

Tower Hamlets Early Help Strategy 2025 – 2028

Going further to make
support easy to access
for all families



Acknowledgements

We extend our sincere thanks to all the staff, leaders, and partners within Tower Hamlets' Early Help system for their dedication, expertise, and collaborative spirit, which have been fundamental to the development of this strategy.

We are particularly grateful to **Jayne Vertkin** for her leadership in steering the consultation and engagement process. Her wealth of knowledge, strategic insight, and unwavering commitment to amplifying the voices of children, young people, and families have been central to shaping this strategy's direction.

Our thanks also go to **Elaine Fulton** from the *Common Outcomes for Children and Young People Collaborative*¹ for her expert guidance in refining the outcomes framework, ensuring it aligns with our shared ambitions for early help provision.

This strategy is a testament to the collective effort of all involved, and we deeply appreciate the contributions of every individual and organisation who shared their time, perspective, and expertise to make it a reality.

¹<https://www.commonoutcomes.org.uk/>

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Foreword

We are pleased to introduce our next Early Help strategy for Tower Hamlets and grateful to all who have contributed to this vital and ambitious document. It continues the progress already made in developing a strong and resilient Early Help system through our current strategy and dovetails with the Council's overarching Strategic Plan 2022 – 26, the Tower Hamlets Children and Families Partnership Strategy 2024 – 2029 and is informed by Tower Hamlets Public Health Joint Strategic Needs Assessment (JSNA) 2025.

In Tower Hamlets, we see every day how different aspects of inequality intersect and compound one another, making it essential that our efforts are connected and coordinated. Three years ago, we set ourselves the ambition of creating an Early Help system built around a network of providers, all sharing the vision of offering earlier and more effective support for families, babies, children, and young people.

In response to the government's Family Hub requirements, we undertook a significant restructure in September 2024, moving to a locality model. This shift has brought real benefits, enabling services to be organised around local areas, fostering stronger relationships with families and communities, and making support more visible, accessible, and personalised.

Since then, we have opened four Family Hubs (one in each locality) providing more seamless access to help and advice for families. Community health services are now co-located within our hubs, ensuring that families can be linked into a wider network of support as early as possible. As a result, families increasingly have a broader range of help available within their immediate communities, delivered in a way that reflects local needs and strengths.

Additionally, in June 2023, we brought the Baby Feeding and Wellbeing Service in-house, allowing us to provide more holistic support to families, including direct help on hospital wards. This integration has strengthened our capacity to offer joined-up, consistent care from birth and beyond.

Although the metrics that we measure on the needs of our families appear stark when compared with London and national averages, we are beginning to see encouraging trends of improvement, as well as a noticeable shift towards earlier intervention. The foundations for our Early Help system are now firmly in place, but we know there is much more to do. In the next three years, we want to go further to develop how we work and collaborate as an Early Help system and particularly strengthen our integration at 'place' (neighbourhood) both amongst practitioners and leaders. This will involve considerable investment in workforce development. We will use this strengthened integration to improve outcomes for babies, children, young people and their families, by enriching what we can deliver together and jointly focus on five areas where we believe, working as a strengthened system will have far reaching outcomes.

We are proud that Tower Hamlets is the one of the first local authorities to use the **Common Outcomes Framework**, the key tool developed by the **Common Outcomes for Children and Young People Collaborative**, to bring together all the different early help services, with their associated outcomes and measures, into one Early Help Outcomes Framework.

But most of all, we are proud of what the collective Early Help system can offer and for the energy and commitment of all its staff, who we know have been involved in the development of this strategy and committed to its aspirations.



Executive Mayor
Lutfur Rahman



Maium Talukdar
Statutory Deputy Mayor and
Cabinet Member for Education,
Youth and Lifelong Learning.



Section 1:

Background information

In 2016 the Early Intervention Foundation^{2,3} estimated that England and Wales were spending an estimated £17 billion each year on dealing with issues that arise from late intervention, with children in care, the consequences of domestic violence and welfare benefits for young people who are not in Employment Education or Training being the areas of highest spend. Not only is this costly to the state but for the individuals affected, often bringing a lifetime of struggle in many aspects of their life, particularly relationships, which are the building blocks for everything we do. This strategy aims to go further in rebalancing our children's system to one of earlier intervention.

What is Early Help?

Early Help refers to the extra support given to families to enable their babies, children and young people to thrive. We believe that this support needs to be provided alongside universal services and given as early as possible, as a need is emerging, to prevent or reduce the need for specialist, long term or statutory services.

By working with families to identify their strengths, Early Help is focused on building resilience and creating sustainable change that enables families to overcome any future challenges.

It is delivered as a 'system': a network of connected services that work together to ensure that families have the right conversations, with 'the right people, at the right time' and within their local

community. We believe that this support can transform lives and prevent the accumulation of inequalities that can compound over time.

In Tower Hamlets we deliver Early Help through a locality-based family hub approach underpinned by robust partnership governance arrangements.

In using the term Early Help we refer to help given to families throughout a baby, child and young person's life but acknowledge the unique opportunity offered from conception to age 2, the first 1001 days. During this time, the brain makes billions of new connections between neurons, creating the network that will support learning, memory, emotional regulation and other essential skills. Stress and adverse experiences can weaken the architecture of the developing brain and have a lifelong impact. Optimal development during these early years is crucial therefore for later success in school, relationships, physical health and overall life. Over the last decade there has been growing international consensus on the importance of these first 1001 days; it is part of the World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health, the UNICEF Baby Friendly Initiative, and in England, and Public Health England's guidance on "giving every child the best start in life". *The importance of this period is central to our approach in Tower Hamlets, and we will continually strive to improve our offer to families during these first 1001 days.*

²The Early Intervention Foundation (EIF) and What Works for Children's Social Care (W/WCSC) merged in December 2022 and are now Foundations, the What Works Centre for Children & Families

³The cost of Late Intervention: EIF analysis 2016

Developing this strategy

This strategy has been co-produced with practitioners and leaders who make up the Early Help system, through a series of workshops and smaller group conversations. It is also informed by an understanding of local need gained through the following data sources:

- Tower Hamlets Public Health Joint Strategic Needs Assessment (JSNA) 2025
- Maternity Joint Strategic Needs Assessment (November 2024)
- Healthy Early Years Joint Strategic Needs Assessment (March 2025)
- Tower Hamlets Special Educational Needs, Disabilities and Inclusion Strategy, 2024–29
- Tower Hamlets Pupil Attitude Survey 2022
- The Health & Wellbeing Strategy 2021 - 2025
- Themes from THSCP Rapid Reviews in Tower Hamlets 2023-2025
- Tower Hamlets: State of the Borough 2023, Corporate Strategy and Improvement Team & Tower Hamlets Borough Profile May 2024 Corporate Strategy and Improvement Team
- Tower Hamlets Safeguarding Children Partnership Annual Report 2023 – 2024 and 2024 – 25
- Tower Hamlets Annual Resident Survey (2024)
- National Census data 2021
- Office for National Statistics
 - www.ons.gov.uk
- Trust for London – London Poverty Profile & London's Cost of Living Tracker

