Department for Levelling Up,
Housing & Communities

Department
for Education

Early Help System Guide

A toolkit to assist local strategic partnerships
responsible for their Early Help System

Introduction

Purpose of This Guide

The Early Help System is not a single service. It is a network of services, processes and interactions that aim to help children, young people and families at the earliest opportunity. Improving this system requires clarity of what success looks like, shared across a range of partners, and informed by the voices of managers, practitioners and families.

This is the second iteration of The Early Help System Guide. This second version outlines a national vision and descriptors for a mature Early Help System that is shared by DLUHC and DfE. It has been widely consulted upon across other government departments and local areas and is based on what is working around the country. It is a living tool that will adapt as new and better ideas are implemented.

The Guide is intended for the local strategic partnership responsible for the Early Help System. It aims to provide a framework for local workshops, partnership conversations and strategic planning and to support prioritisation. The Guide provides a self-assessment tool to support discussion, reflection and action planning against key areas that influence the effectiveness of Early Help. It does not dictate what needs to be done; but is a dynamic tool designed to focus the system on common goals, and progress towards these. Your reflections with partners and communities on the Early Help System Guide should lead to an improved local early help strategy which, in turn, will help your local partnership improve families' outcomes and reduce demand on acute services.

The Guide is designed to help you use local and research evidence to deliver an effective approach to early help. It asks you to consider what organisational and community data you use to understand your current position, as well as which evidenced-based interventions and practices you use to support families across the partnership.

Background and Context

This Guide has been produced by the national Supporting Families programme (formerly the Troubled Families programme) within the Department for Levelling Up, Housing and Communities (DLUHC) in partnership with the Department for Education.

Since 2012, the programme has been supporting and challenging local areas to transform services and systems to achieve significant and sustained outcomes for families facing complex challenges and problems. The programme promotes a whole family approach and has been evaluated as successful in improving outcomes. The programme invests significant resource into local areas in order to support the transformation this Guide sets out.

The Supporting Families programme places a specific expectation on all areas to use the Guide to self-assess the maturity of the Early Help System and to identify priority descriptors to work towards. More detail on this can be found in the Supporting Families programme Guidance.

System transformation: Supporting Families, Family Hubs and Start for Life

During the budget 2021, the Government announced increased investment in the Supporting Families programme alongside new investment to transform Start for Life and family help services by creating a network of Family Hubs, investing in tailored breastfeeding services, infant and parent mental health, parenting programmes, and establishing a clear Start for Life Offer in half of upper tier local authorities.

Supporting Families drives high standards of continual improvements to local partnership working and data use, while funding intensive keywork support for those families facing multiple complex problems. Family Hubs are one way of delivering the Supporting Families vision of an effective early help system.

Where Family Hubs exist, they provide a single access point – a 'front door' – to universal and early help services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. Family Hubs involve co–location of services and professionals to make it easier for families to access the services they need, including Start for Life services, and this can include both physical locations, outreach support and virtual offers. Many services offered in a Family Hub network will be for families who do not need intensive, whole–family Lead Practitioner support; however, hubs will ensure seamless access to a whole–family Lead Practitioner where needed.

Supporting Families' outcomes align with the Best Start for Life vision of achieving good early years outcomes for babies and young children, and practitioners, services and families all benefit from expanded core services which ensure that children have the best possible start in life.

Many local authorities have already adopted hubs as their leading model of delivery with the help of Supporting Families funding. These programmes can be entirely complementary and together they form a strengthened local family help and support offer, led by the Department for Education, Department for Levelling Up, Housing and Communities and Department for Health and Social Care working in close partnership across government.

How to use this Guide

This guide provides the key descriptors of a mature Early Help System. It is a self-assessment and planning tool, the outcome of which should lead to a clearer and shared understanding of the current maturity of the Early Help System in an area and what steps need to be taken to progress. This could form the basis of a refreshed Early Help Strategy in a local area and a plan for implementation.

