

TOWER HAMLETS EARLY HELP STRATEGY 2023-2025

**‘Leaving no families behind –
supporting access for all’**



Acknowledgements

Organisation who have co-developed and committed to the strategy

Leadership and governance of this strategy is provided by the Early Help Partnership Board.

Membership of the partnership is broad and involves statutory, voluntary and community sector partners.

Organisations and services involved in developing this Strategy include:

- Tower Hamlets Council Children's Services
- Early Help
- Education
- Public Health
- Social Care
- Violence Against Women and Girls Team
- Housing
- Customer services team.

Representatives from:

- Borough Schools
- Health – community health and mental health providers plus Barts NHS Trust
- Metropolitan Police
- Voluntary and community sector organisations
- Housing providers

Lutfur Rahman – Mayor LB Tower Hamlets

Dan Rutland – Acting Detective Chief Superintendent

Korkor Caesar - The Tower Hamlets Safeguarding Children Partnership

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Foreword

This strategy sets out a bold and ambitious approach to Early Help in Tower Hamlets. One that is underpinned by collaboration and will build one connected Early Help system, delivered through a locality-based Family Hub approach. We believe that this will enable families, children and young people to have access to the right help at the right time and prevent them from having to retell their stories. It has been co-produced with partners and reflects the views of children and their families and secures a collective commitment and accountability for the delivery of broad, accessible and responsive early help provision. We hope this approach will strengthen local networks, build community capacity and empower families to access the services that they need rather than waiting until a crisis moment occurs.

We believe that stable, resilient families living in strong communities are the key to helping children and young people to lead happy, healthy and fulfilling lives. We want to foster self-help, self-reliance and strength rather than dependency. We know that the COVID-19 pandemic has had a profound impact on our children and young people. It has not only disrupted their education but also the social contact and development that is so important from early years through to the transition to adulthood. These impacts are not evenly distributed, but instead disproportionately affect those already experiencing disadvantage and inequality. Finding ways to mitigate these is important for the wellbeing of our communities, whilst ensuring we intervene early to prevent negative impacts from becoming chronic crises that impact community cohesion and demand for services. By doing this together, and with communities, we will ensure even better outcomes for our children, young people and their families and ensure that our resources are used most effectively to achieve the aims set out here.



Cllr Maium Talukdar
Deputy Mayor and
Cabinet Member
for Children, Youth
Services, Education and
Equalities



James Thomas
Corporate Director for
Children and Culture

Josh MacAlister, The Case for Change, The Independent review of social care (2021) states that often 'community is the first line of defence, but we do not utilise its full potential to help families'. In Tower Hamlets working with communities will be an integral part of our strategy.

The ethical and financial rationale for providing this new early help approach is clearly informed by a growing evidence base which states that joined up earlier intervention is more effective, and less traumatic for families, than more reactive statutory services later.

We are pleased that a new Early Help Partnership Board, reporting to the Children's Safeguarding Executive Board, will be responsible for driving this strategy forward ensuring that challenge, impact and quality are at the heart of achieving our outcomes.

SECTION 1: BACKGROUND



1. What do we mean by Early Help and what does it mean in Tower Hamlets?

- 1.1 Put simply, we believe that Early Help is all about identifying needs within families early and providing coordinated support before problems become complex. Our understanding of Early Help is built upon seminal publications¹ which all make a compelling case for early help and prevention. Early Help therefore is the term used in Tower Hamlets to describe our response to a whole range of individual (and community based) social, health and educational issues when providing support to children, young people and their families as soon as problems emerge or re-emerge. It is a way of working that supports families to overcome these challenges and avoids things becoming worse and harder to resolve.
- 1.2 We believe that families should be enabled and supported to have the right conversations, with the right people at the right time for them about their needs or concerns, so that statutory interventions can be avoided where this is appropriate. This will be achieved through a collaborative approach of local agencies working together effectively with families to:
- identify children and families who would benefit from Early Help
 - developing a shared practice framework, including an assessment process, and
 - providing services, through a Team around the Family approach, to address the needs of a child/ren and their family which will aim to create sustained change.

- 1.3 Timely and flexible support is evidentially better for children and families, prevents escalation and is as a result, more cost effective. Early Help is provided through a range of different services: **universal** which are open to all, **targeted** provision, and **specialist** services. These may be provided by a single agency or a multi-agency response as appropriate to the needs of the child and family and the concern.

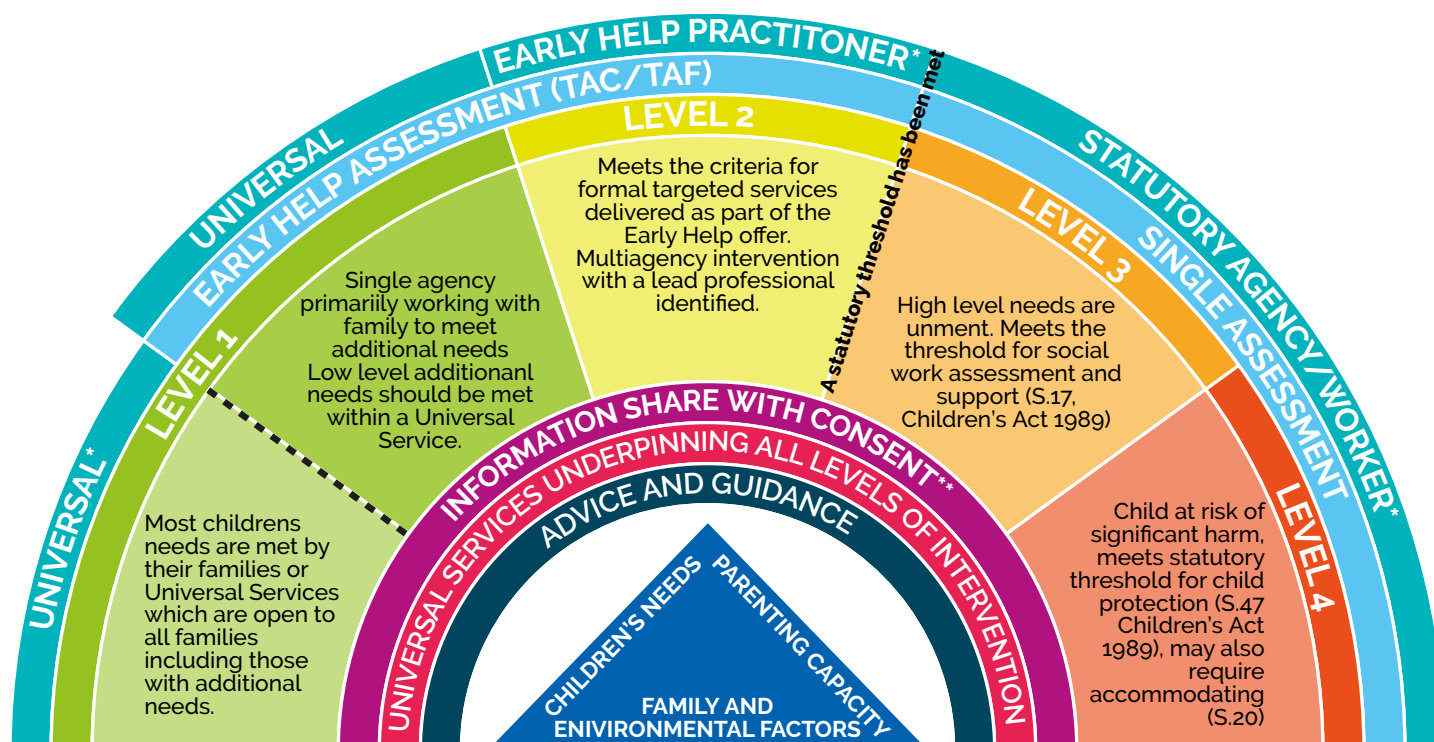
2. Responding to Need

- 2.1 Early Help in Tower Hamlets consists of all the support available to children and families at levels 1 and 2 of the Tower Hamlets Thresholds guidance. It also enables children and young people moving away from statutory support (level 3 & 4), to sustain the progress they have achieved and promote their increasing independence.
- 2.2 Where appropriate, a joint approach will be taken, with partners, to the assessment of need and the application of agreed thresholds which will ensure that the right levels of services are offered to children, young people and their families. In addition to this, new threshold guidelines have been issued by the Tower Hamlets Safeguarding Children's Partnership (THSCP) and these will be used in Early Help as the basis for our joint understanding of thresholds. There are four thresholds in the THSCP guidance as described on page 7.

1. These key publications reinforce the case for early help:

- a. The Field Review (2010) - The Foundation Years: preventing poor children becoming poor adults
The report of the Independent Review on Poverty and Life Chances
- b. The Marmot Review (2010) 'Fair Society, Healthy Lives'
- c. The Allen Review (2011) Early Intervention: The Next Steps An Independent Report to Her Majesty's Government
- d. The Munro Review (2011) of Child Protection: Final Report A child-centred system Professor Eileen Munro
- e. The Tickell (2011) Review of the Early Years Foundation Stage
- f. Ofsted (2015) Thematic Review - 'Early Help: Whose responsibility?'
- g. Realising the Potential of Early Intervention (2018) EIF

London Borough of Tower Hamlets Continuum of Needs



* Lead professional

** Unless detrimental to the child

LEVEL	DESCRIPTION
1	Universal Services Should be met with services provided in universal settings to address low level additional needs.
2	Targeted Early Help Services Which meet the criteria for more formal targeted services delivered as part of the early help offer; multi-agency intervention, a lead professional and a Team Around the Family approach in addition to support in universal services.
3	Child in Need Which meet the threshold for social work assessment and support under S.17 of the Children Act 1989 (children in need), in addition to services in universal settings and by targeted services.
4	Children Protection Which meet the threshold for statutory child protection by social work teams delivered under S.47 of the Children Act 1989, in addition to provision in universal settings and by targeted services. This may also include children subject to a Care Order or children looked after under S.20 (duty to accommodate) of the Children Act 1989.

