# Meeting notes Text Description automatically generated with low confidence South East regional Early Help network

Attendees: **Chair Grainne Siggins** DCS Bracknell Forest, Rebecca Eligon (SESLIP support), Alastair Lee (E Sussex data) , Carly Bain (Isle of Wight), Becky Surman for Jo Templeman (Brighton and Hove), Dan Buckle (Southampton), Celia Lamden (East Sussex), Claire Hayes (West Sussex), Amanda Hales Owen, John Foster (data to insight), Julie Greer (Anna Freud centre), Stuart Collins (Kent)

**Meeting details:** December 5 11.30-1pm

**Item 1:** Minutes and actions agreed

**Item 2: Family Hubs:**  CB and JG updated the group on the changes in how family hub support will be happening regionally. Over the last 12 months CG undertook a number of roles over the last 12 months as specified by DfE. JG and CG coproduced newsletters, workshops and worked with 17 out of 19 LAs over the last year. There has been different levels of engagement across the LAs some have wanted to touch base online, some support has been in person, and more intensive. JG and CG have also linked LAs that wanted to work together through huddles. Workshops have been cofacilitated with LAs over time on a range of topics and web content relating to family hubs has been developed on the SESLIP website including blogs. CB has facilitated regional and national training opportunities and enabled virtual family hub visits over the summer, which went well.

Although the South East is one of the lowest in terms of funding allocated formally for family hubs, there has been a real commitment from unfunded and those that wanted to enhance offer, and through the capacity provided through CB’s 1 year role we have been able to showcase this work. The national centre did a spotlight on the South East work. So lots to celebrate.

Brighton and Hove was allocated transformation 1 funding and 6 further LAs were awarded round 2 transformation working through starting up.

In terms of regional support CB’s post has now come to an end. JG will continue to be regional implementation advisor.

**Action** JG to have a regular item on family hubs going forward

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

JF updated the group on the EH data standards project. In December we updated about the measures developed – 9 measures which we promised to circulate to build a prototype for the back end tool. JF let the group know they have had a good response from the South East with at least 10 LAs giving permission to allow us to use their data for the prototype. There are 5 other partner areas across the country and take up wasn’t so good as they have had to gather data, whereas in the SE data is already collected so it is about sharing things that are already there.

JF let the group know that as well as the technical back end the data to insight project is also thinking about how to promote the work. They took the project to ADCS(presenting to two committees) to promote awareness. We did a similar project with social care data and the take up has been good following ADCS involvement which has allowed more real time benchmarking. There was broad support, but the main challenge is there is a lot of EH data collection. Memorandum of understanding is under development.

There is an open house every two months – and a specific one is scheduled on EH.

JF said there is space in the tool to define the offer in your LA to provide more context information and enable clearer interpretation - i.e. what counts as a case/contact etc.

**Action:** AHO – asked for a separate meeting. JF to set up

**ITEM 4: Regional early Help narrative – for discussion**

RE presented the draft EH narrative and thanked the officer who had given up their time to help produce the content. BS asked whether it needs to be more explicit about the benefits of involving families in design and delivery of services. - How do you help families to have more self efficacy and ownership? BS also suggested there should be something in there about embedded digital and self-help support as part of EH for universal access given how tight budgets are. And finally ,BS was keen to have this jointly issued as an assessment of the system in the South East.

GS asked where are the opportunities to have the system discussion? Does everyone have a CYP board or similar? Participants reflected that some LAs had this sort of forum and others did not. GS agreed with BS that we need to agree where it is published and shared? GS also asked for the report to be properly designed and formatted

**Action:** RE and GS to meet and agree how to publish. RE to make changes required to the text and get a designed up version produced for next meeting

**ITEM 5: Sharing practice/themed discussion: cost of living - how is it impacting on what EH is offering and demand/wait lists?**

CL reflected that in East Sussex cost of living is impacting on staff, working with families that situations reflect their own. The boundaries are slipping, they are talking about fuel and poverty with clients and we have staff using foodbank themselves. We are seeing staff asking for invoices to be paid weekly. We need to attend to that before we ask them to attend to families. Our hands are tied.

