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Slough Schools

Slough Multi-Agency Early Help Strategy for Children, Young People and their Families, 2017 – 2021

Putting People First: Our children
and young people will have the best
start in life and opportunities to give
them positive lives

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1 – Introduction

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 pre-birth, the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if provided as part of a support plan where a child has returned home to their family from care.

Effective early help relies upon local agencies working together:

- To identify children and families who would benefit from early help
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to improve significantly the outcomes for the child

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

(Working Together 2015)

There is a wealth of material relating to Early Help. For example, the Tickell¹ review of the early years foundation stage (Tickell 2011) and the Munro² review of child protection (Munro 2011). In essence, Early Help is a simple concept; it is about changing our culture and practice from an often-late reaction to chronic and acute need and re-focussing our activities, along with our resources, on the root causes of social problems. By doing so, outcomes for children and families improve and costly statutory interventions are avoided.

In Slough we use the term Early Help as the umbrella term that describes our continuum of service response from universal / preventative services to where a Team Around the Child / Family is required (see Section 5 for further details).

This strategy builds on the good work of agencies to date and sets out how, through our partnership approach, we will ensure that there is a consistent, high quality, early help response for children, young people and families. A joined up early help system will promote the identification of emerging needs and earlier intervention which is based on a whole-family approach. One of the measures that will indicate the early help system is working will be a reduction in the inappropriate demand for statutory social care services and more families being supported appropriately by services according to need and risk.

This 3-year strategy will be the overarching document that governs and describes the early help partnership approach and system. It is one of the 'golden threads' together with other strategies and plans – for example the Slough Joint Wellbeing Strategy – that will be weaved through all we do. A suite of documents will support this strategy, including an action plan, and operational / professional guidance and protocols relating to how professionals work with their client group within and across

partner agencies. These will become available as implementation of the Early Help strategy progresses.

2 – Why do we need to focus on Early Help in Slough?

National context

Estimates show that two million children in the UK today are living in difficult family circumstances, including children with family lives affected by parental drug and alcohol dependency, domestic abuse and poor mental health. It is crucial that these children and their families benefit from the best quality professional help at the earliest opportunity. Without Early Help for some families, difficulties escalate, family circumstances deteriorate and children are more at risk of suffering significant harm.

There is increasing evidence that supporting children and families at the earliest opportunity has significant impact in improving life chances and increasing outcomes long into adulthood.

A recent study found that 48% of adults would have suffered at least one adverse childhood experience, with 9% experiencing at least four (the latter equating to approximately 13,000 adults in Slough based on current demographics). The research showed that this cohort is nine times more likely to be involved in violence and eleven times more likely to use heroin / crack or be incarcerated during their adult life. As these types of issues (others including mental health, domestic violence and worklessness) also impact on children in the family, not only will this have an adverse outcome on the child's outcomes but often likely to create a generational cycle of adverse impact.

Reducing the need for high cost statutory and child protection services is evident in managing the sustainability of resources and changing expectations, particularly in the context of recent Local Government Association³ (LGA) data which suggests that “children's services face a £2bn funding gap by 2020 with early intervention at greatest risk”.

Nationally the Early Intervention Foundation⁴ (EIF 2016) estimates that nearly £17 billion (equivalent to £287 per person) is spent by the public sector on late intervention (of which £6.2bn is on children's social care), much of which could be avoided by significantly less spending on early help – Figure A below refers. More specifically, the analysis estimated that the total annual late intervention cost for Slough is £46m, equivalent to £312 for every person in Slough. Figure B below, shows spend per person for all England local authorities. Figure C below, shows Slough relative to its statistical neighbours.

Figure A – Late Intervention Spend On Each Social Issue

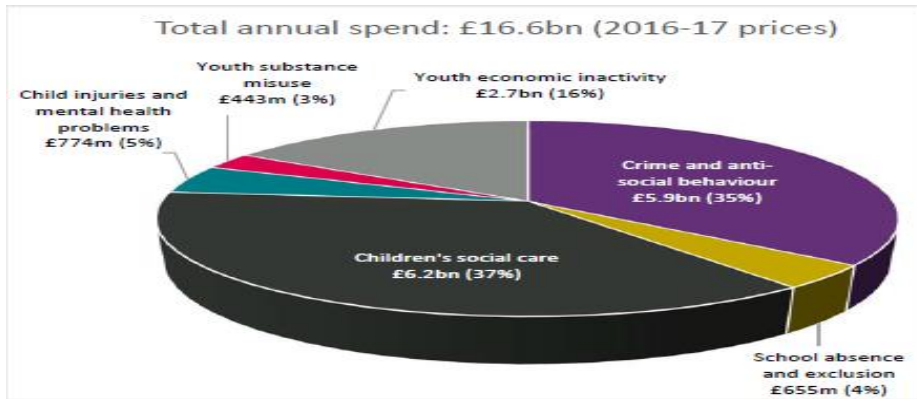
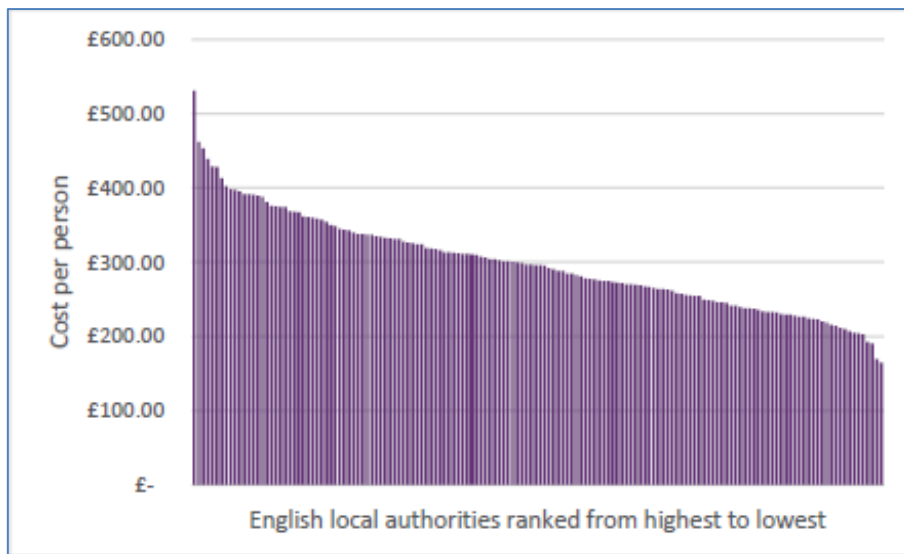


Figure B – Late Intervention Spend Per Person (English Local Authorities)



(Slough cost is £312 per person)

Figure C - Late Intervention – Total Annual Cost and Per Capita for Slough's Statistical Neighbours, EIF, 2016)

Statistical Neighbour	Annual Total Cost for Late Intervention	Per Capita
Birmingham	£397m	£357
Coventry	£129m	£374
Ealing	£92m	£268
Hillingdon	£81m	£272
Hounslow	£76m	£284
Leicester	£106m	£310
Luton	£68m	£317
Reading	£52m	£324
Redbridge	£76m	£254
Sandwell	£97m	£304
Slough	£46m	£312

The economic argument for Early Help and family focussed approaches is that more effective assessments and swifter, coordinated responses will ultimately lead to a reduction in the numbers of families whose needs are met by specialist and high cost services. “Backing the Future”⁵, a report by the New Economics Foundation and Action For Children, estimated that for every £1 invested in early help, there is a financial benefit to society of between £7.60 and £9.20.

