

From Surviving to Thriving, **IT STARTS WITH US.**

Early Help Strategy

2019 – 2022



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FOREWORD

Our strategy is **ambitious**. It represents a commitment from all key organisations in Westminster to create an Early Help system which puts children and their families first and strives to create a joint response to emerging needs, so that our resources are used to their best and families experience the service in a way that prevents them having to re-tell their stories over and over again.

Ambitious because not only have we jointly agreed our priorities but also the **behaviours** that we need to adopt across the 'system' to create sustained change and increased resilience for families. That is why we have called our strategy 'From Surviving to Thriving, IT STARTS WITH US.' We recognise that our practitioners are the intervention and the behaviours they exhibit will facilitate the change for families.

This document sets out both how we will continue to develop our local system to be the very best service for families and their children and the priorities that we will focus on between 2019 – 2022. In using the term 'Early Help' we refer both to help in the critical early years of a child's life, including pre-birth, when the fundamental building blocks of future development are laid but also help throughout a child, young person or family's life to respond, as soon as possible, when difficulties emerge to prevent problems from becoming entrenched or escalating.

The ethical, financial rationale and evidence base for providing Early Help within a Whole-Family model is very strong. Many recent publications highlight the need for strategic partners to provide a co-ordinated, targeted and evidence based Early Help offer; particularly for families with multiple and complex needs.

The message is clear, preventative services are cheaper and more effective than reactive services. They are also more effective in improving the life chances of children, young people and their families.

Heather Acton

Cabinet Member for Children and Public Health

EARLY HELP PARTNERSHIP

The following organisations have supported the development of this strategy and signed up to it by 'pledging' to meet the shared priorities identified in this document.

Organisation	Key contact
Central and North West London NHS Foundation Trust (CNWL) - CAMHs	Joshua Bradley
Central London Community Health (CLCH)	Angela Cody
Cardinal Hume Family Centre	Mark Foster
Caxton Youth Organisation	Rachel Akehurst
Central London Clinical Commissioning Group	Robert Holman
Dorothy Gardner Centre	Helen Chin-Fatt
Dream Arts	Graham Whitlock
Portman Early Childhood Centre	Jo White
Family Lives	Pam Park
London Early Years Foundation (LEYF)	Shirley Paddock
Westminster's Children's Centres	Kate May
Paddington Arts	Steve Shaw
St Vincent's Family Project	Andy Varley
Standing Together against Domestic Violence	Nicola Douglas
Westminster's Targeted Early Help Team, the Intensive Support Team, Parenting and Youth Offending Team.	Jayne Vertkin
Westminster Young Foundation	Phil Barron

PART 1 – BACKGROUND

1. INTRODUCTION

Our strategy is underpinned by a relational and trauma informed approach. Children who develop healthy attachments with their parents / carers in the early years of life develop the foundations for healthy development into adulthood. They learn to regulate their emotions and develop the resilience to thrive despite the ups and downs of life. This is well described by Dan Siegal as being in the ‘window of tolerance’ or ‘green zone’ and outlined in the diagram at Appendix 1.

We have called our strategy – From Surviving to Thriving, IT STARTS WITH US – because we aim to provide the support to help families, children and young people to build the resilience to thrive into the future. We believe that by focusing on understanding the reasons for the behaviour, rather than just the result of the behaviour, families will be supported to make more sustained change.

What is Early Help?

Put simply, we believe that Early Help is all about identifying needs within families early and providing co-ordinated support before problems become complex.

As Eileen Munro wrote in her report (May 2011)

‘Services offering Early Help are not aimed just at preventing abuse or neglect but at improving the life chances of children and young people in general. ‘Early Help’ is an ambiguous term, referring both to help in the early years of a child’s life and early in the emergence of a problem at any stage in their lives’. Eileen Munro identified three arguments for Early Help, i) a moral imperative, ii) a ‘now or never’ and iii) cost effectiveness.

We welcome the work of the Early Intervention Foundation and the evidence they are providing on what works and aim to build this into our practice wherever appropriate.

A Collaborative Approach to Early Help – the framework

We are designing a new framework for Early Help, which is one of **networked collaboration**, in which we reduce duplication and maximise the use of all partner resources across local areas. How we work together in an integrated framework is central to our strategy and will involve an agreed way of working. This framework is gradually evolving and when complete will consist of all of the following:

- **An Early Help Partnership Board.** This Board is now well embedded and consists of senior representatives from all local partners- both statutory and private and voluntary sector. This Board has overseen the development of this strategy and will monitor its implementation.
- **Three Family Hubs.** We aim to have 3 fully functioning Family Hubs by March 2022, each located in an area of significant need. The first one opened in Pimlico in September 2018. These will be an integral part of our Early Help strategy and system. For us Family Hubs are primarily about the coming together of providers across a neighbourhood who share a single approach to working with families and their children 0-19 years – primarily aimed at strengthening the early intervention work but connecting with social work. The physical building is important for families and **is therefore the public face of the integration.** A place where families can access a range of

connected services in their community. The diagram at Appendix 2 outlines the services, which will be co-located and / provided in each family hub.

