



**Solihull**  
**Safeguarding**  
Children Partnership

**Listening, Learning and  
Improving Outcomes for  
Children and Young People**

RESPECTFUL CHALLENGE • ACCOUNTABILITY • LISTENING • LEARNING • INCLUSION

# Early Help Strategy

Solihull Safeguarding Children Partnership

## Introduction

This strategy outlines Solihull Safeguarding Children Partnership approach to effective early help that can offer children and young people the support needed, when they need it, to reach their full potential.

## Our Vision

'We work together so that children and young people in Solihull are heard and receive help at the earliest opportunity to keep them safe from harm and neglect and have the opportunity to thrive.'

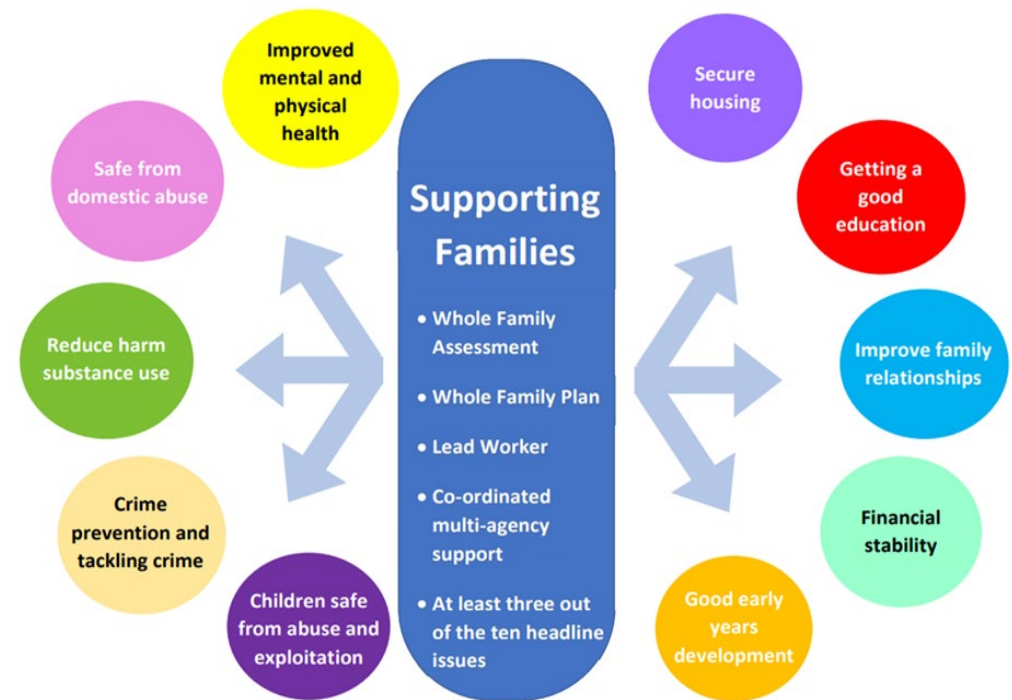
## Aims & Objectives of the Multi-Agency Early Help Strategy

The Aim is to fulfil our statutory duty as outlined in the multi-agency Right Help Right Time Right Response threshold guidance.

This Multi-agency strategy is to ensure that support is provided to a child and their family as soon as an issue emerges. It recognises that early help is a collaborative approach, not a provision, and it relies upon local agencies and families working together to identify the varied needs of a child and the family, their peer groups, the communities, and spaces in which they live and spend time, to make and follow plans of what needs to happen to improve the situation. Early Help can also be offered if a child/family has previously received Statutory Services, to help prevent needs re-emerging.

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The objectives of this multi-agency Early Help strategy are to ensure children and their families are able to be happy, healthy & hopeful for the future, by achieving the following outcomes:



## Why we need this Multi-Agency Early Help Strategy

An early help strategy is essential to ensure that there is effective co-ordination of the identification, assessment and intervention of children and their families as they emerge to ensure that the needs do not escalate to the extent that statutory intervention is required.

Several Solihull rapid reviews, carried out when a child has been seriously injured or has died because of child abuse or neglect, have identified that coordinated early help assessment and plans were not in place at the earliest opportunity to protect children from harm.

