

Early Help Board
Monday 23 April 2018 9.30am – 11.30am

Present	Position	
Amanda Renn		
Andrew Bunyon	Interim Chief Executive SCST	
Betty Lynch (BL)	Safeguarding Partnerships Manager – SBC	
Cate Duffy (Chair)	Director of Children, Learning and Skills, SBC	
Colin Moone (CM)	Head of Housing Strategy, SBC	
Councillor Shabnum Sadiq	Cabinet Member for Children & Education – SBC	
Eric De Mello	Head of Operations SCST	
Fanny Jacob (FJ)	Group Manager Early Help, SCST	
Frederik Narmh	Head of Procurement SBC	
Gary Tallet	Community Safety Partnership Manager SBC	
Janette Fullwood	Engagement Manager, Young People's Services SBC	
Jennifer Cail	Operations Manager – YOT, SCST	
Justin Daniels (JD)	Early Help Transformation Manager (Interim) - SBC	
Karen Cridland	Director Children, Young People & Family Services – BHFT	
Ketan Gandhi (KG)	Head of Young People's Service, SBC	
Lawrence Smith	Head, Wexham Secondary School	
Liz Brutus	Service Lead, Public Health SBC	
Michael Jarrett (MJ)	Head of Early Years, SBC	
Nicky Bone (NJB)	PA to Director of Children, Learning and Skills, SBC	
Rodney D'Costa (RDC)	Head of Commissioning, Performance and Partnerships, SBC	
Sarah Grahame	TVP LPA Commander	
Apologies		
Shelley LaRose	Head of Service YOT – SCST	
Helen Alderman	Strategic Lead for CYPIT & Operational Lead for CAMHS and CYPIT East	
Louise Noble	Berkshire NHS	
Nicola Clemo (Co Chair)	Chief Executive, Slough Children's Services Trust	
Vikram Hansrani (VH)	SEND Head of Service, SCST	
Item	Decisions	Action by
1.	Welcome and apologies As above	CD
2.	Justin Daniels presented his report on findings, milestones and Agreed Pilot Model. Please see attached. This is a comprehensive evaluation and diagnostics activity which included Mapping & gapping analysis, consultation with schools and partners, establishing and chairing the Multi Agency Early Help Task and Finish Group, analysing performance of the Trust and establishing improvement plans with partners. Key Findings <ul style="list-style-type: none"> The definition of Early Help needs to be clear and shared across the partnership The LSCB thresholds document requires an update, reflecting local need 57% demand increase at the Front Door, 30% of which are 	

	<ul style="list-style-type: none"> repeated referrals • Ineffective processes for Early Help Assessment and Support • Ineffective Step-up and Step-down protocols • Poor communication with referrers, delaying access to Early Help (or universal) provision; • Early Help data is poor – current analyses indicates 94% of all referrals are EH* • Gaps in Provision from Mapping Exercise inc: 6-10, Mental Health and Targeted Parenting • Early Help collaboratives launched too early <p>The findings regarding current Early Help provision highlighted a wide-scale variation of the understanding of the term Early Help. Subsequently, there are inconsistencies, with partners identifying Early Help within threshold tiers 1, 2 and/or 3.</p> <p>The updated LSCB threshold document will be in place by May 2018</p>	
	<p>9.50am Jennifer Cail arrived 9.55am Councillor Sadiq arrived</p>	
	<p>Demand increase at the Front Door Analysis has changed since the report. Original figure not as high due to 30% being repeated referrals, resulting in a figure of 6087 as opposed to the stated 9000. This is still not an accurate figure and will be updates by the next Board meeting.</p> <p>Police, Schools and Health agencies made up to 65% of all referrals over the last 12 months. 323 out of 6087 referrals made to the Trust were assessed by social workers as meeting the statutory threshold. CD stressed that out of the 5717 referrals that didn't meet threshold, some could require universal services and not Early Help and many will be repeat referrals, so we cannot assume that there are 5217 Early Help cases</p> <p>Conclusion: need to consider alternative operational strategies</p>	
	<p>Ineffective processes for Early Help Assessment and Support Accessing the Trust's case management systems has been a problem. Subsequently schools are using multi-agency referral forms which are not always appropriate. This has been addressed by having dedicated personnel to support system entry and inconsistencies with partners accessing and accurately completing data entries.</p> <p>Ineffective Step-up and Step-down protocols Over 65% of cases were at a place where a non-statutory service could appropriately manage the case (stepped down). Regarding Early Help this highlighted lack of tier 2 ownership and coordination. Trust were sometimes holding onto cases for extended periods of time as they didn't know what other services were available.</p> <p>Poor communication with referrers, delaying access to Early Help provision Outcomes not consistently referred back to the referrer. (particularly schools) Subsequently delayed access to provision/referral to other organisations</p>	