The changing national context

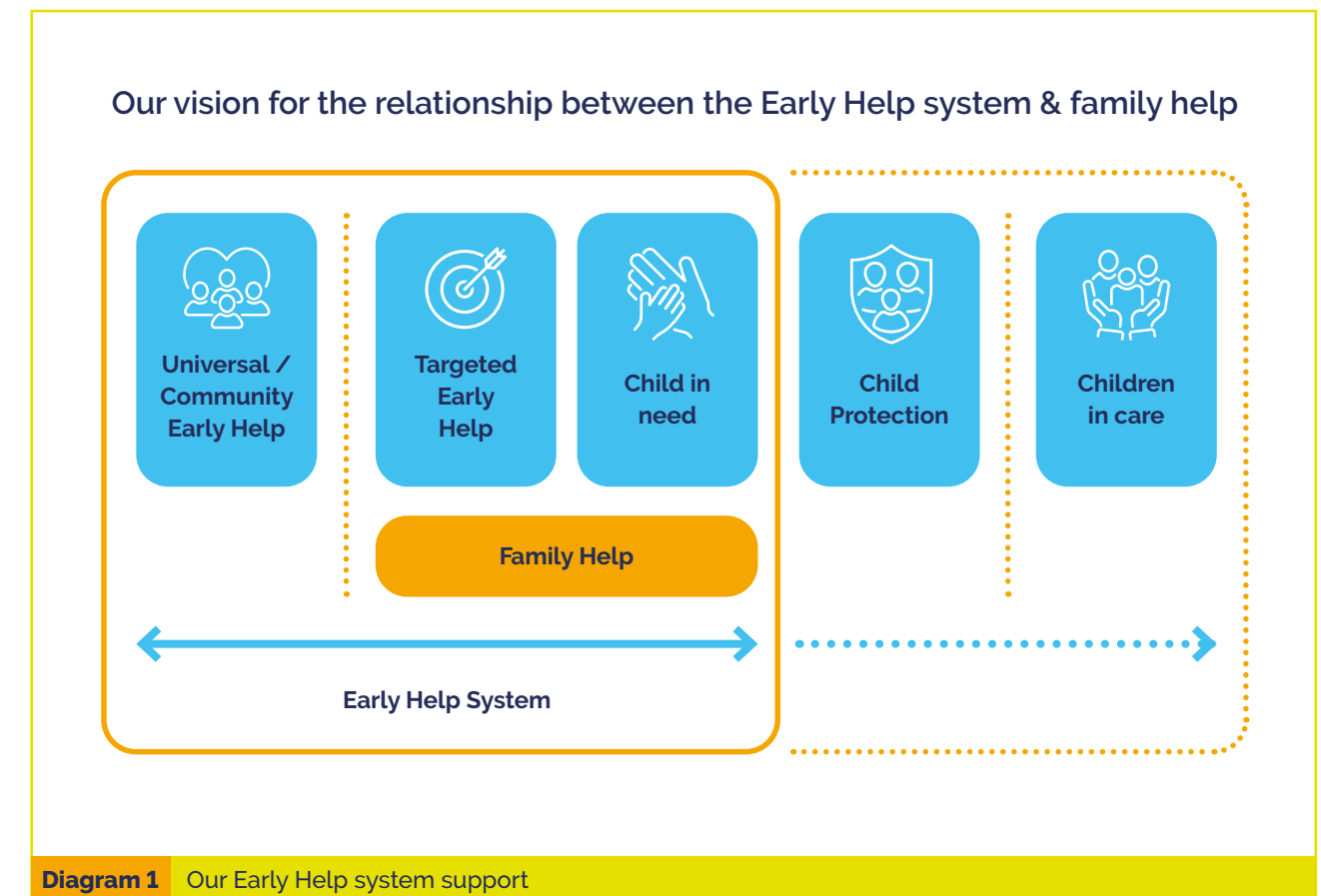
This strategy is written at a time of ongoing change and transformation. In November 2024, the government published its policy statement Keeping Children Safe, Helping Families Thrive, followed in April 2025 by initial guidance. This policy agenda places strong emphasis on rebalancing the social care system towards earlier intervention through the development of Family Help, strengthened multi-agency child protection, and a greater focus on mobilising family and community networks.

Family Help refers to merging targeted early help and child in need work into a single, integrated approach, supported by a unified family help assessment and plan.

In addition, the government's paper Giving Every Child the Best Start in Life, published in July 2025, will now define how services across health, education, and social care work together to promote child development and family wellbeing from pregnancy through the early years and beyond. Together, these national policies are shaping the future direction of support for children and families, setting a clear expectation for joined-up, preventative services that respond earlier and more effectively to families' needs. Targeted early help is part of Tower Hamlet's Early Help system. This means that our Early Help system will wrap around universal and family help services. With an already mature Early Help

system that is organised around localities, this transition will be seamless and for families prevent multiple assessments and delays in the transfer between teams. Diagram 1 below shows this and how the

'system' also extends to children in higher level services, who also need to access universal and targeted services.



Added to these changes are the expansion of early education and childcare for working parents, new school places and specialist provision in schools for children with SEND and changes within the health arena at all levels. The newly announced NHS 10-year plan similarly puts emphasis on neighbourhood with the shift from hospital to community: the creation of a

neighbourhood health service as well as a greater move to prevention. This strategy therefore has great synergy with this new plan.

With all these changes and opportunities there is a continued emphasis on strengthening **integration** of services at '**place**' as one of the ways to address entrenched inequalities.



Key achievements since 2023

We set ourselves an ambitious strategy in 2023 and have made significant progress in integrating our governance, services, tools and resources to better meet the needs of our local families. Some of these achievements are listed here:

An outstanding OFSTED inspection

Our strong Early Help system, praised by Ofsted in January 2025 for delivering *"timely and effective help"* and *"excellent support"* to children and families. Inspectors highlighted our *'effective and well-coordinated universal and targeted early help provision means that children and their families access the right help when they need it'*, and the success of our Family Hubs in ensuring families get the right help at the right time. Our workforce was recognised as *"committed, skilled and permanent,"* reflecting the quality and dedication driving early help in the borough. **January 2025**

Area SEND inspection of Tower Hamlets Local Area Partnership

In our most recent SEND inspection in June 2025, Early Help in Tower Hamlets was recognised for its strengthened and responsive support offer. The inspection highlighted the *"prompt and timely identification and support where early help is required,"* reflecting our ability to respond swiftly to emerging needs. Strong collaboration across local agencies ensures that families are connected quickly to the right services, reducing delays and improving outcomes. Early years provision was identified as

a particular strength, with children's needs *"identified quickly, with positive support and guidance provided to families,"* demonstrating our capacity to intervene early and effectively. This robust foundation not only illustrates the quality and consistency of our current services but also underpins our ambition to deliver high-quality, coordinated support across the system, ensuring that families and children receive the help they need, when they need it most.

The opening of four Family Hubs

The opening of four Family Hubs in Tower Hamlets, one in each locality and linked to the eight children and family centres is creating improved access to support for families in their local communities.

A recognisable early help system with strong governance

There is now a much greater level of collaboration and cooperation between agencies with 77% of staff saying that they feel part of an Early Help system and share a common vision and 82 partners signing the Memorandum of Understanding. This is in part a result of strengthened multi-agency governance through the Early Help Partnership Board.

Multi-Agency Support Team (MAST)

The creation of one front-door for children's services with the recognition that early help is a system: with partners able to provide support in the community. This is creating a shift to earlier intervention. OFSTED commented that, *'partners are now present and engaged*

in the activities and decision-making processes in the MAST. This is effective and enables swift multi-agency discussions regarding risks and vulnerabilities that inform next steps.' **January 2025**

The creation of this single front door for children's services through MAST reflects a whole-system approach to Early Help. MAST consists of several key partners including Social Care, Early Help, Health, Education, and the Police working together to provide timely and coordinated support. This partnership model enables earlier intervention and strengthens community-based responses to need.

MAST Housing Adviser and the MAST Attendance and Welfare Adviser (Education Link)

The creation of the MAST Housing Adviser and the MAST Attendance and Welfare Adviser (Education Link) roles has strengthened the accuracy and effectiveness of checks completed at the front door. These specialist roles ensure that key information around housing and education is considered at the point of referral, supporting more informed decision-making. The MAST Housing Adviser plays a crucial role in identifying housing-related issues early and ensuring families receive appropriate and timely support, including access to grants, advice, and referrals to relevant services. Together, these roles have enhanced the quality of triage and strengthened the partnership response to families' needs from the outset.

A real emphasis on the First 1001 Days with greater links between universal and targeted services

Health visiting and maternity services are now co-located in Family Hubs and the linked children and Family Hubs, which is resulting in families accessing wider support earlier for example specialist breastfeeding and perinatal mental health.

An integrated Speech, Communication, Language Needs (SCLN) pathway

Barts Health, the Council and other partners have worked together to create an integrated pathway for children with Social Communication Difference/ emerging communication and language needs. This moves away from a traditional clinic-based model of delivering therapy to a tiered group-based model with an emphasis on parenting.