A recent Solihull Child Safeguarding Practice Review identified that despite organisations knowing of other services involvement, there was no coordinated assessment or plan for the family, which resulted in silo working, no single agency knowing all the key information and the family having to tell their story on multiple occasions. A recommendation from the review was that All agencies should review their service operating procedures to ensure:

- all practitioners understand the need to follow the Early Help procedures to ensure a co-ordinated approach to working with the family;
- robust information sharing takes place before a case progresses to statutory services

A number of national inspections and reports completed in 2022-23 identified a need for early help provision in Solihull to be reformed including the;

- Solihull JTAI  
Children who require early help support experience delay in accessing this service because their needs are not assessed quickly enough at the first point of contact.
- Solihull ILACS  
When a decision is made that a child would benefit from early help support, there are significant delays in their needs being assessed and support being provided. The early help offer is underdeveloped and under-resourced by all partners, with a lack of services available to address

domestic abuse, substance misuse and mental health. While waiting for early help support to be offered, risks remain, and for some children, concerns and harm escalate, requiring statutory intervention.

- Commissioner's report on Children's Services in Solihull MBC

The Council should implement a new comprehensive model of early help. This should enhance the support provided in early years and school settings with additional coaching for headteachers and designated safeguarding leads, be graduated on a continuum of increasing support with clear thresholds for step up and down. The role of school nurses and voluntary organisations should feature prominently in the model.

## Principles of the Partnership approach to Early Help

In order to be successful, this early help strategy is grounded in the following principles for local partnership working:

- The Child's 'Voice' – it is vital to listen, hear and observe the child, and to focus on their experiences and lived experiences. This means understanding what a day in their life looks and feels like from their perspective.
- Whole Family approach – as with hearing the voice of the child or young person, it is equally important that we work collaboratively with all parents and carers - including fathers - to ensure they are listened to and involved in discussions and decision making.

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- Multi-agency approach - we work collaboratively as a partnership understanding the services that are available in Solihull, supporting families to access them.
- Outcome focused Plans - our family plans will be focused on the measurable outcomes which will improve the lives of our children and families
- Strengths-based practice - identifying the strengths, assets and protective factors in a child, young people's or family's life and circumstances, to build on these in order to reduce and prevent the presenting needs and issues and build longer-term resilience. This involves taking a wider view of a child, young person, or family, in the context of their environment, community, relationships, interests etc.
- Evidence informed interventions - we will offer interventions to families which are evidenced informed, and we know will make a difference to children and family's lives
- Recognising difference - working to understand and respect individuality, values, beliefs, culture, disability, neurodiversity, gender identity
- will drive the development of a shared early identification, assessment, and response to children & their family's needs
- ensure their staff are sufficiently trained and supported to recognise and respond using early help assessments, appropriate information sharing and agreed thresholds.
- ensure that early identification and the effective response to needs is a priority across all organisations, both statutory and non-statutory and for all age ranges of children & young people.

Priority 2: Assessment, Plan, and Intervention - There is effective early help that has multi-agency coordinated assessments, plans and interventions

- Effective, multi-disciplinary early help assessment processes are in place and routinely used, that build on strengths and protective factors so that children, young people & families are supported to develop the skills, knowledge, resilience, and capabilities required to be self-reliant and thrive.
- Professionals & volunteers have the ability, through a trauma informed approach, to create an alternative framing of the reasons why parents may resist or be reluctant to engage with, professionals.
- At the earliest signs of need co-ordinated multi-agency services respond and coordinate to assess the root cause of the issues. Interventions clearly match these assessed needs and targets are achievable in realistic timescales with their purpose being agreed and understood.

Priority 3: Professional challenge & support - Constructive challenge amongst colleagues, within agencies and between agencies, will happen in the best interests of children.

## Strategic Multi-Agency Priorities

Priority 1: Leadership and Partnership - Secure a collective commitment to recognising, assessing, and responding to a child & their family's needs. To achieve this Leaders and Commissioners:

- ensure there is sufficient focus and capacity in place to support the aims and outcomes from this strategy and create a culture where Early Help is understood and responded to by professionals working with adults, children, young people, and families, and the wider public.