Early Help data is poor

Data from the Trust and analysis from the Front Door allows for assumptions to be made regarding max. monthly Early Help referrals/cases. Since the report the figure of 723 referrals a month has reduced to 524 – further analysis will indicate the split between Tier 1 or Tier 2. This number does not factor in repeat referrals, cases that can be managed by universal services or cases already involved in Early Help partners

Gaps in Provision from Mapping Exercise

Slough offers a vast range of Early Help provision, but this can be uncoordinated and disconnected.

JD presented slides with further information Clear gaps in provision for 6-10 year olds as well as in parent engagement and Early Help Mental Health. This age range make up 29% of referrals.

Early Help collaboratives launched too early

Concerns with regards to the relevance of the multi agency forums. TFG will focus on re-launch of the collaboratives, with issues addressed from the initial launch.

In addition, KG spoke of the gaps he feels are evident for young people in the pre-criminal group in the Early Help System. Also YOT – need to be looking at the whole family, particularly siblings.

MJ also mentioned the need for analysis regarding disadvantaged children.

SG – police referrals to the Front Door is almost double that of schools and confirmed any child concerns go straight to Early Help. However, they need to be more informed on the triage process.

Suggestions from the Board that we look at Gang Support/ Drug and Alcohol/ Mental Health/maternity services and the analysis of these areas.

KG - in terms of education, many young people being referred have a connection to Haybrook so is there a strong enough Early Help offer in order to ensure early intervention.

Other concerns included looking at the needs of the individuals being referred - KG concerned that referral forms are often completed incorrectly, with the need of the individual not correctly identified.

Further analysis by the Task and Finish group will be dissecting the figure of 6087 into siblings, Tier 1 and Tier2 and specific needs.

CD agreed that looking as siblings is important – how many referrals involve siblings

LB expressed the need to analyse families identified from the top highest need downwards, to identify the range of needs. It would be informative to talk to the representatives of the service areas to get deeper information.

Discussion regarding tiers - CAMHS tiers don't align with our own. EDM cautioned that in terms of safeguarding and delineation of the tiers, Ofsted looks at what happens when step up/down so we should not risk blurring the lines. Keep the tiers as they are, but make aware that they do not align

JF offered to share CAHM's pilot and see how it can be aligned to our pilot.

10.40am Andrew Bunyon attended

Agreed Early Help Module – Pilot

SBC and SCST agreed on the model, with SBC remaining lead partner. The pilot will be made available to schools and cases being stepped down from the Trust.

Summary

A change of management and culture is needed to get a clear understanding of what Early Help is. Need to identify what cases go where. A need for training and workshops and improving communication required. Also, Threshold document should be interactive which will guide the user to where and how the referral should be processed.

Liz Brutus commented on the model from a public health perspective – very interested in parent intervention, but wary of looking at specialist areas as that is not in their remit. Interested at looking at the issues nationally – identifying what the needs are first and then looking at the range of options that are available through existing services

Recommendations:

The board are asked to consider current membership and make recommendations for additional organisational representation. Frimley Health to be added.

Andrew Bunyon gave feedback – very helpful report. Critical to get the process right. Concern is the pace of the pilot as Ofsted identified inadequate services in 2015, so they would be expecting improvements to be in place and embedded by next inspection. This pilot is continuing into December so he would like it to progress at a faster speed.

Date	Time	Venue
14 June 2019	9.30am-11.30am	Beechwood – Azure Room

Forward Planner:

- Next meeting: update on pilot in practice.
- Look at Performance measures in more detail.
- Lawrence Smith has agreed that Wexham Secondary school staff who work with parents - will attend the next meeting to give a better idea/context on the offer in schools.