

# **Children's integrated needs assessment 2019: Review of early help**

Version 1.0

Herefordshire Council Intelligence Unit

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## INTRODUCTION

Early help is part of a number of services provided by various organisations that contribute to safeguarding children in Herefordshire (Figure 1).

### EARLY HELP

“Early help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. Herefordshire’s early help is therefore about providing services at the right time to meet families’ needs and to keep them in control of resolving their issues and problems, to reinforce and develop the family’s own skills to determine their future, reducing poor outcomes and inequalities.”<sup>1</sup>

The approach to early help in Herefordshire reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and require intervention by more intensive services such as children’s social care. Early help is available for families with children aged 0-19 years old and up to 25 years old for those with Special Education Needs and Disabilities (SEND). The families who will benefit most from Herefordshire’s early help offer are those who have level 2 and 3 needs according to Herefordshire’s Levels of Need Threshold (Figure 2).

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<sup>1</sup> [Herefordshire Early Help Strategy 2016-2018](#), Herefordshire Council, July 2016.

Figure 1 Overview of Herefordshire's Safeguarding Children System

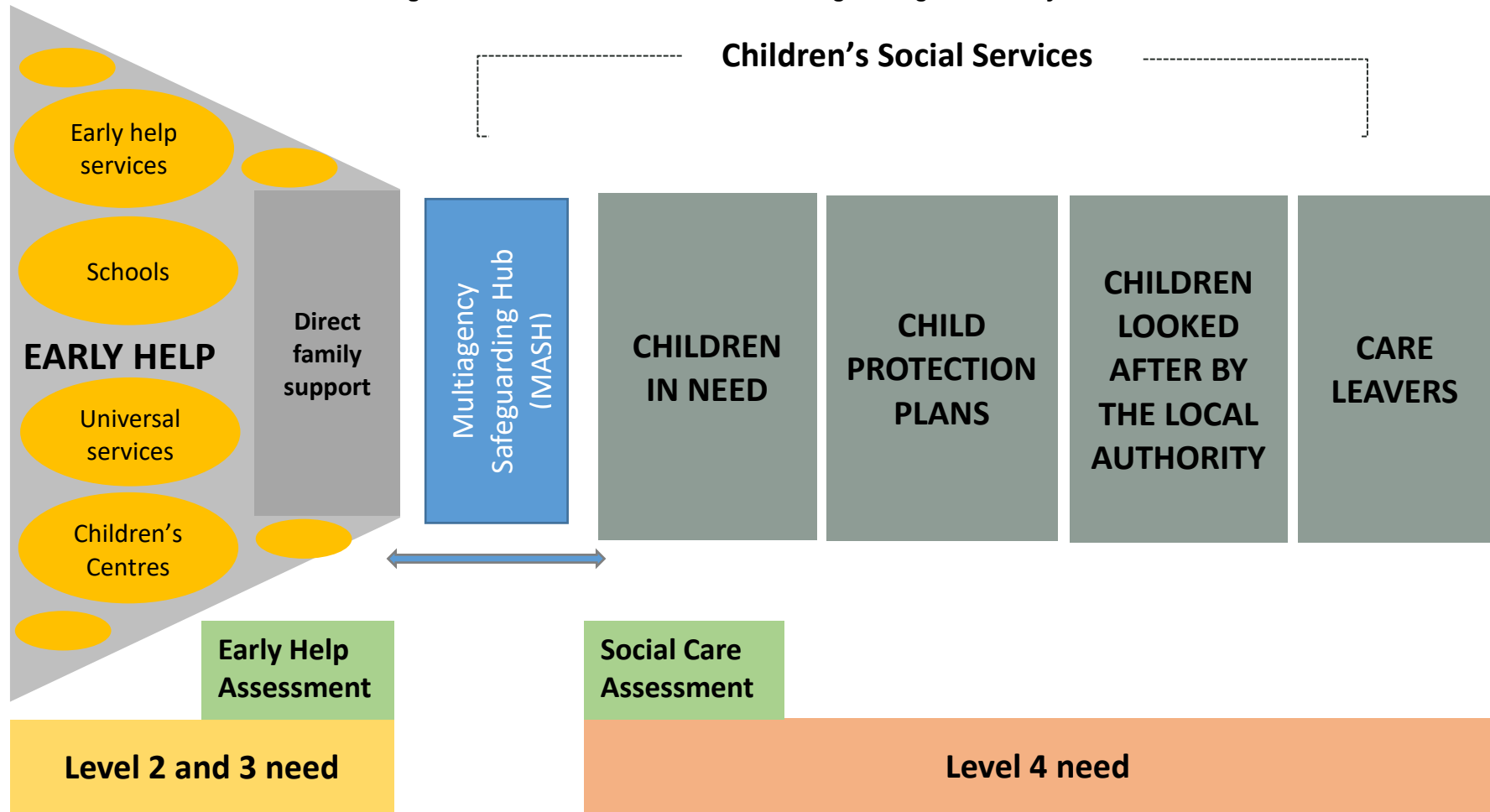
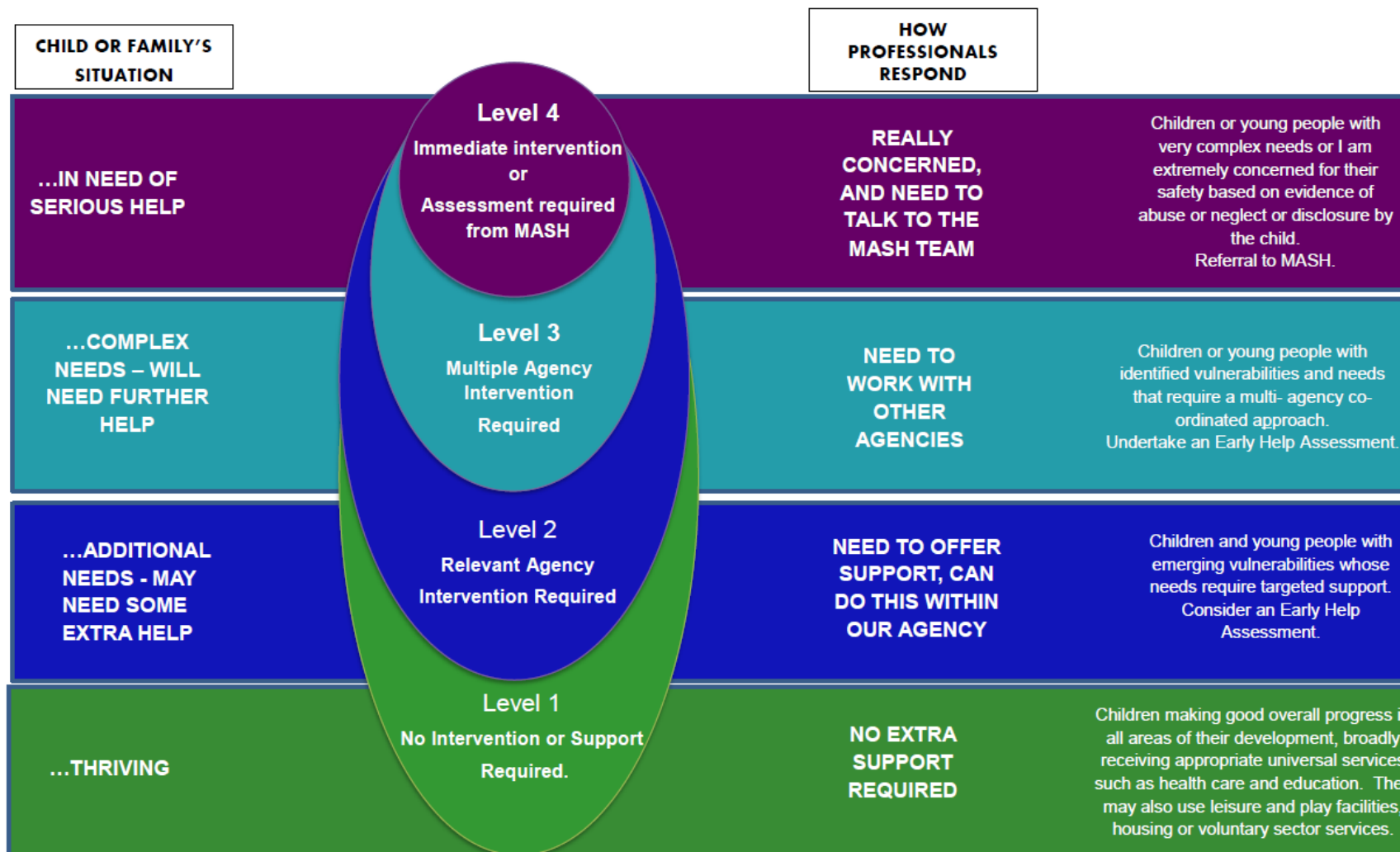


Figure 2 Herefordshire Levels of Need Threshold



Source: [Herefordshire Levels of Need Threshold Guidance: Multi - agency guidance on meeting the needs of children, young people and their families in Herefordshire, Herefordshire Safeguarding Children Board, December 2017.](#)

For children and families with level 2 need, early help is delivered by a range of services throughout the county. This may include early help in the form of interventions provided by specialist family support services such as Home-start and Venture.

Families with level 3 need will still be accessing universal services such as schools and GP's but it is also highly likely they will be accessing a range of more specialist services such as child and adolescent mental health services (CAMHS), and homeless prevention services. Early help for these children and families tends to be delivered by Herefordshire Council's Early Help Family Support Team.

## FEEDBACK FROM PEER REVIEW PROCESS AND OFSTED INSPECTION

As part of its commitment to learning and continually improving, Herefordshire Council hosted a peer review process in early 2018, where the Local Government Association (LGA) was invited to review the way the council approaches its work.

Feedback from the peer review process recommended further investing in early help services in order to improve outcomes for children and families by preventing the need for more intensive social services at a later stage. This recommendation was further supported by the findings of an unannounced Ofsted inspection in June 2018. The resulting Ofsted report highlighted that the local early help offer was of good quality, but that some children and families were not being referred to the service at a point when they might have benefited<sup>2</sup>.

In response to the feedback from the peer review process, and prior to the Ofsted inspection, an evaluation of the current early help offer was prioritised, with the intention of gaining better insight into the needs of the children and families who engage with early help services, and the effectiveness of these services; in order to highlight where improvement activities and further investment would be best focussed. The scope for this evaluation is detailed in Appendix 1 (page 41) under the "Early help" topic heading<sup>3</sup>.

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<sup>2</sup> [Herefordshire: Inspection of children's social care services](#), Ofsted, July 2018.

<sup>3</sup> The other objectives detailed within the scope are addressed by the safeguarding children topic summary within the main Children's Integrated Needs Assessment report.

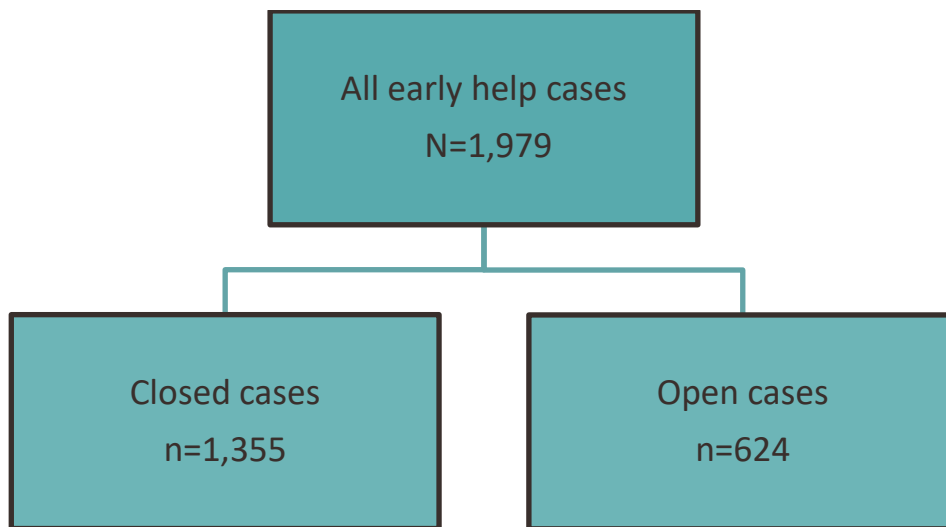
## METHODS

An analysis was undertaken of all early help cases within the common assessment framework (CAF) and early help assessment (EHA) databases between January 2015 and May 2018, and child protection plan, children in need and children looked after by the local authority cases between May 2015 and May 2018.

## RESULTS

There were 1,979 early help cases between January 2015 and May 2018, 1,355 of which had been closed within this time period, and 624 that were open as of May 2018 (Figure 3).