- **A local Early Help partnership** around each family hub consisting of organisations in a given geographical area who commit to developing a shared approach through joint sharing of information, assessments, meeting processes and importantly their resources. In effect this will be a ‘team around’ a locality. This will be led by a **virtual integrated leadership team** for each hub.
- **A new integrated early years pathway.** This part of our framework will develop during the life of this strategy.
- **A shared operating framework** that starts with a universal assessment of need completed by health, education or voluntary sector services working with the family within a whole family approach. This will utilise the team around the family / child / worker and the role of the Lead Professional. This is not a new concept and is central to the guidance provided in Working Together to Safeguard Children (2013 and 2018).
- **The Local Authority’s Early Help team** focuses on families with more complex needs and will be renamed the Targeted Early Help team to reflect the fact that all agencies offer early help. This team provides intensive casework and all referrals for this service go through the social care ‘front door’.

Thresholds of Need

Whilst thresholds are important, and act as a guide to what each part of the service undertakes, the emphasis needs to be on the change that we can facilitate within families rather than meeting a threshold. Our collaborative model of Early Help will span 3 levels on the continuum of need:

Tier 1 – A child, young person or family whose needs are being met or whose needs can be met by universal services. These families may access support themselves or be signposted to websites / online support by universal providers.

Tier 2 – A child, young person or family with additional needs that can be met by a single agency co-ordinating additional support. Universal providers will undertake a universal assessment and develop a family plan, working with families to make the desired change. For many families the change can be achieved with this Early Help given by a Lead Professional.

Tier 3 – A child, young person or family whose needs would be best met by a co-ordinated programme of support from more than one agency and where the family have demonstrated no change after initial support. These families will be referred to Westminster’s targeted Early Help team. The criteria are detailed at Appendix 3.

Tier 4 – A child, young person or family who requires an immediate referral to statutory social care. These families will not go via Early Help, but directly to the Access and Assessment team

A child / family may require different levels of support through their life cycle. The aim is always to provide just enough support to allow the family to make change and sustain it.

3. EARLY HELP – THE WESTMINSTER CONTEXT

This strategy is set within a new landscape providing opportunity and innovation in the way we direct our resources.

- **Bi-borough arrangement:** The new Bi-borough arrangement between children's services in Kensington and Chelsea and Westminster came into operation in April 2018. Our strategy will sit within the new Bi-borough Children & Young Peoples Plan and the future delivery of 0-25 Services across Bi-borough.
- **An ethnically and culturally diverse city:** Westminster has the highest level of international migration of any place in England. Just over half of the city's resident population was born outside of the UK.
- **Poverty.** The nature of poverty is changing. There are higher numbers of working families, particularly amongst those working on a low wage, unable to meet their family's basic needs. Four wards in Westminster (Church Street, Churchill, Westbourne and Queens Park) are ranked in the top 25 parliamentary constituencies with the highest level of deprivation across the UK. 27.5% of children live in low-income families in Westminster, in comparison to London (19.2%) and England 16.6%. Westminster has 3,830 (15.8%) workless households with dependent children aged 0-19 years in comparison to the national rate (14.4%).
- **Serious youth violence (SYV):** SYV continues to be a priority in Westminster and across London, with media coverage highlighting the many serious youth violence incidents that have occurred across the capital. Westminster has consistently accounted for 2.9% of all youth violence victims across London and knife crime offences have been steadily increasing since February 2016, although those causing injury (and therefore more likely to be linked to serious youth violence) have reduced by 9% since 2017. The Council takes a multi-agency response to serious youth violence. A Serious Youth Violence Task Group has been established to place a greater emphasis on how we can work together across Council departments, the MPS and with partner agencies to adapt to the changing nature of violence in Westminster. Early Help is a part of the Serious Youth Violence Task Group. The group has been exploring what a 'Public Health' approach to serious youth violence looks like in Westminster (where violence is treated as a disease). An action plan across a number of themes (schools, mental health, community engagement, parenting and consultation) has been developed and Early Help will play a key role in helping to support this approach.
- **External funding:** The current economic and political context has created the opportunities for us to bid and 'test' new ways of working. This includes the following, which add to the richness of our Early Help offer and to staff development:
 - A successful application to the Ministry for Housing, Communities and Local Government for Earned Autonomy. This has enabled us to accelerate the development on our first Family Hub and to trial a school inclusion pilot in five local primary schools that employs a trauma informed approach.

- A successful application to DWP to lead one of 4 contract package areas across the country to develop and test new approaches with parental conflict. In Westminster, our Provider Tavistock Relationships, will deliver four parenting programmes which were selected by DWP. These will be delivered either individually or in groups and are suitable for separated or intact couples. The programmes are a mixture of well-known and new to the UK programmes offering moderate or intensive intervention:
 - Family Check-Up
 - Within My Reach
 - Family Transitions Triple P
 - Enhanced Triple P

- *For Baby's Sake*. This is a programme for expectant parents, whether together or not, who want to bring an end to domestic abuse and create the best possible start in life for their baby. This is funded by the Stefanou Foundation and being tested in Westminster and Hertfordshire. The team are based in one of our Children's Centres.