The guide contains:

Contents	Description	Page
The Early Help vision	A summary of our vision for the Early Help System of support for families	6
The Early Help system	A diagram demonstrating which services have a role to play in the Early Help System	9
The workforce table	A table which defines the likely role of different types of practitioners from different agencies in the Early Help System. The contents of this table were developed with local areas and relevant Government Departments.	11
The self-assessment scoring system	An outline of how to use the 0-5 scoring framework	14
The self-assessment descriptors	Structured as five sections focussing on family voice and experience, workforce, communities, leaders and data	15

Conducting a self-assessment

There are a number of different ways the self-assessment can be conducted

1. A series of multi-agency workshops – using the themes in the guide as a structure, workshops could explore different perspectives on what is working well and what needs to improve linked to each descriptor. Evidence from family feedback along with population, cohort and family level outcome measures should be used to inform discussion.
2. Individual interviews with stakeholders from different agencies and services – this approach could yield more insightful responses from individual stakeholders, the results of which could be used to draft the self-assessment with stakeholders, or used as one of the evidence sources for a multi- agency workshop.
3. Peer review – a number of stakeholders from 2 areas may wish to work together to complete the self-assessment to enable benchmarking and comparison of activity and progress.

The Guide can be used by any partnership to assess and plan for maturity in the Early Help System.

The Early Help vision

Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse

Workforce

1. There is a professional family support service. Whole family working is the norm for all people-facing public services through a shared practice framework. And early help is seen as everyone's responsibility

2. Public services work together in place based or hub-based working where partners are integrated virtually or physically, based in the community with a common footprint

3. We invest in our workforce with a workforce development plan to embed the shared practice framework and there is direct support for professionals to improve their practice through a quality assurance framework

4. The response to different presenting needs are aligned or integrated to ensure there is always a whole family response

Communities

1. We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity

2. Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all

3. We are building capacity in communities and harnessing the talent of parents, carers and young people with lived experience to help one another

4. We are shifting decision making about local services and facilities towards families and communities

Family voice and experience

1. There are well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance

2. Families say they know how to navigate local services and how to get help

3. Families who have several needs say they know who their lead practitioner is, that all their needs were considered individually, and as a whole, and they only needed to tell their story once. They also say all the professionals work together to one plan in a team around the family

4. Families say that those that helped them listened carefully, cared about them and told them about their strengths

5. Families say that the help they have received addressed all their problems and they are better connected to their own support network and local community

Leaders

1. There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working

2. Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children's social care system

3. Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of practice and family voice, which collectively represent the effectiveness of the Early Help System

4. There is a culture of using evaluation and evidence to inform development of the Early Help System

Data

1. There is a senior strategic group with representation across the partnership, which is accountable for developing and driving the use of data for the whole Early Help System

2. All data feeds are shared safely and robustly across the partnership, brought into one place and used to identify family needs

3. Case management systems are accessible to all partners working with families and allow us to quantify all issues affecting the family and report on all issues and outcomes in a quantifiable way

4. Working with our strategic partnership group we are developing innovative approaches to the use of data. We are using technological solutions to match data, present information to family workers and strategic boards and analyse these data to prevent the escalation of needs

The Early Help vision (Plain Text)

Early Help is the total support that improves a family's resilience and outcomes or reduces the chance of a problem getting worse

Family voice and experience

1. There are well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance
2. Families say they know how to navigate local services and how to get help
3. Families who have several needs say they know who their lead practitioner is, that all their needs were considered individually, and as a whole, and they only needed to tell their story once. They also say all the professionals work together to one plan in a team around the family
4. Families say that those that helped them listened carefully, cared about them and told them about their strengths
5. Families say that the help they have received addressed all their problems and they are better connected to their own support network and local community

Workforce

1. There is a professional family support service. Whole family working is the norm for all people-facing public services through a shared practice framework. And early help is seen as everyone's responsibility
2. Public services work together in place based or hub-based working where partners are integrated virtually or physically, based in the community with a common footprint
3. We invest in our workforce with a workforce development plan to embed the shared practice framework and there is direct support for professionals to improve their practice through a quality assurance framework
4. The response to different presenting needs are aligned or integrated to ensure there is always a whole family response

Communities

1. We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity
2. Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all
3. We are building capacity in communities and harnessing the talent of parents, carers and young people with lived experience to help one another
4. We are shifting decision making about local services and facilities towards families and communities

Leaders

1. There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working
2. Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children's social care system
3. Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of practice and family voice, which collectively represent the effectiveness of the Early Help System
4. There is a culture of using evaluation and evidence to inform development of the Early Help System