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- Professionals receive effective supervision to help them test, challenge, and reflect upon their ability to recognise, assess, and analyse early needs of children and young people
- Professionals challenge each other and escalate as appropriate when there are professional differences of opinion
- Professionals re-consider their view of the child's situation in the light of new information, and to continually re-frame their assessment when new information or challenges

## Review and Evaluation of the Strategy

This Strategy will be reviewed on a two-yearly basis for relevance and effectiveness and to ensure it reflects current guidance and legislation. The first review is due in September 2025. The Delivery Plan will be monitored against identified SMART outcomes and the impact made to children, young people and their families will be evaluated through audits and other quality assurance activity.

This strategy also links to the Right Help Right Time Right Response guidance as well as a range of partnership strategies - Living Well Solihull an all-age prevention strategy, Solihull Health & Wellbeing Strategy, Solihull SCP Neglect Strategy, Solihull All Age Exploitation Reduction Strategy, Solihull Strategy for Inclusive Education, Solihull additional needs strategy, Alternative Provision Strategy, Health Inequalities Strategy, Solihull Maternity & Early Years Strategy, Solihull Housing Strategy, Solihull Homeless & Rough Sleeper strategy, Solihull Domestic Abuse Strategy, amongst others that are in development.

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## Measures for success from supporting families' outcomes

Getting A Good Education			
<input type="checkbox"/>	1.1 Average of less than 90% attendance (inclusion of authorised absence is optional) for 2 consecutive terms	<input type="checkbox"/>	Sustained good attendance
<input type="checkbox"/>	1.2 Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms	<input type="checkbox"/>	Sustained improvement from very poor attendance
<input type="checkbox"/>	1.3 Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET	<input type="checkbox"/>	Improved engagement with education (e.g., pupils no longer on report, reduction/no detentions)
<input type="checkbox"/>	1.4 Child's special educational needs not being met	<input type="checkbox"/>	Family happy that special educational needs being met, and school / early years settings are providing adequate support.
Good Early Years Development			
<input type="checkbox"/>	2.1 Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs)	<input type="checkbox"/>	Families are engaged with appropriate support that can be seen to be making a difference; capacity for positive, effective parenting increased and they are accessing and engaging with services
<input type="checkbox"/>	2.2 Child's (0-5 years) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)	<input type="checkbox"/>	Child's physical health needs met, better awareness of home safety and accident prevention
<input type="checkbox"/>	2.3 Child's (0-5 years) developmental needs not being met (e.g., communication skills/speech and language, problem-solving, school readiness, personal, social, and emotional development)	<input type="checkbox"/>	Child's developmental needs are being met, allowing them to make progress at a pace that is suitable for them AND/OR Child has the right support in place to make progress AND/OR Children and young people with probable/confirmed prenatal alcohol exposure and significant physical, developmental, or behavioural difficulties are referred for FASD assessment
Improved Mental and Physical Health			
<input type="checkbox"/>	3.1 Baby/child needs support with their mental health	<input type="checkbox"/>	The baby/child's mental health and/or wellbeing has improved AND Family/parents/carers feel better equipped to manage the child's

