# Minutes and Action Log March 2022 South East regional early help network

**Attendees: Chair Grainne Siggins** (Bracknell Forest); Alastair Lee, (Data Lead East Sussex), Alistair Herbert (Data to insight), Candice Boatswain (Milton Keynes), Celia Lamden (East Sussex), Elaine Morgan (Bracknell Forest and regional lead for SE supporting families programme); Rachael Park-Davies (Windsor and Maidenhead/Achieving for Children); Gareth Morgan (Bucks); Georgie Pym (Data to insight); Maria Godfrey (Oxfordshire); West Sussex (Jenny Boyd); Joanna Hook (Kent) for Stuart Collins; Jo Templeman (Brighton and Hove); Julie Greer; Kelli Scott (Wokingham); Vicky Rhodes (Brighter Futures/Reading); Steph Coomber (Milton Keynes); John Foster; Nikki Lloyd, Southampton (Steph Murray), Hayden Ginn (Portsmouth)

**Apols:** Kelly Pierce (Portsmouth) Surrey (Lisa Burshill), Medway (Kelly Cogger); Carly Bain (lead for family hubs for southeast based in IOW); Stuart Collins (Kent); Lin Ferguson

**Meeting details:** Tuesday March 8, 12-1.30pm via MS Teams

**ITEM 1: Introductions and review of minutes and action log**

Minutes and actions from previous meeting were agreed.

**ITEM 2: Feedback from mapping**

RE presented a short summary slide deck which brought together the key themes from the mapping of Early Help Services across the South East. The key finding is that there is huge variation in what is defined as Early Help although there are some core services which seem to be common across the board; and there is wide variation in the size and scale of EH services (from 3 FTE in the Isle of Wight to 630 FTE in Kent.

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The group had a detailed discussion about what constitutes Early Help for their LA including the differentiation of EH from Family hubs. JG questioned whether EH was about early identification of special needs and prevention of needs escalating. She asked, are family hubs the umbrella or are they one of the services? What role do they play?

MG noted that in Oxfordshire one of the big emphases was in terms of getting universal partners on board and creating cultural change to get a whole system approach to EH including schools and heath partners taking part in whole family working and joint EH assessments.

MG pointed out that Post covid, with a financial crisis around the corner, many families that have now come to our attention are no longer coping and caseloads are increasing. MG said in Oxfordshire they are seeing family hubs as the overarching thing. They provide a space, but that is just one thing, it won’t necessarily lead to integrated working, but something we are excited about. People are pleased.

The chair GS asked the group what make us effective at multi agency working?

It was responded that the ability of EH to build relationships with other parts of the system. Collleagues noted that EH work is incredibly diverse.

Colleagues suggested would be helpful to understand EH threshold and how these vary between LAs. Some take up to borderline with CIN cases. When we talk about tier 2, are we as authorities doing a team around the family in every case, or just some cases?

**Action :** Consider if group wants to map thresholds, caseloads and variation

JB asked what do we think would make the difference? She was struck by the fact that some LAs have partnership-owned approaches, there is a huge range of services and structures. My previous experience in Essex was level 3, and level 1-2 was commissioned. Whereas here in West Sussex we deliver in all of those spaces and all levels. This can mean that other services and agencies don’t see themselves operating in that space, and therefore the system thinks EH is the role of the LA, when it isn’t.

JG let the group know there is a short blog relating to EH ‘concept or concrete?’ in the SE family hub newsletter https://www.foodaidnetwork.org.uk/blog/mental-health is a really useful report if you haven't seen it

HG noted that in Portsmouth Early Help they commission health services on behalf of the DPH which helps build ownership and understanding of the wide remit of EH. I have a shared role with the CCG so have changed NHS commissions to reflect early help in CAMHS, community nursing, paeds etc. We also have just counted the pastoral workforce in schools and its sizeable... yet very few EHAs and lead professional work. I like the distinction between early help as a 'concept', 'a way of working', 'services' and 'buildings'

RPD noted that in Achieving for Children they have an early help partnership advisory board that acts as a critical friend and a joint EH strategy. She noted that the board is very good for keeping the strategy at the top of people’s mind

**Action :** Rachael to circulate strategy and partnership advisory board terms of reference

JH said that in Kent, with the largest service in the South East it is a very broad church for all partners. EH in Kent includes the work we have to do to renew and review the working together document and the work to build resilience not just us responding to events and cases as they happen, but to work more proactively with schools and other agencies. We are having debates in Kent about what is an EH worker doing? What is expected of them? What are they doing when CAMHS can’t meet demand? What is the experience across the sector because we are starting to consider if we have to put tighter parameters… for example should EH be acting where there is a child with suicidal ideation, or should we refuse and say this is for CAMHS even if they don’t have capacity to pick up.

HG responded: We have a formal Section 75 to govern the integrated council/NHS service. And the wider piece is captured in our Safeguarding Strategy which covers all Tiers. But we also have prevention, early help and self-help work outlined in other strategies e.g. school inclusion, mental health, youth justice etc.

KS from Wokingham would echo what MG has said. We have seen 25%-30% increasing in referral to hub, not including those stepping down. We do have a partnership strategy started back in 2020. About to trial multi agency process. KS can feed back at a future meeting.

**Action:** KS to feedback on multi-agency (referral?) process at future meeting

MG noted that they have a good strategy and are in process of updating it, but it isn’t the panacea. We have been in this space for a long time. There is something about holding agencies to account. Thinking back to the CAF, we are still having the same conversations we were having back in 2008. Through children’s trust we are trying to hold a mirror up for the system. In Oxfordshire, 60% going on to plans for neglect have not had an early help offer. It is about a culture change. 60% increase in referrals to the MASH. The threshold conversation is really important.