CH shared that in West Sussex we are seeing staff moving over the border for £2-3k more. Staff are saying they are happy but they can’t afford to stay. We are losing them internally to leaving care who pay a grade higher. We started year with 52 vacanacies and still have 13 in November. We are at 18% turnover which is higher than other parts of the council Portsmouth have done a regrading and staff are going there.

CH is looking forward to the data being available through benchmarking into repeats, and escalation into social care

CH also suggested we could perhaps collect some case studies from across the region around what it means to be an EH operative. That is one of the fabulous things that you can attract a range of people with a range of experience.

DB echoed the finding in Southampton that cost of living is more of an impact on staff. We are doing warm space and soups and food. One of my colleagues said they lost staff to Aldi – and that staff member had just won staff member of the year. They are earning £4k more in Aldi. We are also seeing increase in sickness and absence.I am not sure if it is stress and anxiety or cost of living

CH reflected that part of the prep work they have done to prep for Ofsted is that in West Sussex they can see an increase in complexity and that feels like a regional trend – DA, mental health, substance abuse. We are seeing a really stark piece of data where that complexity is going up alongside your own anxiety. It feels like a perfect storm. There was an EH waiting list of 380-390 in April, it is now 297 with an average wait time of 12 weeks, but only 3.5% escalate whilst waiting. Holding can be successful when done well.

GS shared that in their recent inspection at least half of the inspection time was focused on waiting and managing risk whilst waiting. It was a real big area of focus.

DB shared that they haven’t got a waiting list in Southampton but they have done twice the amount of EH assessments than the previous 12 months. Length of time cases open has reduced, repeat referrals has gone down 24%, and there has been a reduction in referrals to Children’s social care. A lot of the work is about supporting professional networks to hold the families when lots of interventions have been tried but things are still not improving. Doing team around the school with the highest referring schools. They have Done locality events with schools.

CB shared that the Isle of Wight's open EH assessments are at the highest it has ever been this month.

GS said a challenge remains around mental health input and thresholds continue to feel too high. DB said their CAMHS waiting list is at least 18 months. We were seeing referrals to EH and ping ponging back and forward between the two. Our EH workforce cannot help with mental health issues, but we can provide emotional support and a listening ear.

CL said in East Sussex there is a joint front door which has reduced scatter gun referral and made initial screening go faster.

GS asked the group if there needs to be more openness about recruitment and retention and salary grading.

**Action :** RE to benchmark what core roles are being paid. As well as waiting list and caseloads.

**ITEM 6: Standing items:**

No issues for escalation, projects or new themed discussion items

**Action log:** This action log was updated on March 8 2023. Shaded actions are closed or complete

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|  | **Action** | **Responsible** | **Date issued** | **Status** |
| **22** | RE to benchmark what core roles are being paid. As well as waiting list and caseloads. | RE | Dec 2022 | Complete |
| **21** | RE to develop case studies of EH workers from across the region to explain the journey and range of experience that can lead to a career in EH | RE | Dec 2022 | Complete |
| **20** | RE and GS to meet and agree how to publish. RE to make changes required to the text and get a designed up version produced for next meeting | RE/GS | Dec 2022 | Complete |
| **19** | JF to set up separate meeting with Amanda Hales Owen to discuss data to insight EH project amanda.halesowen@solent.nhs.uk | JF | Dec 2022 | Open |
| **18** | All to let JF know if they want to be added to the EH data project mailing list | All | May 2022 | Complete |
| **17** | All to contact JG or CB if you want to be on Family Hub mailing list, receive or volunteer to write blogs, receive updates from workshops, research etc. | All | May 2022 | Complete |
| **16** | Future discussion on cost of living, Care review (EH and CIN being brought together), EH being required to support CAMHS cases due to long waiting lists | RE | May 2022 | Complete |
| **15** | Jo Templeman, Carl Burton, Stuart (Kent), Vicky Rhodes, Simon Dear (IOW) to get together to discuss narrative (and if possible data/finance) to explain business case for early help | RE to convene | May 2022 | Complete |
| **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 | Did not happen |
| **10** | Rachael (RPD)(achieving for children) to circulate EH strategy and partnership advisory board terms of reference | RPD | Mar 2022 | Complete |
| **9** | RE to map caseloads (combined with 22) | RE | Mar 2022 | Combined |
| **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 | Did not happen |
| **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 | Closed |