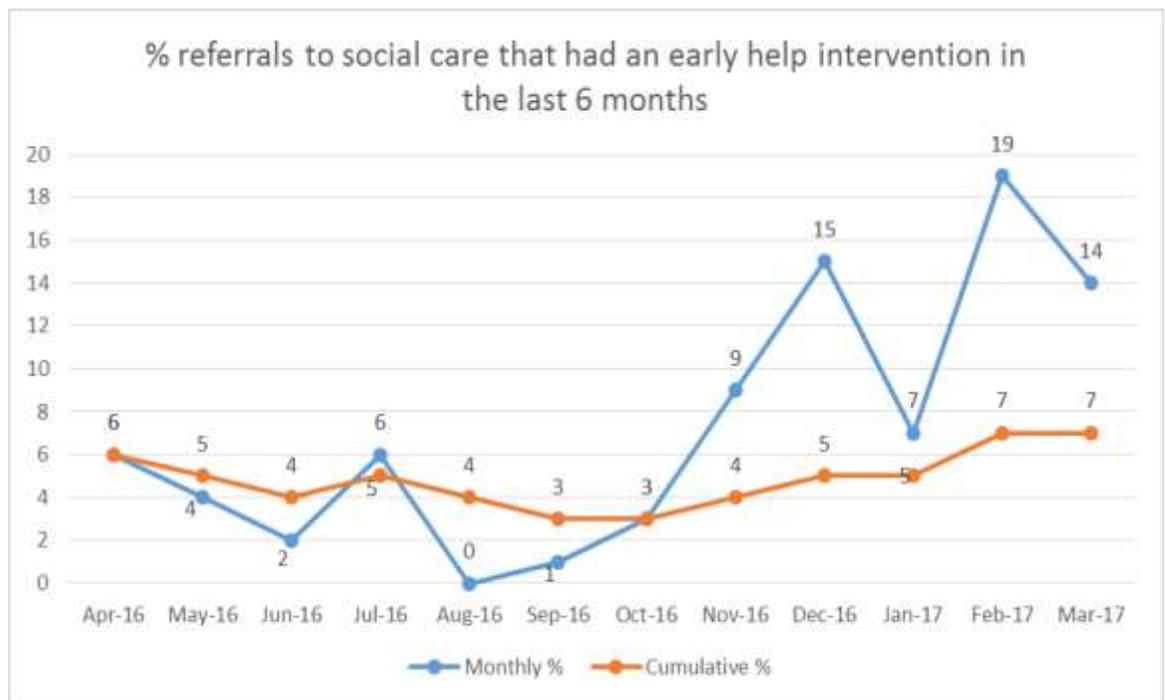
EnHance data shows that at closure 70% of families reported that they thought the support they had received had been fully effective with a further 21% of families saying that they thought the support had been partially effective. The most prevalent improvements are in behaviour and peer relationships in school, increased parental confidence and better communication and family relationships.

⁶ Data for April 2016 to August 2016 unavailable due to change of system from CareFirst to E-CINS.

Sustained progress

There are plans in place to report on repeat requests for targeted early help interventions from September 2017 (one year after implementation of the request for intervention process on E-CINS).

From April 2016 to March 2017, 7% of social care referrals were recorded as having an early help intervention in the last 6 months. Chart below shows the percentage of referrals to social care that had an early help intervention in the last 6 months. Note that there have been some data quality issues with this data which have now been resolved.



Quality of early help assessments

The Targeted Early Help Case audit (50 cases) found that:

- 18% of cases (9) were good
- 70% of cases (35) required improvement
- 12% of cases (6) were inadequate

With regards to the quality of assessment the Targeted Early Help Case audit found that:

- 38% (19) assessments were good
- 50% (25) assessments required improvement

- 12% (6) assessments were inadequate
- 70% of assessments captured the needs of all family members and 64% drew detailed analysis from this information.

74% of assessments were considered timely, having been submitted at the time of referral, but there was little evidence of any assessments being added to as the intervention with a family progressed.

52% of assessments evidenced that the families had been appropriately involved in the assessment; the majority of cases appear to have been written in consultation with the mother.

The audit noted that there was evidence throughout of excellent, reflective practice taking place and being recorded in the observations of targeted early help workers, however this is not being translated in to the assessment, plan or review of the plan. Assessments and plans are not being used consistently as working documents.

The audit found that it is not clear on E-CINS who the author of the assessment is and who has contributed to the assessment and plan. It also found that there seems to be confusion as to how to use the plan and how to record reviews.