3. Development of this Strategy

- 3.1 This strategy has been developed collaboratively with partner agencies who are engaged in the delivery of Early Help services. It sets out how we will work together to deliver coordinated and timely early help support to children, young people, and their families and our shared priorities in taking this approach.
- 3.2 In developing our priorities for this strategy, we have worked with the Early Intervention Foundation and the National Centre for Family Hubs (the Anna Freud Centre), to test their new co-production 'tool-kit', which is a systematic data-led approach resulting in shared priorities and a Theory of Change. As a part of this co-production process, we held several workshops as follows:
- An introductory workshop for stakeholders – all key partners and parent/carers – to develop a shared understanding of the need in the Borough and to begin to agree what we needed to change over the next 3 years.
 - Locality workshops – these were focused on particular communities and engaged parents and professionals at a delivery level.
 - A workshop hosted by parents for parents feeding back to us their concerns and priorities.
 - Two further strategic partnership workshops to agree priorities and to finalise a Theory of Change for our approach.



4. Key achievements since the 2017 – 2021 Strategy

- 4.1 We have restructured and strengthened the Local Authority's internal Early Help service:** An Ofsted inspection of local authority children's services took place in January 2017 when Ofsted judged the borough's Family Services to be 'inadequate'. Ofsted reported that 'Serious and widespread failings ... including the early help hub ... cases seen by inspectors, had limited impact on improving outcomes to avoid problems escalating. Early Help assessments sampled by inspectors are overly focused on educational issues and behaviour. Too many lack essential information to ensure that children and families receive effective support'.
- 4.2 Following the inspection, a rapid improvement plan was developed.** The Local Authority has merged its Early Help Service with part of the Integrated Early Years' Service and created the Early Help & Children and Families Service. This new service supports families and children from birth to 19 years old and up to 25 for children with SEND. The next phase is to ensure that this Local Authority service is dovetailed into a wider Early Help system.

In June 2019 Tower Hamlets received a further inspection of Children's social care services, and this time Ofsted judged the borough service as 'Good'. Ofsted reported that;

- 'Since the previous inspection in 2017, the local authority and partner agencies have taken carefully considered action to reconfigure and target services to ensure that they are effective. This ensures that Early Help services are offered based on assessed need and are responsive. Children benefit from bespoke and skilled work undertaken by knowledgeable early help practitioners. They diligently deliver intensive direct work to children experiencing neglect, and those living with parental substance misuse, poor mental health and domestic abuse.'
- 'Effective and well-coordinated universal and Early Help provision means that children and families receive good help when they need it.'
- 'Children and their families benefit from an extensive range of increasingly well-coordinated multi-agency early help support.'

4.3 Developed twelve Children and Family Centres (CFCs) for children 0 – 11 years with a strong 0 – 5 offer: The Children and Family Centres have become an anchor in the community and work well with local organisations in their localities – especially with their local day-care providers. As part of the enhanced birth to 5 offer, the early identification teams provide a range of universal and targeted services. Outreach begins early with midwifery and the health visiting service sharing live birth information, which Children and Family Centres use to invite new parents to 'Baby's Day out' which acts as an introduction to all multi agency services through the centres. There are very high rates of registrations and attendance at our Children and Family Centres and strong performance on enabling 2-year-olds from families experiencing poverty into good or outstanding childcare settings is steadily improving. This provides a strong foundation for publishing our Best Start offer by April 2023.



4.4 We have embedded social workers in secondary schools: Tower Hamlets is a part of the DfE's pilot of Social Workers in Schools (SWIS) Programme, which aims to embed social workers in secondary schools to reduce referral rates to children's social care. The aim is to reduce the number of children in care and improve educational attainment. The impact of having social workers in schools is being evaluated by the University of Cardiff. The outcomes of the randomised trial will be available at the end of 2023. Anecdotally it has been noticed that schools are consulting 'their' social worker and taking action earlier to prevent escalation at a crisis point and before making referrals into children's services.

4.5 We have embedded an approach to reducing parental conflict: We are a part of the Department for Work and Pensions (DWP) – Reducing Parental Conflict Programme. The aim is to support local areas to make progress towards an integrated system-wide response to reducing parental conflict and reduce the need for costly specialist services in the future. Through this we have had an opportunity to upskill our workers through training, look at different ways of engaging families which has resulted in a cartoon and pop out leaflet.

- 4.6 Created the role of Young Scrutineer:** We received £35k from the DfE's 'Implementing the Reform' programme. This was specifically in relation to Safeguarding Partnerships and we are using the money to bring in Young Scrutineers to support the THSCP. We are in the early stage of the implementation and currently a training and induction programme is in place.
- 4.7 Taken positive steps to tackling gang and youth crime:** In 2019 the Local Authority (LA) successfully applied for MHCLG (now the Department for Levelling Up, Housing and Communities) Supporting Families Against Youth Crime. The fund enabled LAs to put more focus on tackling gang and youth crime. The success of this programme resulted in the LA being able to fund a similar programme in partnership with 2 Voluntary sector organisations. We are also working with young people aged 10-14 and their families to address drug and alcohol use, providing support at the earliest stage through the Addiction, Diversion, Disruption, Enforcement and Recovery Project (ADDER).
- 4.8 Testing and developing new digital solutions:** The LA were successful in 2021 of obtaining DfE funding under the Growing Up Well project: Access and Navigation. The grant is for improving the 'user experience' for vulnerable and disadvantaged families who would benefit from accessing Family Hubs with a focus on digital services. Tower Hamlets are sharing their learning with other LAs through a regional network, leading the way in implanting new solutions.
- 4.9 Achieving good educational outcomes for children:** We do not believe that poor outcomes inevitably follow the high levels of need in Tower Hamlets – in our schools for example, our children consistently achieve above the national averages, as do our children and young people with SEND.



- 4.10 Breast feeding:** Our Infant Feeding and Wellbeing Service deliver infant feeding drop-in clinics across the Children and Family Centre partnership. UNICEF Baby Friendly coordinators sit within the Health Visiting Service and the Royal London Hospital to support ongoing Baby Friendly accreditation across maternity services and across our community services. Currently our initiation rates (Q1 & 2 2021/22 is at **80%**) and breastfeeding levels at 6-8 weeks (**70%** exclusive and partial breastfeeding combined same period) which are amongst the highest in the country.
- 4.11 Supported the building of evidence:** We are partners in the UK Prevention Research Partnership consortium, ActEarly, with Bradford Institute of Health Research and academic experts from a range of disciplines, including built environment, housing, transport, education, public health and evaluation methodologies from UCL and QMUL. Through these collaborations we are developing and evaluating a range of interventions and delivering research to support children, young people and family's wellbeing and opportunities.

4.12 We have an embedded and accessible approach to supporting parents in their parenting role: We offer a wide range of evidence-based parenting programmes including Triple P and Strengthening Families, Strengthening Communities for families of children up to 18 years. Programmes in English, Bengali and Somali, the main three languages spoken in Tower Hamlets are well attended and support parents to strengthen their relationships with their children and promote positive development and behaviour, health and well-being.

4.13 We have created opportunities for parents to find out about services and influence decisions that affect them and their families: The Parent and Carer Council, the borough's main family forum, associated networks, school-based Parent Voice and new Let's Talk SEND events take place each term and aim to provide opportunities for all parents to find out about services and to influence decisions that affect them and their families.

4.14 We have created peer support opportunities: The SEND Young People Ambassadors and Our Time Forum members have secured funding to develop short films on Being Independent and Living with SEND and alongside the SEND Parent Ambassadors raise awareness of SEND and contribute to consultation, co-production and service development.

4.15 We are working with schools to involve parents in supporting their children's academic learning: We received grant funding from Save The Children to pilot the Families Connect Programme which supports parents and children to learn together. The programme aims to narrow the gap in early learning by improving children's confidence, communication, literacy, numeracy, and social and emotional skills ensuring that all children can reach their full potential.



4.16 Tower Hamlets has a rich and vibrant voluntary sector. Tower Hamlets has a rich and vibrant voluntary sector. The Voluntary and Community Sector have continued to provide an extensive variety of opportunities for support and enrichment for children, young people and families with a critical role in the delivery of Early Help across the board. This was highlighted throughout the pandemic, where they continued to offer their services, playing a significant part in ensuring that families and especially children remained safe.

5. What we know about the need in Tower Hamlets

Background - our current context in Tower Hamlets



- 5.1 London has been moving east, and the financial district now in Canary Wharf, Tower Hamlets is often described as its heart city. We are a world borough with a proud history of diversity: **43%** of residents were born in over **200** different countries. **69%** belong to a minority ethnic group. We are one of the youngest places in the country (median age of 31) and one of the most densely populated. Our population is set to grow by **10%** and **35k** homes will be built by 2028.
- 5.2 Tower Hamlets is a place of contrast with the average household income of our wealthiest ward more than double that of our poorest. Once accounting for housing costs, **56%** of children live in low-income families (highest in England). The pandemic has exacerbated inequalities and highlighted how these are linked to multiple disadvantages.²
- 5.3 COVID-19 has highlighted the extreme inequalities in Tower Hamlets. As result of the lock down children who were most likely to benefit from early childhood provisions lost out significantly. The first wave also saw a slower take up from the predominant Bangladeshi community, resulting in this group more specifically being impacted.³ The priorities coming out of COVID are around poor mental health, relationship breakdowns, engagement back to school and unemployment. More recently the cost of living crisis

Family Need



- 5.4 In developing our strategic priorities for 2022 – 2025 we have looked at the following data, which we have grouped under the 4 domains of child development as used by the Early Intervention Foundation.