- **Police Changes:** The Westminster police team are forming into a new Basic Command Unit that will cover the area previously known as the Tri-borough. There will be more investment in resources to prevent and investigate domestic abuse, sexual offences and child abuse. As a part of this a new youth engagement team has been developed, which will become an integral part of our emerging Family Hubs. The lead manager for this team is now a member of the Early Help Partnership Board.
- **Bi-borough arrangement:** The new Bi-borough arrangement between children's services in Kensington and Chelsea and Westminster came into operation in April 2018. Our strategy will sit within the new Bi-borough Children and Young Peoples Plan and the future delivery of 0-25 services.
- **Bi-borough early years review:** A new Bi-Borough Childcare & Early Education Service was launched in April 2019 to facilitate streamlined leadership and management, and a more integrated approach to providing sufficient, good quality childcare and early years provision across the whole early years sector; including schools, for 0-14 year olds.
- **A commitment to enrichment opportunities:** The Council has launched an ambitious new City Lions initiative aimed at opening doors to some of the UK's top institutions for local young people (aged 13 – 16 years) to experience the very best the City has to offer and to build their aspirations for the future. Similarly, the Council's Sports Unit provides a range of opportunities for children and young people in their communities and out of school times.
- **The Young Westminster Foundation (YWF):** the YWF is a new cross-sector partnership that acts as a voice of children and young people and creates new opportunities and services for them. The organisation was actively involved in the development of this strategy and is a regular member of the Early Help Partnership Board.

4. WHERE ARE WE NOW?

4.1 Maturity Matrix

In consultation with partners through the Early Help Partnership Board, an annual assessment is carried out of the level of “maturity” of service transformation regarding Early Help and early intervention. The process considers seven transformation strands, and using local evidence, assesses the level of maturity across a four-point scale: Early; Developing; Maturing; Mature.

A mature service is one where all relevant services work in a consistent way with families who have multiple problems, taking an integrated, ‘whole family’ approach coordinated by the most appropriate lead practitioner. Shared assessment models and Family Plans would be used across agencies with common thresholds and outcomes. This co-ordinated, shared model is expected to have a positive effect on the demand placed on costly reactive services which need to intervene after earlier opportunities have been missed or have only been partially effective. ***One of the aims of the Early Help Strategy is to facilitate the journey of the Early Help community towards an increasingly “mature” service offer.***

The last assessment was in November 2018, together with actions to enable further transformation, and is attached at Appendix 4. In summary, the areas that consistently need more integration are:

- Culture
- Delivery processes
- The family experience of transformed services

4.2 Key Achievements since our 2014 – 2018 Early Help Strategy

- As a partnership of Early Help providers, we have developed a new vision, mission and logo that has been carried forward into this strategy. Parents / carers were involved in this process including creating the logo.
- Partnership working has remained strong and developed further with the co-location of housing, health visitors and maternity services in children’s centres.
- Following seed funding from WCC, Young Westminster Foundation (YWF) is fully established, with 76 members (voluntary sector organisations). YWF published its needs analysis of young people ‘A City Within a City’ in 2018 and has delivered 2 small grants rounds for its members with corporate investment.
- #MyWestminster Staying Safe Programme: this partnership including YWF, Avenues Youth Project, Marylebone Bangladesh Society, Redthread and Victim Support delivers support to 50 young people at risk of crime and is rolling out a capacity building programme to youth workers in partnership with the Met Police.
- We opened our first Family Hub at the Bessborough Centre in September 2018, which now offers a rich range of services for families, see Appendix 2
- As laid out in the 2014 – 18 Early Help strategy, Westminster City Council revised its service model in relation to universal services – play, children’s centres and youth services – agreeing to invest in targeted work.
- We revised Westminster City Council’s internal ‘locality’ (Early Help) service. It developed its own identity as an Early Help service with a focus on intensive casework.
- An intensive support team has been established, which focuses on young people on the edge of care. Since January 2017 the IST has successfully engaged a total of 56 families including 65 children and

young people and achieved an 84% success rate in preventing children and young people previously identified as 'Edge of Care' from becoming Looked After Children (LAC).

- We have increased the range of evidence-based parenting programmes available to families across the City to include 'Circle of Security', 'Hold me Tight' and 'Parents as Partners'. These are delivered by a range of partners at different venues.
- We have introduced a new universal assessment – the multi-agency assessment and referral form (MAARF) – that is based on the signs of safety.
- We have started a school inclusions pilot to begin to tackle the increase in exclusions and as a way of reducing youth crime. This has 3 components – trauma informed training, a family intervention and a mentoring offer. As with most of our Early Help work this is a partnership across the statutory and voluntary sector. We are adopting the ARC (Attachment, Regulation, Competency) model of trauma informed practice.
- We have been working with the DWP to test and embed new approaches to parental conflict and this programme started on 1 April 2019.

4.3 WHAT WE KNOW ABOUT THE NEEDS OF WESTMINSTER FAMILIES

In developing our strategic priorities for 2019 – 2022 we have looked at the following data, which we have grouped under the 4 domains of child development.