The child journey audit (16 cases) found that:

- 31% of assessments were good
- 38% of assessments required improvement
- 31% of assessments were inadequate

The Stakeholders whole case audit (6 cases) in February 2017, found that practitioners (both universal and targeted) would benefit from further support and training, so that all EH practitioners are aware of the expectations of taking a whole family approach and using ECINS to capture holistic information including consent, context, relevant information about the past and the present and a clear SMART plan.

The voice of the child

The child journey audit (16 cases) found that with regards to the child voice being present throughout the support:

- 6% of cases were outstanding
- 38% of cases were good
- 38% of cases require improvement
- 19% of cases were inadequate

The audit findings commented that the voice of the child is generally well represented and thoughtful and reflective practice is evident. There is excellent inference of pre-verbal children and older children often engaging well with workers. A range of tools

are used to help elicit wishes, feelings and views to understand experience better, however, it is not always clear how this translates to plans or how it is responded to and is not consistent practice.

The targeted early help case audit (50 case) found that:

- 22% of the cases (11) evidenced that the child or young person had been involved in the assessment and that there is not enough evidence of children and young people being involved in the assessment, plan and review processes.
- 9% of plans indicated any involvement of the child or young person

Quality of planning and review

The targeted early help case audit (50 cases) found that:

- 4% of plans were outstanding
- 30% of plans were good
- 54% of plans require improvement
- 12% of plans are inadequate

44% of plans addressed all the needs identified within the assessment.

62% of cases had plans which were SMART.

56% of cases had plans which demonstrated multi-agency working.

In terms of review, the targeted early help case audit (50 cases) found that:

- 6% of cases had outstanding review
- 26% of cases had good review
- 32% of cases required improvement in their review
- 36% of cases were inadequate in their review

50% of cases had carried out a review of the plan and 48% of these had recorded any impact or progress on the revised plan.

Early help workforce training

“I find it valuable meeting and sharing practice with colleagues working in different areas and developing practice with trainers”

“Very useful, good opportunity to pool ideas and look at scenarios”

“[The training]...will help me to make sure I am gathering the right evidence during discussions with families”

“It was useful to be grouped with other professionals from different agencies to gain a range of perspectives and also to promote multi-agency working”

Course title	Number of delegates 2016/17	Number of delegates April to 6 th June 2017	Total number of delegates
ECINS			
Available through SSCB MULTI-AGENCY SAFEGUARDING TRAINING MODULES			
ECINS – Getting started an Introduction to ECINS	442	25	467
Look up and recording on ECINS	26	6	32
Creating a case on ECINS	25	10	35
Using the Family Plan Effectively and closures		75	75
Bespoke training			
<i>Managing your cases through ECINS</i>	14		14
<i>Recording and Managing meetings on ECINS</i>	18	4	22
<i>Case Closure on ECINS</i>	8		8
<i>Managers overview on ECINS</i>	4		4
<i>Look up and recording</i>	37	65	102
Early Help – Whole Family Approach from December 2016 SSCB MULTI-AGENCY SAFEGUARDING TRAINING MODULES			
Role of the Lead Professional	9		9
Information Sharing and Consent			
Assessment and analysis skills	5	10	15
Capturing the voice of the child	3	14	17
SMART action planning		4	4

Planned training until end of summer term 2017

15 June 2017	ECINS: Look up & recording
15 June 2017	ECINS: Creating a Case
15 June 2017	ECINS: Recording & managing meetings
15 June 2017	ECINS: Managing your case & closure
15 June 2017	ECINS: Managers' Overview
21 June 2017	EH: Capturing the Voice of the Child
22 June 2017	ECINS: Introduction To ECINS
03 July 2017	EH: Info Sharing & Consent
04 July 2017	EH: Role of Lead Professional
12 July 2017	ECINS: Look up & recording
12 July 2017	ECINS: Creating a Case
12 July 2017	ECINS: Recording & managing meetings

Service user feedback - Below outlines a range of parent, young person and child feedback. Appendix 2 highlights a range of case study examples

‘Made some emotional but effective progress. Just having an outside voice has moved things along and made us more aware of each other's feelings.’ (Enhance)

‘Our lives have changed so much. We are busy living not dying. We speak rather than shout, we love rather than fight, we kiss and make up. We respect each other’ (EnHance)

The support has improved the children's and my quality of life, I have been able to learn new ways to manage (child's name) behaviour and support the children when they have experienced challenges in their lives, making our family life more enjoyable. (Children's Centres)