The Lundy model of participation

The Lundy model of participation is embedded across all youth services and within Family Hubs.

A safe place for young people in each neighbourhood

26 safe places for young people to engage with in their communities.

Good educational achievements continue

Children continue to have good educational outcomes once they are at school and those at EYFS are improving (girls are already above the national average).

Partnerships are continuing to strengthen and offer new services for families

An example is the ever-developing collaboration with the Parks team. This has led to the *summer events for families*, which are now well embedded in each locality.

Two housing advisers have been agreed in principle to be colocated in Family Hubs providing increased access to early housing support.

Parenting programmes

905 families completed parenting programmes. Programmes now available in Sylheti and as father focused sessions.

Parent / Carers informing service delivery Active Parent-Carer Panels with over 200 parents participating.

Support for those living in poverty

A *community cupboard* is now available in each hub ensuring that families have easy access to basic goods, when their budget is depleted. This is a result of a collaboration with the Tackling Poverty team.

Improved access to information.

Parents report increased access to information. Families now have access to a local WhatsApp group with details of all the local support. This information is also available on the Family Hubs website and website traffic increased by 204% between 2023 – 2024. Breastfeeding and well-being saw the highest growth at 448%.

The Resettlement and Migration Team

Over the past three years, Tower Hamlets'

Resettlement and Migration Team has supported over 3,000 asylum seekers and refugees including families from Ukraine and Afghanistan helping them to settle and rebuild their lives. Through a wraparound, trauma-informed approach, the team provides holistic support, including housing, safeguarding, ESOL, and volunteering opportunities. Working with key partners such as Life Seekers Aid, Anvil Projects, ELATT and Crisis - the team has strengthened integration, reduced isolation, and fostered community cohesion ensuring newly arrived residents can access essential services and support from day one.

Baby Feeding and Wellbeing Service

Over the past three years, the Tower Hamlets Baby Feeding and Wellbeing Service has achieved significant success and becoming a national example of best practice. Despite national declines, breastfeeding rates in the borough remain among the highest in England, with over 80% of mothers still breastfeeding at six weeks. Bringing the service in-house has enabled more holistic support, including help on hospital wards and in community hubs, ensuring families receive consistent, high-quality care from pregnancy onwards. The service's strong leadership and integrated approach have been widely recognised for improving outcomes for local families.

Outcomes for babies, children and young people are improving.

Despite the high levels of need in Tower Hamlets improvements in outcomes are

being seen in many areas but there is much further to go.

Family Support

The Council's family support team is now well embedding into the wider early help system and provides targeted and timely support to families who do not meet statutory thresholds but require a more structured intervention. An Early Help Assessment (EHA) is completed to capture the holistic needs and strengths of the whole family, ensuring a comprehensive understanding of their situation. Practitioners deliver direct work with families, ensuring the child's voice is central to all intervention. This is reflected in recording practice, which is written directly to the child to acknowledge their experiences. Staff are now trained to use a range of tools including the Exploitation Screening Tool and DASH (Domestic Abuse, Stalking and Harassment) risk assessment to identify and respond to varying levels of risk. Robust safety plans are developed in collaboration with families, and family networks are actively involved to ensure that support is delivered with families rather than to them. The approach is underpinned by compassionate and restorative language, and all work is coordinated with other relevant early help professionals to ensure a joined-up, multi-agency response that promotes stability, safety, and improved outcomes.

Tower Hamlets in 2025: local context and need

Tower Hamlets is a vibrant borough

of contrasts. Wherever you go there is a sense of life, energy and history. A truly unique part of London. Canary Wharf houses some of the world's major financial headquarters and tallest buildings with a daily influx of commuters. Here salaries are well above the national average and accommodation in the area is ultra-modern and may be termed luxurious. The iconic Tower of London site and the famous street markets like Brick Lane attract large numbers of tourists throughout the year and the local Bangladeshi markets around Whitechapel and other areas bring the local population together. The borough is also home to Queen Mary University of London and the world-famous Royal London Hospital, which has been a part of the community for centuries. These institutions not only connect the borough to the world stage but also locally provide a range of employment opportunities for the community.

The population at a glance: key points

Tower Hamlets is the most densely populated area in England (15,695 residents per square kilometre). Its total population was 312,273 on census day 2021.

The population is the fastest growing in the country, with high population turnover. 20.8% (63,745) of residents were not living at the same address as one year previously. Most of those who were living somewhere else had been living somewhere within the UK (50,084) 16.3%

It is a young population with the youngest

median age of any area (30 years). **This means that the area is disproportionately comprised of working age adults.** Data from the 2021 census suggests 71% of all residents were aged 20-64 and had the 4th highest proportion of males in England and Wales and was one of only 11 local authority areas where **males formed the majority of residents.** There is a relatively low population of people over the age of 65 years.

The borough is **ethnically diverse** with the largest Bangladeshi population in the country (107,333 residents, 34.6% of the population). One in six Bangladeshis in England and Wales live in Tower Hamlets. The most common countries of birth other than the UK and Bangladesh are Italy, India, China and France. 14% of residents were born in a current European Union country.

A relatively large proportion of residents **identify their sexual orientation** as Lesbian Gay, Bisexual or other (7.2%) compared to England and Wales as a whole (3.1%) and about one per cent of residents have a different gender identity to their sex registered at birth.

The child population (0 – 17 years) was 64,288 in 2023. Children and young people represent a slightly smaller proportion of all residents than in 2011, despite a numerical increase. Between 2021 and 2022, the number of children remained almost static. Of note though the population of **children aged 0-2 years old declined slightly** between

2011 and 2021. By contrast, the number of older children grew significantly since the last census, with almost 6,000 more children aged 11-17 in 2021 than in 2011.

32,666 households had dependent children. This was 27.1% (total households = 120,539) of all households. This was a lower proportion than both England and Wales (28.3%) and London (31.3%). At 6.6%, Tower Hamlets had a lower proportion of **lone-parent households** than England and Wales (6.9%) or London (7.8%). This represented a total of 7,961 lone-parent households in Tower Hamlets.

Tower Hamlets is seeing lessening deprivation but there continues to be **highly deprived populations** of older people and **children**, with significant need for support services.

A highlight on the current need

Below population need is highlighted using our five outcome areas.

Safe

This data suggests that the children's partnership in Tower Hamlets is already rebalancing their system in favour of earlier intervention and early help as promoted in the government's policy paper 'Keeping Children Safe, Helping Families Thrive' (November 2024)

- 48% of children in Tower Hamlets live in poverty. This is the highest percentage in London, for figures before and after housing costs. This

compares to 12% in Richmond. (Trust for London dashboard, September 2024).

- Housing and neighbourhood have a strong link to safety. By the end of 2022/23, 2,567 households were living in temporary accommodation, 81% of which included children. 41.5% of temporary accommodation placements in 2021/22 were out of the borough. In January 2023, 904 households had been living in temporary accommodation for 1-2 years; 755 households for between 3 and 5 years.
- A larger economy than the cities of Birmingham, Manchester or Leeds, with more jobs (291,000) than working age residents. But unemployment is higher than the national average for residents (4.6% compared to a national average 3.7%) and many lack the skills to succeed. Women in particular are much less likely to be employed (59.7% compared with 72% in Great Britain). While half of adult residents are highly qualified, 16% have no qualifications at all.
- Tower Hamlets was the sixth most deprived London Borough (of 33) based on its rank of score for the Crime domain. This compares with an 'overall' ranking of 50th (Rank of Score measure) meaning that Tower Hamlets is more deprived on this measure than it is overall. **This represents a decrease relative to other areas in the domain of crime from 13th most deprived area in 2019.**

We acknowledge the challenge for families of providing a secure, stable, loving home for their children given the

pressures of housing and poverty. This is the context in which we deliver our early help service.

