



Early Help Streatham Pilot Evaluation

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Table of Contents

Introduction.....	3
Executive Summary	4
Partnership survey findings	6
Recommendations from Partnership Survey Findings	10
Case audits findings	11
Recommendations from case audits	14
Referral data	15
Recommendations from referral data	16
Pilot team interviews	17
Recommendations from internal interviews	19
Conclusion	20

Introduction:

A key priority of the Children and Young People's Plan is the reframing of the Early Help offer to enable families to receive high quality, whole-family support as soon as their needs emerge. The Reframing Early Help Programme was set up under the guidance of the Early Help Steering Group to drive forward the transformation of early intervention services and build on the existing positive interventions being delivered by Schools, Children's Centres, Community Health Services and Voluntary Sector Organisations, amongst others, in the borough. Its main objective is to create a new delivery model for Early Help services, underpinned by a consistent practice framework that allows families whose needs would currently fall below the threshold for Children's Social Care to receive timely multi-agency support.

Effective early help relies upon local agencies working together to: identify children and families who would benefit from early help; undertake an assessment of the need for early help; and provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child (Working Together to Safeguard Children 2018).

Extensive consultation with young people, partners and internal colleagues was conducted to create a new partnership vision for Early Help delivery. The Reframing Early Help vision is:

- Children, young people and families can help themselves, building on their own skills and assets
- Local knowledge, networks and relationships are cultivated across community, voluntary sector and statutory partners
- Children, young people and families receive support based on their needs rather than thresholds
- Early Help is a partnership endeavour with all partners working together to provide outcomes focused, whole family support and interventions
- Universal services are supported to deliver effective early help through embedded advice and consultation mechanisms

To make this vision a reality, a survey of practitioners was conducted to establish a delivery model for the new early help offer. The survey, based on 196 responses, indicated there were four key elements to the delivery of this vision, namely:

1. Local early help contacts for each locality providing advice and consultation,
2. Multi-agency panels, now referred to as the 'Locality Action Panel' (LAPs), where local partners could apply creative problem solving methods to cases referred by services.
3. A comprehensive toolkit consisting of new whole family assessment and planning tools.
4. A dedicated training offer that responded to local needs.

The Early Help Streatham Pilot trialed the new early help delivery model embedding these four elements into the council's early help service. The Streatham Pilot ran from the 1st June 2018- October 31st 2018. It operated primarily within the St Leonard's, Streatham Hill, Streatham South, and Streatham Wells wards.

During the pilot period, there were:

- 7 Locality Action Panel meetings
- 260 contacts made with the pilot team through telephone contacts or face-to-face consultations.
- 21 cases referred to the Locality Action Panels following the completion of the new Early Help Family Assessment
- 11 Training Sessions delivered including Toolkit Training, Whole Family Working, Signs of Safety and Gangs Awareness and Interventions sessions.
- 3 Group Supervision sessions reflecting on bias, blame & empathy, impactful relationships.

Executive summary:

The evaluation of the Streatham Pilot was conducted using various quantitative and qualitative research methods. This included case audits conducted by social care 'advanced practitioners' and experienced managers, interviews of the internal pilot team conducted by Healthwatch, partnership feedback surveys, focus groups with health, education, youth and voluntary sector services, and quantitative analysis evaluation of pre & post pilot referral data.

Key findings:

Partnership working: Following the locality action panels and outreach model developed as part of the pilot, there was a significant improvement in the relationships between partners operating across Children's Services within the Streatham area. The pilot has enabled partners to connect and to establish effective working relationships, which helps ensure that vulnerable children have access to local services and resources. The sharing of information facilitated through the Locality Action Panels also means that the needs of the families have been considered thoroughly. Historical contact with both voluntary and statutory agencies was reviewed in order to agree a lead agency for the family.

Improved professional practice: audit of the 21 cases referred during the pilot period held by the council's pilot team have shown evidence of stronger professional practice around timeliness of assessment, multi-agency working, whole family engagement and purposeful interventions, with excellent use of community resources to ensure sustainable support. This evidence was supplemented by the partnership feedback survey responses showing over 40% of partners reporting that the pilot training had led to improved professional practice within their agency.

Locality training offer: Early Help toolkit training and group supervision delivered by the pilot team was well received by internal and community partners, with 98% of attendees rating the trainers as five star. The toolkit has provided a clear framework for partners, creating a shared language and understanding of the common issues affecting families and how needs may present. It is evident through the group supervision sessions that there is demand amongst frontline practitioners for more safe and reflective spaces to discuss practice and share learning outside of case discussions.

Capacity building model: The model was successful at bringing the partnership together and creating a forum for shared ownership and decision-making over thresholds and needs of families. However, more direct capacity building work and follow-up needs to take place between the internal team and agencies where families have not consented to partnership support. This will enable agencies to provide effective interventions and monitoring within their own organisations trusted by the family and prevent escalation. Conversations around

thresholds are still embedded within Early Help practice and further work is needed in order to meet the objective that support be based on needs not thresholds. The extension of the pilot to support emerging and complex needs at panel has led to an improvement in this area.

