# Notes and action log Text Description automatically generated with low confidence South East regional Early Help network

Attendees: **Chair Grainne Siggins** DCS Bracknell Forest

**Meeting details:** 15 September 9.30-11 via MS teams

**Attendees:** Grainne Siggins, DCS chair,

Helen Kilby (Oxfordshire), Celia Lamden (East Sussex), Jo Templeman (Brighton and Hove), Julie Greer (Anna Freud and regional lead on family hubs), Kelli Scott (Wokingham), Audrey Johnson (Bracknell Forest), Rebecca Eligon, (SESLIP Support), Dan Buckle (NHS), Carly Bain (Isle of Wight), Donna Leedham (Bracknell Forest), Hayden Ginns (Portsmouth), Hema Birdi (Kent for Carolann James), Katy Wilcox (Portsmouth), Gill Noble (Portsmouth)

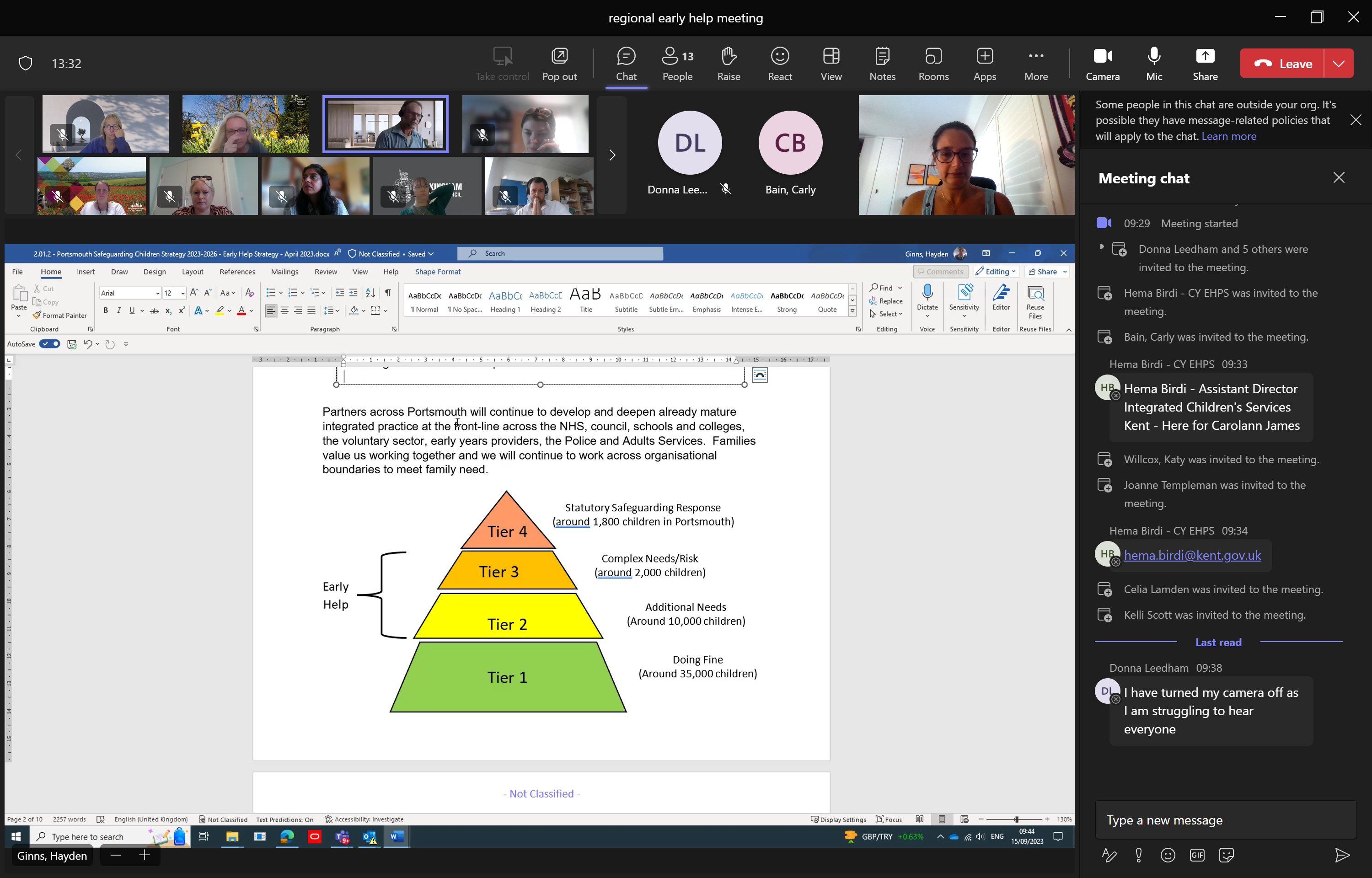
Apologies: Amanda Hales-Owen (Portsmouth) Claire Hayes (West Sussex), Gareth Morgan, (Bucks), Rachael Park-Davis (RB Windsor and Maidenhead, Achieving for Children), Sarah Batchelor (Bracknell Forest), Sophie Butt (Hampshire)

