SUNDERLAND EARLY HELP STRATEGY 2017-2020
Supporting families to support themselves
Sunderland Children’s Strategic Partnership
The Children’s Strategic Partnership also has representation from primary and secondary schools in the city.
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EXECUTIVE SUMMARY

The Early Help Strategy has been developed by the Children’s Strategic Partnership. It sets out a strategic approach to prevention and early help in Sunderland. It covers the following:

- Our definitions of prevention and early help and why they are a priority for us.
- Our firm commitment to early help in Sunderland as set out in our Children and Young People’s Plan and our Joint Health and Wellbeing Strategy.
- The role of prevention and early help within our overall framework for supporting children and young people and how this links to the Children’s Strategic Partnership’s vision, the city’s Health and Wellbeing Strategy and the Children and Young People’s Plan 2017-22.
- How this strategy links to other local and national priorities such as Working Together 2015, the Care Act 2014, the Children and Families Act 2014 (SEND reforms) and our Making Every Contact Count (MECC) model of health intervention delivery.
- What we plan to do, including a firm commitment to a ‘demand management model’ in times of increasing demand and reducing resources. This is supported by our commitment to a ‘Think Family’ approach and an Early Help Co-ordinator (Key Worker) model to ensure that services are wrapped around the needs of children and their families.
- How we have undertaken a whole system redesign of our children and families local core offer, designed to bring together key concepts, systems, pathways and ways of working to achieve interventions and responses that are timely, effective and appropriate.
- How we will resource our activity and measure our progress.
- The links between early help and our locally determined key issues of concern. The final part of the document details those issues and where guidance for professionals and support for families can be accessed.
INTRODUCTION

We are delighted to present our Early Help Strategy for Sunderland.

The Strategy builds upon the positive work to develop early help in the city and provides practitioners with a coherent framework which all partners are signed up to.

The strategy shares the vision of the Children’s Strategic Partnership, “Working together for children and families” and wholeheartedly brings that vision to life. We are very clear that if we do not work together to deliver early help to families in a co-ordinated way, the support that we do provide is not likely to have the long term benefits we want for families in Sunderland. We must ensure that in Sunderland early help is everybody’s business.

Early help means, in the first instance, preventing problems from occurring by building resilience in families and reducing risk factors. Where problems do arise, we will provide support at the earliest opportunity. This can be summed up as providing the right support at the right time.

Despite these positive affirmations, providing early help remains a challenge. Increased demographic pressures and reduced funding heighten this challenge and our response must be robust. We must ensure we are focusing on the right families and are clear on how we will work together in partnership to support them. This will include the need to manage the expectations of families to deliver time-limited yet effective interventions and to build family resilience, thus supporting them to support themselves in the longer term. Most pressing is the need to ensure that all professionals working with children and families embrace their role as champions of prevention and early help and are unswerving in their commitment to delivering the right support at the right time.

The goal in implementing the Early Help Strategy is two-fold. Firstly, we must reduce the number of children, young people and families requiring support from high cost, specialist services. Secondly, we must deliver equality for families both in terms of access to services and equality of opportunity. Families who need support through early help are, by and large, facing issues synonymous with deprivation, for example, poor health and wellbeing, particularly poor mental health; reliance on out-of-work benefits; poor attendance at school and low educational outcomes for both adults and young people; high numbers of young people who are NEET, etc. These are all issues which we know affect opportunities throughout the lifecourse and we must do all we can to change this.

In practical terms, the strategy has been developed in three parts. Part 1 sets out the purpose of the strategy, the national context and how this is driving prevention and early intervention. Part 2 describes the Sunderland context and our approach to providing early help services and support for children and families. Part 3 provides a guide for practitioners about when to make a request for early help and where to find the relevant online forms.

We firmly believe that our approach to early help is the right one and that we can make a real difference to children’s lives if we work together. Children and young people are the future of our city and we must do all we can to deliver the best possible services for them.
PART ONE – BACKGROUND, CONTEXT AND LEGISLATION

The drivers of change

What is causing us to revise the Early Help Strategy 2015-17 and focus even more sharply on prevention and early help?

1. **The 2015 Ofsted inspection** of services for children in need of help and protection, children looked after and care leavers judged services in Sunderland to be inadequate.

   In relation to early help, the following paragraphs were included in the report, making a focus on early help an imperative for both Children’s Services and the wider children’s workforce in Sunderland:

   - Early help services are not well co-ordinated or focused and the new early help strategy is yet to be formally agreed by partner agencies;
   - (The Council should) engage with partner agencies to agree the aims, structure and implementation of the integrated early help offer and its fit with wider services for children and young people;
   - Whilst there are examples of good early help making a difference to families, overall there is a lack of strategic co-ordination and data is not used to identify the different levels of need across the city and target services to address that need. As a result, help is not always available at the right time and in the right place;
   - Gaps in the provision of early help mean that families experience inequality of access to the services they need. For example, the early help offer for children under five years has much clearer pathways, but this is not the case for children over five. Victims of domestic abuse and others who need to attend parenting programmes experience waiting times of up to five months. There is some targeting of service where there are three or more agencies involved through TAFs but the number of families engaging with this is low.”

   Much progress has been made overall across Children’s Services, but the continuing high numbers of children in Sunderland who are Looked After or subject to Child Protection or Child in Need Plans remain a significant challenge.

   Progress in the area of Early Help has not been rapid enough. The historical lack of a co-ordinated approach to Early Help and our inability to evidence the quantity and quality of interventions and the impact of work undertaken demonstrate that our partners need significantly more support and guidance about their role in Early Help than has previously been offered. Only by offering this support, and encouraging and enabling our universal services to ‘stretch up’ to meet the needs of their client base as soon as the need for additional support becomes apparent, will we be able to maximise the impact of Early Help.

