Bracknell Forest Council

Early Help Strategy
2023 - 2026

Working together to build a stronger community

Last updated: January 2023

Contents

Introduction

We are committed to working as a partnership to achieve the best possible outcomes for all children, young people, and families across Bracknell Forest. This document sets out our continuing focus to supporting children, young people, and families within our communities.

Many families can progress with their lives, coping with and responding to the experiences and challenges that come their way, with little or no involvement from outside services. Utilising universal services as and when needed i.e., libraries, GP's, leisure facilities etc. The successful delivery of Early Help depends on a wide range of agencies, services, and settings working together to help support identified need. This strategy places early intervention and prevention at the heart of all we do, recognising the valuable and crucial role universal, targeted and specialist services play in supporting and improving outcomes for families and individual children and young people.

Early help is not the responsibility of one service or organisation – it is everyone's business. For example, the housing sector has an important role to play in enabling families to gain the support they need at the earliest opportunity and/or at the onset of issues. They are well placed to be among the first to spot signs of difficulties with debt, antisocial behaviour, domestic violence, and social isolation. Our early help and prevention work involves support and intervention to navigate these personal and social issues and it is our collective aim through this strategy to support the children, young people, and families of Bracknell at a time they need us. Research suggests[1] effective early help at the earliest opportunity reduces the need for more intensive and costly support services where the needs have increased and intensified. Early help not only supports the reduction of potential harmful and/or negative behaviours, it can also provide transitional support at key life stages, notably from primary to secondary school or the transition from young person to adult.

1 The Heckman Equation (2013)

The value of investing in early childhood (0-5 years) development is crucial in helping identify and work with social & economic difficulties experienced by families which could involve issues of crime, inadequate education, financial issues and/or adverse health conditions both physical and mental. It is argued that the most economically efficient time to develop skills and social abilities is in the very early years when developmental support is most effective.

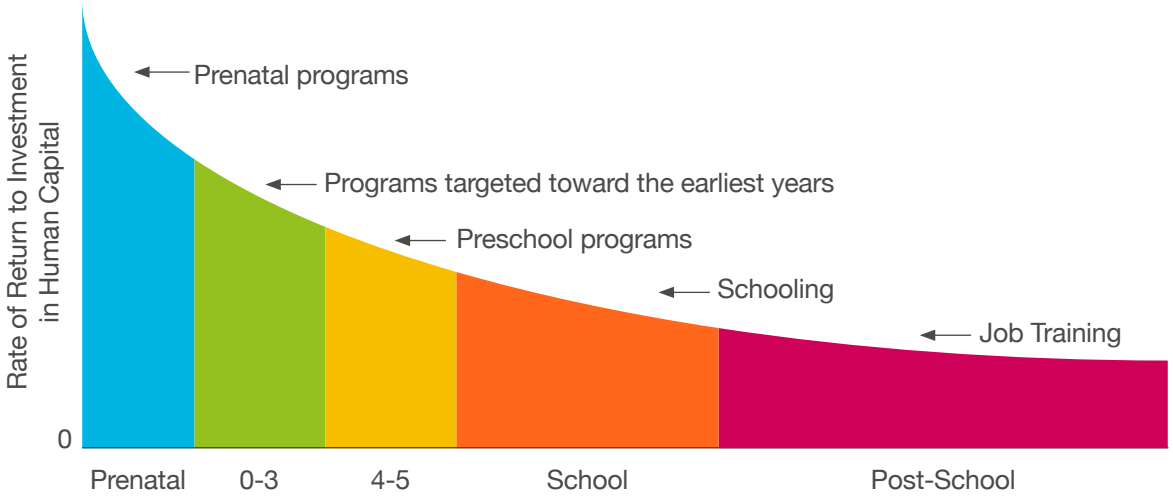


Figure 1:
Early childhood development is a smart investment. The earlier the investment, the greater the return.

Source: James Heckman, Nobel Laureate in Economics

One of the most significant and transformational programmes of activity within Early Help services is the national Supporting Families Programme overseen by the Department of Levelling Up, Housing and Communities (DLUHC). The programme focuses on collaborative early help partnerships driving system change that offers efficient local services which can identify families in need and provide the right support at the right time by providing effective, whole family support to help prevent escalation into statutory services. The Supporting Families programme encourages local services to be flexible and responsive to new challenges and sustainable for the long term. Strong multi-agency partnerships will work together to understand local trends, predict emerging need in their local area, identify and respond to those needing extra help.

The recent review of Children's Social Care[2] is explicit in the role early help services have in the wider children's support system and suggests that 'targeted early help' is replaced by 'family help', supported by multi-agency networks. MacAlister also advocates 'unlocking the potential of family networks' supporting the wider exploration into the child's extended family network i.e., uncles, brothers, sisters, aunts, grandparents together with the reduction in the number of handovers between services to enable more 'responsive, respectful, and effective support'[3], whereby transition for families and young people between the different tiers of children's services are positive. Whilst the recommendations of this review are yet to formally implemented, they provide a good foundation on which to design and deliver collaborate early help services both strategically and operationally.

2 'Independent Review of Children's Social Care'. (May 2022)
3 Independent Review – Executive Summary – Page 1. Para.4

Working collaboratively with Partners it's our intention to achieve the following vision and mission statements and what children, young people, families, and professionals can expect from and work towards Early Help Services:

Early Help Vision

Bracknell Forest is a place where children, young people and their families feel safe, have access to high quality education and well-being services, giving them the opportunity to live healthy and empowered lives in their community.

Early Help Mission

To collectively work together to create and embed an Early Help system that identifies, is shaped by, engages with, and supports children, young people, and their families to flourish, thrive and achieve their potential in the communities in which they live.

What children and young people can expect from Early Help Services:	What parents, carers and families can expect from Early Help Services:	What professionals and partner organisations can expect from Early Start Services:
• **I will feel safe, valued and respected** • I am recognised as an individual and I am free from any discrimination • **I will be at the centre of all decisions and will only need to tell my story once** • My voice will be heard and will influence the services and support I am offered • **It will be understood that things that have happened to me might affect me, but these are the things that I need help with, not to be refused service because of them**	• **I am recognised as an individual, who has unique characteristics and needs, and am free from discrimination** • The diverse needs of all my family are recognised • **I am encouraged and empowered to support my family** • It is recognised that some of my past and current experiences may impact on me as a parent • **It will be understood that I may need support with other areas of my life to be a good parent**	• **I understand my role and responsibilities in relation to the Early Help Offer in Bracknell Forest** • I am empowered to take responsibility to ensure that children, young people, and families receive the support they need • **My employer, colleagues, and partner agencies I work with are committed to the principles and processes that underpin the Offer** • I have access to training and support which will enable me to develop skills as a practitioner