**Item 1: introductions and action log**

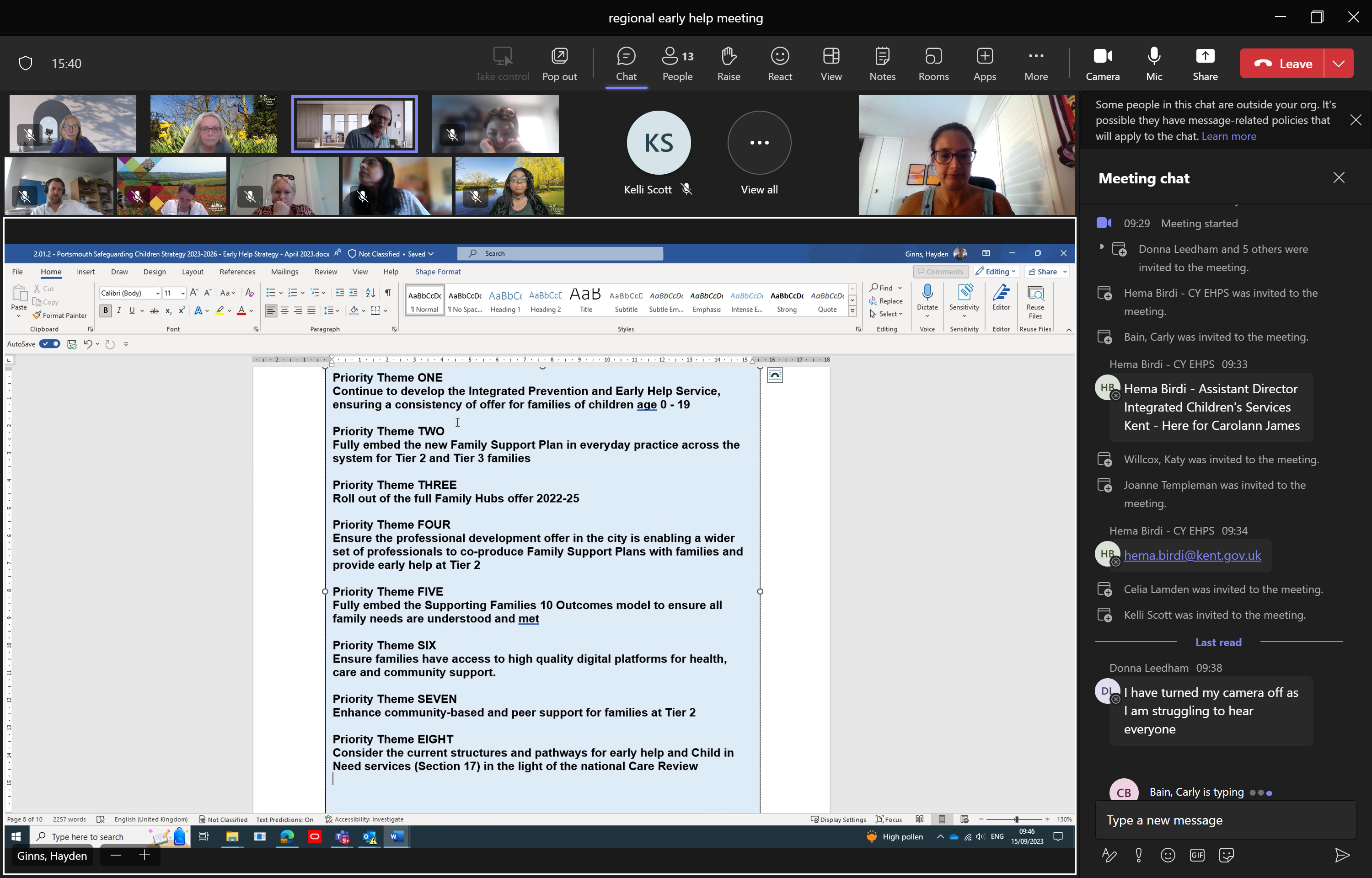
Actions were agreed from the last meeting.