2. More generally, **Sunderland’s Joint Strategic Needs Assessment (JSNA)** details the following in relation to children and young people:

   - A reducing 0-19 population
   - High levels of deprivation (41st most deprived Local Authority area)
   - Around a quarter of children living in poverty with this figure set to rise by 2020
   - High levels of teenage pregnancy
   - Increasing numbers of LAC, CP and CIN compared with statistical neighbours
High unemployment
Low adult skills and qualifications
High numbers of low-paid jobs
Extremely high numbers of parents claiming out of work benefits
A significant attainment gap, particularly at Key Stage 4, between pupils living in poverty and those who do not
High numbers of young people Not in Education, Employment or Training (NEET)
Poor health and well-being, particularly poor mental health.

As a result, the picture in Sunderland remains one of increasing pressure on specialist and acute services. Addressing this, whilst at the same time understanding the costs and longer-term benefits of investment in early help in a climate of increasing budgetary pressures, is central to embedding our approach to managing demand.

3. Nationally there is an increasing recognition, supported by credible national and international research, that a focus on early help and in particular the application of evidence-based programmes can make a significant contribution to better outcomes for children and families.

4. Changes to working practices, particularly the Troubled Families’ approach, have shown nationally in the most successful areas how a focus on the most vulnerable using intensive interventions can be an extremely effective way of getting families’ lives back on track. Extending this approach to lower levels of need may well prove to be even more effective and is central to our plans for early help.

**The scope and purpose of this strategy**

This strategy deals largely with Early Help in the context of ‘Working together to Safeguard Children 2015’, to promote an improved understanding of the thresholds for intervention and to manage demand for acute and specialist social care services. However, all aspects of Early Help are included to meet our vision to deliver better outcomes for children and young people.

This strategy sets out:

1. What we mean by prevention and early help;
2. Why these are important;
3. How we are going to support the delivery of our strategic outcomes via early help;
4. The roles and responsibilities of all partners in the delivery of prevention and early help;
5. How the Early Help Strategy links to the key issues affecting our children, young people and their families;
6. Where support for children, young people and their families can be accessed, including links to toolkits, guidance and interventions and information about agencies able to support the delivery of early help.

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1 National Evaluation of the First Troubled Families Programme 2012-2015 (DCLG, October 2016)
What do we mean by prevention and early help?

What we mean by prevention
Prevention: preventing problems from occurring by building resilience in families and reducing risk factors. Prevention is essentially a broad set of universal support which aims to increase the protective factors and decrease the risk factors facing children, young people and families. It refers to the complex mix of individual, family and community factors which combine to keep individuals safe and well, and for any problems or concerns to be tackled informally and quickly, without the need for more specialist support.

Public services often refer to ‘universal or open access’ services, which are available to all, and which can provide advice, guidance and low level support to families when they need it. This is often about single issue problems which can often be resolved through information, talking to someone or attending a training course or open access programme. There is usually no referral route or detailed collection of information on outcomes for individuals, but there may be information collected on numbers attending or accessing courses or programmes, and data on wider population outcomes is measured.

Examples of universally based preventative services include:

- Advice and support available from the NHS eg: GPs, Midwives and Health Visitors
- Advice provided by, and the universal offer available through, Children’s Centres
- Schools and the management of low level attendance or behavioural issues
- Open access youth provision such as youth clubs or wider activity such as leisure centres and libraries
- Immunisation programmes
- Voluntary sector provision
- Welfare Support Service - support and advice in relation to the prevention of debt and/or assistance with current debt and welfare benefits
- Support available on-line through websites and service directories

What we mean by early help
Early help: putting in place actions to address an issue as soon as possible to stop things getting worse. Early help relies on early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or ‘lighter touch’ support, and is usually based on a clear support plan, with identified actions, responsibilities and outcomes, which is then reviewed.

Early help is a form of targeted activity, with a specific action being put in place to address a specific issue or combination of issues.

Most importantly of all, partners agree that early help is everybody’s responsibility. Put simply, a concern held by a professional is a concern owned by that professional.
Why is this important?

The idea of prevention and early help is relatively straightforward. By working as multi-agency teams (one family, one worker, one plan) we can support families to support themselves, preventing issues from occurring and dealing with them effectively at the earliest opportunity when they do. The legacy of early help should be more resilient families whose problems are resolved or contained by low levels of support.

This approach is supported by credible research:

- ‘Early Intervention offers our country a real opportunity to make lasting improvements in the lives of our children and forestall any persistent social problems and end their transmissions from one generation to the next and to make long term savings in public spending.’


- ‘The growing interest in early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action.’

  C4EO, Grasping the Nettle

- ‘The case for early action is particularly compelling for children and young people. As analyses of the life course have shown repeatedly, the seeds of the future are sown early in life, and the way they are nourished will have important implications for their future in terms of health, education, employment and many other areas.’


- ‘In England and Wales we spend nearly £17billion per year – nearly £300 per person – on the damaging problems that affect children and young people such as domestic violence and abuse, youth crime and exclusion from education and the labour market. While this figure is substantial, it is only the immediate fiscal so does not capture any lasting effects into adult life and sometimes into the next generation, nor the wider social and economic costs.’

  The Cost of Late Intervention: Early Intervention Foundation analysis 2016
The requirement to deliver Early Help as described in Working Together 2015

HM Government’s document “Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children” published in March 2015, contains a section on Early Help. This states:

‘Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together to:

• identify children and families who would benefit from early help;
• undertake an assessment of the need for early help; and
• provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

Local Safeguarding Children Boards (LSCBs) should monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area.

Training should cover how to identify and respond early to the needs of all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings.

Professionals should, in particular, be alert to the potential need for early help for a child who:

• is disabled and has specific additional needs, or has special educational needs;
• is a young carer;
• is showing signs of engaging in anti-social or criminal behaviour;
• is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
• has returned home to their family from care;
• is displaying sexually harmful behaviours;
• is affected by the potential loss of their home through debt and/or rent arrears;
• is showing early signs of abuse and/or neglect; and/or
• is at risk of being radicalised.

Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing which types of interventions are the most effective.’

