Early Help in the South East of England: An emerging narrative

Introduction and background

This draft narrative was developed by a small working group following an initial discussion at the South East regional Early Help meeting in September 2022. The attendees at the wider regional group felt that as individual LAs there were often conversations with stakeholders including elected members, directors of finance/S151 officers and others outside Children's services about the value of Early Help. Attendees raised that they were often having to justify EH services, and demonstrate the impact that Early Help has on outcomes. Given the variability in how Early Help is delivered across the region, but also a series of common opportunities relating to Family Hubs, staff shortages elsewhere in the system, and localities working via new ICS arrangements, as well as a host of other initiatives it was felt that it could be useful to develop a shared regional narrative which Local authorities could use with internal stakeholders and wider partners.

The smaller working group met once in October 2022 to develop the content which has fed into this draft narrative. It was agreed by the smaller working group that this narrative would not seek to 'prove' a financial argument with figures invested in EH equating to outcomes improved and money saved elsewhere in the system, as that was felt to be too reductive and simplistic. Rather the narrative seeks to describe the strengths of investing in Early help, to explain early help as a culture and way of systemic working, rather than a service or a building and to synthesise and summarise all the opportunities that are currently presented by the wider context (e.g. localities/ICS, family hubs/supporting families/public health and wider determinants, JTAI on early help, attendance guidance, SEND green paper and white paper etc).

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Early Help vision in the South East

In the South East, we believe investing in Early Help is the right thing to do. For us, Early Help is not a council-delivered or commissioned service, but an ethos that drives a whole system approach. That ethos is driven by a belief that bringing together all the system actors in an area (health, council, education, voluntary and community sector, faith sector, criminal justice partners, housing, employment); to work together in a strength-based, relational, family focused way that we can enable children and young people to develop the skills they need to live happy, healthy and successful lives. This moves us from a more traditional and paternal service and organisational focus to an approach which centres on the priorities of families. We believe that working in this way we can improve the quality of children's lives and family relationships, increase educational attainment and support good mental health ultimately preparing them for an adulthood where they are able to achieve their aspirations.

Most importantly, by taking an Early Help Approach - acting early, as a whole system - we can stabilise and over the longer term reduce the number of children and young people that require a statutory social care service to keep them safe. A corollary benefit is a reduction in the financial cost of supporting children in care.

For us a successful Early Help system is not solely directed by the local authority; but, the local authority has a key role in convening and facilitating and in delivering key parts of the approach. The LA also plays an important part in developing a shared culture across the system shifting from addressing symptoms to tackling root causes and focusing on the strengths rather than the deficits or needs of the families we work with.

The rest of this document described where we are in the South East against the approach described above and the opportunities and aligned programmes of work which support this direction of travel.

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Where are we now?

The 19 Local authorities in the South East are on varying stages of our journey toward this whole system approach. In some localities there are already strong relationships between partner agencies, a good focus on outcomes, well-embedded strength-based practice, sufficient capacity in the system to work with families before needs escalate and a robust approach to collecting data to demonstrate the outcomes of this way of working. In other areas practice is more fragile and is at earlier stages of development. Some systems in the South East directly deliver their approach to Early Help through statutory agencies, and others commission providers with capacity working in the Early Help system in each Local authority area reportedly ranging from 630FTE to 3 FTE.

There is similarly large variation of the types of activities that comprise this Early Help approach in each of the 19 areas.

Those most commonly included as in scope are:

- Family hubs/Early help hub (size and scope of these varies)
- Domestic abuse programmes
- Parenting programmes/parenting support/ reducing family conflict/ nurture programmes
- Youth work (sexual health, drug awareness, young carer, youth crime prevention)
- Low level Mental health support (sometimes provided via family hubs, sometimes, direct, sometimes commissioned counselling service)
- Midwifery, breastfeeding, health visiting, nursery nurses
- Supporting families (previously known as Troubled families)
- Education welfare service (CME, EHE, child work permits, pupil absence management)

Other less common areas include:

- Universal baby services
- Duke of Edinburgh
- Youth mentoring
- Youth council
- Volunteer development
- NEET tracking and support
- Adult learning
- Family information service
- Communication support
- Single point of contact CAMHS
- Youth centres/children's centres
- SGO support
- Pupil referral unit
- Youth justice
- Perinatal mental health
- LGBTQI specialist service
- CWD specialist service
- Childhood obesity
- Refugee specialist service
- Supervised contact

The intention of these lists is not to provoke a discussion about regional variability, but to reflect that the demographics, issues, and organisations present vary hugely and so it is not surprising that there is variability in how different areas in the South East convene and design their early help systems.