Local context

Our local data gives us a strategic overview of trends in Slough, and a clear understanding of the factors that influence local need and what our children and young people are telling us. This local data includes:

- Joint Strategic Needs Assessment 2016 (JSNA⁶)
- Slough Story 2016⁷
- Slough Joint Wellbeing Strategy 2016 – 2020⁸
- Children and Young People’s Plan 2016⁹

Section 6 sets out how we will measure our success and Appendix 1 provides a demographic profile of Slough; however, some of the cross cutting headlines relevant to Early Help include the following:

- With a population of approximately 145,000, Slough Borough Council (SBC) is made up of a significantly younger than average population compared to any of the south east local authorities: approx. 40,400 (28%) 0-19 year olds live within its boundaries
- 39.2% of all households contain dependent children - this is the third highest proportion across England and Wales
- A key issue for the planning and delivery of local services is the wide range of languages spoken in Slough – over 150 languages spoken in our schools in 2012
- Since 2010 there has been a slight shift towards greater deprivation in Slough relative to the rest of England, particularly in relation to crime, barriers to housing and services and income deprivation affecting older people
- Slough has the highest levels of childhood obesity in east Berkshire and the south east (at end of Year 6, 2015/16 Slough prevalence is 39.4%, compared to South East 30.8% and England 34.2%)
- 41% of children with Free School Meal (FSM) status did not reach a Good Level of Development (GLD)¹²⁶ in 2014/15, compared to 62% nationally
- Whilst GCSE attainment levels across the borough are better than the England average, they are heavily influenced by the performance of the borough’s grammar schools; meaning that the gap between some of the borough’s more vulnerable children (those from low income families, certain BME groups, children with SEN) and their peers continues to be an issue

3 – Ambitions, Outcomes and Approach

In Slough, we want **safe, secure** and **successful** children, young people and families.

Our vision means that the outcomes we are aiming for are that children, young people and families are:

- Self-reliant, confident and resilient
- Thriving and physically / emotionally well
- Reaching their maximum potential
- Living in safe, strong families and communities

Key to our approach in Slough is a commitment to using a range of evidence-based interventions. Early Help is a collaborative approach not a service.

All children and young people will receive **universal services**. We will promote self-help for parents, carers, children, young people and families, encouraging them to access and use services independently. Through a variety of appropriate communication platforms, we will develop and promote services and signpost families to local resources such as Children Centres.

Some children, either because of their needs or because of circumstances, will require early help to be healthy and safe and to achieve their potential. Children and their families who receive early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989.

In Slough, we recognise that a timely response is essential for families who need some support and to achieve this we continually hone our early help approach. Early help may be needed at any point in a child or young person's life and we will offer support quickly to reduce the impact of problems that may have already emerged. Families are best supported by those who already work with them through our universal services.

For children whose needs and circumstance make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an Early Help Assessment with a Lead Practitioner to work closely with the child and family to ensure that they receive all the support they require.

Where there are significant / urgent concerns about the safety of a child or children, rather than starting or completing a common assessment, practitioners should:

Office Hours (Mon – Fri) 9am to 5pm

- Call the **First Contact Hub on 01753 875362** and send the electronic multi agency [referral form](#) (MARF) to Child.Protection@slough.gcsx.gov.uk; or deliver it to: First Contact, Slough Children’s Services Trust, St Martins Place, 51 Bath Road, Slough, Berkshire, SL1 3UF.

Outside Office Hours

- Call the **Emergency Duty Team on 01344 786543**, email EDT@bracknell-forest.gov.uk or dial **999**

Children and young people live in families and therefore it would not be prudent to ignore problems faced by the whole family. Many adults have additional needs – for example, substance use, mental health needs, parental learning disabilities and domestic violence, which can impair their parenting capacity. We therefore will build on a whole-family approach.

This strategy builds on existing joint working in Slough and proposes a robust and more consistent delivery model; providing a vehicle for better understanding the needs of children, young people and families and our ambition to promote fair access to early help services to reduce inequalities and close the gap in relation to health and education outcomes.

4 – Principles

The principles that underpin our approach are focused on producing ways of working that add value to existing work at acute levels of need and our ambition is to increasingly, and at pace, shift the focus of this work to prevention and early intervention.

We will test our work against the following principles:

1. Support all families through our universal services in Slough – we will therefore....

- Ensure there is strong universal provision which will meet most of our families' needs, most of the time
- Have no “wrong door” – families will be able to ask for help wherever they feel comfortable
- Build capacity within universal provision to identify needs early and respond to families
- Work with and invest in the Private, Voluntary and Independent (PVI) sector to provide support and activities for children, young people and families

2. Provide support to families who have additional needs at the earliest opportunities – we will therefore....

- Ensure that services are locally accessible; working within the existing geographical location / structure to develop multi-agency and joint services which are clear about what support is on offer and how it can be accessed
- Our approach will involve listening to and working with families, rather than assuming that we know what is best for them
- Working together across the partnership to share intelligence and identify needs at the earliest opportunity, building confidence so practitioners identify needs as early as possible and take responsibility for getting them resolved
- Reach out to those families and communities who are reluctant to engage to ensure that the needs of vulnerable children and young people are met. Building relationships and trust with children, families and communities and providing a range of services from hands on practical support through to specialist provision

3. Work to build resilience in families – we will therefore....

- Give families, children and young people, and communities the skills and confidence to do things for themselves, working with families rather than ‘doing’ interventions to them. We will help them to develop skills and capabilities which will prevent their needs from escalating and support them to thrive without additional intervention
- Focus services and training for staff on how to build resilience in children, families and communities and to develop sustainability by working with a wide range of networks in families and neighbourhoods, maintaining a proportionate involvement whilst a family needs us

4. Build strong relationships to achieve and sustain change – we will therefore....

- Engage with families to assure that their needs are being met, recognising the strengths and skills of family and community networks in securing the best outcomes
- Whilst being respectful of professional boundaries, we will use multi-agency team working and whole-family action plans to co-ordinate support for a family