Physical development

- 2.7 % of babies born in Westminster have low birth weight, this is lower than London (3.01) and England (2.79%).
- In Westminster 2.0% of mothers are smoking at time of delivery. This is lower than the London (5.0%) and England (10.8%).
- The population vaccination coverage of MMR is 77.5% this is lower than England 91.2% and London 85.1% the population vaccination coverage of DTAP/IPV/HIB is 84% this is also lower than England (95.1%) and London (91.7%).
- 18.9% of 4-5-year olds in Westminster are overweight or obese. This is lower than London (21.8%) and England (22.4 %), however, 40 % of 10-11year olds in Westminster are obese or overweight this is higher than London (37.7%) and England (34.3%).
- Children in Westminster are also at higher risk of poor dental health - 30% of 5 year olds in Westminster have one or more decayed missing or filled tooth compared to 25.7 % in London and 23.3% in England.

Cognitive development

- Take up of free early education day care places for 2 year olds has increased from 230 places (2013/14) to 360 places (2017/18)
- % of children receiving a good level of development in their Early Years Foundation Stage profile / KS 2 results - 72% of children are currently reaching the expected levels for reading, writing and maths at the end of primary school, which is matching the ideal target level of the service (compared with 64% nationally)
- The number of 16-18 year olds recorded as NEET or activity unknown improved from 4.1% NEET and 7.1% Not Known in 2013/14 to 1.4% NEET and 1.4% Not Known in 2017/18

- Primary attendance fell from 95.8% in 2013/14 (96.1% nationally) to 95.6% in 2017/18 (96.0% nationally for 2016/17); secondary fell from 95.6% (94.8% nationally) to 95.0% (94.6% nationally 2016/17).
- Permanent exclusions have risen in WCC from 11 in 2013/14 to 30 in 2017/18. Fixed term exclusions have risen from 2.7% (2.3% nationally) of the roll in 2013/14 to 2.9% in 2016/17 (1.9% nationally).

Behavioural problems

- The Youth Offending Team caseload and first-time entrants have reduced since 2014.
- Young people within the youth justice system receiving a conviction in court, who are sentenced to custody (rate per 1,000 of 10-17 year olds) fell from 0.81 in 2016 to 0.06 in 2018 compared with the national rate of 0.07 and London rate of 0.1
- WCC has seen a 24% increase in knife crime offences in the last year and knife crime with injury offences have increased by 8% in WCC

Social and emotional well-being

- Literature based estimates suggest that perinatal mental illness will occur in 20% of births, this would equate to 533 perinatal mental illnesses in Westminster. The most common disorders are adjustment disorders and distress in the perinatal period, and mild to moderate depressive illness and anxiety in the perinatal period
- It is estimated that 50% of people who have a lifetime mental illness (not including Dementia) will have experienced symptoms by the age of 14. Estimates from the mental health of children and young people survey suggest 12.8% of children and young people aged 5-19 years will have a mental, emotional or behavioural disorder. The London prevalence is slightly lower at 9.0%. Based on the London estimate, in 2018, 3,416 children and young people in Westminster were estimated to have a mental, emotional or behavioural disorder. Emotional disorders are the most common, of which anxiety disorders are more common in girls and behavioural disorders are more common in boys.

All children and young people are safe

- % of children subject to a Child Protection Plan for a second time – has stayed at the same percentage level (4 %) between 2013/14 and 2017/18
- % of re-referrals to social care within 12 months - reduced from 15.4% (2013/14) to 10% (2017/18)

PART 2 – Our Strategy

5. WHERE WE WANT TO BE IN 2022 - OUR SHARED AMBITION FOR EARLY HELP IN WESTMINSTER

Our ambition is to collectively achieve the very best outcomes for children and their families by using our joint resources as efficiently as possible to equip our combined workforce to deliver outstanding relational and compassionate services, which are based on what we know works.

We believe that Early Help is a 'system' rather than one service – a community of services that is a way of working – and we want to develop and invest in this system to achieve the very best for our children in Westminster.

6. OUR SHARED MISSION and VISION FOR EARLY HELP IN WESTMINSTER

Our shared mission

Early Help is a community of services supporting families to build resilience and transform their children's lives.

Our shared vision

Every child and family is happy and healthy and has the opportunity to achieve in a cohesive (connected) community.

This means we want healthy babies and good maternal health, and during the early years, for young children to have secure attachments to grow up into resilient and confident parents.

Once children are in primary school, we want them to develop to their full potential, to be healthy, and ready to thrive in secondary school.

In secondary school, we want healthy adolescents who are able to prepare for adulthood by developing social skills and emotional resilience, to have and achieve realistic ambitions, understanding the paths that will help them accomplish these.

We want healthy young adults aged 16+ who are in education, training or employment that fits with their abilities and aspirations, who have stable positive and respectful relationships and have independent living skills.