“[The intervention] helped with parenting skills/techniques. Supported me emotionally, which I really needed” (Children's Centres)

“She [my child] is happier and more able to communicate her needs resulting in less trying behaviour. She responded well to the different techniques we are now using” (Children's Centres)

“Without the support I received from you I can't imagine where I would be with regards to the relationship I have with my mum, the way I manage certain situations and the overall view I have of myself. You've helped me realise how to deal with a lot of very different things and I appreciate every bit of time you spent listening to me and all the advice you gave. You always made me feel equal and respected” (Targeted Youth Support)

[Targeted youth support worker] has supported me through times when I have felt I couldn't cope with any situation and managed to get me through it. I feel so much better about myself and the way I see things and I couldn't of done it without [him]” (Targeted Youth Support)

“I feel a lot more confident and in control of situations since working with [Parenting Practitioner]...She has given me help and support and strategies with [my child] making home life a lot calmer” (Parenting Practitioner - mum)

“We have a better relationship now and I don't dread mornings or bedtimes anymore” (Parenting Practitioner - mum)

Conclusion

Independent reviews and research have long championed approaches that provide early help for children and families. For some families, without early help difficulties escalate, family circumstances deteriorate and children are more at risk of suffering significant harm. It is only right that Shropshire Council and its partners are focusing on early help and prevention services for families, and are now establishing a more coordinated and structured approach to this crucial role. The recommendations below outline improvements that need a focus in order to improve outcomes for children and young people

Recommendations and actions

1. Early Help Partners fully understand how to apply the thresholds to ensure unnecessary work is not received by children's social care. Where professionals have a concern they can they know where to get support – out of 125 Early Help practitioner survey respondents 62% (58 had one or more professional consultations in the last 12 months).

Action: Monitor over the next 12 months and link to the quality of practice programme to ensure this progress is sustained and further improved.

2. Quality of practice

In some instances, professionals gave limited or no consideration to family history. In other cases, they did not collect or analyse information about fathers or male partners, even when they were part of the child's household. Concern that, in some cases, professionals failed to speak to the child and relied solely on what parents told them.

Action: Ensure quality of practice focusses on the outcomes and issues raised through quality assurance framework – management oversight is systematic and recorded, voice of the child is strong, quality of assessments are outcome focused, ECiNS helps to facilitate information sharing. Deliver an effective quality of practice development programme for managers, and front line staff, starting in September 17.

Action: Ensure Shropshire's Local Safe guarding Children Boards (LSCBs) is monitoring the management oversight of early help practice

3. The Local Children's Safeguarding Board needs to ensure that Early Help is owned and delivered across the range of partner organisations, which includes schools, health, police, housing, the council, and the voluntary, independent and community sectors.

4. Develop the ability to calculate the cost of Early Help services compared with acute services to ensure evidence of value for money
Action: Cost benefit analysis tool to be created with the support from the council's finance team and the wider partnership of Early Help services.
5. Early Help communication is improved to ensure Early Help Partners understand what Early Help support is available for families and how to access it.
Action: Update the Early Help communication strategy – to ensure partners are fully up to speed with changes, including training, receive feedback about performance and areas of improvement. Provide opportunities for partners to feedback their views. Ensure parents, young people and children have an opportunity to design new services, and have their voice heard.
6. This report highlights the lack of accurate data available that evidences the improvements in integration between children's social care and Early Help.
Action: Create an Early Help Performance Framework – that includes accurate provision of data which evidences the integration and joint working with children's social care eg step downs to Early Help

Use of dissemination and sharing

Good communication with professionals, staff, parents, children and young people, is vital to ensure clarity of purpose, clear understanding of roles and functions when delivering effective Early Help. This report is valuable resource for parents, young people and children about the progress made to deliver quality Early Help services. It is also a valuable resource for partners and practitioners who engage families, build trusting relationships and ensure outcomes for children and young people are improved. This information is key to ensuring the lessons learned from the last 12 months are used to inform the future. This report will be available on Shropshire's Children's Safeguarding Board website, and the Early Help website for ease of access for parents, young people and children, practitioners and professionals from the wider Early Help Partnership.