Our Approach

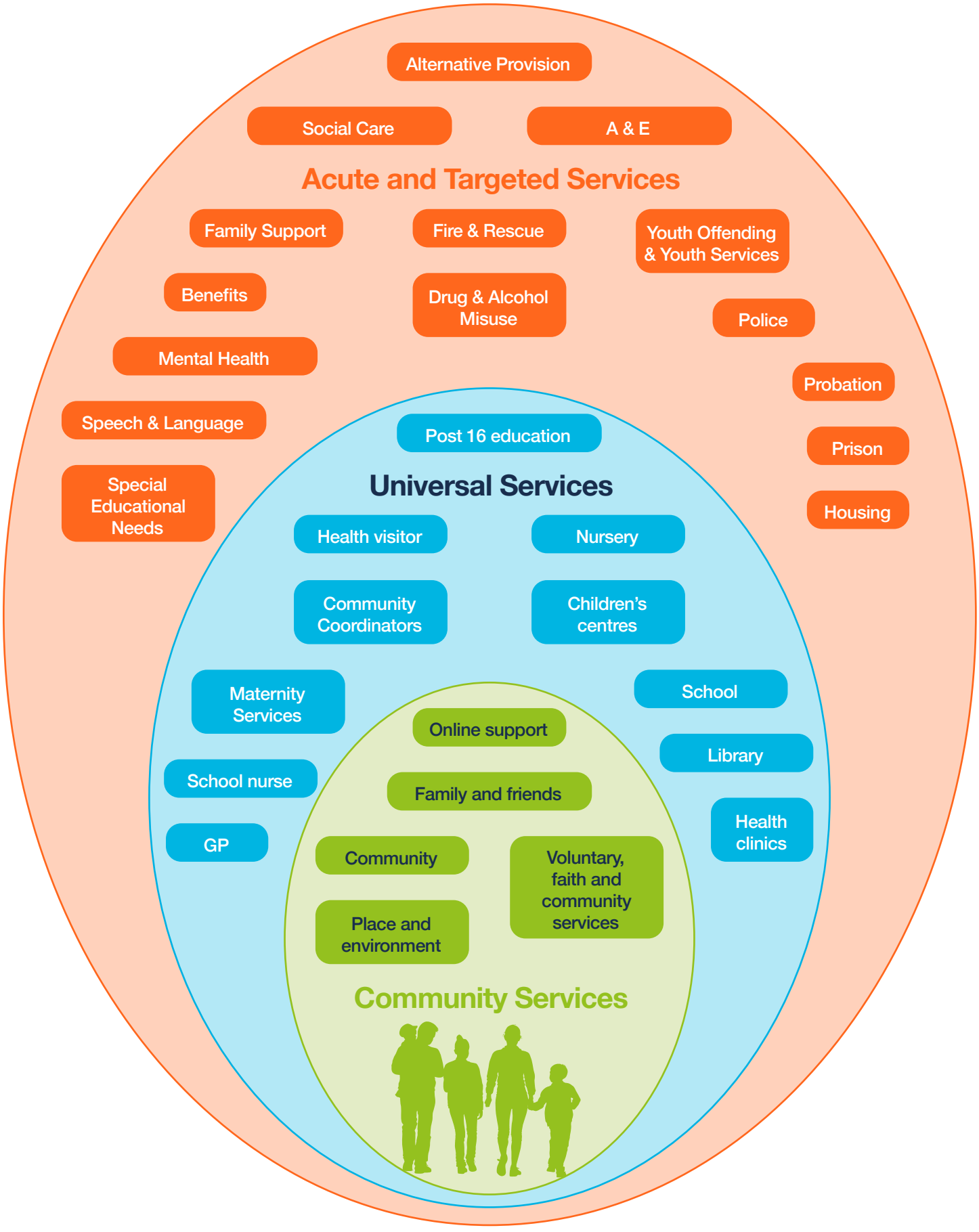
This strategy aims to create a shared approach to meeting enhanced needs across the wider children's early help workforce, recognising the need to support agencies to develop the skills and expertise to do so. Just as this strategy creates and endorses a principle of working with families, not doing too, it establishes a way of working together with partners to facilitate a move to a shared approach. In which the following foundations are essential:

Early Identification

Central to our early help approach is the early identification of children, young people, families, and individuals who would benefit from early help through a co-ordinated early assessment and response to help improve their outcomes, which we will achieve through:

The Local Authority procurement of a data warehouse system, underpinned by robust information sharing agreements from within and external to the Council. The purpose being to enable the development of consistent and open data feeds to create an automated data matching system that identifies vulnerable families and young people. Ensuring information sharing agreements enable and promote coordinated and timely services for children, young people, and families.

Alongside early identification, as illustrated on the next page, there are differing levels of support available to families beginning with localised community support moving outwards from the families social, cultural, and environmental context to that of universal services and further out wards, if needs continue to escalate, acute and targeted services. The three varying levels of support and influence can be described as follows.


Alternative Provision
Social Care
A & E
Acute and Targeted Services
Family Support
Fire & Rescue
Youth Offending & Youth Services
Benefits
Drug & Alcohol Misuse
Police
Mental Health
Probation
Speech & Language
Post 16 education
Prison
Special Educational Needs
Universal Services
Housing
Health visitor
Nursery
Community Coordinators
Children's centres
Maternity Services
School
Online support
Library
School nurse
Family and friends
Health clinics
GP
Community
Voluntary, faith and community services
Place and environment
Community Services

Community Support

Building services within the community to enable support to be provided at the earliest possible opportunity to enable children, young people, and families enabling positive progression through the varying developmental and transitional stages from child to adult through:

Offering services at a local level including the development of community led groups etc. i.e., a model utilising volunteer led initiatives, that are co-produced with support from the Family Hubs and other family focused services.

Universal Services

Working collaboratively to create an efficient, effective, value for money and user focussed system, within which vulnerable children, families and communities are identified and engaged with at the earliest opportunity. Helping prevent their needs from escalating to where they would require a high cost and/or statutory intervention, is the best way to ensure Bracknell Forest is thriving through:

The provision of open access services generically available within the community which support development and growth of the individual within which, the identification and assessment of both unmet need and those with recognised needs occurs. Preventing escalation of need and/or the requirement of targeted and specialist services.

Acute and Targeted Services

Supporting children, young people, and families to access acute and specialist services targeting high level specific needs. Enabling clear pathways to step-up and step-down into and from these specialist services, with the purpose of providing support at every level to help children, young people, and families overcome the challenges and difficulties they face. Creating within this arena a self-sustaining model of support working with early help services within the community, through:

Provision of multi-agency support working collaboratively to de-escalate the identified needs where families can self-identify and access holistic support alongside specialist and/or intensive treatment-based services.

Family Safeguarding has been the practice Model within Bracknell Forest Children's Social Care since 2017. The national evaluation findings clearly suggest that Family Safeguarding is effective at preventing children from becoming looked after (where that is safe and appropriate) and at reducing the number of children on Child Protection Plans. The impact of the specialist adult workers (Domestic Abuse, Mental Health & Substance Misuse) is significant in promoting partnership working with families and between professionals. It reduces the regularity with which the police are called out to the families, reduces the impact of mental health conditions, and supports parents with substance misuse. It supports the delivery of interventions by social workers by having access to specialist advice in these areas from the adult workers.

Motivational Interviewing (MI), Group Case Supervision (GCS) and the Family Programme are key pillars of the Family Safeguarding Model. Motivational interviewing empowers families and promotes a sense of involvement and ownership. It is a vital tool to working in partnership with families and supporting long term change for children. Group Case Supervision involves both children's and adult practitioners coming together each month to reflect on and manage risk jointly. The Family Programme is an 8-module programme of direct work with the parents underpinned by MI.

Family Safeguarding enjoys strong support from social work practitioners and specialist adult workers. A large majority of those staff that contributed to the evaluation agree that it stimulates more sustained engagement and generates better and longer lasting outcomes for families.

Working Together to Safeguard Children (2018) sets out a clear expectation that local agencies will collaborate to identify children with additional needs and work together to ensure support as soon as a problem emerges.

The Bracknell Forest Safeguarding Board Threshold Guidance states: *'Providing Early Help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when problems may have become more entrenched. The importance of using a child-centred approach in understanding levels of need is also emphasised. All services provided must be based on a clear understanding of the needs and views of the individual child within the context of their family and the community in which they live. The guidance provides a framework for professionals who are working with children, young people, and families, and aims to help identify circumstances when children may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of children's need, and gives examples of some of the factors that may indicate when a child or young person needs additional support or protection'*
(Please see Appendix 1)

When working holistically with families it is important to remember that children, young people, and family needs are complex and do not remain static, as they may experience different needs, at different points on the continuum, throughout their experience. It is also important to understand that not all needs exist purely within the family/caring context and often exist outside of the family/caring environment which leads on to contextual safeguarding.

Contextual Safeguarding *'is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.*

Therefore, children's social care practitioners, child protection systems and wider safeguarding partnerships need to engage with individuals and sectors who do have influence over/within extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.'

This is the context in which Early Help services play a crucial role in not only supporting children, young people, and families at an early stage, for the purpose of prevention of escalation of need, but also to enable support to be given in the wider contextual arena. In support of this we are working within the conceptual model the **'My World Triangle' (Please see Appendix 2)** within which, key considerations within any assessment of a child's circumstances are captured. The My World Triangle enables practitioners to assess strengths and pressures in all aspects of a child's life. The model is evidence based and has been developed from knowledge and research relating to children's development.

Population needs of Bracknell Forest

According to the National Census data, in 2020 Bracknell Forest had an estimated population of 124,165, of which, 49.5% (61,460) male and 50.5% (62,705) female. It was estimated that 30.3% (37,633) of the population were aged 0-24 years. The population of Bracknell Forest is projected to rise to 131,262 by 2043 a rise of 5.7% (7,097) however, the 0-24 years age group is estimated to reduce by 1.9% (2,454) which would equate to a population of 0-24 years of 26.8% (35,179) overall.

With regards to ethnicity, the population of Bracknell is predominately, circa 88-90% White British, with the next largest ethnic group being Asian/Asian British (5%), followed by Black/African/ Caribbean/Black British and mixed/multiple ethnic groups (2%) respectively. The proportion of people from ethnic groups living in Bracknell Forest is greater than the national figure, also greater than within the Southeast region as a whole and has steadily been increasing over the last decade, whilst White British has seen a relative decline. The BAME (Black and Minority Ethnic) population has increased over the past decade, with the largest group being Asian or Asian British (5%).