**Item 2: themed discussion Early Help Strategies**

Hayden Gimm presented on Portsmouth’s EH strategy to start the wider discussion. He shared that Portsmouth refreshed their EH strategy earlier this year. It was provoked by Ofsted and looking at annex A. HG shared that they have had a Children’s Trust plan for 18-20 years in Portsmouth which is refreshed every 3 years. In the new EH strategy they kept with 6 big headline outcomes – education, safeguarding, public health, SEMH, CIC and SEND. Those 6 strategies make up the children’s plan for the city and are refreshed. HG said in Portsmouth EH is placed in our safeguarding outcome. There is an interesting conversation about links with public health and whether it should be there. Within the safeguarding children’s strategy there are 8 strands the first of which is early help, with early help relating to tier 2 and 3 as described in Portsmouth



HG shared they always have around 1,800 children in tier 3 supported by an integrated service. In Portsmouth they have adopted supporting families outcomes. It is a complex outcomes framework, but it shapes our data and approach to things. The early help strand in safeguarding has 8 main priorities including investment in a redesigned family support plan (focusing on the EH plan rather than ongoing and what can feel like endless assessment). Portsmouth has included a catch up priority theme 8 to pick up the themes arising out of the care review.



HG said they have had good engagement with partners, especially the police and commitment to neighbourhood policing being collocated with teams. It really does feel like a multi-agency approach

**IoW:** CB said that IOW is also using supported families outcomes (SFP), called it an outcomes tracker instead of distance travelled. Our staff offer feels similar to Portsmouth’s. That direction of travel feels very aligned. Feels on a similar page to what we are doing, looking at supporting families, EH and family hub are all in my portfolio and we are also trying to integrate.

Both CB and HG reflected on maternity model on a more medical model of safe birth driven by Ockenden and Lucy Letby feels like a lost opportunity around more community-oriented approach. CB shared that in IOW the head of midwifery really on board, but they are struggling with recruitment and everything in media and so they have to just focus on delivering babies safely rather than some of the wider systemic Early Help aspirations.

Without maternity at the heart, we are struggling to find other ways (charities) that can be endorsed and aligned with maternity. It feels like quite a challenge. Maternity do realise the importance of community midwifery but they are so stretched. The idea of midwives as lead professionals in early help is just gone.