**Figure 3 All early help cases between January 2015 and May 2018**



## DEMAND FOR EARLY HELP: NEW CASES

Figure 4 presents the number of newly opened early help cases each year from 2015 to 2018. The data illustrates a year on year increase in the number of newly opened early help cases between 2015 and 2017, a trend that is expected to continue into 2018 if the rate of new cases observed between January and May continues for the rest of the year.

**Figure 4 Number of new early help cases open by year (2015 to May 2018)**

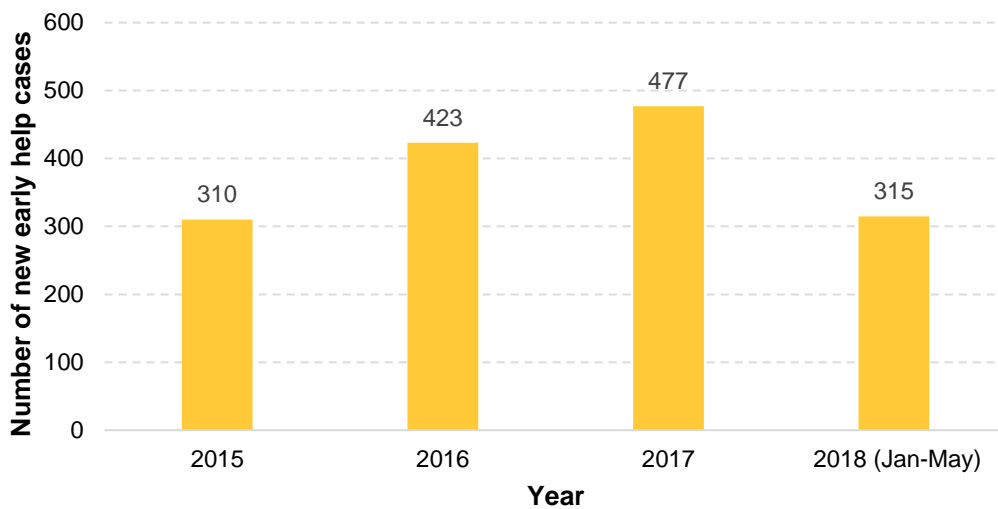


Figure 5 presents the monthly trend for the number of new early help cases opened between January 2015 and May 2018 inclusive. In 2015 and 2016 there was a noticeable decline in the number of new cases opened in the summer months, coinciding with the school summer holiday period. This observation is not surprising, as previous analysis of the early help data has revealed that schools initiate the majority of early help cases<sup>4</sup>.

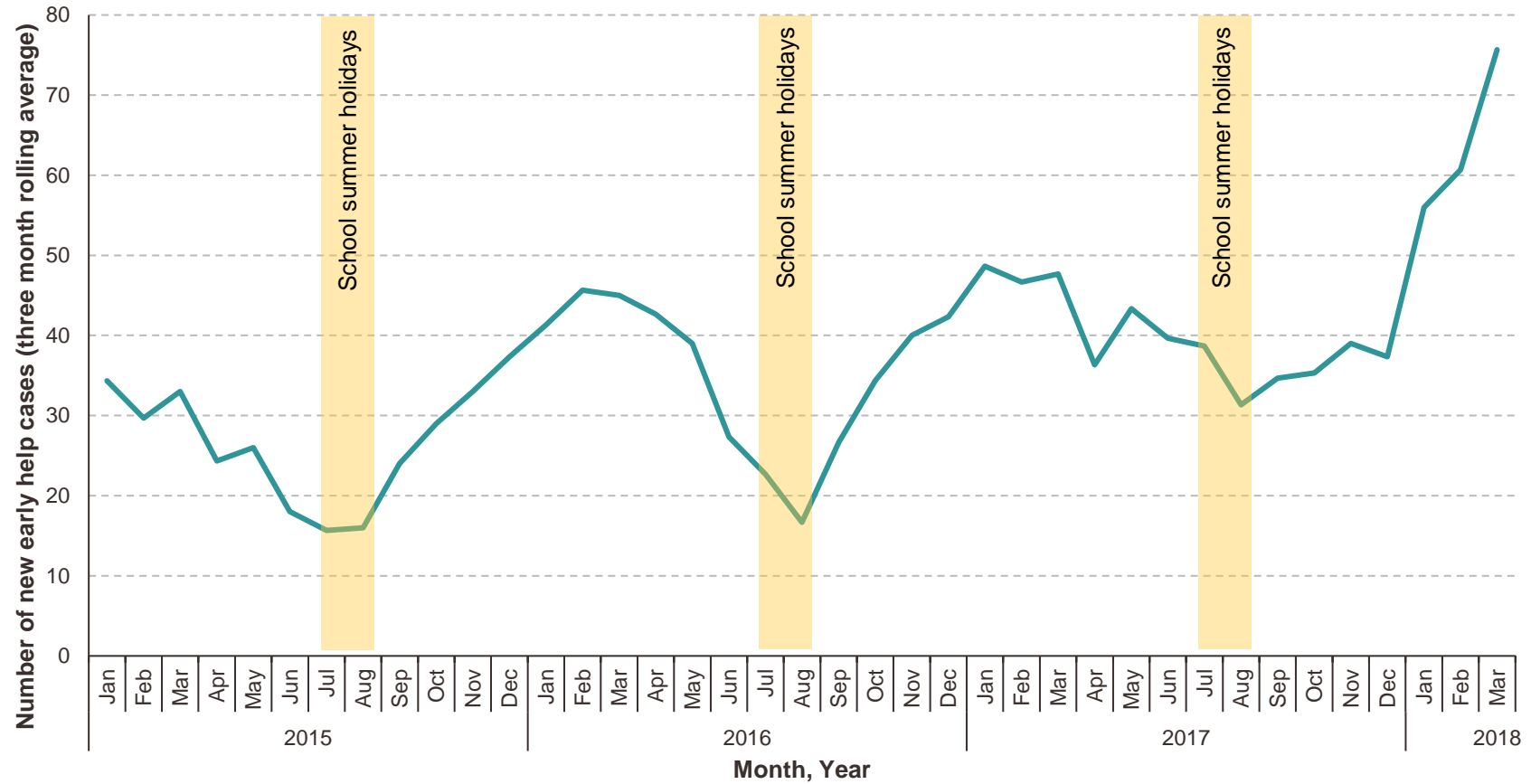
In 2017, the decrease in new cases over the school summer holiday period was not as stark, in addition, in early 2018, there was a marked rise in the number of early help cases opened, suggesting increased demand. Towards the end of 2017 and into 2018 there was an increase in the number of new early help cases as a result of children and families being stepped down from children's social care. This is thought to be responsible both for countering the fall in cases over the 2017 school summer holiday period, and driving the demand for early help in observed over the first few months of 2018.

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<sup>4</sup> Herefordshire CAF Data Analysis 2016, Herefordshire Council, 2016 (unpublished).



Figure 5 Number of new early help cases opened each month between January 2015 and May 2018 (three month rolling average)



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## DISCUSSION AND RECOMMENDATIONS

Feedback from the peer review process which took place in early 2018 and the June 2018 Ofsted inspection report<sup>5</sup> both indicate that a greater number of children, young people and families could be benefitting from early help. Activities are underway to ensure that need thresholds are applied appropriately, with a specific focus being placed on reviewing levels of need within the children in need and children subject to a child protection plan cohorts. It is expected that this activity will result in a greater number of referrals being passed onto early help. When similar threshold review activities were undertaken in another English local authority it was found that approximately 25% of the children in need could be managed at a lower level<sup>6</sup>. Trend data indicates that demand for early help increased in early 2018 (Figure 5, page 9).

### Recommendation

1. Take action to ensure early help has adequate human resource and appropriate infrastructure to meet the anticipated increase in demand for the service. Ensure that the number of new early help cases is frequently monitored in order to identify and respond to changes in service demand. Consider how activities in other areas of the safeguarding children system might impact on demand for early help.

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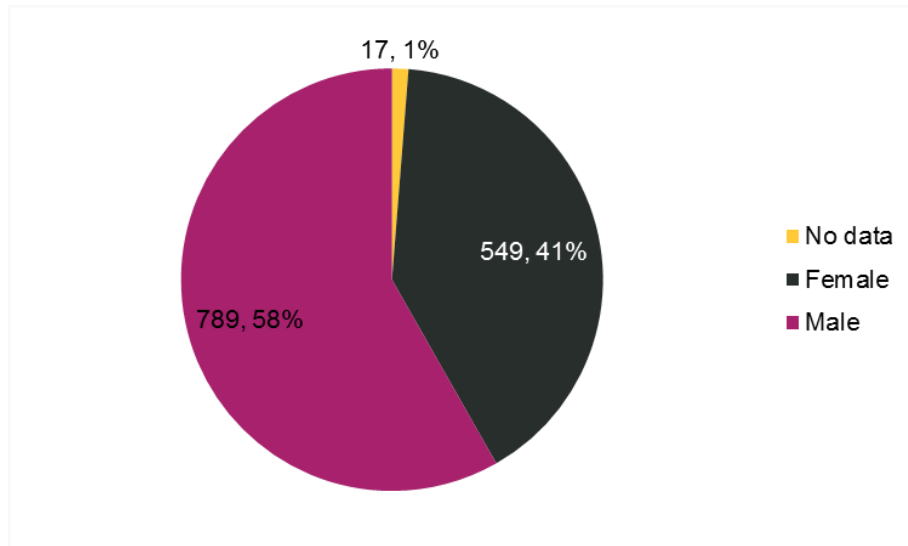
<sup>5</sup> [Herefordshire: Inspection of children's social care services](#), Ofsted, July 2018.

<sup>6</sup> [Research Report: SAFEGUARDING PRESSURES PHASE 5](#), ADCS, p.20, 2016.

## GENDER

The majority of children and young people who were in contact with early help between January 2015 and May 2018 were male (n=789, 58%).

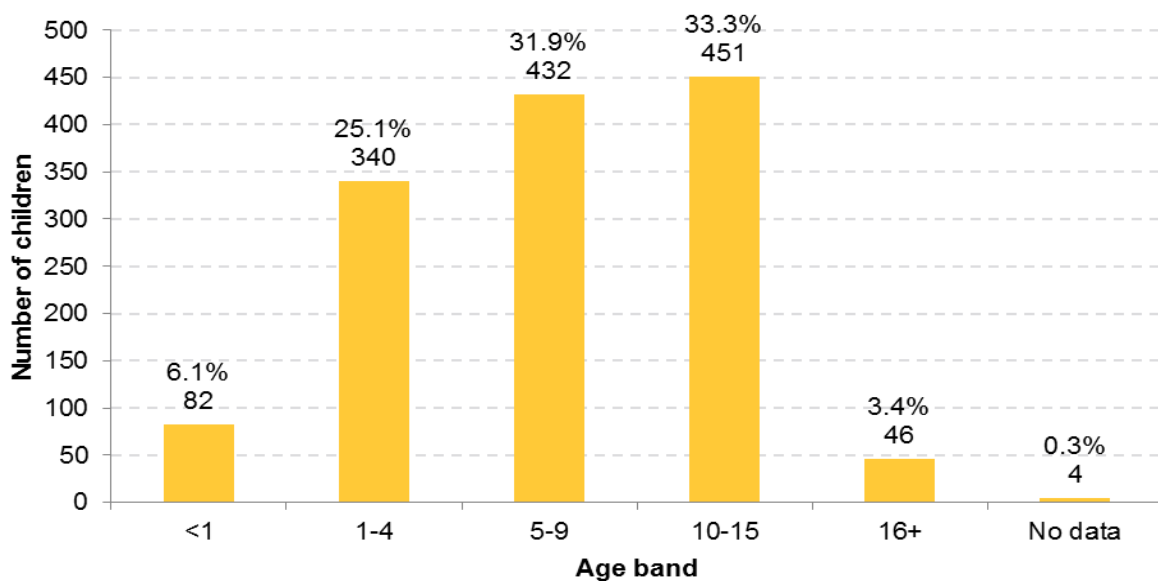
**Figure 6 Gender profile of early help cases closed between January 2015 and May 2018**



## AGE

When they commenced their contact with early help, the majority of children and young people were aged 9 or under (63%).

