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Research and analysis

# The multi-agency response to children and families who need help

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**Applies to England**

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## Details

This report is based on 5 joint targeted area inspections of the multi-agency response to children and families who need help. We reviewed the practices of individual agencies, as well as the effectiveness of multi-agency working arrangements, including across children's social care, health services, schools and the police.

The inspections took place between December 2022 and March 2023. All the areas were different in the way they were thinking about and delivering family help. [\[footnote 1\]](#) The findings in this report consider the extent to which agencies work collaboratively with partners to identify children and families who need help, as well as how they intervened to support these children and deliver this help.

This report is part of the programme of [joint targeted area inspections](#), which examine how well agencies are working together in local areas to help and protect children.

## Areas inspected

Inspection reports for the following areas are published on the [Ofsted reports website](#):

- [Bedford Borough Council](#)
- [London Borough of Harrow](#)
- [Sunderland City Council](#)
- [Surrey County Council](#)
- [Wirral Metropolitan Borough Council](#)

## Executive summary

This report describes findings from 5 joint targeted area inspections (JTAs) on the theme of the multi-agency response to children and families who need help. The primary focus was on targeted early help. We also looked at children in need (as defined in section 17 of the Children Act 1989) so that we understood the interface with statutory services.

This report is different to previous JTAI reports because there is no statutory framework relating to early help, so there is a lack of clarity around it. The delivery, understanding and practice around early help were the most varied we had ever seen in a JTAI theme. As a result, we have reported on things we have seen that worked well, as well as areas where practice could be improved to achieve better impact or outcomes.

Not all children's needs will require a multi-agency response; nor will statutory social care services always be necessary. Rather, there is, or should be, a continuum of support in the local offer for families. Inspections of the 5 areas had very varied outcomes, with each having a combination of good and less good practice across the agencies involved. Some of the good practice was tailored to meet a specific need or problem in an individual area.

The sample that this report is based on is not nationally representative and we cannot generalise from these findings to all areas. However, they do provide an indication of current practice. We found that:

- resource pressures across universal and targeted services in local partnerships make it hard to prioritise early help.[\[footnote 2\]](#) This is getting harder as more families are needing help for a variety of reasons, including the impact of the COVID-19 pandemic, increases in the number of unaccompanied asylum-seeking children needing safe homes and the cost-of-living crisis
- local resources are not consistently well understood or used between the services themselves or the community. Some families, therefore, do not get the help they need when they need it
- in some cases, families should have been stepped up from early help to statutory social care earlier than they were
- a responsive and skilled workforce with enough capacity is crucial for high-quality and child-centred practice
- some approaches in early help are too adult-focused. In developing a child-centred approach, areas must be both family-focused and child-centred
- local safeguarding partnerships need to ensure greater engagement and strategic consensus with partner agencies, particularly schools[\[footnote 3\]](#)
- information-sharing and communication between partners was varied across the different areas and needs to be improved
- evaluation and oversight of early help partnership arrangements and services are critical
- early help services worked well when partners knew their communities well and tailored services to local need to make them accessible
- quick access to low-level preventative support can make a big difference to the experience of children and families

## Introduction

The JTAs under the theme of the multi-agency response to children and families that need help were carried out by Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS).[\[footnote 4\]](#) The inspections took place between December 2022 and March 2023.

Our primary focus was on targeted early help, but we also looked at some aspects of the

experiences of children in need (as defined in section 17 of the Children Act 1989), such as the interface and thresholds between early help and statutory children-in-need services.

In this report, we use the term 'early help' to describe different kinds of activities, from support for parents with young children to crisis interventions for older children who are on the cusp of entering care. The aims of early help activities are:

- for families to get the right kind of help as early as possible
- to reduce the need for statutory social work involvement in those families' lives

Early help may be provided through a variety of services, including voluntary agencies. Any agency that works closely with children and/or their families can identify their need for early help.

To prepare for this JTAI theme, in 2021 we commissioned Research in Practice to write a scoping study. This explored divergent policy perspectives on the purpose, provision and potential of early help for children and families in England.<sup>[footnote 5]</sup> This study informed how we developed the JTAI framework and provided useful context on the broad landscape of early help services. Following this, we consulted stakeholders from organisations working in early help services to help us further develop the framework.

The aim of the inspections was to evaluate how partners work together to provide children and families with the right help at the right time. We looked at how local partnerships and services responded to children and families when they needed help.<sup>[footnote 6]</sup> We reviewed the practices of individual agencies, as well as the effectiveness of multi-agency working arrangements. This included children's social care, relevant health services, schools and the police.

We focused on the following questions:

- Do agencies work effectively together so that children and their families get the right help at the right time?
- Is there a shared strategic vision for ensuring that families get the early help they need?
- Is the strategic vision well understood across the local partnership, at all operational levels, and by families and communities?
- How effectively do leaders understand local need and engage with families, their neighbourhoods and communities to deliver an appropriate local offer?
- Do leaders understand how local need changes over time, and do they update their offer of help to respond to these changes effectively?
- Does the local safeguarding partnership (LSP) monitor and evaluate the work of statutory partners effectively?
- Does the workforce have the appropriate skills, knowledge and capacity to support children and their families effectively?

Inspectors' evaluation of early help was based on:

- the inspection of single- and multi-agency front doors that oversee targeted early help<sup>[footnote 7]</sup>
- sampling of early help cases
- discussions with frontline practitioners and managers
- discussions with children and families

#### observations of multi-agency meetings

- discussions with strategic leaders in local authorities
- discussions with independent scrutineers
- the arrangements, decision-making and interface around ‘step up’ and ‘step down’ between early help and children in need
- decision-making about how multi-agency help is provided
- how well the local agencies evaluate the effectiveness of help provided to children and families at an individual and service level
- the range and effectiveness of multi-agency help for these children and their families

The JTAs included in-depth tracking of around 30 children to follow their experiences of multi-agency involvement. These children had either been stepped up from targeted early help services to children in need or stepped down from children in need to targeted early help. This enabled us to consider whether appropriate help was available to them and their families at the right time.

We later asked CQC’s Young Champions group and the charity Action for Children to consult with families and young people with experience of using early help services. We wanted to gain their perspective on many of the issues that we addressed in the inspections.

Young Champions commissioned the organisation Participation People to hold a focus group with some of its members. Eight young people aged between 14 and 25 attended. They shared their experiences of services, including social care, GPs and school psychologists.

