

Slough Multi-Agency Early Help Strategy for Children, Young People and their Families, 2019-2021



**Putting People First:
Slough children will
grow up to be happy,
healthy and successful**

Next review: January 2020



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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 the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- 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 to Safeguard Children, 2018)

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).

The original Early Help Strategy 2017-18 set out Slough's vision, overall partnership approach and system. In this **refresh** we provide an update, setting out the current early help model that mainstreamed via all partners with effect from 1 December 2018. (This was preceded by an earlier variant - "FIRST" - launched on 25 June 2018, which focused on schools and provided a useful opportunity to test and refine processes and referral pathways).

Whilst we are proud of what has been achieved in such a relatively short space of time, we operate on the basis of continuous improvement to ensure a consistent, high quality, early help response that makes a positive and sustainable difference for children, young people and families across Slough.

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

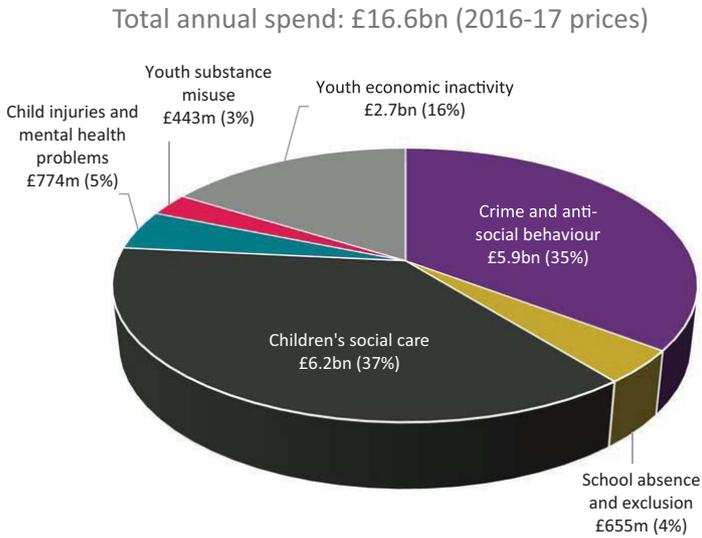


Figure B: Late Intervention Spend Per Person (English Local Authorities)

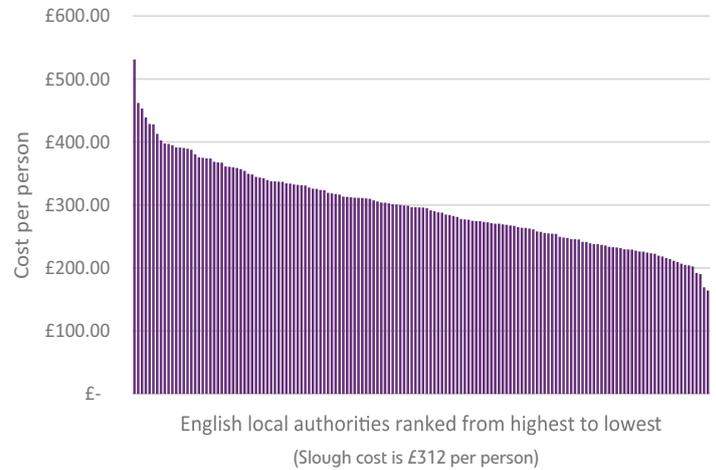


Figure C: Late Intervention - Total Annual Cost and Per Capita for Slough's Statistical Neighbours, EIF, 2016)

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, 2018 (JSNA⁶)
- Slough Joint Wellbeing Strategy 2016-2020⁷

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

- With a population of approximately 149,000, Slough Borough Council (SBC) is made up of a significantly younger than average population compared to any of the south east local authorities - approximately 42,180 (28%) under 18s.
- 39.2% of all households contain dependent children - this is the third highest proportion across England and Wales.
- Slough is one of the most ethnically diverse areas outside of London with 46% of the population identifying as White British or White Other, 40% Asian or British Asian, 8.6% Black or Black British, and 3.4% as mixed heritage.
- 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 ranks 78 out of 152 for deprivation amongst upper tier authorities. 19.5% of children under 16 live in low-income families in Slough.
- Compared to the South East, Slough has relatively low employment (78%) and high economic inactivity (18.6%).
- At 3.6%, family homelessness is significantly worse in Slough than national (1.6%) and regional (1.9%) averages.
- Poorer dental health, higher obesity and lower immunisations uptake for pre-school children are areas of concern for Slough relative to national/regional comparators.