When considering the levels of deprivation in Bracknell Forest, as of the 2018-2019 Dept. Work and Pensions (DWP) Office National Statistics (ONS) estimates approximately 8.4% (2,114) of children who are living in families with absolute low income and 9.5% (2,397) children living in families with relatively low income[1]. There are four wards in the Borough which have child poverty figures ranging between 14.9 and 25.4%, which are ranked the four most deprived wards in the Borough those being Wildridings & Central, Great Holland North, Priestwood & Garth, and Old Bracknell. Overall, according to 2016 DWP/ONS figures circa 9% of children in the borough are living in low-income families, with 76% of children achieving a good level of development at the early years stage.

Data acquired over the last 7 years by the council's Early Help service as part of the national Supporting Families programme, provides a view of the needs of children, young people, and families in Bracknell Forest. The two highest single most common ages for children being supported were 7 & 10yrs old and two lowest were prebirth 0.48% (10) and 17yrs 3.2% (75). It is also noted the relatively high level of volume in the 14-17yrs. 16.4% (390). With regards to the parent and other adult the most common age is from 30 to 46yrs 69.3% (962) and for Grand Parents the most common age was 59+yrs 63.4% (26). Most of the family work was completed within 1-12months (89.9%) thirty percent of which being completed within 4 to 5 months.

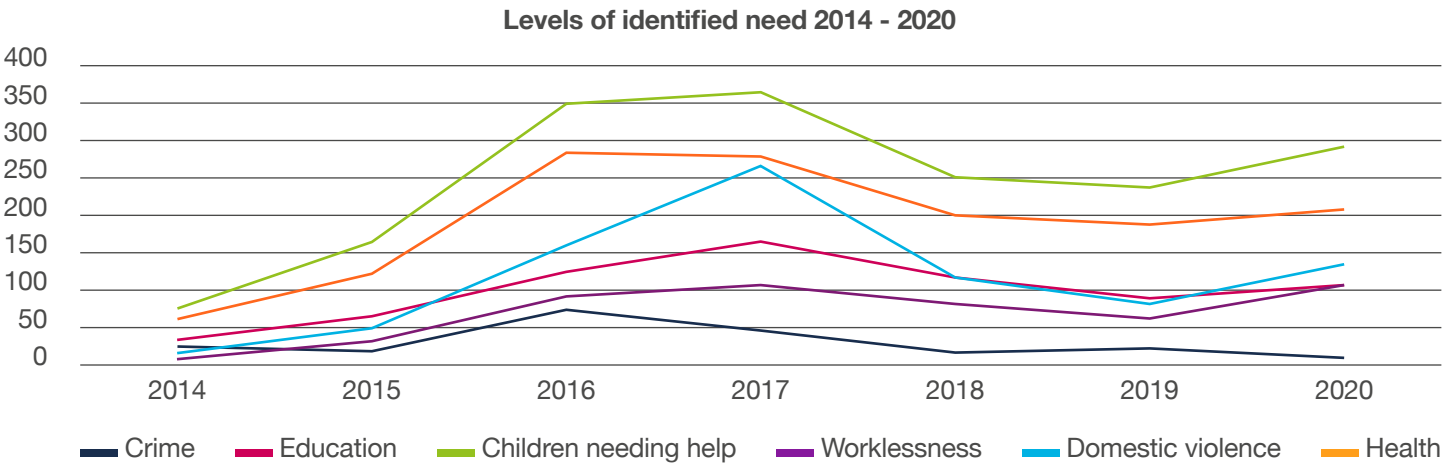
1 Derived from analysis of family income over the entire tax year – where income is less than 60% of median income before Housing Costs.

With a view to ethnicity 2871 (75%) of those supported were White British, Irish, and White Other, with 4% (169) being mixed race, 3% (100) being Asian or Asian British, and 3% (129) are Black or Black British. This is reasonably consistent with the overall ethnicity composition of Bracknell Forest as noted above.

The Supporting Families programme identifies families by need, and up to September 2021 those categories cover the following domains:

- Health (physical and emotional),
- Education,
- Financial exclusion and worklessness,
- Crime and Anti-social behaviour,
- Domestic Abuse,
- Children Needing Help.

The chart below shows the changing levels of need according to the above categories for the years 2014 – 2020.



In this year 2021/2022 across all categorisations, there are like-for-like increases except for crime which is yet to be recorded as an affective need. Children Needing Help and health remain the most prevalent need, followed by Domestic Violence. When taking account that the most prevalent age is that of children aged 7 years of parents in their 30's, this is a key consideration when looking at the targeting and type of intervention required going forward. This may then provide an overall picture or indication of the type of challenges and resulting escalation of need at a time of the pandemic, the pressures of which will, in this context impact most on family relationships. One other aspect to consider however is it would appear fewer referrals are coming through within the 0-4yrs age range, with a rise in both the 5-10 and 11-18yrs, the largest increase being in the latter age group. This is significant to note, as even if the volumes do remain within this level, the fact that the increases are in the older age ranges this will affect the type of invention and services required.

The data recorded 97% of families were from 4 individual postcodes across Bracknell, those being RG12 66% (706), RG42 18% (193), GU47 9% (98), RG45 3% (36), with 3% (36) from other postcode areas. The main concentrations being within the Priestwood & Garth, Old Bracknell, Harman's Water, Wildrings & Central Great Hollands (North and South) Hamworth, Bullbrook, Owlsmoor, College Town, Central Sandhurst and Crown Wood, ward areas, which is consistent with the above deprivation and child poverty figures. These concentrations of need also match the location of the four Family Hub's which are located as follows:

- The Willows Family Hub - Priestwood & Garth
- The Rowans Family Hub - Old Bracknell
- The Oaks Family Hub – Great Hollands North
- The Alders Family Hub – College Town (Sandhurst)

The location of the Family Hubs shows the proximity of resource to need, proving the value and service of the Family Hubs to the communities in most need. In addition, six types of accommodation were recorded, for 768 of cases, across all four postcode areas, 50.3% (386) were in Local Authority or Housing Association rented properties, 22.7% (174) were owner occupier, with 17.4% (134) private rented, 3.9% (30) were in temporary accommodation provided by the Local Authority, 0.26% (2) no fixed abode, and 5.5% (42) were in other types of accommodation. Considering the postcode areas,

This means our core physical resources are already placed in the areas of highest need, but we will still consider the other areas of Bracknell to ensure hidden need is not building without recourse or families are being left without the ability to access help in their own community. As part of the EHPN's development an overarching analysis of family level data is crucial to provide insight and direction for services to be commissioned, targeting and allocation of resources to meet identified need and future planning of sustainable services. **(Please see Appendix 3 for the full analysis)**

Nationally, the largest ever survey of children in England was conducted between March 2021 – March 2022, by the Children's Commissioner's office. The result of which is the publication of 'The Big Ask' – having over 557,000 children aged 4-17, from all 151 Local Authorities respond to the survey. The survey provides a unique insight into what children and young people thought at a critical time during the pandemic. Children across the country emphasised the importance of good education, skill development for jobs, their health and wellbeing, the community in which they live and having a loving family.

The following is what the young people, families & professionals of Bracknell Forest told us having conducted borough wide survey to gain the views on the services currently available. The survey was comprised of three versions for: i) children and young people ii) families & iii) Professionals, it is noted that the version for children and young people is targeted at those aged 11-18yrs. **(For the full survey analysis, please see Appendix 4).** In total there were seventy-five responses received, with

only ten responses received from young people directly. The relatively low level of direct response from young people means few if any direct conclusions can be drawn but taken with the responses from family's, insight from seventy-seven children in total was obtained. The first aspect of note from the direct responses is that no young people declared they used services but did engage in activities. This suggests that young people are reluctant to engage with services of the own volition but more likely to engage via support and/or in collaboration with their parents/carers. Taken with the low level of direct response the question remains **'How best to engage with young people directly?'**. This is an aspect that the Early Help Partnership could offer support in via sharing what has worked well and/or sharing of previously gathered information. What is consistent is the reasoning for not accessing services/ activities, which are as follows:

- Lack of confidence and anxiety
- Too high a cost
- The service/activity was not right for them
- The timing and accessibility mainly due to lack of public transport