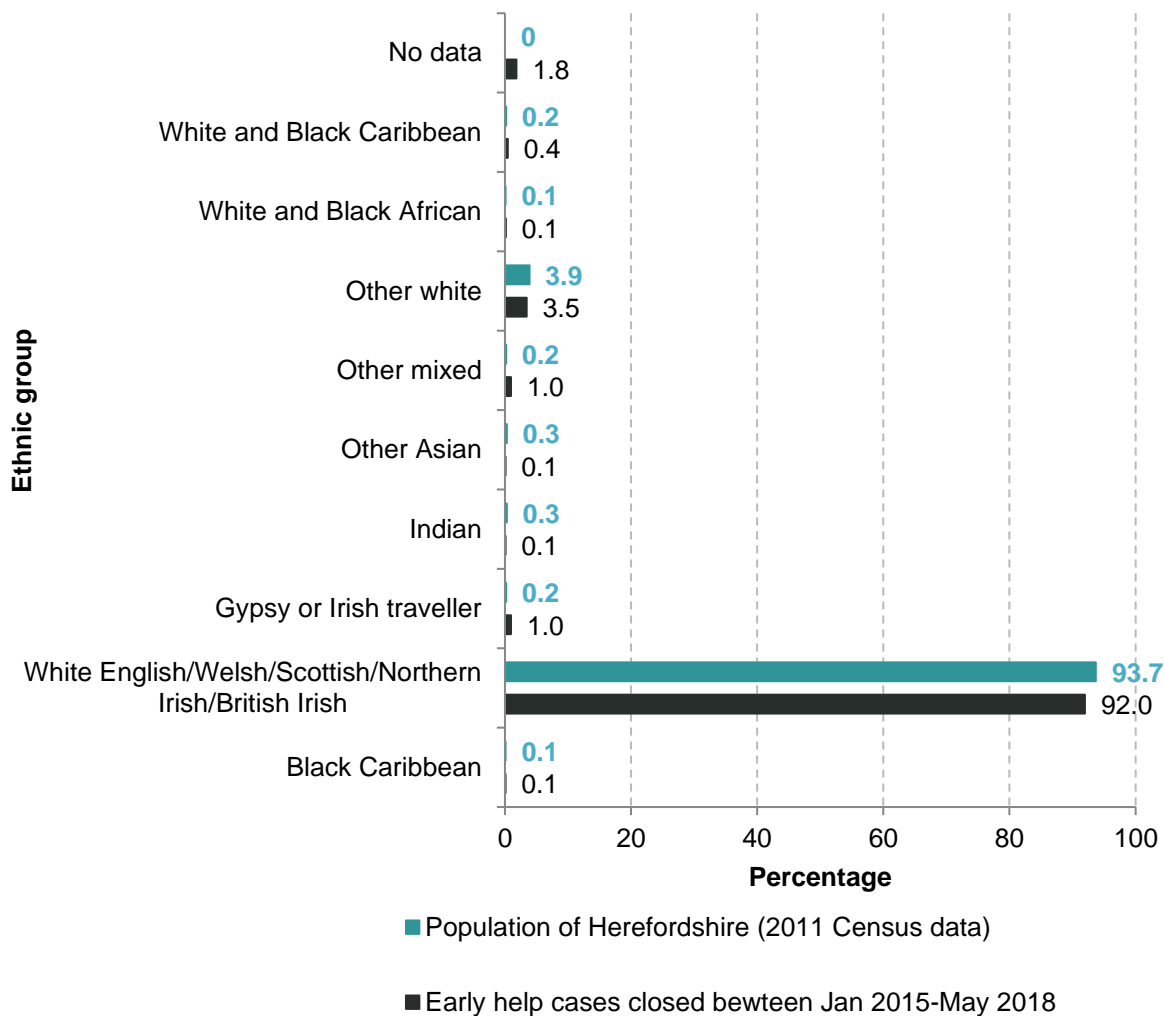
**Figure 7 Age profile of early help cases closed between January 2015 and May 2018**



## ETHNICITY

Ninety-two per cent of children and young people who were in contact with early help between January 2015 and May 2018 described their ethnicity as White (English, Welsh, Scottish, Northern Irish, or British Irish). The ethnic profile of the children and young people who have come in contact with early help is in line with the wider ethnic profile of the county as reflected in the 2011 census results<sup>7</sup> (Figure 8).

**Figure 8 Ethnic profile of early help cases closed between January 2015 and May 2018**



<sup>7</sup> [2011 Census: Key Statistics for Herefordshire](#), Herefordshire Council, July 2013.

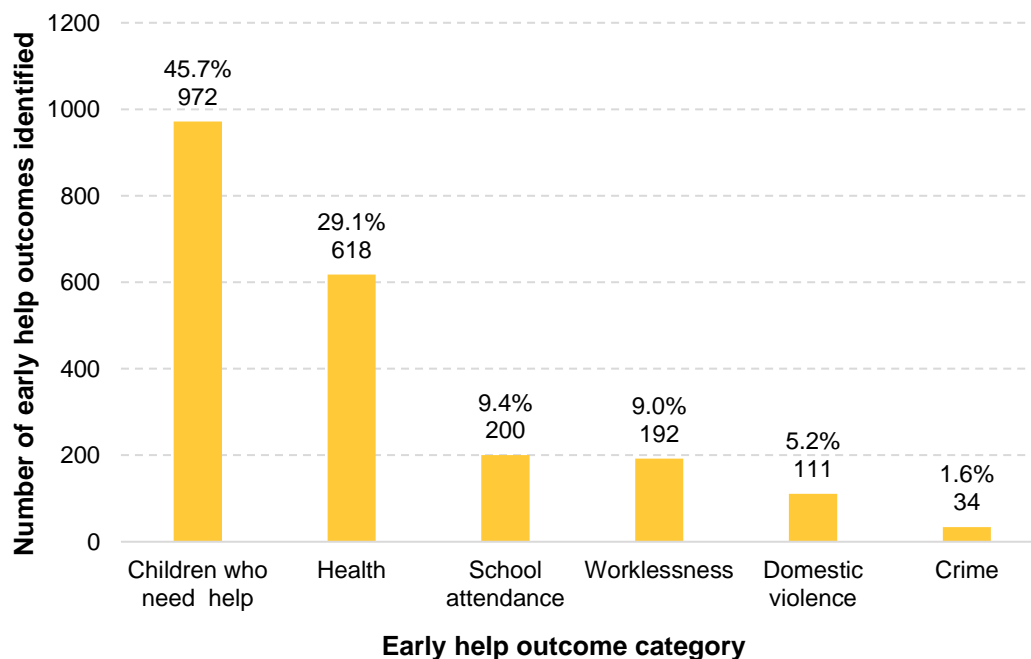
## NEEDS OF CHILDREN AND FAMILIES

Early help commences with a holistic family assessment, giving consideration to all family members in order to identify the key issues that need to be addressed. Following each early help assessment, the presenting needs are matched to outcomes. These outcomes are based on the national Troubled Families Programme<sup>8</sup> outcome categories and reflect the specific needs of the child and/or family, providing focussed goals for subsequent early help interventions. Herefordshire's early help outcomes are presented in Appendix 2 (page 44).

### BROAD OUTCOME CATEGORIES

There were 2,127 outcomes identified across the 624 early help cases open as of May 2018, equating to approximately 3 outcomes per case. The most common broad outcome category was "Children who need help", accounting for 46% of all identified outcomes, followed by "Health", which accounted for 29% (Figure 9).

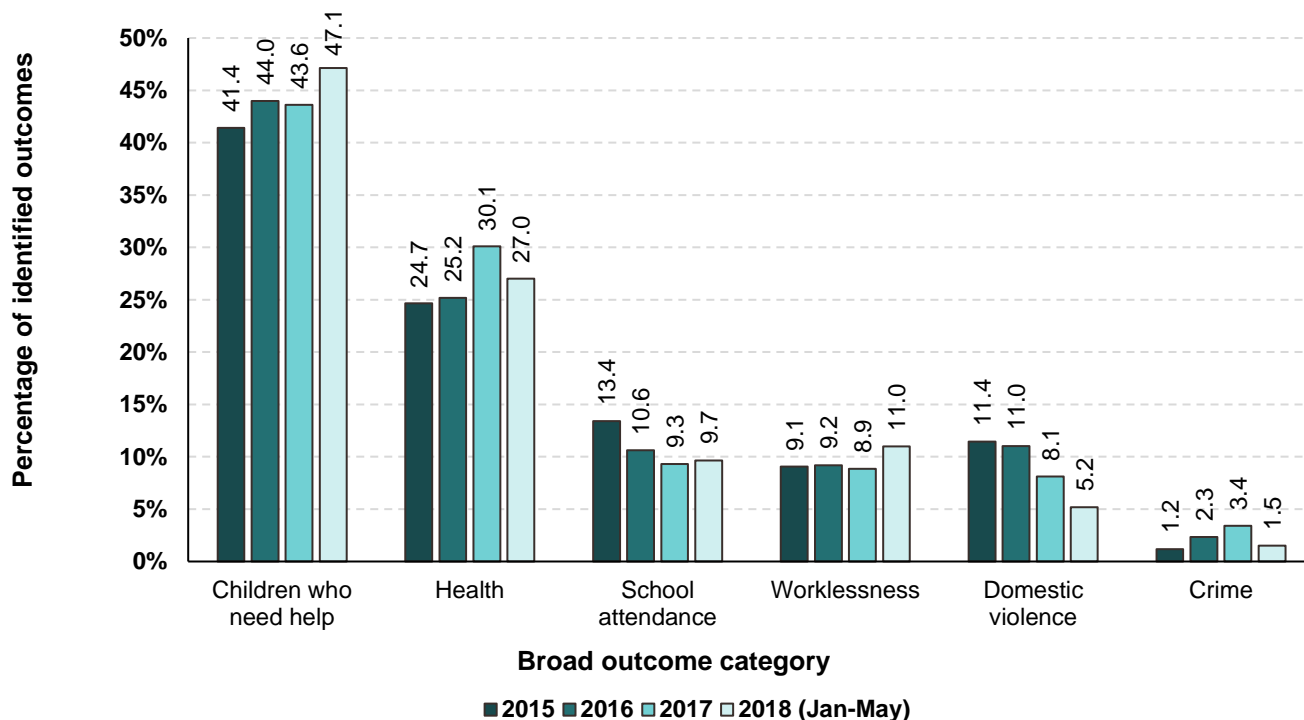
**Figure 9 Number of identified early help outcomes by broad outcome category for cases open as of May 2018**



<sup>8</sup> [Troubled Families](#) is a national programme of targeted intervention for families with multiple problems, including; crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

Between 2015 and 2018, there has been a year on year decline in the percentage of selected early help outcomes that relate to domestic violence. In 2015, 11% of selected outcomes were related to domestic violence, between January and May 2018 the figure was only 5% (Figure 10).

**Figure 10 Percentage of identified early help outcomes by broad outcome category for cases opened between January 2015 and May 2018**



### DETAILED OUTCOMES

Analysis of the detailed early help outcome categories provides greater insight into the presenting needs of children and families. Among cases open as of May 2018, supporting a family member to access services to improve mental health and wellbeing was the most commonly selected outcome, having been selected in 391 cases (63%). This was closely followed by the outcomes related to; children making good progress in school (387 cases, 62%), and parents reporting improved competence and confidence in their parenting skills (287 cases, 46%). Other commonly selected outcomes include achieving a school attendance record of 90% across the last three school terms (176 cases, 28%), and the appropriate de-escalation and step-down from a safeguarding plan (172 cases, 28%) (Figure 11).

**Figure 11 Percentage of early help cases open as of May 2018 by selected early help outcomes (detailed outcome categories)**



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## DISCUSSION AND RECOMMENDATIONS

Mental health and wellbeing is the most common issue early help is working with children and families to address (being identified as an outcome in 63% of early help cases). This is unsurprising, as evidence suggests that parental mental ill-health is a key risk factor for children requiring input from social care, and that it is the most commonly occurring risk factor among the “toxic trio” of parental mental ill-health, parental substance abuse and domestic violence and abuse<sup>9</sup>.

Between 2015 and 2018 there has been a reduction in the percentage of identified early help outcomes relating to domestic violence and abuse (Figure 10, page 14). While the underlying reasons for this have not been fully explored, one hypothesis which might explain this observation is that in 2015 early help received intelligence from the police in relation to incidents of domestic violence and abuse. However, this practice has since been discontinued.

Another important point to highlight is that front-line early help support staff report that domestic violence and abuse can be slow to be identified/disclosed, with the likelihood of this happening increasing over time, after trusting relationships have developed. The paper based early help assessment plans are updated to capture changes in need and corresponding early help outcomes. However, data within the electronic database is not updated and continues to reflect the findings of the initial early help assessment. Therefore, it is likely that domestic violence and abuse is identified in more early help cases than the analysed data suggests.

### Recommendation

2. Further investigate the observed year on year decline in the percentage of domestic violence and abuse outcomes identified in initial early help assessments. To gain practical insights, seek the views of providers and early help support staff. Consider whether it is possible to re-establish intelligence sharing with the police in order to ensure that needs relating to domestic violence and abuse are identified and addressed.