Outcomes for families: Case audits have shown that support provided to families has largely been outcomes focused and effective, with strong relationships being built between the family and lead professionals. As a result, families have benefited from quick access to a wider range of services. This has resulted in the troubled families 'payment by results' criteria being successfully met and funding claims being made. To ensure that all families achieve positive and sustained outcomes, further development for practitioners around challenging conversations and engaging all family members effectively in assessment interventions is needed.

The pilot was largely been successful in delivering the partnership vision for Early Help Services in Streatham and there is sufficient evidence to suggest that the model could be used borough wide following the implementation of the recommendations outlined in this evaluation report. Further work is needed to ensure the mechanisms for engagement and support are tailored to the individual agencies using them. Primary care and CAMHS partners, for example, have struggled to find the capacity to participate fully in the pilot. Their presence would have added significant value to the multi-agency discussions and planning of each referred case.

However, in order for Early Help to truly be considered a partnership endeavour, as Working Together to Safeguard Children (DFE 2018) states it should, it is important that all services play an equal role.

To fully realise the partnership vision for early help services, the model should be built upon to ensure that families can self-refer and access advice and guidance services in a similar way to partners. This will support the realisation of the partnership outcome for more families to help themselves and build on their own skills and assets. A reoccurring theme throughout the evaluation is the benefits of an up to date and accessible service directory, like the localised version created during the pilot and updated after every LAP meeting as new activities and local resources were identified. In order to create sustainability within the system, this directory should be developed and maintained centrally with all partners responsible for their content.

The skills set and training needs of the internal early help internal service should also be considered before the model is rolled out, as interviews with the pilot team have highlighted the difference between direct delivery and capacity building.

Partnership survey findings

The Early Help Partnership were invited to participate in a survey questionnaire relating to the Streatham Pilot and its impact on their organisation and themselves as practitioners. The survey was completed by 56 practitioners, approximately 80% of the Streatham Pilot's active members. The survey was open for approximately a month to enable partners to provide detailed responses supplementing the feedback collated following Locality Action Panels and Training sessions.

Respondents

The respondents of the survey were prominently from an Education background (46%), followed by Voluntary Sector services (32%) and Health (5%). Other respondents (13%) came from a range of services including, Children's Centres, Domestic Violence Refuges and other council departments such as Community Safety. Partners who completed the survey were evenly split between local Streatham services (46%) and Borough wide services (50%), with a few providers from other wards or London wide (4%).

When asked if they had attended the Streatham Pilot Launch in May exactly 50% of partners responded yes and no. Further analysis showed that partners were just as likely to have attended the event if they were Streatham based or from another part of the borough, showing the localised launch did not impede or influence attendance. Furthermore, the fact that partners had not attended the launch, had not influenced whether they had become part of the locality action panels, or made contact with early help pilot team. as over 87% of respondents had contact with team between June to October 2018. This indicated that proactive follow up with individual partners following the launch and further outreach and networking events were successful in encouraging partners to join the pilot. However, the low percentage of responses received from health partners suggests that further engagement work could have been conducted in this area.

Toolkit & training

The Early Help Toolkit was developed with partners to provide a framework for early help support, including tools for assessment, intervention and discussions about consent. During the pilot, the early help toolkit was updated based on feedback from partners, in particular to simplify the early help family assessment. Despite the changes to the toolkit and the related documents, 93% of respondents had read the early help toolkit or related documents. Almost 40% of respondents had used the early help toolkit and assessment tools with vulnerable families, comments by partners included ensuring that forms were downloadable in Word format, instead of PDF.

During the period from June to October 2018, the Early Help Pilot team, with the support of Children's Social Care and Community Safety, delivered eleven sessions attended by 150 participants:

- 3 Toolkit Training sessions
- 4 Signs of Safety Training sessions
- 3 Group Supervision Sessions (on bias, empathy and impact relationships)
- 1 Gangs and Group Offending Training

Seventy per cent (70%) of respondents attended at least one of these training sessions. The majority of the 30% that had not attended any training were from the voluntary sector. This reflects feedback from voluntary sector colleagues commenting that training was usually delivered in the morning or over a full day, making it difficult for their workforce to attend as many work part-time or in the evenings. The most popular training run was the Toolkit Training with 44% of respondents attending. This training was developed to take partners through the essentials of working with vulnerable families below statutory threshold and how to use the early help toolkit and documents to support this work. 98% of responses to post-training feedback forms evaluated the training as five stars for trainers' knowledge on the subject, delivery, and ability to illustrate concepts. Following the delivery of the first half-day of toolkit training, the feedback from attendees suggested the session should be extended to a full day and this was subsequently implemented.

The second most popular training session was the Signs of Safety training delivered by Advanced Practitioners within Children's Social Care. This was attended by 43% of partnership survey respondents. The Signs of Safety approach was popular with practitioners who have found it a clear and useful tool to use with families and that it supported strengths-based practice. Furthermore practitioners felt that using the Signs of Safety approach when families had emerging needs, would create better synergies with social care practice where it is used in child protection conferences.