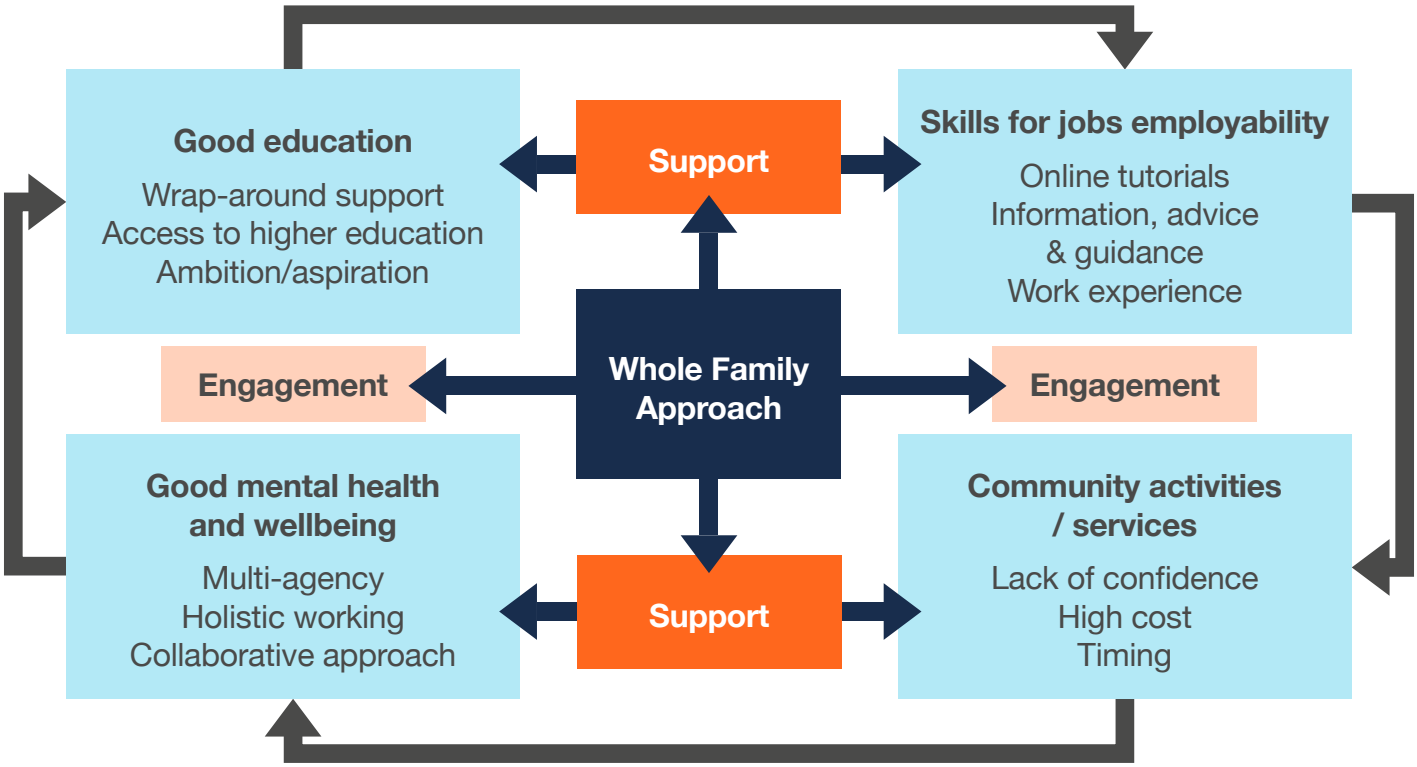
It would appear however, young people are willing to engage, especially in activities, which may be a consideration the partnership can take when looking to engage with and/or advertise services for young people i.e., by putting on events or activities that young people can engage with, providing an opportunity to showcase the services on offer. Again, this is something that the entire Early Help Partnership could develop, plan, and implement. Once engaged young people do appear satisfied with their experiences.

With regards to the responses from families holistically, given the age of respondents and the age of their children, it supports the prediction that people in Bracknell are starting families at an older age, which would align with the fact that the birth rate is reducing. When these two aspects are combined it supports the predication of a reduction in the 0-24yr population of Bracknell Forest over the next 10 years or so. This is important for the Early Help Partnership to note when thinking of resources especially in relation to the Early Years provision. It is acknowledged however, capacity to meet demand is currently an issue, which means if demand over time drops the existing resources should be sufficient to meet demand in the long-term. The Partnership could look to enhance the efficiency of existing resources by collaboration and sharing as appropriate to the needs of families in Bracknell Forest.

In conjunction with the above, the overall preference of access for families is that of in person at a venue offering the service/activity in their own community. Although online access was a relatively low choice, services should consider offering increased information, guidance, and advice online rather than just how to access the service e.g., times and place of delivery. This could aid service delivery as if parents could access more direct information online this could help prevent needs from escalation or even stop needs emerging in the first place. This could involve

online tutorials, information pieces, editorials etc. The latter would also be a good way of involving parents in more wider debates on key issues not just information, advice, and guidance, all of which is very useful feedback for services.

When considering the above collectively, as the diagram below depicts at the centre is a whole family approach to service delivery. A whole family approach involves working with not only the presenting needs but working within the underlying conditions and issues that have led the family to requiring support. Families can have singular or multiple needs either simultaneously or individually, which is why the need to work with the family holistically. Enabling engagement and support across the varying areas of need will ensure the best possible outcomes are achieved.



If support is to be effective the family needs to be engaged with, from which support can be offered, therefore support and engagement are the two symbiotic aspects which are required to achieve positive outcomes. With respect of the four areas of need (the green boxes) each has listed within, areas for consideration when offering the services. It is noted the community activities & services are aspects that were indicated to be barriers to access. The arrows indicate causal links i.e., a good education can lead to better skills for jobs and employment, which provides access to community activities and services especially where cost is concerned. Whilst being active community services and activities can support good mental health and well-being which in turn can lead to gaining a better education and/or raising of aspiration/ambition, through an enhanced ability to learn and so forth.

With respect to response from professional colleagues, when asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand, followed by not sufficient finance to enable expansion, working more closely with other services would be more effective, struggling to engage with other services required to help the service user, and not sufficient resources to meet demand, which is seen as currently outstripping capacity.

When asked how services could support each other the main themes indicated are those of gaining information in a timely manner, whilst working together to alert each other over the current waiting times for access to services. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed here as provider collaboratives.

When asked how the Early Help Partnership could support services the following responses were given which echoed and matched comments from young people and families:

- having a multi-agency, holistic and collaborative approach to supporting families with complex issues
- sharing of resources especially concerning access to specialists
- utilising the same systems to make collaborative working easier
- offering better facilitation of information sharing without undue management lines and processes making it difficult to navigate
- having a consistent approach to service delivery across the whole Early Help Partnership.

Strategic and operational delivery

Working strategically means working collaboratively with all internal and external partners to develop and embed services that meet the needs of children, young people, and families. An essential ingredient of working collaboratively requires services to be co-produced to ensure holistic, family focused, and effective services.

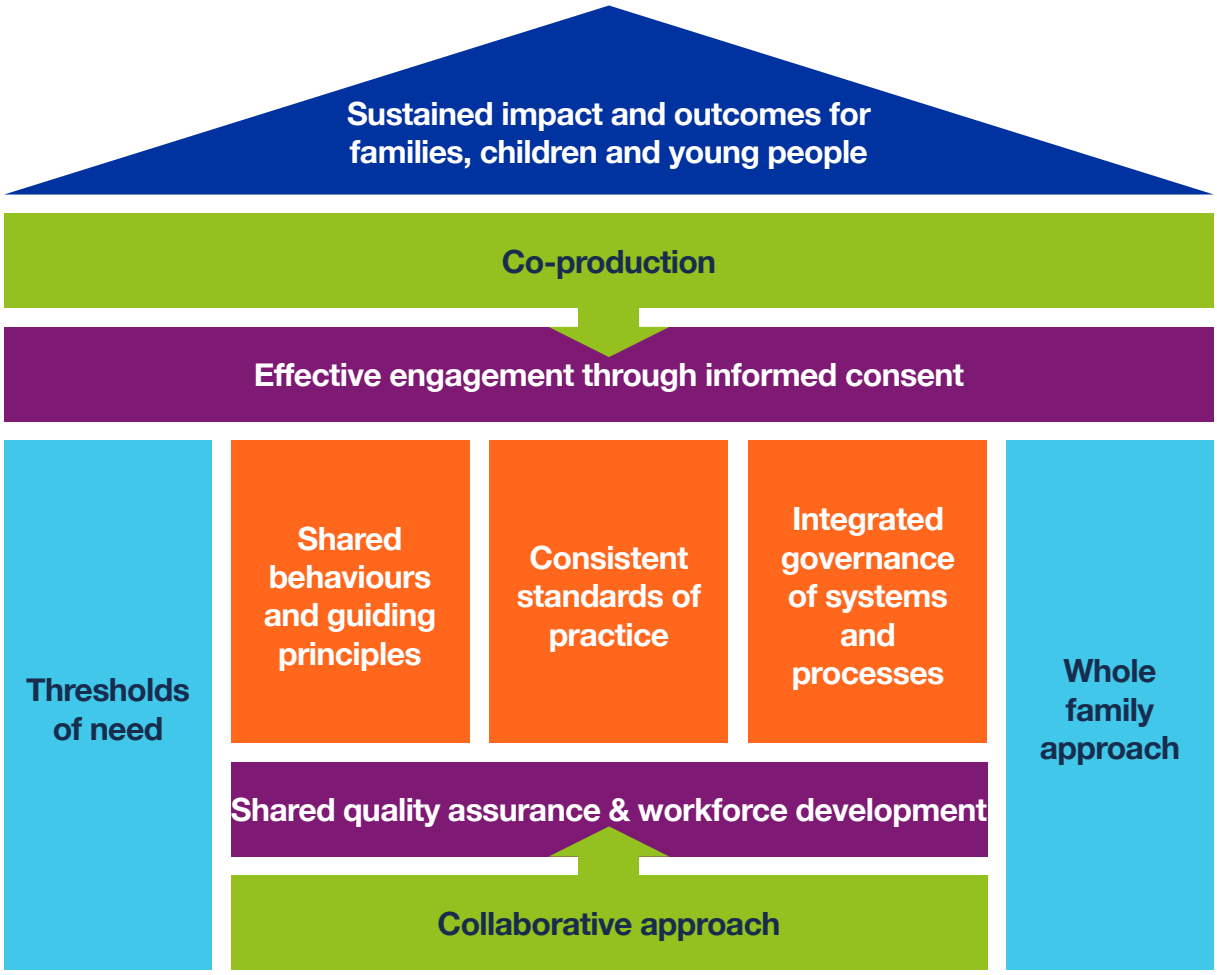
The relationship between this strategy and those across the council and wider partnership should not be seen in isolation. The very nature of an intuitive early help system is its relationship with other strategic priorities, avoiding unnecessary duplication where there is overlap and utilising well established strategic frameworks as a basis for securing even better outcomes for children, young people, and families. The graphic below shows the range of strategies that the Early Help Strategy is referenced too.