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<sup>9</sup> [Estimating the prevalence of the ‘toxic trio’](#), Children’s Commissioner, July 2018.



Figure 12 is a map showing the percentage of 0-18 year olds who were known to early help between January 2015 and May 2018 of statistical geographies<sup>10</sup>. The areas with the highest rates are depicted in yellow, each statistical geography is overlaid with the local decile of the 2015 index of multiple deprivation (where a label of 1 means the area is one of the 10% most deprived areas in Herefordshire, and a label of 10 means the area is one of the 10% least deprived).

Early help intervention activity varied across the statistical geographies, with the percentage of the 0-18 population receiving early help ranging from zero to 15.4%. The map shows that over this time period, the highest levels of early help intervention have been south of Hereford City (n=4) near Weobley (Figure 13). The level of early help intervention has also been high in Leominster and Ledbury, as well as in the rural areas surrounding Kingstone and Clehonger (south and west of Hereford City), and near Kington.

Analysis revealed that more deprived areas are more likely to have higher levels of early help intervention. This can be observed in Figure 12, where higher early help intervention rates can be seen to coincide with areas that are more deprived<sup>11</sup>. This pattern is further illustrated in Figure 14, where the number of early help cases are shown by the Herefordshire deciles for the overall index of multiple deprivation 2015 for each child's address, demonstrating the general trend toward an increasing number of early help cases as deprivation deciles increase. Taken together these findings suggest inequity<sup>12</sup> in children and families' chances of being involved with early help.

While the number of cases of early help across Herefordshire are low, there is an indication that similar to nationally, a larger proportion of children who receive early help come from more deprived areas<sup>13</sup>. It is important to bear in mind that these data do not evidence causation, and there are many possible factors that could be involved<sup>14</sup>. For example, this pattern could be a

<sup>10</sup>Lower Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS). For more information please see the [useful definitions](#) page.

<sup>11</sup>Each of the 116 LSOAs in Herefordshire is given a score for each of the domains of the index of multiple deprivation (i.e. income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, crime, and living environment) and a combined score for the overall index. This score is used to split the LSOAs into 10 equal categories (i.e. deciles) so as to rank the LSOAs from the most deprived to the least deprived, making it possible to identify how deprived areas are relative to others. LSOAs ranked as 1 are among the 10 per cent most deprived in Herefordshire, and LSOAs ranked as 10 are among the 10 per cent least deprived.

<sup>12</sup>Child welfare inequity occurs when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social disadvantage and are unjust and avoidable (P Bywaters, 2018).

<sup>13</sup>Bywaters P, Scourfield J, Jones C, Sparks T, Elliott M, Hooper J, McCartan C, Shapira M, Bunting L & Daniel B (2018) Child welfare inequalities in the four nations of the UK (Forthcoming), *Journal of Social Work*. Copyright © The Authors 2018. Reprinted by permission of SAGE Publications.

<sup>14</sup>Bywaters P, Brady G, Sparks T, Bos E, Bunting L, Daniel B, Featherstone B, Morris K & Scourfield J (2015) Exploring inequities in child welfare and child protection services: explaining the 'inverse intervention law', *Children and Youth Services Review*, 57, pp. 98- 105. [https://dspace.stir.ac.uk/bitstream/1893/24541/1/Inverse\\_Intervention\\_rates%20Article\\_V1\\_final\\_2.pdf](https://dspace.stir.ac.uk/bitstream/1893/24541/1/Inverse_Intervention_rates%20Article_V1_final_2.pdf)

product of clinician bias – resulting in more cases being identified in areas of greater deprivation and/or child maltreatment being under identified in more affluent households. Another hypothesis is that stresses affecting the parent-child relationship (such as financial pressures and poor mental health) may be felt more acutely by parents from lower socio-economic backgrounds.



Figure 13 Map of Greater Weobley lower super output area (highlighted orange area)

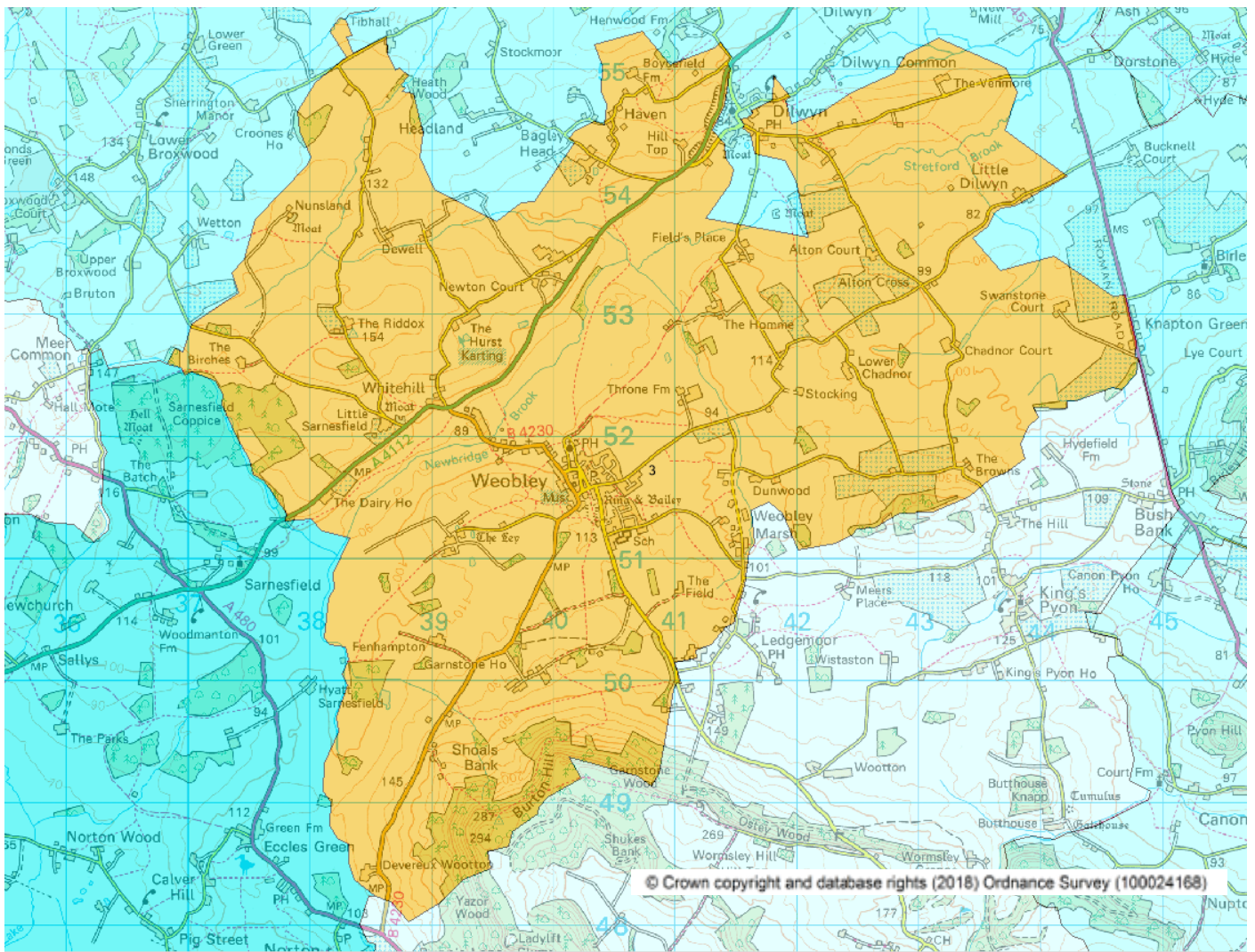
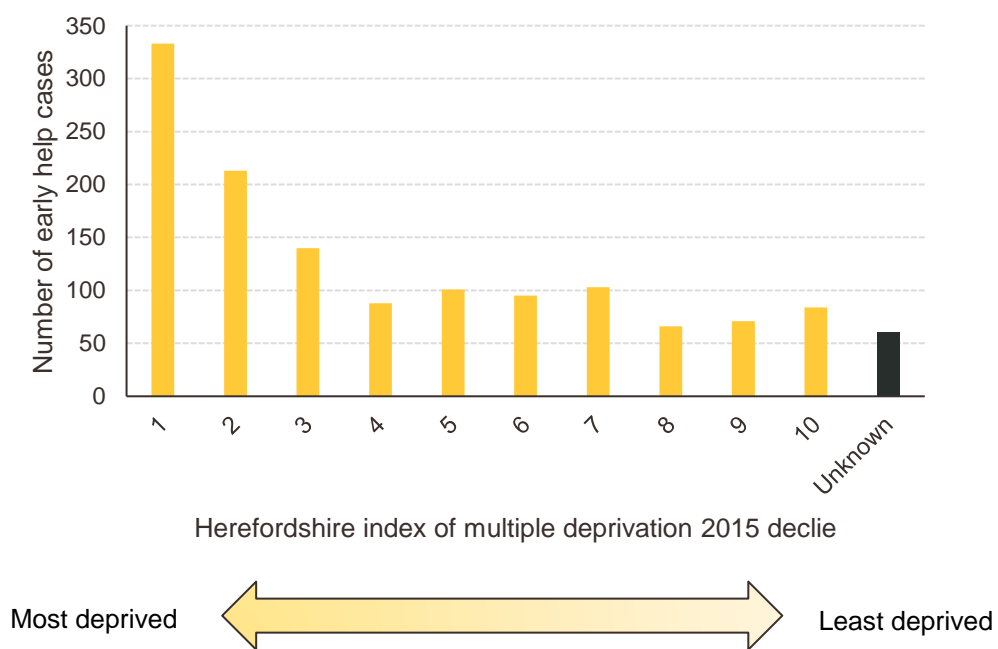


Figure 14 Number of early help cases closed between Jan 2015 and May 2018 by Herefordshire index of multiple deprivation 2015 decile



### GEOGRAPHICAL VARIATION IN EARLY HELP INTERVENTION ACTIVITY

Mapping of early help intervention activity revealed five hotspots in the county where intervention levels were particularly high (Figure 12, page 19). Four of these lower super output areas were located in the south of Hereford city, the other was Greater Weobley LSOA<sup>15</sup>, which is an outlier in the sense that it is the only rural lower super output area with such high early help intervention activity. However, the early help service lead reports that this area has a very engaged and active family network meeting group, and that local schools frequently refer cases to early help. This demonstrates that in-reach of early help is not just a product of presenting need, but also demand, which is driven by the supply of appropriate referrals. Community and partner engagement with early help is essential in order to ensure that children and families receive timely and appropriate support<sup>16</sup>. High levels of early help intervention in the Greater Weobley LSOA may be a product of successful community engagement, in combination with high levels of need.

#### Recommendation

3. Continue to take steps to enhance awareness of early help services and to make early help “everyone’s business”. Give consideration to improving engagement with referring partners and the community to enhance referral numbers, using the Weobley area as a successful case example.

### DEPRIVATION AND INEQUALITY

Analysis of the early help data has revealed evidence of inequity<sup>17</sup> in terms of the chances of children and families being involved with early help (i.e. chances of being in receipt of early help increase with greater levels of deprivation). This trend has also been observed among children’s social care cases at a national level<sup>18</sup>, with analysis of national data suggesting that living in deprivation is a major factor contributing to the demand for and spend on social care services<sup>19</sup>. These findings have led subject matter experts to urge policy makers and professionals to take a preventative approach to child welfare by addressing deprivation and associated inequality in children’s life chances at a population level, and not just on a case by case basis, believing that doing so will help reduce child social care cases<sup>20</sup>. While it is acknowledged that achieving this

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<sup>15</sup>Greater Weobley LSOA refers to Weobley village and the immediate surrounding countryside. See the [2011 Census Key Statistics for Weobley Ward](#) to learn more about the characteristics of Greater Weobley LSOA.

<sup>16</sup>[Early help: whose responsibility?](#), Ofsted, March 2015.

<sup>17</sup> Child welfare inequity occurs when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social disadvantage and are unjust and avoidable (P Bywaters, 2018).

<sup>18</sup> [Child welfare inequalities: new evidence, further questions](#), P Bywaters et al., Child and Family Social Work, 2014.

<sup>19</sup> [Making Sense Understanding the drivers of variation in spend on Children’s Services](#), Local Government Association, 2018.

<sup>20</sup> The role of local government in promoting wellbeing, Aked, J., Michaelson, J. and Steuer, N., Local Government Improvement and Development, 2010.

will require national and international policy change, experts challenge local authorities to find creative ways to combat social inequalities within their local communities<sup>21</sup>.