7. OUR GUIDING PRINCIPLES

In working to achieve our outcomes we have agreed the following underlying principles to put emphasis on building independence and resilience in families and capacity in communities. These are:

- **Collaboration and co-production:** Working closely with universal services and communities to increase their capacity to offer support to families at the earliest point. We see everyone working within the children and families system as an early help intervention practitioner.
- **Strengthening Communities:** Communities, families, young people and children have a significant role to play in outcomes. We want to encourage opportunities that build their capacity and opportunities in communities like volunteering, mentoring etc.

- **Independence and resilience:** Help families, with their children from pre-birth to 19 years, to help themselves through developing new ways of delivering services. This will include web-based parenting support, self-assessment and signposting.
- **Relational:** our approach will be relational and involve working with the whole family context to create sustainable change rather than reacting to individual 'issues'. We will use the role of lead professionals for families and encourage and build the confidence of partner agencies to lead the co-ordination or team around work, to avoid escalation to social care referrals.
- **Integration:** We will develop a partnership approach to support between the statutory and voluntary sector that is community based and ensures a consistent approach to the application of levels of need and has agreed response frameworks.
- **Targeted:** We target resources to those at risk of the poorest outcomes and work as a network of services to make every contact count; reducing referrals for social work intervention, and entry to care or criminal justice systems.
- **Evidence of impact:** Choosing interventions based on acknowledged evidence of what works and for only as long as is necessary.
- **Partnerships:** Using partnerships and relationships to build resilience, empowerment and capacity within local families, neighbourhoods and communities.
- **Enterprising:** To develop new partnerships, and funding opportunities, with philanthropists, national and local organisations to enable new Early Help developments.
- **Developing our shared workforce:** We will collectively explore opportunities to develop our staff together and this will be a part of our shared approach.
- **Whole family working** (including fathers and grandparents)

8. SHARED BEHAVIOURS

We have agreed to share a common set of behaviours in implementing our strategy. These are based on what we believe is vital in getting into the 'window of tolerance' and thriving:

1. **Professional and compassionate curiosity:** with each other as providers, and children, young people and their families to understand the reason behind behaviours.
2. **Being able to connect quickly with individuals:** give families the space and time to process what has happened to them without adding shame and guilt. Doing this by use of voice and body language, which is attuned to the needs of the individual.
3. **Kindness and compassion:** demonstrating kindness and compassion in our interactions with each other and with families and their children, thereby creating safe spaces for people to reflect and make changes.
4. **Everyone as a leader:** able to respond promptly to family need without referring on.
5. **Open and flexible:** to new approaches with families.
6. **Involving families and young people:** in what happens and understanding how they may experience our systems.
7. **Challenge:** each other on these behaviours in a positive and supportive way.
8. **Self-awareness:** ensuring that as professionals we operate within the 'window of tolerance' through self-help and using management support.

9. ACHIEVING OUR VISION AND AMBITIONS

Outcomes / Priorities / Measures

Early Help aims to achieve outcomes for children and families in the following five areas:

- Keeping children safe from harm;
- Enabling more children to live within their families;
- Healthy children who enjoy and achieve;
- Prevention of crime and serious youth violence (or safer risk taking amongst children and young people);

