1. INTRODUCTION

1.1 This report considers the basis for adopting early help outcomes and how this approach is being implemented in Family and Children’s Services.

2. BACKGROUND

2.1 The Family and Children’s Services ‘Early Help and Targeted Services Strategy’ was approved by Cabinet on the 5 January 2012.

2.2 The strategy sets out the rational for developing an evidenced-based approach to the delivery of children’s services based on ‘Early Help’ outcomes. It considers the international and national context for this approach.

2.3 The Strategy has its roots in the Stronger Families Vision:

‘Children, young people and their families will be better able to realise opportunities to improve their lives. Families will be more self-sustaining and therefore less reliant on services provided by the Council and from the public purse. By prioritising the most vulnerable, and by intervening early and longer term, more costly and damaging problems will be avoided. Council costs will be reduced, as will families’ and children’s need to use public services. We will be doing less, yet sustaining the quality of our offer to children, young people and families.’

2.4 The Early Help outcomes framework in Appendix 1 was finalised following detailed consultation with partner organisations.

3. PROGRESS TO DATE

Governmental Early Help Initiatives

3.1 A series of papers have been produced for the Government that set out the rational and research base for early help programmes. These include the;
Field Report ‘The Foundation Years: Preventing Poor Children Becoming Poor Adults’, December 2010
- Tickell Review of the Early Years Foundation Stage, March 2011
- The Munro Review of Child Protection, May 2011
- Prevention and Early Intervention, New Philanthropy Capital, July 2012

3.2 As a consequence of these reports the Government has recently established the What Works Network and the Early Intervention Foundation.

3.3 The What Works Network is a key action in the Civil Service Reform Plan. This initiative will build upon existing evidence-based policy making. It consists of two existing centres of excellence – the National Institute for Health and Clinical Excellence (NICE) and the Educational Endowment Foundation – plus four new independent institutions.

3.4 The What Works Network will produce and disseminate research to local decision makers, supporting them in investing in services that deliver the best outcomes for citizens and value for money for taxpayers. It is the first time a government anywhere has set up such a model at a national level.

3.5 The Early Intervention Foundation is an independent organisation which champions and supports the greater use of early intervention measures to tackle the root causes of social problems amongst babies, children and young people. The organisation will provide a single source of independent, comprehensive and authoritative assessment, advice and advocacy on early intervention measures.

3.6 Government departments have funded a number of early help pilots over recent years and the initial findings are positive. The Government has announced a second phase of pilots, including one Tri-Borough initiative. The initiative uses Multi-Systemic Therapy to substantially improve outcomes for families with multiple and complex needs.

3.7 Appendix 2 provides a summary of the national context for Early Help and more detail on the Tri-Borough Multi-Systemic Therapy Project.

Establishment of the Early Help Team

3.8 A new Early Help Team of key workers focusing on early help was established in the Family Services Directorate in 2012. The workers are attached to localities and provide targeted support to children and families.

3.9 The Early Help Service will work collaboratively with schools, children’s centres, health services, social workers, the third sector, and local commissioners, to ensure the early identification of needs. They will aim to provide an effective
response that prevents the escalation of need and reduces public spending in future years.

3.10 The role and scope of the RBKC Early Help Team is set out in Appendix 3.

Alignment of Commissioning Specifications with Early Help Outcomes

3.11 The Tri-Borough Commissioning Directorate is using early help outcomes to determine the performance framework for third sector contracts and for the YSDS (EPIC) employee-led mutual.

3.12 As commissioning specifications for the third sector are developed over the next year there will be an expectation that organisations can demonstrate how they are meeting early help outcomes. There will be a focus on the implementation of evidence-based practice. This will allow both the Council and the organisations themselves to clearly measure the impact that they are having on the lives of children and their families.
APPENDIX 2

Summary of Early Help – The National Context

Early Help refers to the general approaches, and the specific policies and programmes, which help to give young children the social and emotional bedrock they need to reach their full potential. They support older children to become the successful adults and good parents in the future.

In the UK several reports have been published independently from the Government advocating increasing support for early help;

Frank Field MP chaired an independent review of poverty and life chances. The report ‘The Foundation Years: preventing poor children becoming poor adults’ was published in December 2010. This report set out a new strategy for abolishing child poverty. It presented a policy for social mobility to encourage disadvantaged children to gain skills to maximise their life chances.