A portfolio of research into inequalities in the children's social care system headed by professor Paul Bywaters is currently ongoing, with publication of results anticipated in late 2018<sup>22</sup>. The senior researcher on the project has highlighted that early analysis supports the widely held belief that abuse and neglect are linked to family economic circumstances, suggesting that supply of and access to supportive services offering financial help and debt advice is vital in order to tackle an important underlying cause of child maltreatment<sup>23</sup>.

Among the deprivation categories which make up the Index of Multiple Deprivation (2015), Herefordshire performs relatively poorly in terms of access to services, poor living environment, and skills, education and training for children and young people<sup>24</sup>, suggesting that actions to improve these issues for the most deprived families at a population level may improve inequities, and child welfare outcomes within the county.

#### Recommendations

4. Reflect on national evidence demonstrating that deprivation and social inequalities are a key factor driving demand for and spend on children's social care interventions. Consider taking a holistic approach to addressing poverty and social inequalities in Herefordshire, engaging with departments across the council and wider partners in order to develop longer-term strategic solutions. Give specific consideration to access to services, housing quality, and skills, education and training for children and young people as these are identified by the Index of Multiple Deprivation 2015 as categories of deprivation which are a particular issue in the county.
5. Consider evaluating access to practical financial advice and services, and whether they are available to the communities with greatest need in the county. If required, take steps to improve availability and access.
6. When it is published (anticipated in late 2018), review new evidence into inequities in children's social care and consider how to implement practice recommendations locally.

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-Pelton, L.H., The Continuing Role of Material Factors in Child Maltreatment and Placement. Child Abuse & Neglect, 2015.

-McDonell, J.R., Ben-Arieh, A., & Melton, G.B., 'Strong Communities for Children: Results of a Multi-Year Community-Based Initiative to Protect Children from Harm. Child Abuse & Neglect, (2015).

<sup>21</sup> *The role of local government in promoting wellbeing*, Aked, J., Michaelson, J. and Steuer, N., Local Government Improvement and Development, 2010.

<sup>22</sup> [Identifying and Understanding Inequalities in Child Welfare Intervention Rates](#).

<sup>23</sup> [Children in care: it's not how you live, but where](#), The Guardian, 2016.

<sup>24</sup> [The Indices of Deprivation 2015: Findings for Herefordshire](#), Herefordshire Council, 2016.

As with many services, there is a risk that families experiencing higher levels of deprivation are not able to engage with early help as well as families who are less deprived<sup>25</sup>. However, the data indicates that the local early help offer supports children and families living in the most deprived areas of the county to achieve their outcomes as well it supports their peers who are living in more affluent areas, with similar deprivation profiles observed between the early help cohort where outcomes were met/partially met and the cohort whose outcomes were not met.

It is important to note that the deprivation decile for each child's address refers to the average deprivation score for the LSOA in which they live. Therefore, the deprivation decile provides an indication of the deprivation likely to be experienced by the residents within the LSOA, however the exact circumstances of the individual households within an LSOA can vary, with some households being more or less affluent than the LSAO as a whole.

## OUTCOMES

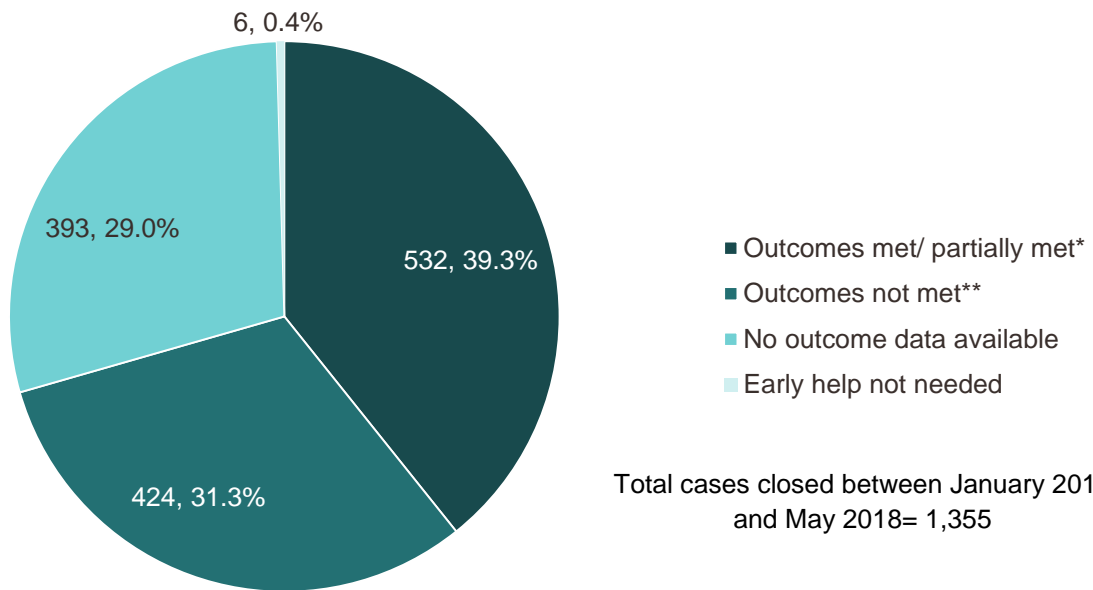
All early help cases closed between January 2015 and May 2018 (1,355 cases) were categorised according to their outcome (Figure 15).

Between January 2015 and May 2018, on average early help outcomes were met/partially met for 39% of closed cases, early help outcomes were not met for 31%, and for 29% of cases data on achievement of early help outcomes was not available.

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<sup>25</sup> [Inequalities in child welfare: towards a new policy, research and action agenda](#). P Bywaters, British Journal of Social Work, 2015.

**Figure 15 Outcome of early help cases closed between Jan 2015 and May 2018**



\*Those cases where the outcomes set for the child and/or family as part of the initial early help assessment were fully met or partially met.

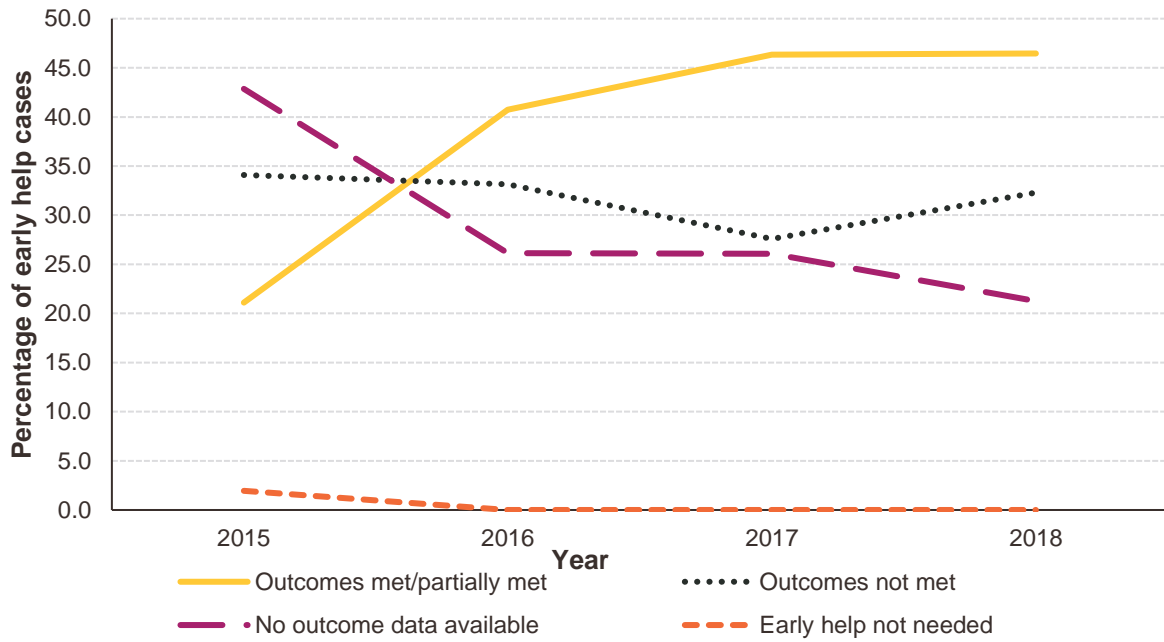
\*\*Those cases where the outcomes set for the child and/or family as part of the initial early help assessment were not met, including cases that were escalated to social care.

### TRENDS IN EARLY HELP OUTCOMES OVER TIME

The proportion of early help cases recorded as having their needs met/partially has increased from 21% in 2015 to over 45% from 2017 onwards. This has corresponded with a reduction in early help cases with no outcome data available between 2015 (43%) and 2018 (21%). There has been some variability in the number of cases where outcomes were not met over this four year time period; reducing from 34% in 2015 to 26% in 2017, then back to 32% in 2018 (Figure 16).



**Figure 16 Outcome of early help cases closed between Jan 2015 and May 2018 by year**

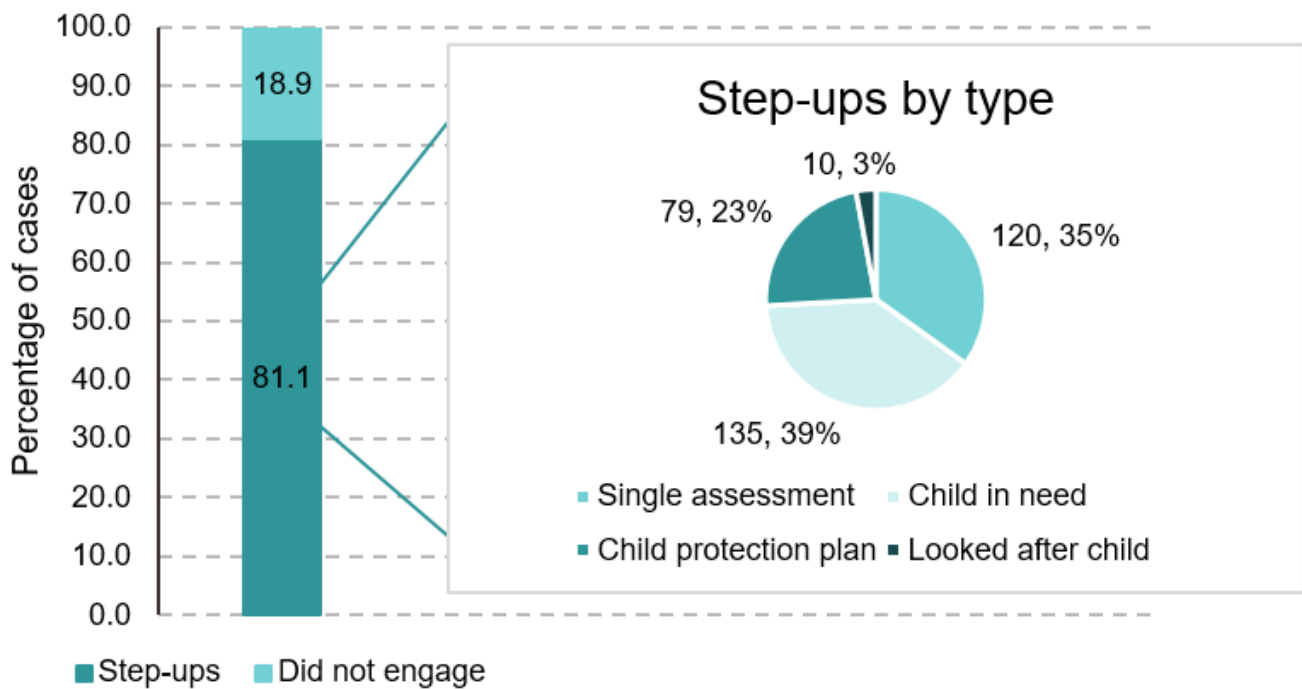


### CASES WHERE EARLY HELP OUTCOMES WERE NOT MET

Of the cases where early help outcomes were not met, 81% resulted in a step-up to either; a single assessment<sup>26</sup>, child in need status, a child protection plan, or looked after child status (Figure 17). Stepping-up to child in need status was the most common step-up destination (39% of cases). A child and/or family's failure to engage with early help was attributed to outcomes not being met in the remainder of cases (19%).

<sup>26</sup> A single assessment is the standard assessment undertaken by children's social care services.

**Figure 17 Categorisation of cases closed between January 2015 and May 2018 where needs were not met by early help**



## DISCUSSION AND RECOMMENDATIONS

The proportion of cases where early help outcomes were met/partially met increased between 2015 and 2017 inclusive. This coincided with a decrease in the proportion of cases with no outcome data available. It is therefore likely that a considerable amount of this increase is not the result of improved effectiveness of early help interventions, but of improved follow-up rates, resulting in better reporting of the outcome of early help cases.

