

Milton Keynes Early Help Strategy.

2024 to 2027

4 June 2024 Version 1

Contents

Page 3	Foreword
Page 4	What is Early Help?
Page 5	National Picture
Page 6	Living and growing up in Milton Keynes
Page 9	Our current Early Help offer
Page 15	Our priorities
Page 16	Early Help Outcomes Framework
Page 27	Measuring progress, resources and support

Foreword

Early Help is about providing families with the right help at the right time to enhance their quality of life and decrease the need for crisis intervention services. This means working with children, young people, and their families to help them succeed and improve their future. It is an approach delivered by skilled practitioners from a range of agencies and backgrounds working towards a common goal.

Our Early Help strategy has been informed by conversations with children, young people and families and provides a clear framework for delivering Early Help services across Milton Keynes. All agencies involved in the delivery of these services are committed to continually improving the accessibility of provision, including through cultural competence, and we are confident that our priorities capture this.

We understand that the Early Help landscape can be challenging and presents a unique set of demanding and complex situations. At the same time, we see a huge amount of innovation and compassion from professionals in this space.

We believe that every child and young person in Milton Keynes should have the best start in life, so that they flourish, surrounded by families and professionals that work collaboratively. Our strategy will form strong foundations for all new and evolving Early Help across the public and voluntary sector as we continue to prioritise this important work.

Dr Mac Heath

Director of Children's Services

Vicky Head

Director of Public Health

What is Early Help?

Early Help is a method of service delivery to families that concentrates on reducing the probability of a problem occurring or increasing in the future. Through providing the right intervention promptly, it can avert problems such as neglect, harm from domestic abuse and alcohol or drug dependency from becoming complicated and repetitive. It is an approach designed to enhance quality of life for families while decreasing the need for crisis intervention services.

Early Help has several key characteristics:

- It can occur at any time during a child/young person's life and at different stages of their development
- It should build on strengths of children, young people and families and seek to build on their own networks of support
- It can be delivered by a single agency but also by a number of different agencies in partnership

It can happen in a variety of different settings, including:

- In Communities: Family and friends, local places and environments, online support services, voluntary, faith and community services, local members of the community and local businesses
- In Universal Services: Colleges or Post-16 education, schools, early years settings, family hubs, children's centres and youth centres, GP surgeries, libraries, maternity services, specialist public health or community nurses and community co-ordinators
- In Targeted or Specialist Services: Family support, social care, accident and emergency departments, allied health professionals, mental health services, special education needs support services, jobcentre plus, school attendance and exclusion support, domestic abuse services, alternative provision, housing services, police, probation and prison services, family court and family court advisory services, substance misuse services, fire and rescue, youth offending and targeted youth services

Early Help System Guide (publishing.service.gov.uk)

National picture

Evidence from the last decade has consistently found that Early Help services are vital in reducing the cycle of intergenerational poverty and enhancing outcomes and well-being for children, young people and their families. Early Help is now enshrined in law encompassing Children and Young People, most recently in Working Together to Safeguard Children (2023). Early Help is a commitment that public service leaders need to deliver jointly. Therefore, Police, Health, Voluntary & Community Sector and Children's Services (Education and social care) must work in tandem to ensure these vital services are always accessible to the most vulnerable residents across Milton Keynes.

Whilst there is a statutory requirement, local authority leaders will seek to discharge Early Help initiatives beyond these duties, incentivised by the potential to reduce the need for costly interventions and to improve outcomes. The drive towards multi-agency engagement, prevention, and Early Help is consistent across fields, including physical and mental health, domestic abuse, crime and substance misuse. There have also been developments in understanding the impact of Adverse Childhood Experiences (ACEs) on children and young people, which has led to a more trauma informed lens being attached to interventions within the field of Early Help.