**Kent:** HB shared they also have midwifery issue in Kent. The top band of tier 2 that’s the band where health visiting and midwifery are more keen in working together. We don’t want to formalise it, but to work creatively together with those families. We need to get that pathway right in 1001 days. That is our strategic space and focus

**Bracknell Forest:** DL in Bracknell Forest has had the same challenges with midwives and maternity and the concerns they are raising as they are moving back to a medical model. They are seeing pregnant people for first appointment and want other colleagues around with medical expertise. But having conversations with health colleagues about what else we can do in a more inclusive preventative way feels difficult . In Bracknell Forest our 0-19 is strong in our hubs in terms of universal offer. Our practice model is based on family safeguarding model that has been there since 2017. We have 5 aims, shared practice framework, whole family approach etc. Some of the challenges for us are a shared understanding of thresholds across the partnership. Safeguarding colleagues are rewriting our threshold document to help ensure partners are completing EH assessment before families are referred in. Some other challenges are around data feeds and maximising income streams. We now have a lead which can help us and overcome the challenges. We are going through a youth review – and in Bracknell Forest that is the one we need to strengthen especially around step up and step down and joint working with Make safe, youth justice. A consultant is reviewing those services. It is about how we embed that in the wider EH model. Our focus is on the child and not the wider family currently and that is the shift we are making.

DB reflected that a few in the meeting had mentioned partners completing EH assessments. 100% of our EH assessments completed by council teams. We have recently had a meeting with schools about how to change this culture and had a lot of push back. DL in Bracknell Forest recognised that and the challenges and pressures school are under. We are on the same journey. We’ve been including teachers in design and EH assessment and introduced a new Family support advisor coordinator which will work across 10 schools we’ve identified with highest referral numbers and SEN needs to build capacity. That role will focus on working with and supporting those schools.

**Action: DB to share JD for new role in Bracknell Forest Family Support advisor coordinator that works with schools to build capacity.**

DB said they are linking the new Attendance guidance and raising this across the EH partnership including schools. Schools are required to offer support first before escalation for attendance. This provides a platform for discussion with schools about their role in an early assessment.

**Portsmouth:** HG said we need to not describe the referral into other services, perhaps about reframing as in your best interests to reduce exclusion. It probably isn’t the best message. We need to approach it in a ‘what’s in it for me’… We’ve simplified forms to really position it as schools’ responsibility. The graduated response to absence clearly says you need to do this at start of EHCP (and we are shifting practice to say to schools can you support them through a whole family plan rather than EHCP).

GS (chair) reflected strong theme around what is the role of schools, increasing their capacity and confidence.

KW and GN added from Portsmouth that the first key thing that has contributed to the EH strategy going well and its work with schools is coproduction. This is a Portsmouth doc for Portsmouth children – with EY and schools. To increase buy-in. The second thing is the free training offer to schools. The third thing is wraparound support through link coordinators that phone schools at review times to support the schools around those family support plans. We also have locality MAT meetings and schools can come in.

HG added like the other LAs, we also find Headteachers say 'no'... but when you go deeper into the school - pastoral leads etc, they are much more amenable as they know individual families that would benefit. We have included family support plans in graduated response. Every meeting that we are in, decision, comes back to how does the family support plan help with this.

Another thing that has helped has been that Portsmouth has these conversations at a locality level - we split the city into 3 so we have much closer working relationship with 20 schools per locality working with Locality Teams of early help, social work and health services.  A small locality is key to relationships between partners.

**Hampshire and IoW:** CB shared thatHampshire has similar approach with FSWs that are EH practitioner and SW teams, they have been able to bring FSWs into social care teams and they are differently qualified workers and very specific about amount of joint visiting, type of cases, caseloads. Family support teams are merging. Whereas in the Island it is much tricker given historic practice and structure. We don’t hold early help cases in the same way as Hampshire. We are calling our differently qualified workers family practitioners but not clear how to move forward with family help.

**ACTION; CB and SB to circulate description of differently qualified workers in Hampshire** **and present at next meeting**

**Southampton:** DB in Southampton, said they are increasingly struggling to see the difference in CIN and EH – we’ve upped threshold on EH and the grey area is big. Some children and families are being overseen by social workers and some aren’t. I’m curious where we are drawing the line.