Graham Allen MP has worked with the Coalition Government to investigate the benefits of early help and evidence-based practice. He has published two reports. The first report ‘Early intervention: the next steps’ was published in January 2011. The report asserted that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and their families the right type of evidence-based programmes aged 0-18, and especially in their earliest years. His second report ‘Early Intervention: Smart Investment, Massive Savings’ sets out how we can pay for these programmes within existing resources and by attracting new streams of funding.

Early Help Rationale

Many of the costly and damaging social problems in society are created because children haven’t had the right type of support in their earliest years, during the period of their most rapid development.

Here are just a few illustrations from the literature;

• A child’s development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.
• Some 54 per cent of the incidence of depression in women and 58 per cent of suicide attempts by women have been attributed to adverse childhood experiences, according to a study in the US.
• An authoritative study of boys assessed by nurses at age 3 as being ‘at risk’ found that they had two and a half times as many criminal convictions, when compared to the group deemed not to be at risk, by the time they reach the age of 21. Moreover, in the at-risk group, 55 per cent of the convictions were for violent offences, compared to 18 per cent for those who were deemed not to be at risk.

Early Help programmes which promote social and emotional development can significantly improve mental and physical health, educational attainment and
employment opportunities. Early Help can also help to prevent criminal behaviour, drug and alcohol misuse, and teenage pregnancy.

Early Help pre-supposes what parents do is more important than who they are. Especially in a child’s earliest years, the right kind of parenting is a bigger influence on their future than wealth, class, education or any other common social factor.

**Economic Benefits**

The benefits of the Family Nurse Partnership model have been well documented. This programme supports at-risk teenage mothers to foster emotional health and confident, non-violent parenting. By the time the children reach the age of 15, the programme is estimated to have reduced welfare and criminal justice expenditures, led to higher tax revenues, and improved physical and mental health. The savings can be up to 5 times the cost of the programme. This programme is now running across Tri-borough.

There is an enormous literature base (largely American) with regard to evidence-based practice. The challenge for Tri-borough is to find clear and objective evaluations of services based on sound research methodology, and based on that evidence, to find the gems of effective practice. These need to be a good fit for our local populations and the challenges we have identified locally.

The Government is funding one pilot Tri-Borough early help project. The project uses Multi-Systemic Therapy (MST) to substantially improve outcomes for families with multiple and complex needs. Projects will work in partnership with families to deliver an effective, evidence based intervention that will deliver sustainable change. The Tri-Borough service will target 30 families per year and it will be evaluated in terms of successful outcomes and cost.

In conjunction with health service partners, a ‘Multi Systematic Therapy’ programme is beginning work with referred young people age 10-17 across Tri-borough. Multi-Systemic Therapy is an intensive evidence-based intervention aimed at tackling adolescent anti-social behaviour and preventing the need for care or custody. It has been implemented in the United States and Europe with the following proven outcomes:

- Reduction in serious anti-social behavior
- Reduction in re-offending
- Keeping families together and reducing entry to care (11 -17yr olds)
- Reduction in high cost out of home placements for children in care
- Increased mainstream school attendance
APPENDIX 3
The RBKC Early Help Service
Summary of Service and Statement of Purpose

Background
The Early Help Service has been pulled together from the Family Information Service and four other age based Early Intervention services, the Early Years Outreach Team the Early Intervention in Schools Project, the Positive Engagement Program, and Targeted Children’s Support. Pulling these teams together has allowed the creation of a multi skilled all age service. The change provides additional economies of scale, opportunities for working with whole families with different age children, and creates the core of a multi agency Early Help Service.

The purpose of the team is to provide high quality advice guidance and support both emotional and practical to children and families to enable them to tackle any difficulties they may have at the earliest possible opportunity. To achieve this they will work both directly with the parent and child and in conjunction with other professionals involved in the child or families life such as teachers, children centre workers and youth workers. Work will be both on a 1;1 basis and through parenting and activity programs.

Where it is thought necessary the Early Help team will use its contacts to bring in specialist help such as psychologists, substance use workers and health professionals to work with the child or family. The team works with children and families at the Additional Needs level.