Looking Ahead

Family Hubs – supporting children to thrive

- ✚ Shropshire's Early Help Partnership is committed to exploring a new approach to working with families, children and young people. The new ways of working will emerge from a collaboration between services and communities and they will provide an engine for whole system transformation.
- ✚ **People power - explore** what we really mean by 'citizen centred', where the system challenges itself to put children, young people and families at the centre of its decisions and business approach.
- ✚ **Facilitate** partners to work together on the vision for Early Help in Shropshire. Grounded in place but open to new approaches – harnessing the assets of the place as the starting point but without being constrained by 'the way things are done around here' in order to learn, try new things and leapfrog traditional routes to change.
- ✚ **Identify** the right skills and knowledge required for our Early Help workforce, for the next three years and beyond, not just for today
- ✚ **Promote** shared leadership, where partners are trusted and can adapt to each other's values
- ✚ **Create** an action plan that Early Help Partners, parents, children and young people can shape, contribute to and own

The goal for this new way of working will be to support and sustain communities where children and young people can thrive.

Services will be universally available, but in those neighbourhoods across Shropshire where there are currently higher numbers of children and families surviving and not thriving, a focus on targeting resources will be needed, and a focus on joint commissioning across the Early Help Partnership will be required to ensure commissioning intentions match need. In Shropshire, the Strengthening Families (nationally Troubled Families) programme has street level data where the families in greatest need, live. This evidence can be used to inform where family hubs could be located that are easily accessible to the community – with integrated teams that focus on a neighbourhood and spends time there understanding and becoming known to its residents. A hub and spoke model will also ensure that families living in the farthest reaches of Shropshire have access to quality services when they need them. A reignited Early Help Partnership Board – will support the development and implementation of family hubs to ensure key partners, families, and children have the opportunity to shape and design services that are accessible, meets family's needs by working with the whole family, and help to ensure that communities and neighbourhoods are places where children can thrive.

Fran Doyle
Head of Early Help, Partnership and Commissioning
June 16, 2017

Appendices

Appendix 1 – Shropshire’s Early Help Offer

Appendix 2 – Case Studies

Appendix 3 – Link for 16/17 Early Help practitioner survey summary and full report

Shropshire's Early Help Offer

Links to sites providing information, advice and guidance on a wide range of issues as well as activities and organisations available to young people and their families on a universal, Early Help and targeted levels of need.

- [Early Help Website](#)
- [Family Information Service \(FIS\) information and resource packs](#)
- [Family Information Service Directory](#)
- [SEND Local Offer](#) - For families with young people with Special Educational Needs and disabilities.
- [Shropshire Youth Association](#) - Positive Activities, youth club based activities, voluntary youth sector. (This link can break [general information can be found here](#))
- [Energize - Sports Partnership](#) (NB this link can break [general info can be found here too](#))
- The local authority has sports development officers who can help young people and families' access sport clubs and activities. Contact Sean McCarthy 01743 255933

Early Help happens across a huge spectrum of services – here are some of the most widely used which can complement Early Help and Social Work plans and could be utilised as part of step down processes.

- Schools Pastoral Support – does vary hugely but please do consider the support the school can provide
- [Targeted Mental Health Support \(TaMHS\)](#) Schools have staff trained to deliver these interventions. Renee Lee (01743 253942) can tell you which school is trained to deliver each programme.
- [Increasing Access to Psychological Therapies \(IAPT\)](#) CBT approach to mental health support from young people aged 16+ (once their exams are finished)
- [Young carers project](#) Delivered by Carers Trust 4All [Referral Form](#)
- [School Nurses](#)

- [Health Visitors](#)
- [Family Nurse Partnership](#) Intensive support for pregnant teenagers.
- [All In short breaks for children with SEND](#)
- [Understanding your child online and groups](#)
- [Universal children's centre services](#) A range of group sessions across the county.
- [West Mercia Women's Aid](#) Support for women in abusive relationships – including Freedom Programme which is also delivered currently by Children's Centres. Current CC booking line 01743 253942

Targeted Early Help

These services are either in house or are commissioned by the Local authority and should be considered once the above options have been taken into account.

TYS, Lifelines, Children's Centres (targeted support), Parenting and EnHance require referrals through the [Step down process](#) on the procedures online pages.

- [Targeted Youth Support \(TYS\)](#)
- [Lifelines](#)
- [Targeted Children's Centres support](#)
- [Parenting Team](#)
- [EnHance](#)
- [Autism West Midlands](#)
- [Child and Adolescent Mental Health Service \(CAMHS\)](#)
- [Shropshire Strengthening Families](#)

TYS and CSE – please note Targeted Youth Support will support young people on CIN and CP plans where there is an assessed CSE risk. Please

complete a Request for Intervention Form, found on the Early Help website [forms page](#) and drop it in to COMPASS along with a copy of the Social Work plan.

Stepping Down to Targeted Early Help - Please follow the processes [here](#) on the Shropshire Council Procedures on line pages.