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 Front Door Hub on 01753 875362 and send the electronic multi agency referral form (MARF) <https://www.scstrust.co.uk/marf-v3-2> to: sloughchildren.referrals@scstrust.co.uk;
or deliver it to: Front Door Hub, 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

Early Help Hub

Our Early Help Hub provides support and intervention for children, young people and their families who require support at Threshold Level 2, by co-ordinating a range of support within the community and through direct provision of intervention. Support is provided by undertaking an Early Help assessment to explore the full needs of the child, young person and family and utilising a Team Around the Family (TAF) process to ensure all agencies involved provide a joined up and focused support package to improve outcomes.

The Early Help Hub works with a wide range of partners (see *Early Help Service Response*, page 13). We value these partnerships and seek to build/develop our reciprocal arrangements to ensure our early help offer is appropriate and meets the diverse and changing needs of children, young people and families in Slough.

Appendix 2 illustrates the referral pathway (Multi Agency Referral Form or MARF) where there is a concern about a child or young person across all thresholds of need. The MARF is used by all agencies and sent to the Front Door in SCST with effect from 01.12.2018.

Our early help model has three key elements:

1. **The Continuum of Need/LSCB Thresholds** (page 12 refers) - 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** (page 13 refers) - 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** (page 24 refers) - 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).

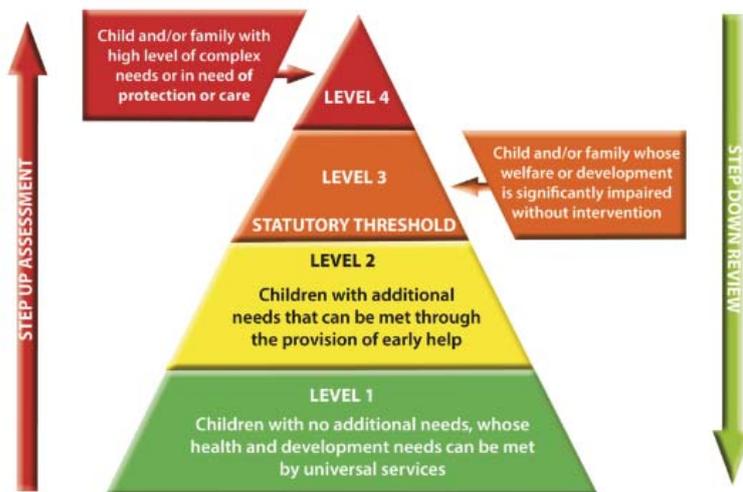
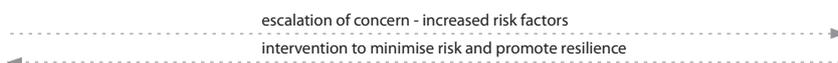
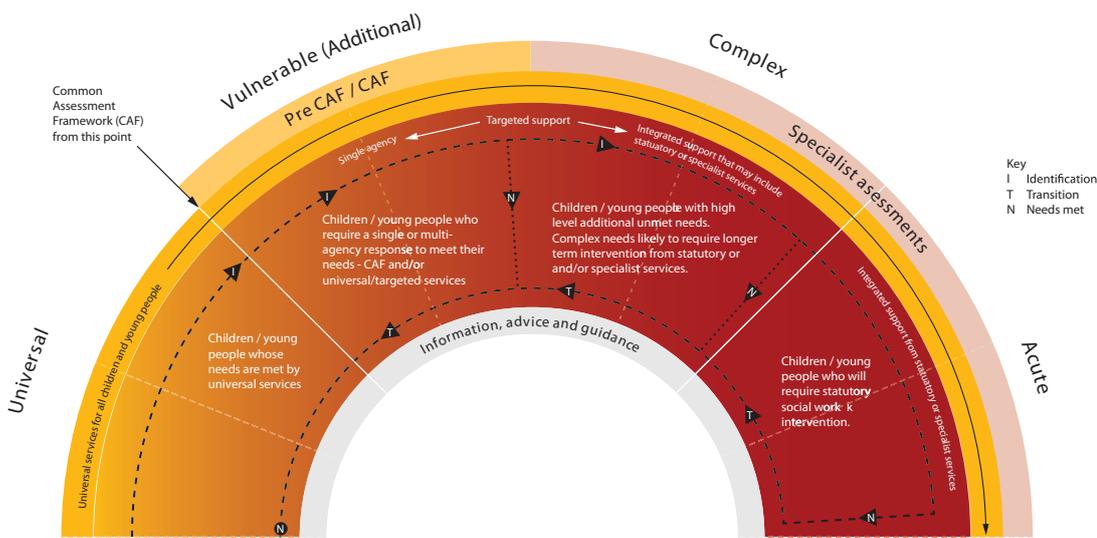
It is important to remember that depending on a family's needs:

- 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 and LSCB Thresholds

The diagrams below demonstrate the **continuum of needs** for children, young people and their families and the Slough LSCB **thresholds**. Professionals use the latter to guide their decision-making on the need or otherwise for statutory intervention of children's social care.