Basic Organisation
The service is a Single Team with a manager, covering the whole borough. The team consists of the FIS (Family Information Service) and three geographically based sub-teams of 6 staff. Each Sub Team has one Lead Worker, two Early Years Workers, two Early Intervention in Schools or PEP Workers, and an Attendance Worker. The sub teams will cover West, East and South of the borough. FIS and Business Support will work across all three teams. The East and West teams are based at Westway and the South team is based at COTH.

Early Help Sub Teams
The geographical boundaries are primarily concerned with clusters of schools and Children’s Centres not necessarily with where families live. The ambition is for there to be one worker to a family but this not a requirement; generally families will have a “key” Worker though other workers from the team may become involved with a specific purpose and most likely for a time limited period.
There is a range of expertise across each Sub-Team and initially the referral and allocation process will be on a whole team basis until we have a clear idea how the system can be made to work best. The team will use the MARS recording system which has a CAF based assessment. Group work programs will be targeted and planned in advance and therefore group work referrals will be managed slightly differently.

The team provides agreed time limited intervention of 8-12 weeks/sessions, then a review. The Thresholds of the team will be at “additional needs” level but there will be flexibility to allow for step up and step down processes, though long term duplication with for example SW teams will not be possible. Specific pieces of work on cases at a higher level will be possible given capacity and at the manager’s discretion.

The sub teams cover all ages, though workers will (at least initially) largely work within their previous age specialism. It is intended to facilitate a blurring of the edges rather than a wholesale change at this stage. The sub team leads will also continue to lead in their specialist age group area. Workers will be allocated official links with Schools, Children’s Centres, Locality SW teams and youth settings, and will promote the “Team around the Child” model. The team will work closely with the EWS with attendance being a priority for all staff not just the Attendance worker.

**Staffing**

<table>
<thead>
<tr>
<th>Team /sub team</th>
<th>Post Number</th>
<th>Role</th>
<th>Name</th>
<th>comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Help</td>
<td></td>
<td>Acting Team Manager</td>
<td>Carmel McCartan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Social Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arabic Families SW</td>
<td>Naima L’Bini</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manager</td>
<td>Ali Omar</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FIS outreach worker</td>
<td>Samantha Wellington</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FIS information officer</td>
<td>Hai- Man Lee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH BSO</td>
<td>Samina Qamar</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH BSO</td>
<td>Brenda Savoury</td>
<td></td>
</tr>
<tr>
<td>West</td>
<td></td>
<td>Lead worker</td>
<td>Lesley Henderson</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Angie Williamson</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Rachel Burke</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Jamanhi Henry</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Sharon Paul Taylor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance worker</td>
<td>vacant</td>
<td></td>
</tr>
<tr>
<td>East</td>
<td></td>
<td>Lead worker</td>
<td>Sue Curry</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Hoda Ali</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Paula Worthington</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Saffron Burley</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Vacant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance worker</td>
<td>Charlotte Auguste</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td></td>
<td>Lead worker</td>
<td>Alanna Martin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Lilieth March</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Olgica Sarac</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Vacant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EH worker</td>
<td>Vacant</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance worker</td>
<td>Janice Alexander</td>
<td></td>
</tr>
</tbody>
</table>
The Early Help Referral Allocation and Assessment process

The prime avenue for referrals is direct to the designated attached Early Help worker from a professional within the link establishment (school, children centre, youth centre) they are attached to. The preferred method of referral is via the Early Help referral form (being completed by the referrer). This ensures the right information is obtained to take the work forward and consent is gained at a early stage. Referrals can also be taken from other referrers directly into the sub teams. It is important that referrers advise the user they are making a referral.

Once a referral is completed it will be necessary for business support to transfer the referral information onto MARS. This should be done on the basis that the Lead agrees that the referral is a suitable referral for the service and will be taken to the next allocation meeting.

Decisions about allocation will be made at a weekly allocation meeting of all the Leads chaired by the Team Manager. For the purposes of allocation the team is regarded as one whole and cases may be allocated across the sub teams according to capacity, availability and expertise.

Once allocated the Early Help worker will complete an assessment on MARS and make a plan within 21 days. The assessment and plan will be completed and shared with the service user.

Thresholds

The team will primarily work with families with additional needs identified as within level two of the RBKC threshold document attached (appendix 1). They will not hold case responsibility for families meeting the CIN level or Child Protection level and requiring a social worker. The team will however provide (at the discretion of the manager or team leader) time limited specialist input into such cases such as activities or parenting programs. This can only be provided on the basis that it is part of an overall plan for the family/child, and that the family/ child/ young person actively want the service. The timescale for Early Help involvement in such situations needs to be agreed in advance.

