**South East Sector Led Improvement Programme (SE SLIP)**

**Early Help Project – Developing an Early Help Evaluation Framework for the impact of services**

**Interviews with South East lead Managers - Overview Report**

1. **Introduction**

The first step in developing the evaluation framework to measure the impact of early help services, was to undertake interviews with each of the Early Help Lead officers across the South East Region. A semi-structured interview schedule was designed (in **Appendix I**) and interviews took place June – August 2015. 16 of the 19 local authorities took part in the process.

This report provides a summary of the findings from the interviews and begins to identify key aspects of the framework and questions that need to be addressed. It is therefore intended that this report will help to underpin the work of the SE SLIP Early Help Task and Finish Group, which will meet from August to October 2015, to agree the design of the new Early Help Framework and its implementation.

1. **Responsibilities and Services**

From the interviews, it was apparent that there were a variety of different managers responsible for Early Help services at different levels within the local authorities. Some managers were responsible for community based low-level early help (often referred to as level 2 services). For others, the focus was on those children and families on the edge of Child Protection (CP) and care (level 3) and for some senior managers, their remit included both edge of CP / care early help services (level 3) as well as social care assessment teams (level 4).

The Early Help offer looked very different in different parts of the region. There was however considerable commonality. Typically the early help offer included:

* a CAF or Early Help Assessment and plan;
* lead professionals providing support at a community level;
* “Early Help Workers” / “Famliy Support Workers” co-ordinating work around families as well as delivering 1 to 1 support;
* Early Help Hubs of both virtual and co-located teams of professionals;
* Children’s Centres and Early Years services;
* Targeted Youth Support;
* Parenting programmes;
* “Troubled Families”;
* some commissioning; and
* Increasingly fewer contracts with voluntary sector organisations both small and large;

Several interviewees commented that the definition of Early Help was a broad one and that it would be necessary, in taking the work forward, to define Early Help. The main dilemma being whether the focus was more or less on “prevention” or “edge of statutory intervention”. A number of interviewees also noted that there was often an over-emphasis on the relationship with social care rather than other statutory interventions and that indeed the recent Ofsted report “Early Help, whose Responsibility”, had seemed to approach early help from a social care perspective.

1. **Evaluation of Early Help Services**

For most local authorities, evaluation of the impact of early help services, was in its infancy. Many were in the process of developing outcomes frameworks and so felt that this work was timely. Evaluation to date had mainly comprised:

* Data analysis;
* User feedback;
* Case audits;
* Troubled Families Returns;
* The introduction of ‘distance traveled’ tools; and
* Some service reviews

In three cases there had been a more detailed evaluation (one of which was a peer review). These had also included interviews with families and staff as well as focus groups. Two of the interviewed local authorities had also been part of the Ofsted thematic inspection of Early Help Services.

Five of the LSCB’s had undertaken evaluation of Early Help. In all cases this had been a multi-agency audit, which a number of interviewees felt had been limited in its approach. E.g. in one instance, cases had been drawn from the social care database, which it could be argued meant that the sample had been skewed by cases with limited success, as all had escalated. Another had focused solely on the quality of CAFs.

Whilst a number of interviewees observed that “we know what the evaluation of early help services should include”, others felt that in practice it is difficult to demonstrate cause and effect; we frequently use family interventions to achieve child outcomes which adds to the complexity; small interventions are often difficult to capture and yet these can make all the difference to families; and social capital is often difficult to capture in reality.

Two local authorities had recently entered into partnerships with universities to undertake early help studies over the next few years (Northampton University and Sussex University). The parameters of the studies however were just being established.

1. **Questions to be addressed in the Framework**

From the interviews, it was felt that the following key questions should be addressed in the new framework:

* Does early help work and how do we know?
* What impacts are we looking for – what are good outcomes for families?
* What impacts on a family’s problems at an early stage – (prevention)?
* What are the key characteristics of those families requiring early help?
* What are the issues for families?
* How effective are we at identifying the right children and families for support? I.e. are we helping the “right’ children at the right time?
* Is life better for families as a result of what we do? What makes the difference to families?
* Are we delivering the support that families want and need?
* Are early help services well used?
* How do we ensure that families problems do not escalate – preventing re-referrals to both early help and higher level services?
* What is the impact on higher-level statutory intervention?
* Which services are most effective and provide value for money? Is investment diverting families form statutory intervention?
* Where are the service gaps?
* To what extent is decision making about early help budgets linked to broader health and social care strategies?
* What are the estimated cashable savings?
* How are we engaging with partners and the community? Is early help understood by partners?
* Are there good assessments and plans?
* Do services have the information and research they require to make informed decisions?
* How do we ensure that we don’t create dependencies?
1. **What should the Framework include?**

Most interviewees felt that the framework should not be prescriptive but provide a methodology for local authorities to adopt, either in its entirety or in part, depending on their current circumstances and size,

In essence it was felt that the framework needed to demonstrate the inter-relationship between input, output and outcomes (impact). It would also be helpful if information could be collated to provide a regional as well as local authority dimension. A number of interviewees commented that having strong evidence to provide to councilors was essential. Most felt that the outcomes needed to be broad. It was suggested that focusing on the 6 troubled families domains would be helpful:

* parents and children involved in crime or anti-social behaviour;
* children who have not been attending school regularly;
* children who need help;
* adults out of work or at risk of financial exclusion and young; people at risk of worklessness;
* families affected by domestic violence and abuse; and
* parents and children with a range of health problems.