Between January 2015 and May 2018, for a considerable number of closed early help cases data regarding the outcome of the intervention was not available. At best, children and families within this category have met their outcomes, but due to a lack of follow-up this hasn't been verified; at worst, children and families in this category are falling through the gaps with their needs persisting. In reality, it is likely that there will be a mixture of the two outcomes within this cohort. The proportion of cases with no available outcome data have nearly halved over the past three and a half years (from 43 per cent in 2015 to 21% as of May 2018), suggesting that efforts to improve follow-up reporting have had a positive impact. However, further improvements in follow-up reporting are required in order to gain a full picture of the true impact of early help and the outcomes it is achieving for children and families. With expected increased demand for early help, additional resource is likely to be required to follow-up on early help outcomes.

## **Recommendation**

7. Continue to improve the follow-up of early help cases in order to further reduce the instances where data regarding the outcome of early help intervention is not available.

The most common destination for children and families who did not meet their early help outcomes was stepping-up into social care. It is likely that those who have stepped-up will largely fall into the following two categories:

- Those for whom an early help referral turned out to be unsuitable, as the detailed early help assessment went on to identify that their needs were greater than level 3.
- Those for whom early help was appropriate at the point of referral, but where intervention was unable to address the presenting needs of the child and family, with an escalation of need to the point where the threshold for social care intervention was reached.

The first category is an example of children not receiving the right level of support at the right time, and likely involves a degree of delay with children having to wait for an early help assessment before they are referred to the most appropriate service. The second category is an example of cases where early help has not been effective in addressing the presenting needs (including instances where new needs which met the threshold for social care intervention emerge). From the available data it is not possible to quantify numbers falling into these two categories.

A redesign of the safeguarding children pathway is currently underway and includes plans to create a single “front door”, which will see all referrals to early help and children’s social care triaged through a single centre. This should enable the consistent application of thresholds and help to ensure that children and young people receive the right type of help at the right time, in a timely fashion.

## **Recommendations**

8. Implement planned safeguarding children pathway redesigns in order to ensure that children and their families receive the right type of support in a timely fashion, and to improve integration of all components of the safeguarding children system.
9. Undertake regular service evaluation including further exploration of cases where early help has been ineffective, to improve understanding of these circumstances and drive continuous quality improvement.

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## COMPARISON OF CHARACTERISTICS AMONG CLOSED CASES WHERE EARLY HELP OUTCOMES WERE MET OR PARTIALLY MET AND CASES WHERE OUTCOMES WERE NOT MET

There were no apparent differences in the presenting needs between the cohort of children and families whose early help outcomes were met/partially met and those of children and families who did not meet their early help outcomes. There were a similar number of early help outcomes identified per case and de-escalation of a safeguarding concern was the most commonly selected outcome for both cohorts.

There were no differences in the deprivation, ethnic, geographical, and gender profiles of the two groups.

There was however, a greater proportion of 10-15 year olds within the cohort where outcomes were not met compared to the cohort where the outcomes were met/partially met. Closer investigation highlighted that the proportion of 12 year olds in the cohort where outcomes were not met was particularly high.

It was not possible to explore whether there were differences in the number of early help contacts received by children and families within the two cohorts due to large quantities of missing data, nor was it possible to explore differences in the characteristics of the early help interventions received as this data was not available in an electronic format, suitable for analysis.

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## DISCUSSION AND RECOMMENDATIONS

Of the characteristics explored, age was the only factor which was found to vary between cases where early help outcomes were met/partially met, and cases where outcomes were not met. A larger proportion of 10-15 year olds were observed in the outcomes not met cohort, suggesting that the local early help offer is not as effective among this age group, with 12 year olds particularly overrepresented.

It is worth noting that 12 year olds will have recently transitioned from primary to secondary school, which combined with the onset of puberty can be a challenging time. Local data has indicated that schools play an important role in initiating and delivering early help. It is therefore, hypothesised that transition from primary to secondary school might lead to disruptions in the delivery and initiation of early help, decreasing its effectiveness. A brief literature search revealed that the impact of school transitions on early help has not been well investigated, making it difficult to find evidence to either support or disprove this hypothesis.

## Recommendation

10. Undertake further evaluation of intervention success rates among young people 10 to 15 years of age (specifically 12 year olds), and if indicated, make service improvements.

It was not possible to explore whether the characteristics of the early help interventions received by children and their families had an impact upon outcome, as this data was either missing at large scale, or not recorded in a readily accessible format.

## Recommendation

11. Consider undertaking further evaluation to better understand the effectiveness of the various early help interventions offered.

It is possible that there are other differences between the children and families who met or partially met their early help outcomes and those who did not. However, it was only possible to explore difference in variables that are collected in the early help database. Were they available, other important characteristics about the social circumstances of children and families may have provided further insight into the circumstances and conditions which impact upon the effectiveness of early help interventions.

## PREVIOUS INVOLVEMENT WITH EARLY HELP AMONG CHILDREN AND YOUNG PEOPLE IN THE SOCIAL CARE SYSTEM

Data was analysed in order to provide insight into the extent to which the current (May 2018) children in need (CiN), children and young people subject to a child protection plan (CPP), and children who are looked after by the local authority (CLA) cohorts have had previous involvement with early help. Further information regarding the where the CiN, CPP and CLA cohorts fit within the children's safeguarding system is provided in Figure 1 (page 4).

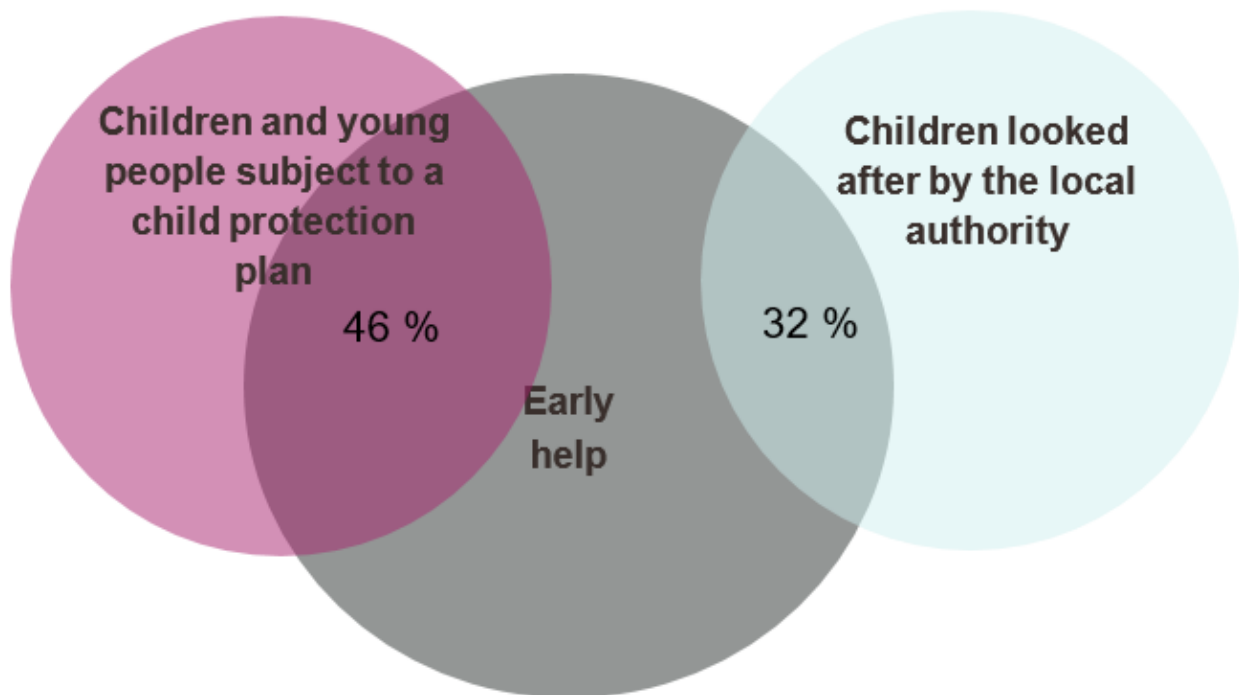
## CHILDREN IN NEED DATA

While this evaluation was being undertaken, a considerable amount of work was underway to clarify the number of children and young people who are supported by children's social services at the child in need (CiN) level. In mid-August 2018 it was estimated that approximately 232 children and young people were being supported as CiN, 157 of whom were supported by the Children with Disabilities social care team. However, the data cleaning process was still underway, and it was therefore considered inappropriate to undertake analysis of the cohort at this time.

## INVOLVEMENT WITH EARLY HELP

Case notes indicate that 46% of children and young people with a child protection plan in place, and 32% of children who are looked after by the local authority as of May 2018 have had involvement with early help (Figure 18).

**Figure 18 The percentage of children who are looked after by the local authority and children and young people subject to a child protection plan as of May 2018 whose notes indicate having ever had involvement with early help**



## OUTCOMES FOR THOSE PREVIOUSLY INVOLVED WITH EARLY HELP

Cross-matching of cases between the early help and Mosaic<sup>27</sup> databases was attempted in order to identify the outcomes for those children and young people previously involved with early help. The record linkage exercise was more successful among the CPP cohort (58% of cases matched) than the CLA cohort (22% of cases matched).

Among the CPP cohort, of the 49 cases which were record linked, over three-quarters of children and young people did not meet their early help outcomes (38 cases), with the remaining 11 children meeting or partially meeting their outcomes (Figure 19).

<sup>27</sup> The Mosaic database is the electronic database which is used by Herefordshire Council to manage its adult and social care cases.

Among the CLA cohort, in over half (12) of the 22 cases which were record linked, early help outcomes were not met. In six cases outcomes were met or partially met, and in five cases there was no outcome data was not available (Figure 20).

**Figure 19 Involvement of early help among children and young people subject to a child protection plan as of 31st May 2018**