Physical health / development



- 5.5 In 2019-20 the number of children (under 16) living in absolute low-income families was **22.1%**, compared to **14.6%** for London and **15.6%** for England. Those children living in relative low-income families is **28%** compared to **18.3%** for London and **19.1%** for England. These very high levels of income deprivation in Tower Hamlets compared to elsewhere will impact profoundly on health in the borough and particularly on health and wellbeing at both ends of the life course (children/families and older people) born out by the COVID-19 study carried out by University of London.⁴



2. www.towerhamlets.gov.uk/lgnl/community_and_living/borough_statistics/borough_statistics.aspx

3. <https://blogs.ucl.ac.uk/ioe/2022/07/06/covid-19-the-children-most-likely-to-benefit-from-early-childhood-provision-lost-out-the-most/>

4. www.ucl.ac.uk/ioe/departments-and-centres/centres/thomas-coram-research-unit/our-research/families-tower-hamlets-impacts-covid-19

- 5.6 The impacts of higher levels of insecure housing and overcrowding on core needs for wellbeing is likely to be a significant contributor to poorer health in the Tower Hamlets population.
- 5.7 Higher levels of low birth weight in Tower Hamlets are a marker for poorer maternal health. In 2020, **4.03%** of babies born in Tower Hamlets had a low birth weight, this is higher than for London as a region (**3.29%**) and England (**2.86%**).
- 5.8 Similarly, higher levels of childhood obesity and poor oral health are a marker for wider issues in the Tower Hamlets population as a whole around physical activity, diet and mental health. In 2019/20 the prevalence of obesity in reception age children was **12.2%** compared with **10%** for London and **9.9%** for England. This more than doubled in year 6 to **25.9%** compared to **23.7%** for London and **21%** for England. Interestingly, in Tower Hamlets the prevalence of underweight children at reception and year 6, although low, is higher than the London and England averages.
- 5.9 Added to this food poverty is high evidenced by the number of families accessing food banks.
- 5.10 Despite improvement, Tower Hamlets still stands out as having amongst the highest levels of smoking in the country.
- 5.11 The lower uptake of screening services in Tower Hamlets is a marker for the extent to which prevention and early diagnosis services are taken up by the population.
- 5.12 In 2016-18, life expectancy for men in Tower Hamlets was the same as in the UK, while for women it was slightly higher than the UK average. However, healthy life expectancy was below the national average, with a particularly large gap for women. Preventable mortality for under 75s was higher than in London as a whole. There is an opportunity to address maternal health within the family hub approach.

Cognitive development



- 5.13 In 2019 there were **45,000** pupils in primary and secondary schools in the borough with **163** languages spoken. **70%** of pupils do not speak English as a first language at school age. Predominantly these students are Bengali speakers, reflecting the **61%** of all students who are of Bangladeshi ethnicity.
- 5.14 The data shows a mixed picture of the majority of children achieving well but this is coupled with an increasing rate of SEND.
- 5.15 There has been a dramatic decrease in the number of children attending childcare settings, particularly two-year-olds. Between 2019 and 2020, there was also a **49%** drop-in nursery occupied places for 3- & 4-year-olds. Although in the last year we have seen a **36%**, Tower Hamlets still has one of the lowest take up in London.
- 5.16 The percentage of children achieving a good level of development at reception has been steadily increasing to **69.9%** in 2018/19 but remains below the London average (**74.1%**) and that of England (**71.8%**). However, the percentage of children in Tower Hamlets reaching the expected standard in reading, writing and maths at KS2 is **72.4%** compared to **70.7%** for London and **65.3%** for England. Girls have higher attainment than boys at all stages. Non-White British pupils have higher attainment than White British pupils at all stages. Children and young people whose first language are not English have higher attainment than pupils whose first language is English at all stages. Children and young people who are entitled to and receiving Free School Meals have lower attainment at all stages than children who do not.

- 5.17 The percentage of pupils with a statement/EHC plan is higher than London and England and is increasing with 1 in 6 school aged children and young people with SEND, the percentage with SEN support is similar to London and England but decreases have levelled off locally, regionally and nationally. Speech, Language and Communication and Social, Emotional and Mental Health are the most prevalent needs for pupils in Tower Hamlets.
- 5.18 While primary school absenteeism is **8.8%** in Tower Hamlets, above the London (**8.2%**) and England (**8.2%**) in 2018/19 figures. In secondary school the percentage (**10.1%**) is lower than for England (**13.7%**) and London (**12%**).
- 5.19 The number of 16–18-year-olds recorded as NEET has dropped from **6.8%** in 2017 to **5%** in 2020 but this remains slightly above the London average of **4%**.
- 5.20 The rate of unemployment in the borough is one of the highest in the country with low rates of local employment secured by residents. This is despite education levels rising across Tower Hamlets. Employment is higher than the London average among people aged 20-24 and 35-49 but not significantly. However, unemployment amongst younger people aged 16 -19 is significantly higher when compared to the London average.



Self- regulatory development



- 5.21 Tower Hamlets has the 6th highest crime rate overall in London and the 2nd highest Anti-Social Behaviour calls. It has the 5th highest rate of domestic violence in London (with the majority of victims being female and the majority of perpetrators being male). The numbers of hate crimes that take place in the borough are above average for London.
- 5.22 The high levels of substance misuse in the Tower Hamlets population is a marker of the underlying issues impacting on individuals and household's lives that impact on healthy life expectancy.
- 5.23 This said, crime in Tower Hamlets has risen in recent years but less rapidly than in London as a whole. In December 2019 there were **35,118** notifiable offences, a **4.2%** increase since 2016, compared to the **16%** increase in the London as a whole.
- 5.24 Recorded youth crime in the borough has fallen, as it has elsewhere. BME boys are more likely than other young people to have committed a proven offence.
- 5.25 In 2019 the proportion of residents who cited drug using or dealing as a concern was **67%**, an increase of **7%** since 2018.
- 5.26 Between December 2015 and December 2019 there was a **39%** rise in sexual offences.

Social and emotional development



- 5.27 A JSNA undertaken in 2019 provided a spotlight on Emotional and Mental Health and Wellbeing of Children and Young People (CYP) in Tower Hamlets. This highlighted that half of all mental health problems experienced in adulthood are established before the age of 14. One in ten children and young people are affected by mental health problems. The most common include conditions such as depression, anxiety, conduct disorder and severe hyperkinetic disorder (severe ADHD).
- 5.28 Poor mental health and wellbeing in childhood increases the likelihood in later life of poor educational attainment, drugs and alcohol misuse, teenage pregnancy, adult mental health issues, involvement in violence and crime, and long-term physical health problems.
- 5.29 One in 10 children in Tower Hamlets between the age of 5 – 16 years have a mental health disorder. This is the highest in London.
- 5.30 Children are known to be in the household in **80%** of all domestic violence cases in the borough
- 5.31 Experiencing abuse in childhood or adolescence has been identified as a significant risk factor for poor mental health and poor attachment (Tower Hamlets Violence Against Women and Girls Strategy 2013).
- 5.32 The proportion of clients starting alcohol or drug treatment who are parents and have contact/live with children is **17%** (national average being **18%**) for drug clients and **18%** for alcohol clients (national average being **24%**). Children with parents who have mental health or substance misuse problems are at increased risk of developing mental health problems.
- 5.33 Tower Hamlets has the highest prevalence in London of hyperkinetic disorder (ADHD) and emotional disorders in children aged 5-16.

All children and young people are safe



- 5.34 Tower Hamlets has a high proportion of children in need when compared with England and London. The number of children identified as being in need has risen considerably since 2017. See Appendix 1.
- 5.35 The proportion of children who are being looked after by the local authority is below the national and regional average, but the number of children has risen in recent years. The main reasons for children entering care are abuse or neglect (**40%**) and absent parenting (**24%**).
- 5.36 The majority of children in care (**66%**) are in foster care but a significant proportion (**15%**) are placed in the community, while **7%** are in children's homes, secure units or hostels.
- 5.37 Tower Hamlets has (by far) the highest proportion of older people in receipt of adult social care in England. Older people with care needs primarily have physical support needs whereas working age adults in receipt of adult social care are more likely to have a learning disability or a mental health need.



Feedback from our workshops

5.38 Discussions in our co-production workshops (mentioned above in paragraph 3) - amongst families and professionals - highlighted the following ingredients as vital in providing effective support to families:



Having a single point of access, which is easily accessible.



Developing the workforce to support families better.



Delivering comprehensive support services for the whole family rather than having multiple workers per family.



Working more effectively with each other so that families don't need to retell their stories.



Being flexible in how and when we offer services.



Breaking down language and access barriers.



Services to be easily accessible and inclusive of families' needs.



Better Information on services to be made widely available.

The workshops also flagged that the key issues affecting residents are:

- **Pregnant Mums & Babies:** complex health issues, low birth weight for babies.
- **Young Children:** Low language levels, low take-up of childcare for 2-year-olds, childhood obesity, SEND needs.
- **Adolescents:** Mental health issues (anxiety, depression, long-term mental health), sexual health issues (high rate of HIV, high rate of abortion), youth crime.
- **Adults:** Unemployment, health issues (diabetes, smoking), crime, substance misuse, housing issues (overcrowding), accessing digital services.
- **Children being Safe:** particularly around domestic abuse.