Data

1. There is a senior strategic group with representation across the partnership, which is accountable for developing and driving the use of data for the whole Early Help System
2. All data feeds are shared safely and robustly across the partnership, brought into one place and used to identify family needs
3. Case management systems are accessible to all partners working with families and allow us to quantify all issues affecting the family and report on all issues and outcomes in a quantifiable way
4. Working with our strategic partnership group we are developing innovative approaches to the use of data. We are using technological solutions to match data, present information to family workers and strategic boards and analyse these data to prevent the escalation of needs

Early Help System

Family Support
Social Care
A&E
Community Coordinator
Specialist public health or community nurse
Mental health services
Allied Health Professionals
Local Businesses
Community
Maternity Services
Special Educational Needs
Jobcentre Plus
Family & Friends
Library
Attendance and exclusion support
GP
Domestic Abuse Services
Place & Environment
Post-16 Education
Alternative Provision
Housing services
School
Probation
Voluntary, Faith & Community Services
CAFCASS
Early years setting
Police
Online Support
Substance misuse services
Family Hub
Children's Centre and Youth Centre
Prison
Youth Offending & Targeted Youth Serivces
Fire & Rescue

Acute & targeted
Universal
Community support

The Early Help System (Plain Text)

The Early Help System available to children and their families is made up of three types of services that combine in different ways to form a local area's Early Help offer to its citizens. These are universal services, community support and acute and targeted services.

Community support includes
Family and friends, local places and environments, online support services, voluntary, faith and community services, local members of the community and local businesses

Universal services includes
Post-16 education, schools, early years settings, family hubs, children's centres and youth centres, GP surgeries, libraries, maternity services, specialist public health or community nurses and community co-ordinators

Acute and targeted services includes
Family support, social care, accident and emergency departments, allied health professionals, mental health services, special education needs support services, jobcentre plus, school attendance and exclusion support, domestic abuse services, alternative provision, housing services, police, probation and prison services, family court and family court advisory services, substance misuse services, fire and rescue, youth offending and targeted youth services.

Multi-Agency Workforce

A strong Early Help System is made up of many different types of practitioners and services who operate as one. This table attempts to define the likely role of different types of practitioners in the Early Help System. The contents of this table were developed with local areas and relevant government departments. We recognise this is not a complete or exhaustive list, and the identified roles may have different names. This should be seen as a 'minimum' level of activity for how workforces should operate, for example how often they may act as lead practitioner. The lead practitioner (defined along with other aspects of whole family working in the family voice section) should always be the right person for the family at the right time, with the family having a say in who they are. In some circumstances specific professional groups or VCS organisations may have greater involvement as lead practitioner or as part of the team around the family following needs or risk assessment or because of specific contracting arrangements. The grouping terms relate to how often these workers would likely act as lead practitioner (e.g. frequent) and what role they have in whole family working (e.g. modelling)

Use this table to assess the current status of activity within your local workforce

Grouping – Early Help and whole family working	What does this look like	Who is likely to be in this group
Frequent and Modelling	• These practitioners support families with multiple needs and act as Lead Practitioner for the majority of families they are accountable for • They provide whole family, sometimes intensive, support for families often in their home, being proactive to reach out to families where needed • They are experts in processes to support families with multiple needs and help families, other professionals, commissioned organisations and voluntary and community groups to understand those needs, advocating where necessary • These practitioners may support others with the lead practitioner role	• Children's social workers • Family Workers/Early Help Worker • Targeted Youth Worker/Support Worker • Specialist Public Health or Community Nurse • Family nurses