Our ambitions

The Early Help Partnership Network (EHPN) has agreed five strategic ambitions to support delivery of effective and well-resourced early help services across the partnership. The strategic aims form the basis on which an Early Help Development Plan for 2022-2023 has been agreed **(see Appendix 5)** and are considered key in the delivery of this 3-year strategy. To note, the EHPN will review the development plan annually to ensure steady progress and as the partnerships matures new objectives will be set annually to reflect this.

Early Help partnership framework for delivery

Taking all the above into consideration, the following framework has been developed to enable the effective delivery of the five strategic ambitions detailed above.



The first core element is that of a **Collaborative Approach** i.e., a way of working between all partners and stakeholders that serves to add value to any one single approach or service for those who require support. In the context of Early Help taking a collaborative approach requires individuals/groups coming together to share their knowledge and ideas on a particular area for improvement. This can be across authorities, organisations, and/or between differing teams within an organisation. This is the foundation the Early Help Partnership will be built on.

The collaborative approach supports **Shared Quality Assurance and Workforce Development** which means working in way that leads to the development of a shared vision for workforce capacity-building and agreed standards of practice. This underpins three core aspects of early help intervention:

- **Shared Behaviours and Guiding Principles** – Shared awareness and understanding are developed in a professional and social processes of interaction shaped by agreed behaviour characteristics
- **Consistent Standards of Practice** – Agreed ways of working both internally and externally
- **Integrated Governance of Systems and Processes** – Ability to share information and best practice across differing organisations and internal departments which aim to identify those in need to prevent escalation and the need for specialist services

The core aspects are supported by the two pillars of agreed **Thresholds of Need** and a **Whole Family Approach** i.e., understanding the level of need against the type and level of intervention required whilst taking a whole family approach, support both the individuals and the collective family or carers with their identified challenges and needs. All of which should lead to the **effective engagement** of those being supported enabling informed consent to be given so that individuals and families can engage with the whole process, direct the support they require and as such **Co-produce** the services they need to thrive and achieve positive outcomes. In this sense the whole

Finally, and crucially, the **Sustained Impact and Outcomes for Families, Children, and Young People** is the apex of learning that enables all the above to continually inform practice, prove value and impact, whilst providing the data leaders can strategically plan, commission, and deliver the services that have a real impact within the lives of those requiring support and assistance at a time they need it.

Appendices

Early Help Strategy

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Bracknell Forest Council

Appendix 1: Thresholds of need

To gauge the level of intervention required, the presenting issues are evaluated against a Continuum of Need which is comprised of four tiers, which are defined as follows:

Tier 1: No additional needs

Those with no additional needs representing the majority of those living within Bracknell Forest. All health and developmental needs can be met by their family with the support of others and universal services.

Tier 2: Early help

Those with additional needs who may be showing early signs of abuse/neglect; the parents of some children who require early help may not have prioritised their children's needs and /or have limited parenting capabilities. This is the threshold for a multi-agency early help assessment to commence, that does not include services provided by Children's Social Care.

Tier 3: Children with complex and multiple needs (Child in need)

These children require specialist services to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and /or who are disabled. The parents/carers of some children with complex and multiple needs may have limited capacity to parent and/or fail to consider the risk to them.

Tier 4: Children in acute need (Child Protection / Children Looked After (CLA))

These are children who are suffering or are likely to suffer significant harm. This is the threshold for 'child protection'. These children are likely to have already experienced significant adversity that has already impacted on their development or is considered likely to. In many cases parenting capacity is likely to have been significantly impaired.

Some children may benefit from specialised services to address their mental health needs and/or complex health problems.

Appendix 1
Thresholds of need

To support practitioners in their decision-making there are defined **Possible Indicators of Need (Tier 1 – 4).** This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement as concerns for children may emerge through a combination of factors and individual indicators of concern may not reach the threshold for specialist services. Remember that need is not static; the needs of a child/young person/ family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child. The indicators are categorised under three main headings those being:

1. **Development of the baby, child, or young person**
2. **Environmental Factors**
3. **Parental and Family Factors**

An example of these indicators are as follows:
For the full list of indicators please see the 'Threshold Guidance'.

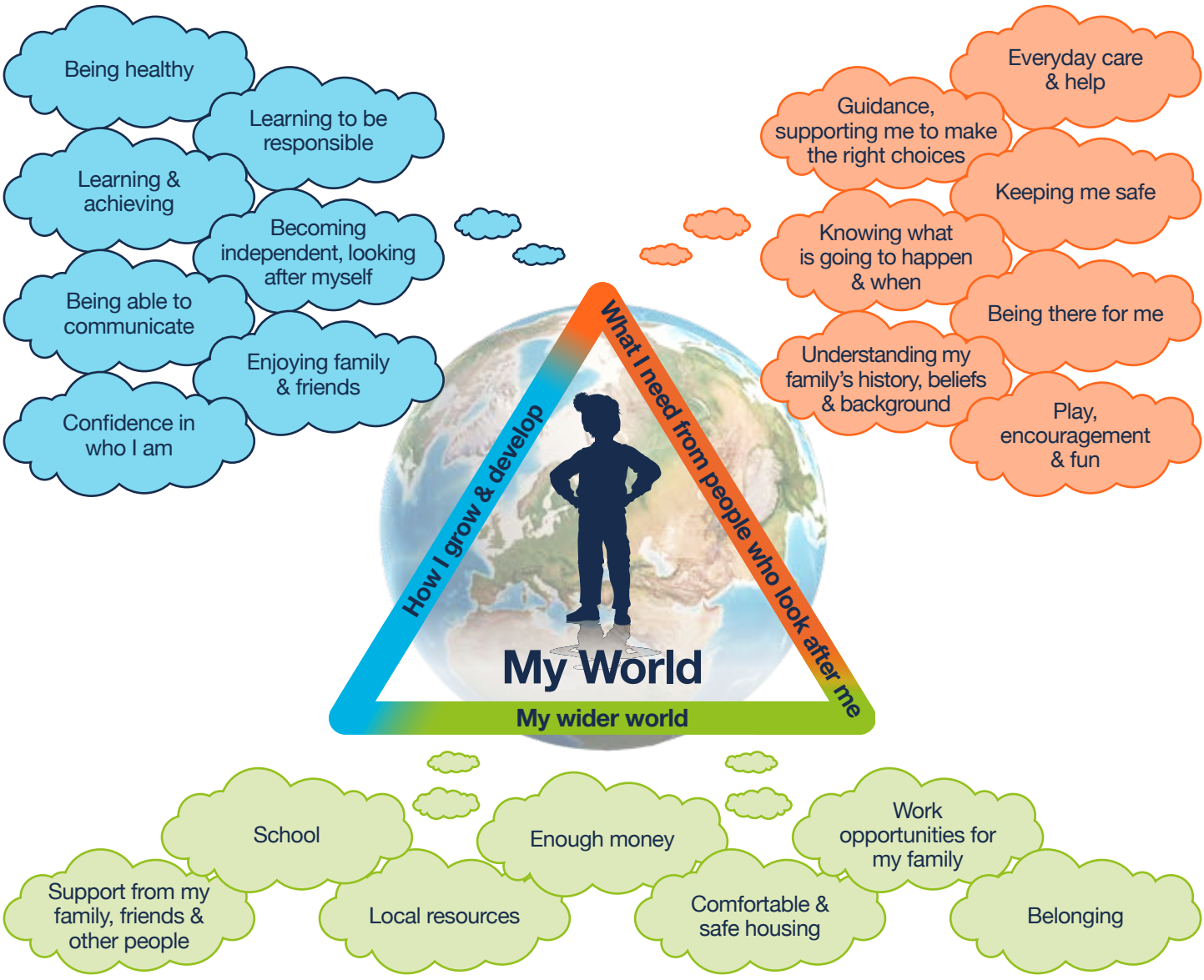
1. Development of the baby, child or young person			
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age.			
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help'. A referral to early help services should be considered.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.
1a. Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect.	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parent/carers.