5. Provide services that react quickly and flexibly to meet the needs of families – we will therefore

- Invest in the initial point of contact to ensure we provide families with the right support at the right time
- Ensure that our workforce feels responsible for enabling successful family outcomes and providing a timely response
- Use outcome based systemic assessment and intervention tools to identify need and to plan and monitor progress
- Use the voices of children, young people and families to inform and shape service delivery
- Develop a performance framework that demonstrates impact (not only outputs)

5 – Early Help Model

Our early help model has three key elements:

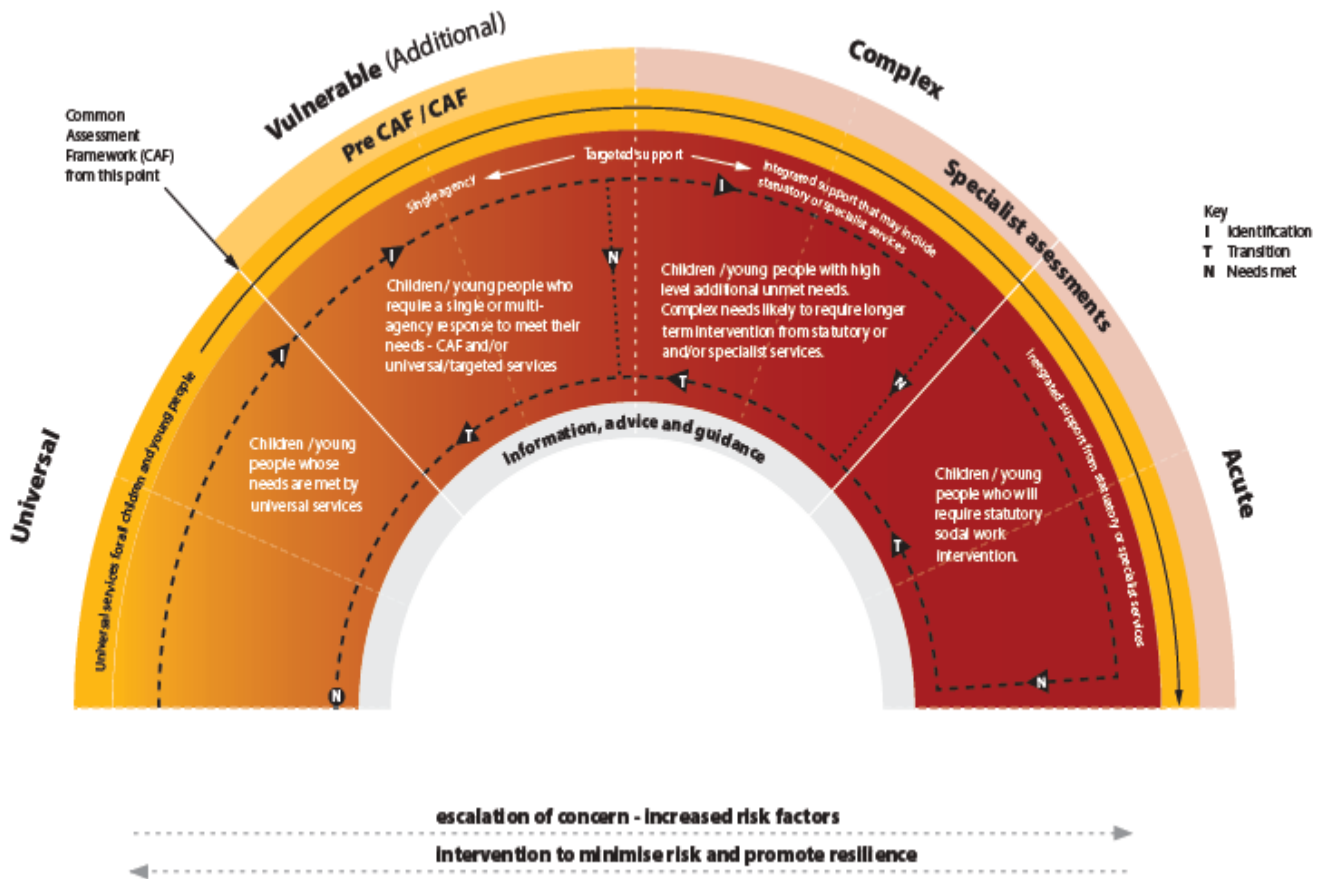
1. The Continuum of Need – families will be entitled to universal services and most of the time this will be enough. However, at times, their needs may become more acute and additional support is required.
2. The responses from services – there are a range of services with practitioners from across the partnership, responding to different and changing needs, relevant to their remit and expertise.
3. Building capacity and providing support – these are the things that will enable our wider workforce to become competent and to help them support families to navigate and move between types of interventions and services, whether they are “stepping up” (escalation of needs requiring extra help) or “stepping down” (families whose needs are becoming less complex).

It is important to remember that depending on a family’s needs:

- The response to multiple needs can and will usually be met from a variety of services at or along the continuum service delivery
- Assessments should build on each other as needs change so that children and parents will tell their stories the least times possible
- Service should feel like one big service because they are integrated around common points of entry
- Practitioners can hold the baton and appropriately transition i.e. not letting go of families and remaining involved, helping families move along the continuum of services as their needs change, whether “step-up” or “step-down” services, to ensure that children and families continue to receive help appropriate to their need

1 – Early Help Model: Continuum of Need

The diagram below demonstrates the continuum of needs for children, young people and their families. This Early Help Strategy deals with how Slough will respond to children with no needs up to children with multiple additional needs that require targeted support (essentially the sectors “Universal” and “Vulnerable (Additional)” in the diagram below).



2 – Early Help Model: Service Response

There is a strong commitment to partnership working in Slough to support prevention and early intervention (including non-statutory and statutory services).

A range of universal and targeted services relating to early help is available in Slough from a variety of agencies, as listed below. Collaboration amongst all these partners via this strategy, to strengthen and shape provision and build capacity and resilience will all contribute to effective early help in Slough.

Children’s Centres / PVI

In Slough, we realise the importance of Early Years development. There are 10 Children’s Centres across the Borough whose remit include:

- Providing targeted / universal parenting and family support programmes and interventions. These include domestic abuse services, advice and guidance to address finance and housing difficulties, mental health and emotional wellbeing support. All of which help improve family and environmental issues which impact on parenting capacity and as a result improve outcomes for the child
- Equipping young children to be socially and emotionally resilient and ready for school
- Supporting child development through health service provision on site e.g. Health Visitors and Midwifery support; focused play sessions that encourage parents and children to interact and build positive relationships
- Sessions linked with, for example, the Council’s Adult / Community Learning section, East Berkshire College and the Workers Education Association to develop and support pathways into learning and employment

The Council also works closely with the local PVI sector supporting both Ofsted and non-Ofsted regulated providers, for example in terms of training and signposting for parents.