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Why now? Interdependencies

There is much happening at a national level which is aligned with the early help ethos described in the first section above which means it is important that local areas continue to invest in their own Early Help systems. These interdependencies and aligned policies and programmes include:

- **Care review:** The DfE response to the Care Review (Children's social care: Stable Homes, Built on Love - GOV.UK (www.gov.uk) sets out a clear direction of travel around bringing Children in Need/Safeguarding services and Early Help closer together. This aligns with the vision set out at the beginning of this document around taking a whole system approach and intervening early to prevent needs from escalating to reduce the number of children and young people that require a social care intervention.

- **Family hubs** which are being launched in 75 transformation areas across the country – seven of the 19 Local authorities in the South East are part of these 75 front-runners. Whilst much about family hubs is being centrally prescribed (e.g. governance, oversight, data), the idea of physical locations based in communities which bring together professionals who can work with families to act early and prevent issues from escalating aligns well with the early help ethos described above

- **JTAI:** The new Joint Targeted Area Inspections of the multi-agency response to children and families who need help is specifically focused on whole system early help and was published in October 2022. It sets out the inspection framework for this way of working which includes the responsibilities of a wide set of partner agencies. This aligns with the idea of all partner agencies working together described above. The evaluation criteria for the new JTAI are set out in appendix two

- **Supporting families:** The new Supporting Families Outcomes Framework published in April 2022 and applied in practice from October 2022 sets out ten headline outcomes (in the diagram below). Below these outcomes sit descriptors of the family needs that make up the eligibility criteria for the Supporting Families programme. Places in the South East working on the Supporting Family programme select families that demonstrate a minimum of three eligibility criteria or family needs and then work with them to address the root causes that are driving those needs. Once improvement in outcomes have been sustained for more than 6 months outcomes can be claimed for. This focus on a wide set of outcomes and the focus on root causes and wider determinants is helpful and aligned with the approach described above. However, the deficit focus on needs of families is less so.

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Why now? Interdependencies
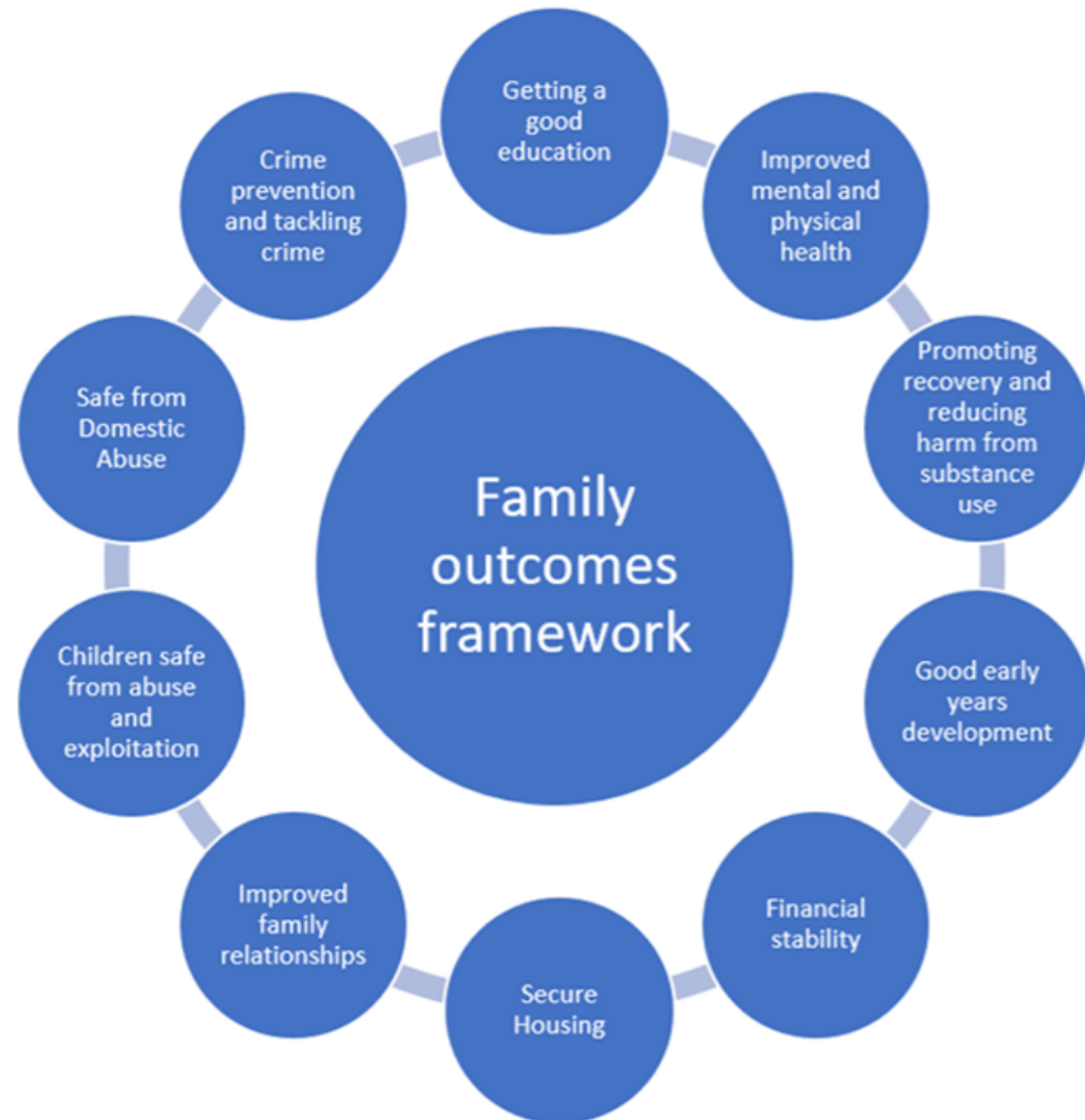
- **Integrated Care System (ICS)**, Integrated Care Board (ICB) arrangements and localities working: The new ICS and ICB arrangements which launched in July 2022 have a strong focus on neighbourhood delivery, localities and place-based working with a real focus on shifting resource and capacity up stream to address the wider determinants of health (like employment, housing and social connection) and bringing together health services into community-based settings. The Fuller Stocktake report (published in May 2022) which sets out the next steps to support primary care integration is also strongly aligned. In the short term ICSs are all currently pulling together local evidence bases to develop Integrated Care Strategies by the beginning of 2023 which will set out the priorities for each ICS area. There is opportunity for early help system actors to be instrumental in shaping the focus of the ICS in their local area as articulated in the new Integrated Care Strategies.