Additional services of interest focusing on young people who have been involved in low-level crime or anti- social behaviour. See referral forms attached to the email.

[ARC - Accessing Resources in the Community](#) Mentoring programme funded by the Police and Crime Commissioner for 17-25 year olds. Delivered by YSS.

More Than Sport - a diversionary project hosted by Energize using the power of sport and volunteering activities linked to sport, for example, catering, grounds maintenance. Young people 16-24 years. No link available, contact Nick Herbert 01743 297194.

Appendix 2

CASE STUDIES

Case study 1 – Parenting Team and school

Thank you so much for your support. It came at a time when things had most definitely come to a head and your involvement has helped to reshape and remodel how the family interact with each other and respond to concerns and issues in everyday life, despite the fact that they may not always use your advice, it will have no doubt struck a chord for reflection.

I can only say that child x is doing tremendously well. I managed to get him back into class and Mr Boyd is continuing with morning maths in class, all assemblies with the whole school and playtimes with KS2. We hope to continue this and extend it to literacy lessons in class in July. For now, we are and he is happy with 5/10 min reading, spelling, and discussion and writing slots.

I'm so pleased to continue to work with you on your next family case as I know how much your input will have on this next family but thank both of you for the support in recognising the needs of the family and addressing accordingly.

Case Study 2 – Strengthening Families through Early Help (nationally Troubled Families programme) – an example of working with the whole family

Whitchurch Strengthening Families Schools Support Worker – July 2016

Case overview: Child X - Year 10 girl (age 15) who attends Sir John Talbot School, Whitchurch. Family composition: Two parents, both resident, and five siblings aged between 5 months and 13 years.

Support commenced: 10/5/2016

Support needs were identified by the school following a Child Sexual Exploitation (CSE) Risk Identification Assessment by the Assistant Head-teacher in February 2016, which identified Child X to be at medium risk of exploitation. On receipt of the referral at Compass it was triaged by an Early Help Social Worker and subsequently allocated to the Operational CSE and Missing Lead.

Other presenting issues at the time of referral:

- Troubled Families Criteria 1 – Crime and/or anti-social behaviour: Family fighting whilst under the influence of alcohol resulting in police involvement
- Troubled Families Criteria 2 – Children not attending school regularly: School attendance below 60%
- Troubled Families Criteria 3 – Children who need help: Risk of CSE. History of going missing
- Troubled Families Criteria 4 – Worklessness or at risk of financial exclusion: Not disclosed
- Troubled Families Criteria 5 – Domestic violence and/or abuse: Not disclosed
- Troubled Families Criteria 6 – Health problems: Under age alcohol use. Alcohol use by parents and extended family.

Initial school intervention:

- Early Help Partnership meeting was held on 11/4/2016 at the school and was attended by an Early Help Social worker. Parents were invited to the meeting but did not attend
- Social and Emotional Aspects of Learning (SEAL) programme offered to Child X
- Sir John Talbot School, in partnership with Whitchurch Infant School and Whitchurch Junior School, identified the family to receive support from Strengthening Families Schools Support Worker to enable a holistic intervention to be delivered
- Pastoral Team worked with Child X around her timetable to support her to improve her school attendance and reduce the risk of internal and external exclusion.

Working in partnership to achieve improved outcomes:

- School excused Child X from lessons on 14/04/2016 to attend a targeted support programme called Empower which was developed by Targeted Youth Support and the Police for girls at risk of CSE, going missing and the misuse of substances
- Shropshire Council Operational CSE and Missing Lead has provided support to Child X and her parents with regards to the risks of CSE and assumed the role as Early Help Lead Professional until Strengthening Families Schools Support Worker commenced support in May 2016

following Early Help Partnership meeting on 10/05/2016, which was attended by Child X and her mother

- Strengthening Families Schools Support Worker completed a Strengthening Families through Early Help Whole Family Action Plan with the family which identified the following outcomes to be achieved:
 - All school aged children in the family to receive a suitable full-time education (SF Outcome No: O2A)
 - Child X to reduce the number of fixed term exclusions from school and improve overall attendance (SF Outcome No: O2B)
 - Child X to have no more episodes of stealing or enter the criminal justice system (SF Outcome No: O1D)
 - Child X and her family to be aware of risks of CSE and an awareness of healthy relationships (SF Outcome No: O3A)
 - Child X to show respect for parents and for parents to be able to establish and implement appropriate boundaries through effective parenting (SF Outcome No: O6D)
 - Child X to cease self-harming and improve mental health (SF Outcome No: O6D)
 - Younger siblings to be free from re-occurring head lice (SF Outcome No: O6F)