This Early Help Strategy deals with how Slough responds 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 first diagram and Level 2 in the second diagram below).



2) Early Help Model: Service Responses

The Early Help Hub works with a wide range of partners as listed below. There is a strong commitment to partnership working in Slough to support prevention and early intervention (including non-statutory and statutory services). Collaboration amongst all these partners via this strategy, to strengthen and shape provision and build capacity and resilience, contributes 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 Private, Voluntary and Independent (PVI) sector supporting both Ofsted and non-Ofsted regulated providers, for example in terms of training and signposting for parents.

Health - East Berkshire Clinical Commissioning Group (CCG)

East Berkshire 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.

<https://www.eastberkshireccg.nhs.uk/>

East Berkshire CCG commissions 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 and 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).

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:
 - o Long-term medical conditions such as asthma, epilepsy and acute allergy
 - o Bedwetting (nocturnal enuresis), which includes advice on toilet training and use of nappies, drinking patterns, bed wetting alarms and medical therapies
 - o Behavioural/emotional difficulties
 - o Working with other health services to ensure children and young people with non-complex needs or disabilities get the specialist services they need
 - o Children and young people who have been identified as in need of safeguarding or Looked After by the Local Authority

**Note: Health Visiting and School Nursing services are provided by Solutions 4 Health, commissioned by Slough Public Health.*

Slough Children's Services Trust (SCST)

In collaboration with SBC, the Early Help Hub and the Trust's Front Door service provide a single point of entry for assessment of need. Depending upon the assessed level of need, appropriate resources can then be offered to reduce risk and to meet the assessed need. The outcome is a more dynamic expanded hours service for vulnerable families.

SCST has mainstreamed the former "Troubled Families" approach into the Front Door (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

In 2016, SCST successfully bid for Innovation Funding from the Department for Education, to create an 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 service can focus on “pure” Early Help issues, leaving the Innovation Hub to deal with the more complex cases on the continuum of need, for example edge of care and edge of child protection.

The Trust introduced a new model of Assessment, Response & Recovery for families affected by Domestic Abuse (DA), including families across the whole service where DA and Domestic Violence pose high risk to children and the victim. 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 to 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, Health and the Voluntary Sector 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 as 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 and 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. SSP priorities include: action on Child Sexual Exploitation (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 continue 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/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.

Case Study A

A referral from a school regarding concerns for a family with a single mother and seven young children of pre- and primary school age. The school were concerned that despite having worked with the family, additional coordinated support was needed to affect substantial change, however, this did not meet statutory thresholds for social care intervention.

The Early Help Hub worked with partners including the school, children's centre, housing, DWP, Health and the Council's Welfare Rights to drive coordinated, positive and sustained change in the children's lived experiences through supporting:

- the family to move into accommodation which was more secure and better suited to their needs. An action plan was drawn up to address and manage a legacy housing debt of £20,000.
- Mum to find employment which significantly improved the family's finances whilst still enabling her to care for her children. Mum's caring role was further supported by Children's Centre staff who identified suitable parenting and emotional first aid courses.
- the children's holistic health needs via the Health Visiting/School Nursing service, ensuring that health assessments, developmental checks and immunisations were all up-to-date.

Case Study B

A referral was received from a school regarding concerns for B, an overweight boy aged 9-years whose mother was emotionally unavailable to support him in relation to severe concerns with his weight. The Early Help Hub addressed the presenting needs of the child's weight, first by involving Public Health Nursing 4 Slough, who supported the child by enrolling him onto their "Let's get going" programme addressing childhood obesity and weight loss.

Mum was referred to Slough's emotional well-being and coaching services to explore her emotional needs which are currently ongoing.

Although Mum bought a bike for B, she could not help him learn to ride this due to her own emotional wellbeing. With Mum's assistance, the Early Help Hub identified family friends who would be able to teach the B. This was successful with the result that B began to socialise more and improve his health through improved fitness and losing weight.