The development and application of this Strategy form part of our commitment to meeting this requirement.
The requirement to deliver Prevention and Early Intervention as described in the Care Act 2014

The Care Act 2014 states:

‘Local authorities must promote well-being when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as “the well-being principle” because it is a guiding principle that puts well-being at the heart of care and support. The well-being principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. For this reason it is referred to throughout this guidance. It applies equally to adults with care and support needs and their carers. In some specific circumstances, it also applies to children, their carers and to young carers when they are subject to transition assessments.’

In relation to prevention it states:

‘It is critical to the vision in the Care Act that the care and support system works to actively promote well-being and independence, and does not just wait to respond when people reach a crisis point.’

and describes primary prevention as:

- the provision of universal access to good quality information;
- support for safer neighbourhoods;
- the promotion of healthy and active lifestyles (e.g. exercise classes);
- the reduction of loneliness or isolation (e.g. befriending schemes or community activities); and
- the encouragement of early discussions in families or groups about potential changes in the future.

It further describes secondary prevention or early intervention as:

‘more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.’

The development and application of this Strategy form part of our commitment to meeting this requirement.
The requirement to implement the Special Educational Needs and Disabilities (SEND) Reforms 2014

The Department for Education and the Department of Health’s joint “Special Educational Needs and Disability Code of Practice – 0-25 years – statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities”, most recently revised in January 2015, sets out the expectation that:

children and young people with SEND will have ‘their special educational needs and disabilities... picked up at the earliest point with support routinely put in place quickly, and their parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Importantly, the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.’

The development and application of this Strategy form part of our commitment to meeting this requirement.

The imperative to integrate Health and Social Care functions to support improved outcomes for residents

The Health and Social Care Act 2012 imposes a key duty on Local Authorities to take appropriate steps to improve the health of their population. It states that the Director of Public Health should have a particular focus on ensuring disadvantaged groups receive the attention they need, with the aim of reducing health inequalities.

We know that early intervention with children, young people, adults and carers can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage whenever they occur throughout an individual’s life can prevent them from escalating into more problematic and complex needs.

The development and application of this Strategy form part of our commitment to supporting this imperative.
Managing Demand

It is estimated nationally that if the number of offences by children and young people were reduced by 1%, it would generate £45 million in savings to households and individuals per year. Statistics highlight intergenerational cycles: daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.

In Sunderland there were 558 per 10,000 children on a Child in Need plan, 92.6 per 10,000 on a Child Protection Plan and 98 Children Looked After per 10,000 (June 2017 figures). Whilst the numbers of children in need of help and protection are rising nationally, these figures are all significantly higher than our statistical neighbours.

Therefore our demand management approach focuses on delivering the following priorities to strengthen early help services:

- More effective outreach into our most disadvantaged communities;
- A focus on parenting skills as the vehicle for improving families’ resilience;
- A clear, ‘stepped’ approach to channel demand through Level 1 and Level 2 services (see Page 24);
- Tightened threshold controls and ‘step up and step down’ arrangements;
- Improved staff skills and knowledge across all local public services; and
- Seamless advice and information and accessible services that make a difference.
Managing demand makes economic sense

In 2010 the Department for Education produced this graph demonstrating the costs of early help compared with acute and specialist help later in a child’s life. Whilst these figures are now out of date, the economic benefits of prevention and early help are clearly evidenced.

More recently, the Early Intervention Foundation (The Cost of Late Intervention: EIF analysis 2016) estimated the cost of late intervention in England and Wales to be £17billion annually, with the greatest proportion of this cost (£6.5billion) falling to Local Authorities. These costs are incurred in dealing with the impact of:

- Crime and anti-social behaviour
- School absence and exclusion
- Child protection and safeguarding
- Child injuries and mental health problems
- Youth substance misuse
- Youth economic inactivity

The largest single impacts identified by EIF are the cost of children being taken into care, the consequences of domestic violence, and welfare benefits for 18-24 year olds who are NEET.

In Sunderland the continuing high numbers of children and young people requiring acute and specialist support in these three categories make it imperative that we focus on effective support and interventions much earlier in a child’s journey.

<table>
<thead>
<tr>
<th>Cost per child / family</th>
<th>Severity of need</th>
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</thead>
<tbody>
<tr>
<td><strong>Family Intervention Projects</strong></td>
<td>£8-20,000 per family per year</td>
</tr>
<tr>
<td><strong>Family Nurse Partnerships</strong></td>
<td>£3000 per family a year</td>
</tr>
<tr>
<td><strong>Foster Care</strong></td>
<td>£68,000 per year for total package of support</td>
</tr>
<tr>
<td><strong>Child looked after in children’s home</strong></td>
<td>£125,000 per year placement costs</td>
</tr>
<tr>
<td><strong>Child looked after in foster care</strong></td>
<td>£25,000 per year placement costs</td>
</tr>
<tr>
<td><strong>Costs increase as children get older</strong></td>
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</tbody>
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**Source:** Sunderland Early Help Strategy

Supporting families to support themselves
Early help challenges

Despite the growing evidence base that significant savings can be made through effective early help, there remain three main barriers to early intervention:

• Nationally, the ‘whole place’ Community Budget pilots have shown that those agencies who invest in early intervention often do not reap the benefits, as they accrue elsewhere. For example, effective early years interventions by health visitors which address issues such as social and emotional wellbeing do not produce savings to that budget, but may result in future savings to educational support or youth offending budgets. There is compelling, well-researched evidence (Field, Allen, Departments for Education and Health et al) that for every £1.00 invested in prevention and early help £7.00 is ‘saved’ later in a young person’s life. Put simply, early preventative interventions are less expensive than later, acute and specialist interventions. However, these savings are rarely achieved in hard cash.

• It is often hard to demonstrate causality and measure outcomes – that is, it is not always straightforward to prove the impact of a specific intervention, as it is often being delivered alongside a number of other programmes.

• It is challenging to find the resources to invest in early intervention at a time of increasing pressure on more specialist and statutory services both in terms of budgets and increasing demand. The benefits from prevention and early help may take many years to be fully realised and costs may increase initially.