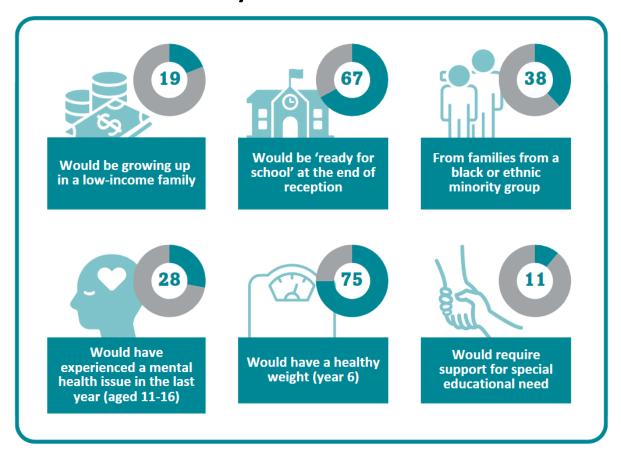
Strategic developments towards amalgamated working practices, such as the government's Supporting Families programme, have resulted in the creation of dedicated teams of practitioners that support families with a range of complex challenges. Every Local Authority is dedicated to ensuring that all Early Help providers practice using a whole family methodology. This model ensures all family members are involved in support thus ensuring that all family members have their needs considered, reviewed, and supported.

Nationally, there are a number of common themes that impact on Early Help systems:

- The Covid-19 pandemic, whilst over, has had a detrimental impact on children's emotional and social wellbeing. Additionally, the long-term impact it has had relating to separation and loss continues to challenge family cohesion resulting in ill health, mental health difficulties, unemployment and financial strain thus leading to an increase in existing inequalities
- Ensuring services are accessible and culturally competent, making sure that training and support is on hand for communities to address long-standing systemic racial inequalities
- Increasing demand for services due to population growth and the impact of longterm government savings through a period of sustained pressure in household finances
- **Local Government efficiency savings** impact on effective Early Help delivery meaning that this strategy is designed to ensure that strategic priorities are affordable and proportionate to need.

Living and growing up in Milton Keynes

If Milton Keynes had 100 children...



The health and wellbeing of children and young people in Milton Keynes generally compares well to elsewhere in the country. However, it is important to remember that the wellbeing varies across the city. In addition, there are some groups that we know have significantly worse outcomes than others, including children who live in our least advantaged communities, children in contact with social care and children with a disability.

There are complex influences affecting children and young people's wellbeing, including their family, environment, life skills, knowledge and experience. Preventing or minimising the impact of risk factors, including adverse childhood experiences and trauma, is vital. It is equally important to strengthen the protective factors, particularly the resilience (ability to cope) of children, young people, and their families.

The needs of our population:

Starting life:

- In 2021, 6.9% of babies born in Milton Keynes had a **low birth weight**. This is higher than similar local authorities (5.9%) based on deprivation but not significantly different from England overall (6.8%)
- Our **breastfeeding** rates (21/22) in Milton Keynes remain high (60.4% at 6-8 weeks after birth) and we compare well against the England average (49.2%)
- Our vaccination coverage for MMR (21/22) in Milton Keynes is 87.9%. This is lower than the England average and target of 90%
- **Good Level of Development (GLD)** outcomes for 2023 in MK were 69.8% (national 65.2%). School readiness in November 2023 was 69.7% (national 67.2%)
- Uptake of two-year-old education is 81% against 74% nationally (40% most deprived)



School aged children:

- In our recent OxWell survey (2023), 27% of young people in Milton Keynes reported they had experienced a **mental health** issue in the previous 12 months. This compares to 25% of young people from a wider sample across England
- There is an increasing trend around obesity in children (in Year 6) with 24.7% of children deemed to have an unhealthy weight (21/22) which is higher than the England average of 23.4%

- The number of families who are supported into accommodation as they are homeless (21/22) equates to 16.1 cases per 100 children in Milton Keynes. This is worse than the national average of 14.4 cases per 100 children across England
- In 2022/23, there were 368 cases open to the council's Targeted Early Help team where the primary reason was recorded as **domestic abuse**

Young people and transitions into adulthood:

- Our teenage pregnancy rate in Milton Keynes (2021) is 11.9 conceptions per 1000 young people. It has risen slightly compared to 11.2 conceptions the previous year (2020). It remains lower than the England average (13.1)
- The rate of young people who are first time entrants into the criminal justice system in Milton Keynes has consistently declined and continues to compare well against the England average. This equates to 125 cases per 100,000 population in the city compared to 147 per 100,000 across England
- There has been a 12.3% decrease in violent offences committed by young people between Jan 2021 and Apr 2024. This reduction is directly linked to good multi agency link up and disruption activity, the ACT NOW programme and PRREE work carried out by the YJS
- Current **overall NEET figure** is 3.3% (national 5.2%)
- Adult unemployment rate is currently 3.7% (national 3.6%)

Further details on the population and needs of Children and Young People in Milton Keynes can be found by visiting our <u>Joint Strategic Needs Assessment website</u>.