B also expressed an interest in boxing. With Mum's permission, the Early Help Hub therefore identified a local amateur boxing club which B joined, paid for by Mum.

B was estranged from his father who he missed. The Early Help Hub brokered communication between both parents and B now has contact with Dad, which has had a positive impact on B's emotional wellbeing.



Case Study 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 and 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.
- 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 1 October 2017, the Special Educational Needs and Disability (SEND) and the Family Information Service (FIS) Teams transferred from SCST to SBC, helping to strengthen our approach to early help, particularly in relation to the provision of advice, information and guidance. This is a crucial element in our model (page 23 refers).

With SBC as the lead coordinating partner, 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.

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
Threshold Level 1	No additional needs - 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 and Colleges • PVI nurseries and child-minders • GPs and Health Visiting surveillance • Leisure and Arts providers • Social Landlords • Local Voluntary and Faith group child and youth activities
Threshold Level 2	Additional needs requiring support from one or more partners (Early Help)	Lead Practitioner/ Early Help	<ul style="list-style-type: none"> • Universal and Early Help Services e.g. Children's Centre services • Behaviour support • Speech and Language support • Portage • Parenting Support services • Youth clubs • Education Welfare Officers • Targeted Youth Support • Short Breaks • Occupational Therapy and equipment • CAMHS therapy services
Threshold Level 3	Needs requiring specialist support (children's social care services)	Intensive Family Support	<ul style="list-style-type: none"> • Paediatric health care • "Children in Need" statutory intervention including for example: advice and guidance; adaptations to the family home; domestic abuse work; and working with children in the context of family breakdown
Threshold Level 4	Children Looked After/ Child Protection (children's social care services)	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 presented an opportunity to review the interface/points of contact between agencies and residents, as well as the FIS website, and other public information in libraries, schools and GP practices. SBC leads and coordinates 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.

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.

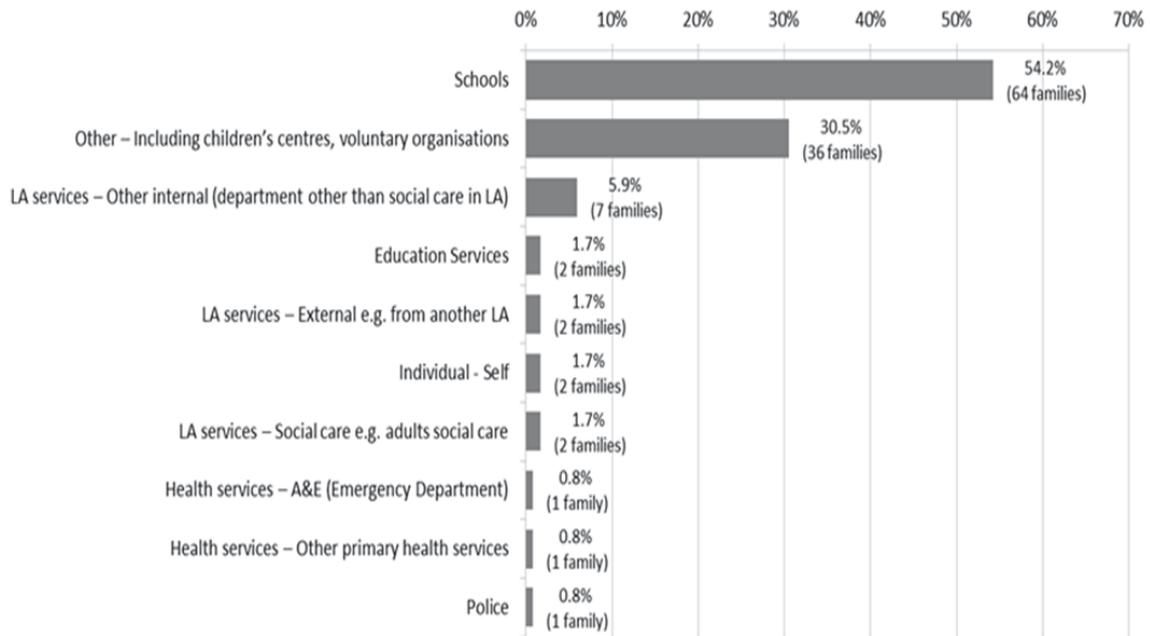
Pathways and Systems

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/down (where needs and risk are escalating or where needs are met and require less intensive support).