As part of the partnership survey, partners were asked about the impact of the training sessions they had attended. The responses are shown above.

It is evident from the survey response that the training offer was an invaluable and popular element of the Streatham Pilot. More importantly, it has helped establish the early help vision by cultivating relationships and networks between partners as detailed in the first response as well as support improved professional practice.

Locality Action Panels

During the Early Help Pilot, a key mechanism for supporting practitioners working with families with emerging and additional needs was the introduction of Locality Action Panels (LAPs). The LAP is a multi-agency forum, which brings together practitioners from across the statutory and community sector and is chaired by the Locality Early Help Team Manager. It brings together the expertise of practitioners from different specialisms, to provide case consultation and advice, as well as offering a safe space to explore the family's strengths and risks. This enables a better understanding of need and a wider range of interventions and support to be delivered. During the pilot period, seven LAPs took place, running bi-weekly, except for the schools holiday period when group supervision was run instead.

Survey respondents were asked about their LAP attendance. Most partners had attended one to two Locality Action Panels during the pilot period (41%), with three to four times (30%) being the second most common response. This equated with the attendance log data from the LAPs, which on average had 19 attendees. Of the 17% surveyed who had never attended a Locality Action Panel a substantial portion (70%) had not attended the launch or training (50%). This demonstrates that the likelihood of ongoing engagement was increased among those aware of the pilot from its inception. However, survey responses showed that attendance at LAPs was not impacted by the location of the sessions with many travelling to Streatham from other parts of the borough in order to participate.

Of the 48 partners who attended a Locality Action Panel, 85% of them reported that the experience was very supportive and engaging, with the other 15% feeling the panel was quite supportive and engaging. This correlates with anecdotal feedback that the Locality Action Panel have been successful in delivering a supportive, engaging and useful forum for lower level case discussions.

When asked what the most useful part of the locality Action Panel model has been, partners provided the following response:

ANSWER CHOICES	RESPONSES
Improved relationships/networks with other organisations	57.41%
Increased knowledge of local need and issues affecting families	55.56%
Improved professional practice	40.74%
New perspectives, insight and strategies	40.74%
More able to think reflectively about my practice and learn from my experiences	35.19%
Increased confidence meeting the needs of families	33.33%
Increase in whole family working within my organisation	27.78%
N/A as I haven't attended training or group supervision	25.93%
Able to use and apply the Early Help Toolkit	22.22%
Not needed to make referrals in Social Care	7.41%
Not needed to make referrals into Early Help	3.70%
Other (please specify)	Responses 3.70%

RESPONSES (2) [WORD CLOUD](#) [TAGS \(0\)](#)

Add tags [Filter by tag](#)

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Showing 2 responses

Increased understanding of scaling and analysing risk

12/11/2018 2:39 PM [View respondent's answers](#) [Add tags](#)

I facilitaed the SOS training

ANSWER CHOICES	RESPONSES
Meeting new partners and learning about their services	75.00% 42
Information-sharing amongst partners	66.07% 37
Case discussions and practice questions	60.71% 34
The solution-focused approach and actions arising from case discussions	55.36% 31
The use of a coaching model e.g curious questions and feedback	42.86% 24
The Streatham resource list	37.50% 21
Finding a more appropriate lead professional for a case	28.57% 16
All of the above	26.79% 15
N/A as I haven't attended	10.71% 6
Please add any further comments on your experience here... Responses	10.71% 6

The six more detailed comments provided by partners included:

- It is particularly useful to know that concerns that do not meet our thresholds in Prevent can still be picked up through a multi-agency approach
- Meeting your early help team. Charmaine was a huge help in gaining advice on young people we were working with.
- Chance UK are absolutely supportive of the LAP. IT is an excellent tool to encourage multi-agency engagement, widen service knowledge and share perspectives on cases. It would be incredibly beneficial to have this applied across the whole borough.
- Feeling that my work as a professional in the local Multi Agency Team of professionals was of value.
- Very valuable discussion of different approaches and services available generating ideas

Partners who had attended a locality Action Panel were then asked if there was anything they would change about the LAP. This question was responded to by 36 partners, with their answers broadly dividing into three themes: not changing anything (62%), change of time/venue (14%), and ensuring the group discussion remains child-focused when discussing the family's needs (8%). Other responses included ensuring all partners were on the LAP invitation list, creating a compulsory attendee list, creating expectation guidance for families on the LAP and reducing the amount of time the lead professional spends providing case context.

Case consultation and advice

Partners were asked if they had discussed a vulnerable family with the Early Help Pilot team and what the outcome of their discussions had been. Although 88% of respondents had met and engaged with the pilot team, only 35% had discussed a family with them, with an additional 5% explaining that someone within their agency had discussed the family the pilot team on their behalf. To ascertain the reasons for the low number of case discussions with the pilot team outside of the locality action panels, this line of enquiry was followed up in partner focus groups.

Of the partners who had discussed a family with the team, 70% had continued to support the family following advice from the pilot team, 17% of referrals had been escalated to social care and there was an even split between the cases that progressed to an early help assessment

conducted by the pilot team and those conducted by the referring agency. Other responses included conducting a team around the family meeting.