2. Environmental factors			
Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick-box' exercise and practitioners should use their professional judgement.			
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help'. A referral to early help services should be considered.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.
The family feels integrated into the community.	The family is chronically socially excluded and/or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded, and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.

3. Parental and family factors			
Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick-box' exercise and practitioners should use their professional judgement.			
Tier 1	**Tier 2**	**Tier 3**	**Tier 4**
Children with no additional needs whose health and developmental needs can be met by universal services.	Children with additional needs that can be met through the provision of 'early help'. A referral to early help services should be considered.	Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	Children in acute need. Require immediate referral to children's social care and/or the police.
3a. Parenting during pregnancy and infancy			
The parent/carer accesses ante-natal and/ or post-natal care.	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments. There are indicators or and expressed wish from the parent/ carer that they require additional support	The parent/carer is not accessing ante-natal and /or post-natal care/concealing their pregnancy. The parent/carer has previously had a child subject to a plan.	The parent lacks support and neglects to access ante-natal care and is using illicit substances and/or alcohol excessively whilst pregnant which impacts on the infant's well-being. Failure to access ante-natal care where there are identified or suspected complicating obstetric factors pose a risk to the unborn/new-born child. The person is suspected to have a concealed pregnancy and there could be a future safeguarding risk to the baby. The parent/carer has previously had a child removed.

Appendix 2: My world triangle

The **My World Triangle;** is a conceptual model.



The whole child or young person: physical, social, educational, emotional, spiritual & psychological development

My World Triangle helps workers examine key areas of the child's circumstances under the headings:

- How I grow and develop
- What I need from people who look after me
- My wider world

Appendix 2
My world triangle

These headings help practitioners to reflect on what is happening in a child's whole world. When assessing children who may need additional help, practitioners should use the 7 headings in the three areas of the My World Triangle to help them think about the following questions:

- What information have I got?
- Is this enough to assess the child's needs?
- From where might that information be gathered?

The information gathered should be proportionate to the presenting problems and in some circumstances, those working with a child may consider it unnecessary to complete all dimensions of the model in detail. However, it is important that what happens in one area of the child's world may have a significant impact on another area. For more information on how the My World Triangle can be used, go to: www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/

Appendix 3: Early Help Survey Results

Total number of responses:	**76**
Breakdown of responses received:	
Young People	10
Families	30
Professionals	35

Young People – Profile

Of the young people who responded, four were aged 11-15yrs and five were aged 16-17yrs, it is noted there was one blank response sent in which has been removed from the analysis due to no usable information being provided.

Of the respondents, six are female and three are male, (one NR[1]), eight of which are White British and one young person is African. Only one young person declared a disability, which does impact on their day-to-day activities, with one young person preferring not to say.

All respondents were from the post code area RG42 and RD12, nine of the ten young people are attending Secondary School and one young person is attending school somewhere else.

Services and Activities

No young people stated they used any services in Bracknell Forest, with one young person stating they used neither service nor activities.

Of the eight young people who stated they attended activities pertaining to cinema, theatre, Outdoor spaces, art, hobbies, dance, and uniformed groups. The only noticeable difference in activities attended by the younger age group over the older young people was that the younger age group did not attend community events nor uniformed groups, but the older group did.

There was relatively consistent response to the frequency of attendance as in those attending activity classes stated they attended only once or twice, with the Cinema/ theatre being attended monthly and/or every 2/3 months, outdoor spaces were every week/month and sports clubs attended every week. All of which were attended in person at the venue offering the activity/event and within the young people's own community, close to where they live.

1 NR = non-response

With regards to the times the young people attended the activities, of the five young people who responded to this question, three young people completed activities daily, including weekends. The majority of which attended either in the afternoon or in the evening, with only one young person attending an activity on the Saturday morning. Two young people attended activities on a Sunday afternoon and evening.

The reasons for non-attendance of services available, two of the three young people responded that they didn't think the services were right for them. One young person stated that the service they were interested this being school/education services, cost too much to attend and that there is little or no public transport available as the service was not close enough to their home.

The reasons stated for non-attendance at activities were concentrated around three main reasons as detailed below, with one young person stating that the service they want does not exist and the activity was not close enough to home, therefore no public transport.

Main Reasons for non-attendance:

- I am too anxious to attend/not confident enough to go
- It costs too much
- Not at a time they could go

Of the five young people who responded four were either happy or very happy with the activities they attended with two young people stating that the activities were 'Okay, sometimes' or were neither happy nor unhappy with the activity they attended.

When asked what support the young people would benefit from and at what time only two young people responded, stating that they would like a teacher to offer more support with one young person wanting support in the mornings and one young person wanting support in the evening, being able to access the support either at school or at a venue where the support is being offered.

Young People Summary

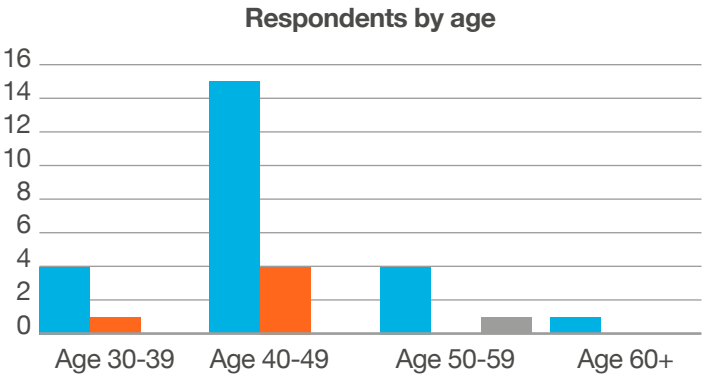
The relatively low number of responses from young people means few if any direct conclusions can be drawn but the responses do offer some level of insight from a young person's perspective. No respondents used services, stating the main reasons as being the service was not right for them, it cost too much, and services were not close enough to their home, with little access to public transport. With respect to activities the three main reasons for non-attendance, as shown above, were centred around lack of confidence and anxiety, too high a cost also the timing of the activity was not right for them. With regards to the latter, however young people do appear to be involved in activities on a regular basis. The question raised by the low response is more about how services engage young people. It is when looking to the responses from families that a much larger contingent of children and young people are represented, sixty-seven, making a total representative cohort of children and young people of seventy-seven children and young people.

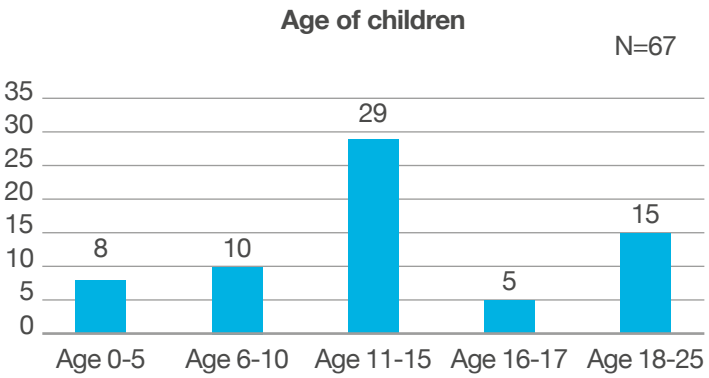
Appendix 3
Early Help Survey Results

Families – Profile

Of the 30 responses received, 29 were Parents, with one respondent having no children. As shown in the chart below on the left, the age and gender of respondents shows 80% (24) were female, 16.7% (5) were male and 3.3% (1) preferred not to say. 63.3% (19) of the respondents was predominately aged 40-49yrs, with 16.7% (5) aged 30-39yrs & 50-59yrs, with 3.3% (1) aged 60+. The total number of children between all parents was 67. As shown in the table below on the right, the predominant age of the children were 11-15yrs 43% (29), with 22% (15) aged 18-25, 15% (10) aged 6-10, 12% (8) aged 0-5 and 8% (5) aged 16-17yrs.