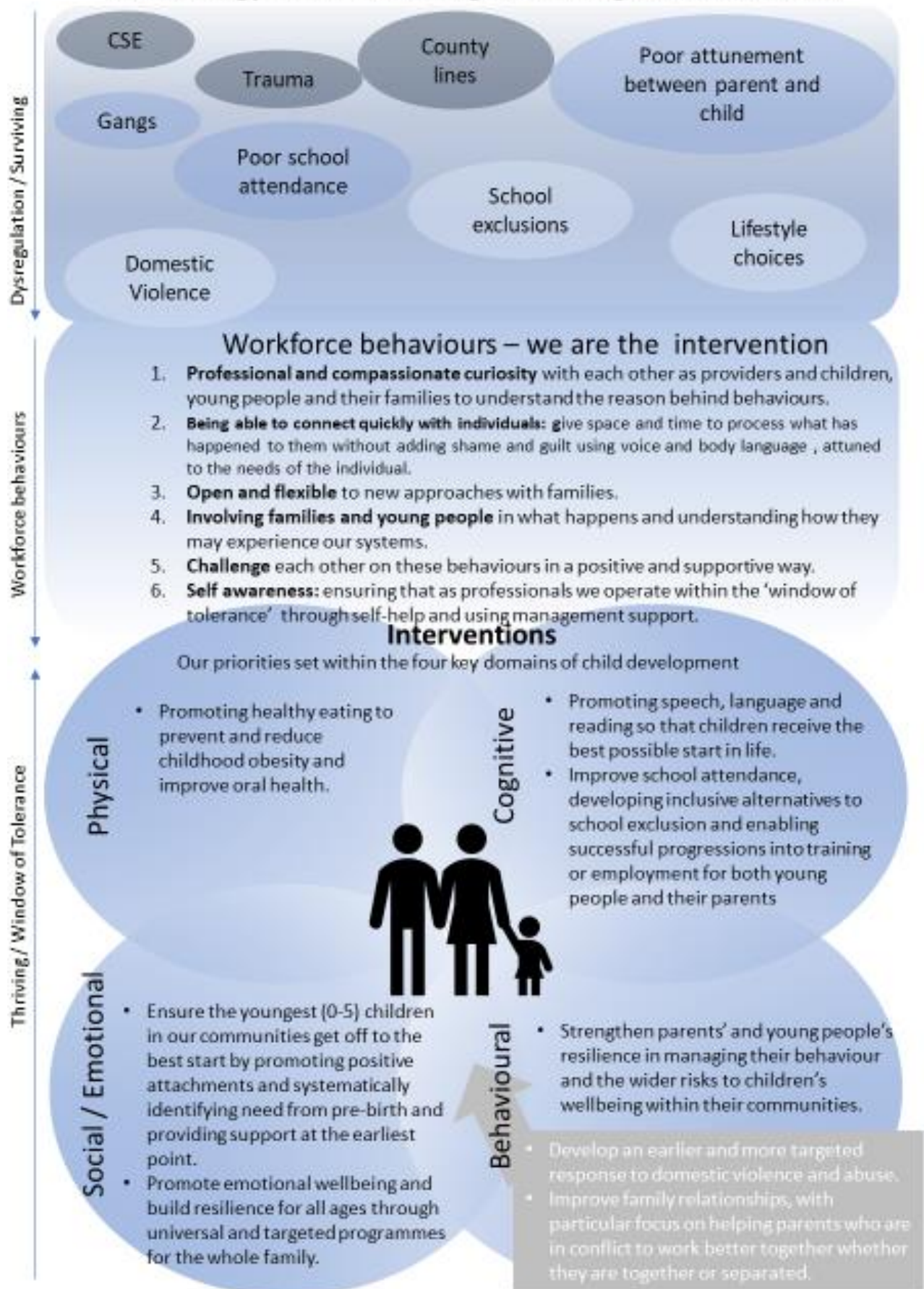
In achieving our outcomes, the partnership will focus on **eight priorities**; these were identified from an analysis of local data sets, evidence of what works produced by the EIF and practitioner experience of direct work. They are:

1. Ensuring the youngest (0-5) children in our communities get off to the best start by promoting positive attachments, systematically identifying need from pre-birth and providing support at the earliest point.
2. Promoting emotional well-being and build resilience for all ages through universal and targeted programmes for the whole family.
3. Promoting speech, language and reading so that children receive the best possible start in life.
4. Developing an earlier and more targeted response to domestic violence and abuse.
5. Improving family relationships, with particular focus on helping parents who are in conflict to work better together, whether they are together or separated.
6. Promoting healthy eating to prevent and reduce childhood obesity and improve oral health.
7. Strengthening parents' and young people's resilience in managing their behaviour and the wider risks to children's wellbeing within their communities.
8. Improving school attendance, developing inclusive alternatives to school exclusion and enabling successful progressions into training or employment for both young people and their parents

We have **9** priorities to develop our Early Help system as follows:

1. To develop an Early Help workforce that is relational and trauma informed.
2. To learn from the Earned Autonomy pilot in developing one shared operating model;
3. To progress the integration of health and social care teams;
4. To develop better communication about the Early Help system for parents and amongst professionals;
5. To continue to develop our model of Family Hubs as an integral part of this strategy;
6. To develop clear and integrated pathways with adult mental health services;
7. To develop the work with the voluntary sector in collaboration with the Young Westminster Foundation;
8. To involve the community in developing the service, including the co-ordination of volunteers across the system
9. To explore new models of working more closely with schools.

Our Strategy – From Surviving to Thriving, it starts with us



10. PLEDGING

We are creating an Early Help system, not one service. We want this to reflect everyone's contributions and develop an awareness of what different organisations are doing to support our strategy.