Information in these six areas is routinely collected by local authorities, (albeit slightly different) as is information for the National Savings Cost Calculator and so it was thought appropriate to include both sets of data as part of the framework.

Many also felt that there needed to be a focus on risk. Interviewees identified the following Key elements to include in the framework:

* A core data set to provide “proxy” information on impact, to be supported by more qualitative information. It was felt that data should focus on individuals, groups of children and system information. See **Appendix II** for some of the current data being collected across the region.
* Service information linked to needs
* A focus on step down as well as step up cases
* Family and child feedback
* “Big conversations” with communities and staff
* Staff and families evaluation of ‘distance traveled’
* Case studies
* Longitudinal studies. Including follow-up checks after a case has been closed for a year and a sample of cases being tracked over 2 to 18 year periods.
* Audits
* An Appreciative Enquiry approach
* The role of LSCBs
* Financial benchmarking (Early Help spend).
1. **Next Steps**

The fist meeting of the Early Help Task and finish group will be held on 3rd September (following a postponement). Further meetings are planned for 1st and 21st October. It is therefore hoped that the framework will be agreed by the end of October 2015.

**Natalie Trentham**

**25/08/15**

**Appendix I – Interview Schedule for Semi-structured Interviews**

1. What is your role?
2. Can you outline the early help offer in your area?
3. a. Have you undertaken any evaluation of the impact of Early Help Services?

b. If so what?

1. a. Has the LSCB undertaken an evaluation of Early Help services?

b. If so what?

1. What do you think an evaluation framework should include?
2. Is there any key research / Good practice sites that we should be looking at?
3. Would you or someone from your LSCB be interested in being part of a short life task and finish group to design the framework?
4. Are you happy for your details to be shared in a paper on the SE SLIP website?
5. Is there a question that I haven’t asked you that you think I should have?

Thanks and next steps.

**Appendix II – Examples of Early Help data currently being collected.**

**Health**

* % of children aged 2 to 2.5 months who receive an ASQ-3 scoring within the expected range for this age group
* % of children aged 12 to 15 months who receive an ASQ-3 scoring within the expected range for this age group
* Breastfeeding prevalence, measured by :
1. % mothers initiating breastfeeding with 48 hours
2. % mothers breastfeeding at 2 weeks after birth
3. % mothers breastfeeding at 6-8 weeks after birth
* Rates of maternal smoking at delivery per 100
* MMR immunisation by age 2 years (as percentage of children age 2 years)
* % of levels of functioning that show improvements following CAMHS treatment
* A&E attendances (0-4 years) per 1000 population 0-4
* Hospital admissions caused by injuries in children (0-14 years)
* Hospital admissions caused by injuries in young people (15-24 years)
* No. of hospital admissions for asthma (under 19 years)
* No. of hospital admissions for mental health conditions (0-17)
* % children classified as obese or overweight in a) Reception (aged 4-5 years) and b) Year 6 (aged 10-11 years)
* Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)

**Early Years**

* % of children eligible for 2 year old funding for nursery education taking this up
* No. of Children age 2 - 4 in early years setting
* % of eligible disadvantaged two year olds taking up free entitlement
* % of 3 and 4 years olds taking up free entitlement
* % of disadvantaged 3 and 4 year olds taking up free entitlement

**Education**

* Achievement gap between pupils eligible for free school meals and their peers achieving the required level at key stage 2.
* GCSE’s achieved (5A\*-C including English and Maths)
* No. of unauthorized absences
* No. of children referred for attendance problems
* Exclusions:
1. At least 3 fixed term exclusions in the 3 consecutive terms.
2. 4+ Fixed Term incidents over 2 years
3. 6+ days lost to Fixed Term exclusions over 2 years
4. Permanent exclusions
* No. of children in alternative educational provision for children with behavioural problems

**Housing**

* Rate of family homelessness

**Work**

* No. of adults in receipt of out of work benefits
* No. of adults in sustained employment (13-26 weeks following benefit claims)
* Increase in parent/carers uptake of activities associated with developing work related skills such as literacy/numeracy and ICT.
* Number of parents and carers supported into training and /or employment
* No. of NEET

**Early Help**

* % of children under 16years in poverty
* No. of CAFs / EHAs
* No. of repeat CAFs / EHAs
* No. of children stepping down from Children’s Social Care
* No. of children missing from home for over 24 hours
* Number of services involved with families
* Length of Early Help Intervention
* % of parents / Carers who feel more able to cope
* Distance traveled reductions in need

**Substance Misuse**

* No. of young people in treatment

**Social Care**

* Quarterly and Annual MASH contacts
* No. of referrals to Children’s Social Care
* No. of re-referrrals to Children’s social Care
* No. of children receiving a statutory service from children's social care following assessment.
* No. of CIN
* No. of S47 enquiries
* No. of families with more than one S47 enquiry in 12mths
* No. of children on CP plans
* No. of children with repeat CP plans
* No. of LAC
* No. ceasing to be LAC

**Police**

* No. of domestic Abuse incidents
* No. of young people referred to MARAC more than once in 6 mths.
* Number of Anti-Social Behaviour Orders in families with children under 16years

**Youth Justice**

* Number of young people age 10 -17 who enter the youth justice system each year