**ITEM 3: SESLIP Early Help data standards project**

AH introduced JF and GP who are now in post to support the data standards project for Early help. AH explained they funding from data accelerator to fund two posts. Most of the knowledge to inform the project will come from groups like this. AH explained that the initial framework is an indicator rather than slavishly sticking to proposal, so feedback from this group is critical. High level goal is to have comparable data on early help activity by the conclusion of the project. GS commented that this is really helpful as one of the priorities of the group was identified as benchmarking. AH said there is two years of funding for the salaries. There are 5 regions 75 or so LAs that are participating. The first two to three months for user research undertaken by JF and GP meeting with individuals in Las (service leads, data leads, directors).

**Action: All contact Georgie to arrange user research interviews, and John on ideas for project scope.**

**Action: RE to share raw responses from EH mapping with data to insight team**

**ITEM 4: Family Hubs**

JG introduced the item explaining she is also coordinator for SW, JG noted she loves the enthusiasm in the SE around family hubs. They are funded in the South East through til December where other regions are stopping in march. There is some immediate pressure on regional lead role – setting up 5 communities of practice dates and focus areas are as follows – coproduction 22 March, digital offer Portsmouth sharing their practice; 3 May SEND, 4 June 19 July governance, youth sept.

**Action: All to provide feedback on how best to engage your LA**

**ITEM 5: Sharing practice: Windsor and Maidenhead**

RPD introduced herself, AD for early help, professional background is nursing, health visiting and teaching. In AfC’s EH service we have YOS, health visitors, school nurses, EH advisory, family hub. We are really proud of how we’ve engaged with partners. We have lots of parent led and charity organisations effectively delivering early hep. The high-level work can be done by Afc staff. RPD recognises the themes in earlier discussions that the complexity and volume has gone up. I think about thresholds on a daily basis with social workers on our front door. It could sit in a CIN plan or it could sit in EH. Because of skills, EH is being asked to contribute. A quarter of EH work is contributing to statutory plans. The ILACS 2020 was good up from RI in 2018

When green paper came out about fh in 2017 there was talk but we didn’t do anything about it til 2019. Had two public consultations over a year, 2 reports to cabinet. We had a very big universal offer- 20 something children centres and 6 youth centres but teams had been eroded so we were struggling with targeted work. We finally managed to get it through after much engagement and we brought together children’s centres, family resilience, parenting and youth services into Family Hubs, achieving savings but also providing improved outcomes. The FHs focus on: substance misuse, children whose parents misuse drugs or alcohol, criminal exploitation, CSE, youth violence, low mental health, harmful sexual behaviour, employment, education and training support. Mental health is a key focus area and the service transformed in 2021.

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HG: interested in whether EH is pursuing start high or start low approach to pathways and threshold. RPD noted that staff turnover is low in EH, compared with safeguarding where turnover is high. Resilience is def in early help and therefore that leads to a start low rather than start high approach.

MG asked if health visitors/other agencies in family hub? Is it an integrated approach. RPD said HV are integrated into FH, but HV remit is fairly rigid.

MG is there an expectation that universal services do an EH assessment? RPD said there are 65 schools and most referrals come from schools. Some do great referrals but is a range of quality. If police refer they don’t do assessment, the EH advisor will meet with the family. VRU have you had much work with them around their preventative work. Rachael said they sit on sub group and have some funding for a VR worker. Nothing happens quickly, it is work in progress.

**Action: how are people managing risk with increasing waiting lists? Item on future agenda**

**ITEM 6: Standing items:**

**• issues for Grainne to escalate to DCS colleagues.** No issues identified

**• ideas or projects for future consideration** No future projects identified

**Action log:** This action log was updated on March 4 2022. Shaded actions are closed or complete

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|  | **Action** | **Responsible** | **Date issued** | **Status** |
| **14** | All to provide feedback to CB and JG on how best to engage your LA around family hubs | All | Mar2022 | Complete |
| **13** | All contact Georgie to arrange user research interviews, and John on ideas for project scope. | All | Mar 2022 | Complete |
| **12** | RE to share raw responses from EH mapping with data to insight team | RE | Mar 2022 | Complete |
| **11** | KS to feedback on multi-agency (referral?) process at future meeting (Wokingham) | KS | Mar 2022 | Open |
| **10** | Rachael (RPD)(achieving for children) to circulate EH strategy and partnership advisory board terms of reference | RPD | Mar 2022 | Open |
| **9** | Group to consider whether wants to map and/or wants a discussion item on caseloads and thresholds to EH | All | Mar 2022 | Open |
| **8** | RE to amend terms of reference naming SC as vice chair and upload to SESLIP website. RE to diarise ToR for annual review | RE | Nov 2021 | Closed |
| **7** | AL to present quarterly to this group on progress of data accelerator | AL | Nov 2021 | Ongoing |
| **6** | CB to present quarterly to this group on progress of regional family hubs work | CB | Nov 2021 | Ongoing |
| **5** | RE to send benchmarking out to all 19 LAs and to summarise findings as item on next agenda | RE | Nov 2021 | Closed |
| **4** | All to contact CB on regional family hub offer of support | All | Nov 2021 | Closed |
| **3** | KP to share report on the impact of bringing together health and EH with Rebecca to circulate to the group | KP | Nov 2021 | Open |
| **2** | AL to ensure learning from supporting families/troubled families influences the EH data accelerator | AL | Nov 2021 | Closed |
| **1** | Refresher data demonstration for the early help network at a future 2022 meeting | AL | Nov 2021 | Open |