Grouping – Early Help and whole family working	What does this look like	Who is likely to be in this group
Regular and promoting	• These practitioners are often the first to identify a family's need for help or support, are able to assess the needs of all members of the family, and form the core of a team around the family where involved • They connect families with support in their community • They are well versed in processes to support families with multiple needs and help families to understand them • They may be the Lead Practitioner to start the Early Help process and regularly retain this role if they are the most appropriate person	• Specialist Public Health or Community Nurse • Schools and colleges – e.g. school pastoral leads, designated safeguarding leads, SENCOs, school family support workers and teachers. • Early years settings including nurseries – nursery SENCOs and designated safeguarding leads • Children's Centre Workers • Family Hub Workers
Sometimes and active	• These practitioners bring specialist expertise and therefore need to be part of a team around the family when required / involved • They connect families with support in their community but also know how to start the process to bring wider support around a family where there are several needs • They may act as the Lead Practitioner if they are the most appropriate person	• Housing / tenancy officers and Homelessness advisors • Young people's substance misuse services • Adult substance misuse workers • Child and adolescent / primary mental health workers • Midwives • Careers advisers • Youth Offending officers with prevention/whole family remit • Neighbourhood police officers/PCSOs • Supporting Families Employment Advisers • SEN support staff and caseworkers • Education Welfare Officers • Universal youth workers • Allied Health Professionals

Grouping – Early Help and whole family working	What does this look like	Who is likely to be in this group
Occasional and aware/ connected	• These practitioners or volunteers understand they are part of a system of support which 'helps' people • They know how to ask questions to explore the wider needs families may have • They know how to connect to other support for families • These practitioners bring specialist expertise and need to be part of a team around the family when required / involved • They don't usually act as a Lead Practitioner unless this is in the family's best interests • They are active users of the local online directory of services to identify the right help for a family	• Probation officers • Prison officers • Offender managers in custody and community • Reactive police officers • Adult mental health workers • Adult social workers • Domestic abuse worker • Voluntary, community and faith sector workers and volunteers (unless commissioned differently) • Work coaches • GPs and practice nurses • Library staff • Youth Offending Officers

The self-assessment

This self-assessment section is structured as five sections focusing on family voice and experience, workforce, communities, leaders and data. Areas should work as a partnership to identify on average their score for the individual descriptors, what is working well and the evidence that shows this, and plans for what will be prioritised next.

Scoring system

0	1	2	3	4	5
Early stages ←					→ Mature
There are no or few elements of this descriptor in place with no plan for development.	Planning has started and is at an early stage of development. It is too early for evidence of impact.	There is a plan to achieve this and some evidence that this is being implemented. It's too early to demonstrate impact/outcomes from this work.	There is some good evidence of progress – to some extent / across many elements. There may be some emerging evidence of the outcomes/impact. The next steps are clear.	This is largely in place although not yet fully established or embedded. There is some good evidence of outcomes/ impact. There is a plan for continuous development.	This is in place and well established. There is strong evidence that developments are having impact where needed. There is a commitment to continuous development.

The self-assessment descriptors

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	Family engagement: We have well established mechanisms to gather and act on feedback from families and engage people with lived experience in service design, governance and quality assurance. *A mature area has a range of methods to collect feedback from families (all children, young people, parents, carers and significant others) including but not limited to:* • *From families during and following support given as part of a Family Plan reflecting whole family working principles. This feedback relates to the work of all parts of the Early Help System.* • *From families who have not accessed support e.g. families who have been offered help and refused, those who needed help and weren't able to get it, and those who have needs but haven't come to the attention of services.* • *From families from diverse cultural and ethnic backgrounds.* *This feedback is used as learning to support changes in how the whole system works together.*			

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
2	One Lead Practitioner: We have evidence that families say they know who their Lead Practitioner is and they have a good relationship with them. *A mature area has Lead Practitioners who co-ordinate the activity of the team around the family, ensure the assessment and the family plan responds to all needs identified and leads on ensuring the family co-produce the plan. The time commitment to deliver this role will vary family by family depending on the complexity of their needs. Families should always have a say in who their lead practitioner is and be able to give feedback on their relationship with them.*			
3	One assessment: We have evidence that families say the assessment process considered their needs individually and as a whole, their views were reflected throughout the process and the assessment meant they told their story once. *A mature area has an assessment process that explores the needs of all members of the family as individuals and considers how their needs impact on one another. It should cover not just the presenting needs but also any underlying issues. It should explore strengths as well as needs and be carried out in partnership with the family.*			