We also need to develop new ways of working, and of training and developing a workforce capable of delivering this new offer in Sunderland, in a multi-service, multi-agency way.

In addition to the above, Sunderland’s current position in intervention following the Ofsted inspection of May 2015 means that improvements in child protection services and more general safeguarding services need to be uppermost in the list of priorities going forward. In this climate, it would be easy to lose sight of the role to be played by early help and the earliest interventions, particularly when allocating resources. This Strategy exists in part to underline Sunderland’s commitment to early help in the face of current challenges.
PART TWO — OUR STRATEGY

A Sunderland model for prevention and early help

This section sets out our approach to prevention and early help. We aim to deliver:

1. Overall **better outcomes for children, young people and families** based on the key high level outcomes in the Strategic Children’s Partnership's Children and Young People’s Plan.

2. A **reduction in the demand** for more specialist services, leading to real cost savings for reinvestment.

3. Support which is based on ‘levels of need’ so that we channel more demand through and into universal and early help services.

4. An effective **universal** approach which creates an environment that identifies risk and need, and promotes resilience in children and their families. This means we will initially increase the amount of preventative activity directly provided by all partners working with children, young people and their families, with a medium to longer-term aim of reducing this dependency to focus more on **supporting families to support themselves** and building **greater family resilience**. In response to Working Together 2015 we will be exploring ways of enabling providers of universal services (e.g. schools, health, leisure services) to ‘stretch up’ to meet the needs of their client base as soon as the need for additional support becomes apparent.

5. A commitment to an **effective case management approach**, and Team Around the Family rather than complex referral routes between services. Our approach will be based on the principle of a ‘**key worker**’ in support of a family (one family, one worker, one plan). This may be an Early Help Co-ordinator under the Early Help processes (formerly CAF), or a Social Worker for Children in Need (CIN). However, at the earliest signs of need the key worker will be the professional working most closely with the child and family (e.g. nursery officer, teacher, health visitor, youth worker).

6. A commitment to a **greater focus on outcomes**, rather than outputs. Whilst data collection will form part of our analytical evidence-base, we will also develop qualitative indicators, in particular asking families ‘**What made the difference for you?**’

7. A commitment to a **stronger emphasis on the accountability of the individual** and the recognition that **early help is everybody’s responsibility**. Whilst we will work together to support families, we will expect professionals to “own” their concerns and to take responsibility for the work that needs to be done.

8. **Persistence** with families who seek to disengage or who resist engaging with services, seeking alternative approaches which are asset and evidence-based, solution-focused and which build on the strengths of families to ensure that early help support is viewed as a positive alternative to statutory interventions. As part of this, we will commit to investing in **innovative local projects and interventions** to tackle locally identified issues and to **locality-based networking and support** to ensure we work efficiently and cost-effectively.

9. Effective and genuine **information-sharing** in the best interests of the child or young person. We will work together to ensure that partners collaborate fully in sharing appropriate information which will enable effective interventions, reduce duplication or repetition of service provision and support honest and open dialogue with families. To do this we will need to develop clear protocols, procedures and agreed time-scales for communication and engender a climate of **professional openness and trust** where all partners’ views are respected equally.
10. A range of **effective, targeted services** which are **based on evidence of what works**, but which are equitable, accessible, personalised and flexible in response to need. We will commit to regular reviews of support plans and to be responsive to changes in need and circumstance.

11. **Identification and early warning** are critical, so our preventative services and organisations need to be able to spot signs of trouble or distress in families, intervene quickly and address these signs and symptoms in a way which increase a family’s resilience. If we are to build **greater family resilience** in the longer-term it will be essential to:

- Deliver a **training programme** which addresses the needs of both the children’s workforce and of parents, carers and wider family members; and
- **Raise awareness of the most significant issues facing children and young people in Sunderland**, and make available **practice guidance and toolkits** for professionals working with children, young people and families to support more effective identification and intervention.

**What are our priorities?**

The Children’s Strategic Partnership’s vision is as follows:

“Working together for children, young people and families.”

(Children and Young People’s Plan 2017-2022).

To achieve this vision, the Children’s Strategic Partnership has agreed six priorities:

1. All children, young people and families who are vulnerable and need help are **identified and supported as early as possible**
2. All children have the **best start in life**
3. All children and young people enjoy **good health and wellbeing**
4. All children and young people do well at all levels of **learning** and have **ambition** and the **skills for life**
5. All children and young people are **kept safe from harm**
6. All children, young people and their families will have a **voice and influence**

The focus of the plan and the underlying principles which will help us drive improvements in the delivery of early help are:

**Voice and influence of children, young people and their families**

- We will place children and families at the heart of everything that we do
- We will involve, respect, and hear and respond to the voice of children, young people, their families and communities to drive the design and evaluation of services

**Efficient and intelligence-led services**

- We will improve the commissioning of services, eliminate duplication, align resources to achieve the best value for money, simplify processes and evaluate outcomes to ensure services are as effective as they can possible be
- We will use data and intelligence to identify priority issues and to monitor the impact of services
- We will regularly review the effectiveness of our interventions to ensure that they are up-to-date and based on evidence of what works
Early identification, intervention and prevention
- We will work closely with all service providers to identify all children, young people and families who are vulnerable and need help, and intervene at the earliest possible stage to tackle problems before they escalate
- We will ensure there is support for children and young people across all key transitions

Narrowing the gap
- We will know where the gaps in outcomes exist for all children and young people
- We will focus on narrowing inequality gaps for all vulnerable children and young people, including looked after children, children with special educational needs and/or disabilities, children from black and minority ethnic communities and those from low income families

Strong and inspiring leadership and a skilled and stable workforce
- We will build a restorative, child-focused and family-centred approach to working with children, young people and their families
- We will provide effective leadership and management to attract and support a skilled workforce
- We will have a relentless focus on continuous improvement of services and outcomes
- We will continue to build trusted working relationships and shared learning across services for children and young people
- We will engage other strategic partnerships where we believe they can help to improve outcomes for children and families

The Health and Wellbeing Board has agreed to focus on eight design principles and six strategic priorities each with up to five main intended outcomes in its Health and Wellbeing Strategy. The design principles are:

• Strengthening community assets
• Prevention
• Early intervention – actively seeking to identify and tackle problems before they get worse
• Equity – providing access to excellent services dependent upon need and preferences, that are also based on evaluated models and quality standards
• Promoting independence and self-care – enabling individuals to make effective choices for themselves and their families
• Joint working – shaping and managing cost effective interventions through integrated services
• Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient
• Lifecourse – ensuring appropriate action throughout an individual’s life with a focus on early years and families.