Healthy

- Antenatal care: The number of women booking before 10 weeks gestation is between 15 - 20% compared to between 45 - 50% for London and just over 55% for England. Similarly, vaccination rates in pregnancy are low.
- In Tower Hamlets between 2007 and 2021 similar numbers of babies were born prematurely compared to the England average. However, Tower Hamlets has the fourth highest rate of low birth weight in England with 4.7% of term babies having low birth weight compared to 2.9% nationally.
- There is no local data about access to specialist perinatal mental health services, although at a national level, younger parents, those experiencing greater deprivation and certain ethnicities have greater contact with perinatal mental health services.
- The infant mortality rate in Tower Hamlets has been decreasing since 2014 and is now similar to the national average. Differing ethnicities and socioeconomic groups experience greater risk of childhood mortality. Nationally, mortality rates for children aged 1-4 are the second highest after children aged 15-19 years old.
- Most cases of sudden infant deaths had modifiable risk factors such as exposure to tobacco smoke or an unsafe sleeping environment.
- Breastfeeding rates in Tower Hamlets

are high compared to the national average. Although rates of exclusive breastfeeding at 6 weeks are higher than the national average, the rate remains well below the WHO target.

- Greater numbers of children experience poor oral health.
- The number of children, who are overweight or obese in year 6 is 42.7%. The 3rd highest in London. Interestingly, in Tower Hamlets the prevalence of underweight children at reception and year 6, although low, remains higher than rates for London and England.
- The rate of children aged 0 to 17 years, who are admitted to hospital as a result of a mental health condition remains elevated at 93.2 per 100,000 children and young people. This rate is significantly higher than the London average (75 per 100,000) and has continued to follow a similar trend to England (99.8 per 100,000) since 2018/2019.
- Hospital admissions due to substance misuse (amongst 15 to 24 years) in Tower Hamlets is significantly lower than England rates and slightly lower compared to London. This is probably only part of the picture as data collection in this area is problematical.
- A growing concern in Tower Hamlets is the use of vapes among young people, which has tripled nationally in the last three years. While there is limited local data on vape usage among young people, it is expected that Tower Hamlets has experienced a similar growth rate.

Happy

- There is currently no universal measure of children or young people with / reporting positive emotional health and wellbeing. However, the Tower Hamlets Pupil Attitude Survey, which collates the views and experiences of primary and secondary school pupils, on their health and wellbeing, staying safe, the use of technology and the local community, indicated a decline in the proportion of pupils reporting happiness in their lives. This decreased from 75% among primary pupils and 65% among secondary pupils in 2017 to 68% and 48% in 2022, respectively.
- Added to this, national evidence suggests high numbers of children experience mental illness and adverse childhood experiences when living in poverty and poor housing.
- The office of National Statistics reports on **happiness as an indicator for adults**. Residents in Tower Hamlets scored 6.6 below the national median of 7.4.
- Scores relating to **self-reported well-being** are the same as the national median for all local authorities at 3.3 with **Feelings of Life is worthwhile** being 7.3, slightly below the median of 7.8.

Learning

- In Tower Hamlets, 96% of schools are judged to be 'Good' and 'Outstanding' (December 2023), higher than the national average of 89% and in line with the London average of 95% (Statistics, gov.uk, December 2023). There are currently 30 schools judged to be

"outstanding", and 58 schools are judged to be "good".

- In 2024 there was a pupil population of 37,349 in the 2024 census. A decrease from 45,000 in 2019.
- Since 2021, the 2 years early learning places (EL2) take-up has seen a notable **increase from 58% to 71%** in autumn 2023. Figures suggest that this is continuing to improve but this requires continued effort.
- The EYFS outcomes remain below the national average but are improving. The outcomes for girls are above the national average. Pupils then make good progress between early years, and Key Stage 2 and outcomes are above the national average. This trend continues at KS4, and GCSE results are above the national average. Outcomes at key stage 5 are improving and this is an area of focus with the emphasis on raising attainment to higher levels.
- 4,463 of 0-25-year-olds living in Tower Hamlets have an Education, Health and Care Plan (EHCP), up from 2,842 in 2019 – **a rise of 57% over five years**. Of these children and young people: 72% are male and 28% are female.
- Nearly 1 in 5 pupils (19.2%) have SEND: 6.8% of pupils have an EHCP and a further 12.4% of pupils are receiving SEND support. The number of pupils in Tower Hamlets schools with an EHCP **grew by around 75%** between 2015/16 and 2023/24: from 1850 to 3251 pupils.
- The most frequent primary needs are **speech, language and communications** (1550), autistic spectrum disorder (1172),

social emotional and mental health (504), and moderate learning difficulty (447). 54% are being educated in a mainstream school; 21% in a special school; 17% are in further education; 1% are in alternative provision; 4% are not in education, employment or training; and the rest are in other settings, including apprenticeships, home education, and so on.

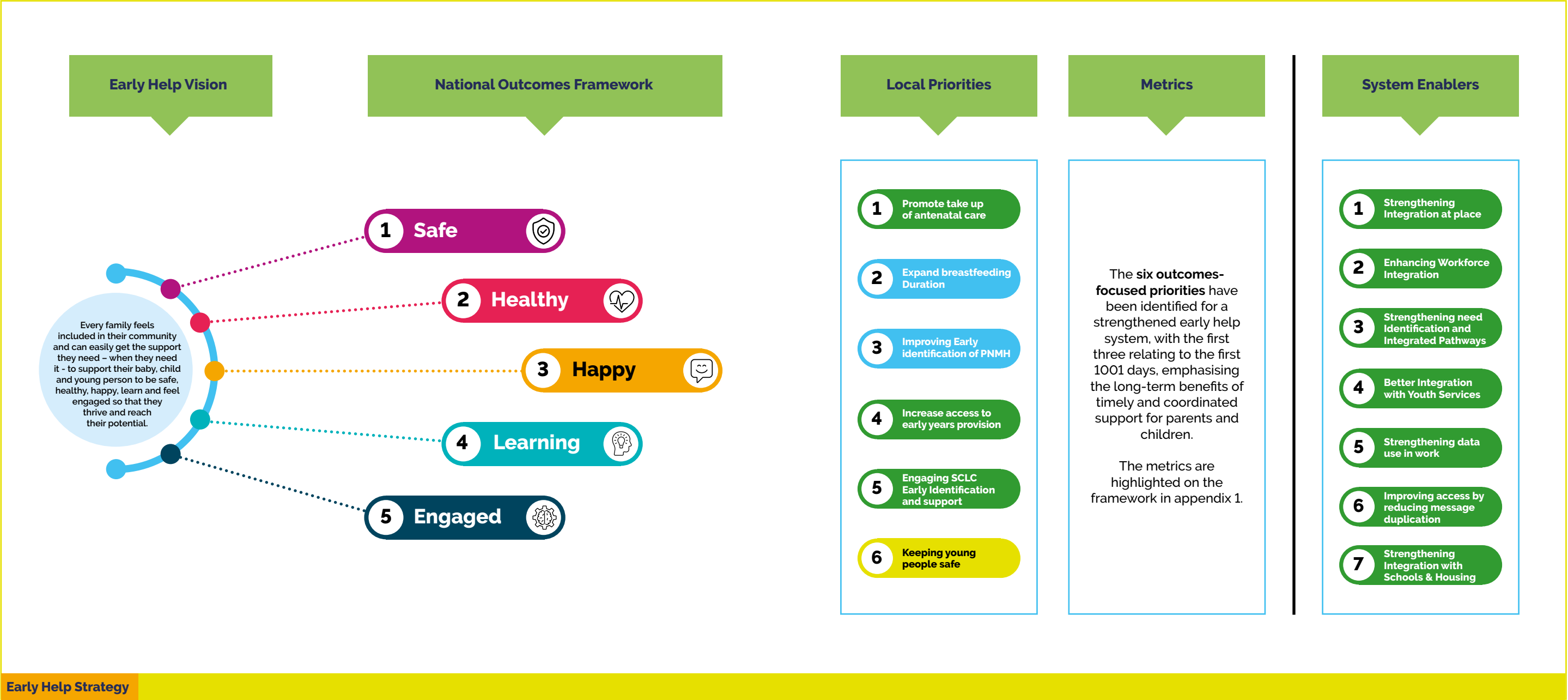
Engaged

- Data is suggesting that parents / carers are engaging more in local services. This goes hand in hand with improvements in communication methods with families – WhatsApp, website and published material.
- There are now four Parent Carer Panels, one in each locality with over 200 parents engaged. Feedback from these groups have resulted in service changes.
- The Volunteering Service is active with 70 parents signed up with the service and 44 volunteers supported into employment. 30 others are receiving training.
- The number of families participating in a range of stay and play sessions has grown significantly, increasing from 16,993 families who engaged with at least one session in 2019 – 20 to 18,039 in 2023 – 24. Likewise, the total number of sessions increased from 1,533 to 1,640 for each year respectively. Similarly, the uptake of health visiting services has increased from 7,020 in 2019 /20 to 16, 725 in 2023 /24.