5.39 These co-production workshops demonstrated a good correlation between the data on need and the experience of professionals and parents. Added to this, there was a real belief that poor outcomes do not inevitably follow the high levels of need in Tower Hamlets exemplified by the fact that children in the Borough consistently achieve above the national averages in education, as do children and young people with SEND, and breastfeeding levels at 6-8 weeks are amongst the highest in the country.

5.40 Through this collaborative strategy we will build on these successes to narrow the gap even further and collectively address some of the barriers to access of services to support even better outcomes for our children.

SECTION 2: THE STRATEGY



6. Where we want to be in 2025: our shared ambition for Early Help in Tower Hamlets.

- 6.1 We are ambitious in what we want to achieve and have collectively committed to transforming our services into a new Early Help system and so by 2025 we will have:
- **Developed a fully integrated Early Help system:** There will be locality based, integrated teams delivering through a Family Hub approach and delivering interventions that meet local needs. We will use the 'Department for Levelling Up and Communities' (DLUC) maturity matrix tool to regularly review our progress. At the core of what we offer will be our 'Start for Life offer', which will be published in April 2023.
 - **An integrated and strengthened workforce:** A fully integrated workforce who are trained to share our trauma informed, whole family approach to working with families. This approach will put emphasis on understanding the context that the child and family live within rather than just the underlying 'problem'. It will involve an enhanced, and shared, Early Help Assessment (EHA), a lead professional and the 'Team Around a Family' model.
 - **Improved outcomes for children and their families against our agreed priorities:** Our driving ambition is to achieve the best outcomes for ALL children and their families through joining up our resources and making our collective services easier to access. We want to make it easier for families, their children and young people to feel able to access support when and how they need it.
 - **A strengthened and systemic way of identifying need in universal services:** Using a shared assessment process, which results in the offer of more intensive support for families with emerging needs. We want our Early Help assessment to have a real focus on the early identification of mental health illness.

7. Our shared Vision

- 7.1 As an early help system, we have agreed the following vision:
- 'Every child, young person and family feels included in their communities, is happy and healthy, and can easily get any help they need to thrive and reach their potential.'

8. What does our Vision mean?

- 8.1 By sharing resources, and working together, we will strive to ensure families receive the services they need. Parents will feel supported and integrated into their communities. They will easily access the help they need, without barriers.
- 8.2 This shared and integrated approach to Early Help, will mean:
- Coordinated services resulting in healthy, happy babies and young children who are well attached to resilient and confident caregivers.
 - Healthy, happy children and young people progressing smoothly through their education, developing emotional resilience, social skills and positive aspirations.
 - Young adults in appropriate education, training or employment, in stable relationships and with living skills that make them healthy and independent.

9. Our Shared Mission

- 9.1 We are a community of families and services that are working together to provide timely support for families by helping create opportunities to improve the lives of children. Early Help in Tower Hamlets is delivered through a Family Hub approach.

10. Our Shared Guiding Principles and Values

10.1 Our Early Help system shares core values:

- To be inclusive, to be relational and compassionate with practice informed by trauma informed practice and a restorative approach.
- To work together to achieve the best outcomes with families and their children and to strive to build community.

10.2 These values are integral to our guiding principles, which provide a framework for all our work and are outlined below:

To be:

- **Relational:** Using restorative practice and a whole family approach that can build strengths, achieve sustainable change, and can work towards resolving conflict.
- **Being Accessible:** Making it easy to access services in the best way for the family.
- **Targeted and coordinated:** A collectively developed early help system that targets resources at those at risk of the poorest outcomes, making every contact count to reducing escalation to higher support levels.
- **Independence and resilience:** Strengthening and empowering communities to develop new services in partnership with children, young people and all the adults around them.
- **Empowered and integrated workforce:** Developing our workforce together to make them all confident Early Help practitioners all consistently applying an early help approach.
- **Outward looking and enterprising:** Integrating our services with related community-based strategies, developing creative new partnerships, and seeking funding and opportunities.

11. Achieving our shared ambitions – towards a ‘Universal Set of Shared Behaviours’

11.1 We are committed to agreeing a set of shared behaviours, which we can adopt across our emerging Early Help system to ensure that parents receive a consistent approach from us. The conversations to agree these will start in November 2022 and be agreed by Jan 2023.

12. Our Shared Outcomes

12.1 We will focus on improving the following outcomes:

- a. Health outcomes from pre-conception to adolescence for children, young people and mothers.
- b. Educational and employment outcomes for children, young people and their parents.
- c. Independence and community involvement for children and young people with SEND.
- d. Mental health and wellbeing, especially with young people.
- e. Keeping children safe from harm.

12.2 To achieve these outcomes, we have agreed shared priorities, driven by our overriding desire to increase access in all areas of our work. As a part of developing our Theory of Change, we identified 11 development areas that we collectively want to address - these, and the linked priorities (in bold), are set out on page 20.

1. Health outcomes from pre-conception to adolescence for children, young people and mothers.



1. Income distribution and existing inequalities compound poor health outcomes across generations. We will maximise opportunities for children to have opportunities to succeed despite their family's income.
2. We will prioritise the 1001 critical days and ensure our Start for Life system is working together to give families the support they need.
3. Mothers and mothers to be, in Tower Hamlets, experience health disadvantage. Improving women's health will be a priority in our model.
4. There are challenges in identifying and managing complex and chronic health conditions. We will support the management of complex and chronic health conditions through our integrated approach.

2. Educational and employment outcomes for children, young people and their parents.



5. Some children start school with unidentified needs and there are variations in the cognitive, social, and emotional skills of children when they start school. Ensuring the youngest children (0-5) 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.
6. There is variation in employment rates and access to stable employment across Tower Hamlets which disproportionately affects certain communities. Children and young people have access to different opportunities and there are differences in the attainment and development of skills for life for pupils in Tower Hamlets. Improving school attendance, developing inclusive alternatives to school exclusion, and enabling successful progressions into training or employment for both young people and their parents

3. Independence and community involvement for children and young people with SEND.



7. A lower percentage of children are being supported at SEN support level and the percentage of children with an EHCP is increasing. Children are waiting longer for SEND assessments and diagnosis and needs often escalate whilst children and young people wait for support. We want to find ways to provide wrap around support for families who have a child/ren with SEND.

4. Mental health and wellbeing, especially with young people.



8. Parental anxiety and depression are higher than the national average: We will collectively contribute to the reduction of parental anxiety and depression.
9. Poor mental health impacts children, young people and their families disproportionately. We will find ways – through our whole family approach – to address this imbalance.

5. Keeping children safe from harm.



10. Domestic violence is high in the borough. We want to develop an earlier and more targeted response to domestic violence and abuse.
11. Parental conflict is commonly exacerbated by poverty. We want to improve family relationships, with a particular focus on helping parents who are in conflict to work better together, whether they are together or separated.

- 12.3 Our detailed Theory of Change (ToC) is attached and will be reviewed regularly as a part of monitoring the implementation of this strategy (see Appendix 2). Our ToC report from the Family hub workshops can be viewed in Appendix 3.
- 12.4 An action plan will be developed alongside our ToC with measurable targets.

13. Our shared priorities for developing our Early Help system

- 13.1 We have agreed 8 priorities to develop our Early Help system, which we believe will lay the foundations, as follows:
1. Develop an Early Help workforce that is relational, and trauma informed and works with the 'whole family'. Ensuring a consistent and compassionate approach for families.
 2. Develop an integrated leadership team (ILT) around each of our Family Hub areas, this will embed our integrated approach. The ILT will consist of the senior stakeholders from the locality and will focus on finding joint solutions with a focus on continual quality improvement.
 3. Develop coordinated care pathways which focus on improving access. We will begin with our Start for Life offer and a multiagency model of access and allocation to support fast, easy access to our services.
 4. Develop clear and integrated pathways with adult mental health services.
 5. Through the ILT, regularly peer review each other to ensure co-produced and tailored delivery that is sensitive to diversity, across the protected characteristics and varying needs of local communities to improve outcomes.
 6. Increase access by a blended model of outreach, face-to-face and virtual access across the system, beginning to join up all the different component parts.
 7. Scope an integrated IT solution that strengthens multiagency working to enable seamless delivery, sharing of information/data and multi- skilled team planning, including the digitalisation of records for both parents and children. This will prevent families needing to repeat their stories multiple times.
 8. Develop better communication about the Early Help system for parents and amongst professionals. Develop a social media/communications strategy to improve branding, raise awareness and develop materials to increase access to services for families.

14. Governance arrangements

- 14.1 A Partnership Board:** An Early Help Partnership Development Task & Finish Group was set up to steer the development of this strategy. This will morph into a permanent Early Help Partnership Board. Its membership will be representative of the partners delivering early help (from the Local Authority, health, police, voluntary sector and community organisations) enabling it to take joint accountability for early help and drive the delivery of this strategy.
- 14.2** To comply with the requirements in the new National Family Hub Model Framework, and ensure we deliver on this strategy, we will set up the following groups to report into the Early Help Partnership Board:
- A Parent Panel.
 - Parenting Support working group.
 - A Multidisciplinary parent-infant relationship and perinatal mental health working group.
 - A data and evaluation group to agree the performance indicators against our priorities.
 - Family Hub operational leads meeting consisting of the chairs of each ILT.
- 14.3 At the locality level:** Each of the localities will have an integrated leadership team consisting of the senior stakeholders and partners which will focus on the operational delivery of the services for families and on continual quality improvement. The integrated leadership will provide a common understanding so that sharing information, joint assessments, sharing resources – helping us create a model of 'locality around the family'. The ILT will develop an annual plan based on local need and report on progress to the Early Help Partnership Board, this will detail how each Family Hub area will meet the priorities laid out in this strategy.