The following positive outcomes have been achieved to date (and SF Measure's being worked towards):

- One to one Understanding Your Child has been completed with the mother of Child X which was delivered to meet her individual learning needs and reduced literacy. Her father joined three out of the seven sessions to support his partner and enable consistent parenting (SF Measure No: M6I)
- Parents are reporting that they are implementing realistic boundaries and that Child X is showing them respect. The family have set up a rota at home to share responsibility for household chores and all children are engaging and being praised. Mum has shown that she has positive aspirations for her children. Parents and Child X report a happy home with less confrontations. Mum and Child X report their relationship is improving and that they are now able to communicate more effectively with each other (SF Measure No: M6I)
- Parents are receptive to support and willing to attend school for meetings, which they were previously unwilling to do, and are supportive

of the Early Help plan to improve Child X's educational attendance and attainment (SF Measure No: M2A/M2B)

- DATA from school since intervention on 10/5/16:
 - Yearly School Attendance at 9/5/2016: 70% (SF Measure No: M2A)
 - Yearly School Attendance at 22/7/2016: 73.9% (SF Measure No: M2A)
 - For the school year up to intervention by Early Help there had been 30 days external exclusions with Child X being at risk of permanent exclusion. Since the intervention she has only had a one day exclusion (SF Measure No: M2B)
- Child X's behaviour in school has improved with her receiving a total 19 detentions for the School Year but only 2 since the commencement of Early Help (SF Measure No: M6E)
- School are supporting Child X by putting her on a mentoring plan. The following evidence is extracted from a recent record of an interview that took place between Child X and school:

'Child X currently has a negative outlook, she believes that she is 'thick' and she was shocked when I showed her the data tracking the progress since Autumn year 10. She has made good progress and is capable of achieving 5 A to C including English and Maths where English and Maths will be at grade 4. This will allow her to follow her goal of being a hairdresser or working with children which she enjoys. Child X shows the defensive side of her character as a default position but underneath she wants the success that she can achieve in her subjects. Her mentor will be invaluable to help her control her emotions and to redirect her energies into achieving her goal. I have read this to Child X and she agrees and she wants to be part of this programme. Chosen JT as her mentor'.*

- School are hoping to find Child X a work placement for 1 day a week at a local hairdressers. School are also providing her with extra lessons in cooking which she is enjoying. (SF Measure No: M2A/M2B)
- Child X is now able to enter local shops following her ban for stealing and there have been no further recorded incidents of shop lifting (SF Measure No: M1G)
- Child X has accessed the Empower programme and has received support from the Operational CSE and Missing Lead in school. Child X remains in a relationship with the same boyfriend (age 19) who appears to have a positive influence on her behaviour and self-esteem. He is in employment and adheres to the boundaries for Child X that her parents have put in place. Parents are aware that he is older and have been

supported to be aware of any signs of controlling behaviour to enable them to monitor the effects of the relationship and seek additional appropriate support if required (SF Measure No: M3A).

Benefits of schools working in partnership with Early Help services:

- Effective relationships can be built with parents and/or children and young people who have had previous negative experiences of education themselves through support from a professional who is not necessarily from an education background
- Early Help professionals have received specific training to deliver specialist programmes e.g. CSE 'Empower' programme and Understanding Your Child/Teen
- Support can be co-ordinated to include agencies who are not part of the usual school community to widen the network of support available. This will increase understanding, trust and cooperation between different services and engage 'The right service, at the right time'
- Enables early intervention to be implemented to help reduce the number of families whose needs escalate to level 3 and 4 thresholds
- More effective links can be made between local schools to provide a holistic approach to supporting the whole family
- Support can be offered within the family home to enable a fully assessed intervention to be delivered and improve home/school relationships, which in turn can impact positively on a pupils' success at school enabling them to reach their full potential. This also allows schools to become more family focused
- Enables partnerships to be robustly built between education and social care and for information channels to be opened in a co-ordinated way
- It builds on professionals capacity within schools to reduce the time spent by teaching staff dealing with families presenting in crisis to allow them to focus on teaching
- Consistent attendance at Early Help Partnership Meetings with an Early Help support worker acting as lead professional increases engagement from families, provides a consistent implementation of Early Help through one family plan, reduces duplication and reduces capacity pressures on school staff.

This case closed to targeted Early Help during September 2016 with further sustained change and improved outcomes being made.