- **Data to insight** East Sussex has been commissioned as part of the DfE data to insight programme to develop a coherent national dataset for Early Help. At the moment the emerging likely indicators are quite output focused, but there is opportunity to develop the dataset into something more outcomes-oriented and linked with some of the outcomes in the new Supporting Families outcomes framework (see Appendix one)

- **Attendance Guidance:** New attendance guidance for schools came into force in September 2022 with a greater focus on intervening earlier identifying specific barriers for individual pupils or groups of pupils, including analysing data. It says schools should "build strong relationships with families, listen to and understand barriers to

attendance and work with families to remove them". Again this prevention, person-centred and whole system focus aligns well with the Early Help ethos described.

- **SEND Green paper:** The SEND green paper published in May 2022 sets out a range of proposals which are designed to focus on the needs as aspirations of children and families with SEND, bringing in more consistency and proposing the development of local partnerships of education, health, care and local government. This again ties in strongly with the direction of travel outlined above around working together as a whole system to support the aspirations of families who are in most need.

- **Recruitment challenges:** We are also acutely aware of shortages in the South East labour market particularly relating to health visitors, CAMHS and social work. Taking a whole system view of our approach to Early Help means that as a system we could choose to take a more nuanced approach to developing capacity in our local systems. For example, recruiting intensive family support workers instead of health visitors, CAMHS or social workers if the posts are unlikely ever to be filled; and developing system wide approaches to career development and progression working with local education providers (South East FE colleges and universities) to grow the future labour market that this approach needs.

Appendix one: Supporting Families outcomes framework

Chapter 3: The National Supporting Families Outcome Framework - GOV.UK (www.gov.uk)

Getting a good education

Children in families on the programme are nearly three times more likely to be persistently absent (i.e. they missed 10% or more education sessions) compared to school children nationally. Supporting Families sets out to tackle school absence and improve the life outcomes of children by requiring sustained good attendance for all children in the family, across two consecutive school terms.

Family Need	Data Source	Outcome	Evidence
Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms	Census, Live Data	Sustained good attendance	Average attendance 90% or above for every child in the family over 2 consecutive terms
Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms	Census, Live Data	Sustained improvement from very poor attendance	At least a 30% improvement in attendance, with a minimum of 50% average attendance, over 2 consecutive terms
Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET	Census, Live data, Strengths and Difficulties Questionnaire (SDQ) scores) Information from practitioner assessments, contacts and referrals.	Improved engagement with education (e.g., pupils no longer on report, reduction/no detentions)	Validated outcome measure: Improved SDQ scores Fewer days lost to suspension and exclusion over 2 two consecutive terms (immediately preceding the claim), reduction threshold can be locally defined. Professional judgement - No further concerns about suitability of Elective Home Education Child who was off roll receiving a suitable education Practitioner assessed outcomes
Child's special educational needs not being met	SEND data, Education Health and Care (EHC) plan Information from practitioner assessments, contacts and referrals, including self-referral.	Family happy that special educational needs being met, and school/ early years settings are providing adequate support.	Child's needs have been appropriately assessed and suitable package of support is in place as per the SEND Code of Practice. Family engaging with package of support and has a trusted relationship with the team around the family (Supplementary)