Family experience

Partners were asked to comment on how the pilot had impacted the experience of local families, with the option to pick more than one response. The most popular answers demonstrated that the pilot had:

- Given families access to more support services (65%),
- Improved the family's relationship with professionals (51%)
- Delivered more co-ordinated support for families (50%)
- Provided earlier intervention for families (46%)

Of the 56 respondents, no partner felt the pilot had no impact or had a negative impact of the experience of local families.

General reflections on the pilot

Partners were asked how their professional networks had been impacted by the Early Help Pilot. This question was critical to understanding whether the early help vision of making early help a partnership endeavour and cultivating local networks and relationships had been successful.

Responses supported the view that these outcomes had been achieved, with 65% of respondent having increased their knowledge of local services working with children and families, 43% of partners being enabled to attend useful meetings and events, 37% reporting a better understanding of the needs and thresholds other services operate at and 35% had set up a new partnership with another agency. The creation of partnerships between agencies is a particularly encouraging aspect of the pilot as it suggests that some ambitions around sustainability and capacity building between services were achieved, with partners able to establish referral pathways and support each other without the central early help team.

Lastly, partners were asked to consider changes or adjustments they would make to the pilot in order to make it more effective. The themed breakdown of 38 responses was:

- No changes, happy with the current model
- Make the model borough wide
- Tailor attendees at the LAP panel to the cases being discussed
- Create a borough wide service directory, like the named contact list created for the pilot
- Deliver more in-house training so all practitioners within an organisation can attend
- Easier referral form for GPs

Recommendations from partnership survey findings

It is recommended that:

1. The final iteration of the toolkit be distributed amongst partners in hard copy with downloadable forms more closely mirroring the personal details sections of the familiar Multi-Agency Referral Form (MARF) to simplify basic data entry.
2. The training offer as part of the pilot be delivered in various time slots to enable community and part-time workers to attend and/or specific tailored sessions be delivered in-house by the pilot team.

3. Engagement with Health Partners particularly GPs to be conducted on an individual basis and a specific referral form be designed for their engagement in the Locality Action Panel.

Case audits findings

From 1st June to 31st October 2018, twenty-one (21) families were referred into the Early Help Streatham Pilot and supported by the Council's Early Help Service. To understand whether the new delivery model had improved the practice of staff and the experience of children and families, two advanced practitioners from Children's Social Care conducted in-depth case audits and provided recommendations.

Capacity building practice

During the pilot period, 260 contacts were made with the Early Help Pilot Team via the contact line and email address specifically created for Streatham area. The contact log was reviewed by the advanced practitioner to assess the quality of the advice and support offered and to provide suggestions on how this offer could be further enhanced. The findings were broken down into strengths and areas for development.

Key strengths:

- The team were responsive and addressed concerns quickly, allocating cases rapidly where cases required additional support from the Council's Early Help Service.
- Through the team's engagement work with partners, they built up excellent knowledge of community resources. Families and partners were signposted effectively to local services and resources. The team would act as facilitators, putting agencies in contact and striving to provide named contacts and useful information such as specific referral criteria for these agencies.
- The contact log showed that partners used the advice line, some on a regular basis, demonstrating that they found the service to be useful and responsive.
- Training and development opportunities were offered through the advice line and on visits to partners. Where partners were unable to attend training, there was evidence that the team offered individual modelling and learning opportunities within their own agency.
- Evidence of good advice being provided around thresholds and procedures.
- The Pilot team regularly offered partners joint working opportunities when partners were unsure of processes/how to progress.
- The promotion of different elements of the pilot offer were clear from the call log conversations, particularly training and the locality action panels.
- Evidence that partners are identifying emerging need and receiving effective advice from the pilot team, enabling them to support families at a lower level of need.

Areas for development:

- The current system for recording and follow up is not appropriate for the high volume of contacts received during the pilot. Thus capacity building actions were not always proactively followed up at a later date.
- Missed opportunities for capacity building in cases where consent was not provided for Early Help partnership support. Some families would benefit from a higher quality intervention by their local lead professional, who was now involved in Early Help. As they

had not given their consent for their information to be discussed with the wider Early Help Partnership they were not routinely contacted for service feedback.

- More effective oversight needed for cases discussed in consultation that are not referred to the LAP or into internal Early Help Service. Particularly, where partners did not provide full details of the families they are concerned about and were asking for generic advice, it was hard to track the outcomes of all families benefiting either directly or indirectly from exposure to Early Help.