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	One family plan: We have evidence that individuals and families say their needs are reflected in one family plan which the whole team around the family work to. Families and professionals agree outcomes together. *A mature area has high quality family plans that provide the detail of what all members of the team around the family, including the family, will do to meet the needs identified. There is a recognition that the support needed may not always be a person/service but could be an item which needs to be purchased and the team around the family have easy access to small pots of funding to deliver this.*			
5	One team around the family – we have evidence from families about how well services work together to co-ordinate support to meet the needs of their family. *In a mature area teams around families are groups of professionals and volunteers who work alongside the family to improve outcomes. They are led by a Lead Practitioner but all members are active participants and their contribution equally valued. The team will be able to demonstrate good communication and co-ordination based on the family's plan and this will be reflected in the family's feedback on the support provided.*			

	Family voice and experience	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
6	Access to support: We have evidence that families say they know how to navigate local services and how to get help. *A mature area has digital solutions such as a service directory, social media and also roles such as community connectors and service access points which provide accessible opportunities for families to understand and access the support available. Each solution should take an approach which ensures there is 'no wrong door' for families accessing support.*			
7	Sustainability: We have evidence that families say their needs including underlying issues have been addressed. They will be better equipped to cope when support from services ends because they have identified their own support network and feel connected with their local community and the support network it provides. *A mature area includes extended family, friends, community support and other local resources early on in the life of any family plan.*			

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	The workforce in our area operates effectively to deliver whole family working and is aligned with the levels set out in the workforce table (page 11). *The workforce table shows our vision for how all professionals who contribute to the Early Help System operate in practice although we recognise this is not a complete or exhaustive list. The family voice section gives definitions of the Lead Practitioner role and whole family working.*			
2	Early help is understood and seen as everyone's responsibility across the partnership of services working with children, adults and families. We have a shared culture and set of core principles that underpin the wider Early Help System. *In a mature area all those who work with children and adults understand they have a role to recognise needs, support families in finding solutions and access help at the earliest opportunity. There is a common set of principles that reflect this and it is regularly promoted within and between agencies.*			

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	We have a shared practice framework and locally agreed processes for professionals in partner agencies working across the wider Early Help System which is known, understood and consistently used. *In a mature area, partners will have agreed an overarching framework that articulates the shared values, principles, key theories, and models that underpin local ways of working with children, young people and families, with whole family working at its core. As well as describing what is common, this framework will also recognise the value of the specialisms and perspectives from different agencies. There are many different services which provide Early Help. In a mature area, there will be a clear service map outlining how all services contribute to the whole system of support and the pathways and processes in place to enable families and practitioners to navigate this system.*			

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	We have a multi-agency workforce development plan based on workforce development needs, to help embed the shared practice framework and culture. This equips the workforce with appropriate levels of understanding and skills to enable early identification of and response to family needs and the implementation of a whole family approach. *A mature area has a workforce development plan. It may not stand alone specifically for Early Help, because in a mature system of support, the culture and practice framework are in operation across the spectrum of need and across children and adults support services. Wherever this is governed or located, the plan will address the continuing professional development needs of all workforces through a range of methods.*			
5	We know the quality of early help practice across professionals listed in the workforce table. We directly support professionals in our partnership to improve their practice, including around whole family working, through a quality assurance framework, e.g. through audit, supervision and guidance. *In a mature area, 'Early help practice' spans a wide range of skills including Early Help Assessments, Family Plans and monitoring of outcomes, the application of the practice framework and enabling families to connect with the right support at the earliest opportunity.*			

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
6	We have a model of place-based or hub-based working in the community with a common footprint. Partners are integrated either virtually or physically in e.g. family or community hubs. The model helps underpin the principles of whole family working. *In a mature area families are able to easily identify where to go for help in their local community, when they make contact they experience a welcoming response where 'asking for help' is seen as normal. The response will enable the needs of the whole family to be explored and the family are helped to seamlessly access all the help they need, including a Lead Practitioner if needed. Where hubs exist they are a fundamental and fully integrated part of the Early Help System. The local offer is responsive to the diverse needs within the local community and is proactive in removing barriers to access to enable inclusion for all.*			

	Workforce	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
7	The response to different presenting needs (pathways) are aligned or integrated to ensure there is always a whole family response. This could take the form of a 'team around the school' approach where all relevant professionals work together to anticipate and respond early to for example school engagement, mental health or special educational needs of children and young people in the school. *A mature area knows that needs within families are often interconnected and have underlying causes. They do not treat a presenting need in isolation to avoid causes not being addressed and outcomes not being achieved. Rather than having distinct pathways for different needs, the practice framework and integration of pathways means that regardless of the presenting need, practitioners consider and respond to the wider needs. For example, whenever an SEN need, or school attendance or mental health issue is suspected or identified, the family receive a whole family response.*			