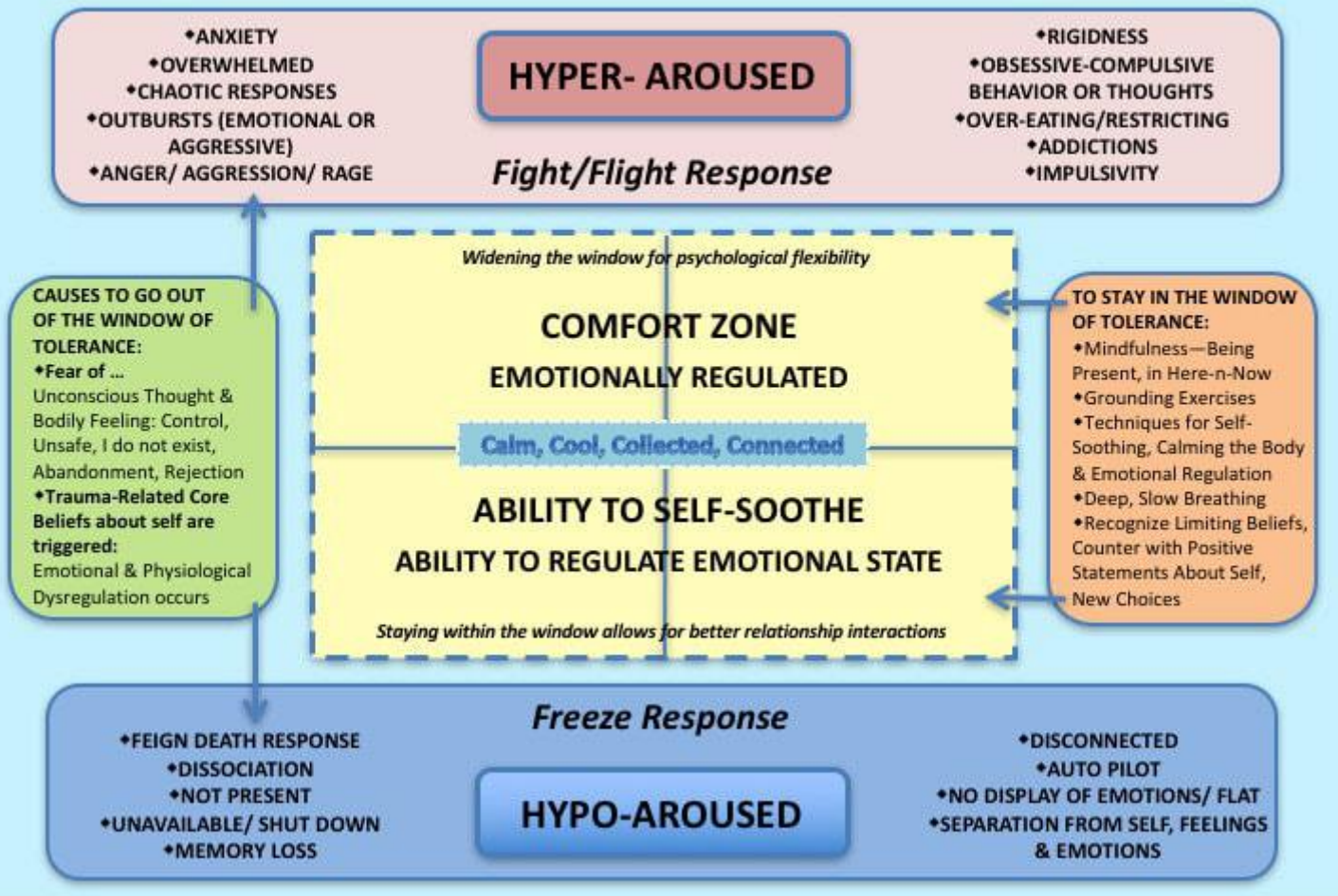
Our action plan will be developed from everyone's pledges. The Early Help Partnership will oversee implementation and progress against our Action Plan.

Westminster City Council pledges to coordinate and develop training opportunities and to develop the system