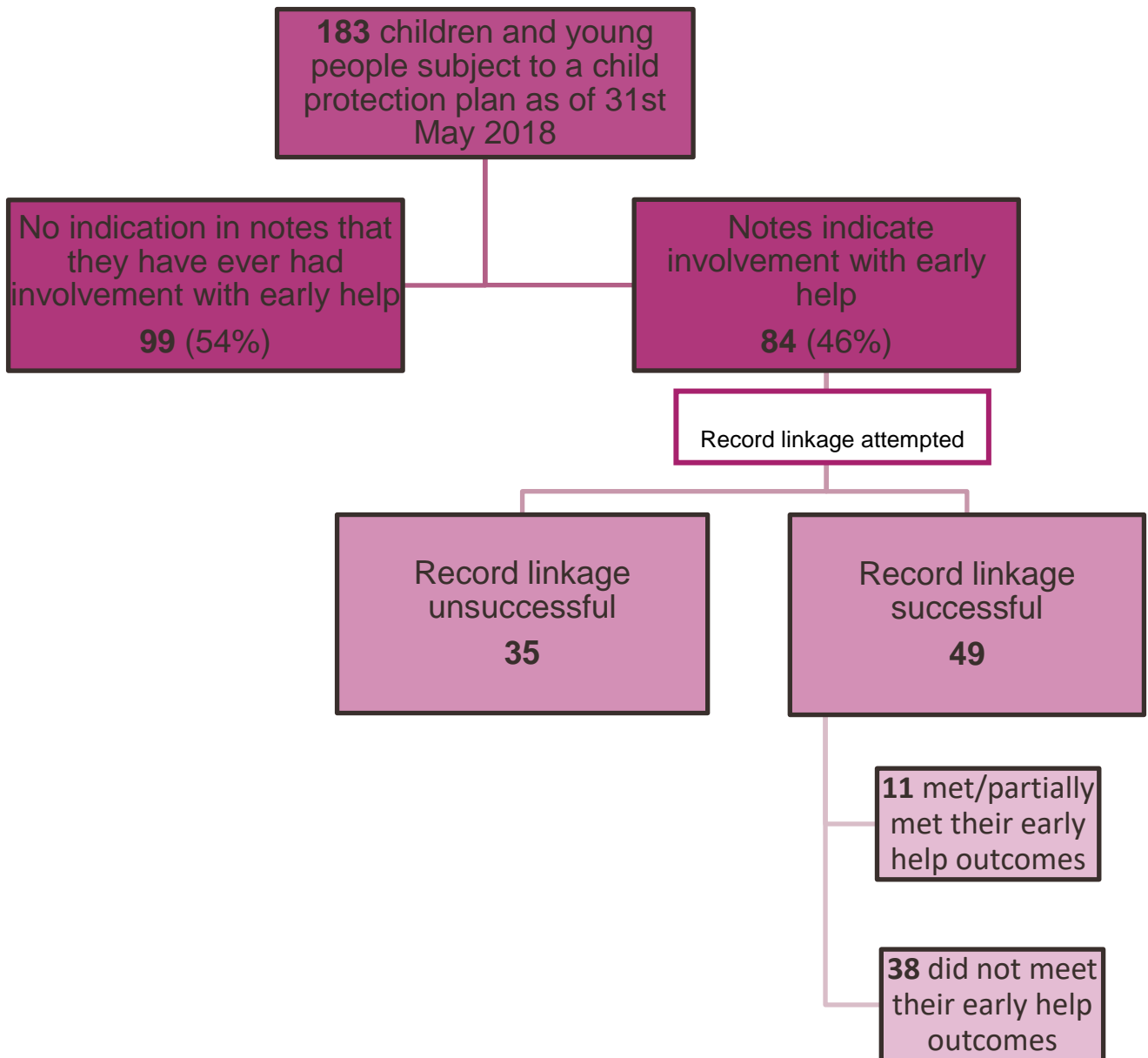
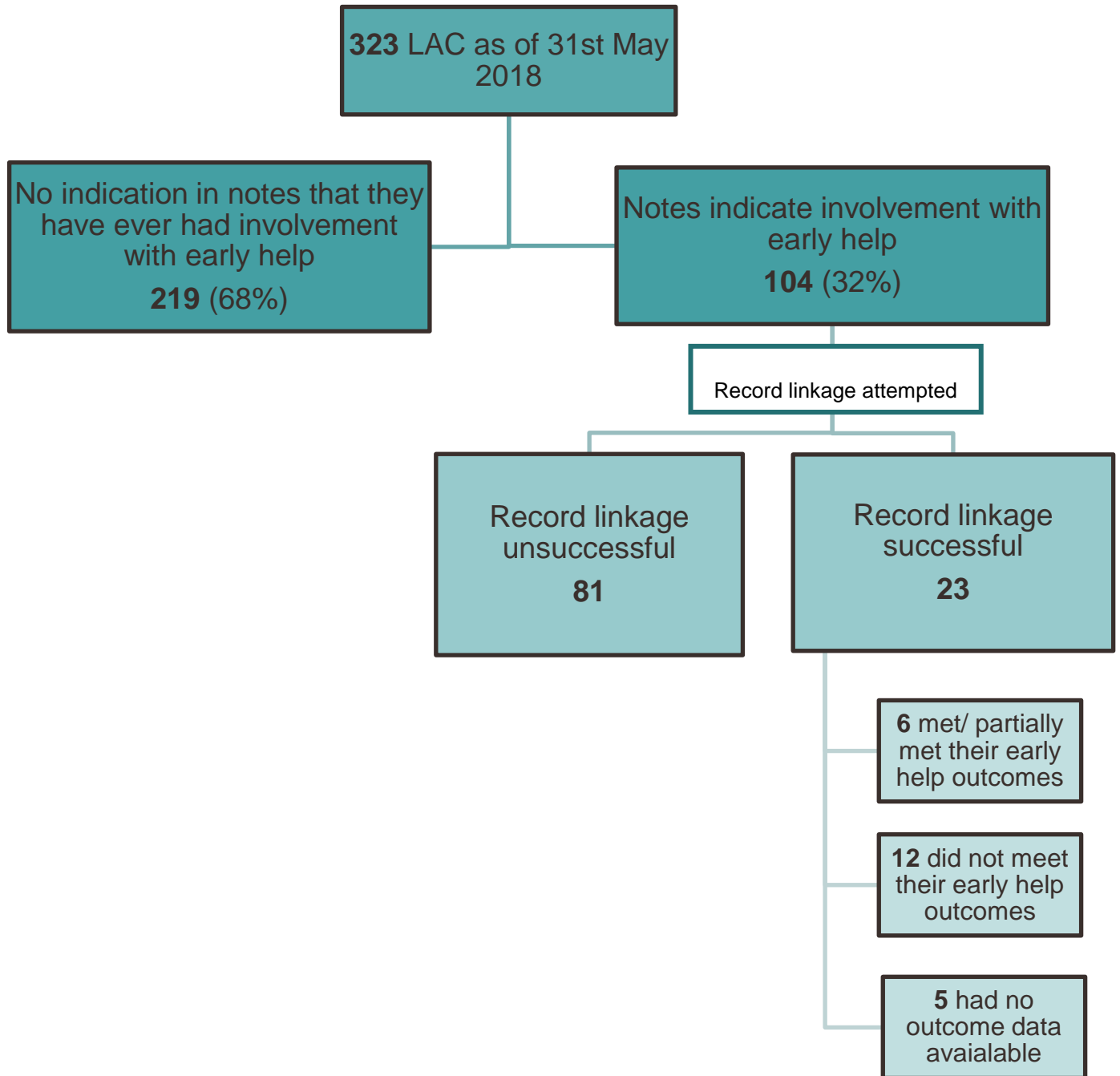


Figure 20 Involvement of early help among children looked after by the local authority as of the 31<sup>st</sup> of May 2018





## DIFFERENCES IN CHARACTERISTICS BETWEEN THOSE WHO HAVE AND HAVE NOT HAD INVOLVEMENT WITH EARLY HELP

Finally, the characteristics of children and young people whose notes indicated that they had involvement with early help and those who had not come into contact with early help were compared.

The age profile of those who did not have involvement with early help was younger than for those who did. This was largely due to a large proportion of children whose notes didn't indicate involvement with early help being under one year of age. This was observed for both the CLA and CPP cohorts.

## DISCUSSION AND RECOMMENDATIONS

There is a considerable amount of overlap between children who end up in the social care system and those who have had involvement with early help. It is difficult to interpret this finding, and draw conclusions about whether this is a desirable or undesirable outcome. While the finding that a considerable proportion of children and families in the CPP, and CLA cohorts have had involvement with early help (46%, and 32% respectively) could be interpreted as early help effectively targeting children and families with need and who are at risk of requiring input from social care, it is also possible that some of the children and families could have benefitted from a higher level social care intervention earlier on. A case note audit and review might yield valuable insights. For example, valuable insights might be gained by reviewing the case notes of the children and young people who stepped up from early help to being looked after (Figure 17, page 26).

Some of the children and young people who entered the social care system had involvement with early help and were able to meet or partially meet their outcomes. This raises questions as to whether subsequent involvement with children's social services were for the same, or newly emerging needs, and whether more sustained involvement with early help could have prevented them from entering social care?

### Recommendation

12. Consider undertaking a targeted clinical notes audit in order to explore the individual client journeys for children and young people who have had involvement with early help and go on to require input from social care.

There was evidence that children under the age of one are not being picked up by the core, council managed early help offer. The underrepresentation of this age group might be due to children in this age group with level 2 need being catered for by children's centres. However, it was not possible to confirm this, as the children's centre data could not be presented in a format which allowed meaningful analysis.

Another important consideration is that children under the age of one are a particularly vulnerable group, and their needs can escalate quickly to level 4 (Figure 2, page 5), making them more likely to be supported by children's social services than by early help which is best placed to address families with level 2 and 3 need.

## VOICES OF CHILDREN AND FAMILIES INVOLVED WITH EARLY HELP

Children and their parents or carers are asked to complete evaluation forms at the end of all early help interventions. Adapted evaluation forms incorporating pictures and simple questions are used to capture feedback from children aged under five. Data is analysed on a quarterly basis.

Between January and June 2018 evaluation feedback was received from 39 parents and 24 children and young people, nine of which were children aged under five. It was not possible to calculate the response rate for completion of the early help evaluation form, as the total number of people invited to complete an evaluation during this time period is not known.

## EVALUATION OF THE APPROPRIATENESS AND EFFECTIVENESS OF THE SUPPORT PROVIDED

Of the children, young people, parents and carers who completed the evaluation form between January and June 2018 all reported that the early help they received was helpful and led to perceptible improvements.

*“Me and my son have a more positive relationship. I am calmer and can reason more effectively with him. I enjoy seeing him and no longer dread it.”*

When asked how the service could improve, two themes emerged with parents suggesting that support could be offered earlier, and for longer.

“Better access to other services would be helpful and very often families get the incredible help you can provide too late.”

“I wish your service could be longer [\*name redacted\*] is great I’m so sad to let her go.”

## DISCUSSION AND RECOMMENDATIONS

The early help evaluation feedback received between January and June 2018 indicates that children and families who responded are satisfied with the support provided by early help. However, the service has identified that they receive a disproportionate number of completed evaluation forms from children and families who have met/partially met their early help outcomes. Therefore, the evaluation feedback received is not an accurate representation of the views of all who use the service, with the views of children and families who haven’t met their early help outcomes and/or disengage from the service being underrepresented.

In addition, the service has identified that they receive fewer evaluations from young people than parents, and feel that they need to take steps to increase young people’s engagement in the evaluation process.

### Recommendations

13. Consider undertaking a targeted evaluation exercise to gather feedback about the experiences of early help from children and families who did not meet their early help outcomes.
14. Take action to improve children and young people’s engagement in the early help evaluation process.

## EARLY HELP DELIVERED BY CHILDREN'S CENTRES

Children's centres in Hereford, Leominster, Kington, Ledbury and Ross-on-Wye provide early help to children and families with level 2 need (Figure 2, page 5). The early help offer is focussed on children aged zero to five years of age. Early help is delivered through evidence based targeted groups, the provision of advice and information, and onward referral to universal, targeted, or specialist services. Referrals for early help are accepted from most sources but commonly come from educational settings, health care professionals, children's centre workers, and families themselves. The early help offered through children's centres is describe in Table 1, below.

**Table 1 Overview of early help provided to children and families through children's centres in Herefordshire**

<b>Focus of intervention</b>	<b>Intervention description</b>
Child Focussed	Enhancing Communication Being School Ready Access to Dental Healthcare Child with Additional/Specific Needs Domestic Abuse Access to Early Years Education
Parent/Carer Focussed	Strengthening Attachments Breastfeeding Gaining Qualifications Return to Work Routines & Behaviour Management Parenting Confidence
Family Focussed	Family Social Isolation Family Healthy Lifestyles

The Bromyard children's centre is currently run by an external provider, and the services provided are not aligned with those described above. The service currently provides support for children aged zero to five years of age with level 2, 3 and 4 need. The contract for the running of the Bromyard children's centre is currently under review<sup>28</sup>.

Early help activity data is recorded within an electronic database, but was not available in a format that enabled analysis to be undertaken.

<sup>28</sup> [Decision details: Bromyard children's centre Services](#), Herefordshire Council, March 2018.

## DISCUSSION AND RECOMMENDATIONS

Historically, the early help provided by children's centres has had different data collection practices to the rest of Herefordshire's early help offer. Due to the recording methods used, it was not possible to analyse this activity data in order to describe and evaluate the early help offered to zero to five year olds. Actions are underway to redesign the assessment and data collection processes for early help offered through children's centres. As part of these activities, children's centres have recently (summer 2018) started completing the early help assessment in line with other services.

### Recommendations

15. Implement plans to redesign the assessment and data collection processes for early help delivered via children's centres, ensuring that system reporting produces data in a format suitable for analysis.
16. Further evaluate access to early help for children aged under one, and their families, and if indicated make service improvements. Consider working links with, and referrals routes from key community based services supporting this age group (for example: the health visitors' service, and the midwifery service).

## DATA COLLECTION AND DATA QUALITY

At the time of conducting this analysis early help data was held across two distinct databases, the old Common Assessment Framework database and the new Early Help Assessment database which was adopted in early 2018. Analysis was complicated by variation in the fields and data contained within the two databases. In addition, the spreadsheets holding the data have limited validations in place which has had an adverse impact on the data quality (both in respect of erroneous data and missing data). These issues have adversely impacted on the ability to undertake planned analysis.

The current early help databases are separate to Mosaic (the main council social care database), creating challenges with linking data and following children and families through the whole of the safeguarding system. This poses a challenge for front-line workers and adversely impacts on the council's ability to take a whole system view and understand children and families' journeys and contacts across numerous services. While systems and work arounds are in place, they are time consuming and add to the administrative workload. Plans are in place to move the early help data onto the Mosaic system, improving record linkage, access for front-line professionals and the data quality of early help records.

**Recommendation**

17. Implement plans to incorporate early help records into the Mosaic database.

Current early help outcomes are defined by the national Troubled Families programme, but these do not align with risk factor categories used within children's social care. The differing language and categories can create confusion when children and young people transition between early help and social care. However, funding for Troubled Families Programme is to be discontinued, creating funding challenges as well as opportunities to reshape early help processes and documentation. The risk factors recorded by the children's social care single assessment provide a detailed method of recording identified risks, and incorporating these recording categories into early help would assist in the transition of children and young people between services. While it will likely be necessary for there to be some variation in the coding of risk factors and outcomes between early help and children's social care, closer alignment would assist in integration of these two parts of the safeguarding children system.