15. Tracking Progress

- 15.1** The Early Help Partnership Board will ensure there is a Quality Assurance Framework, which will bring together a single data set that will provide a picture of the children and families who have accessed services within our early help system. In addition, a range of performance indicators will be agreed to measure progress against our outcomes so we can track the impact of our early help offer.
- 15.2** The Early Help Partnership Board will formally review the outcome measures set out in the strategy on an annual basis and report progress up to the Tower Hamlets Safeguarding Children's Partnership. The annual review of the strategy will also include refreshing the strategy if deemed necessary based on the changes in circumstances and lessons learnt. The effective delivery of the strategy will be reported to the board through highlight reports.
- 15.3** We will know that our Early Help Strategy is effective when children, young people and families confirm that it is making a difference to their lives and we will systematically and regularly ask them for their feedback. Successful Early Help should have an impact on the lives of children and young people and their future life chances.

16. Next Steps

- 16.1 With the first year of the post pandemic period coming to an end, we are still slowly starting to see its impact. The Theory of Change process helped us re-engage with families and stakeholders face-to-face and to collaboratively agree our aims and priorities going forward. As we become more aware of the impact of the pandemic on early years development and safeguarding, we will flex the strategy to respond to these specific needs.
- 16.2 We recognise, that as this strategy becomes embedded, future work will be needed to make sure we capture the success of the emerging Early Help system, community empowerment and fully evaluate both access to and the impact of our Early Help offer.
- 16.3 We have been progressing well with the implementation of our Family Hub approach and are currently at the start of our implementation phase, with a pilot due to start in January 2023, with the aim of opening a new Hub every four months. We will gather our learning to share with other areas and seek out opportunities to partner with universities to learn more about our approach.



Appendix 1 – CIN per 10,000 population⁵

AREA	2017	2018	2019	2020	2021	2022
Tower Hamlets	380.8	461.7	493.6	395.6	395.4	400
London	343.5	363.8	350.7	336.7	338.9	not yet avail
England	330.1	341	334.2	323.7	321.2	not yet avail
Statistical Neighbours	401.4	412.1	387.1	384.3	356.4	not yet avail

⁵. Local authority interactive tool (LAIT) - GOV.UK (www.gov.uk)

Appendix 2 – Our Theory of Change

Evidence based need	Problem Statement	Who is most impacted?
Income distribution and existing inequalities compound poor health outcomes across generations.	<ul style="list-style-type: none"> ● A need for more holistic support that mitigates the impact of health inequalities and builds resilience particularly for children living in poverty and in relation to, for example, childhood obesity and oral health. ● A need for improved awareness and identification of health needs and understanding of how to respond together with families/communities and professionals. 	<ul style="list-style-type: none"> ● Babies ● School-aged boys ● Children with disabilities ● Women ● Mothers ● Fathers ● Those living in low-income families ● Those in housing need ● Children and families experiencing transition in and out of the borough ● Bangladeshi Community (higher level of diabetes) ● Those from Black, Asian and minority ethnic communities
Mothers and mothers-to-be in Tower Hamlets experience health disadvantage.	A need to reach all families to offer comprehensive advice and support through pregnancy and beyond.	<ul style="list-style-type: none"> ● Young, south Asian mothers ● Young parents and mothers ● Mothers living in low-income families ● Lone parents
There are challenges in identifying and managing complex and chronic health conditions.	<ul style="list-style-type: none"> ● A need to take a life-course approach to manage health needs which can be challenging due to a moving population. ● A need for greater awareness amongst some practitioners and families relating to certain health needs. 	<ul style="list-style-type: none"> ● Children and families experiencing transition in and out of the borough ● Women
Parental anxiety and depression are higher than the national average.	<ul style="list-style-type: none"> ● A need to increase awareness and destigmatise perinatal and infant mental health amongst families and practitioners. ● A need to support access to appropriate, culturally competent support for perinatal & infant mental health amongst public and practitioners. 	<ul style="list-style-type: none"> ● Babies from pre-conception to age 2 ● Parents in low-income families ● Parents experiencing poor mental health ● Parents experiencing perinatal mental health problems ● Parents in low-income families ● South Asian parents ● Fathers

Evidence based need	Problem Statement	Who is most impacted?
Poor mental health impacts children, young people and families disproportionately.	A need to join up and develop a consistent approach across services. Where CYP and parents experience or express mental distress, problems with early identification, a lack of provision to meet needs in a timely way, and the stigma associated with MH creates barriers to access and limits the ability to build trusting relationships with families and provide a holistic/whole family and trauma informed response.	<ul style="list-style-type: none"> ● Parents in low-income families ● Parents experiencing poor mental health ● Parents who themselves experienced early trauma ● Children and young people experiencing poor mental health
Some children start school with unidentified needs and there are variations in the cognitive, social, and emotional skills of children when they start school.	<ul style="list-style-type: none"> ● A need to understand and respond to the differing perceptions and understanding of early learning amongst different communities. ● A need to develop the opportunities for providing a rich learning environment and to address the different capacity and opportunity barriers to this. 	<ul style="list-style-type: none"> ● Children aged 0-5 living in low-income families
There is variation in employment rates and access to stable employment across Tower Hamlets which disproportionately affects certain communities.	A need to develop employment skills and address barriers to employment linked to factors such as deprivation, disability, education, health, and motivation.	<ul style="list-style-type: none"> ● Young people aged 16-19 ● Those with a disability ● Ethnic communities and in particular women from ethnic communities ● White British boys ● Those living in low-income families
Children and young people have access to different opportunities and there are differences in the attainment and development of skills for life for pupils in Tower Hamlets.	A need to mitigate factors that impact a child's experience of learning to enable children and young people to thrive, learn and access education and training such as housing, nutrition, health and parental educational attainment.	<ul style="list-style-type: none"> ● Children and young people who are entitled to FSM ● Children and young people whose first language is English ● White British boys

Evidence based need	Problem Statement	Who is most impacted?
A lower percentage of children are being supported at SEN support level and the percentage of children with an EHCP is increasing.	<ul style="list-style-type: none"> ● A need to support parents, carers, and professionals to navigate the system of SEN support and to increase accessibility of support for children and young people with SEND before needs escalate. ● There is a need to identify and respond to needs at an earlier stage to prevent problems escalating and becoming more severe. 	<ul style="list-style-type: none"> ● Children and young people living in low-income families ● Children and young people with SEND whose needs can be met without the need for an EHCP ● Children and young people with SEND whose parents/cares find it more difficult to navigate the system e.g. where English is not the first language ● Babies with developmental delay.
Children are waiting longer for SEND assessments and diagnosis and needs often escalate whilst children and young people wait for support.	<ul style="list-style-type: none"> ● A need to address increasing pressure on the SEND system. Families and professionals find it difficult to access and navigate support. Children and young people with SEND may find it difficult to access universal services. ● A need to increase the identification of SEND needs at an earlier stage, such as during developmental checks, so that SEND needs are identified and supported before a child starts school. 	<ul style="list-style-type: none"> ● Children and young people living in low-income families ● Children and young people whose needs are not identified at an early stage ● Children and young people with a greater complexity of need.

What will be achieved

KEY

- Health outcomes from pre-conception to adolescence for children, young people & parents/carers
- Educational and employment outcomes for children, young people, and their parents/carers
- Independence and community involvement for children and young people with SEND
- Mental health and wellbeing, especially with young people
- Family Safety and positive relationships
- Babies, children, young people, and families
- Practitioners/Workforce
- System

FEATURES

Universal contacts with all new mothers and mothers-to-be.

Appointments are amalgamated.

Key public health messaging is shared via family hubs.

Free data and incentives to increase access to information and support.

Cheaper access to physical activity

Play sessions co-delivered with health

Opportunities to hear from families and act on their feedback.

Mental health support is targeted to the perinatal period.

Develop links with CAMHS to deliver early intervention through family hubs.

Deliver information sessions for women, families, mums, dads, and carers.

Embed the THRIVE framework and the Five to Thrive model.

Practitioners understand the impact of inequality and their role to mitigate this.

Family Hubs run sessions on milestones and maternity services and health visitors create awareness.

Consistent messaging to families before children start school.

Links between FHs and employers' partnerships

FEATURES

A family adviser for life.

Play services are available on and off site.

Pre-birth careers/family planning sessions.

Employment sessions to build confidence & prepare parents/young people for employment.

Clubs for children and young people (e.g. homework club).

Provide information re. youth centres & clubs.

Promote and educate regarding the 2-year-old-offer.

There is easy access to SEND information including through digital programmes.

Referrals between family hubs and SEND services.

Family hubs support families with information and support pre-assessment/diagnosis

Families have access to peer-to-peer support and positive role models.

SEND Passport developed.

Safer neighbourhoods school police officers known to families accessing support through family hubs.

Development and delivery of a parenting curriculum from birth to adulthood.

Locally based family group conferencing (neighbour group conference).

SHORT-TERM OUTCOMES

More families access support through the first 1001 days.

More families understand the benefits of a healthy lifestyle and physical activity and how to access it through family hubs.

Families only need to tell their story once.

SHORT-TERM OUTCOMES

Professionals feel well-supported as part of a joined-up system.

Professionals deliver effective wellbeing and mental health support through family hubs.

More families access culturally competent support.