Health – Slough Clinical Commissioning Group (CCG)

Slough CCG commissions a range of health services for the assessment of need and treatment of children and young people, within a variety of settings and with a variety of partners, including Frimley Hospital Foundation Trust, Berkshire Healthcare Foundation Trust (BHFT), SBC and the Voluntary Sector.

<http://www.sloughccg.nhs.uk/local-services/services-for-children>

East Berkshire CCGs commission a range of emotional wellbeing and specialist mental health services for children and young people. The emotional well-being services are funded through the East Berkshire CAMHS (Child and Adolescent Mental Health Services) Transformation Plan and they include:

- Kooth which is an on line information, advice and counselling service
- Number 22 humanistic counselling service
- Psychological Perspectives in Education and Primary Care which is a mental health awareness training programme for professionals working with children and young people

- Autism Berkshire
- The Autism Group
- Parenting Special Children
- Eating Disorder Services
- CAMHS Rapid Response/Crisis service
- The Little Blue Book of Sunshine was produced and distributed to all schools, to the Local Authority, GP surgeries and CAMHS venues offering young people with advice, guidance and contact details of people who can help when they are feeling unhappy

Specialist CAMHS services are provided by BHFT through a block contract. BHFT also provide children and young people's community services, including:

- Speech and language therapy
- Physiotherapy
- Occupational Therapy
- Dieticians
- Children Looked After Health service
- Community Paediatricians
- Children's Community Specialist Nursing Team for children with life limiting illnesses

Additional support is provided to the SCST Youth Offending Team (see page 16 below) via a dedicated speech and language therapy nurse. Additionally, there is a Specialist Community Equipment and Wheelchair service for children and young people with additional needs.

The CCG also has responsibility for commissioning:

- Perinatal and maternity services
- Palliative care services

Schools

A number of Slough schools now employ their own Family Support Workers who work closely with Slough Children's Services Trust's (SCST) Special Educational Needs and Disability (SEND) service* and SBC's Access & Inclusion Team, to meet the increasing needs of pupils and their families. Examples of early help include nurture support, pastoral care and practical interventions to promote school attendance. Included within this category are Slough's special schools and a traded service, which provides schools with the support, advice and training to enable them to meet the needs of pupils with Social, Emotional and Behavioural Difficulties (SEBD Outreach Service).

**Note – From 1 October 2017, the SEND service will transfer back to SBC.*

Slough Council for Voluntary Services (SCVS)

SCVS exists to support and develop the voluntary sector in Slough, working in partnership with SBC and Health to provide information, advice, guidance and training to individuals and families. As an example the initiative SPACE (Slough Prevention Alliance Community Engagement), includes the offer "Wellbeing

Prescribing”, a programme where health professionals link up patients to activities and support in the community that may benefit them – a non-medical prescription. It can be particularly effective in helping individuals to manage long-term conditions, mental health problems and social isolation. The voluntary and community sector (VCS) plays a crucial role in wellbeing prescribing by delivering the activities and groups that make up a wellbeing prescription. The advantage of working with the VCS groups under one umbrella is that provision can be “wrapped around” the client’s individual needs whilst promoting a “tell us once” approach. In relation to SPACE, the impact is measured against five health and wellbeing questions, and this is then rechecked after three and six months to measure individual improvement and collective impact on a community.

Public Health (PH)

PH is part of SBC and commissions services, and provides expert advice and support in order to improve the health of Slough residents. Services commissioned by the team include tobacco control and smoking cessation services, lifestyle and weight management services, health visiting and school nursing services and sexual health services. The PH team works proactively both across SBC departments and outside the local authority with NHS and other partners to highlight health needs and to advocate a public health approach, which affects Early Help.

Health Visitors* are all qualified nurses or midwives providing support and guidance for children and their families, for example: practical support and health advice within the home and community on topics including breast-feeding, sleep, immunization and teething.

School Nurses* provide the following services to children and their families attending Slough schools:

- Height and weight measurement for all children in Reception and Year 6 as part of the National Childhood Measurement Programme (NCMP)
- Hearing screening for children
- Vision screening for children
- Health questionnaires for all children
- Support and health advice to families with children and young people of school age on a range of health topics including:
 - Long-term medical conditions such as asthma, epilepsy and acute allergy
 - Bedwetting (nocturnal enuresis), which includes advice on toilet training and use of nappies, drinking patterns, bed wetting alarms and medical therapies
 - Behavioural / emotional difficulties
 - Working with other health services to ensure children and young people with non-complex needs or disabilities get the specialist services they need
 - Children and young people who have been identified as in need of safeguarding or Looked After by the Local Authority

** Note – From 1 October 2017, Solutions 4 Health will provide Health Visiting and School Nursing services.*

Slough Children's Services Trust (SCST)

Within SCST, combining the traditional Early Help and Children in Need services to create a new Early Intervention Service (EIS) means that problems can be caught earlier with increased opportunities to build positive relationships with all children and families as soon as the issues are identified. The outcome is a more dynamic 7-day service for vulnerable families.

SCST has mainstreamed the former "Troubled Families" approach into the EIS (one lead worker, one assessment, one plan, and intensive intervention with the whole family) meaning:

- Whole families receiving a meaningful earlier intervention
- More families receive an early help assessment which will result in the right intervention being delivered
- Fewer families who are re-referred to the Trust within a 12 month period

SCST successfully bid for Innovation Funding (DfE 2016¹⁰), to create an Enhanced (Innovation) Hub, which provides a bigger multi-agency wrap around team, including representatives from the Police, Adult Mental Health and Substance Misuse. This means that the EIS can focus on "pure" Early Help issues, leaving the Enhanced Hub to deal with the more complex cases on the continuum of need.

The Trust has introduced a new model of Assessment, Response & Recovery for families affected by Domestic Abuse (DA), including families in the EIS, where DA is an extremely prevalent issue. Features of the new model include:

- Professionals assessing the dynamics and risk of the whole family to help them to make more informed, evidence based decisions on what is the right intervention at the right time as opposed to practice that measures the risk of a single person at a single point in time
- Working with both the victims and perpetrators of families that want to stay together

Slough Youth Offending Team (YOT), part of SCST, is a multi-agency team that brings together the experience of Police, Social Care, Parenting, Probation, Education and Health, in order to prevent offending and re-offending by children and young people. Having representatives from all agencies based in one team helps to ensure that a more comprehensive and cohesive service is provided.

The YOT includes the Youth Inclusion Support Programme (YISP), which works closely with those children and young people identified as being on the periphery of getting involved in offending or anti-social behaviour and tailoring a package around them in order to divert them away from offending behaviour.

The **YISP** supports the Early Help agenda by promoting a range of workshops and one to one sessions, aimed at offering young people a variety of activities, which promote their involvement in positive lifestyles.