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			mental health and well-being AND/OR Early attachment relationships are improved/parents feel bonded to baby
<input type="checkbox"/>	3.2 Adult needs support with their mental health	<input type="checkbox"/>	The adult's mental health and/or wellbeing has improved AND Family/parents/carers feel better equipped to manage the adult's mental health and well-being
<input type="checkbox"/>	3.3 Child and/or parent/carer require support with learning disabilities, neurodiverse conditions and/or physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations)	<input type="checkbox"/>	Physical health needs are being well-managed, and family have sufficient / the right support in place
<b>Promoting Recovery and Reducing Harm from Substance Use</b>			
<input type="checkbox"/>	4.1 An adult has a drug and/or alcohol problem	<input type="checkbox"/>	Adult reducing / abstaining from substance use (as measured by rescreening) AND Adult better equipped to manage the substance use AND Adult better equipped to manage the substance use. Adult understands the risk / impact of the substance use on the family and children and is able to promote safety and implement actions to reduce harm AND Assessment undertaken with child/family to determine impact of substance misuse upon child and child is benefitting from appropriate support (e.g., whole-family substance misuse work, affected-by service, young carers service, appropriate therapeutic support)
<input type="checkbox"/>	4.2 A child or young person has a drug and/or alcohol problem	<input type="checkbox"/>	Child reducing / abstaining from substance use AND Family / Child better equipped to manage the substance use and find alternative coping strategies, and understands risk / impact of substance use
<b>Improve Family Relationships</b>			
<input type="checkbox"/>	5.1 Parent / carers require parenting support	<input type="checkbox"/>	Parent / carer demonstrates improved, positive parenting (e.g., improved parent / child interactions; positive attachment etc)
<input type="checkbox"/>	5.2 Harmful levels of parental conflict i.e., when it is frequent, intense, or poorly resolved	<input type="checkbox"/>	No harmful parental conflict and improved family relationship AND Parents /carers understand the impact of the conflict on the children
<input type="checkbox"/>	5.3 Child / young person violent or abusive in the home (to parents/carers or siblings)	<input type="checkbox"/>	No harmful child to adult or sibling abuse AND Child is better equipped to understand behaviours, develop coping mechanisms, and self-manage AND Parent/carers better equipped to manage child's behaviour and relationship improved

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<input type="checkbox"/>	5.4 Unsupported young carer or caring circumstances changed requiring additional support	<input type="checkbox"/>	Unsupported young carer now supported, including with change in caring circumstances
<b>Children Safe from Abuse and Exploitation</b>			
<input type="checkbox"/>	6.1 Emotional, physical, sexual abuse or neglect, historic or current, within the household	<input type="checkbox"/>	No longer abuse or neglect in the household AND Child / family has been supported following abuse/neglect and has strategies to manage going forward AND Children are in an emotionally and physically safe environment
<input type="checkbox"/>	6.2 Child going missing from home	<input type="checkbox"/>	Child no longer going missing AND Child/family has been supported following missing episodes
<input type="checkbox"/>	6.3 Child identified as at risk of, or experiencing, sexual exploitation	<input type="checkbox"/>	Child not experiencing sexual exploitation AND Child has been supported following sexual exploitation Partners worked alongside child/family to manage risk of sexual exploitation
<input type="checkbox"/>	6.4 Child identified as at risk of, or experiencing, criminal, or precriminal, exploitation (e.g., county lines)	<input type="checkbox"/>	Child not experiencing criminal or pre-criminal exploitation AND Child has been supported following criminal exploitation AND Partners worked alongside child/family to manage/reduce risk of criminal exploitation
<input type="checkbox"/>	6.5 Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences)	<input type="checkbox"/>	Child no longer experiencing harm AND Child confident in reporting and being taken seriously. Partners worked alongside child/family to develop strategies and support them to cope with, and respond to, abuse / harm outside of the home and to keep themselves safe.
<input type="checkbox"/>	6.6 Child identified as at risk of, OR being affected by, radicalisation	<input type="checkbox"/>	Child not affected by radicalisation AND Child has engaged with, and benefitted from, relevant support AND Partners worked alongside child/family to manage or reduce risk

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## National Context for Multi-Agency Early Help

### The Legal Framework for Early Help:

Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) places a duty on states to protect children from all forms of maltreatment or exploitation and to provide support to children and their carers to prevent and/or reduce the incidence of maltreatment.

Section 10 of the Children Act 2004 sets out the legal framework for multi-agency 'cooperation to improve well-being.'

### Statutory guidance

Working Together to Safeguard Children- A guide to inter-agency working to safeguard and promote the welfare of children 2018; "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."

"Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child"

"Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with

organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, 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 practitioners to support early identification and assessment"

## The Local Context of Solihull for Children & Young People

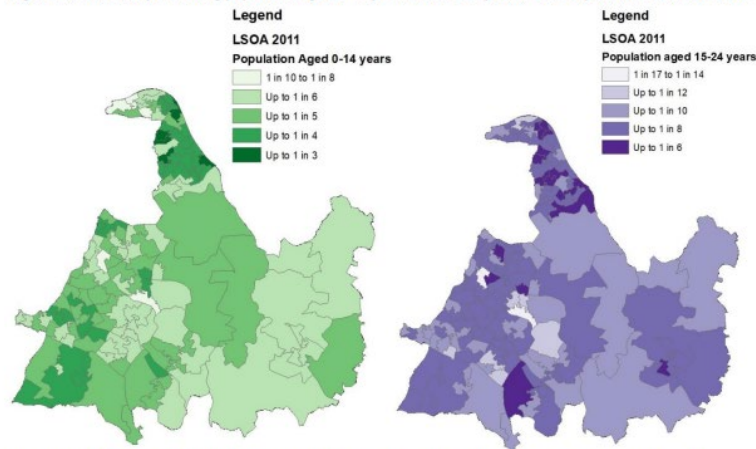
Solihull is a Metropolitan Borough Council in the West Midlands, situated between two of the region's larger city councils; Coventry and Birmingham. It is also bordered by Staffordshire, Worcestershire, and Warwickshire. In 2021 there were 51,133 children and young people aged 0-19 years living in Solihull. This equates to 24% of the population and is in line with the West Midlands and England average.

The North Solihull locality has a larger overall population of children & young adults than the rest of the borough, and in some neighbourhoods in Kingshurst & Fordbridge and Smith's Wood around 1 in 3 of the population are aged 0-19 years. In Solihull in 2021/22, 16.9% of school children had special educational needs, which is similar to West Midlands region (16.9%) but higher than England (16.3%)

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Figure 2: Solihull maps showing population aged 0-14 years and 15-24 years, ONS Population Estimates 2020.



Source: ONS Population Estimates 2020, Contains OS data © Crown Copyright and database right 2020, Solihull MBC, Solihull MBC Licence N° 100023139

Data from academic year 2021/22 shows that 28% of Solihull school pupils were from an ethnic minority group, this is much higher than the proportion of ethnic minority Solihull residents at the time of the 2021 census, 18%. This creates a complex landscape as practitioners are required to have an understanding of processes for each local authority area.

## Homelessness

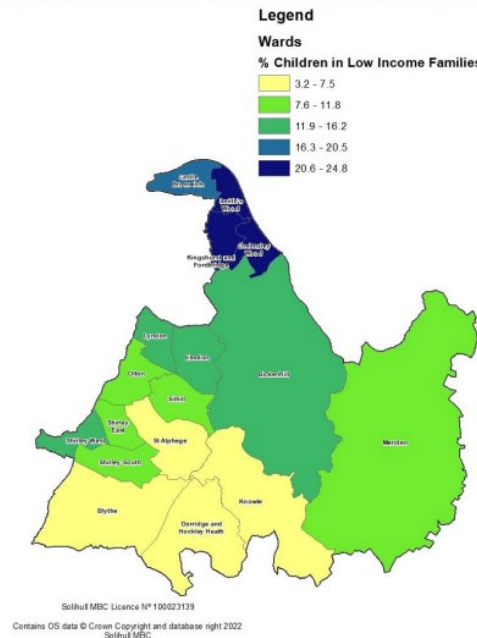
Children from homeless households are often the most vulnerable in society. In Solihull in 2021/22 296 households with children were owed a prevention or relief duty under the Homelessness Reduction Act, including 245 single parent households. Proportionally fewer Solihull households with children are homeless than the national or regional average. In Solihull around 11 out of every 1,000 Solihull households with dependent children are homeless compared to the England rate of 14 per 1,000 and 15 per 1,000 for the West Midlands.