Our current Early Help offer

Service Delivery:

Early Help is delivered via several methods across Milton Keynes with the aim being to ensure we locate and address need at the earliest opportunity. These services range from Early Years settings, Children's Centres and targeted Early Help teams.

In Milton Keynes we believe participation in Early Years provision is vital. Access to effective provision can support healthy development and positive academic outcomes. There is also evidence to suggest that it will reduce social inequalities and decrease attainment gaps between children from different backgrounds. Additionally, the provision of good quality Early Years support ensures that parents can engage in employment and training opportunities. Preparing children for success should start as soon as possible and we believe that our current offer supports that. With the new age reduction in universal credit coming into force from 2025 we strongly believe that this new initiative will enhance levels of school readiness across the city.



In addition to our Early Years support we are proposing to realign our current 13 Children's Centres (0-5 years old) and 4 Family Centres (all ages) to form an enhanced offer across 10 Family Centres (all ages). These newly formed Family Centres will offer parents, children and young people access to a wide range of provision such as parenting programs, on site health supports, stay and play sessions and advice regarding budgeting, employment, and training opportunities. The ethos of these centres is to ensure that all residents across the city can access the necessary support to reach their full potential.

Where problems appear more challenging the city offers support from one of the Targeted Early Help Teams. These teams are designed to support families where there are emerging challenges that need immediate attention to prevent more acute harm from developing. These teams work intensively with families over a 20-week period with the aim to leave behind strategies for parents, children and young people so that relationships can be repaired, and emotional difficulties can be better understood. These teams are supported by a Strategic Lead who will provide supervision and support to managers but will also act as a link to other leaders across the Early Help system, promoting the overall vision for children young people and their families.

School leaders also have a pivotal role to play withing the Early Help system. School leaders spend the majority of time with children and young people so are suitably placed to identify and review the needs of children and young people. They are vital in spotting emerging concerns and engaging the wider partnership in doing so. This role is further supported by Early Help Advisors who work proactively alongside school leaders to think about emerging needs so the best interventions can be developed for children, young people and their families.

The voluntary sector plays a crucial role in supporting early help services across Milton Keynes by being often the first point of contact for families, children, and young people in need. Here's how they contribute:

- Advice and Support: They can offer advice and support to partners in the community to deliver early help as per the guidelines set by safeguarding boards
- **Coordinated Support:** The sector works with children and families to address their needs early, reducing risk factors and increasing protective factors.
- **Strategic Responsibility:** Sharing strategic responsibility to work on priorities to improve outcomes
- Training and Guidance: They provide training and guidance on delivering early help to improve outcomes for children and their families

These efforts are aligned with national and local strategies and frameworks. The voluntary sector's close work with local communities positions them well to identify and respond to emerging needs effectively.

Additionally, Health services in Milton Keynes support early help provision in several key ways:

- Identification and Referral: Health professionals, such as health visitors and general
 practitioners, are often the first to identify children and families who may benefit
 from early help.
- **Integrated Working:** Health services collaborate with other sectors, including education and social care, to provide a holistic approach to early help.
- Preventative Care: Through routine check-ups and immunizations, health services
 contribute to the prevention of health issues that could later require early help or
 intervention

By providing timely and appropriate support, health services play a vital role in the early help provision in Milton Keynes aiming to improve long-term outcomes for children and their families.



What do professionals and services say?

A multi-agency focus group was held with professionals working with children, young people and families across the city. They highlighted the following:

What are we doing well?

Agencies and services can and do work well together to support communities and families. For example, there are some really strong connections between voluntary groups, churches and community groups

There are some good examples of support for families and good information sharing to protect children

Children and Family Centres are fantastic and a real strength

Where can we do better?

Information sharing needs to be developed in a stronger consistent way

There is no point of contact if you have a question around early help or where to go to get support.

We may not be consistently helping and supporting early enough in the lives of children and families

What are our opportunities?

Better information for professionals to be able to refer to support/signpost families.

Focus on transition points for children and young people to support them at key points in their life

The offer for young people needs to be different compared to the early years.

What are the challenges?

Better early help will have an impact on charities. They will be unable to do everything without extra funding

Money and resources are in shorter supply

Recruitment and keeping key staff is becoming harder and harder across the public sector

What do families say?