The YOT also work closely with the Police in order to prevent first time entrants into the Criminal Justice System. This is done by the promotion and use of Out of Court

Disposals such Community Resolutions, Youth Cautions and Youth Restorative Disposals.

With the recent development of the Serious Youth Violence initiative within Slough, the YOT and Police deliver preventative intervention within schools, colleges and community settings with the aim to prevent the children and young people becoming involved in weapon, drug or gang related behaviour or its associated abuse.

Young People's Service (YPS)

SBC's YPS comprises the Engagement (Youth Voice and NEET), Targeted Support, PHSE (Personal, Health, Social and Education) & Street Team, and Universal Youth Provision.

Youth Voice supports young people through the Youth Parliament to influence and be involved in decision-making in the town and represent young people of Slough nationally. Youth Voice supports the early help agenda by ensuring that young people are consulted so they have an opportunity to influence the way services are commissioned and shaped.

The **NEET Team** (Not in Education, Employment, Training) are focussed on supporting young people to not become NEET and if they are NEET to access support from youth workers to get them into EET (Education, Employment and Training).

The **Targeted Support Team** works closely with external partners, including SCST to support vulnerable young people. The team intervenes in a range of complex issues including emotional well-being, healthy relationships and building confidence. The majority of referrals come into the service directly from SCST. Schools also directly refer to YPS and request collaborative coordinated approaches to early intervention and systemic support for young people and families. All referrals for targeted support are scrutinised by the YPS referrals coordinator to ensure a thorough screening of children and young people's needs. Targeted support is aimed at young people with varied issues, including: emotional regulation, Child Sexual Exploitation (CSE), Domestic Abuse (DA), young carers, children missing, substance misuse, NEET, behaviour issues, confidence, emotional wellbeing, gangs, housing, and Anti-Social Behaviour.

The **PHSE & Street Team** are highly responsive to identified situations & develop bespoke group work projects and working with identified individuals resulting from referrals or emerging local information. The trigger for responses can be:

- Partner agencies (often including SCST's Children Looked After / Leaving Care Teams, and Supported Housing Providers)
- Police intelligence
- Supporting strategic initiatives, for example combatting gang related crime

This team attend a number of relevant forums led by Thames Valley Police, which informs the direction of their street-based work. They also maintain strong relationships with the local community and are attuned to areas and groups of need.

This often results in the delivery of specific area based pieces of work – for example focused on the local Roma community.

The Team are responsible for delivering a new life skills programme. The “Skills for Life” project will work closely with SCST to implement a programme designed to enable young people to move confidently towards independence.

Universal Youth Provision – the YPS commissions its Universal Youth Work provision through Youth Engagement Slough (YES), a consortium of Slough based providers of services to young people led by Aik Saath (Together As One), Resource Productions and SWIPE. YES deliver many different kinds of provision for young people – see website for examples <https://yesslough.wordpress.com/>. Whilst the work is commissioned, YES are seen by YPS as an extension to the service and the close partnership working is both valued, successful and seen as a key part of the services contribution to Early Help.

Safer Slough partnership (SSP)

The SSP’s vision is that Slough is a town where all people feel safe and secure. The partnership’s focus is on reducing crime, violence and harm and increasing community resilience so that people are able to help each other to live in a diverse, evolving and vibrant community. The SSP goals include action on CSE, Violence Against Women & Girls and Modern Slavery. Early intervention and preventative measures are stitched into our ways of working to ensure we focus on reducing risk to our communities.

The Community Safety Team provides management support to the SSP. The team works to identify emerging risks, gaps in service and combines research with subject expertise to coordinate responses and solutions that deliver positive impacts as early as possible for families. The team can be contacted at communitysafety@slough.gov.uk for advice about victimisation, exploitation and how to report concerns.

Prevent

The aim of Prevent is to ‘stop people becoming terrorists or supporting terrorism’. Local authorities are seen as having a major role to play in preventing people from being drawn into terrorist activity. The Government regards Prevent as a key part of CONTEST and do not believe it is possible to resolve the threats we face simply by arresting and prosecuting more people. Prevent addresses all forms of terrorism, extremism and radicalisation, but continues to prioritise according to the threat they pose to our national security.

The Prevent strategy identifies that young people are more likely to be vulnerable to violent extremist or terrorist narratives. Schools and colleges have a duty of care to their pupils and staff which includes safeguarding them from the risk of being drawn into terrorism. Being drawn into terrorism includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views that terrorists exploit. Prevent should be seen as part of the existing school or college safeguarding framework; a local approach to ensuring the safety and well-being of all children and young people.

The role of the Prevent Coordinator is to work with community groups, organisations, Faith establishments, and voluntary and statutory partners to build sustainable partnerships to deliver Prevent. The role of the Prevent Education Officer is to work within the Education Sector and provide advice, support and training.

Examples of Good Early Help Partnership Working

The following examples of collaboration from a Children's Centre, Primary School / Health /Children's Centre; and YPS / SCST / Thames Valley Police illustrate the multi-agency nature of early help. In some cases, the incidence of early help and intervention can prevent problems escalating – though in other cases “step-up” may also be appropriate. Equally, more complex or acute cases can sometimes be “stepped down” to early help after a period of intervention.

Children's Centres – Family A

Mum S and children 1, 2 and 3 came into Slough after fleeing DV, housed in Langley area and a school place arranged for the eldest child. The family came into the Children's Centre looking for support. An Early Help Assessment was completed – the Family Services Officer took on the case and support was given as follows:

- Funded place for 3-year old son with diagnosis of ASD at Children's Centre
- Access to play and learn groups to support development of baby and reduce level of social isolation for family
- Access to Freedom Programme
- Access to English classes (English was second language)
- Support with accessing benefits and legal support
- Crèche provision for court dates attended (relating to DV and access to children)
- Grant funding for stair gates and beds for the children

Following ongoing support from the Children's Centre and partner agencies (DASH, Adult Learning, School, CAB), the family are doing well, the 2 eldest children are now in school and the youngest is accessing his funded place at the Children's Centre. Mum S has increased in confidence, and has taken part in the FAST Programme with Save the Children at her children's school, which led to her becoming a parent volunteer on the second programme run.

Primary School / Health / Children's Centre – Child B

Teaching and support staff noticed that Child B's attendance was poor. His increasingly gaunt appearance, behaviour towards other children and staff also gave cause for concern. His schoolwork was suffering.

With the involvement of the School Nurse, the school's Safeguarding Lead completed a Multi-Agency Referral Form to SCST and an Early Help Assessment was completed. There followed further work involving the family and the Trust as B had a younger sibling who was considered at risk. In the meantime, a temporary foster placement was arranged for B, who continued to attend his school. School and Trust staff worked closely with the foster parents to ensure that B's emotional and other needs were met during this period.