Direct casework

Partners were asked to focus on children and families with emerging needs that did not currently meet the thresholds for statutory support, known as Tier 2 needs. From early on in the pilot it became evident that there were many more complex cases currently being supported by partners that needed escalation to Internal Early Help or Social Care. As a result, it was agreed with senior managers that cases referred into the pilot where families had more complex needs (Tier 3) should also be discussed at LAP to build the capacity of the partnership to identify and support these families. The hypothesis for the high number of complex cases referred to the Locality Action Panels at the start of the pilot can be broken down into 3 key strands:

- Partnership knowledge and understanding of need and thresholds at the start of the pilot was limited as previously there were limited mechanism for partners to receive training or case consultation
- Emerging need (Tier 2) is generally more difficult to identify as parents and families may appear to be coping and consent must always be gained from the family, unlike situations where there is a risk of significant harm.
- The nature of LAPs, which brings multi-agency partners together and improves the quality of information sharing between agencies means there is a more in-depth understanding of the family needs and their history that can naturally lead to cases presenting as emerging needs being reassessed as complex need. This is because further risks often come to light through a more thorough early help assessment, which in turn may result in the case being escalated through statutory pathways.

To conduct the case audits, the advanced practitioners independently focused on the presenting needs of the family, evidence of assessment, plans, interventions and closure, outcomes for the child and family and impact on the referring agents capacity to support families with similar needs in the future. The audits also looked at whether these cases met the National Troubled Families Criteria and whether interventions and support had contributed to achieving the Pilot Objectives.

Regarding the 21 cases referred into the pilot from 1st June to 31st October 2018, the following observations were made:

Strengths:

Multi-agency working

- A. Auditors found that multi-agency work conducted in cases referred during the pilot period was stronger and more clearly evidenced.
- B. Use of community resources to provide a sustainable source of support for families was very effective throughout the pilot.
- C. There was clear evidence of signposting and referrals made to local organisations and referrals were followed up with communication to the agencies to ensure they were aware of the family's needs. This led to families and children being engaged in their communities.

Improved assessment, quality and engagement

- D. There was clear evidence in the casework of good relationships being built between the family and lead practitioner, particularly where the referring agency had supported this introduction to the pilot team.
- E. The quality of whole family assessment was strong where the voices of all family members were clear and it was evident the practitioner had met and reflected their perspectives within the assessment.
- F. Auditors found excellent examples of practitioners having difficult conversations with families to challenge behaviour and deliver more meaningful interventions that would lead to sustainable change. This was previously an area for development within the Early Help Service and it was clear that learning and training provided during the pilot was being reflected in direct work with families.

Improved outcomes for families

- G. Casework showed that practitioner and partners were delivering purposeful interventions for the families and good outcomes for families were observed due to these interventions.
- H. Families were seen quickly and were more likely to maintain their engagement with the service.

Areas for development:

- I. In cases where the lead practitioner was a member of Early Help staff, although there was much evidence of joint working with partners, cases were not stepped down to universal/community services at closure. Some cases were supported for an extensive period by the pilot team though the families were ready for less intensive support provided within a universal setting. The reasons for this have yet to be fully explored and could be about worker confidence, their capacity or the willingness of families to engage in relationships with another service. Further analysis is needed here.
- J. The Father's voice was not always fully included in assessment and intervention.
- K. Some cases lacked the voice and lived experience of the child to inform assessment and intervention.
- L. Management oversight and supervision of cases could benefit from additional analysis and depth to ensure all families achieve positive and sustained outcomes.

Focus groups:

To triangulate the information from the case audits with the experience of the referring agencies in them, the advanced practitioners met with schools and voluntary sector organisations weekly for a four month period to gain more detailed insight of the impact of the pilot.

Strengths:

- M. Partners felt the pilot team had built a good rapport and relationships with them that had not previously existed.
- N. The pilot team were trusted and seen as reliable to engage with, responding quickly to requests for support, flexible and following through on their commitments.
- O. Partners felt much more supported and there was now a culture of shared responsibility around casework. Partners said that they have benefited from a feeling of 'joint' decision-making on thresholds and identifying ways to progress work with a family.
- P. Partners felt the pilot was creating opportunities for them to improve their practice by modelling the work of practitioners and offering practical support on working positively with families that they had previously struggled to engage.
- Q. It was evident to partners that the team were also learning from partners and were supporting partners to change their internal systems having identified good practice within similar organisations. This was particularly relevant for schools.
- R. Partners felt the pilot team and the events they supported were helping to create a culture of networking and many felt more engaged in the local community. The team helped facilitate relationships between statutory and community partners and referrals were being made for families without needing to go through internal early help.

Areas for development:

- S. Partners reported that there were some opportunities missed for capacity building work, where specific casework became the focus of their interactions with the pilot team. This happened predominately in cases where children and families had refused to consent to early help, remaining 'stuck' with little change in circumstances since the consultation, because the partner was unable to put a plan together to enable and support sustainable change.

Recommendations from case audits

1. The pilot team to work with the Mosaic database team to create an organisation page which allows practitioners to detail the capacity building needs of partners, identify training and development opportunities and create follow-up reminders to ensure this work is conducted in a timely manner. In meantime this can be recorded in Sharepoint using the following titles:
 - Case ID
 - Name of organisation and person spoken to
 - Identified training and development needs
 - Next steps
 - 4/8/12 week reviews
 - Measurement of outcomes against TF and Pilot goals.