The core issues that came up in terms of what was needed related to more clinic supports for health visitors and midwives, more parenting groups and easy access to local children centres, more support for Mental Health, (Children and adult) as well as support with child development. Residents were clear that more clarity was needed on what the offer was and that there was a lack of mental health provision as well as Children's Centres not being near enough to residents homes. With regards to improvements residents commented that more after school provision, breast feeding services, baby weighing services and access to NHS dentists was something that would enhance the Early Help offer across the city.

In addition to the above, residents also provided lots of feedback – examples below.

I'd like advice on development and milestones for older children (2+)

Careers advice is really valuable.

There should be more information online with regular updates of what's on offer.

HAF age restrictions make it difficult for younger siblings to attend sessions during the holidays.

More support is needed for working families who still struggle with the cost of childcare.

Health visitors and midwives need more awareness of the local services on offer.

I'd like to see more small group sessions to help with caring for a new baby.

It would be good to see more summer holiday activities tailored for younger children.

Feedback from Young People's Focus Groups

Early Help feedback session	NEET / EET
Work experience in the council	You end up just doing what they tell you to
should be more readily available. Stereotyping by professionals but also young people needs to	People feel forced into EET opportunities rather than being offered opportunities that match their interests (why can't there be a 'tinder' type system that matches opportunities to people's interests and skills)
stop. Professionals often made	Young People's Drug and Alcohol service were really positive and did all they could
assumptions about me before they had met me, or when they did because of the way I	Lots of professionals were telling us what to do rather than supporting us to make the right choice
looked, or was dressed or spoke.	No support after returning to mainstream college, it was very 'hands off'
Takes a lot to tell the truth to	Not enough marketing for EET support
those making decisions. The choices young people	Careers advisors in school were really helpful, offering tailored support and had a relational approach
make don't get put into perspective around their wider	The best schools support students who are also in employment
situation	School can be a one size fits all approach rather than learning each young person's needs separately
	Schools can be a scary place particularly when teachers use offensive or inappropriate language
	Consistency is the key
Youth Clubs	Mental Health Services
Good free to access support at	Long waiting lists are a problem and lead to more suffering
youth clubs Can be yourself and feel	Need someone outside of school who you can talk to about your problems
supported by professionals	Terrifying when you can't access good quality MH supports
Can access support groups i.e. LGBTQ	Need information i.e. discreet leaflet / QR code that can help us to locate good quality support
Helps young people locally	Need therapeutic provision inside schools that can help
Girls group was positive	Having a trained MH nurse can help, feel more contained
Feel heard inside these spaces	talking to a professional

The data and information that informs the strategy be updated regularly to see what has changed and if we need to refocus our efforts to improve early help. This includes seeking views of children and young people via Corporate Parenting Panel, Raise Your Voice and The Youth Council. By being consistently present in these spaces leaders and managers responsible for Early Help provision will aim to ensure outcomes for children and young people are consistently reviewed.

Our priorities

Working across our early help system, we will work with partners to focus on the following:

Priority area	What will success look like
We will work with children, young people and families to ensure their voice informs the planning delivery and review of early help services	Children, young people and their families report that they are fully informed and engaged with plans and interventions designed to support them.
	A higher proportion of families have their outcomes met during the course of their interventions.
Improve earlier identification of need to reduce the need for more intensive and costly support	Information is shared quickly and effectively Increased in referrals to early help
Develop the role of the lead professional to ensure families are supported by those best placed to do so	Families tell their story once Effective transitions for families across services Improved Early Help Assessments
Ensure our offer of local community support through family centres is delivered to those who need it most	More confident parents School ready children
Work with young people to embed a new youth offer	We will have a youth offer for Milton Keynes that is informed by local evidence from young people and professionals. There is ownership of the offer by young people is judged to be sufficient to meet the needs of the local population.
Ensure digital information on early help is more accessible and comprehensive	Increased use of Early Help provision Wider range of residents accessing early help
Challenge health inequalities and poverty experienced by our least advantaged children, young people & families	Reduction in childhood obesity Reduction in smoking rates Reduction in teen pregnancies

To ensure the priorities are being delivered the Milton Keynes Together Assurance Board will review progress of the plan on a quarterly basis. This robust review process will ensure that the incoming Strategic Lead for Early Help is held to account alongside the partnership so that the needs of all children and young people accessing Early Help provision is met.