Action for Children engaged with 9 parents who were receiving early help services. These parents had 13 children between them, ranging from 1 to 14 years old. This took place both on a one-to-one basis, and through a joint discussion with members of a parenting group. The same set of questions were used in both scenarios. We have included these perspectives in this report, and we are grateful to the children and families who took part.

We also:

- held focus groups with the multi-agency inspection teams that led the 5 inspections
- set up a panel of advisors with professional or academic experience or expertise in this area to challenge and advise us while producing this report

The 5 local areas we inspected were:

- Bedford Borough Council
- London Borough of Harrow
- Sunderland City Council
- Surrey County Council and
- Wirral Metropolitan Borough Council.

This report summarises the most significant learning from these areas in order to improve practice, knowledge and understanding in the sector. The inspection findings also provide the inspectorates with the opportunity to advise government in relation to proposals in the ‘Stable homes, built on love’ consultation.<sup>[\[footnote 8\]](#)</sup> The report is not a summary of all the inspection findings; we published letters containing that information following each inspection.<sup>[\[footnote 9\]](#)</sup>

Please note that children's names and personal information have been changed in all case studies in the report to protect their identities.

## Context

There is a lot of debate around the role of early help services. Meeting families' needs early can avoid the need for statutory social work involvement in their lives, or reduce how much of it they need.

'Stable homes, built on love', the government's response to the independent care review, identified family help services as one of 6 pillars to transform children's social care in England.<sup>[footnote 10]</sup> In this pillar, the government wants:

“ ...every area in England [to] provide families with supportive and welcoming Family Help services, delivered by a skilled multi-disciplinary workforce. Family Help services will provide effective and intensive support to any family facing significant challenges that make it harder to provide their children with a loving, stable and safe family life.”

The government's ambition is to see much more support made available for families who need extra help, when they need it. The response highlights that many families do have good experiences of support. There is also much variation in the amount and quality of help families receive. Early help services are estimated to provide support to 'less than 1% of children in some areas and over 15% in others. Eligibility for help also varies across the country.'<sup>[footnote 11]</sup>

We can expect variation in the type and scale of services offered for many reasons. One reason is that services in each area should be tailored to specific needs within that locality. However, the current statutory guidance in 'Working together to safeguard children' does not have clear enough expectations in relation to early help and thresholds.<sup>[footnote 12]</sup> Without a definition for what all partners should be providing for early help services, or an expectation around the level of funding, this variation will continue. As The Association of Directors of Children's Services reported, 'There appears to be no "right way" to provide early help.'<sup>[footnote 13]</sup>

Research in Practice also noted that the legal framework covering preventative early help services places a duty on local authorities to promote cooperation between local partners, but there is no legislative requirement on local partners to provide preventative services for children.<sup>[footnote 14]</sup> The Care Review also discusses section 17 of the Children Act 1989. It notes that local authorities tend to see early help work as intervention before section 17 when it could be seen as an equally important part of their legal duty to improve well-being. The review recommends bringing section 17 work together with early help in order to reduce handovers and improve support.<sup>[footnote 15]</sup>

Local authorities and partners make decisions about early help in an environment of ever-tightening budgets. This has become even more difficult following the COVID-19 pandemic, an increase in the number of unaccompanied asylum-seeking children needing safe homes and the cost-of-living crisis. However, spending on early help and intervention services may reduce the need for greater spending on other services later.<sup>[footnote 16]</sup> Government funding for specific early help programmes varies across different areas. Most early help work is funded through short-term government discretionary funding.

A recent report estimates that local authority spending on late intervention increased from 58% of all children's services spending in 2010–11 to 80% in 2020–21. This indicates a shift away from early help.<sup>[footnote 17]</sup> However, DfE data on referral outcomes was amended in 2021–22 to include a new category of 'support or intervention provided'. Around half of referrals resulted in this outcome, giving new insight into the level of support and intervention that is taking place for families.<sup>[footnote 18]</sup>

Following the independent care review, the government extended the Supporting Families programme.<sup>[footnote 19]</sup> It also introduced Family Hubs and the Start for Life Programme. However, only 75 selected local authorities will benefit from this short-term targeted funding.<sup>[footnote 20]</sup> The pilot for the 'Families first for children' pathfinder programme began in 3 local authorities in July 2023. It aims to work with universal, community and specialist services to deliver a range of help to families.<sup>[footnote 21]</sup>

## Findings

We saw a great deal of good practice in some local areas. However, we also identified challenges that need to be understood to improve early help provision in all areas.

In this section of the report, we discuss some of the early help work we saw. Because this varies according to needs identified in specific areas, examples of good practice will not necessarily be transferable across areas. They should be viewed in the context of the specific issues in particular areas.

### **Prioritising early help when there is pressure on resources**

The areas we visited all placed early help at different levels of priority. For children and families to get the right help at the right time, partners must have as full an understanding as possible of their needs. Partners can then develop early help services to reflect the communities they serve.

Some areas we visited had a clear focus on early help. Approaches that supported this included:

- carrying out a joint strategic needs analysis to ensure that early help work is needs-led and pays close attention to the needs of children
- forming alliances with the voluntary and community sector to strengthen shared priorities and effective partnership working
- appointing sufficiently senior staff with a clear vision to oversee early help services

All partners in each area recognised that early help was important in meeting children's needs. However, a lack of resources limited their ability to make it a clear priority. It made a difference to children and families' lives when areas clearly communicated their vision of early help and made it a priority for the partnership.

A few areas had structured their early help service to be a priority for the children's safeguarding



partnership. This included investing in specific strategic oversight roles, which provided leadership for early help across the area. These leaders were able to articulate the area's vision into a clear statement that promoted partnership at a leadership level. This helped them to make strategic decisions quickly and as local needs changed.

The design of the alliance between partners varied across areas. Most of the areas we visited did not benefit from focused leadership.

Other oversight roles focused on a particular area of work in the partnership. For instance, Wirral had a 'care navigator' role. These care navigators helped families get early support while waiting for mental health services. It linked to child and adolescent mental health services (CAMHS) but had a positive impact on children and families by concentrating on wider needs, such as helping people access housing services, parenting courses or food and fuel vouchers.<sup>[footnote 22]</sup> These oversight roles meant that leaders could respond to gaps in services on the ground.

Capacity across agencies varied between local areas. This remains a significant challenge in developing a system where children and families get help when they need it. Staff shortages due to limited funding were negatively affecting the work of health, police and social care partners.