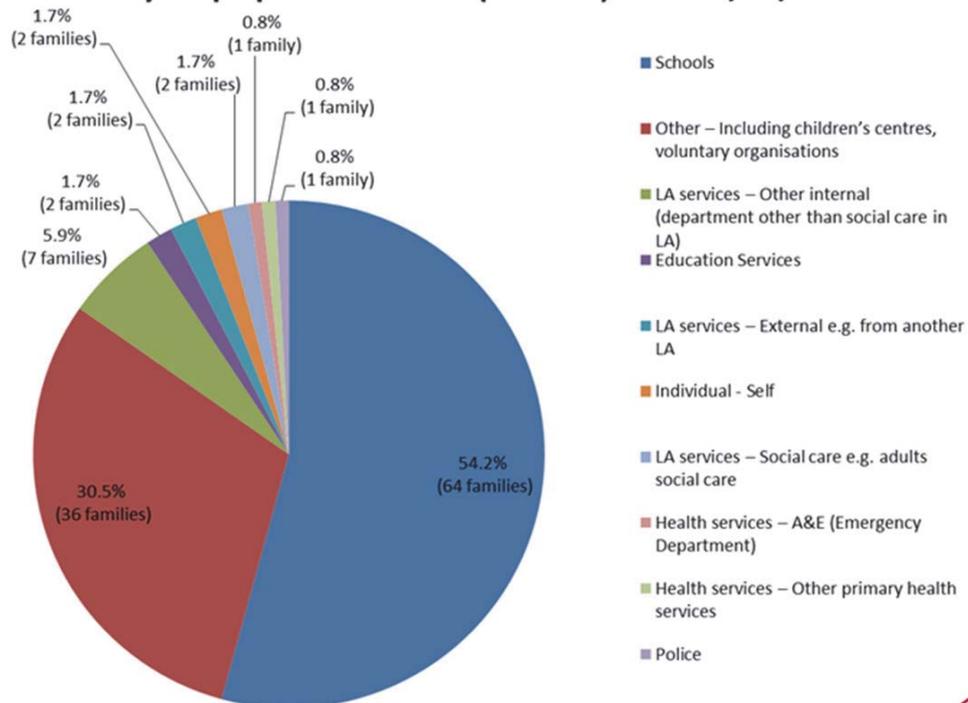
In Slough, we use Liquid Logic's Early Help Module (EHM) for early help assessments. This application is separate from the core Integrated Children's System (ICS) used in children's social care (although we are on course to merge the two databases). However, there is transfer functionality between the two applications, which allows step up/down processes. With both applications, we also have a Local Information Sharing Index (Single View) which assists us to view key demographic information and involvements across EHM, ICS and the Education system (Capita 1). The Table and Pie Chart overleaf illustrate Early Help episodes (families) and gives a useful breakdown by referring source as at 30.11.2018.



Early Help Episode Sources (families) as at 30/11/2018



Early Help Episode Sources (families) as at 30/11/2018



6. Performance measures

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

- Number of referrals against each school/organisation
- Number of referrals per primary reason code (unmet need)
- Number of referrals per secondary reason code (unmet need)
- Number of EH cases with lead professional per agency (YPS, YES etc)
- Length of time cases remain open
- EH Assessment Action Plan - completed actions and RAG rating
- Progress measure from Family Outcome Star
- Progress measure from My Star
- Troubled Families Outcome Plan on closure of episode
- Episode closure reason/comparison in respect of initial episode start reason (metric to be developed)
- Child/Young Person and Parent Feedback
- Case Studies

These indicators will form the “bell weather” indicators of our Early Help strategy.



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 2016-20	<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	Five Year Plan 2018-23 ⁸	Outcome 1: Our children will grow up to be happy healthy and successful
Slough Children's Services Trust Board + Partner Agencies	SCST Annual Report 2016-17 ⁹	"Safe, Secure and Successful"
Slough Local Safeguarding Children's Board	Threshold Document ¹⁰	"Safeguarding is everyone's responsibility"
Early Help Board ↓ Early Help Panel (operational group)	Early Help Strategy 2019-21	<ul style="list-style-type: none"> • Children, young people and families are offered help when needs and/or concerns are first identified • The early help improves the child's situation and supports sustainable progress • The interface between early help and statutory work is clearly and effectively differentiated

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 Analysis, 2018⁶

<http://www.slough.gov.uk/council/joint-strategic-needs-assessment/>



Appendix 2: Multi Agency Referral Form

Pathway Summary

This pathway demonstrates the referral process for all referrals where there is a concern about a child or young person across all thresholds of need. From 1st December 2018, the one MARF referral form will be used by all agencies and sent to the Front Door in SCST.