AJ sharing experience from previous role and shared DB’s reflection on grey area between CIN and EH. There was an EH service with social workers embedded, and that enabled us to do high level work and meant EH fantastic work. Believed work in EH was far more robust in terms of the engagement.

CL shared that in East Sussex we wanted to raise capacity in the system – we are set up well. Our thresholds have gone up. We have 600 families open to key work, at least weekly, but there are 1700 CIN cases. But there is a challenge how do we bring everything down into EH that needs to be there. “I don’t know how we are going to do everything. I speak as a social worker.”

DB is saying similar challenges in Southampton and concern about the thresholds.

HG reflected that our views at this meeting must also informed by vacancies. E Sussex has stable staffing, whereas in Portsmouth there is 33% vacancies. If we can recruit and retain EH workers that has an impact. There can be incredibly complex cases in EH would be CIN. We are beginning to talk about if we can’t recruit social workers we invest more in different qualified staff.

**Action:**  **refresh our understanding of timetable for stable homes built on love, GS will update us. What are next stages.**

**Item 3: Early Help Benchmarking Project**

JF introduced himself and explained his role as data manager in data to insight hosted in East Sussex. The data accelerator fund came out in late 2021 put bid with 75 LAs to develop an approach/product for early help reporting. First part was meeting 70-80 people. In Q1 51 LAs had agreed to be part and had submitted data and more are coming on board for Q2.

GS asked about definitions and whether they had been finalised. JF said they had for the indicators which are progressing in the benchmarking

**Action: John to circulate list of LAs who haven’t submitted.**

**Item 4: Update on family hubs**

Julie G from Anna Freud shared progress on Family Hubs. There is a conference on relational practice (in Manchester 5 Oct) and report to share. Setting up a Community of practice on attendance for family hubs starting in November – interested in practice relating to attendance. Sending around a discussion guide which may be of interest. How not to polarise a discussion, advocating for a family without setting yourself up against the school, how do you advocate around statutory requirement to attend school without setting yourself against family.

JG also shared there are new free NCF training sessions

CL said they are developing approach for families with less than 50% attendance over two terms, starting with breakfast club in family hubs. Trying to respond and support neurodiversity through this.

**Items for next meeting:** DB- interested in meeting PBR on Supporting families. JT agreed everyone is struggling with numbers on phase 3. We are concerned about not hitting target. Getting harder to meet targets.

Future meeting dates:

* To be schedule d in March, June, September and December 2024

**Action log:** This action log was updated on December 4 2023. Shaded actions are closed or complete

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| --- | --- | --- | --- | --- |
|  | **Action** | **Responsible** | **Date issued** | **Status** |
| **31** | Themed discussion on Payment by results for supporting families at next meeting | All | Sept 2023 | closed |
| **30** | John to circulate list of LAs who haven’t submitted data to EH benchmarking | JF | Sept 2023 | closed |
| **2**9 | Refresh our understanding of timetable for stable homes built on love, GS to update | GS | Sept 2023 | Open |
| **28** | CB to circulate description of differently qualified workers in Hampshire and present at next meeting (Carly Bains) (CB sends apologies so deferred to March 2024) | CB | Sept 2023 | Open |
| **27** | DL/AJ to share JD for new role in Bracknell Forest Family Support advisor coordinator that works with schools to build capacity. (Donna and Audrey) | DL/AJ | Sept 2023 | closed |
| **26** | Future item on early help and family hub strategies | RE | June 2023 | Complete |
| **25** | CL to circulate document from E Sussex (although not used anymore) on % time spent on various tasks | CL | June 2023 | Closed |
| **24** | Future item from Surrey on EH JTAI | RE | June 2023 | Open |
| **23** | EH benchmarking to be circulated with Hants data included | RE | June 2023 | Complete |
| **22** | RE to benchmark 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 | closed |
| **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 | complete |
| **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** | Data to insight to present quarterly to this group on progress of data accelerator | AL | Nov 2021 | Ongoing |
| **6** | JG 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 |