Recognising capacity issues as a partnership responsibility can enable more joined-up practice. Some areas noted that, at partnership level, staff shortages were seen as 'everyone's problem', rather than being a problem for individual services to manage. Successful partnerships worked hard to mitigate the impact of capacity issues faced by individual agencies. Not all the areas we visited recognised this.

Limited resources sometimes influenced decisions around whether to provide universal or more targeted services. For example, in one area, staffing shortages mean that pregnant women do not receive an antenatal visit from either midwives or health visitors unless there are known risks or vulnerabilities. The Institute of Health Visiting has reported that this issue may be widespread.<sup>[footnote 23]</sup> This is a concern, as it removes an opportunity to identify need and risk at the earliest point.

Services are sometimes targeted at specific places where need is greater, such as in areas of a local authority with high levels of deprivation. This creates a problem when those outside that area cannot use the same services. For example, a child who was being criminally exploited had been unable to use relevant services that were targeted towards a more deprived locality in their local authority. Although some children may be at particular risk, child exploitation does not limit itself to certain areas or social groups. It is important that help is consistently accessible to any child at risk.<sup>[footnote 24]</sup> This creates a real challenge for local areas in how to target limited resources most effectively.

## **The right help at the right time for children and their families**

Clear processes and clarity about the role of early help supports effective interventions for children and families. The quality of information and decision-making varied between each area's multi-agency safeguarding hub (MASH) or equivalent.<sup>[footnote 25]</sup> This meant that families did not always receive a timely response to their needs. When meetings were held daily and included enough representatives from all relevant partners, children benefited from immediate multi-agency



## oversight and referral.

In areas where there was a physical MASH where partners were co-located, workers from across the partnership could share information and work together more effectively. Effective MASH partners had good information-sharing systems and clarity about the role of the MASH. In other cases, there were barriers to effective working. For example, in some areas, we found that some partners were not part of the MASH at all. Other partners were not fully engaged in it because they did not have allocated desk space or sufficient resource. In one case, the office space for the MASH did not have a reliable internet connection or space away from public areas to hold sensitive meetings. These kinds of pressures sometimes led to workers only going into the office when they were on duty, which reduced the opportunity to talk through decisions or get support and input from colleagues. In the 5 local areas, we found fully virtual safeguarding hubs to have the least effective multi-agency working.

It needs to be clear to the wide range of professionals working with children and families across the partnership exactly where thresholds apply. We found examples of school staff thinking that a social care assessment referral meant a step up to statutory social care work. They did not understand that the assessment outcomes may have resulted in no further action. This introduces a risk if the referrer believes a child is being overseen by other professionals when they are not. Those working directly with children and families should be made aware of the outcome of referrals made by them.

Effective early help for children and their families can reduce the number of cases needing social work intervention. Each area took a different approach to the level of intervention that could be provided at either side of the threshold between early help and statutory work. Some early help services were undermined because effective assessments did not take place and did not result in the right help being offered. This meant that intervention did not take place early enough for some children.

### Case study

Roshan was living with his mother and siblings in a small room in a hotel provided by the Home Office. The family was seeking asylum and living off a minimal allowance. A health visitor was concerned about the family and requested support. An early help worker attempted contact by phone and letter, but the child's mother did not read or speak English. No visit was made, and their case was closed until another request came from school 3 months later. The children were not always attending school and were very anxious about their father, who had been denied entry to the UK.

Their case was stepped up due to increased concern for the family. A social work assessment took place, following which a closer school was found for the children. This reduced the financial burden of travel and helped them to build connections in their community. The school provided play therapy and counselling for the children. The family received food help and moved to a larger room, so the children were able to sleep better and have more space.

In this case, several different agencies expressed concerns. No coordinated plan emerged because no response was received from the family. This was most likely due to language barriers. The family was appropriately supported, eventually, but early help involvement was ineffective. Delays in providing appropriate intervention prolonged a very difficult

situation.

As in the case above, agencies sometimes did not follow up with families who were not engaged with early help services. There was often no mechanism to go back into the MASH to re-evaluate what the impact of not receiving services would be for children in these cases. Pathways through the early help system were not always clear. In some areas, there was no clear process to consider whether the family reached the threshold for statutory intervention or whether a different approach could be taken. In some of those cases, there was a delay in getting the right help to families.

Questions frequently came up on inspection about whether more timely statutory intervention might have reduced some of the risk children were facing sooner. Some children's cases that remained with early help professionals would clearly have benefited from statutory social work intervention because there was a higher level of risk or because their situation was not improving. There were delays in the cases of children and families with more complex needs and risks.

Some children did not have lead professionals with the necessary skills and experience working with them, so they did not benefit from the more robust systems for oversight of the child's case that a lead professional should offer. Lead professionals have an important role to play in communicating important information about a child, as discussed in [the section on information sharing](#) below.

To deliver child-centred and family-focused services, it is important to remain flexible in how to engage with those potentially facing increasing risk. Not all areas had this flexibility in their early help work. For example, one local area specifically directed workers not to carry out home visits in the early help sphere 'because this fell within the remit of social workers.' This meant that early help workers could not always directly observe and understand children's needs, and then could not assess the full context of their situations.

The inspections have highlighted the importance of maintaining positive relationships between families and professionals in the transition between early help and statutory social work. In some cases, we found that being flexible and allowing workers to continue to support children and families through the transition directly helped with continuity and stability. This continuity supported communication and engagement between children, families and the agencies involved. However, there is not always the capacity to allow this to happen.

We saw evidence of lack of capacity in the workforce in all the partners. One area had been waiting for a full-time health representative in the MASH for a long time. This lack of health specialism led to shortcomings, such as assessments being left incomplete and staff being unable to make effective decisions. In another area, a restructure of call centre staffing had led to large backlogs in checking cases that had been flagged for no further action. It is important to review cases that are assessed for, but do not meet, thresholds for early help or statutory social work to check that no children and families are missed. This is especially the case when information may be incomplete due to a lack of staff capacity across the partnership.

The Young Champions we spoke to were aware of low staff capacity. They expressed awareness that staff were overstretched, and that services lacked funding. Some young people also said that in such strained circumstances, they felt their age made them a lower priority for services:

“ I feel like there are people out there getting the help that they need but I feel like we are

getting the breadcrumbs... they think that we're alright or we are overreacting about health concerns.”

Despite capacity issues, we found that health practitioners were good at picking up emerging needs, particularly in emergency departments and through health visitors. However, as with the example of reduced antenatal visits earlier in this report, we noticed issues with changes to commissioning arrangements in many school nursing services. The changes had resulted in the services relying more on individual children seeking help through drop-in clinics. This increases the possibility of concerns being missed and affects other services, for example by shifting responsibility to emergency departments or health visitors.