2. Capacity building training to be rolled out to all members of the Internal Early Help Service in future, not just the pilot team, to ensure that all cases, regardless of the identified level of need, are worked using the same multi-agency framework.
3. Early Help Service and partners to receive further threshold and child protection procedure training, to ensure they are fully equipped to advise and support cases above the early help threshold.
4. Targeted session to be delivered for the early help partnership on engaging father's effectively in assessment and interventions utilising and collaborating with existing local initiatives such as St Michael's fellowship.
5. More management oversight to be focused on the provision of capacity building activities and the outcomes of the consultation work provided by the pilot team.

Referral data

Early help is based on the premise that early intervention is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example if provided as part of a support plan where a child has returned home to their family from care.

To assess if the pilot's focus on families with emerging needs was having an impact on numbers of cases proceeding to statutory assessment, the Integrated Referral Hub (the Children's Social Care 'front door') were asked to provide baseline figures from the 1st June 2017 to 31st October 2017, so a like for like comparison could be conducted with the pilot period of 1st June 2018 to 31st October 2018. The Integrated Referral Hub receives contacts and referrals for all thresholds of need, but it is primarily there to address safeguarding concerns, whether families are identified with complex or acute needs that put a child at significant risk of harm.

The data provided by the Councils' performance team focused on the four wards within the Streatham area, St Leonard's, Streatham Hill, Streatham South, Streatham Wells. To ensure inclusion of all relevant contacts and referral data in the pre and post-pilot analysis, where St Leonard's was recorded without an apostrophe this data was also included. It is important to note that significant changes have taken place between 2017 and 2018 ensuring that all contacts made to the Integrated Referral Hub are recorded on Mosaic. This change led to an increase in the number of contacts recorded, but is not a reflection of increased need just more accurate data recording.

Contacts												
	Jun 17	Jun 18	Jul 17	Jul 18	Aug 17	Aug 18	Sep 17	Sep 18	Oct 17	Oct 18	Total 2017	Total 2018
St Leonard's	60	32	38	42	36	33	54	51	25	38	213	196
St Leonards	11	3	11	10	7	4	6	1	4	2	39	20
Streatham Hill	48	45	45	39	42	50	46	35	27	35	208	204
Streatham South	54	47	50	63	25	45	30	54	19	54	178	263
Streatham Wells	60	27	32	36	42	52	48	54	25	55	207	224
Total	233	154	176	190	152	184	184	195	100	184	845	907

Referrals												
	Jun 17	Jun 18	Jul 17	Jul 18	Aug 17	Aug 18	Sep 17	Sep 18	Oct 17	Oct 18	Total 2017	Total 2018
St Leonard's	11	15	22	13	14	7	13	16	10	10	70	61
St Leonards	0	0	2	0	4	0	5	0	1	1	12	1
Streatham Hill	21	15	14	9	15	6	17	3	23	12	90	45
Streatham South	20	31	20	10	12	15	11	7	5	19	68	82
Streatham Wells	17	13	13	8	14	11	15	2	3	33	62	67
Total	69	74	71	40	59	39	61	28	42	75	302	256

Data comparison

It appears from the data above that there was a 25% reduction in the number of referrals made to the Integrated Referral Hub whilst the pilot was operational compared with the same period in 2017. The reduction in referrals is extremely positive. but must also be viewed with caution as this data can only be fully analysed when a year-on-year comparison with all the wards within the borough is complete, to account for borough wide trends. This is currently being done by Lambeth's Performance Team and the full data should be considered by decision-makers in the Local Authority.

Whilst contacts have increased within the same period, the Integrated Referral Hub have accounted for this trend as part of the new recording methods and do not believe this is reflective of failure demand within the pilot.

Across the contact and referral data is evident that the ward with the highest need in the Streatham Locality is the Streatham South ward. There are currently four schools within this ward and all four have been successful engaged by the pilot team.

Recommendations from referral data

1. Once the Performance Team have completed a full comparison of contact and referral data for 2017/18, this should be analysed in conjunction with the Streatham ward pilot data to account for any borough-wide trends or recording changes, so an accurate understanding of the pilot's impact on referrals can be obtained.
2. A deep dive into the referrals from the Streatham South ward should be conducted so tailored training can be delivered to universal and community services by the early help or social care teams dependent on the complexity of referrals made.
3. The Multi Agency Safeguarding Hub (MASH) & Integrated Pathways Co-ordinator should work with the Integrated Referral Hub Service Manager to agree a system for joint recording so referrals made as part of the pilot are captured in national data returns.

Pilot team interviews

The Early Help pilot team was composed of one manager, two practitioners, one Education Welfare Officer and one advanced practitioner. It was supervised by the Early Help Service Manager and Multi Agency Safeguarding Hub (MASH) and Integrated Pathways Coordinator. The Early Help pilot manager and two lead practitioners were also lead professionals for eight families during the pilot period.

The interviews carried out by Lambeth Healthwatch were aimed at determining the perspectives of the internal team on lessons learnt, challenges faced, and the mechanisms put in place to sustain the gains from the pilot. The interviews also explored:

- how the programme contributed to the improvement of their professional practice
- views on what has changed in partnership working
- good practices that can be replicated in other areas
- views on the achievement of families' outcomes.