More families have access to the right information/knowledge.

Families do not feel stigma in accessing support.

More families know where to access and feel comfortable accessing wellbeing support.

More families access support through the first 1001 days.

More families know how to provide feedback, and this is used to develop services.

Families feel part of the community.

Support is convenient and easier for families to access.

Families experience better joined up services.

Professionals feel better connected to other professionals and use these links to improve support for families.

More families feel comfortable accessing early education.

More families have a greater understanding and awareness of SEND.

Families feel better supported pre and post diagnosis.

All children and young people have positive role models.

Children have fun whilst accessing support.

Children feel that adults work together for their benefit.

Parenting support is normalised, and more families feel comfortable discussing parental conflict.

More professionals feel able to talk about parental conflict and appropriately support families.

MEDIUM-TERM OUTCOMES

More families receive the support they need at the right time.

Health needs are addressed at the earliest possible stage.

Community needs are better understood, and family hubs respond to these needs.

More families access mental health support at an earlier stage.

The views of stakeholders are better understood and used to shape services.

Referrals to specialist services are more appropriate.

Services are reviewed and developed to meet the needs of under-represented families.

There is more efficient use of resources.

All families across Tower Hamlets access support through family hubs

Support for families is better tailored to their needs.

Families receive information in a coordinated way

More families are supported before challenges escalate.

Young people in Tower Hamlets have improved access to training and appropriate employment.

There is improved staff satisfaction and retention.

There is greater take up of 2-year-old offer.

Parents are empowered to understand and respond to their child's needs.

The needs of more children and young people with SEND are met prior to a diagnosis.

There is greater recognition of parental conflict in Tower Hamlets and more families accessing support.

LONG-TERM OUTCOMES

Families in Tower Hamlets are healthier and health inequalities are reduced.

The system learns from the evidence, improves, and grows.

There is improved mental health and wellbeing for families in Tower Hamlets.

The impact of inequality is reduced.

More young people in Tower Hamlets are in education, training or appropriate employment.

We know we have made a difference.

Children and young people with SEND are supported to have high aspirations and to achieve them.

All babies, children, young people, and families are and feel advocated for.

There is a reduced need for specialist support.

Children, young people and families understand healthy relationships.

Enablers

- Effective use of data
- Effective communications – a variety of approaches and tools used to create and promote one message
- Whole family approach
- The family hub approach facilitates a learning culture which encourages regular review and reflections
- Service development is informed by the experience of families
- Joined up services – multi-agency discussions/supervision
- There are clearly defined pathways which are understood by practitioners
- Professionals have access to multi-disciplinary training and learning opportunities which considers inequalities in TH.
- Professionals have access to good quality multi-disciplinary mental health training
- Professionals are trained to identify and respond to domestic abuse
- The whole workforce understands the vision for family hubs and shared practice approach.
- Information is shared safely and efficiently amongst practitioners and partners
- A well trained and effective workforce

Appendix 3 – Family Hubs Theory of Change Workshop Report

Wednesday 5th October 2022 9am-1pm
York Hall Leisure Centre, 5 Old Ford Road, London E2 9LJ

Summary

The purpose of this workshop was to share information on what we have done so far to prepare for the development of Family Hubs in Tower Hamlets; to look at different models for delivering services through a Family Hubs approach; and to share the milestones that we need to meet, and the next steps in our journey towards them.

Our aims for the workshop were to secure:

- agreement with our Theory of Change and problem statements
- agreement on a Family Hub approach
- agreement on the future role of locality partnerships and increased membership.

As a result of feedback from the workshop, we now have the support we need to move forward with finalising our Theory of Change, shaping and testing a Family Hub approach in one locality before launching across the Borough, and growing locality partnerships to lead the co-design of Family Hub services.

We were delighted to have parents at the workshop, and representation from health, schools, voluntary and community service providers.

One of the key themes which arose from the day was that communication is very important to us; and the language that we use in our Theory of Change needs to be clear, unambiguous, and easy for everyone to understand.

We should also be mindful of the terminology that we are using; it needs not to stigmatise the residents we will be working with, and we should not use acronyms as this could excluded people from the conversation.



We know that the services which families, children and young people access will be delivered by people from different organisations; and people said that our Theory of Change overuses 'professionals' to describe those who work with families, children and young people. It was clear that not all our partner organisations would use, or recognise the term 'professional', and that our documents, and the way we refer to each other should reflect this.

Another important theme was that multiple generations will need to understand the Family Hubs approach for it to be successful, and so we will need to communicate with the generations differently.

We were also made aware that accessibility has become a word that is mainly associated with buildings that have 'disabled' access. We learned that children with Special Educational Needs and Disabilities (SEND), and their families, experience a lack of accessibility long before they reach the building where their appointments are held, or the community activity that they want to access. We learned that we should be thinking about siblings and their experiences, about transportation, and about ensuring a child or young person's dignity during their personal care, when they are travelling in the Borough.



The reason that we came today from Streets of Growth is that we're already delivering some of the provisions out of a couple of the family centres encouraging the young people to access the centres more. We've been working with Early Help for a good few years now as well as taking referrals and working with workers within the team. So, for us it's so important to work in and work up a joint approach so that we can collaborate to create a much better service and system for the young people and families that we work with. The event today has been really useful. It's been good for networking but also to understand the approach that Early Help is looking for in terms of the next few years."

Diane Peters
CEO, Streets of Growth



Feedback – our two main themes

Communication

Family Hubs can be promoted in community places to all generations – improving the prospect of families seeing Family Hubs as a positive resource. Several opportunities for information sharing were suggested including places of worship - East London Mosque reaches 10,000 people at Friday prayer, community fairs, Melas, and fun fairs. We should take Family Hub information to all generations in the places where they are.

We should not use 'institutionalised' language, and our focus should be on doing things 'with' families, not on doing things 'to' them.

Not all of our community is tech savvy, and we still need the 'old school' face-to-face contact, printed material, and familiar sources of information as part of the programme.

We need more of these events to increase the connection between services, and we need to address General Data Protection Regulations (GDPR) restrictions affecting information sharing about families, so that referrals can be made safely between services.

Access

We should be mindful of external impacts such as the COVID-19 pandemic and financial instability on families.

Access for families of children and young people with SEND is more about the transport, sibling care and the dignity of the child or young person on their way to an appointment, or accessing experiences in the community, than about ramps into buildings.



I came today as part of a strategy group to discuss and find out about what we're thinking about where to go next, what to do next. As a school, we're representing primary schools and what we feel people don't always get the voice of a primary school."

Carol Doherty
Assistant Headteacher, Marner Primary School



Family Hub approaches

We suggested four different approaches to delivering Family Hubs and asked people to discuss them, comment on them and vote for the ones that they thought would work best in the Borough. People commented on each model, telling us the things that were positive, and negative about that model, and suggesting things that we will need to think more about.

The consensus in the room after discussion, and voting was that models 2 and 4 would be the best option if we used them in combination. This was because they offered access to a physical building, with some virtual provision, and a vehicle to take services to people, or to take people to services.

Model 1: A single-Family Hub building – one place for everything

Votes: 10

Positives	Negatives
<ul style="list-style-type: none"> ✓ Will promote communication. ✓ One place to access everything – especially for those with multiple needs. ✓ Good for consistency in each locality. ✓ A building to associate Family Hubs with. ✓ Enriched relationships, and better multi-agency working. ✓ Cost saving. ✓ Faster pathways to support. ✓ Efficient signposting. 	<ul style="list-style-type: none"> ✗ No virtual element. ✗ Other models enable better access. ✗ We already have lots of buildings. ✗ Travel – location may not be accessible. ✗ Too rigid and geographically restrictive. ✗ Will not be big enough. ✗ Not practical. ✗ Expensive. ✗ Inaccessible – cannot host all partners in one building. ✗ Families will not understand the new service and how to access it. ✗ It's a people thing – more about an approach rather than about a building.
Things we need to think about <ul style="list-style-type: none"> ● What about those providers not in the building? 	

Model 2: A main hub building with satellite buildings (hub and spoke model), services and activities delivered from appropriate spaces, connectivity between providers

Votes: 124

Positives	Negatives
<ul style="list-style-type: none"> ✓ A headquarters where we can go, meet, learn, draw on support and training...and take it all back to the neighbourhoods. ✓ Local satellite spaces are really important in neighbourhoods where relationships and working together can happen. ✓ Satellites allow more diversity, different environments in satellites might suit certain families more. ✓ A practical solution. ✓ A single, identified location which will be recognised by the local population as a 'one-stop-shop' supplemented by satellite centres to increase accessibility – the ideal structure. ✓ More space available to a wider group. ✓ Co-working. ✓ Inclusive use of external providers and housing associations which would provide services outside a main hub. ✓ It opens doors to different organisations to get involved – like housing associations. ✓ Professionals will know what services and organisations are available to families they work with. ✓ Would promote accessibility, leadership and accountability. ✓ More accessibility and visibility. 	<ul style="list-style-type: none"> ✗ Co-locating with partners may not work smoothly. ✗ On-going issues around lack of clear and consistent communication.
<p>Things we need to think about</p> <ul style="list-style-type: none"> ● Combine models 2 and 4 to cater for all kinds of people and their needs. ● Combine 2 and 4 – some virtual, some buildings mixing accessibility of mobile and stat-ic. ● A blend of 2 and 4 is needed for stability, but the mobile buses are also a great idea. ● 2 and 4 should be linked as young adults will be reached through a virtual offer and reaching communities with buses is important. ● Engagement buses to do more outreach. ● Need to work on communication between the different services and organisations for this to work. ● Shared behaviour and approaches. ● Sign-posting families to appropriate services in the community. ● Look at this through the lens of relationship building. ● Each locality to have a main hub with satellites including partners buildings ● Governance and accountability. ● Clear branding and messaging to families and young people on what the service offer is, and where to find it. ● What happens if someone comes into a non-spoke space asking for help? ● We need to make sure that we include services and organisations that are not spokes. 	