The school Safeguarding Lead also worked with colleagues in the local Children's Centre to support Mum with her application for housing benefit, other financial signposting and parenting strategies. B eventually returned home to join his family.

Slough Young People's Service / SCST / Thames Valley Police – Girl C

YPS received a referral from a social worker following a police stop and search on 12-year old Girl C, and her friend. A knife was found on C's friend. C was involved with other young people known to be sexually active and at risk of exploitation. C also had difficult behaviour issues at school and with other young people resulting in several temporary exclusions. C appeared to be sensible but easily influenced by her peers to get into trouble.

Agreed actions to address issues with C

- Support to understand risks relating to sexual exploitation
- Online safety
- Sexual health
- Developing healthy relationships
- Increased resilience and self esteem
- Maintaining school placement

Outcomes achieved for C

- Greater awareness of safety issues, relationships and able to make informed choices
- Access to sexual health information to make informed choices
- Allocated a named sexual health worker
- Greater confidence and ability to express fears and anxieties
- Regular school attendance

Feedback from C

- "I've learnt to be safe and a better understanding of relationships.....I feel happy"
- "It helped me attend all my exams and improve my attendance"
- "I learnt that when I get upset just take a breath and do something that makes me happy"
- "My experience with my youth worker was good because she was helpful and she cared"

What makes Slough unique and what should we build on?

There is a rich history of multi-agency working in Slough and a professional context that needs taking into account as we develop our Early Help Strategy going forward, described in this section.

- ➔ Following Department for Education (DfE) intervention, SCST was established to deliver children's social care services on 1 October 2015 on behalf of SBC. The Council, SCST and other partners have worked and will continue to work collaboratively to ensure that there are excellent outcomes for Slough's children, young people and families.
- ➔ Education services (Children's Centres, Access & Inclusion, School Improvement, Education Psychology, and Business Support) formerly outsourced to Cambridge Education, transferred back to SBC in a staged process over September to December 2016. We see this as a positive opportunity to promote more joined up working to benefit residents in Slough.
- ➔ SCST successfully bid for Innovation Funding (DfE 2016¹⁰) which will provide a significant boost to transforming services, including Early Intervention Services (page 15 refers).
- ➔ Local Area Collaboratives were launched in July 2017. These networks bring together local leaders to look at collective resources in order to address local issues (see overleaf for further details).
- ➔ With the launch of the new 0 to 19 (25) years' public health nursing services contract from 1 October 2017, we have an excellent opportunity to use this new contract to improve the health and wellbeing of families and young children in Slough.
- ➔ With effect from 1st October 2017, the Special Educational Needs and Disability (SEND) and the Family Information Service (FIS) Teams transfer from SCST to SBC, helping to strengthen our approach to early help, particularly in relation to the provision of advice, information and guidance. This will be a crucial element in our model (page 22 refers).

With SBC as the lead coordinator, this strategy therefore represents a solid commitment to ensure that we have an integrated seamless early help service offer and pathway for residents in Slough. This means we will do the following:

Universal services such as schools, Primary Care e.g. General Practitioner (GP) services, meet most children's needs. Our aim is to support organisations at a local level to deliver more services where possible to meet potential needs at the earliest stage e.g. school nurses providing emotional health and wellbeing support on the school campus. We will therefore need to develop a workforce development plan as part of our strategy and always encourage families to self-help and access services independently as far as possible. In turn, this will mean we need to develop appropriate technology and communication platforms and networks within local communities.

Targeted Support becomes more focused around individuals and families as their needs become more complex and risk increases e.g. a practitioner in a school who delivers a self-esteem programme to a group of young people or who provides additional learning support to a child in a school for a finite period.

The nature of the issue or intervention may involve more than one agency, in which case an integrated response is required, which usually involves the following elements: **Lead Practitioner**, **Team Around the Child / Family**, and **Early Help Assessment** (completed with the agreement of parents). Through engagement with partners to reduce duplication – for example, a common understanding of our Early Help Assessment process, joining up case allocation and review, and clarity of thresholds and step-up / down protocols – we will need to ensure that there is commonality on how agencies approach the challenge of delivering good early help.

Specialist Support services respond and work with children with complex needs and usually require a specialist referral e.g. CAMHS (Children and Adolescent Mental Health Service), Youth Offending Service, and Child Protection cases. We will work to ensure that our Early Help offer aligns with these specialist services so that children, young people and families have appropriate timely support, based on the continuum of services as their needs change.

Local Area Collaboratives

Local Area Collaboratives launched in July 2017, based on four ward-based geographic areas in Slough. The brief for collaboratives is to:

- Enable local settings and services to work effectively together improving outcomes for children, young people and their families, and reducing levels of inequality.
- Improve the effectiveness and efficiency of early help support, in defined local areas, through effective collaboration between school, nursery, children centre, family support services, health and other key partner services.
- Provide broader inter-agency direction and governance of provisions and services for children and families at a local level (within Slough these are local wards in clusters as follows: Central, North West, South West and East) where services can be most responsive and flexible to need, best designed and delivered.

The remit of collaboratives is to:

- Analyse specific need in the local area, accessing local authority and partner data, tracking the progress of children in current provisions, and sourcing local knowledge.
- Identify children, families, and groups presenting particular needs that impact upon children's outcomes, and identify priorities for action.
- Work together to identify the most vulnerable and troubled families, and to ensure the delivery of best-informed and coordinated interventions that will change outcomes.
- Review the current menu of service delivery and build capacity: exploring opportunities for greater flexibility and responsiveness; developing closer integration; gaining efficiencies in use of existing resources; and working to best utilise future resource.
- Learn from evidence based best practice both nationally and locally.
- Provide a "collaborative identity" between statutory, private and independent partners that will be well placed to make best use of any future targeted funding opportunities.

The continuum of need diagram (page 12) and above landscape of service responses can be summarised in the following Table, which provides a common description of needs and associated risks and support the correct response to a child / young person or family over time:

Level of Need	Description	Service Response	Examples of Service Provision
Universal need	Children who are enjoying general wellbeing, accessing education and health services and maintaining good overall progress in all areas of development	Universal Services	<ul style="list-style-type: none"> • Schools & Colleges • PVI nurseries and child-minders • GPS & Health Visiting surveillance • Leisure & Arts providers • Social Landlords • Local Voluntary and Faith group child and youth activities
Additional need	Children who have an identified need and whose health, development and / or learning is starting to be adversely affected as a result	Lead Practitioner / Early Help	<ul style="list-style-type: none"> • Universal and Early Help Services e.g. Children's Centre services • Behaviour support • Speech & Language support • Portage • Parenting Support services • Youth clubs • Education Welfare Officers
	Children who have unmet needs, who as a result are not maintaining satisfactory health, development and / or learning and who are increasingly vulnerable and at risk of future harm	Intensive Family Support	<ul style="list-style-type: none"> • Targeted Youth Support • Short Breaks • Occupational Therapy and equipment; CAMHS therapy services • Paediatric health care
Complex need	Children and families in crisis, with complex, acute need who are vulnerable and at risk of future harm	Intervention, Treatment & Care	<ul style="list-style-type: none"> • Youth Offending • Child Protection, Children Looked After and Care Leaver services • CAMHS treatment services • Paediatric A&E

3 – Early Help Model: Building Capacity and Support

Previous sections described the Continuum of Need and our service responses to meeting this need. This section is about how we will build capacity, competence and assurance within and throughout the system. Some of the elements below are already in place and need further development whereas others are new concepts that we will implement as part of this strategy.