The focus of this Strategy is on the elements of the strategic priorities which support prevention and early help
# Health and Wellbeing Strategy strategic priorities

## Promoting understanding between communities and organisations

**Key recommendations**

1.1 Increasing awareness of the services and support available to people in their community and assisting them to access these
1.2 Services are responsive to community needs and assets, becoming co-produced where possible

## Ensuring that children and young people have the best start in life

**Key recommendations**

2.1 Encouraging parents and carers of children to access early years' opportunities
2.2 Supporting children and families throughout the whole of a child's journey, including the transition to adulthood

## Supporting and motivating everyone to take responsibility for their health and that of others

**Key recommendations**

3.1 Increasing emotional health and resilience of individuals, families and communities
3.2 Front-line workers, volunteers and community leaders becoming aware of the main social determinants of health as well as the risks and opportunities and when and how services can be accessed
3.3 Supporting people to make sustainable changes throughout their lives that will improve their health, utilising new technologies and methods of engagement with communities
3.4 People (including young people) are aware of the importance of accessing long-acting health protecting interventions such as immunisation and screening and early presentation following the development of signs and symptoms of ill-health
3.5 Making the healthy choice the easier choice

## Supporting everyone to contribute

**Key recommendations**

4.1 Understanding the health barriers to employment and training, and supporting people to overcome them
4.2 Working together to get people fit for work
4.3 Working with local businesses to ensure a healthy workforce
4.4 Supporting those who don’t work to contribute in other ways

## Supporting people with long-term conditions and their carers

**Key recommendations**

5.1 Supporting self-management of long-term conditions
5.2 Providing excellent integrated services to support those with long-term conditions and their carers
5.3 Supporting a good death for everyone

## Supporting individuals and their families to recover from ill-health and crisis

**Key recommendations**

6.1 Supporting individuals and families to have emotional resilience and control over their life
6.2 Providing excellent integrated services to support people to recover from ill-health and crisis
6.3 Winning the trust of individuals and families who require support
How do we know when Early Help is needed?

Together for Children has developed levels of need and the Sunderland Safeguarding Children Board has updated the thresholds for intervention.

The diagram on the next page gives an overview of the level of need for children and families at each ‘level’. However, each child, young person or family and their circumstances are individual and their needs are unique. Professional dialogue remains the best and safest way to form a view of a family’s needs.

When a professional has identified that a family would benefit from early help, all documentation, guidance and toolkits are available either online or by contacting the Early Help Advice and Allocations Team at Together for Children on 0191 561 4084 or emailing EHAAT@togetherforchildren.org.uk
## The Sunderland continuum model - levels of need

<table>
<thead>
<tr>
<th>Governance</th>
<th>Need</th>
<th>Service levels</th>
<th>Issues</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 4</strong></td>
<td>Child has suffered or is at risk of suffering 'significant harm'</td>
<td>All</td>
<td>Children Looked After</td>
<td>Permanence</td>
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<tr>
<td>Court processes</td>
<td>Needs that cannot be met safely at home.</td>
<td>All</td>
<td>Child Protection</td>
<td>Improved outcomes – child kept safely at home</td>
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<tr>
<td>ICPC</td>
<td>Intensive support needed to live safely at home.</td>
<td>All</td>
<td>Youth Justice</td>
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<td>Children’s Social Care</td>
<td>Young person in custody</td>
<td>All</td>
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<tr>
<td><strong>Level 3</strong></td>
<td>Circumstances for child/family are 'of serious concern'</td>
<td>Children’s Social Care, specialist, targeted and universal</td>
<td>Child in Need</td>
<td>Improved outcomes – child kept safely at home</td>
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<tr>
<td>Children’s Social Care</td>
<td>Support needed to live safely at home</td>
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<tr>
<td>Early Help Service (step down)</td>
<td>(Specialist practitioner/agency response)</td>
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<tr>
<td><strong>Level 2</strong></td>
<td>Circumstances for child/family are 'not good enough'</td>
<td>Universal and targeted services alone unable to meet needs</td>
<td>Improved outcomes – CSC referral not needed</td>
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<tr>
<td>Early Help Service</td>
<td>Complex needs and issues requiring specialist multi-agency response; step-down from CIN/CP</td>
<td>Specialist and targeted</td>
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<tr>
<td>(relatively small number at this level)</td>
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<tr>
<td>Early Help Universal and Early Help Service</td>
<td>Additional needs and issues requiring targeted multi-agency response (specialist, universal or co-worked)</td>
<td>Targeted and universal</td>
<td>Universal services alone unable to meet needs</td>
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<tr>
<td>(majority of children/families at this level)</td>
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<td></td>
<td>Improved outcomes – family better able to support selves</td>
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<tr>
<td>Earliest Intervention</td>
<td>Additional needs requiring single-agency response</td>
<td>Universal (occasionally targeted)</td>
<td>Single piece of work required to meet need</td>
<td>Needs addressed – universal services sufficient going forward</td>
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<tr>
<td>(small number at this level)</td>
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<tr>
<td><strong>Level 1</strong></td>
<td>Circumstances for child/family are 'good enough'</td>
<td>No unmet needs</td>
<td>Circumstances for child/family continue to be 'good enough'</td>
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<tr>
<td>Universal Providers</td>
<td>Universal including voluntary and community services</td>
<td>No unmet needs</td>
<td>Child/family thrives</td>
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</tbody>
</table>
What will we deliver by 2020?