Section 2: Our Strategy

We are ambitious in the outcomes we want to achieve for babies, children and young people in Tower Hamlets and collectively have agreed the following mission, vision and a set of guiding principles underpinned by shared behaviours.



Our mission

We are a community of connected services that work in local communities to offer timely support for families from pregnancy to their child's transition to adulthood. We primarily deliver through a family hub approach in local neighbourhoods.

Our vision for 2028 is that:

Every family feels included in their community and can easily get the support they need – when they need it – to support their baby, child and young person to be safe, healthy, happy, learn and feel engaged so that they thrive and reach their potential.

Our shared values and guiding principles

Our Early Help system shares core values: to work with **cultural humility**, to be **relational, compassionate and courageous**. These values are integral to our shared guiding principles, which provide a framework for all our work and are outlined below:

- **Think Family:** we recognise the interconnectedness of all family members and that what affects one family member can affect the entire family. We will acknowledge this in all our work and aim to build greater independence and resilience within families. We will adopt a lead professional and team around the family approach.
- **Making Every Contact Count:** we will use routine interactions with families,

children and young people to support positive changes to their health and wellbeing.

- **Locality based and integrated:** as a workforce we commit to strengthening the integration of our services at a locality level and will prioritise time to reflect and learn together to maximise outcomes for babies, children and young people.
- **Culturally competent:** we will seek to understand and respect each family's values, beliefs and practices without making assumptions or judgements. We will challenge each other on any perceived anti-discriminatory practice, working to promote equality and anti-racist practice.
- **Being accessible and consistent:** we will make it easy to access services in the best way for the family and work to ensure that messaging is consistent across our system.
- **Relational and strengths- based:** our approach will be relational rather than 'problem' focused, and together with a whole family approach, will build on babies, children's, young people's and families' strengths to achieve sustainable change.
- **Targeted and coordinated:** through connected relationships with universal services, we will ensure that our resources are targeted to those at risk of the poorest outcomes, making every contact count to reduce escalation to higher support levels.
- **Outward looking and enterprising:** integrating our services with other strategies and community- based

initiatives as appropriate to strengthen our 'offer' for families and jointly seeking opportunities for new funding or partnerships to enhance our offer.

Our shared behaviours:

We have agreed a set of shared behaviours that bring our guiding principles into our work, and these are informed by the 6Cs used by children's social care:

- Professional and compassionate curiosity
- Being able to connect quickly with families
- Being able to develop mutually trusting relationships
- Kindness and compassion
- Everyone a leader, meaning that individuals can respond promptly to family need
- Involving families and young people in plans

We will develop a peer review method of challenging each other on how these are working in practice, and our workforce development training will aim to bring our vision, values, guiding principles and behaviours alive for people.

Outcomes

Our ambition is to bring together all the separate outcomes and monitoring requirements from different funding streams into one **Early Help Outcomes Framework**. How we have done this is explained in this section.

We will focus on improving outcomes for babies, children and young people against five high level outcomes; **safe, healthy, happy, learning and engaged**, consistent with the **Common Outcomes Framework**, the key tool developed by the **Common Outcomes for Children and Young People Collaborative**.

In 2021, around 20 outcomes frameworks from the UK and internationally were reviewed, identifying key themes like safety, happiness, health and learning as core elements. This research informed the foundational Common Outcomes Framework, establishing the first version of a model illustrating what a shared approach to outcomes could look like.

During 2022, the Children's Commissioner's Office tested the original version against the feedback received from over half a million children and young people during 'The Big Ask'. This led to a further iteration of the Common Outcomes Framework, showing our vision of better and improved outcomes for all babies, children and young people across five high level outcomes; safe, healthy, happy, learning and engaged.

Feedback gathered from those using the Framework was incorporated into an updated version in October 2024 and the next iteration (due Autumn 2025) will be informed by the perspectives and voices of babies, children and young people, gathered through desk research and our partners' engagement activities.

This was the starting point for the creation of a detailed shared framework in London, focused initially on Family Hubs, which presents the outcomes for babies, children and young people and outcomes for their parents/carers, as adults in their own right and in their role as parents and carers. In addition, there is a service / system-level section with cross-cutting indicators and metrics.

By using this shared approach to underpin and frame a strong outcomes-focus for this Early Help Strategy, we are not only providing valuable learning for its next iteration but also supporting the national movement to reduce the number of separate and competing outcomes frameworks and working towards a strengths-based focus on outcomes for babies, children and young people in Tower Hamlets.

This shared outcome approach has been used to create the Tower Hamlet's Early Help Outcomes Framework, which is attached at appendix 1 and will be used as the starting point for future needs assessment, prioritisation and in all commissioning, contracts going forward and will form part of the consistent language across our Early Help system. Learning from the development of this framework will feed into the continued work at national level of the Common Outcomes for Children and Young People Collaborative.

Our shared priorities to improve outcomes for babies, children, young people and families.

We have identified **six** outcomes-focused priorities from within our outcomes framework where we believe a strengthened early help system can make significant improvements. Our first three priorities relate to the first 1001 days, where we know improvements can have long-term outcomes, and are mapped across our outcome's framework in Diagram 2 overleaf. These areas are (and are **highlighted** on the framework at appendix 1):

Priorities one, two and three below reflect the importance that we place on the 1001 Critical days and the far-reaching outcomes that can be achieved for parents and children with timely and co-ordinated support in this early period.

1. Promote take up of antenatal care

Through our collective efforts we aim to see earlier bookings, increased take up of antenatal vaccinations and greater availability of antenatal classes. Through accessing support earlier in pregnancy, we hope that this will impact on a range of outcomes both for babies (immediate and in the longer term) and mothers that will set a pattern for their on-going take up of services.

2. Extend the length of time women solely breastfeed

We want to **collectively work to increase** the length of time **women**

solely breastfeed to 6 months and lobby for this to become a national indicator. Breastfeeding provides long-term maternal benefits as it decreases the risk of some cancers, assists in post-partum weight loss and with bonding and attachment with the baby. Plus, it has long-term positive outcomes for the baby that relate to emotional health wellbeing, IQ and healthy weight.

3. Increase the early identification of women with perinatal mental health

As an early help system, we want to improve the early identification of women with perinatal mental health issues as we are aware that if unresolved, can impact the baby's attachment and development, leading to long-term negative outcomes for the mother and child. We believe through enhanced workforce development, alongside an integrated perinatal mental health pathway, we can ensure earlier identification of women. Through this integration we will strive to improve data collection, particularly in relation to referrals between the various levels of support that currently does not exist.

4. Continue to increase access to early years provision with the associated link to employment / training for parents

We want to streamline how we provide access to the Early Learning for 2-year-olds particularly in relation to information, advice and guidance

and ensure all professionals are aware of the offer as a part of our workforce development strategy.

5. Increase early identification and support for those with emerging Speech, Communication, Language Needs (SCLN) by earlier identification and to support appropriate SEND referrals.

One of the priorities of the Tower Hamlets Special Educational Needs, Disabilities and Inclusion Strategy, 2024-29 is: Early identification and support for the under-fives. Speech, language and communication is the highest need in children in Tower Hamlets with 64.7% of all children with an EHCP having this as the primary need. Early identification in this area is therefore crucial. We will continue to develop the integrated SCL pathways that have started to show good outcomes and ensure this covers transition to school and becomes a key part of workforce development.