Good Early Years Development

Good early years development improves children's life chances. The framework recognises the importance of these earliest years, including the first 1001 days, for achieving the best possible start in life. Support for families may begin before a child is born and expectant or new parents who require additional support may be eligible for the programme. Providing guidance for parents and developmental support for babies and young children is essential for delivering strong health and educational outcomes for children, ensuring they have a positive start in their early years.

Family need	Data source	Outcome	Evidence
Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs)	GP, Dentist, Health Visitor, Midwife, Family Nurse Partnership, Health records Information from practitioner assessments, contacts and referrals, including self-referral.	Families are engaged with appropriate support that can be seen to be making a difference; capacity for positive, effective parenting increased and they are accessing and engaging with services	Completed evidence-based parenting course with evidence of parents/carers implementing those strategies and improved outcomes Practitioner and/or self-assessment - improved outcomes
Child's (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)	A&E records, GP, Dental, Midwife, Family Nurse Partnership, Health Visitor. Information from practitioner assessments, contacts and referrals, including self-referral	Child's physical health needs met, better awareness of home safety and accident prevention	A&E records, GP, Dental, Midwife, Family Nurse Partnership, Health Visitor Practitioner and/or self-assessment – improved outcomes
Child's (0-5 yrs) developmental needs not being met (e.g. communication skills/ speech and language, problem-solving, school readiness, personal social and emotional development)	Early Language Identification Measure (ELIM) data, Ages and Stages Questionnaire (ASQ) SE, Ages and Stages Questionnaire (ASQ) 3. SDQ scores for 3+ Early Years Foundation Stage Profile – not meeting development goals Not taking up 2-year-old entitlement or 3–4-year-old universal early years entitlement Not attending 2-year Universal Health Visitor Review Information from practitioner assessments, contacts and referrals, including self-referral	Child's developmental needs are being met, allowing them to make progress at a pace that is suitable for them Child has the right support in place to make progress Children and young people with probable/ confirmed prenatal alcohol exposure and significant physical, developmental or behavioural difficulties are referred for foetal alcohol spectrum disorder (FASD) assessment	Improvement in ELIM or ASQ scores if relevant SDQ scores (for 3+) Take up of 2-year-old or 3–4-year-old entitlement, attending development check Practitioner assessment - improved outcomes, self-assessment (parent/carer) - improved outcomes

Improved mental and physical health

The national evaluation shows that complex families have disproportionately high levels of health problems compared with the general population. Poor mental health is particularly pertinent, with over two fifths of families on the programme having a family member with a mental health problem. Health needs have a significant impact on the whole family and may require specialist support.

The programme seeks to reach families with a range of physical and mental health needs. These can affect the whole family who may, in turn, require additional support and service coordination. The outcomes below also refer to improvements to wellbeing, as well as mental health. We recognise that not all problems can be solved or improved in all circumstances, but in those instances lead practitioners should be aiming to see some level of improved wellbeing before recording a successful outcome. If practitioners would like guidance, the best place for general well-being and mental health advice is the NHS Every Mind Matters website. The Department for Education also has a longer resources pack aimed at teachers, but which may be helpful to any practitioner supporting people with their mental health.

Family need	Data source	Outcome	Evidence
Child needs support with their mental health	Mental health service provider records GP/ other health data source Information from practitioner assessments, contacts and referrals, including self-referral	The child's mental health and/or wellbeing has improved Family/parents/carers feel better equipped to manage the child's mental health and well-being	Validated outcome measure* Diagnosis received, if relevant, and appropriate support in place Child (and/or parent/carer) is engaging with, and benefitting from, appropriate support (e.g., from mental health teams) (Supplementary) Professional assessment or self-assessment - improved outcomes
Adult needs support with their mental health	Mental health service provider records GP/ other health data source Information from practitioner assessments, contacts and referrals, including self-referral	The adult's mental health and/or wellbeing has improved Family/parents/carers feel better equipped to manage the adult's mental health and well-being	Validated outcome measure* Diagnosis received, if relevant, and appropriate support in place Adult is engaging with, and benefitting from, appropriate support (e.g., from mental health teams) and adhering to medication regime (if relevant) (Supplementary) Professional assessment or self-assessment - improved outcomes
Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations)	Health vulnerabilities data GP/ other health data source Information from practitioner assessments, contacts and referrals, including self-referral	Physical health needs are being well-managed, and family have sufficient / the right support in place	Necessary adaptations have been made/in place Family is engaging with, and benefitting from, appropriate support, plan in place to manage on-going health needs (Supplementary) Professional or self-assessment - improved outcomes