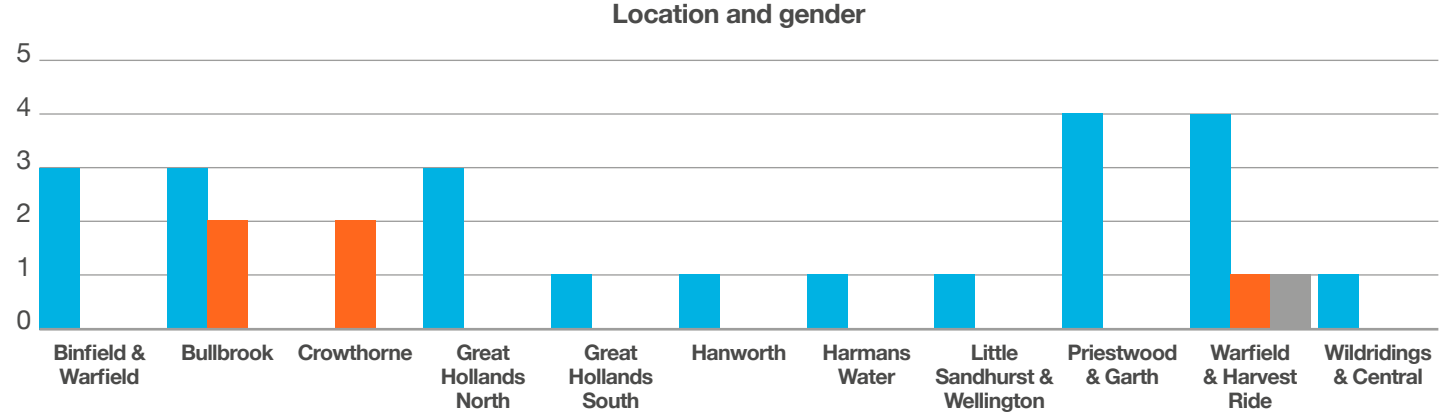
Female
Male
Prefer not to say





With regards to ethnicity, 83.3% (26) respondents were White British, 6.7% (2) were Indian with 3.3% (1) being Filipino and 6.7% (2) preferred not to say. The location by gender is shown below of which 11 out of the 18 wards are represented, with the highest number of respondents living in the Warfield and Harvest Ride ward 21% (6). Of the 30 families who responded 16.7% (5) declared they had a disability. 70% (21) declared they were married, with 3.3% (1) being in a Civil Partnership, 6.7% (2) are divorced, 6.7% (2) are single, with 10% (3) preferring not to say and 3.3% (1) declaring they were living with their partner. Of the respondents 83.3% (25) declared they were heterosexual, with 30% (3) preferring not to say, and 3.3% (1) declared they were bisexual with 3.3% (1) non-respondent on this question.

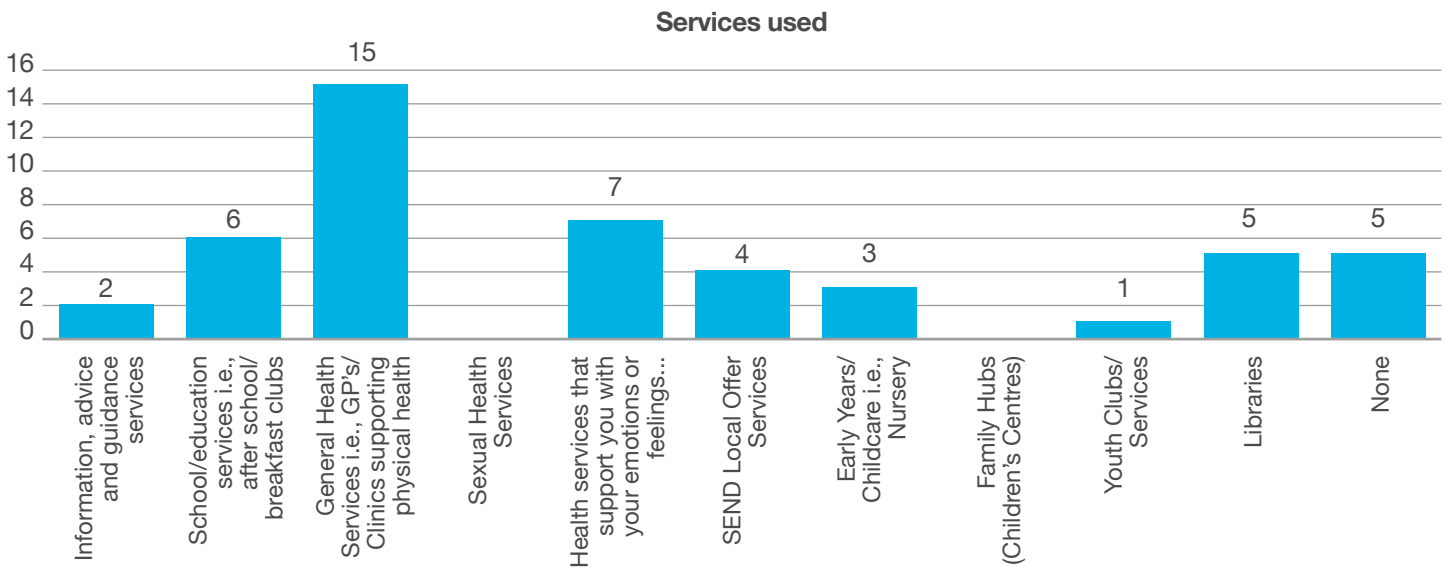
Female
Male
Prefer not to say



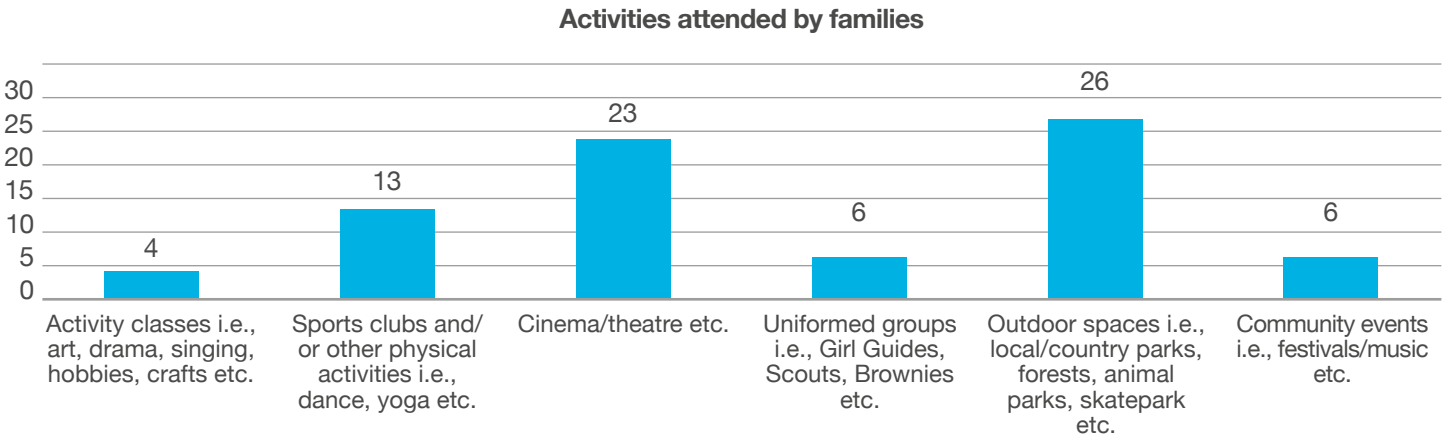
Appendix 3
Early Help Survey Results

Services and Activities:

As the chart below shows, the main Services used by families are General Health Services, supporting both physical and emotional well-being 46% (22). The next most used service is School/Education Services 13% (6) with Libraries next at 10% (5). Finally SEND and Early Year/Childcare Services make up 8% (4) and 6% (3) respectfully. 10% (5) of respondents stated they used no services at all.



The chart shows below the activities attended by families, of which the most used are Outdoor Spaces 33% (26) & Cinema/Theatre 29% (23). The next most popular activity was Sports Clubs 17% (13) with Unformed groups and Community Events 8% (6) for each. Activity Classes was the least popular 5% (4).



Appendix 3
Early Help Survey Results

With regards to how often families attended services and activities, the table below shows the pattern of usage from all respondents. The pattern of attendance with respect to Services shows a slightly increased usage weekly and 2/3 monthly when compared to the more infrequent usage. The pattern of attendance with respect to activities shows over two and a half times the usage than that of services with a much higher frequency of regular use i.e., every week, month and 2/3 times a month. This shows that families are investing time and commitment to services and activities with a high level of regular usage, as stated above.