Our detailed delivery plans can be found in:
- Sunderland Safeguarding Children Board work programme
- Strategic Children’s Partnership’s Children and Young People’s Plan
- Together for Children Plan on a Page

How will we deliver our priorities?

Each partner will deliver their element of this strategy to their own delivery plan.

An example of such a delivery plan is the “Maternity Service Specification” with the Clinical Commissioning Group which includes detail of how maternity services will contribute to the overall objectives of the Children’s Strategic Partnership in Sunderland, as well as meeting broader local, regional and national objectives.

How will we measure progress?

Progress towards each outcome will be measured by the Children’s Strategic Partnership on a quarterly basis using a range of indicators agreed by partners and outlined in the Children and Young People’s Plan.

Progress towards the outcomes will also be monitored quarterly by the SSCB, by the Health and Wellbeing Board and by the Together for Children Improvement Board, to improve all partners’ awareness of and contribution to the overall aims of this strategy.

A review of the Early Help Strategy will be carried out in 2019 and a new plan developed for 2020 and beyond.
PART THREE – KEY ISSUES, GUIDANCE, TOOLKITS AND INTERVENTIONS

Neglect

Working Together to Safeguard Children (2015) describes neglect as:

“The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to:

• provide adequate food, clothing and shelter (including exclusion from home or abandonment)
• protect a child from physical and emotional harm or danger
• ensure adequate supervision (including the use of inadequate care-givers); or
• ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.”

Neglect is the most commonly recorded reason for children and young people being placed on child protection plans in Sunderland. Whilst these plans are a response to circumstances which are acute and critical, neglectful circumstances for children tend to develop and worsen over a period of time. As a children’s workforce we need to improve our identification of neglect and respond to it more quickly and more robustly as part of our early help offer. To this end we have developed a Neglect Toolkit for practitioners.

This toolkit sets out in more detail the signs and symptoms of neglect and provides advice and guidance on how to support families at the earliest possible stage where neglect has been identified. Advice on how to use the toolkit can be obtained from the Early Help Advice and Allocations Team (EHAA) on 0191 561 4084 or EHAA@togetherforchildren.org.uk

Child Sexual Exploitation (CSE)

In guidance published in February 2017 the Department for Education defined Child Sexual Exploitation as: “a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.”

Sunderland’s Child Sexual Exploitation Strategy and Action Plan is overseen by the Vulnerable Adolescents Strategic Group of the Sunderland Safeguarding Children Board, which reports to the Learning and Workforce Development Programme Board.

The aim of the CSE Strategy is to reduce the number of children and young people experiencing child sexual exploitation, going missing, being trafficked or who are at risk of trafficking in Sunderland. Children and young people identified as at risk of CSE are considered by the Missing, Sexually Exploited and Trafficked (MSET) Intelligence Group.
To support professionals working with children and young people, an MSET Referral Form and Multi-Agency CSE Risk Assessment Tool is available in the strategy.

This document should be used by professionals to evaluate the level of risk faced by a young person and whether to make a referral to the Missing, Sexually Exploited and Trafficked (MSET) Intelligence Group. Advice on how to use the referral form and/or risk management tool can be obtained from the Early Help Advice and Allocations Team (EHAAT) on 0191 561 4084 or EHAAT@togetherforchildren.org.uk or from the Integrated Contact and Referral Team (ICRT) on 0191 561 7007.

Part of our response to Child Sexual Exploitation is Sanctuary South, a multi-agency team covering Sunderland, South Tyneside and Gateshead committed to ensuring that all victims of CSE and SE are offered the opportunity to be safeguarded from current and future harm whilst actively seeking to prosecute perpetrators of abuse. The service will ensure practice is non-judgemental in approach and seek to offer services to all complainants, potential complainants and perpetrators irrespective of ethnicity, gender, sexual orientation or disability.

The referral form for Sanctuary South can be found at Together for Children.

Young people displaying sexually harmful behaviours can be supported by Together for Children’s Sex and Relationships Education (SRE) Service, which is managed as part of YDAP (see below under drug and alcohol misuse). Contact 0191 561 4000.

The ‘Toxic Trio’ – domestic abuse, substance misuse, mental ill-health

The Toxic Trio is a term used to describe three of the most common factors contributing to children and young people’s vulnerability and the likelihood that they will need targeted or specialist support. Domestic abuse, substance misuse, parental mental ill-health, or a combination of two or more of these, feature frequently in the circumstances or the history of children subject to child in need or child protection plans or who become looked after. To reduce the number of children and young people affected adversely by the toxic trio and to reduce the numbers requiring acute and specialist support, it is essential that early interventions are available and understood by professionals and that children and young people receive the support they need at the earliest opportunity as part of our early help offer.

**Domestic Abuse**

Sunderland’s response to domestic abuse is co-ordinated by the Sunderland Domestic Violence Partnership, overseen by the Safer Sunderland Partnership.

The help and support available to victims of domestic abuse at a local, regional and national level is described in the Sunderland multi-agency domestic abuse referral pathways and staff guidance document which includes a summary and aide memoire for professionals.
Part of our response to domestic abuse is Operation Encompass, a partnership arrangement between the Police, Children’s Services and schools whereby schools are alerted to incidents of domestic abuse which have affected pupils on their roll so that appropriate support can be offered. In Sunderland all schools have signed up to be part of Operation Encompass.

**Parental Substance Misuse**
Advice for professionals and support for parents/carers with substance misuse issues can be obtained from Wear Recovery.

**Child and Adolescent Substance Misuse**
Substance misuse education for children and young people will in future form part of our Healthy Schools Programme. Information about the programme will be available from September 2017.

Advice about young people’s substance misuse can be obtained from the School Nursing Service, and school nurses should always be part of any Family Support Meeting and the Team Around the Family where a young person has identified substance misuse issues.

Support for young people whose substance misuse is becoming problematic can be delivered by the Young People’s Drug and Alcohol Service (YDAP). In order to assess whether a young person needs targeted or specialist support from YDAP, a screening tool and referral form is available.