**Recommendation**

18. Consider incorporating the risk assessment categories used in the single assessment for children's social care into early help assessments to assist in the transitioning of children and young people between services.

## TABLE OF RECOMMENDATIONS

Recommendation	Page No.
1. Take action to ensure early help has adequate human resource and appropriate infrastructure to meet the anticipated increase in demand for the service. Ensure that the number of new early help cases is frequently monitored in order to identify and respond to changes in service demand. Consider how activities in other areas of the safeguarding children system might impact on demand for early help.	10
2. Further investigate the observed year on year decline in the percentage of domestic violence and abuse outcomes identified in initial early help assessments. To gain practical insights, seek the views of providers and early help support staff. Consider whether it is possible to re-establish intelligence sharing with the police in order to ensure that needs relating to domestic violence and abuse are identified and addressed.	16
3. Continue to take steps to enhance awareness of early help services and to make early help “everyone’s business”. Give consideration to improving engagement with referring partners and the community to enhance referral numbers, using the Weobley area as a successful case example.	21
4. Reflect on national evidence demonstrating that deprivation and social inequalities are a key factor driving demand for and spend on children’s social care interventions. Consider taking a holistic approach to addressing poverty and social inequalities in Herefordshire, engaging with departments across the council and wider partners in order to develop longer-term strategic solutions. Give specific consideration to access to services, housing quality, and skills, education and training for children and young people as these are identified by the Index of Multiple Deprivation 2015 as categories of deprivation which are a particular issue in the county.	22
5. Consider evaluating access to practical financial advice and services, and whether they are available to the communities with greatest need in the county. If required, take steps to improve availability and access.	22
6. When it is published (anticipated in late 2018), review new evidence into inequities in children’s social care and consider how to implement practice recommendations locally.	22
7. Continue to improve the follow-up of early help cases in order to further reduce the instances where data regarding the outcome of early help intervention is not available.	27
8. Implement planned safeguarding children pathway redesigns in order to ensure that children and their families receive the right type of support in a timely fashion, and to improve integration of all components of the safeguarding children system.	27

Recommendation	Page No.
9. Undertake regular service evaluation including further exploration of cases where early help has been ineffective, to improve understanding of these circumstances and drive continuous quality improvement.	27
10. Undertake further evaluation of intervention success rates among young people 10 to 15 years of age (specifically 12 year olds), and if indicated, make service improvements.	29
11. Consider undertaking further evaluation to better understand the effectiveness of the various early help interventions offered.	29
12. Consider undertaking a targeted clinical notes audit in order to explore the individual client journeys for children and young people who have had involvement with early help and go on to require input from social care.	33
13. Consider undertaking a targeted evaluation exercise to gather feedback about the experiences of early help from children and families who did not meet their early help outcomes.	35
14. Take action to improve children and young people's engagement in the early help evaluation process.	35
15. Implement plans to redesign the assessment and data collection processes for early help delivered via children's centres, ensuring that system reporting produces data in a format suitable for analysis.	37
16. Further evaluate access to early help for children aged under one, and their families, and if indicated make service improvements. Consider working links with, and referrals routes from key community based services supporting this age group (for example: the health visitors' service, and the midwifery service).	37
17. Implement plans to incorporate early help records into the Mosaic database.	38
18. Consider incorporating the risk assessment categories used in the single assessment for children's social care into early help assessments to assist in the transitioning of children and young people between services.	38



## Scope for the Children’s Integrated Needs Assessment Safeguarding Children Work Stream

It is anticipated that the aims and objectives presented below will be further refined in conjunction with the work stream project team in response to any unforeseen challenges which may arise, and to ensure the Children’s Integrated Needs Assessment meets the requirements of the client. A partnership approach will be taken, with any significant changes being highlighted to the project sponsor for approval.



The preceding symbol has been used to highlight where challenges in undertaking a particular research activity are foreseen.

### Main problem

For a number of years Herefordshire has had significantly higher rates of children who are looked after by the local authority compared to the West Midlands and England, and has had one of the highest rates among its statistical neighbours. Wherever possible, intervention to prevent the needs of children and young people from escalating is preferable, common examples of such interventions are those offered as part of the early help offer and more intensive interventions delivered to children in need<sup>29</sup> (CIN). A recent peer review process suggested that under investment in early help and the current offer for CIN were likely to be the key drivers for the high rates of children who are looked after by the local authority, recommending a “whole system approach” be adopted to tackle the issue.

### Overall aim

To better understand need in order to inform efforts to improve the effectiveness of early help and CIN interventions.

### Early help

**N.B. In this context; early help refers to Herefordshire Council’s early help offer which incorporates interventions delivered by the council’s Family support service and by partner organisations such as schools and Children’s Centre staff; to children, young people and families with Level 2 and Level 3 need.**

### Aims

1. To identify the risk factors for children and young people developing Level 4 need<sup>30</sup>, and where possible, establish the local prevalence of these risk factors in order to; gain an understanding of population need in Herefordshire, and facilitate the development of “whole system” solutions.
2. To explore and better understand the circumstances in which early help is or is not successful to inform efforts to better target resources and to highlight areas where improvement activities might be best focussed.




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<sup>29</sup> In this context, children in need refers to children who have a child in need assessment, and excludes children subject to a child protection plan and children who are looked after by the local authority.

<sup>30</sup> A child with level 4 need is defined as a child who has been assessed as being in need of social care services, and encompasses children in need, children subject to a child protection plan and children who are looked after by the local authority.

3. To better understand the characteristics of children with Level 4 need who have and have not received early help, in order to gain an understanding of the:
  - a) “up-take/reach” of early help among those with Level 4 need,
  - b) characteristics of children who have/ have had Level 4 need, but haven’t received early help,
  - c) longer-term effectiveness of early help.
4. To present feedback from children, young people and parents who have received early help.

## Objectives

<b>Aim 1</b>	1.1 We will identify the key risk factors for children and young people developing Level 4 need, and present data on the local prevalence of these risk factors.
<b>Aim 2</b> 	2.1 We will summarise the needs of children and families currently in receipt of early help by <1, 1-4, 5-9, 10-15, and 16+ age bands.
	2.2 We will map the residential addresses of the current early help cohort to explore geographical hotspots of need within the county.
	2.3 We will pool former recipients of early help by outcome (i.e. success or failure of the intervention).
	a) We will describe the characteristics of the individuals within these two sub-groups.
	b) We will compare the characteristics of these two sub-groups to build a picture of the circumstances in which early help is and is not successful.
<b>Aim 3</b> 	3.1 a) We plan to identify the children and young people in the CIN, CPP and CLA cohorts <u>who have</u> and <u>have not</u> received early help.
	b) i) Within the two subgroups, we will describe the characteristics among the individuals <u>who have</u> and <u>have not</u> received early help.
	b) ii) We will compare the differences in the characteristics between these two sub-groups to explore whether there are differences between them, which might improve our understanding of the instances in which early help is and is not being offered/taken-up.
	c) If the data allows, we will quantify the proportion of children who currently have Level 4 need, and received early help that was deemed to initially be successful, in order to improve understanding of longer-term effectiveness of early help interventions.
<b>Aim 4</b> 	4.1 We will present analysed data summarising the views of children, young people and parents who have been in receipt of early help interventions.

## Children in need

### Aims

1. To describe the primary needs that CIN present with in Herefordshire.

### Objectives

<b>Aim 1</b>	1.1 We will present the primary needs of the current CIN cohort.
	1.2 We will map the residential addresses of the current CIN cohort to explore geographical hotspots of need within the county.
	1.3 We will compare the characteristics of children who ceased to be a child in need in the past year and stepped –up, to those of children who ceased to be a child in need in the past year and stepped-down.

## Children and young people subject to a child protection plan

### Aim

1. To describe the needs of the child protection (CPP) cohort in order to improve understanding among partner organisations and support “whole system” solutions.

### Objective

- 1.1. We will present the primary needs of the CPP cohort.


- 1.2. We will map the residential addresses of the current CPP cohort to explore geographical hotspots of need within the county.

**Children who are looked after by the local authority**

**Aims**

1. To describe the needs of the children who are looked after by the local authority (CLA) to improve understanding among partner organisations and support “whole system” solutions.
2. To illustrate the number of CLA who are out of county placements.
3. To present/summarise the views of children and young people who have been/are being looked after by Herefordshire Council.

**Objectives**

<b>Aim 1</b>	1.1 We will present the primary needs of the CLA cohort.
	1.2 We will map the residential addresses of the current CLA cohort to explore geographical hotspots of need within the county.
<b>Aim 2</b>	2.1 We will review formal notifications in order to identify the number of CLA in Herefordshire who are out of county placements. If the data allows, we will present the number of CLA by the originating local authority. 
<b>Aim 3</b>	3.1 We will provide insight into the extent to which the voice of CYP and their families are sought and taken into consideration (by presenting data regarding the Momo app and the proportion of CLA reviews where the CYP is present, or an advocate is present to represent their views).

## APPENDIX 2

**Table 2 Broad outcome categories and detailed outcomes for Herefordshire's early help assessment (V 6.1 Jan 2018)**

Broad outcome category	Detailed outcomes
<b>Parents and children involved in crime and anti-social behaviour</b>	1. There is a 50% reduction compared to the previous 6 months in the number of recorded offences committed by the family 2. There is a 60% reduction compared to the previous 6 months in the number of incidences of anti-social behaviour committed by the family 3. No siblings of young offenders have engaged in anti-social behaviour and / or criminal activity in the previous 6 months, and do not enter the youth justice system for the first time.
<b>Children who have not been attending school regularly</b>	4. Each school age child in the family has attended school for at least 90% of sessions across the last three school terms. 5. Each school age child in the family has fewer than three fixed term exclusions within the last three school terms. 6. Child is engaging with alternative forms of schooling (e.g. hospital or home schooling)
<b>Children who need help</b>	7. Families who are eligible are taking up the 2 and 3 year old offer of nursery places and attended 85% of their sessions in the last 6 months 8. There is an appropriate de-escalation or step-down of a safeguarding plan – i.e. from child protection (CPP) to children in need (CIN) to Common Assessment Framework (EHA) and there is no re-referral to social care after 6 months following the end of the plan. 9. Children in the family are making good progress at school or a good/expected level of development in Early Years 10. Six months after an intervention, parents report improved confidence and competence in parenting 11. Six months after an intervention, the family continue to take part in a wider range of community activity 12. Keep safe work has been undertaken by family member.
<b>Adults out of work or at risk of financial exclusion, and young people at risk of worklessness</b>	13. An adult or young person in the family has secured and maintained a job (full or part time) for 6 months (individuals claiming JSA) and 3 months (individuals claiming other benefits as per the Troubled Families guidance) 14. An adult or young person in the family have made progress to work through volunteering placement, progression into an apprenticeship, traineeship or further accredited learning 15. An adult or young person in the family has completed and achieved a qualification, apprenticeship or achieved other milestones that supports progression into continuous paid work 16. Family have reduced debt or risk of financial exclusion, e.g. reduced council tax or housing arrears and are accessing eligible benefits including free school meals
<b>Families affected by domestic violence and abuse</b>	17. There is a reduction in domestic violence or abuse within the family for at least 6 months. 18. Families that are affected by domestic violence and abuse are actively engaged with support services, such as WMWA. 19. Perpetrator of domestic abuse is actively engaged and successfully completes a perpetrator program
<b>Parents and children with a range of health problems</b>	20. Family is registered with local GP 21. Family is registered with local dentist and attended a check-up in the last 12 months. 22. Children have received age appropriate health immunisations / vaccinations.

Broad outcome category	Detailed outcomes
<p><b>Parents and children with a range of health problems</b></p>	<p>23. Family member has engaged with a smoking cessation programme and is demonstrating progress towards cessation (shown by progress over the previous 6 months)</p> <p>24. Family member has engaged with a drug / alcohol treatment programme and is demonstrating progress towards reducing harmful behaviour (shown by progress over the previous 6 months).</p> <p>25. Family member has engaged with a healthy weight programme and is demonstrating progress towards a healthy lifestyle (shown by progress over the previous 6 month period)</p> <p>26. Pregnant women are under the care of a midwife and have had an ante-natal assessment by a Health Visitor</p> <p>27. All children aged 2½ years have had an age/stage health assessment.</p> <p>28. Family member has engaged with a support service or mental health service to improve their mental health and wellbeing</p>