Child X is now in her final year at secondary school. Between September 2016 and January 2017 she has not had any unauthorised absences or external exclusions (SF Outcome No: O2B). She has only had one internal exclusion, which was on 23.09.2016 for running away from a teacher. School attendance is continuing to rise, with Child X's Yearly School Attendance at 16/01/2017 being 88.9% (SF Outcome No: O2A). At the point of referral to the pilot school attendance was below 60%.

She has sustained a work placement at Whitchurch Infant School supporting the nursery children as child development is still an area that she is interested in pursuing as a career. Positive reports have been received regarding Child X's engagement and enthusiasm from the Foundation Stage Manager who is the placement supervisor. This will further support her to attain academically and build employability skills harboring her interests and aspirations (SF Measure No: M2A/M2B). Child X is taking 8 GCSE's this summer.

There are no longer concerns regarding Child X being involved in CSE (SF Outcome No: O3A), ASB or Crime and there have been no further reported offences of theft (SF Outcome No: O1D).

Child X has had no further episodes of self-harm and her emotional health has improved sufficiently for her to no longer require counselling (SF Outcome No: O6D).

Case Study 3 – Strengthening Families through Early Help (nationally Troubled Families programme)

This is a 46 year old grandmother who has a special guardianship order and is the single carer for her daughter's two children currently aged 8 and 4. The biological mother lives out of area and there is a contact plan in place. The family were known to Social Workers before coming to live with their grandmother.

The assessment identified issues with health, children's behavior, parenting, financial exclusion and worklessness.

A multi-agency response included a Health Visitor, School, Children's Centres and Enhance and The Strengthening Families Employment Advisor. The case is now closed, all outcomes achieved.

The Employment Advisor – Department of work and pensions - The client was referred by ENHANCE as she wanted to go to college. I researched college opportunities for her and she started a care course along with maths and English in September 2015. She finished and passed the course in June 2016 and started a part time care Job in June 2016. (10 hours a week). In

November 2016 her hours increased to 18 a week and she came off Income Support. On 01/01/17 she started a second job of 12 hours a week as a Play Group Assistant at the local school so is now working 30 hours a week and is self-sufficient.

It took over 18 months to get there but in her own words, “without the help and support she would never have been back in work so soon and doing a job she loves.

Case Study 3: Oswestry Family Matters – a new way of working

As part of the Oswestry Resilient Communities project the North Children’s Centre Early Help team have developed a Children and Families Hub session ‘Family Matters’ at The Centre in Oswestry. This provides a point of contact for families with children in the area to access support from trained staff within a universal arena. The Hub also offers a place for families who are referred for Early Help support to meet and engage with services to enable swift assessment of needs to take place to identify and engage the right service at the right time.

A particular case where this has proved beneficial is with a pregnant teenager who was referred to Children’s Centres for Early Help support by Powys Leaving Care Team. She was at risk of being made homeless due to a breakdown in her relationship with her mother, had a limited peer and family support network and a history of mental health difficulties. She was able to attend the Family Matter Hub session to access benefits and income maximisation advice from a Strengthening Families DWP Employment Advisor. She was also able to access antenatal parenting support, financial advice and housing support, including practical support, from the Early Help Family Support Worker (EHFSW) who was allocated her case. The EHFSW was able to encourage and support the teenager to access her midwifery appointments as she had been a frequent non-attender to this point. This provided the teenager with support around her mental wellbeing from a healthcare professional in addition to antenatal health and support in preparing her for parenthood.

She attended follow up Family Matters sessions to access housing support from the Shropshire Towns and Rural Housing Officer, to support the caseload intervention that she was receiving.

- Early support and intervention for a vulnerable pregnant young person was provided by using a non-threatening, non-stigmatising venue and providing access to a range of support and guidance in one place and time

- EHFSW was able to meet with the young parent in a neutral venue as carrying out home visits was challenging due to family dynamics;

Improved outcomes

- ✓ The young mother and her baby are now living independently in a local authority property following support from Shropshire Towns and Rural Housing and all benefits are in place. The EHFSW provided budgeting support to encourage financial stability
- ✓ Family relationships, especially between the teenage parent and her mother, have improved significantly since she has been living in her own property and she now receives positive support from her family
- ✓ Mother and baby are engaging positively with the Health Visiting Service. Baby has received immunisations and mum is receiving support around emotional wellbeing due to previous mental health concerns
- ✓ Mother and baby are now accessing support at a universal level via the Bumps to Babes group at Woodside Children's Centre. This is enabling mother to build a network of peer support in her community and provides access for baby to interact with others in activities to support development
- ✓ The family are now closed to targeted Early Help support. Mum reports that her confidence levels have increased due to the parenting and wider support received and that she would be confident to access the Family Matters Hub in the future if any further support needs arise.