6. Keeping Young People Safe

As an early help system, we will put a focus on Year 6-7 transitions, ensuring that this work is systematic and targets children with the greatest needs through our new integration at place.

Diagram 2: This diagram shows a representation of our priorities and how they map across the various parts of our outcome's framework (Appendix 1).

Our shared priorities for our Early Help system

In co-producing this strategy, there was a consensus that we need to go further in developing our early help system. This strengthened system will underpin how we achieve improved outcomes for babies, children, young people, and their families. We therefore want to prioritise **seven** areas over the next 3 years and these are:

1. Strengthening integration at place.

We recognise that the experience of inequalities is heavily intertwined with place and so tackling issues at the right level is paramount. Through the co-production process of this strategy, leaders and practitioners told us that we have achieved good co-location of services, but we need to go further with integration at 'place'. Over the next three years we will put a real emphasis on this integration. Through this approach we will strengthen the targeting of need at a neighbourhood level, both through coordinated messaging and the more effective sharing of local data.

We will:

- Develop four locality integrated leadership teams as part of the future Early Help governance structure. These will have a core membership but allow room for local variation depending on the needs of the community, for example faith groups. Core membership will include VCS

partners to ensure the voice of the community is amplified. We will ensure that our integrated leadership teams work closely with the Primary Care Networks and the new Neighbourhood Health Service as it emerges as a part of the 10-year Health Plan for England.

- This approach will **streamline and integrate service delivery at the neighbourhood level towards key outcomes-focused priorities. As a part of this we will invest in developing our local leaders to adapt to this more collaborative style of leadership.**
- Develop four Family Hub case discussion meetings, which will bring practitioners together to discuss clients, especially where there is a sense of little change.
- Develop a quarterly wider network meeting which will include schools and GP practices.

This new model is attached at appendix 2 and will form a part of our governance arrangements.

2. Strengthen the integration of our workforce through enhanced workforce development.

We will:

- Understand the skills of our combined workforce through a needs analysis
- Have a shared whole family delivery model underpinned by trauma awareness with a clear

induction in place for all new staff and on-going training to ensure that we:

- Work with the whole family and collectively use the team around the family and lead professional model. This will be strengthened by the greater integration at place.
- Share a consistent language in relation to early help and give consistent messages to families.
- Better equip all staff to 'make every contact count' particularly in relation to issues relating to improvements in child health.
- Reduce duplication of effort.
- Develop meeting structures and group supervision arrangements that bring staff together, from across the system, to regularly share learning and build relationships and understand their contributions to outcomes at individual, team, service and collective locality levels.

3. Strengthen both the identification of need and the linked integrated pathways.

- We want to ensure that babies, children, young people and parent/carers access the right level of support quickly. Doing this alongside enhancing a place-based approach should make targeting of individuals easier. An example of this is around perinatal mental health (PMH), where as a system we need to better identify

women earlier and ensure they then access the right level of support. Currently, the connections between the different levels are not strong enough, which can result in women being referred too late for all levels of support. The same principles apply to all areas of early help, where we are striving to identify need earlier. PMH is referenced again in the next section.

4. Better integration with Youth Services

– Young Tower Hamlets

Tower Hamlets has invested considerable resources in developing its youth offer. We want to ensure that this work is well dovetailed into the Early Help system.

We will:

- Connect each young people's 'safe place' with its local family hub building, so that families see the connection.
- Ensure that the manager of each 'safe place' is an integral part of the local integrated leadership team.
- In year one of this strategy, work together to put a focus on Year 6-7 transition, ensuring that we collectively identify and track the most vulnerable children at a locality level ensuring they have first access to the support programmes, and strengthen and develop our outcomes framework to reflect what is most important to young people. In year two, we extend this learning to year 9 transition.

5. Strive to strengthen how we use data to aid and inform our work

- One of our key aims is to improve data collection, quality and sharing between organisations as a key vehicle to tackling inequalities. By focusing efforts at 'place' it is hoped that we will be able to collectively capture more data.
- We will embrace the Single Unique Identifier once this is launched by the government to support us to capture and measure our progress more seamlessly.
- We will use our new outcomes framework to develop a dashboard, being clear about the data that is not currently available and potential solutions to fill some of these gaps, potentially in partnership with other boroughs and through the work of the Common Outcomes for Children and Young People Collaborative.
- Where we need better ethnicity data we will take 'snapshots' of the population through surveys to better understand the needs of different communities, where this is a priority.

6. Improving access through reducing the duplication in messaging

Parents and professionals are saying that our websites and other information need to be rationalised, and we will aim to centralise information into one place as well as developing better messaging at 'place'.

7. Strengthening integration with schools and housing

We will better engage schools and housing in our Early Help system. Our aim is to do this through strengthening our leadership arrangements at 'place'. Our aspiration is that each school will become an integral part of the locality Early Help system and be able to readily access support for children through early conversations.

The SWISS team continues to be a valued part of Tower Hamlets' Early Help system, with social workers based directly in schools. This way of working has helped to strengthen safeguarding, spot potential concerns at an earlier stage, and make support more accessible for children and families in a setting they already know and feel comfortable with. Over time, it has also helped to build stronger relationships between social workers, school staff, and families, creating a more joined-up approach to meeting children's needs.

As we move forward with the social care reforms, we want to build on this progress and explore ways to deepen the impact of SWISS. This includes working even more closely with school staff, developing joint planning that is responsive to the needs of individual children, and raising awareness of the role and value of school-based social work within the wider Early Help system. By continuing to strengthen these connections, we can ensure children and families receive the right

help at the right time, in the places where they feel most supported.

Early Help Partnership Coordinators are central to embedding a locality-based model that strengthens early intervention and the quality assurance of the Early Help process. They act as connectors between Family Hubs, and community-based partners—including voluntary organisations and schools—ensuring that services are aware of and can access the Early Help offer.



Babies, children and young people	Parents and carers	Service and system level
Numbers with healthy birth weight and gestational age	Numbers attending antenatal appointments; vaccinations during pregnancy	1. Promoting antenatal care: rates of attendance at appointments (provision, access etc)
Number of children categorised as healthy weight (throughout the postnatal period); number with good infant-parent connection	2. Sustaining breastfeeding: numbers starting and sustaining (solely) breastfeeding - 6/8 weeks; 6 months	Numbers supported to access specialist breastfeeding support
Number with positive emotional health and wellbeing	3. Perinatal mental health: number parents with/ reporting positive emotional health and wellbeing during perinatal period	Numbers accessing integrated perinatal and parental mental health pathway
Numbers reaching early development milestones	Numbers accessing high quality early education and childcare; employment and training for parents	4. Access to early years provision: Sufficient, accessible, high quality early education and childcare
Numbers reaching early development milestones, with the skills and support needed to be ready to start and transition into Reception	Number of parents with/reporting the skills, knowledge and confidence to support their child(ren)'s development; Numbers with/ reporting support for their child's transition into Reception	5. Earlier identification for those with emerging Speech, Communication, Language Needs (SCLN): Targeted whole systems pathway to support earlier, appropriate SEND referrals
6. Keeping young people safe: Number reporting feeling safe, in particular during key transitions (year 6/7); Number reporting access to resources and spaces, including to Tower Hamlets' safe places in their community	Numbers accessing core services, including parenting support and family support	Reach of services to families in need of support; Number of young people accessing one of Tower Hamlets' safe places in their community

Our governance arrangements

The Early Help Partnership Board

The Early Help Partnership Board is responsible for overseeing the implementation of this strategy. It will ensure that there is a detailed implementation plan and that progress is monitored at each meeting.

This Board has developed and strengthened its role over the last 3 years and now represents a partnership of providers who talk with one voice and can steer the early help system into the next stage. It reports into the Children and Families Executive.

An integrated leadership team (ILT) for each locality

We will develop an integrated leadership team in each locality with the aim of strengthening integration at 'place' (or neighbourhood level). This will be a vital step in the next stage of developing our early help system and this will support the development of family help. The ILT will meet monthly.

Each integrated leadership team will develop an annual plan, based on local need and intel, and the outcomes achieved will be monitored by the Early Help Partnership Board.