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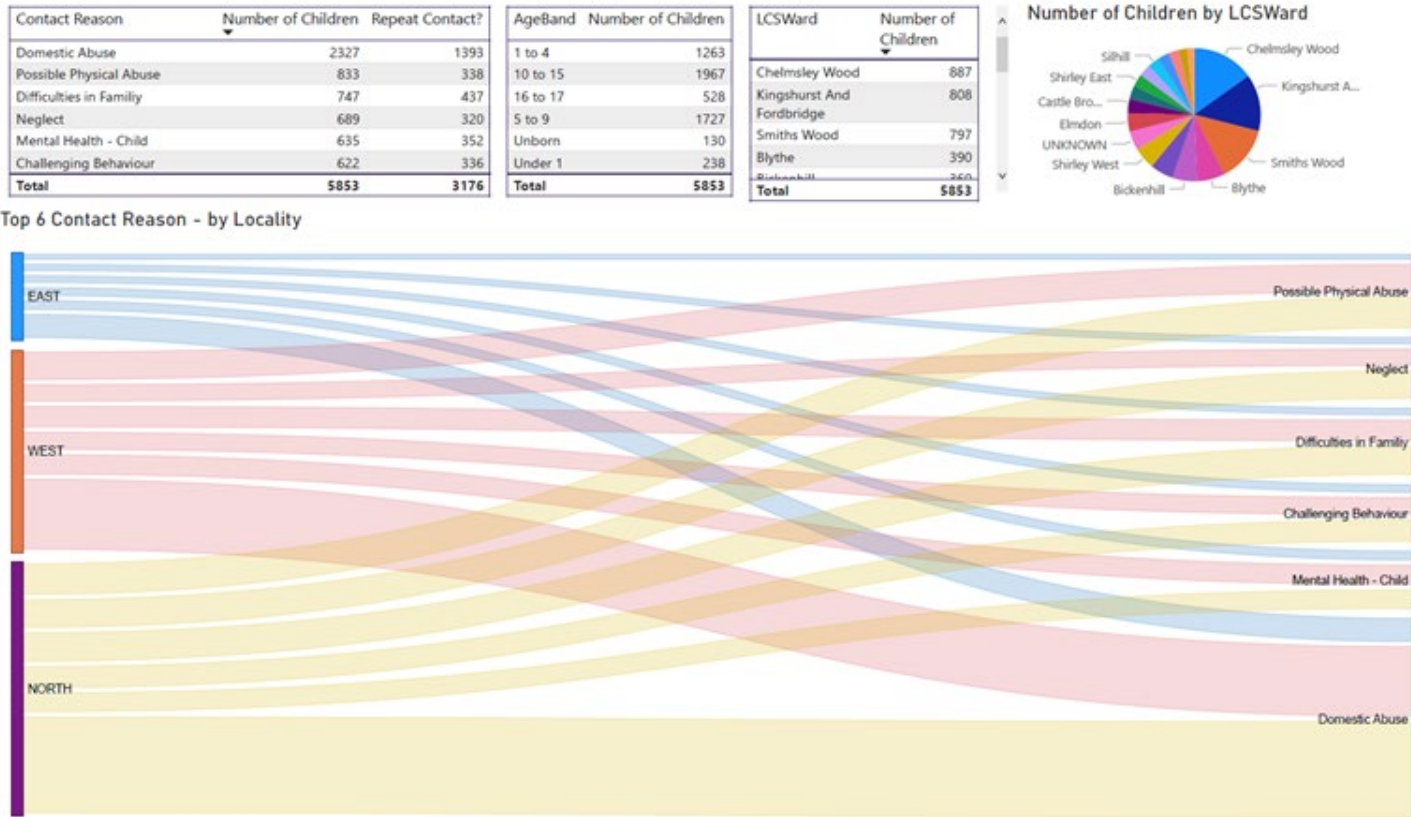
## Low-income families

There is evidence that childhood poverty, in addition to being linked to higher rates of offending, may also lead to premature mortality and poor health outcomes in adulthood. In 2021/22 14.6% of children aged 0-15 in Solihull were living in a low-income family; lower than the averages for England (19.9%) or the West Midlands region (27.0%). However, there is a substantially difference within Solihull with far more 0–15-year-olds living in a low-income family in North Solihull (28.1%) than the rest of the borough (10.1%).

Figure 3: Solihull Map of proportion of children living in low income families by ward, 2021



The Children and Young People in Solihull 2022 report provides a brief overview of local data relevant to children and young people. In addition, the diagram below shows the top 6 reasons for contact being made with the Local Authority by area:



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