Model 3: All existing buildings connect together to become a Family Hub – familiar to local people, staff stay where they are, minimal change

Votes: 31

Positives	Negatives
<ul style="list-style-type: none"> ✓ One vision many voices. ✓ Useful for building relationships. ✓ Cost effective. ✓ All organisations' buildings include sec-tors and services, not just London Bor-ough of Tower Hamlets services. ✓ This option builds on what we have al-ready – we need to use these as re-sources are scarce. 	<ul style="list-style-type: none"> ✗ Buildings may have issues with accessibility. ✗ Encourages silo working. ✗ Difficult to implement. ✗ Work to do around communication between different organisations. ✗ Increases travel for families.
<p>Things we need to think about</p> <ul style="list-style-type: none"> ● How will they connect together? ● Why are they not already communicating as well as they should? ● We need to value and respect each organisation's USP and integrity. 	

Model 4: A virtual service supported by a mobile resource and engagement buses

Votes: 36

Positives	Negatives
<ul style="list-style-type: none"> ✓ A community connector by taking help where it's needed on estates. ✓ Access to areas that require higher levels of support. ✓ Raising awareness of Family Hubs. ✓ Timesaving, convenient, increased number of participants, signposting support and advice. ✓ Supportive for those who cannot travel. 	<ul style="list-style-type: none"> ✗ Too temporary – but would work alongside model 2. ✗ Not relational. ✗ Would exclude many Tower Hamlets families who don't access digital platform information. ✗ Not practical – wouldn't want to have a private conversation with a parent on a bus. ✗ On-line access is not good for children with SEND. ✗ Difficult for families to get support without real connection, lack of privacy might be a barrier. ✗ A virtual service risks increased isolation. ✗ Tower Hamlets is too congested with traffic.
<p>Things we need to think about</p> <ul style="list-style-type: none"> ● What about the environment? ● What happens when you miss the bus? ● Combining this model with model 2 ● Test the model out with a service user 	

“

I'm here today to find out what's happening in our communities, how we can work together to co-produce, network, information around providing and delivering care for our communities because my work itself involves working with service users, family and friends to get access to leisure centres, community centres to help meet their social and primary care needs."

Shanaz Khatun
Community Care Navigator, NHS East London
Foundation Trust



Theory of Change session

Delegates discussed the different areas that our problem statements focus on; these were set out with the evidence to support them, the key actions that we think we should take, and the short, medium and long-term outcomes that we would want to see, and the timescales that we think we should be working to.

People made comments on our Theory of Change which fell into three main categories: social, systemic and cultural

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I'm Denise Hilliman, the CEO of the Lead Curriculum which is a consultancy firm looking at democratising leadership, making it accessible to everyone through creating that powerful culture of service. Today I came to this Family Hubs Tower Hamlets event to look at what they are doing in the borough with young people and with the adults and it has been totally inspiring for 2 reasons. One, I like the fact that they are strategizing, they are involving everyone in the vision and secondly, that they are taking action by putting together their problem statements that set goals in what they're working on. Very rare I think in my journey in education but excellent. Well done Tower Hamlets, thank you for inviting me."

Denise Hilliman
CEO, Lead Curriculum

Health outcomes from pre-conception to adolescence for children, young people, parents and carers.

Social

There is a need to facilitate peer support to address health inequalities and build resilience, health needs build up in 'poverty' areas.

Systemic

Networking events needed to link different service providers, there is a need for post-natal support, there is a lack of access to services that support healthy weight and oral health.

Cultural

There are opportunities for families to lead change here, rather than 'hearing from' families



Hi I'm Nazma Begum, I'm a parent of a 2 years and 9-month-old baby. This event has been fantastic because it has opened my mind up after lockdown. In all the subjects that everyone is talking about – mental health, helping families and children improve and hopefully we have a good outcome."

Nazma Begum
Parent

Theory of Change	
Problem statements	<ul style="list-style-type: none">● Statements are too vague and wide.● Recognition of trauma-informed principles should thread-ed through the problem statements e.g. safety, empow-erment, trust.● Statements would be better if they reflect doing with, not doing to.● Co-create or co-produce services.● Need easy to understand problem statements.
Evidence of need	Why just prioritise obesity and oral health?
Who is most affected	No comments shared.
Outcomes & pace of work	Short-term outcomes need more time to achieve.

Education and employment inequality

Social

Career sessions need to be sustainable, specialist and fit for purpose, career sessions should start earlier – 16 is too late, also an issue to be resolved around careers staffing costs and career development.

Early Learning for 2-year-olds should be promoted through the Idea Store e.g. after story time sessions; extra-curricular clubs are required and need additional funding; school buses make life easier for parents; reduction in autism and hearing loss services is unhelpful and specialist services are difficult to reach online; we need a realistic approach to asylum-seeking families; we need to be mindful of Maslow's hierarchy of needs.

We should avoid creating a dependency culture; all families should know about the services available to them in the community; education is from birth and so work should start from conception.

Systemic

We should be promoting internship programmes – with a focus on additional needs.

We need commissioning of services that are delivered seamlessly.

The Early Learning for 2-year-old offer process needs to be more streamlined; and take account of the impact of both COVID and organisational re-design on communication internally and between organisations.

The Residents Hub is providing the right help/support through specialist staff. Specialist services need to be easily accessible and delivered from within the borough.

We should try a local pilot to coordinate support as there are services in the community that are not being accessed.

We need to consider parental input to education.

Services and organisations know what is available for the families that they work with, and we should give families the options and make appropriate referrals (e.g., food bank).

We need to think about how to come together and utilise the funding and resources we have for the community creatively.

We need to get the balance right between virtual and face -to-face meetings.

Cultural

Access requires improvement through better language options, access in general requires improvement; demographic make up to be considered as well as cultural barriers to accessing services; we should be building relationships from conception; we need a varied approach to reaching different families.



I'm Fuzz from the St Luke's Church on the Isle of Dogs where I'm the Children and Families Pastor and I think this event is great because it's brilliant to find out who else is on the ground working with local families."

Fuzz Dix
Children and Families Pastor, St Luke's Church

Theory of Change	
Problem statements	'Unidentified needs' – make better arrangements to communicate the details including time and date of the 2-year-old integrated review to ALL professionals involved with the child and family.
Evidence of need	No comments shared.
Who is most affected	No mention of the unborn baby.
Outcomes & pace of work	<ul style="list-style-type: none"> ● What is a family adviser for life? ● Long term outcomes need to be more specific.

Mental health and wellbeing especially for children and young people

Social

Need meaningful integrated working together – services and families; more awareness is needed around perinatal and infant mental health; messaging needs to be that ANYONE can go through mental health issues in 2022; peri-natal mental health affects all families need to be aware of stigmatisation; young adults with mental health needs who are not in college can struggle to gain access to support.

Systemic

Professionals cannot assume that they know 'we'; a Theory of Change means doing something differently; there is a need for meaningful integrated working which will involve services coming together; perhaps a different name for mental health issues affecting 0–5 year olds or under 16-year-olds to de-stigmatise; we need to be careful about assumptions; the programme should be owned at the top of each organisations and filter throughout.



Cultural

In Bangladeshi communities signs of distress can be ignored, there is general reluctance to reach out to professionals often meaning that the community relies on itself.

Theory of Change	
Problem statements	Use another name – 'problem' is stigmatising.
Evidence of need	No comments shared.
Who is most affected	If we want to de-stigmatise, we should get rid of the 'who is most affected' section.
Outcomes & pace of work	Why are only 'professionals' cited?

Family safety and positive relationships

Social

Families can be isolated, and live complicated lifestyles, situations escalate rapidly, and family members are unable to escape.

Systemic

Prevention support at the earliest opportunity e.g. conflict resolution, social literacy, emotional intelligence; common ways to respond to domestic violence, we should be developing an empowering mindset at an early age as a preventative measure, managing situations as they happen, and providing support for workers.

Cultural

Change is required, facilitated through sessions for families on family management, managing behaviours, and positive relationships, education for children, normalising safety is important, establishing an empowering mindset at the earliest opportunity is very important, and self-management of behaviours.

Theory of Change	
Problem statements	<ul style="list-style-type: none"> ● Parents, couples and young people can experience abuse in relationships. ● A need to build relationships, trust, support networks.
Evidence of need	No comments shared.
Who is most affected	<ul style="list-style-type: none"> ● Babies, children, whole family – immediate and extended ● Staff well-being. ● ACES – those who have experienced violence or abuse in their family. ● Those who may be homeless. ● Those with no recourse to public funds. ● Those subject to exploitation, or grooming.
Outcomes & pace of work	No comments shared.

Independence and community involvement for children and young people with Special Educational Needs and Disabilities (SEND)

Social

The parents and carers of children and young people with SEND are often mentally affected and we should be aware when they need a diagnosis themselves; parents experience difficulties getting from their residence to appointments for different reasons e.g. childcare for siblings, travel route to appointment on public transport, toileting facilities on the journey and at the appointment – hand driers are a particular problem for autistic children and young people; young people will approach someone they trust and so anyone in this position needs to know what is available or where to find out what is available; we need to reach out through door knocking; we need to overcome the stigma of asking for help; the cost of housing for young adults, including care leavers, is prohibitive.