Early Help Outcomes Framework

The following sections describe the priorities and needs that will have been identified with the family, the outcomes we are looking for, during interventions and supporting the family along with the relevant success measures. - Chapter 3: The National Supporting Families Outcome

Framework - GOV.UK (www.gov.uk)

Priority 1: Education				
Who are we talking about? Children and young people who	Family needs identified as Child/young person has an	Support and outcomes for families Attendance of all children and young people	Success / evidence measures 'Getting a good education' MK Early Help evidence should	
struggle to access the curriculum or children and young people with un-met SEN needs	average of less than 90% attendance (inclusion of authorised absence is optional) for 2 consecutive terms OR Child/young person average of less than 50% attendance unauthorised and authorised for 2 consecutive terms. OR Not able to participate and engage with education due to motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of	in the family sustained with average attendance 90% or above OR Sustained improvement for all children and young people from very poor attendance with at least 30% improvement in attendance with a minimum of 50% average attendance over 2 consecutive terms Improved engagement with education (e.g. Pupil no longer on report, reduction in exclusions/no detentions over 2 consecutive terms) Family happy that special educational needs being met, and school / early years settings are providing adequate support.	 include: All children and young people on school roll (start date and provision report) Attendance figures from school data shows % increase of attendance School, (primary, secondary and special), data shows reduction in exclusions. Clear step-down plan to single agency or universal services. 	

Elective Home Education, child/ young person is off-roll and not receiving an education otherwise, risk of NEET Child's special educational needs not being met	Where a child is electively home educated this has been reviewed as part of the early help support and the Specialist EHE practitioner has signed off as being suitably educated	 EHE oversight detailed and consideration of child/young person's education clear. Families' feedback evidence resilience / ambition / insight and problem-solving techniques
		 Child's behaviour significantly improved and no further concerns around education.
		EHCP in place where appropriate, or SEND support in place with suitable package of support being provided

Priority 2: Early Years					
Who are we talking about?	Family needs identified as	Outcomes for families	Evidence measures 'Good early years development'		
Parents/carers expecting or have children 0-5 yrs. of age in need of additional early year's support to ensure development, attachment, health, communication, and overall good early years' experience	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. Child's (0-5 yrs) physical health needs not met e.g. immunisations not up to date, concerning accidental injuries, dental hygiene. Child's (0-5 yrs) developmental needs not being met e.g. communication skills/speech and language, problem solving, school readiness, personal, social and emotional development.	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. Child's physical health needs met, appointments being attended and immunisations up to date. Better awareness of home safety and accident prevention. 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. Children in suitable Early Year's settings and taking up the 2, 3,4-year offer.	 Update from health colleagues, GP's, health visitors, dentist, midwives, speech & language, CDC etc indicating no further concerns. Support from Teenage Parents Service via participation team. Evidence of developmental progress through speech, language, health, gross and fine motor skills. Delivery and impact of relevant parenting programmes with impact Families' feedback shows resilience/ambition / insight and problem-solving techniques. Health issues managed, reduction in children presenting with health issues such as tooth decay, obesity etc. Increase in parents engaging and benefiting from antenatal and postnatal services. 		

Priority 3: Health					
Who are we talking about?	Family needs identified as	Outcomes for families	Evidence measures 'Improved mental and physical health'		
Parents/carers, children, young people with a range of mental and/or physical health needs	Baby/child/young person needs support with their mental health. Adult needs support with their mental health. Child, young person and/or parent/carer require support with learning disabilities, neurodiversity conditions and/or physical health needs that affect the family e.g. long-standing health conditions requiring management, physical disabilities requiring adaptations.	The baby/child's/young person's mental health and/or wellbeing has improved AND the family/ parents/carers feel better equipped to manage their children's mental health and wellbeing. AND/OR Early attachment relationships are improved/parents feel bonded to baby. The adult's mental health and/or wellbeing has improved AND the family/parents/carers feel better equipped to manage the adult's mental health and wellbeing. Physical health needs are being well-managed and family have sufficient / the right support in place.	 MK Early Help evidence should include: Health colleagues i.e. CAMHS, Heath Visitors, School Nurses, GP's report improvement in health development, (physical / mental). Diagnosis and support received, in place and there is evidence of impact. Necessary adaptations have been made to home environment and they are seen to be contributing to improvement in outcomes. Appropriate medication prescribed and being taken regularly. Families' feedback shows resilience / ambition / insight and have solution focused techniques 		