The team will also work with families who remain allocated to a SW as part of facilitating a step up or step down process.

The Early Help Team must concentrate its resources on the Additional Needs level so it is at the discretion of the manager whether it becomes involved in cases that are not at the Additional Needs level unless the plan is a realistic one to enable a “step down”.

**Step Down**

The team will accept cases from locality SW teams for “step down”. Referrals must be followed by a CIN meeting or a “step down” meeting organised by the locality SW team where a plan of handover is made. The Early Help team will not begin working with a family until such a meeting is held and plan made.

In the event of a child/family being referred to a locality SW team by another agency if the referral indicates concerns at a CP level or if it is CIN level and the SW team assumes responsibility the Early Help team will hand over case responsibility but will co-ordinate with the Locality SW and seek to complete the piece of work that had been started.

In the event of a child/children being removed from a CP plan the expectation is that the SW team would continue to work with the family for a period of 12 weeks prior to referring to the Early Help team unless there are exceptional circumstances (previous positive involvement/exceptional progress by the family) which mean that the Early Help team is better placed to support the family.

**Step Up**

Where cases escalate to the level of CIN and are assessed by the Early Help team as requiring SW involvement, the Early Help team will make a referral to the requisite Locality SW team, and if requested will arrange a step up meeting to facilitate handover. There may be occasions when a period of parallel SW intervention can bring the case back into the additional needs threshold category. Once a SW is involved however they take over Case Responsibility. In cases involving the need for a section 47 investigation the Early Help team will handover case responsibility immediately and enable the SW team to complete its section 47 investigation within timescales.

**Outcomes**

The team will work towards the outcomes identifies in the RBKC Outcomes Framework. Early Help workers will discuss with users what outcomes have been achieved and will recorded what outcomes (according to the MARS structure) have been achieved on closure at the end of a piece of work. This will be developed over time.

**PEP/PAYP Program**

The team will develop and cost a joint PEP/PAYP program at the beginning of each financial year. This program will be focussed on achieving the outcomes identified in the Outcomes Framework and may be targeted at particular children or young people.
**Links**

Workers will be allocated official links with Schools, Children’s Centres, Locality SW teams and youth settings, and will promote the “Team around the Child” model. The team will work closely with the EWS with attendance being a priority for all staff not just the Attendance worker. The sub teams with the link workers will promote and support these professional links. Information about the team and how it works will be provided to the staff of these establishments to facilitate their work with children and families and enable suitable referrals to be made. The team will ensure that the link workers work closely with other professionals attached or part of these establishments such as school nurses, psychologists, educational psychologist, health visitors, EWS workers and SENCOs etc.

**CAF and Family Support Panel**

The team will continue to take a lead on integrated working and promotion of the CAF. The business support will continue to receive CAFs from other professionals and maintain a log of CAFs received that professionals can check. The team will send a representative to the Family Support Panel and take referrals from the panel as appropriate.

**Senior Social Worker Role**

The SSW role will be to provide social work input to the team, both working directly with cases, and providing consultation and support. The role will have a specific responsibility for maintaining an oversight of safeguarding issues within the team and providing advice and guidance for staff on safeguarding issues. The post will not hold case responsibility for any CP cases. The SSW also supervises the Arabic Families Social worker ensuring this worker is able to work across CAMHS services, the Early Help service and the Locality SW teams.
APPENDIX 4

Early Help Case Study 1 – Engagement in Learning

Reason for Referral:
School raised concerns about 7 Year 10 pupils, aged 14 and 15, who had disengaged with learning and there were issues of non-attendance and lateness.

Context:
All of the pupils are academically able with predicted grades of A* and B’s. They were identified as having low self-esteem, disengagement in lessons, and a high number of negative reports from teachers.