Some of the parents we heard from through Action for Children had positive experiences of engaging with services. They felt that they got the right support to help them. One said:

“ Support was offered at the right time and met my needs – I feel that things are heading in the right direction with my family.”

Another commented that:

“ help was there when I needed it with the police and schools. When help comes at the right time, this improves the experience for children and their families.”

For other children and families who did not get help at the right time, there was a sense of struggling 'on the wrong side of a threshold.' Putting even low-level support in place for some children can take a long time, especially when resources are limited. Waiting for low-level help to prevent a situation from worsening can be equally damaging. Quick access to low-level preventative support can make a big difference.

## **A responsive and skilled workforce**

Staff working in the early help services we visited were increasingly working with highly complex family situations. Sometimes this was above a level that they felt was appropriate for them. This often led to less effective help in cases that would have benefited from social work involvement and more effective multi-agency working. Those families needed the professional expertise of a social worker and more robust oversight through reviews and monitoring of plans.

The early help system needs a consistent expectation about practitioners' skills, training and experience. This needs to be monitored effectively and include good-quality, reflective supervision. Matching of children's needs and risks to the skills and experience of practitioners also needs to be managed and monitored robustly.

Some leaders were not aware of good practice that individual staff were carrying out. Other leaders were aware of skills within their team and supported staff to disseminate good practice. There were some good examples of this in the areas we visited. For example, in Harrow, speech and language therapists were training early help workers to deliver, not just assess, generic weekly speech and language sessions. This upskilling was giving staff the skills to help more children and families. Some areas had begun to offer multi-agency training on key areas of practice but had not monitored or evaluated its impact. It is important that areas capture

evaluations of skills-sharing and training, to find out the impact they have on children and families.

We also found many good examples of professional curiosity, particularly among health workers. For example, we saw evidence of GPs thinking beyond the child's presenting concerns and considering external influences on their lives. We also saw a school nursing team exploring a child's involvement with gangs. Internal training was often an important factor in nurturing this curiosity. In Sunderland, we saw good links between safeguarding teams and line managers, who were able to speak to health and police staff for advice or to discuss training needs. When these relationships are enabled and dialogue is encouraged, good practice can be shared with frontline staff, who can make a difference to children who need it. We saw innovative practice when workers identified a need and then developed services to meet this need. For example, Harrow had introduced an early years mental health offer. They worked with families of children under 5 that would benefit from psychological input.

We also found some excellent work by early help practitioners. In Sunderland, staff provided sensitive and responsive child-centred interventions. This included appointing play therapists working in early help teams. They supported trauma-informed work among other staff. This meant that children could talk about their lives and experiences using a range of tools. They had also developed the 'Wear Here 4 You' bus, to reach more children across the city.[\[footnote 26\]](#)

Having an effective and skilled workforce depends on there being adequate staff capacity. Not having staff with the right skills, or time to develop the right skills, will reduce the quality of the service.

## **Greater engagement and strategic consensus with partner agencies, particularly schools**

How involved strategic partners were in delivering early help varied significantly across areas. Even in areas with a clear approach, partners were not equally engaged at a strategic level. In some areas, the front door lacked a collaborative multi-agency response or input on decision-making about how best to help children and families.

We saw examples of local voluntary agencies that worked directly with children and families. They wanted to create services to address issues they were aware of. In some cases, these agencies did not feel their ideas were heard at a strategic area level and therefore they did not feel empowered to act.

Although key partners were part of the multi-agency safeguarding arrangements (MASA), all the areas visited had one or more partners or agencies that were not fully involved in meetings or information-sharing.[\[footnote 27\]](#) For example, in one area, police and health were very involved but education was missing from strategic discussions. In another area, education representatives were fully involved but health services were missing. It is important that all partners/agencies are included and that leaders have oversight of this. In some areas, an independent scrutineer oversaw partnership working and encouraged all partners to attend required meetings. Not all areas had this necessary challenge.

One area took part in a 'social workers in schools' pilot project. The area found that the project worked well, despite mixed findings being reported nationally on its impact.[\[footnote 28\]](#) Following

positive feedback from the local authority and the participating schools, the area had matched funding to roll the project out to primary schools in the area. The police, however, were not involved in the strategic planning until later in the process. This meant that they had not been able to give their views on which schools would be the most useful to have a social worker in. Failure to share information and input from partners on initiatives such as these reduces their potential impact. All partners need opportunities to contribute to strategic decisions. This helps to align priorities and maximise the impact of joint-agency initiatives.

Join-up between schools or other education providers and partner agencies was weak. Schools have a critical role to play, and more needs to be done so that agencies see them as a key partner. Schools were the second most common source of referrals to children's social care in 2022. They have been in the top 3 sources of referral since at least 2014.[\[footnote 29\]](#) Because of their close engagement with children and families, schools are well placed to spot the earliest signs of a family in need of help. They can often provide appropriate help in a non-intrusive way.

Inspectors saw good practice by schools and evidence of positive outcomes for children. However, school leaders reported that they were too often working in isolation to keep vulnerable children physically, socially and emotionally safe. They told us that communications they had with children's social care, health services or the police were not consistent or that strategic connections were missing.

### **Good practice**

Surrey County Council has brought its support, training and information offer for education into one service, called Surrey Education Services.[\[footnote 30\]](#) This provides an accessible hub of online information. They also offer specialist teachers for inclusive practice (STIP), who identify and support schools to provide interventions.

The STIPs work in Surrey's regions and are overseen by leads in each region. They have been able to build close relationships with children in schools. This has made a consistent bridge between school and home, placing children at the centre of early help work or interventions that were taking place.

## **The importance of evaluation and oversight**

MASA that work well have a broad membership that covers all statutory partners as well as education and other relevant services. Successful partnerships have regular meetings, a shared vision, processes in place to share information about issues in the local area and effective processes for the oversight of early help.

### **Good practice**

In Sunderland, children's safeguarding arrangements and the community safeguarding partnership were well aligned and enabled effective communication. There was a



crossover of people at each of these meetings.

This multi-agency working meant that knowledge of community-based issues, such as violence or challenges on specific housing estates, could be shared. Each partner had a good understanding of, or was able to input suggestions about, what early intervention took place to prevent needs and risk escalating.