A Family Hub/locality panel

Each locality will develop a family hub/ locality panel, where families with multiple needs can be discussed with consent or anonymously without. This will be useful in bringing in the resources

of the wider system and in cases where practitioners are feeling 'stuck'. Schools are particularly encouraged to use this panel.

A Wider Network Meeting

This will meet quarterly and bring together all practitioners from across the locality. The emphasis will be on building relationships, ensuring a consistent early help approach and sharing good practice to maximise our collective impact on outcomes for babies, children, young people and families in each locality.

The Voice of Parent/Carers

As part of the Council's Community Engagement Strategy and the Family Hub approach, we aim to amplify the voice of parents/carers as decision makers in their communities. Our governance structure will include four parent/carer panels to ensure that the parent voice is at the heart of our work.

It is important that this group dovetails with the Special Educational Needs and Disabilities (SEND) parent/carer forum.

The Voice of Children/Young People

The voice of children and young people is similarly important within their communities. There are developed forums for this work and these include - Young Mayor, Youth Cabinet and Youth Council, Children Leaving and In Care Council (CLICC), Young carers group, Our Time, Active Young People and the Young Scrutineers. The Lundy model is the approach that will underpin all consultation

with children and young people.
Attached at appendix 2, the governance arrangements.

Measuring our progress

To ensure that the strategy is implemented successfully and at pace, we will:

- Develop a detailed implementation plan for this strategy, with action plans covering each early help system priority and each of the outcomes-focused priorities. Each priority area will have a lead manager identified.
- Use our new outcomes framework to develop a dashboard for the metrics linked to our priorities and these will be reviewed by the Board quarterly, culminating in an annual plan which will refocus efforts for the next year.
- Ensure that each locality has an integrated delivery plan that details how the area will contribute to the overall achievement of the agreed outcomes.
- Strengthen the delivery of outcomes through continuing to increase the voice of families, children and young people through further developing the parent/carer panels, annual surveys and the existing fora for child and youth participation thereby contributing to wider efforts to build action under the 'engaged' section of the outcomes framework.



Appendix 1 – Early Help Outcomes Framework

Tower Hamlets Early Outcomes Framework - Babies, children and young people

	Safe	Healthy	Happy	Learning	Engaged
Outcomes	All babies, children and young people: – Are protected from harm, threats and the impact of adversity, including experiencing domestic abuse – Are and feel physically and emotionally safe at home, at school and in their communities – Have secure, stable, loving homes	All babies, children and young people: – Are physically healthy and make positive health choices – Are protected from preventable disease	All babies, children and young people: – Have their emotional, social and personal needs met – Are supported to build resilience – Enjoy play, recreation, sport, arts, culture and nature	All babies, children and young people: – Are learning and developing from birth – Have a supportive home learning environment – Are gaining the knowledge and skills they need for later childhood and adult life – Are motivated, ready to learn and aspire for their future	All babies, children and young people: – Are happy with family life, family networks, friendships and connections – Have a choice of things to do and places to go – Feel valued and respected and that they belong to a community – Have their voices heard and acted upon
Indicators	– Feelings of safety – Accidental and non-accidental injury – Abuse, maltreatment or neglect in the household – Experience of domestic abuse – Children experiencing poverty – Children at risk or experiencing harm outside their home and online – Children at risk or involved in crime / anti-social behaviour	– Physical healthy and free from preventable diseases – Birth outcomes – Healthy weight and lifestyles – healthy eating and regular exercise – Oral health – Young people's use of drugs, alcohol, smoking, vaping	– Positive emotional health and wellbeing – Resilience, confidence and emotional regulation – Infant/child-parent interaction, attachment and emotional connection	– Positive engagement in learning and development opportunities, at home and at school – Early cognitive, personal, social and emotional development – focus on communication and language – Development of numeracy, literacy and language skills – Accessing ongoing education and training - building skills, interests and aspirations – Pathways to economic participation and independent living	– Positive relationships and feelings of connection at home, at school and in their communities, with conflict resolved constructively – Children and young people, including those with specific needs, have a choice of things to do and places to go and (are supported to) engage in appropriate, safe (and fun) activities – Children and young people involved in needs assessment, service design/co-production, review etc
Metrics	– Number reporting feeling safe at home, school and in their community – in particular during key transitions from year 6 – 7) (6) – Number of A&E attendances and hospital admissions – Number open to Early Help, Child in Need, Child Protection Plans – Number experiencing domestic abuse – Number living in poverty – Number at risk or experiencing harm outside their home and online – Number missing from home/care – Number of young people involved in crime/anti-social behaviour	– Number reporting good physical health and wellbeing – Numbers with healthy birth weight and gestational age within normal range (1) – Number of children categorised as healthy weight (throughout the postnatal period (2); at reception and year 6 - and beyond) – Number (of all ages) engaging in regular exercise and with access to healthy food – Absence of visible dental caries – Number young people reporting making healthy choices – including relating to alcohol, smoking, vaping, cannabis	– Number with/ reporting positive emotional health and wellbeing (3) - including confidence, resilience and enjoying available play, sport, recreation and enrichment opportunities – Number with good quality infant/child-parent interaction, attachment and emotional connection (2)	– Numbers engaging positively in learning and development opportunities – Numbers reaching early development milestones (4); with the skills and support needed to be ready to start and transition into Reception (5); numbers achieving Good Level of Development at end of Reception year – Numbers with good school attendance; without primary and secondary school suspensions and permanent exclusions – Numbers of young people in education, employment, training (EET)	– Number with/ reporting positive, caring relationships family, peers and significant adults – Absence of harmful parental conflict – Number with/reporting positive opportunities for play, sport, recreation and enrichment – Number with/reporting access to resources and spaces, including to one of Tower Hamlets' safe places in their community (6) – Number reporting feeling valued, respected and listened to

Tower Hamlets Early Outcomes Framework - Parents and carers

	Safe	Healthy	Happy	Learning	Engaged
Outcomes	Parents (are supported to): – Protect their children from harm and the impacts of adversity – Provide a safe and secure family home – Overcome the impact of domestic abuse	Parents (are supported to): – Make positive health choices for themselves and their child(ren)	Parents (are supported to): – Have their mental health and emotional wellbeing needs met – Build strong parent-infant attachments	Parents (are supported to): – Meet their child's early and ongoing development and learning needs	Parents: – Are happy with family and wider relationships – Engage with and use the services and support they need – Are engaged in service design and review
Indicators	– Contact with family hub and children's social care services – Experience of domestic abuse – Adverse housing and financial circumstances	– Parents' physical health, healthy lifestyles and positive health choices – for themselves and their children – Access to checks and services – Immunisation – Breastfeeding	– Parental mental health and emotional wellbeing – Perinatal mental health – Parent-infant/ child attachment and emotional connection – Parents who feel confident and supported (including in their transitions to new parenthood)	– Parents create a nurturing and stimulating home learning environment – Access to high quality early education and childcare	– Positive parenting and family relationships with conflict resolved constructively – Spending quality time together – Have/build connections and feel part of a community – Parents participating in needs assessment, service design/co-design/co-production, review/ evaluation
Metrics	– Numbers accessing family hub services and with children open to Early Help, Child in Need, Child Protection Plans – Number affected by domestic abuse – Number living in suitable, safe and secure homes – free from the risk of eviction/ homelessness – Number with an adult in the family who is workless – employment/ training for parents (linked to access to early education and childcare (4))	– Numbers attending antenatal and postnatal appointments (1) and development checks – Numbers starting and sustaining (solely) breastfeeding – at 6/8 weeks; at 6 months (2) – Uptake of immunisation - number of babies, children and young people with up-to-date immunisations; vaccinations in pregnancy (1) – Numbers who accessed a (NHS) dentist within last 12 months – Numbers reporting making healthy choices, including regular exercise, healthy food choices, reduction in alcohol/ substance use	– Number parents with/reporting positive emotional health and wellbeing including during perinatal period (3) – Number with good quality parent-infant/ child attachment and emotional connection – Number of parents who report feeling confident and supported (including in the transition to new parenthood)	– Number of parents with/ reporting the skills, knowledge and confidence to support their child(ren)'s development (5), learning and aspirations – Numbers with/ reporting support for their child's transition into reception (5) – Numbers accessing free early education and childcare entitlement (4)	– Number accessing core services, including (specialist) parenting support and family support in places and ways that work for all care-givers (including fathers, kinships carers, extended families) (6) – Number of parents with/reporting positive relationships with family and peers – Reported parents'/ family access to resources and spaces – Number of parents reporting trust and confidence in the workforce – Number reporting feeling valued, respected and listened to