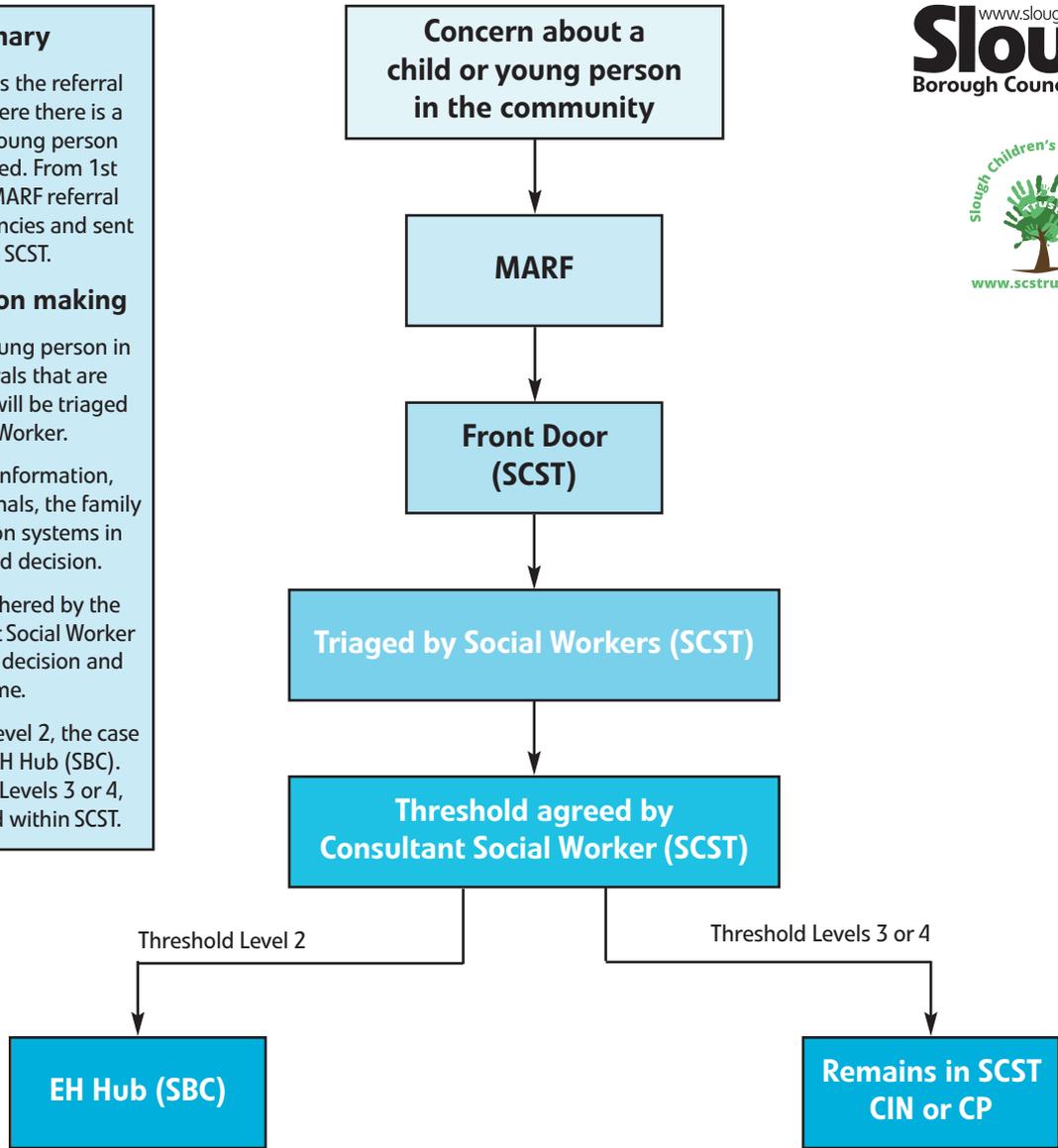
Outcomes and decision making

Concern about a child or young person in the community. All referrals that are referred to the Front Door will be triaged by a Qualified Social Worker.

They will use the referral information, make contact with professionals, the family and use information held on systems in order to make a threshold decision.

Based on the evidence gathered by the Social Worker, a Consultant Social Worker will make a final threshold decision and agree the outcome.

If the threshold decision is Level 2, the case will be progressed to the EH Hub (SBC).
 If the threshold decision is Levels 3 or 4, the case will be progressed within SCST.



January 2019

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