The elements critical to the success of our Early Help are illustrated by the following diagram and explained below:



Advice, Information and Guidance

Advice, information and guidance are central to our model. Our ambition is that high quality information, advice and guidance is readily available and accessible to all our children, young people, families and practitioners.

As part of this strategy, we will:

- Promote self-help and access to information for families – for example, the transfer of the FIS Team to SBC presents an opportunity to review the interface / points of contact between agencies and residents, as well as the Family Information Service website, and other public information in libraries, schools and GP practices. SBC will lead and coordinate this work.
- Use quality conversations with our Lead Practitioners, families and communities as to what needs to be better for them and how we make it better for them.

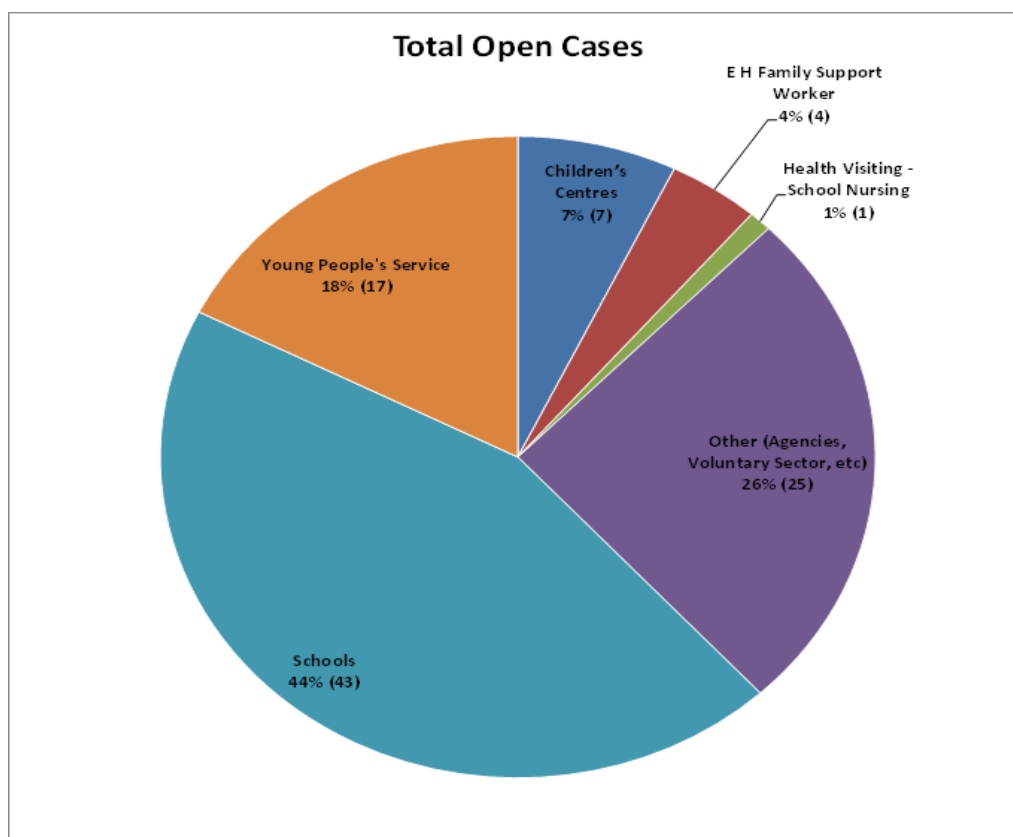
Pathways & Systems

These two elements share some overlaps. Our ambition is that families and practitioners can easily access and navigate the pathways and systems so that we have a common understanding and uniform approaches, processes and systems to support early help. This includes information, advice and guidance through to step up / step down. In the context of the continuum of need, the latter is where needs and risk are escalating or where needs are met and require less intensive support.

In Slough, we use Liquid Logic's Early Help Module (EHM) for early help assessments. This Module is separate from the core Integrated Children's System (ICS) used in children's social care. The following Table and Pie Chart illustrate the current (week commencing 04/09/2017) breakdown of "open" files by number, % and agency.

Breakdown of "Open" Cases on EHM (w/c 04/09/2017)

Young People's Service	17	18%
Schools	43	44%
Other (Agencies, Voluntary Sector etc)	25	26%
Health Visiting - School Nursing	1	1%
EH Family Support Worker	4	4%
Children's Centres	7	7%
Total	97	100%



We know that there is variation and issues in how EHM is used and accessed, including the interface with ICS. We will therefore:

- Review roles, professional guidance and processes including information governance.
- Review how the Early Help Module is used, by whom, its interface with ICS and related pathways to ensure that there is clarity on thresholds and protocols for step up / down in the context of the continuum of need.

Competent Workforce

Our ambition is to have a capable and competent workforce where individual practitioners (irrespective of their employing agency) feel able and confident in undertaking the Lead Practitioner role and participate in any multi-agency wraparound response to families. We want the partnership to use a common language that everybody, including families will be able to understand. We will therefore:

- Look to develop a comprehensive Workforce Development Plan which identifies core skills needed to deliver effective early help, how our existing workforce (across partners) matches up to this and the actions required to close any skills gap / enhance capacity, including a review of training needs.

6 – Performance Measures

We will measure our success in delivering Early Help through the following outcomes measures:

- Increase in the number of children who are school ready as measured by the Early Years Foundation Stage Profile (EYFSP)
- A reduction in referrals to specialist services and an increase on those that are accepted and supported by an Early Help Assessment appropriate to need and risk
- A decrease in persistent absence figures in primary and secondary schools
- A decrease in the number of young people Not in Education, Employment or Training (NEETs)
- Reduction in recorded levels of obesity at ages 4/5 and 10/11

These indicators will form the “bell weather” indicators of our Early Help strategy, supported by a Performance scorecard – still to be developed.

7 – Governance

SBC is the lead agency for coordinating our Early Help response on behalf of all partners. Individual agencies are signed-up to this strategy and will be accountable for their service delivery and practice in line with organisational procedures and responsibilities. When an integrated response is required to meet the needs of a child, young person or family, organisations will be responsible for their individual contribution to multi-agency working (Team Around the Child / Family). The following Table summarises how we will drive the strategy and hold partners to account for the delivery of Early Help.