*e.g., Improved SDQ scores, improvement on Short Warwick – Edinburgh Mental Wellbeing scale (SWEMWS) (11+), Generalised Anxiety, Assessment (GAD-7),
The Revised Child Anxiety and Depression Scale (RCADS) (for children aged 8-18), Kessler psychological distress scale (K10) and Depression Anxiety Stress Scale (DASS)

Improved family relationships

Families who face multiple and complex needs may require support to develop positive and supportive relationships within the family. The National Outcomes Framework recognises the long-term benefit of positive parenting and attachment, and the impact that family conflict can have on children in the family. Forty percent of keyworkers working on the programme said they provide inter-parental relationship support at least once a week.

Conflict in relationships is expressed through many different behaviours which can have an impact on families' lives. When conflict is between parents, it can have negative effects on their children's mental health and wider development.Some level of arguing and conflict between parents is often a normal part of everyday life. However, there is strong evidence to show how inter-parental conflict that is frequent, intense and poorly resolved can have a significant negative impact on children's mental health and long-term life chances.

Where parental conflict is being addressed by DWP's Reducing Parental Conflict[footnote 1] programme, it is that which is below the threshold of domestic abuse. Where domestic abuse is present there will be an imbalance of power and/or control and one parent may feel fearful of the other. The framework also recognises the impact of violence or abuse inflicted by children towards other members of the family[footnote 2], and the impact of unmet needs for young carers.

Family need	Data source	Outcome	Evidence	
Parent / carers require parenting support	Information from practitioner assessments, contacts and referrals, including self-referrals.	Parent / carer demonstrates improved, positive parenting (e.g., improved parent / child interactions; positive attachment etc)	Completed evidence-based parenting course with evidence of parents implementing those strategies and improved outcomes	Practitioner / self - assessed improved outcomes
Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved	Police report Information from practitioner assessments, contacts and referrals, including self-referrals	No harmful parental conflict and improved family relationship Parents /carers understand the impact of the conflict on the children	Validated outcome measure e.g., Family relationship quality tool Completed relationships support (evidence-based where possible), evidence of parents/carers implementing those strategies and improved outcomes. Practitioner / self-assessed improved outcomes	
Child / young person violent or abusive in the home (to parents/carers or siblings)	Police report	Information from practitioner assessments, contacts and referrals, including self-referrals.	No harmful child to adult or sibling abuse. Child is better equipped to understand behaviours, develop coping mechanisms and self-manage. Parent/carers better equipped to manage child's behaviour and relationship improved	Child has received, and benefitted from, appropriate therapeutic support. Family successfully complete specialist child to parent abuse parenting course (or specialist course for children with SEND), and / or received therapeutic support, evidence of improved outcomes. Practitioner / self-assessed improved outcomes, Improved self-assessment.
Unsupported young carer or caring circumstances changed requiring additional support	Information from practitioner assessments, contacts and referrals, including self-referrals.	Unsupported young carer now supported, including with change in caring circumstances	Young Carers Assessment and relevant support in place Accessing targeted young carers support / regular respite support provided Practitioner/self-assessed improved outcomes.	

Children safe from abuse and exploitation

Children who experience, or who are risk of, abuse and exploitation are amongst the most vulnerable in society. The national Supporting Families Outcome Framework includes five indicators of eligibility under this headline outcome reflecting the complex nature of the needs that a family might be experiencing. In the indicators below children could be at risk from harms within or outside the home or both. They also identify factors that put children at additional risk from harm, such as going missing and radicalisation. Effective multi-agency working that operates across geographical boundaries can prevent the needs of these children and their families from escalating to more intensive statutory services. For practitioners who would like further guidance, Working Together to Safeguard Children provides the framework for child safeguarding.