Some safeguarding partnerships did not know about the excellent intervention work that partner agencies had done. In one area, for example, the police force was doing early intervention safeguarding work with children in schools, focusing on gangs, criminal exploitation and sexual exploitation. We also saw another good initiative that diverted children away from crime through sporting and other activities. Neither of these initiatives were on the radar of the safeguarding partnership.

Effective monitoring of services allows areas to identify and address gaps. Sunderland safeguarding partnership developed a performance sub-group for this purpose. The sub-group scrutinises and analyses shared multi-agency data. This allows partners to respond to the changing needs of children and shifting demand for services. Practitioner forums also act as a conduit for sharing good practice. Some areas did not do multi-agency audits so were unable to evaluate effectively how the partnerships were working or identify areas for improvement.

Not all areas made oversight of early help a key component of their safeguarding arrangements. Similarly, not all of them evaluated how effective early help was. We did not see a focus on evidence-led interventions in strategic planning in early help.

## **Information-sharing and communication**

Good data systems, clear processes and a skilled and confident workforce are essential ingredients for good information-sharing. This is important because children receive help more quickly when information is shared effectively. The effectiveness of information-sharing varied across the local areas. Some professionals, for example, did not know each other. They also did not know who the lead professional was at 'team around the family' meetings. When partners were able to meet regularly in person, this strengthened relationships.

Consistently capturing valuable knowledge about children's backgrounds, such as their ethnicity or the languages they speak, can greatly support a case when information is shared. Some areas did not always record information about children's individual needs relating to their ethnicity, culture or religion. This was despite their other good work to engage with these young people. The professionals involved in recording information about a child or their family need to understand the powerful impact of good information capturing and sharing. We identified this as a significant gap at the most basic level in these areas.

Sometimes, not having a lead professional coordinating multi-agency work led to other issues for children and families. It meant that professionals and agencies worked in silos. It also resulted in poor information-sharing between agencies, and in risks not being known or shared. Lack of effective join-up across the system can lead to repeat assessments rather than a focus on the interventions that families need. In one child's case, the lack of a lead professional to coordinate a

multi-agency response meant that an early help worker was unaware of the risk posed by the child's father, who had been placed on probation.

The ability to share information is often undermined by barriers in accessing information across different data and management systems. This was particularly an issue within MASA. Partnerships need to have good oversight of practice and be aware of situations that increase risk to children and families in their areas. All partners need to be able to access the same relevant information and understand what information to pass on to other partners. This is helped by good strategic oversight and management at the partnership level.

Many workers told us that their work was often duplicated, or that problems occurred when information could not be shared. Many local areas struggled with the number of different health providers, and their information-sharing systems, which were not effectively joined up across the local area. Failure to access health system records sometimes inhibited areas from having oversight of risks. Mental health information about children and parents, for example, was often difficult to access when safeguarding checks were carried out. Some areas did not have a process for managing access, and on a few occasions, there was a compatibility issue. We found similar issues when some health staff encountered technical problems when using their early help assessment tool. They were not able to enter data easily or go back to view what data had been inputted. This obstructed data entry, making contributions to assessments time consuming and impractical.

In one local area, health services had access to the children's social care system, but police did not. When it came to assessing cases at the front door, this meant that not all partners could do safeguarding checks. Partners in other areas were also sometimes excluded at this stage, usually because of lack of capacity. For example, in one area, mental health input to early help assessments was inhibited by staff availability. There were cases where children's social care emergency duty teams did not pass on information about missing children to police when they had passed it on to schools. Professionals also did not consistently share the outcome of the referral or assessment with key agencies, including the referring agency.

### **Good practice**

Bedford police had started using a neighbourhood intelligence-sharing portal that worked across agencies. Anyone from the partnership could log on to input any concerns about an area. For example, park wardens could input news of antisocial behaviour they had witnessed, and police were able to respond quickly with additional patrols. Updates would be provided to notify each organisation involved, so they could quickly assess risk.

Some areas were signed up to Operation Encompass, a cross-partnership information-sharing process. It enables police to inform schools about domestic abuse incidents, so they can support children appropriately. [\[footnote 31\]](#) In a few cases, however, these systems were not being implemented effectively. Oversight groups had not identified this issue. It was concerning that one area did not know that not all schools had signed up to Operation Encompass. This was not picked up until the inspection. We saw other examples of Operation Encompass not being used effectively. For example, another area did not have any early years settings signed up to it; in another, information-sharing measures did not cover children attending independent schools.



Sharing information about previous incidents also supports effective practice. In Surrey, police pre-assessment checks are completed before referrals are sent to social care. This information supplements referrals and helps all agencies to understand wider risks to children for more informed decision-making.

Effective relationships between partners encouraged a culture of information-sharing and good communication.

## **Local resources are not consistently well understood or used**

Maintaining strategic oversight of all early help services on offer is a challenge. This oversight is important as partners do not always know what other services are available. Many local areas have a wide range of early help services, provided by different partners and organisations. However, we found that communities and local partners did not always know about them. This meant that children and families were not always signposted to services in a timely way and services were not always reaching people they could be helping. Making information about services available to children and families is important. It can potentially save resources and get help in place faster.

The Young Champions contributing to this research told us they had found it difficult to know where to go for help with their mental health. Some did not feel well understood by their GP. At the time they needed help, some did not know about voluntary agencies offering specialist support for mental health:

“ If you know who to reach out to, then that helps. The GP might be the first contact you have but they might not have the skills you need.”

In one area, we found strong mental health services from two providers, but children and families did not understand what was available from each provider. Instead of rejecting referrals that may have been more appropriate for the other service, the providers set up weekly meetings to discuss these cases together. This meant children were able to get the most appropriate service to meet their mental health needs.

Taking a first step to get help can be difficult. The Young Champions told us how it can feel like everyone else has more valid, or bigger, problems. This can lead young people to question whether they should seek help, or even whether they deserve it, particularly with an overstretched system:

“ I can sometimes be a barrier to myself as I feel unsure what I am feeling is correct and then I make it more simplistic [by not seeking help] to make myself feel better. Early help services need to be more welcoming so that people feel able to ask for help.”

In some areas, we saw a broad range of well-coordinated and accessible locality-based early help and family support services. For example, Sunderland Police use a unique app when they carry out return home interviews. The app is an up-to-date resource for signposting to services available in the area that are directly accessible at the point of need. Children and young people in early help services and family group conferences can also use the app to plan, record and send statements to other professionals.

## Working with the community and making services accessible

We saw some excellent work in engaging communities. However, this is not consistent. Some local partnerships understand local needs and develop the right services and responses, with appropriate cultural awareness. They have made significant investment in building a strong alliance with the community and are committed to co-producing services with children and families. A clear approach and strong partnership working means that services are more accessible and can be, for example, delivered through community organisations or schools.