Who are we talking	Family needs identified	Outcomes for families	Evidence measures
about?	as	Outcomes for families	'Improved mental and physical health'
Parents/carers/young people with a drug or alcohol problem	An adult has a drug and/or alcohol problem. A child/young person has a drug and/or alcohol problem	Adult reducing / abstaining from substance use (as measured by rescreening) AND Adult better equipped to manage the substance use. Adult understands the risk / impact of the substance use on the family or child/ren 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/young person and child/young person is benefitting from appropriate support (e.g., whole-family substance misuse work, affected-by service, young carers service, appropriate therapeutic support) 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	 Feedback from Drug & Alcohol service Adults engaging with appropriate level of support and completed specialist treatment Evidence of whole family interventions and support Evidence of adult implementing strategies to improve outcomes for child/young person Drug tests clear Child/young person engaging with and benefitting from appropriate level of support and completing specialist treatment, if necessary Families' feedback demonstrates resilience/ambition and problem-solving techniques.

Who are we talking	Family needs identified	Outcomes for families	Evidence measures
about?	as		'Improving family relationships'
Parents/carers in frequent, intense or poorly resolved parental conflict, families with wider conflict & relationship issues	Parent / carers require parenting support Harmful levels of parental conflict i.e. when it is frequent, intense or poorly resolved Child / young person violent or abusive in the home (to parents/ carers or siblings) Unsupported young carer or caring circumstances changed requiring additional support	Parent / carer demonstrates improved, positive parenting e.g., improved parent / child interactions, positive attachment etc. No harmful parental conflict and improved family relationship AND Parents /carers understand the impact of the conflict on the children. No harmful child/young person to adult or sibling abuse AND child/young person is better equipped to understand behaviours, develop coping mechanisms and self-manage. AND Parent/carers better equipped to manage child/young person's behaviour and relationship improved Unsupported young carer now supported, including with change in caring circumstances and fully Young Carers Assessment completed	 Completed evidence-based parenting course with evidence of parents implementing those strategies and improved outcomes Parents/carers accessing and benefiting from relationship support. Evidence of strategies to reduce conflict being implemented. Child/young person has received appropriate therapeutic support. Family successfully complete specialist child to parent abuse parenting course (or specialist course for children with SEND), and / or received therapeutic support Young Carers Assessment and relevant support in place Families' feedback demonstrates resilience /ambition / insight and solution focused techniques.

Who are we talking about?	Family needs identified as	Outcomes for families	Evidence measures 'Children & young people safe from abuse & exploitation'
Children and young people who are at risk of abuse and harm, including neglect, risk of exploitation, radicalisation, peer to peer harm and abuse	Emotional, physical, sexual abuse or neglect, historic or current, within the household. Child/young person going missing from home. Child/young person identified as at risk of, or experiencing, sexual exploitation. Child/young person experiencing harm outside of the family e.g. peer to peer abuse, bullying, online harassment, sexual harassment/ offences. Child/young person identified as at risk of, or being affected by, radicalisation.	Child/young person not experiencing criminal or pre-criminal exploitation AND child/young person has been supported following criminal exploitation. Child/young person no longer experiencing harm AND child/young person 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. Child/young person not affected by radicalisation AND child/young person has engaged with, and benefitted from, relevant support AND Partners worked alongside child/family to manage or reduce risk.	 MK Early Help evidence should include: No further police or school concerns. Tracked improvement to outcomes connected to parents/carers. No further missing episodes prior to closure. Improved take up on self-help and online offer. Sign up and attendance to bespoke projects i.e. CARE Families' feedback shows resilience/ambition / insight and solution focused techniques. Reduced risk of teenage pregnancy.

Who are we talking	Family needs identified	Outcomes for families	Evidence measures
about?	as		'Crime prevention & tackling crime'
Parents/carers, children, young people involved in or at risk of involvement in crime or anti-social behaviour	' '	(7 or fewer incidents in 12 months) Adult no longer involved in crime OR (8 or more incidents in 12 months) Adult demonstrates at least a 50% reduction in incidents of crime Adults (18+) no longer involved in crime. OR Adult (18+) where criminal incidents were significant (8 plus within 12-month period) these have reduced by at least 50%. All children/young people no longer involved in crime or anti-social behaviour. OR Where criminal activity was severe (5 or more within 12-month period) these have reduced by at least 50%. AND Children/young people supported to better manage risks of becoming involved with crime, through accessing relevant services and fully engaging in this process.	 MK Early Help evidence should include: Information from Police evidences reduction in crimes committed by the family. Information from wider partnership, or Housing Providers shows reduction in ASB for the family unit. Youth Offending information shows reduction in criminal activity and no siblings at risk of or have committed offences. Families' feedback positive and shows resilience/ambition / insight and solution focused techniques. School/education provider reports positive change. Young person must not have any offences, arrests, named suspect reports, or ASB for 6 months Engaging with, and benefitting from, relevant and appropriate services (e.g., VRUs, CAMHS, Education, AP, Youth offending services) regularly and maintains positive behaviour (Supplementary)