	Communities	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	Public services partner closely with voluntary and community groups to maintain up to date information about local community assets, community groups, voluntary sector support and faith groups and have made this information accessible to local staff and residents e.g. through a website. *A mature area will have a quality assured, up to date, user friendly website to enable flexibility and self-service. This supports Lead Practitioners and families to connect into their local communities. Monitoring is in place to check whether this information is used, is helpful and is making an impact. Public sector services should be confident the services/groups included deliver safe, quality support.*			
2	Our relationship with community groups and voluntary organisations embodies a culture of valuing the contribution of all, prizes creativity, collaboration, and local solutions; alongside quality and inclusivity. We are building a culture and system where our communities understand that everyone helps to deliver a whole family approach. *A mature area recognises and values the contribution of all public sector, community, faith and voluntary groups and works to actively remove any hierarchical barriers in place and works to include a broad range of voluntary and community groups including under-represented groups. Leadership at the local level should be shared between the public sector and community and voluntary groups. Areas should also put in place mechanisms to discern and challenge any harmful practices which may exist in a minority of situations. Public bodies should support integrated communities - encouraging local people to live, work, learn and socialise together, based on shared rights, responsibilities and opportunities.*			

	Communities	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	We are building capacity in communities and making the most of the refreshed sense of community which grew through COVID-19 . We harness the talent and contribution of parents, carers and young people with lived experience to help one another. *A mature area recognises that those who need help often also help others or want to help others. The system provides opportunity for people to improve their community and values their contribution by creating space and opportunity for this to flourish.*			
4	We are improving the connectivity between voluntary and community sector activity, family networks and formal early help activity. *A mature area has staff in public services who are well connected with and understand the local areas they serve, including the differences within communities at a granular neighbourhood or street level. Where there is a need for a Lead Practitioner, family assessment and plan (formal early help), the team around the family engage the wider family network and relevant voluntary and community group support at the earliest opportunity, throughout the plan and as part of a sustainability plan.*			

	Communities	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
5	We are shifting decision making about local services and facilities towards families and communities. *A mature area has regular and detailed data which is used to inform joint needs assessment and decision making that responds to community need at the community/neighbourhood/locality level. Families and communities are engaged in shaping how help is provided locally and there is evidence their views influence decision making.*			

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	There is a senior strategic group accountable for the Early Help System and the partnership infrastructure evidences a focus on early help, whole family and whole system working. *A mature area has strong partnership arrangements that enable partners to take collective responsibility, share risks and jointly invest in early help, whole family and whole system working. Strong partnerships also evidence that leaders at different levels across the Early Help Partnership focus on building productive relationships with partners and trust one another. All themed initiatives such as serious violence, child poverty and homelessness are co-ordinated and seen as interdependent and are supported by strong data governance arrangements. Leaders speak with one voice on the importance of early help, whole family and whole system working and ensure this culture is embedded through senior and middle management and the front line and staff at all levels are effectively involved in shaping and developing improvements.*			

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
2	Our system is balanced, so that more appropriate support is provided for children and families earlier to avoid unnecessary or costly statutory intervention in the children's social care system. *A mature area draws upon local and national evaluation to show the impact of early help on outcomes for children and families and reducing demand on statutory services. Investment and commissioning decisions prioritise whole family and whole system working, and evidence based support. This is evident in a shared Early Help Strategy which is a product of joined up thinking across the partnership.*			

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	Partners have agreed a shared set of measures at family, cohort, demand and population level, including quality of whole family practice and family voice, which collectively represent the effectiveness of the Early Help System. The performance against these measures shows that outcomes for families are improving. *A mature area has a shared set of measures owned by all partners who take collective responsibility for contributing to positive change. Population measures cover the whole population of the area e.g. Primary school attendance rates. Cohort measures cover a specific subset of the population e.g. primary attendance rates of children in families who received a specific service. Demand measures are those which measure activity in the system e.g. child in need per 10,000 population. Family measures track progress in outcomes for individual families e.g. child attending school at least 90% in last three consecutive terms. All outcome measures are used to generate an enquiring and learning culture, with high support and high challenge. This enables shared responsibility for improving outcomes, recognising that no one organisation delivers a specific outcome on their own.*			