Goals Set:
- Engage the pupils to support them in achieving their potential & to think about their future career options / prospects
- Partnership working with parents
- Address issues of low self esteem
- Regular communication with school staff

Work Done:
- One to one/ group mentoring sessions
- Termly review and evaluation of attendance with school
- Voluntary After School sessions offered which consists of homework /course work/CV and work experience preparation
- In class support in consistent ‘problem’ lessons
- Networking with teachers and key members of staff to gain regular up to date information on the girls’ current status

Outcomes: Engagement in Learning: Challenging Behaviour
- All of the girls have engaged with the support in school, and additionally 4 of the girls have joined the after school provision
- The pupils have positively engaged with the EH worker; there has been an improvement in attendance (although punctuality is yet to be improved)
- Positive relationships with parents have been established & regular updates are provided in relation to their child’s progress
- Improvement in classroom behaviour
- An improvement in general attitude from the girls; they are beginning to take responsibility in thinking about their options and prospects

The school have valued this input; it has been helpful to have another perspective, for the pupils, from outside the school, to facilitate a shift in thinking about the issues and challenges faced by the pupils at this crucial stage of their education.
Early Help Case Study 2 – Challenging Behaviour

Reason for referral:
Referral of an 11yr old Albanian boy by Chelsea Academy. There was a high level of concern about A’s disruptive behaviour in class and the impact of this on other pupils’ learning. A had experienced several internal exclusions at the time of the referral.

Context:
The family are Albanian refugees from Kosovo. There are four children in the family, child A the third child and an older sibling in a hostel following physical abuse from her father. She was placed in foster care prior to the current living arrangements. Concerns remain about domestic violence between the parents. The parents are both unemployed and they relay conflicting messages to their children about the value of education.

Challenges:
Initially engagement was “extremely difficult”. The Early Help worker modelled respectful behaviour and gave A the space and time to talk and be listened to; something that was a new experience for him.

There was resistance and a lack of support from the father. He was aggressive towards the EH worker and this was very challenging for A. A spoke to his father about wanting to continue with key worker support and his father accepted this.

Goals Set:
- Engagement in learning and achieving his potential
- A reduction in exclusions and improved relationships in school
- Addressing risky behaviour

Work Done:
- Key focus on motivating A to engage with his learning and education
- Support A in his relationships with teachers, friends, and his family
- Exploration of relationships & discussion about future relationships which A would like to be different to his parents’
- EH worker tapped into A’s strengths and natural leadership skills. Support for A to think about his choices and look at actions and consequences

Outcomes: Coping & Resilience: Engagement in Learning
A is better able to manage his emotions. He has also developed his social and communication skills. A has an increased self-awareness of the choices he can make and the resulting implications.

A has recently been referred to Golborne Education Centre. Significant changes have been observed in his relationships with others, especially adults and teachers. The Early Help key worker was able to support A with reintegration into mainstream school. Early Help support allowed this boy to explore a different way of relating with adults.
Early Help Case Study 3 – Parental Mental Health

**Reason for Referral:**
For advice and support on sleep management for baby (now aged 8 months).

**Referred: Early Years Specialist Health Visitor in Perinatal Mental Health**

**Context:**
Referrer: I feel it is especially important to support Mum with sleep management and routines at this early stage, as her tiredness is triggering further anxiety, and is affecting Mum’s mood and confidence.
Mum is currently attending Talking Times (a post natal support group for women with anxiety/low mood).
The parents are exhausted and have asked for help.

**Goals Set:**
- For O to be able to sleep independently and to be able to self settle if and when she wakes up in the night time.
- To gradually stop breast feeding.

**Work done:**
- Weekly visits from the EH worker & the implementation of a Sleep Plan.
- Support & advice given in relation to diet, routines and child development.

**Feedback from mother:**
I had felt very isolated being at home and sleep deprived.

Rachel gave me back my confidence as a parent and a working mum. Now that my child is sleeping through the night and I have weaned off breast feeding (which I had wanted to do but felt guilty about stopping). We are now enjoying family life, my relationship with my partner is better because we are less stressed and sleeping more.

I now feel confident to return to work part time and my child will attend a nursery. I never thought I would get to this stage so quickly considering how low I felt only 3 months ago. Also with the new evening/bedtime routine Rachel put in place we are enjoying family time, with Dad finally feeling involved. I really feel this would not have been possible without Rachel’s support and invaluable time.

**Outcomes: Parental Mental Health: Coping & Resilience (scale 0-10)**

**How useful were the sessions?** 10 Very helpful (mother)

**How is the sleep problem now?** 10 Completely Improved (mother)
Early Help Case Study 4: Parental Mental Health

Reason for referral
The family’s Social Worker referred to the Early Help Service asking for support with: implementing routine, safety around the home, and information about age appropriate development and stimulation.