Adult Services also provide a weekly Hub session at The Centre; the project envisages that as the Hub develops a joint approach to supporting whole families can be adopted, with a wider range of public, private and voluntary sector agencies, thus empowering individuals and the local community to make and sustain positive change.

EnHance Targeted 1:1 family support service delivery

Commissioned by Shropshire Council to provide Targeted Early Help support for children young people and their families. It is a flexible service, helping parents to make things better for their children.

The aim of the EnHance Service is to improve outcomes for children and young people by ensuring that they and their families receive the right help at the right time. EnHance is an integral part of the overall Shropshire early help offer and provides a flexible service, using a variety of interventions, to build resilience in children, young people aged 0 -19 and their families. Support is usually delivered on a one to one basis, reviewed after twelve weeks, in the local community (school and/or home settings), at flexible times, to meet identified

needs. The work is carried out by skilled and experienced keyworkers either face to face or over the telephone. Telephone support has been introduced this year to ensure that families receive appropriate support at the earliest opportunity.

232 requests for intervention were received by the EnHance Service in the year April 2016 to March 2017. The EnHance service has adopted the Whole Family approach and 58% of closed cases involved work with more than just the referred individual. At closure 70% of families reported that they thought the support they had received had been fully effective with a further 21% of families saying that they thought the support had been partially effective. The most prevalent improvements are in behaviour and peer relationships in school, increased parental confidence and better communication and family relationships.

Feedback from families includes

‘Made some emotional but effective progress. Just having an outside voice has moved things along and made us more aware of each other's feelings.’

‘Our lives have changed so much. We are busy living not dying. We speak rather than shout, we love rather than fight, we kiss and make up. We respect each other’

‘The support has helped me with my self-esteem. I have learned to accept myself. Being listened to has helped’

The Solihull Parenting Approach

In Shropshire we have chosen to adopt the Solihull Parenting Approach for supporting the families that we work with at all levels of need and complexity.

The Solihull Approach model is an evidence based, early intervention model and has created a framework for thinking for practitioners working with families helping them to process strong feelings and emotions so that they are more manageable and tolerable which can help restore the capacity to think in an individual so that they are more able to make thoughtful decisions and choices.

The Solihull Approach can be used in preventative work or where difficulties are already present. It has a major contribution to make to the ways in which practitioners in health, education, voluntary and social care can work with families to ensure that children have a good emotional start in life and can be used in one to one interventions and group work.

From April 2016 to March 2017:

- 41 Understanding Your Child groups have been completed by 261 parents
- 22 parenting workshops were attended by 269 parents
- 93 families have completed a direct intervention from a Parenting Practitioner
- 500 children benefited from their parents completing a Solihull parenting group

Of the 261 parents who completed a group, 156 were not on any kind of a Children's Services plan, but had identified themselves that they would like some additional support in their parenting. This is the essence of 'early help' where parents have had the opportunity to access support before reaching a level that might require input from a targeted service. The remaining 105 families, who were on a plan, accessed a ten week intervention as part of a group, which is a cost effective use of Children's Services resources.

Outcomes improved

- 98.5% of parents reported an increase in confidence in understanding and managing their child's behaviour
- After completing an 'Understanding Your Child' group and of 26 families contacted 6 months after completion of a group, 100% continued to maintain or improve on their level of understanding and managing their children's behaviour

What parents said who completed a 10 week 'Understanding Your Child' group:

'I have learnt to value time together with my children and to have fun with them.'

'My child's behaviour is a lot better, but when he is bad I will step back and think about what he is feeling which makes him behave like that.'

'I am more open and communicate much better with my child, I have implemented routines and they understand why, even if they don't always like it.'

'I still have good days and bad days, but the bad days are never as bad as they used to be, and I know that I am not the only parent that struggles like this.'

'I have managed to keep up with the changes I have put in place and have kept in touch with other parents on the group and we provide support to one another when needed.'

'It's like having a different child, the differences have been fantastic!'

APPENDIX 3

EARLY HELP PRACTITONER SURVEY 16/17 – REPORT LINK

<http://new.shropshire.gov.uk/early-help/practitioners/strategies-and-reports/>

Contact Information

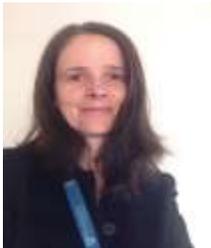


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