	Leaders	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	There is a culture of using evaluation and evidence to inform the development of the Early Help System and the quality of whole family working. Where appropriate to local and individual needs, evidence-based services are used. *A mature area has services that are evaluated and evidence is collated to show the local impact of early help with particular evidence gathered on the impact on groups in the community with protected characteristics. Evidence based interventions are those where an evaluation has been conducted which shows a causal impact on child outcomes.*			
5	Working towards a shared culture, principles, practice framework and set of processes within the Early Help system is a standard feature in all commissioning processes and decisions. *A mature area ensures good early help practice forms part of the standards for commissioning of all services. Early help practice is regularly reviewed through contract arrangements and is a critical step in ensuring it is embedded more quickly. Commissioning processes are developed and agreed that encourage and support the application of local voluntary, community and faith groups with relevant community knowledge as service providers.*			

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
1	We have regular data feeds from all parts of the partnership to support whole family working. These are open feeds and underpinned by strong data sharing agreements. *A mature partnership shares data feeds, including police, housing, social care, education and homelessness, council tax and where possible health. They make good use of open data feeds (the whole population rather than confined to the cohort) to allow for the quick identification of issues for referred families, along with needs and predictive analysis, to understand the whole community and predict individual risks. They explore the use of the Digital Economy Act to underpin data sharing agreements.*			
2	Our case management system allows all partners to securely access all relevant cases and record whole family assessments. *Shared case management systems are key to transparent, seamless 'one journey' whole family working. They should be underpinned by the shared practice framework (see 'Workforce, descriptor 3'). On the journey to achieving one case management system, the area may have used a data warehouse/lake to make all assessments accessible as an interim measure.*			

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
3	Our case management system allows us to record all issues affecting the family and outcomes in a quantifiable way and run reports on these. *A mature area quantifies issues that could previously only be captured and monitored in a qualitative way (such as parenting needs or parental conflict). This enables the partnership and analysts to understand which issues are affecting families and how these interact with other issues and outcomes. Embedding quantitative reporting should commence from notification through to closure and should be checked by supervisors at closure.*			

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
4	We have an effective data governance board that is accountable for our progress on data transformation. It supports us and our partners to unlock and resolve issues with data sharing and direct how we use data both for performance and analytics and how we consult on system changes that would impact across the partnership. Data are used by the partnership to support resourcing, planning, whole family working and early intervention. An identified member of the Children's Services Senior Leadership team has responsibility for driving forward actions from this board. *Data Governance Boards should be either a stand-alone board, or part of a wider partnership board. The board should help drive the data transformation journey and road map. It should provide direction on how data should be used to ensure effective services and help unblock any data sharing issues. Representation should be at a senior level from across the partnership.*			

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
5	We have a system that allows us to pull together all data, analyse these data and ensure practitioners can see results. *Data warehouses and data lakes provide the opportunity to bring all data together in one place, and automate matching across partnership data. This in turn will allow analysis of these data, which could be in this system or in a separate system. It is important that the results of this analysis and any matched data are visible to practitioners to inform their work with families.*			
6	We are using data to inform performance across the Early Help partnership, demand and resourcing (including commissioning), operational delivery and workforce development. *A mature area uses data and analytics effectively with senior leadership, across the partnership and at a lower tier authority level (where appropriate). These data and analytics are used to inform what is commissioned, resourced and in future planning (in terms of volume of staff/skills/resources required by practitioners in all services across the partnership). Processes should be in place to ensure and continuously improve data quality to ensure these data and analyses are robust.*			

	Data	Self-assessment score 0 to 5	What is working well and what evidence do you have?	What are you prioritising next?
7	We have developed innovative analytical products. This could be needs analysis, place-based analysis, individual or family level risk analytics, apps or systems to improve information available to practitioners and partners, quantifying qualitative case notes or other documentation or any other product or system that has changed/improved our ways of working. *A mature area continues to learn and develop how they use data to keep up with demands, changing services and improve the offer to families. Data are used to evaluate services, improve their effectiveness and continue to create/increase efficiencies.*			