Systemic

Special school capacity is an issue because of the schools' training and outreach role as well as on-site teaching; children with SEND accessing mainstream provision have limited resources to support them and resources may need to be distributed differently; services need to

work together and use the same tools; Special Educational Needs Coordinator's (SENCO's) receive accredited training and this is also needed for Teaching Assistants who are most closely involved in working with children and young people. There is a lack of specific training available covering resources and techniques; we should consider the accessibility of support for parents carers and workers; there are a mixture of existing resources, and all are well-used and stretched, Children and Family Centres are an asset and they are well used; we need a directory to use to look for places and spaces where we can find help and support for families; we should have shared training, systems and knowledge-sharing to help us to refer and support families.

Cultural

Access for young carers to events and support can be difficult because parents are uncomfortable with young carers travelling alone – particularly in the winter; there are community knowledge barriers to fully including children and young people with SEND – and awareness raising is a need; parents and carers need help to find their way around the SEND system; we need to ask parents what would work for them and what doesn't work; we must account for language barriers and make access easier.

Theory of Change	
Problem statements	<ul style="list-style-type: none">● The pressure on the system.● Families' access to services.
Evidence of need	No comments shared.
Who is most affected	Terminology is problematic 'severe' is so negative, can we use 'not reaching their full potential'.
Outcomes & pace of work	No comments shared.



Attendance and evaluations

319 individuals were invited to the event and **70** attended (**22%**).

Of these 27 were LBTH staff (39%), and 49 were parents and colleagues from the schools, voluntary and community sectors (61%).

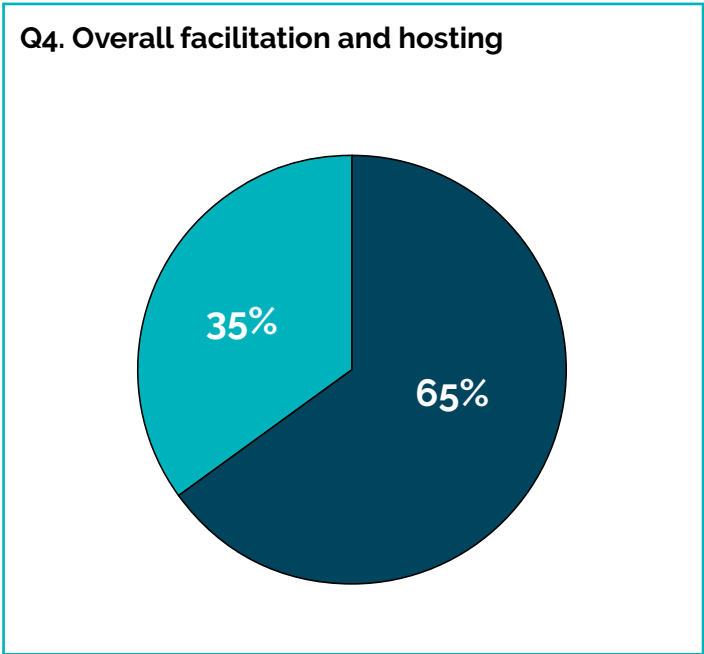
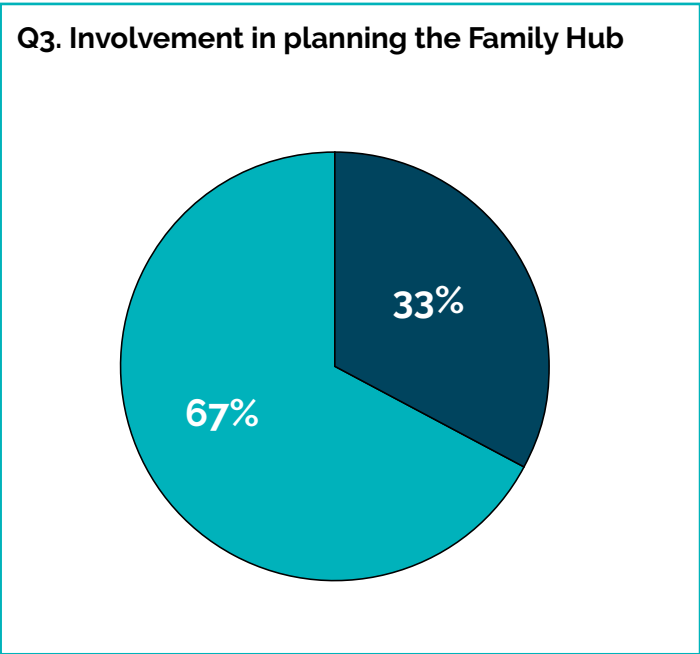
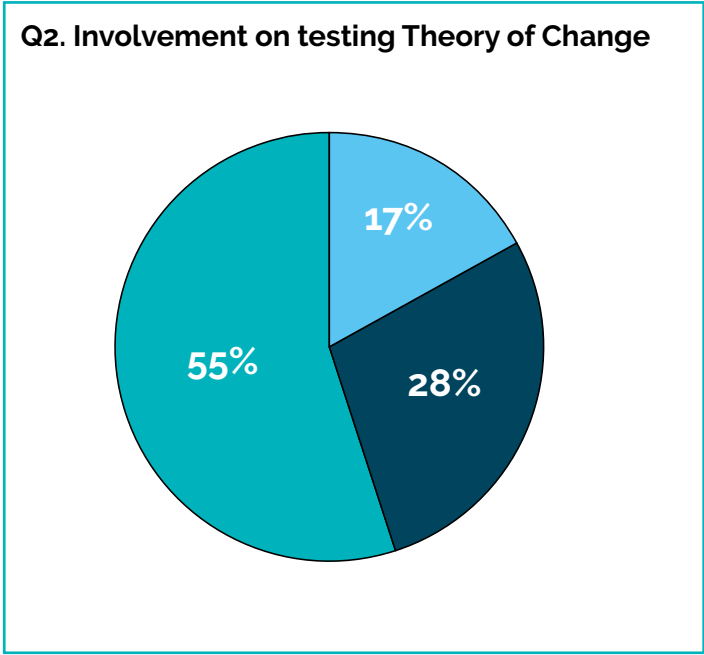
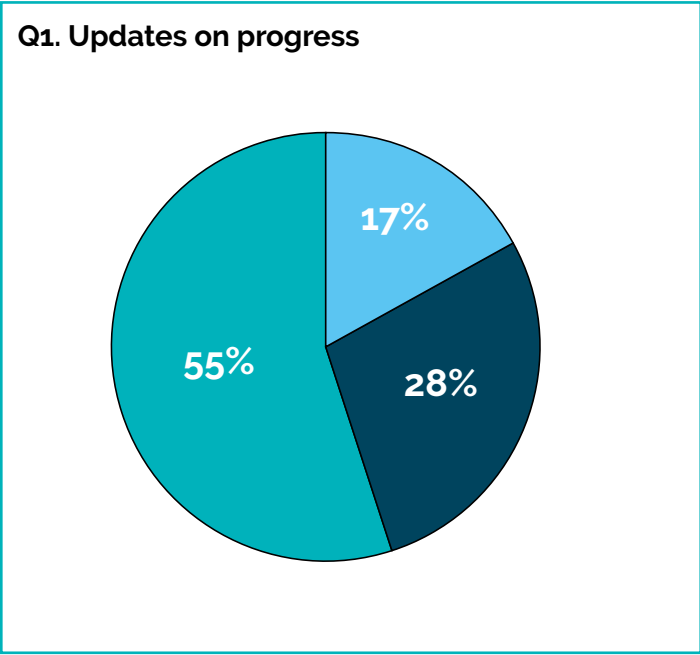
83 people booked using Eventbrite, **70** attended (**84%**).

Organisations attended Family Hubs Theory of Change Workshop

- Clarion
- National Health Service
- Poplar HARCA
- Marner Primary School
- Young V & A
- Front-line Data
- Lead curriculum
- Westminster Council
- Half Moon Theatre
- Anna Freud Centre
- Toyhouse
- Tower Hamlets GP Care Group CIC
- NHS Breastfeeding Service
- Department for Education
- First Love Foundation
- GP Care Group Network 6
- Women's Health and Family Service
- Greenwich Leisure Limited
- Know Wonder
- St Margaret House
- Bromley by Bow Centre
- School Home Support
- Rich Mix

Outcome of evaluations

(07.10.22 – 21 evaluations returned)



■ Excellent ■ Good ■ OK ■ Poor

How could we make the next event better?

- "More available data to support evidence statements".
- "Looking forward to future events being more locality-specific".
- "Maybe put people in mixed groups with other services and departments".
- "Simple language".
- "Serving hot lunch".
- "Involving more organisations like housing?"
- "A visual image for how services interact to learn more".
- "More time for discussion."
- "Is there an online resource with more details/ up to date progress that we can reference and use to discuss these developments with colleagues?"
- "Is there representation from CAMHS re PIMH".

Any other comments

- "More teams to attend and families".
- "I really enjoyed it, thank you".
- "Lovely refreshments!"
- "I think my service - family information service and local offer - should be involved in some of this to ensure integration and help with a singular information source for families. I predict there may be some doubling up of work with the early help family hub service and our service and we could work together".
- "Thank you for the event".
- "Maybe a better explanation of models envisioned."
- "Thank you for your hard work - I especially appreciated the context setting at the beginning about simplifying language and making our communication with families simpler and more accessible. It's also great to see video being used to contextualise Family hubs - but I'd like to see future videos reflect more of the actual experience of engaging with these services, which can otherwise be intangible. Maybe thinking along the lines of crafting social stories..?"