Family need	Data source	Outcome	Evidence
Emotional, physical, sexual abuse or neglect, historic or current, within the household	Open Early Help, CIN or CP plan Information from practitioner assessments, contacts and referrals	No longer abuse or neglect in the household Child / family has been supported following abuse/neglect and has strategies to manage going forward Children are in an emotionally and physically safe environment	Early help, CIN or CP plan closed and/or stepped down, Practitioner assessed - improved outcomes
Child going missing from home	Police report Information from practitioner assessments, contacts and referrals.	Child no longer going missing Child/family has been supported following missing episodes	No missing reports in month prior to closure and no re-referral into services 6 months following closure Practitioner assessed - improved outcomes
Child identified as at risk of, or experiencing, sexual exploitation	Police report Information from practitioner assessments, contacts and referrals.	Child not experiencing sexual exploitation **And** Child has been supported following sexual exploitation Partners worked alongside child/family to manage risk of sexual exploitation	Practitioner and self-assessed – improved outcomes **And** No more police reports
Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines)	Police report Information from practitioner assessments, contacts and referrals.	Child not experiencing criminal or pre-criminal exploitation **And** Child has been supported following criminal exploitation Partners worked alongside child/family to manage/reduce risk of criminal exploitation	Practitioner and self-assessed - improved outcomes **And** No more police reports
Child identified as at risk of, or being affected by, radicalisation	Information from practitioner assessments, contacts and referrals.	Child not affected by radicalisation **And** Child has engaged with, and benefitted from, relevant support Partners worked alongside child/family to manage or reduce risk	Practitioner and self-assessed - improved outcomes
Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/ offences)	Police report, School report Information from practitioner assessments, contacts and referrals.	Child no longer experiencing harm **And** Child confident in reporting and being taken seriously Partners worked alongside child/family to develop strategies and support them to cope with, and respond to, abuse / harm outside of the home and to keep themselves safe.	Practitioner or self-assessed improved outcomes, closure of plan, no police or school reports

Crime prevention and tackling crime

Crime and anti-social behaviour have a significant negative impact on individuals and communities - including the victims, the relatives of offenders, and the offenders themselves - as well as a significant financial cost to society. For example, reoffending costs society approximately £18 billion per year[footnote 3]. This framework covers young people who are involved in crime and anti-social behaviour as well as young people who are at risk of becoming involved in crime. This allows local authorities to support families at the earliest opportunity and may be particularly helpful when identifying families where there is strong intelligence about a family's involvement in activities such as gangs, youth violence or serious organised crime, but no proven offence.

The outcomes framework also covers adults who are involved in crime and anti-social behaviour. This reflects the evidence that parental anti-social or criminal behaviour is a significant factor in youth offending. The children of offenders are also more likely to be excluded from school and twice as likely to suffer from behavioural and mental health problems. The framework also reflects the importance of tackling the causes of reoffending - unemployment, insecure accommodation and substance. These outcomes relate only to number of incidents. However, lead practitioners will also be considering severity of crime in deciding where a case is appropriate for a successful outcome. If someone commits a very serious crime it may warrant a discussion with the team about where that should be recorded and the appropriate outcome.

Family need	Data source	Outcome	Evidence
Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months	Police report, Probation data, multi-agency safeguarding panels Information from practitioner assessments, contacts and referrals, including self-referral	(7 or fewer incidents in 12 months) Adult no longer involved in crime Or (8 or more incidents in 12 months) Adult demonstrates at least a 50% reduction in incidents of crime	Where number of incidents* is 7 or fewer, the person must not have any offences, arrests, named suspect reports, or ASB for 6 months. Where number of incidents* is 8 or more, the person must demonstrate a reduction in the number of incidents (offence/arrest/named suspect report/ASB) of **at least** 50% which is sustained for a period of at least 6 months.
Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour	Multi-agency safeguarding panels, Asset Plus, Police data Self-report delinquency scale Information from practitioner assessments, contacts and referrals, including self-referral	Young person not involved in crime or anti-social behaviour. Young person supported to better manage risks of becoming involved with crime, through accessing relevant services and fully engaging in this process.	Young person must not have any offences, arrests, named suspect reports, or ASB for 6 months Engaging with, and benefitting from, relevant and appropriate services (e.g., VRUs, CAMHS, Education, AP, youth offending services) regularly and maintains positive behaviour (Supplementary)
Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months	Multi-agency safeguarding panels, Asset Plus, Police data, Probation data Information from practitioner assessments, contacts and referrals, including self-referral	(4 or fewer incidents in 12 months) Young person no longer involved in crime Or (5 or more incidents in 12 months) Young person demonstrates at least a 50% reduction in incidents of crime provided none of these are a severe offence as defined by the list of severe offences. **And** Young person supported to better manage risks of becoming further involved with crime, through accessing relevant services and fully engaging in this process.	Where number of incidents* is 4 or fewer, the young person must not have any offences, arrests, named suspect reports, or ASB for 6 months Engaging with, and benefitting from, relevant / appropriate services (e.g., VRUs, CAMHS, education, AP, probation, youth offending services) until problems have resolved/ solutions progressed (Supplementary)

*Consistent measure required i.e., if identifying on arrests, arrests must be measured for outcome