Context
Shortly after giving birth the mother was diagnosed with paranoid schizophrenia. At the time of referral Mum’s mental health was considered stable; however she was still experiencing frequent auditory hallucinations.

Challenges
This was a first child and parents had very little access to practical support from family members. At first, mother found it difficult to identify areas for improvement, and did not necessarily agree with the recommendations from the Social Worker.

Goals Set
- Child to have an appropriately timed and consistent bedtime.
- Child to sleep in their cot in the bedroom.
- Child to learn to settle independently.
- Improve attendance and time keeping at child’s nursery.
- Increase appropriate stimulation in the home.

Work Done
The Mother’s mental health diagnosis meant that the Early Help Worker needed to take time to allow the family to feel “safe” asking for the help. Through their discussions the Mother disclosed that her auditory hallucinations were more pronounced in the evenings, and recognised that a calm, consistent environment at this time would benefit her and her child’s health and wellbeing. This realisation gave the Mother the motivation to make the changes required.

In order to make progress, The Early Help Worker set “things to do” between visits. This breaks the goals down into small manageable changes, e.g. the Mother cleared and organised the bedroom to accommodate the child’s cot. This is an important approach to adopt when working with clients with mental health issues when it is imperative that change does not feel overwhelming.

Outcomes: Parental Mental Health: Coping & Resilience
The child has moved into his own room, following a ‘gradual retreat plan’ designed by the Early Help Worker. The child is now able to settle and sleep independently. There has been an ongoing and gradual improvement in drop of time at nursery.

These examples are practical steps that the family has accomplished. A number of emotional steps have been taken in order to facilitate the family in taking these actions.
The Mother and Early Help Worker have built a trusting, positive relationship which has facilitated a shift in Mother’s thinking and attitude. The mother has now asked for advice about many things, including appropriate nutrition and safety measures. She is happier about sharing information about progress with other professionals involved.
Early Help Case Study 5 – YSDS Break 4U Service

Analysis draws on Social Return in Investment (SROI) to evaluate the YSDS Break 4 U activities which is an early intervention programme for young parents and young parents to be (aged 13-23) and their children. Break 4 U provides personal development, parenting and health knowledge and aspirations. Other opportunities and skills that they gain from accessing Break 4 U activities and that come under the above areas include post-natal skills, life skills, Duke of Edinburgh’s Award and other accreditations, educational advice and employment guidance, physical and emotional health and crèche facilities.

In this analysis, Break 4 U activities create a total attributable value of approximately £4,163 per young mother and baby, and an equivalent of £2.36 return on each £1 invested from £52,300 of funding.

This is presented on a 0-10 scale comparing levels experienced ‘before’ attending Break 4 U, to levels experienced ‘now’, in order to derive the magnitude of change achieved by the programme (10 is scored as the most positive, and 0 scored as the most occurrence for the respondent; where a 5 point response scale has been used, this has been converted to calibrate to a consistent 0-10 scale or 0-100% scale). Value of benefits to government is estimated at £49,270 largely reflected by potential cost savings to the unemployment benefits system, social care need, and to the health care system (both in the case of babies and also young mothers).
Long Term Outcomes - Young Mothers

- Financial value of childcare support from crèche facility
- Salary from entering employment
- Parenting and life skills attainment
- Employability skills
- Improved overall sense of well-being (mental and emotional)
- Improved physical health
- Resilience/Coping
- Self confidence
- Improved quality of relationships with friends and family, including the father
- Further education attainment
- Improved responsibility
- Reduced isolation

Baby children

- Overall well-being
- Overall physical and nutritional health
- Sense of confidence in social settings

Family members

- Improved well-being and mental health (emotional health)
- Improved relationship
- Resilience and coping

Public Spending

- Cost savings for NHS and acute health services (YOUNG MUM)
- Cost savings for NHS and acute health services (BABY)
- Cost savings for acute social care system
- Reduced unemployment benefit payments

“It was good to feel you’re not being judged because you are a young mum... I wanted some help with my parenting skills .. to be a good parent to my son...I had no social communication skills… Break4U will improve your quality of life and change your way of thinking… I’ve completed level three in youth work, I’m at college studying health and social care and I’ve completed my Bronze and Silver Duke of Edinburgh’s Award, and currently preparing for my Gold – the staff have helped show me I can achieve and complete anything I put my mind to.” Young Mum