YDAP can be contacted for advice and guidance on 0191 561 4000.

**Parental mental ill-health**
Advice for professionals and support for parents/carers with mental ill-health can be obtained from www.wellbeinginfo.org. This website contains information about the local offer, ranging from wellbeing self-support to higher-tier services.

The Improving Access to Psychological Therapies Service is a national initiative but it is sometimes delivered in slightly different ways in different areas. In Sunderland the IAPT services are integrated with the Primary Care Mental Health teams and offer a wider range of services than IAPT. ‘Improving Access’ means the service aims to make it easier for those people over 16 who need them to access therapies.

Mental Health Matters and Select Sunderland are others source of support.

Bereavement support can be accessed through Washington Mind and Sunderland Mind.

**Child and Adolescent mental ill-health**
The first point of contact for many children and young people will be a Health Visitor, a School Nurse or a GP and professionals working with families should approach these professionals in the first instance for advice.

For pre-school age children the Area SENCo can advise nurseries and private childcare settings about developmental delay and special educational needs. **Tel: 0191 561 2845.**

For children of school age many schools employ Counsellors and the Educational Psychology Service is a source of support and advice where children and young people may have a special educational need. Information about the Educational Psychology Service can be found in the Together for Children ‘Services to Schools’ portfolio.

A request for support form for children in the early years is available.

This form can be used to request advice and support for children at the earliest sign of an additional need. For children and young people with higher level (Tier 2) needs, support can be accessed through Community CAMHS (Child and Adolescent Mental Health Services). A referral can be made by a family doctor (GP) or directly by a professional with parental consent.
For children and young people with the highest level of need, support can be accessed through CYPS (Children and Young People’s Services). A referral can be made by a GP or directly by a professional with parental consent.

A range of services for children and young people can also be found at www.wellbeinginfo.org. Bereavement support can be accessed through Washington Mind, Sunderland Mind and through Cruse.

**Anti-social behaviour**

Anti-social Behaviour (ASB) is defined as acting “in a manner that caused, or was likely to cause, harassment, alarm or distress to one or more persons not of the same household”. Anti-social behaviour therefore covers a wide range of behaviours and can be subjective, as what is acceptable to some people may be unacceptable to others. It is important to be tolerant of other peoples’ needs and circumstances, in order to reduce anti-social behaviour within communities.

Anti-social behaviour can include nuisance families, youth disorder, verbal abuse, violent behaviour, drug, solvent and alcohol abuse, nuisance from vehicles, harassment and intimidation, nuisance from pets, damage to property, sales of alcohol to the under 18s, abandoned vehicles, noise nuisance, graffiti, litter and dog fouling.

The Safer Sunderland Partnership consists of a group of organisations including the City Council, Northumbria Police and landlords all working together to tackle anti-social behaviour in Sunderland.

Young people involved in anti-social behaviour in Sunderland can be supported by the WearKids service, which is part of the Youth Offending Service. For further information about WearKids and how to make a referral, contact 0191 561 4048.

Part of our response to anti-social behaviour perpetrated by young people is the Phoenix Project. This project is co-delivered by the Tyne & Wear Fire and Rescue Service and the Early Help Service and aims to work with young people aged 10-16 who have been involved in anti-social behaviour. Increasingly, the project team would like to be delivering preventive work to those at risk of becoming involved in ASB. Information about the Phoenix Project and a referral form can be found at Together for Children.

Prevent is the national counter-terrorism initiative. Section 26 of the Counter Terrorism and Security Act 2015 places a duty on certain bodies (“specified authorities” listed in Schedule 6 of the Act), in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism”. The duty came into effect on 1st July 2015.

The Prevent duty is risk based and in complying with the duty all specified authorities, as a starting point, should demonstrate an awareness and understanding of the risk of radicalisation in their area, institution or body. This risk will vary and can change rapidly, but no area, institution or body is risk free.

Information about Prevent and how to make a referral regarding concerns about terrorism can be found on the city council’s website.
Teenage Pregnancy

Pregnant teenagers can be supported by the Family Nurse Partnership (FNP). In Sunderland the FNP is delivered currently by the South Tyneside Foundation Trust.

**Bumps to Babies (B2b)** is a provision for young mothers and mothers-to-be aged 16-20. B2b is based currently at the old Hendon Health Centre. Offering the opportunity for young parents to develop parenting skills and self-esteem, B2b is supported by an on-site nursery rated Outstanding by Ofsted. The referral form for B2b can be found at Together for Children.

Alongside B2b the **Young Mums’ Unit**, Tel: 0191 553 2382, enables young mums to continue their statutory education to age 16. Young mums can be placed full- or part-time and will follow a curriculum agreed with their home school whilst accessing support specific to their needs and a nursery place for their baby where needed.

The **Sunderland Community Hub** is an on-line directory of services available to support children and adults.

Support for the universal services to deliver Early Help

Where universal services need advice, guidance or support to deliver early help to children, young people and their families beyond that detailed in pages 27-31 above, a request can be made to the targeted Early Help Service (Together for Children).

The Early Help Advice and Allocations Team can be contacted on **0191 561 4084**, or EHAAT@togetherforchildren.org.uk

All **documentation**, including guidance on the stages in the early help process can be found online.

A flowchart detailing the process is below.
Early Help Process Flowchart

Contact the Early Help Advice and Allocations Team (EHAAT) for help and support at any time on:
Telephone: 0191 561 4084    E-mail: EHAAT@togetherforchildren.org.uk

**Step One**
Practitioner identifies need for support for child(ren) and family

*If unsure ring EHAAT for help and advice*

**Step Two**
Can their needs be met by practitioners (agency/school/service)?

**Step Three**
Obtain consent* from family and complete Early Help Registration Form. Give the family a Privacy Notice. Send to EHAAT. Checks are carried out. Feedback given.