Safe from domestic abuse

At least a quarter of families previously supported by the programme had at least one family member affected by domestic abuse in the year before intervention. Domestic abuse remains an important problem for the programme to tackle, and positive outcomes may rely on changes in perpetrator behaviour. This is why we have included an indicator and outcomes specifically focused on perpetrators of domestic abuse, as part of a whole family approach. Supporting Families applies the following definition of domestic abuse in accordance with the Domestic Abuse Act 2021: 'any incident or pattern of incidents of controlling or coercive; violent or threatening behaviour or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Abuse can encompass, but is not limited to psychological, physical, sexual, economic and emotional abuse. Sexual abuse is defined as any sexual act or attempted act committed against someone without their consent, regardless of the relationship to the victim. Economic abuse means any behaviour that has a substantial adverse effect on a person's ability to acquire, use or maintain money or other property or obtain goods or services'. Further information on the types of domestic abuse and the impact it can have can be found in the Domestic Abuse statutory guidance document which will be published in 2022[footnote 4].

All forms of domestic abuse can have a significant impact on children and young people, including coercive and controlling behaviour. Children and young people may experience domestic abuse directly, including in their own intimate relationships, or indirectly due to the impact the abuse has on others such as the non-abusive parent. If a child is demonstrating abusive behaviours towards family members, this should be considered under the headline outcome 'Improved Family Relationships'.

Family need	Data source	Outcome	Evidence
Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim)	Police data Notification via Operation Encompass (for affected children) Information from practitioner assessments, contacts and referrals, including self-referral	Domestic abuse has stopped Victim has a clear safety plan in place and knows how to seek help, victim feels safe at home **And** Victim has received (or is receiving) appropriate support	No incidents of domestic abuse in the month prior to closure, and no referral into services for 6 months following closure **And (at least one of the below)** Victim engaged with local multi-agency partnership arrangements Practitioner or self-assessment (e.g., DASH / reduction in risk tool)
Adult in the family is a perpetrator of domestic abuse	Police data Notification via Operation Encompass (for affected children) Information from practitioner assessments, contacts and referrals, including self-referral	Domestic abuse has stopped **And** Perpetrator understands crime, and impact on the victim(s) (including children), and is engaging with perpetrator support	No incidents of domestic abuse in the month prior to closure, and no referral into services for 6 months following closure **And (at least one of the below)** **Where available, perpetrator engaged with specialist programmes** Perpetrator engaged with local multi-agency partnership arrangements Practitioner or self-assessment (e.g., DASH / reduction in risk tool)
Child currently or historically affected by domestic abuse	Police data Notification via Operation Encompass (for affected children) Information from practitioner assessments, contacts and referrals, including self-referral	Domestic abuse has stopped Child feels safe at home **And** Child has received appropriate support	No incidents of domestic abuse in the month prior to closure, and no referral into services for 6 months following closure **And (at least one of the below)** Child engaged with specialist/ therapeutic support Practitioner or self-assessment - (dash form, reduction of risk)

Secure housing

Secure and suitable housing provides stability for families. It is linked to positive health and wellbeing outcomes, provides a base for children to attend school, for parents to sustain employment and for the family to contribute to their communities. This is why secure housing for families and young people is recognised in the outcomes framework. The programme's multi-agency and early intervention approach will help to identify vulnerable families and young people with housing issues or at risk of homelessness. It will also support them to resolve these issues by maintaining existing housing or, if necessary, helping them to secure suitable settled accommodation.

Family need	Data sourc	Outcome	Evidence
Families who are in local authority temporary accommodation and are at risk of losing this	Homelessness data Information from practitioner assessments, contacts and referrals, including self-referral	Family no longer at risk of losing temporary accommodation and have sustained temporary accommodation for 6 months or have moved into settled housing.	Confirmation from Homelessness Services of the outcomes. Tenancy agreement for long term suitable temporary accommodation or settled accommodation Practitioner assessment - improved outcomes
Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness	Homelessness data Information from practitioner assessments, contacts and referrals, including self-referral	Family no longer at risk of eviction* and/or in suitable and sustainable housing for 6 months	Confirmation from Homelessness Services that no homelessness duty is owed; or from landlord (PRS/RP/LA) that notice withdrawn. Evidence of suitable alternative accommodation sourced: confirmation from Landlord (PRS/RP/LA) Practitioner assessment - improved outcomes
Young people aged 16/17 at risk of, or who have been, excluded from the family home	Homelessness data Identified via the CS front door e.g., MASH or Early Help Information from practitioner assessments, contacts and referrals, including self-referral	Young person no longer at risk of homelessness – remains with or is returned to family or wider family network with support available for 6 months	Practitioner assessment - improved outcomes

*Notice not served or withdrawn; or (for social housing tenants) have a suspended possession order and have sustained the accommodation for 6+ months

Financial stability

Supporting Families continues to prioritise employment and financial stability as these are key factors in building families' resilience. Adults on the programme were five times more likely to be claiming benefits, and over ten times more likely to be claiming Jobseeker's Allowance compared to the general population. Feedback from local authorities and their partners delivering the programme suggest it has a transformative impact not only on family outcomes, but also on the approach and design of local family services.