Providing services that could be easily accessed without a referral, for example walk-in services, removed some of the barriers and potential stigma attached to some early help services. This enabled families and children to get help as early as possible. A good example of this is Sunderland's creative response to build trust locally and make services accessible: their 'Wear Here 4 You' bus, as mentioned above. This mobile prevention service developed from a successful pilot aiming to bring information, advice and support directly to children and young people in need.

Voluntary agencies are often able to provide services at an early point, in accessible ways. Community-based services are often less stigmatising for families, particularly those who may fear statutory services or intervention.

Some areas, such as Wirral, made their early help offer as accessible as possible. Services were located where they were needed, and people could walk in off the street to get help. Other areas encouraged an open-door policy by running family sessions, which encouraged families to engage with workers without judgement and without needing to give information.

When open access help is made available, this needs to be balanced against the risk that adults may only present what they want to be seen when they seek help. All services in all sectors need to remain focused on the day-to-day experiences of children, as well as helping adults. Because participation in targeted early help and child-in-need work is voluntary, building an alliance with families as early as possible is critical. Relationships built on trust will support voluntary engagement.

### Good practice

The domestic abuse hub in Wirral is a good example of accessible multi-agency local service design. The hub offers safe, confidential, in-person support to survivors of domestic abuse. It brings together workers from children's social care, Merseyside Police and local charities. This helps survivors of domestic abuse to access a range of help in one place.

The positive work it does in the community is spread through word of mouth. The fact that anybody can make contact encourages people to use it. The hub is located with other facilities for parents, such as somewhere to have tea and coffee or to bring children to play, as well as a family drop-in centre. This all makes it more appealing and potentially less stigmatising.

The police fund a team in the hub focusing on the assessment of perpetrators. They carry out a comprehensive analysis of the risk posed to anyone, including parents and children. Information can then be shared with other relevant agencies, for example with social workers, who can assess the risk presented by perpetrators. This means their investment in specialist work is also enhancing the work of other agencies.

Wirral used a comprehensive area needs analysis to develop an approach based on the area's specific needs. It engaged hundreds of families and agencies through a consultation in order to assess its offer of services in areas with highest need. The needs analysis identified a lack of trust towards services. Leaders focused on reducing barriers around trust and created an 'earliest help' approach, to make initial support easy to access and build an alliance with communities. Wirral also set up specific services following the analysis, such as 'Cradle to Career' and the 'Early Help Alliance', part of which involved developing a family toolbox website clearly detailing its services. [\[footnote 32\]](#)

## Ethnicity and cultural needs

Research in Practice's early help review identified that certain children and families, including Black and mixed-heritage boys, were less likely to have had the benefit of early help services. [\[footnote 33\]](#) It is therefore important that these communities are provided with help, and that services are designed to reach them. One of the aims of the response to the care review is to embed stronger, more culturally aware practices. [\[footnote 34\]](#)

We found some good examples of cultural needs quickly being picked up and built into services on offer. Bedford offered an effective resettlement programme for newly arrived refugees, which was positively received. As part of this, the programme trained families who had previously used the service to be able to help others engage with it. With a dedicated worker, Bedford was able to quickly respond to the needs of newly arrived families with a package of health, well-being, financial, accommodation and transport support.

## Good practice

Sunderland midwifery services noticed a very high number of women on its postnatal ward were overseas students from the university. They had not been booked in for antenatal services and therefore would not have received any antenatal care. Having identified this need, the midwifery services collaborated with Sunderland University, the local authority and charities to develop a culturally aware antenatal service for students from international communities on campus.

In Bedford, we found good examples of professionals speaking the languages of the families they work with. This enabled a good alliance to form and trust to be built. Harrow also had a particularly good range of interpretation services readily available to anyone that needed them. This supported open communication and relationship-building between all agencies and the families they worked with.

## Case study

Aadesh's mother had experienced domestic abuse at home for many years. His school referred and assessed the family for early help, which began that month. The family was allocated an early help worker who spoke Gujarati. The assessment addressed issues such as shame linked to culture, which then fed into the plans for the family. Partner agencies were aware of services available in the area to help Gujarati speakers. The children were given opportunities to join summer schemes. The case was then escalated to child-in-need level following another referral from Aadesh's school a few months later, and interpreters have been available to the family to help them engage with this process.

However, in other areas, there was sometimes too much accommodation of cultural needs – for example, early help workers being quick to accept children's culture or ethnicity as a reason for not attending school. This area for improvement is illustrated in the case study below.

### **Case study**

Jane was a 10-year-old child from a Traveller family with a high record of school absence. Her older siblings had less than 5% attendance at secondary school. Early help workers supported elective home education for the children, despite their mother being illiterate and needing help from the school to complete forms and paperwork. The older siblings contributed to the family's income and there was no indication that the children would receive an appropriate full-time education.

The local area had not acted on information shared between schools, health services and the local authority inclusion officer. This meant that not enough was being done to ensure that the children received an education, or that they were appropriately safeguarded.

As discussed above, information about children's individual needs relating to their culture, ethnicity or religion was not always recorded. This reduced opportunities to fully consider children's needs in decision-making.

## **Family-focused and child-centred**

Our inspections identified many examples of well-trained, experienced early help frontline practitioners providing sensitive and creative child-centred interventions.

Solutions will often rest with families so work must be family-focused. However, the lessons of many serious case reviews have been that in being family-focused, professionals can lose sight of the needs of the child and fail to effect meaningful change. We have responded to the 'Stable homes, built on love' response to the Care Review to say that a 'think child, think family, think child again' approach is central to family help work.<sup>[\[footnote 35\]](#)</sup> In this report, we describe this as combining family-focused and child-centred approaches.

We saw strong commitment to involving children, parents and carers in early help work. However,

some of the work and systems in early help focused too much on a parent's presenting needs. In some cases, children's needs were completely lost or overlooked. Interventions, such as drug and alcohol misuse groups, can offer excellent support to parents to deal with their misuse. However, as they are focused on a particular issue, they can individualise adults and not consider them in the context of their family, who may also need help.[\[footnote 36\]](#)

Co-producing plans with children and parents is important. Whether providing or designing services in early help or in statutory interventions, it is critical to identify and work with families' strengths. The Children Act 1989 principle of the welfare of the child being paramount should be at the heart of this work.[\[footnote 37\]](#)

Inspectors found good examples of areas using assessment tools to gather the child's experience at different stages. Over time, this could be shared to build a powerful picture of a child's needs and the progress made to reduce risk. Some local authorities used the tools 'Graded Care Profile 2' or 'Daily Lived Experience' either on referral, during assessments or as part of regular activities.[\[footnote 38\]](#)

When these assessment and practice tools were consistently used, and used well, workers were able to evaluate the progress children were making. The tools also provided a structure for monitoring how effective early help provision was and the impact of work with families and carers.