Findings and analysis - what worked well?

Early Help as a model of practice

The Early Help programme used the whole family approach, enabled the engagement and building of the relationships amongst partner agencies, and raised awareness of the internal and external partners on Early Help. It was noted that not all people were clear about the pilot until it was redefined as an early intervention approach. Having the assessment and making sure there is an appropriate plan, which is properly reviewed, is something that was embedded and extended externally as the move into locality working took place. It was noted that within social care, e.g. with hubs, there is good understanding of the programme. Hub managers appropriately referred families to the pilot and the pilot team also elevated cases of families with complex needs to tier 3 service.

It was noted that some referrals were complex family cases that had to be referred to the generic Early Help service (Tier 3). This could be due to various factors: first, insufficient awareness amongst partners and community people about the pilot's remit; second, lack of awareness of the programme itself; and third, people's perception of social care in general and the pilot being linked to it, i.e. social care deals with high-level and complex family issues.

Improved professional practice

Members of the team said that they have improved their professional practice and increased their confidence through the capacity building component of the programme where training sessions were provided on topics including the Early Help Toolkit and Signs of Safety. All team members said that they also gained skills in public speaking and facilitating difficult conversations with families.

The team also said that community partners reported that communication with families has improved. Skills and practices including asking difficult questions without fear of family disengaging, using the whole family approach, and having the confidence to clarify or challenge each other's ideas were highlighted as important.

Partners cascading their learning to other members of the team was noted. One Headteacher said he would take his learning back to school and equip teachers to have those difficult conversations with families. Other partners facilitated workshop for parents and trained their colleagues on Signs of Safety.

Bridging the gap - Strengthened partnership working and community engagement

The LAP has provided a forum for relationship building and skills development. It was said that it has bridged the gap between community partners and the internal team, with everyone taking ownership of the process. This has addressed at some level the reluctance of some partners to take on the lead professional role. However, the team did directly manage some cases as some partners were unwilling and or unable to be the lead professionals.

Respondents said that partners reported feeling more connected and that LAP had been helpful as they gained understanding of family issues. In addition, partners had also reported that they gained understanding of the services in the community and were better able to identify the right support for families. A tangible output of the pilot was a directory of services in Streatham which was identified as extremely useful.

There was affirmation from partners that they collect the appropriate information about families. The whole family approach has enabled them to improve their assessment and recording, focusing on both the child and members of the family, and on both the strengths and needs.

It was noted that Team Around the Family meetings enabled practitioners to develop a plan for the family, agree on accountabilities for each service and ensure the plan is monitored and assess whether outcomes for families are achieved. However, it was also said that the team encountered challenges involving the documentation of cases for discussion at LAP meetings. There were times when cases were not sent in time for the meetings as services had not sought the family's consent.

Some indicators of sustainability

Two elements of the pilot were recognised as potentially excellent ways to sustain the programme - capacity building and the Locality Action Panel (LAP).

The capacity building element of the pilot enabled practitioners to work better with families due to increased skills and confidence. They were also able to cascade their training to colleagues adding value to the work of additional members of staff and volunteers.

Partners valued LAP meetings as a learning experience and because they were able to identify different services to meet families' needs. That knowledge enabled them to work together, share resources and avoid duplication of services. LAP meetings, also helped clarify which services could best address families' issues and who should take the role of the lead professional.

Attainment of family outcomes

It was noted that the pilot opened up the pathway to services for families at locality setting, making services more accessible to them and more quickly. Where cases are discussed at LAP

meetings, referrals are faster and partners can consult directly with the social worker, providing seamless support to the family.

The team reported on specific outcomes for families they supported. One child has reduced health needs because different services jointly supported the family resulting in better family relationships and reduced emotional impact of the parents' issues on the children. There was also evidence of reduced police call outs. Another example is an eight-year-old male child with behaviour issues arising from trauma and other early experiences. The joined up support from school and external partners helped the child to manage his emotions resulting in better behaviours observed by both parents and teachers and increased school attendance. .

Findings and analysis - challenges faced

Some involved felt that roles and expectations were not clear at the early stage of the programme. Although these were clarified as the pilot progressed, it was felt that things could have gone much better had the team been prepared early on.

It was felt that the reduction in referrals in Children's Social Care may be attributed to more clarity on the early intervention approach, leading to reduced risk of referrals over assessment and families being in the statutory service unnecessarily. However, it was also mentioned that the take up of the programme had been low and families did not self-refer. The team did not have data on referral to the generic Early Help service and could not comment on this.

It took time for some partners, such as voluntary sector, schools, and health, to come on board, but this gradually improved. However, there were ongoing challenges with the involvement of health in that only one referral was received from them, via health visitor. The team appreciated that GPs lack the time to complete a long assessment form and discussions took place regarding simplifying the assessment process to suit their need and limitations.

There was ongoing reluctance by some community partners to act as lead professional. The reason for this has not been fully explored. It might be that there is a need to redefine the role of lead professional and to work around the ability and capacity of partners. They need support to understand how the role fits them and where they can add value.