Supporting Families eligibility indicators also reach those who are workless, those who require support with their finances and families where a young person in the household is not in employment or education (NEET).

Family need	Data source	Outcome	Evidence
Adult in the family is workless	Universal Credit or legacy benefit, ADMS Information from practitioner assessments, contacts and referrals, including self-referral	Adult is in work Or Adult has made progress to work (e.g., gained a qualification, completed training, volunteering, is attending job interviews)	Universal Credit or legacy benefit data, ADMS Practitioner or self-assessed - adult has gained employment / made progress to work measured by Employment Advisor or keyworker (including use of DWP milestone plan)
Family require support with their finances and / or have unmanageable debt (e.g., rent arrears)	Housing benefit, registered social landlord data Crisis payments, benefit caps Information from practitioner assessments, contacts and referrals, including self-referral	Family feels able to manage their finances Debt is being managed or has been resolved	Debt repayment plan in place Reduction in debt Practitioner or self-assessment - improved outcome
Young person is NEET	NEET data, CCIS statutory dataset Information from practitioner assessments, contacts and referrals, including self-referral	Young person is in education, employment or training	Census / NEET data, CCIS statutory dataset Secure progression pathway in place Practitioner or self-assessment - confirms young person is in education, employment or training

Appendix two: 16 Evaluation criteria JTAI

Joint targeted area inspection of the multi-agency response to children and families who need help - GOV.UK (www.gov.uk)

EC1 Agencies work together effectively so that children and their families get the right help at the right time. The help provided meets the needs of children and their families.

EC2 Children and their families can access a sufficient range of effective services. Early help activities are well coordinated. There is a clear, up-to-date mapping of services and the pathways are understood and used well by professionals and families.

EC3 Children who need help experience a child-centred approach from all professionals. Practice is based on: a good understanding of children's experiences; children's background and identity, including any barriers to them accessing help and support; and children's needs and strengths.

EC4 Professionals understand the importance of building trusting relationships with children and families who need help. Professionals work together to ensure that they are appropriately persistent in their efforts to engage with children and their families. Relationships are based on consistency, stability and respectful communication.

EC5 Assessments are coordinated by the most appropriate professional for the child, and include

contributions from relevant agencies. The experience of the child is well understood, and their views are clearly recorded and central to an effective multi-agency response. Assessments and plans are dynamic and change in the light of emerging need and risk.

EC6 Children and families are helped through effective multi-agency meetings. Key participants attend multi-agency meetings. These meetings are effective forums for timely information-sharing, planning, decision-making and monitoring. Actions happen within agreed timescales and the help provided meets children and families' needs.

EC7 Children and their families are listened to. Multi-agency practice focuses on their needs and experiences and is influenced by their wishes and feelings.

EC8 Children and their families benefit from evidence-based approaches that meet their needs.

EC9 Education providers, health providers and the community and voluntary sector identify children and families who need help, and provide appropriate help wherever possible. If these agencies are unable to meet children and families' needs, or those needs escalate, the agencies

make appropriate and timely referrals, and work in partnership with other agencies in the best interests of children.

EC10 The local safeguarding partners support education providers to contribute to multi-agency working. As a result, education providers work with partners to meet needs effectively. They work together to enable children to remain in education.

EC11 The workforce is well supported and has the appropriate skills, knowledge and capacity to: identify and respond to need and risk; engage with children and families, and build relationships; and work effectively in a multi-agency system.

EC12 There is effective communication and involvement of the local community in the development and evaluation of help and support, at a strategic level and a practice level. The local community and voluntary sector, including informal support networks, are involved in the local partnership to develop and deliver the local offer.

EC13 Leaders understand and communicate a shared strategic vision and framework for child and family support. It is well understood across the local partnership, and by families and communities.

EC14 Leaders and managers across agencies share and analyse information effectively, and understand local need. This leads to an effective multi-agency strategy, including the commissioning of services to meet local need. Leaders evaluate the effectiveness of their strategy and commissioning arrangements, and improve these when needed.

EC15 Through the MASA, leaders in the local partnership monitor and evaluate the work of the statutory partners effectively. The local partnership works closely with other strategic partnerships and local organisations to ensure that children and their families get the help and support they need at the right time. Arrangements for independent scrutiny of the MASA provide assurance of its effectiveness.

EC16 Through the MASA, the local partnership promotes multi-agency learning about the identification, assessment and response to children and families who need help. Practice, planning and the design of services are informed and improved by feedback from children and families, research and intelligence on effective multi-agency practice.