In some areas, the historical context was missing from children's cases. Without this information, it can be difficult to understand the child's life or situation. By using tools consistently, areas can have a quick reference point for cross-agency information-sharing that includes the experience of children throughout. As demonstrated in the case study below, this begins with giving children opportunities to be heard.

### **Case study**

Alex called the police to the scene of an incident because his parent was drunk and had fallen over while walking home with him and his siblings. The parent was taken to hospital and the children to a grandparent. Previous incidents had been noted and the parent was already attending some early help sessions. They were also engaging with alcohol and domestic abuse services.

There was no record of the children having been asked about their day-to-day lives, including how often this type of incident happens. They were included in the social work assessment the following month and the family was eventually placed on a child-in-need plan. Although safeguarding practices were timely, important opportunities were missed to proactively support these children and hear their experience as part of early help.

Building and establishing relationships with a lead professional can provide very effective support for families. In Wirral, police community support officers (PCSOs) involved in early interventions were praised for their direct work with children. This included talking to children in settings they had chosen, such as while playing pool. Families noticed what a positive impact the safety and support that PCSOs provided had on their lives.

Being included in plans was also an important theme for the Young Champions. One young

person explained:

“ Don’t baby me for being a young person; talk to me normally while still explaining things clearly.”

Another mentioned their experience of a GP assuming the young person just wanted a sick note for school when they were asking for help with their mental health.

The Young Champions told us about early help practice that had supported them in the past, which could help other children and young people. Their examples included:

- being provided with printouts of strategies so they had a physical resource to refer to
- being given a clear plan for any treatment
- having things broken down into small steps
- having a follow-up questionnaire to give longer-term contact and make sure they were doing well after any treatment
- practitioners empathising, listening and being patient
- practitioners having a broader awareness of invisible disabilities and how they can present differently
- practitioners being sensitive to people’s past and traumas
- practitioners being honest, even about low staffing or delays, as it helps people feel valued even while waiting for help

Parents we heard from told us that the actions that felt most supportive and worked well for them included counselling, working with their children on wishes and feelings and coordinating multi-agency work where different partners were involved. [\[footnote 39\]](#) As one parent said,

“ I was listened to and given advice. We have multi-agency meetings and I have been signposted to agencies to support me and my family.”

Some areas had also included children in the process of developing tools for early help work. It can be helpful to professionals to involve children in their plans in a more approachable way. For example, in Bedford, police engaged children to help create an assessment tool for identifying and assessing child exploitation. Children helped to build, review and make suggestions for the tool’s terminology and content. This changed the format and look of the assessment tool and helped to make it child-focused. As a result, information from children was more easily gathered and available for professionals to see in records.

## Conclusion: implications for policy and practice

In these JTAs, we saw some excellent work at both a strategic and practice level. The most striking finding, however, was the variability in early help between and within the local areas. This was in relation to both what was available to children and families and how support was provided.

The proposed government reforms to children’s social care need to appreciate the variability between local areas, such as differences in their:



- understanding of the role of early help
- strategy and practice
- capacity, across geographical areas and partners
- child-centred family approach

These differences provide an important context to government in implementing and achieving the objectives laid out in ‘Stable homes, built on love’. There is much more to do if all children and families are to get the right help at the right time, wherever they live.

We saw well-trained and knowledgeable early help workers from a range of agencies undertaking effective work with children and families, meeting need and reducing risk. However, this was not consistent. More needs to be done to ensure that all professionals have the skills and knowledge to assess, help and safeguard children and families effectively.

The reforms need to consider that many complex cases are in early help or move between early help and children’s social care. Work with children and families did not always take full account of the dynamic nature of need and risk. In some cases, practice can become too adult-focused.

It is important that the reforms ensure that social work oversight is valued. Systems and processes around accessing services and sharing information are fundamental to getting children and families the right help at the right time.

The reforms also need to remain responsive to the specific weaknesses that we found in some local areas. These included:

- a lack of prioritisation and oversight; partners in the MASA need to have effective oversight of early help
- weak processes such as no identified lead professional, assessment or plan
- lack of multi-agency working, particularly with schools
- children’s needs and risks not always being matched to lead professionals with sufficient skills, experience and knowledge

The lack of capacity across agencies is likely to hinder progress in achieving the full vision of the reforms. All areas need to be able to prioritise and invest in early help at all levels and in all agencies to maximise what already exists and build more capacity into the system.

Community engagement and accessible local services can be at the centre of making a difference for families. The excellent work we saw in engaging and developing services with communities needs to become expected practice.

Statutory partners need to have effective oversight of early help, including evaluation of the impact. Areas need a strong emphasis on making sure those partners are doing this. Critically, schools need to be involved at a strategic and practice level with partners.

Being able to prioritise early help is undoubtedly a challenge and areas need the capacity to deliver services and evaluate impact. For early help to be effective, leaders need to know and understand their local areas, and work with partners and local communities to tailor services and make them accessible. There needs to be a shared understanding of what early help is among all relevant professionals and partners, including schools. Importantly, professionals working with



children need to have appropriate skills and training to help children and families, and understand what to do and where they can go if risks escalate.