The levels of needs of families referred to the service varied. Some cases had relatively low levels of needs and some were more complex. It was said that referral of Tier 3 families with complex needs could be because the less complex or emerging needs Tier 2 cases can be dealt with by the universal service. This view needs validation from the partners and the monitoring data.

Recommendations from internal interviews

1. Team expertise and training - It is recommended that an inventory of skills sets within the Early Help Service be conducted and a review of the current role descriptions undertaken to ensure they fully reflect the expectations of a community model of early help delivery. Training should be provided before the programme roll out starts to ensure staff are fully equipped and learning has been embedded prior to delivery. Reflecting on their roles, the team and particularly the Locality Manager felt that they needs to be more strategic and less operational roles moving forward. It is recommended that the team be composed of more experienced

staff, knowledgeable about the community and able to build partners' capacity. Any internal redesign should take this into account.

2. Capacity building - It is recommended that the capacity building component, particularly multi-agency training and modelling of early help best practice, delivered during the pilot be replicated. The team reported that training provided to partners had equipped them with knowledge and skills that benefited themselves, the families and the colleagues to whom learning was cascaded.

3. Locality Action Panel (LAP) or other appropriate networking format - It is recommended that LAP (or similar format of networking and multi-agency working) is rolled out. LAP as a forum for sharing of expertise and information as cases are discussed has enabled close partnership working and complementary use of resources. This is particularly helpful in the current economic climate. If these meetings cannot be sustained, the most important lesson is to embed the engagement of community partners.

4. Community engagement and promotion - It is recommended that the programme is promoted more widely via well planned communications strategy. This should increase referrals from the community and take up by families. This should include production of family facing materials about the community early help offer. Teams should be encouraged to seek out creative ways to reach out to families via multiple routes. The involvement of primary care and other universal services should be encouraged as they have direct access to families who may need early intervention. Community engagement should take place at grassroots level, ensuring ownership by community residents. There should be specific effort to change the perception of Children's Social Care by community partners.

5. Clarify the programme criteria and understanding of the threshold - It is recommended that further analysis of referral data is conducted and that the threshold is clarified and communicated widely to ensure all families and partners who would benefit from the support have access to it.

Conclusion

The purpose of the pilot was to test whether a co-produced delivery model could achieve the partnership vision for early help services; to cultivate local knowledge, networks and relationships, support families to help themselves, deliver support based on need rather than thresholds and provide effective consultation and advice mechanisms to embed early help in universal services. Through the evaluation it is evident that the pilot has largely been successful in achieving these objectives.

There is enough evidence to suggest the Streatham Early Help Pilot created a framework and demonstrated how a partnership culture for multi-agency work can flourish in the borough. The engagement and commitment of partners across statutory, community and voluntary sector services is evident and there is a clear appetite for this model of community early help delivery to continue in the future.

The capacity building and community engagement work which has taken place during the pilot, was successful in cultivating local networks, resources and relationships and making early help a partnership endeavour. This has benefited local families in need. The free training offer accessed by Streatham practitioners built their confidence to provide effective whole-family support, as well as creating safe and reflective spaces for practitioners to come together outside their individual agencies. In order to ensure that the vision for early help is fully achieved, further training needs to be conducted to ensure that support is always outcomes-focused and interventions tackle the root causes of the presenting need. This training can be developed with the support of the advanced practitioners within social care and by the Early Help service promoting not just the Early Help Family Assessment but also other tools within the Early Help Toolkit.

The consultation and advice mechanisms developed as part of the pilot including the dedicated early help email address, phone line and LAPs have been effective in providing a trustworthy source of support and information for practitioners. The high number of contacts made during this period, suggest this is a useful resource and the next stage would be make this service accessible to families with low level needs who would like to self-refer or be signposted to local provision. This should be done working closely with the Family Information Service to avoid duplication. This would develop sustainability within the Early Help delivery model by making families more independent, resilient and able to help themselves.

There is early indication of the model's sustainability indicated by the development of the skills and knowledge of community partners and the willingness to take the opportunity to link up and work collaboratively. Having a dedicated team facilitating the engagement of all partners, providing expertise in managing cases, and ensuring prompt actions where cases need to escalate to the generic Early Help service was one of the strengths of the pilot. LAP meetings created a forum for open discussion and decision-making on how families can be supported better. The findings of the Partnership Survey indicated that partners have already begun to form their own referral pathways and independent relationships with each other following their introduction by the pilot team.

There were also lessons learned that can be used to improve the service before it is rolled out across the borough. These include: reviewing the skills set of the team and providing them with relevant training; clarifying the thresholds the team and partners will operate at and communicating these clearly with the community and partners; and wider promotion of the programme within the community. Embedding the lessons from the programme can also be at different levels, namely: at strategic level with Children's Social Care and strategic partners; at community level involving community partners from universal and voluntary sector services; and grassroots level by enabling families.

In conclusion, the Streatham Pilot has created an effective delivery model for community early help that enables the partnership vision to be implemented. This model should be iterated to embed the changes and recommendations highlighted within this report and subsequently rolled out borough wide.

Notes