Board / Forum	Key Publications	Priorities / Values
Slough Wellbeing Board	Joint Wellbeing Strategy 2016-2020	<ul style="list-style-type: none"> - Protecting vulnerable children - Increasing life expectancy by focusing on inequalities - Improving mental health and wellbeing - Housing
Slough Borough Council	Children & Young People’s Plan 2016	“Keeping children and young people safe, giving them the best start and creating positive opportunities for healthy, happy lives”
Slough Children’s Services Trust Board + Partner Agencies	SCST Annual Report 2015-2016 ¹¹	“Safe, Secure and Successful”
Slough Local Safeguarding Children’s Board	Threshold Document ¹²	“Safeguarding is everyone’s responsibility”
Early Help Board	Early Help Strategy 2017-2021	<ul style="list-style-type: none"> - Evaluate the quality and effectiveness of early help processes and services to inform and improve future planning and service delivery so as to improve outcomes for children, young people and families
↓		<ul style="list-style-type: none"> - Drive the delivery of the objectives of the M-A EHS
Sub Group (To Be Confirmed): Early Help Implementation Group		
↓		
x4 Local Area Collaborative		

Appendix 1 – Slough Profile

Developing an effective early help offer is dependent upon understanding the needs of children, young people and families within the Borough. This involves having a strategic overview of trends in the area, a clear understanding of the factors that influence local need and listening to what children and young people are telling us.

In developing this strategy, we used published data from the Joint Strategic Needs Analysis⁶ and The Slough Story⁷ – see below.

<http://www.slough.gov.uk/downloads/JSNA-summary-2016.pdf>

<http://www.slough.gov.uk/downloads/The-Slough-Story.pdf>



The Slough Story
(March 2016).pdf

Key Facts

Population

- 2014 mid-year estimates of the Census 2011 however show that Slough now has a total population of 144,800 residents (approx. 72,400 males and 72,400 females)
- The borough is made up of a significantly younger than average population compared to any of the south east local authorities: approx. 40,400 (28%) 0-19 year olds live within its boundaries
- ONS projections suggest there will be 35,500 0 -19 year olds by 2014 (26.5% of all residents), growing to 38,600 (27.2%) by 2020, and 41,400 (27.1%) by 2030
- 12,800 (9.1%) of these were aged 0 – 4 years old
- The town also has a higher proportion of young adults aged 25 to 44 which suggests that there are possibly a large number of young families living in Slough
- Conversely Slough has a much smaller older population than the national average
- 20.0% of Slough's 50,766 households are one family units with dependent children
- 8.9% of households comprise lone parents with dependent children (4,503 households)
- 39.2% of all households contain dependent children - this is the third highest proportion across England and Wales
- Slough was one of the most ethnically diverse local authority areas outside of London in the United Kingdom
- The proportion of BME groups is however higher amongst Slough's child and young adult populations
- Slough's demography shows a high transient population, continuing to attract high levels of refugees and asylum seekers, many of whom have opted out of the formal 'dispersal' system (and are not registered for vouchers) which can make them vulnerable and in need of key services

Languages

- A key issue for the planning and delivery of local services is the wide range of languages spoken in Slough
- The school census recorded over 150 languages spoken in our schools in 2012

Deprivation

- Since 2010 there has been a slight shift towards greater deprivation in Slough relative to the rest of England, particularly in relation to crime, barriers to housing and services and income deprivation affecting older people
- There are large disparities between different areas across the borough: Britwell and Northborough, Elliman, Chalvey and Colnbrook and Poyle are all in the 20% most deprived decile of deprivation

Health

- In terms of life expectancy, a child born in Slough today is predicted to live until the age of 78.4 years (if male) and 82.5 years (if female). These rates are broadly similar to the average English rates of 79.4 for men and 83.1 for females
- Slough's rates of low birth weight in babies who have been born at term was 2.9 per 1,000 live births in 2014 which is the same as the England average
- Slough had the lowest uptake amongst the six Berkshire unitary authorities, particularly for MMR 2014/15
- Slough has the highest levels of childhood obesity in east Berkshire and the south east
- In 2014/15, child obesity in reception year children (aged 4 – 5) was 9.8% (down from 11.7% in 2013/14) compared to 9% nationally
- Amongst children in year 6 (aged 10 – 11) child obesity was 24.2% in 2014/15 (up from 21.7% in 2013/14) compared to 19% nationally²⁹
- In 2013/14, 23.5% of boys compared to 18.8% of girls were obese by year 6. This difference is less pronounced at reception with 11.9% of boys and 11.7% of girls³⁰ being obese
- Slough has a high level of tooth decay in children below the age of 5. A dental survey of 5 year olds in 2012 examined 65.3% of the 5 year old population and found that 38% had experienced tooth decay. This means that by the age of 5, children are assessed as having more decayed, missing or filled teeth (dmf) on average in Slough than in England as a whole
- Chronic Obstructive Pulmonary Disease (COPD) and asthma are a key concern in Slough
- Modelled estimates suggest that 194 (0.45%) under 19 year olds in Slough have COPD
- Approximately 4,568 (10.6%) under 19 year olds in Slough have asthma

Early Years

- 40% of children in Slough did not reach a Good Level of Development (GLD)¹²⁴ in the Early Years Foundation Stage (EYFS) (i.e. school readiness) in 2014, compared to 42% nationally, which could impact on their later educational attainment and developmental outcomes
- 41% of children with free school meal status did not reach a Good Level of Development (GLD)¹²⁶ in 2014/15, compared to 62% nationally
- In terms of ethnicity it is the children of White British and White Other (which includes newly arrived children from Eastern Europe - where language skills may be a problem) groups that appear to be experiencing difficulties during the early years stage

Education of children and young people

- There are five nurseries, 30 primary (including infant and junior), 14 secondary schools and three special schools and pupil referral units serving Slough
- The percentage of Slough pupils achieving Level 2B at Key Stage 1 in Reading, Writing and Maths, has consistently remained in line with the national average over the past four years
- There has also been steady improvements in attainment levels during the early years of primary school education
- Slough pupils also achieved Level 4 or above at Key Stage 2 in line with national averages, demonstrating the strength of Slough's primary schools
- Slough secondary schools also continue to perform strongly and are in the list of top 10 best performers in the country at GCSE level
- In 2014, Slough's GCSE results moved up to seventh place in the country: 72.4% (1,193) of pupils left school with a minimum of 5 A*-C grades (with English and maths) compared to 60.8% nationally
- It should however be noted that while GCSE attainment levels across the borough are better than the England average, they are heavily influenced by the performance of the borough's grammar schools; meaning that the gap between some of the borough's more vulnerable children (those from low income families, certain BME groups, children with SEN) and their peers continues to be an issue

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