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1. In this report we refer to areas. These areas refer to the local authority that has responsibility for children's social care services and the associated health and police force areas. Geographical areas covered by health authorities and the police are not co-terminus with local authority boundaries. [↪](#)
2. ['What is early help? Concepts, policy directions and multi-agency perspectives'](#), Research in Practice and Ofsted, February 2022. See section on 'Funding of early help services' (page 10) for data on some of the key areas of resource reduction. [↪](#)
3. The local safeguarding children partnership (LSCP) is a strategic leadership group comprised of the three statutory safeguarding partners: local authority; clinical commissioning group for an area; chief officer of police for an area, as well as other relevant organisations and agencies. The role of the partnership is to coordinate local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together. [↪](#)
4. ['Joint targeted area inspection of the multi-agency response to children and families who need help'](#), Ofsted, October 2022. [↪](#)
5. ['What is early help? Concepts, policy directions and multi-agency perspectives'](#), Research in Practice and Ofsted, February 2022. [↪](#)
6. Partners included children's social care, education, the police and health. Services included children's social care, schools, the police, maternity services, emergency and urgent care, public health nursing, emotional well-being and mental health services and community and voluntary sector providers. [↪](#)
7. The 'front door' in a social care context is the arrangement that local authorities have in place to respond to an initial contact from a professional or member of the public who is concerned about a child. [↪](#)
8. The strategy document can be found within the documents section of the consultation page at: ['Stable homes, built on love: strategy and consultation'](#), Department for Education, February 2023. [↪](#)
9. You can find our inspection letters by searching for each one on our [reports website](#). [↪](#)
10. ['Stable homes, built on love: strategy and consultation'](#), Department for Education, February 2023, pages 32 to 52. [↪](#)
11. ['Stable homes, built on love: strategy and consultation'](#), Department for Education, February 2023, page 36. [↪](#)
12. ['Working together to safeguard children'](#), Department for Education, July 2018. [↪](#)
13. ['Safeguarding Pressures Phase 8'](#), The Association of Directors of Children's Services Ltd, December 2022, page 41. [↪](#)
14. The Research in Practice review notes that 'Section 17 of the Children Act 1989 places a general duty on local authorities to provide appropriate services for children who they assess as children in need, and section 10 of the Children Act 2004 provides a duty to make arrangements to promote cooperation between local partners with a view to improving children's well-being. But with no legislative requirement for local authorities to provide

preventative services for children, these duties are interpreted quite differently in different local areas.’ From [‘What is early help? Concepts, policy directions and multi-agency perspectives’](#), Research in Practice, February 2022, page 10. ↵

15. [‘The independent review of children’s social care – final report’](#), Josh Macalister and Department for Education, May 2022, page 54. ↵
16. [‘Stopping the spiral: Children and young people’s services spending’](#), M Williams and J Franklin, July 2022.  
  
[‘Financial pressures and the child protection system’](#), Ofsted, June 2019. ↵
17. [‘Stopping the spiral: Children’s and young people’s services spending’](#), M Williams and J Franklin, July 2022, page 3. ↵
18. [‘Safeguarding Pressures Phase 8’](#), The Association of Directors of Children’s Services Ltd, December 2022, page 46. ↵
19. [‘Supporting Families 2021–22 and beyond’](#), Ministry of Housing, Communities and Local Government, 2021. ↵
20. [‘Safeguarding Pressures Phase 8’](#), The Association of Directors of Children’s Services Ltd, December 2022, pages 39 to 40. ↵
21. [‘Families first for children \(FFC\) pathfinder programme and family networks pilot \(FNP\)’](#), Department for Education, July 2023. ↵
22. For more information about this role, see [‘Care Navigation: A competency framework’](#), NHS Health Education England, 2016. ↵
23. [‘State of Health Visiting, UK Survey Report’](#), Institute of Health Visiting, January 2023. ↵
24. Groups particularly at risk are discussed in the report [‘Hidden in plain sight: A national plan of action to support vulnerable teenagers to succeed and to protect them from adversity, exploitation, and harm’](#), Commission on Young Lives, November 2022. ↵
25. A multi-agency safeguarding hub (MASH) is a co-located hub of agencies that enables real time information sharing, decision making and communication. It brings together children’s social care, health and police as well as other agencies including education, probation, youth offending services and housing. The MASH is often the ‘front door’ and receives initial requests for help or concerns. ↵
26. See: [‘Wear Here 4 You’](#). The Early Intervention Foundation provides a useful [guidebook on evaluated early intervention programmes](#) that improve outcomes for children. ↵
27. Local organisations and agencies that work with children and families have a shared responsibility to safeguard and promote the welfare of all children in a local area. The responsibility for this join-up locally rests with 3 safeguarding partners who have a shared and equal duty to make arrangements to work together. These are: the local authority, a clinical commissioning group for an area any part of which falls within the local authority area, and the chief officer of police for an area any part of which falls within the local authority area. These arrangements are known as multi-agency safeguarding arrangements (or MASA). ↵
28. [‘Social workers in schools: An evaluation of pilots in three local authorities in England’](#), What Works for Children’s Social Care and Cardiff University, May 2020. ↵
29. [‘Characteristics of children in need 2022’](#), Explore education statistics, Department of Education, 2023. ↵

30. See [Surrey Education Services](#) for further information. ↩
31. [Operation Encompass](#) aims for all children experiencing domestic abuse to receive timely support in their school. ↩
32. See: [‘Cradle to Career’](#) and [‘Early Help Alliance’](#). ↩
33. Black and mixed-heritage boys in the criminal justice system are less likely than their peers to have been referred to early help services when they were younger, but more likely to have been involved with children’s social care, as discussed in [‘The experience of black and mixed heritage boys in the youth justice system: a thematic inspection by HM Inspectorate of Probation’](#), HMI Probation, October 2021, page 8. Other groups identified as less likely to benefit from early help services were babies born in to care, adolescents in care proceedings and children with mental health needs. See: [‘What is early help? Concepts, policy directions and multi-agency perspectives’](#), Research in Practice, February 2022, pages 27 to 30. ↩
34. [‘Stable homes, built on love: strategy and consultation’](#), Department for Education, February 2023, page 30. ↩
35. A ‘Think child, think family, think child again’ approach has been discussed in [‘Ofsted’s response to the “Stable homes, built on love” consultation’](#), Ofsted, July 2023. See also [‘Improving the role of adult mental health services in multi-agency child protection’](#), Ofsted, August 2019.  
  
[‘Ofsted’s response to the “Stable homes, built on love” consultation’](#), Ofsted, July 2023. ↩
36. This is further discussed in [‘What is early help? Concepts, policy directions and multi-agency perspectives’](#), Research in Practice and Ofsted, February 2022, page 39, with reference to studies that found contextual factors are rarely considered in practice that is aimed at identifying and addressing parental risks. ↩
37. [Children Act 1989, section 1](#). ↩
38. Further information on [Graded Care Profile 2](#). Further information on [Daily Lived Experience](#).  
  
[‘What is early help? Concepts, policy directions and multi-agency perspectives’](#), Research in Practice and Ofsted, February 2022. See pages 26 to 27 for information on different models of practice and assessment, and pages 37 to 38 for discussion on difficulties of evaluating non-standardised programmes of early help. ↩
39. Wishes and feelings are often used in assessments with children. Examples of different formats can be found on the [Social Workers Toolbox website](#). ↩

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