Priority 8: Domestic Abuse					
Who are we talking about?	Family needs identified as	Outcomes for families	Evidence measures		
Families affected by Domestic Abuse or interpersonal violence	Family affected by domestic abuse or interpersonal violence and abuse - historic, recent, current or at risk (victim). Adult in the family is a	Domestic abuse has stopped AND victim has a clear safety plan in place and knows how to seek help OR Victim has received (or is receiving)	 'Safe from domestic abuse' MK Early Help evidence should include: No incidents of domestic abuse in the month prior to closure AND DASH risk assessment evidences reduction 		
	perpetrator of domestic abuse. Child currently or historically affected by domestic abuse.	appropriate support. Domestic abuse has stopped AND Perpetrator understands crime, and impact on the victim(s) (including children) and is engaging with perpetrator support. Domestic abuse has stopped AND child/young person feels safe at home.	 of risk Family have engaged with locality Early Help Domestic Abuse Practitioners Child/young person engaged in specialist/ therapeutic support Where possible perpetrator engaged in specialist programme Families' feedback positive 		

Who are we talking about?	Family needs identified as	Outcomes for families	Evidence measures 'Secure housing'
Families experiencing or at risk, homelessness or families and young people not in suitable or sustainable housing	Families who are in local authority temporary accommodation and are at risk of losing this Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness. Young people aged 16/17 at risk of, or who have been, excluded from the family home.	Family no longer at risk of losing temporary accommodation and have sustained temporary accommodation for 6 months or have moved into settled housing. Family no longer at risk of eviction* and/ or in suitable and sustainable housing for 6 months. *Notice not served or withdrawn; or (for social housing tenants) have a suspended possession order and have sustained the accommodation for 6+ months. Young person no longer at risk of homelessness — remains with or is returned to family or wider family network with support available for 6 months.	MK Early Help evidence should include: Positive update from homeless team Housing provider feedback Young people in supported/suitable housing Evidence of Housing/CSC joint protocol for 16/17-year-olds at risk of homelessness Family feedback positive

Who are we talking about?	Family needs identified as	Outcomes for families	Financial Stability'
Families struggling financially, concerns around poverty, and/or parents/carers, young people not in either education or employment.	Adult in the family is unemployed. Family require support with their finances and / or have unmanageable debt (e.g., rent arrears). Young person is NEET.	Adult is in work OR Adult has made progress to work e.g. gained a qualification, completed training, volunteering, is attending job interviews Support/mentoring for adults and young people to attend and prepare for interviews Family feels able to manage their finances AND/OR debt is being managed or has been resolved Young person is in education, employment or training	 MK Early Help evidence should include: Feedback form Early Help DWP Practitioner and/or debt practitioner, income maximised and/or adults now in training /work. Feedback from housing provider. Evidence of debt management and impact. Involvement of the Employment and skills team and positive outcome for family. Evidence and feedback from relevant college/provider that young people engaged with employment support/activities. Evidence that young people attending higher education or apprenticeship. Families' feedback evidences resilience/ambition and problem-solving techniques

Measuring progress

Our progress against our priorities and outcomes will be overseen by a local Early Help Partnership Board. This board will commit to the following:

- Assessing our progress against our strategic priorities
- Agreeing an early help outcomes framework with clear measures and targets
- Determining which priorities and outcomes should be the focus on partners
- Developing supporting action and improvement plans to improve performance where required

Local resources and support

- EHA guidance Early Help Advisors and Assessment | Milton Keynes City Council (milton-keynes.gov.uk)
- Levels of need/thresholds MK Level of Needs FV.pdf (milton-keynes.gov.uk)
- Our Local Offer Early help | Milton Keynes City Council (milton-keynes.gov.uk) / Children and Family Centres | Milton Keynes City Council (milton-keynes.gov.uk)