Where safeguarding concerns exist for a child, or professionals are concerned about a lack of change in a family following a review, they should refer to the Threshold Guidance and speak to the Integrated Contact and Referral Team for advice and support from a Social Worker on 0191 561 7007.
# Early Help Plan on a Page

( Partners’ Service Delivery Plans should outline how these priorities will be met)

## Our Early Help Strategy 2017-2020

<table>
<thead>
<tr>
<th>Vision</th>
<th>Supporting Families to Support Themselves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>Better Outcomes for Children, Young People and Families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Underlying Priorities</th>
<th>A reduction in demand for more specialist services</th>
<th>Support based on ‘levels’ of need</th>
<th>An effective universal approach to building resilience in families and supporting families to support themselves</th>
<th>An effective case-management approach based on the principle of a ‘key worker’</th>
<th>A greater focus on outcomes and what made the difference for families</th>
<th>A stronger emphasis on the accountability of the individual and the recognition that early help is everybody’s responsibility</th>
<th>Persistence with families who seek to disengage or who resist engaging with services through locality-based networking, support, projects and interventions</th>
<th>Effective and genuine information sharing in a climate of professional openness and trust</th>
<th>A range of effective, targeted services which are evidence-based</th>
<th>Awareness-raising, training, practice guidance and toolkits to support identification and early warning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise awareness of key issues of concern</td>
<td>Raise awareness of threshold continuum model</td>
<td>Develop training programme to enable confident earlier interventions (e.g. Making Every Contact Count, Challenging Conversations, Triple P universal parenting support)</td>
<td>Deliver Early Help Co-ordinator training</td>
<td>Commit to robust management oversight of all agencies’ contributions to Teams Around the Family</td>
<td>Develop electronic feedback system to capture families’ views and use to inform training programme</td>
<td>Audit early help case-files regularly to evidence family input into plans and outcomes</td>
<td>Raise awareness of the demands on specialist services</td>
<td>Establish local professional support networks for early help</td>
<td>Hold annual Early Help conference</td>
<td>Refresh multi-agency information-sharing protocols</td>
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<tr>
<td>Develop clear ‘step up, step down’ protocols between all levels of need</td>
<td>Train children’s workforce to manage risk appropriately</td>
<td>Deliver Early Help Co-ordinator training</td>
<td>Commit to robust management oversight of all agencies’ contributions to Teams Around the Family</td>
<td>Develop electronic feedback system to capture families’ views and use to inform training programme</td>
<td>Audit early help case-files regularly to evidence family input into plans and outcomes</td>
<td>Establish local professional support networks for early help</td>
<td>Establish City-wide programme of parenting support</td>
<td>Strengthen feedback expectations in all agencies</td>
<td>Refresh multi-agency information-sharing protocols</td>
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<td>Train children’s workforce in the application of the thresholds</td>
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USEFUL LINKS

Sunderland Ofsted Report 2015
www.ofsted.gov.uk/local-authorities/Sunderland

Sunderland Joint Strategic Needs Assessment
https://www.sunderlandpartnership.org.uk/childrens-strategic-partnership

Working Together to Safeguard Children 2015

Early Intervention: The Next Steps

C4EO: Grasping the Nettle
http://archive.c4eo.org.uk/themes/earlyintervention/default.aspx?themeid=12&accessstypeid=1

Our Children Deserve Better: Prevention Pays,
Annual Report of Chief Medical Officer 2012

Cost of Late Intervention: EIF analysis 2016

SEN & Disability Code of Practice: 0-25 years

Sunderland Health and Wellbeing Strategy
http://www.sunderland.gov.uk/CHandler.ashx?id=16913&p=0&fsize=35kb&ftype=Sunderland%5Ds

Sunderland Safeguarding Children Board Thresholds of Need
https://togetherforchildren.org.uk/sites/default/files/2017-10/A%20Guide%20to%20Our%20Thresholds%20of%20Need%20v4%2017.05.17.pdf

Sunderland Early Help documentation, guidance and toolkits
https://togetherforchildren.org.uk/professionals/early-help

Sunderland Safeguarding Children Board Work Programme
http://www.sunderlandscb.com/h_links.html

Children and Young People’s Plan 2017-22
https://www.sunderlandpartnership.org.uk/childrens-strategic-partnership
Together for Children Plan on a page
https://togetherforchildren.org.uk/what-we-do

Neglect Toolkit
http://www.sunderlandscb.com/pr_links.html

Child Sexual Exploitation Guidance

Sunderland Safeguarding Children Board Child Sexual Exploitation Strategy 2015-17

MSET Referral Form and Multi-agency CSE Risk Assessment Tool
http://www.sunderlandscb.com/h_links.html

Operation Sanctuary – Sanctuary South referral form
https://togetherforchildren.org.uk/professionals/early-help

Sunderland Multi-agency Domestic Abuse Referral Pathways and Staff Messages

Operation Encompass
https://www.northumbria.police.uk/advice_and_information/operation_encompass/

Wear Recovery
https://www.ntw.nhs.uk/services/wear-recovery-sunderland-integrated-drug-alcohol-service/

Young People’s Drug and Alcohol Service screening tool and referral form
https://togetherforchildren.org.uk/professionals/early-help

Educational Psychology request for support – early years
https://togetherforchildren.org.uk/professionals/early-help

Community CAMHS Referral Form
http://www.sunderlandcommunitycamhs.nhs.uk/for-professionals/referral/

Children & Young People Service (CYPS) Referral Form

Anti-social behaviour in Sunderland
https://www.sunderland.gov.uk/antisocialbehaviour

Phoenix Project referral form
https://togetherforchildren.org.uk/professionals/early-help
Prevent Referral Form
https://www.sunderland.gov.uk/article/12176/Preventing-radicalisation-and-the-prevent-duty

Family Nurse Partnership
https://www.stft.nhs.uk/service/family-nurse-partnership

Bumps to Babies (B2b) Referral Form
https://togetherforchildren.org.uk/professionals/early-help

Sunderland Community Hub
https://www.sunderlandservicedirectory.co.uk/kb5/sunderland/directory/home.page

Early Help documentation, guidance and process
https://togetherforchildren.org.uk/professionals/early-help