Appendix 1 – Window of Tolerance

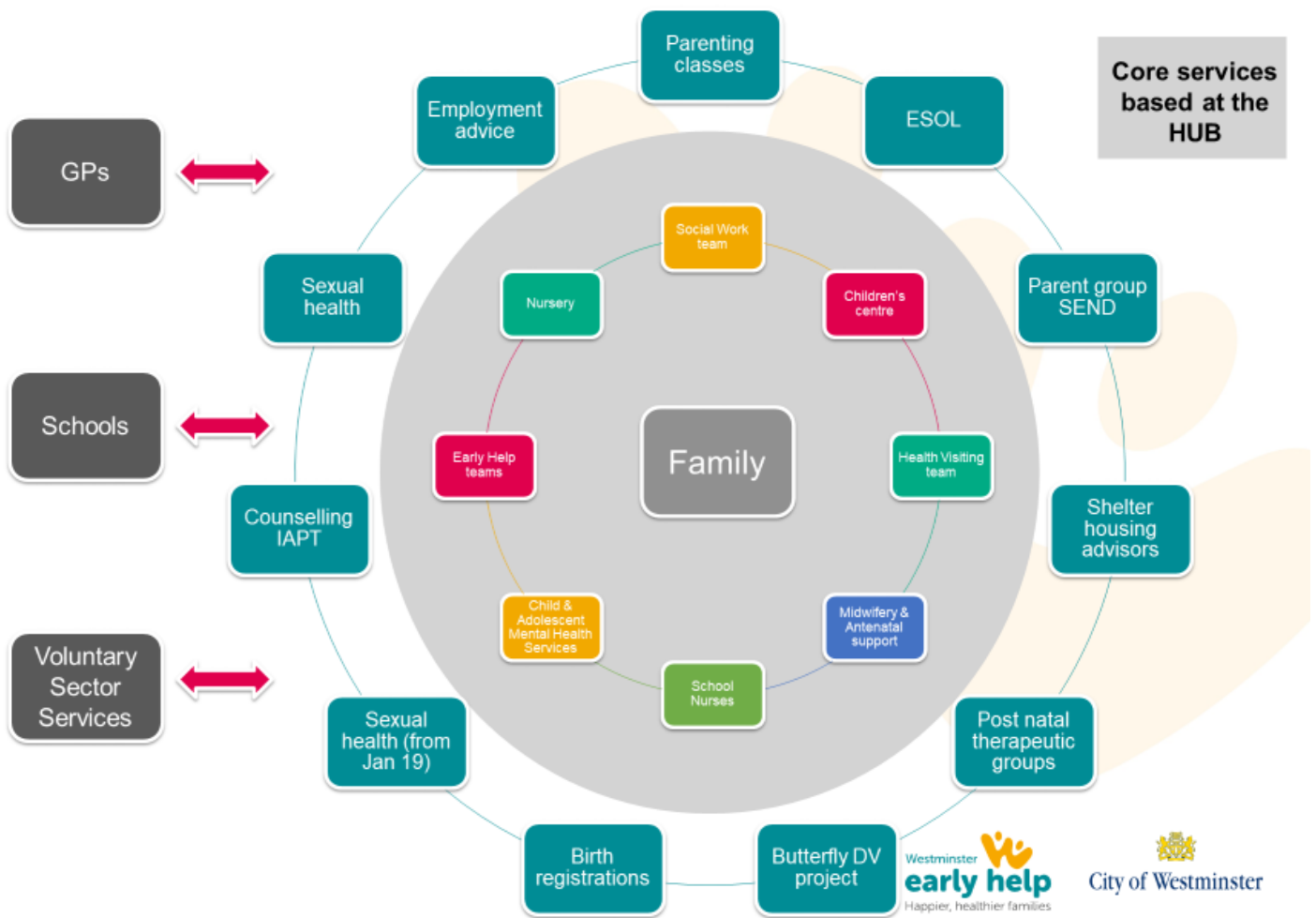
Marie S. Dezelic, PhD © 2013

WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES: *Widening the Comfort Zone for Increased Flexibility*



(DEZELIC & ASSOCIATES, 2017)

Appendix 2 – Family Hub co-located and sessional services



Appendix 3 – Targeted Early Help Criteria

Early help will prioritise the following:

1. Children not attending school regularly

- Children with more than 10% unauthorised absence **over the last term** and where the school actions are not having an impact and the absence is related to parenting capacity rather than ill health or a conduct disorder. By parenting capacity we mean a parent's ability to meet their child's health and developmental needs and being able to acknowledge problems and engage with support services to effect change. Factors that may prevent a parent/s engaging with support are mental health issues, substance misuse, domestic violence and those with poor experience of being parented themselves.
- A child with a fixed term exclusion of at least 10 days in primary school or year 7, which is a direct result of parenting incapacity.
- Three fixed term exclusions in primary school or year 7, which is a direct result of parenting incapacity.
- A child who is permanently excluded and not known to other teams in family services.

2. Prevention of children and young people committing offences

- A child who has committed a proven offence – low level and a first offence - that meets the requirements for triage.

3. Parenting capacity manifesting itself in significant behavioural issues

- Children where the impact of the parent's mental health, domestic abuse or substance misuse issues on their behaviour and well-being will escalate the family into safeguarding or care entry without further intervention.
- A younger child, where an older sibling has been convicted of serious youth violence or supplying drugs offences, or is a known gang nominal.

4. Other children who need help

- Children who are repeatedly (two assessments in one year) assessed under section 17 or 47 but do not subsequently require a child in need or child protection plan.
- A child who we have identified as a young carer following referral, and whose needs cannot be met through existing provision.

Appendix 4 -Maturity Matrix

Transformation Strand	Assessed level of maturity	Actions to enable further transformation
Leadership	Maturing	
Workforce Development	Developing to Maturing	<ul style="list-style-type: none"> • Roll out of shared training programmes beyond the South locality to inform the practice of the workforce covering the whole of Westminster with ongoing review and response to the needs of the Early Help workforce across sectors. • Pledges to deliver on shared priorities and outcomes inform the performance management of staff in an increasing number of agencies. • Ongoing reviews of budgets and commissioning arrangements to develop roles which facilitate whole family approaches.
Culture	Developing to Maturing	<ul style="list-style-type: none"> • Build in mechanisms to revisit and recheck understanding and embedding of new ways of working as further developments and integration are introduced and rolled out. Ensuring additional resources in place which accelerate progress with behaviour change and system reform are evaluated and sustained where the impact has been positive.
Delivery Structures	Maturing to Mature	
Delivery Processes	Developing to Maturing	<ul style="list-style-type: none"> • Continue to review and build upon the sharing of data to inform service developments and measurement of impact/unmet needs.
Strategy	Maturing	
The Family Experience of Transformed Services	Developing to Maturing	<ul style="list-style-type: none"> • Build upon messages from training and structures in Family Hubs and other integrated services to ensure whole family approaches with shared plans and lead practitioners are adopted and embedded. • Monitor impact of shared tools such as digital, shareable Family Plans to ensure they are fit for purpose and improve outcomes. • Continue to raise awareness of the range of voluntary services who can support families and engage these services in developing and understanding the different offers available across three localities. • Evaluate and build upon the impact of professional roles which can assess a family's needs and quickly signpost them to voluntary and other services that can meet these needs.