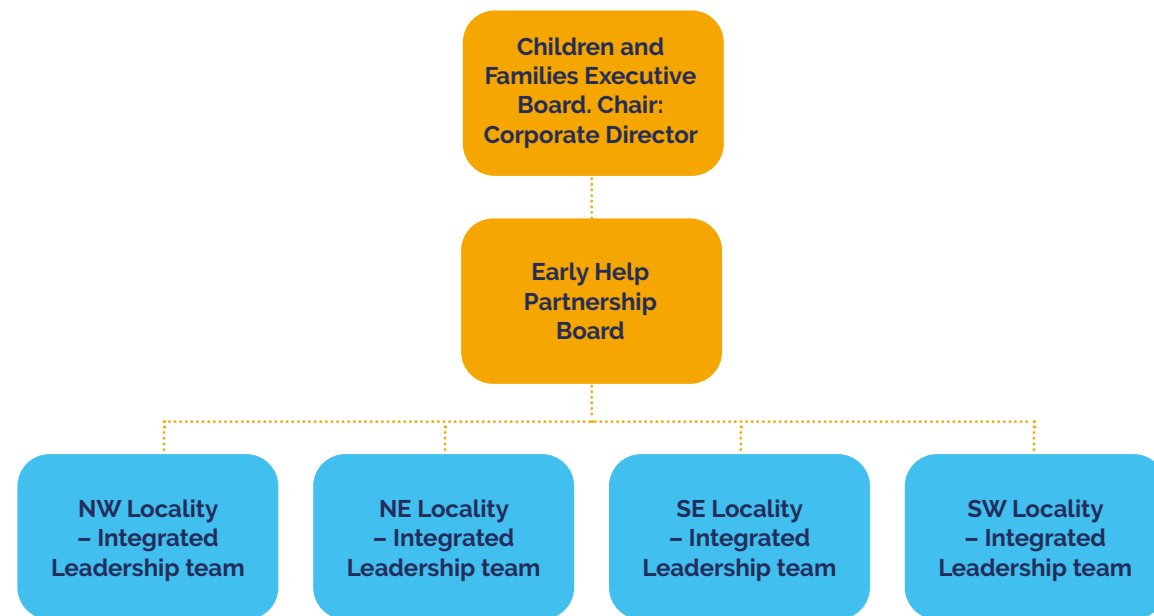
Tower Hamlets Early Outcomes Framework - service and system level

	Safe	Healthy	Happy	Learning	Engaged	
Indicators	Cross-cutting service/system-level: – Robust governance and leadership with a shared vision – Skilled, high quality, confident and supported workforce – (Integrated) processes, systems and pathways for identification of need, assessment, referral and review of needs and impact; data sharing, shared case management, common assessment – Shared funding and joint needs assessment, planning, commissioning and de-commissioning of accessible services that match the needs of children, young people, parents, families and communities – Continuum of care and support across the infant/child/young person's life-course; clear pathways through integrated services – Joined up working across services – family hubs acting as a gateway, supporting targeted families to attend universal services (FHM10511) and enabling access to targeted/specialist services; supporting access to wider services (housing advice, debt/money/welfare benefits advice, food banks etc); – Improved data sharing; data linkage and integrated data systems					
	– Rates of referrals to children's social care that don't meet threshold – Rates of re-referrals to children's social care – Rates of repeat Child Protection Plans – Rates of repeat entry into care – Numbers supported to access housing/debt/benefits/money advice; food banks	– Rates of attendance at (universal) appointments and take-up of targeted/specialist offers – promoting antenatal care (1) – Rates of attendance at development checks and immunisations – focus on vaccinations in pregnancy (1) – Numbers supported to access (NHS) dentist locally – Numbers supported to access specialist services – breastfeeding support (2); healthy weight; smoking; recovery and reducing harm from alcohol and substance misuse	– Numbers identified accessing integrated perinatal and parental mental health pathway (3) – Numbers accessing infant mental health and parent-infant relationship services – Numbers supported to access adult mental health services – Numbers of children supported to access appropriate mental health (CAMHS) and emotional wellbeing services through an integrated pathway	– Provision of support/resources for parents to create a safe, nurturing and stimulating home learning environment – SEND identified in early years (and beyond through transitions into school) and appropriate referrals made for assessment and support through a revised integrated SEND pathway (5)	– Levels of participation, including in active parent panel – Feedback that services are accessible and appropriate, including for fathers, kinship carers, extended families – Reported levels of awareness of where/how to access help, resources and spaces; number of parents self-referring – Numbers of young people accessing one of Tower Hamlets' safe places (6) – Reach of services to families in need of support (6) (including to ethnically diverse or living in areas of deprivation)	
Family hubs process measures / quality and monitoring (across DfE criteria)						
Metrics	Access	Connection	Relationships	Childcare	Workforce	Activities
	– Reach and meaningful/ ongoing contact, including with vulnerable/ seldom heard families, particularly for children of Somali, Bangladeshi and Black Caribbean heritage – Communications, information and brand – Single contact point; able to access in different ways – Family friendly culture – Accessibility and equality – Going beyond Start for Life and 0 to 5	– Covering – integrated leadership and governance, commissioning and funding, co-location, data sharing, case management, common assessment, partnerships and co-location with voluntary, community and faith sector; Community ownership and co-production	– Whole family, relational practice model – Strong positive relationships and trust between the workforce and babies, children, young people and families – Training and development – Consistency of contact (only have to tell once)	– Provision of sufficient, accessible, high quality early education and childcare (4) - quality and sufficiency – EYFS Tracking % Nursery	– Workforce category - number and type of staff – Workforce training - number of training days provided and numbers of staff attending training – Workforce pursuing further professional development – Workforce retention	– Types of activity (using DfE codes) – Provide clarity about and evidence supporting each activity's (potential) contribution to the specific outcomes being sought/ achieved

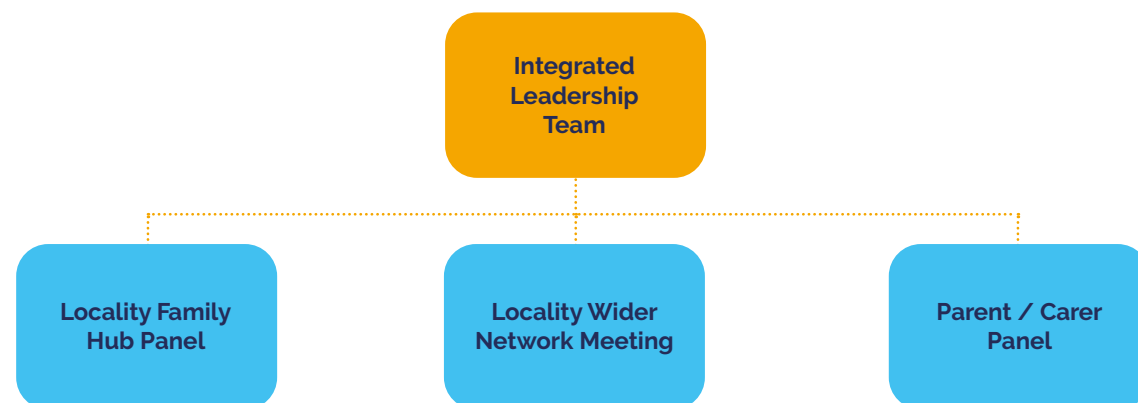


Appendix 2 – Early Help Governance arrangements

Early Help Governance Structure



Early Help Locality Governance Structure





**Family
Hubs**
TOWER HAMLETS