How often attended services/activities	Every week	Every month	2/3 months	Every 6 months	Once a year	Once or twice
Services						
Early Years/Childcare	2		1			
Family Hubs (Children's Centres)			1			
General Health Services i.e., GP's/ Clinics supporting physical health		2	6	6	6	3
Health services that support you with your emotions or feelings i.e., Counselling etc.				1	1	
Information, advice and guidance services	2	1				
Libraries	1	1	1			
School/education services i.e., after school/breakfast clubs	7	1				
SEND Local Offer Services	2	1	1			
Sexual Health Services					1	
Youth Clubs/Services	1					
Total	**15**	**6**	**10**	**7**	**8**	**3**

Appendix 3
Early Help Survey Results

How often attended services/activities	Every week	Every month	2/3 months	Every 6 months	Once a year	Once or twice
Activities						
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.	18	7	1			2
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	3			1		
Cinema/theatre etc.	1	4	11	5	2	2
Community events i.e., festivals/music etc.	2		1	1	4	
Sports clubs and/or other physical activities i.e., dance, yoga etc.	10	2				
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.	5					
Total	**39**	**13**	**13**	**7**	**6**	**4**

Appendix 3
Early Help Survey Results

With regards to how families accessed services and activities, as the table below shows, in person at a venue offering the service/activity is the most common access route accounting for 55% (29) and 64% (61) of all types of access. With regards to services the next most popular access route is that of online 28% (15) and for activities the second most common was accessing activities within the community where the families live 26% (25).

How services/activities are accessed	Online only	In person at a venue offering the activity	In your own home	In your community i.e., close to where you live	Not close to where you live	Other
Services						
Early Years/Childcare		1		1		
Family Hubs (Children's Centres)						
General Health Services i.e., GP's/ Clinics supporting physical health	9	15		3		
Health services that support you with your emotions or feelings i.e., Counselling etc.	2	1				
Information, advice and guidance services	3					
Libraries		2		2		
School/education services i.e., after school/breakfast clubs		6				
SEND Local Offer Services	1	2		1	1	
Sexual Health Services		1				
Youth Clubs/Services		1				
Total	**15**	**29**	**0**	**7**	**2**	**0**
Activities						
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.		17		11	3	
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	1	3		1	1	
Cinema/theatre etc.		20		5	2	
Community events i.e., festivals/music etc.		5		5		
Sports clubs and/or other physical activities i.e., dance, yoga etc.	3	11		2		
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.		5		1		
Total	**4**	**61**	**0**	**25**	**6**	**0**

Appendix 3
Early Help Survey Results

The table below shows the pattern of usage for services and activities with Saturday and Sunday being the most common days of attendance during the afternoon. With regards the service delivery aspect, if assuming most activities were attended at the weekend, Monday, Thursday, and Friday appear to be the most common days of attendance during the day with evening attendance showing lower levels of attendance.

Times of access services and activities	8am-12pm	12.01-5pm	5.01-7pm	7.01-10pm	Daily Total
Monday	9	6	4	6	25
Tuesday	6	9	5	3	23
Wednesday	5	7	5	3	20
Thursday	6	8	6	6	26
Friday	8	6	7	7	28
Saturday	13	15	12	7	47
Sunday	7	12	10	3	32
Time Total	54	63	49	35	

When asking families what would prevent them from accessing services, by far the most common response 55% (29) was that the service was not right for them, which would indicate that services need to be specific to the identified needs of families. Anxiety and confidence 21% (9) were the next most common response with cost 12% (5) also being an issue.

Services	It costs too much	Not close enough i.e., no public / personal transport	The service I want does not exist	I am too anxious to attend / not confident enough to go	Not on at a time I can go	I don't feel that the service is right for me
Information, advice and guidance services				1		3
School/education services i.e., after school/breakfast clubs	2					3
General Health Services i.e., GP's/Clinics supporting physical health					1	1
Sexual Health Services						5
Health services that support you with your emotions or feelings i.e., Counselling etc.				1		2
SEND Local Offer Services				1		2
Early Year/Childcare	1			1		3
Family Hubs (Children's Centres)		2		3		
Youth Clubs/Services			1	1	1	1
Libraries						3
Other	2			1		
Total	**5**	**2**	**1**	**9**	**2**	**23**

When asking the same question of activities, as that above for services, cost 62% (24) by far was the most common reason for not attending an activity, with anxiety and confidence 15% (6) being the next most common response, as shown in the table below.

Activities	It costs too much	Not close enough i.e., no public / personal transport	The activity I want does not exist	I am too anxious to attend / not confident enough to go	Not on at a time I can go	I don't feel that the activity is right for me
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	6	1	1	3	2	
Sports clubs and/or other physical activities i.e., dance, yoga etc.	8			2	2	
Cinema/theatre etc.	7					
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.	1			1		
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.		1	1			1
Community events i.e., festivals/music etc.	2					
Total	**24**	**2**	**2**	**6**	**4**	**1**

Asking how satisfied families were in relation to the services they used the highest level of response was that of being satisfied 34% (22) with neither satisfied nor not satisfied 30% (19) was the second most common response. Very satisfied was the third highest response given 20% (13) which shows on average families were generally satisfied with the services they attended.

Appendix 3
Early Help Survey Results

Services	Very Satisfied	Satisfied	Neither satisfied nor not satisfied	Sometimes satisfied but not always	Not satisfied	I had reason to complain
Information, advice and guidance services	3		2		1	
School/education services i.e., after school/breakfast clubs	2	4	2			
General Health Services i.e., GP's/Clinics supporting physical health	1	8	6	6	2	
Sexual Health Services			1			
Health services that support you with your emotions or feelings i.e., Counselling etc.		3	1			
SEND Local Offer Services	2	1	1		1	
Early Year/Childcare	1	2	2			
Family Hubs (Children's Centres)	2		3			
Youth Clubs/Services			1			
Libraries	2	4				
Other						
Total	**13**	**22**	**19**	**6**	**4**	**0**

When asking the same question in relation to activities the same overall result was given as with services, as shown in the table below, with 85% (78) stating they were either very satisfied or satisfied with the activates they attended. When including neither satisfied nor not satisfied this raises the result to 97% (89) of families that were generally satisfied with the activities they attended.

Services	Very Satisfied	Satisfied	Neither satisfied nor not satisfied	Sometimes satisfied but not always	Not satisfied	I had reason to complain
Activity classes i.e., art, drama, singing, hobbies, crafts etc.	3	1	3			
Sports clubs and/or other physical activities i.e., dance, yoga etc.	3	7	3			
Cinema/theatre etc.	11	12	1	1		
Uniformed groups i.e., Girl Guides, Scouts, Brownies etc.	3	2	1		2	
Outdoor spaces i.e., local/country parks, forests, animal parks, skatepark etc.	14	13	2			
Community events i.e., festivals/music etc.	4	5	1			
Total	**38**	**40**	**11**	**1**	**2**	**0**

Appendix 3
Early Help Survey Results

Families were asked what their preferred time of day is for services and activities, which the table below shows, is mornings followed by afternoon then early evening to late evening as their preference. This differs slightly from the previous results of the times families attend activities and services, which is mainly in the afternoon, as shown in the table at the bottom of page 4.

Preferred time of day services/activities	8am-12pm	12.01-5pm	5.01-7pm	7.01-10pm
Monday	4	3	1	2
Tuesday	3	3	2	1
Wednesday	3	2	3	1
Thursday	4	1	2	1
Friday	4	2	2	1
Saturday	5	3	1	
Sunday	3	3	2	
Time Total	26	17	13	6

When families were asked how they wished to access services and activities it was clear as shown below their overall preference was in person at a venue offering the service/activity within their own community. This matches with how families do access services and activities, as detailed previously on page 4, and it is noted that families are accessing services more online than they are for activities. This would indicate therefore services should consider offering online access, despite the relatively low response to online access below.

How services/activities are accessed	Online only	In person at a venue offering the activity	In your own home	In your community i.e., close to where you live	Not close to where you live
Total	**4**	**13**	**3**	**10**	**2**

Appendix 3
Early Help Survey Results

Bracknell Forest Council

Family Summary

Of all respondents 80% were female, married, heterosexual, with all respondents bar one having children, the predominate age of which are 11-15yrs old. This fits with the age profile of the parents which was predominately in their forties, which signifies a later age profile of those having children, i.e., 25-35yrs. This is supported by the relative drop in the birth rate which supports the predicated 1.9% drop in the 0-24yrs population of Bracknell Forest over the next 10yrs. With regards to ethnicity the profile of respondents matched that of the overall profile for the Borough.

From the responses it would appear families are investing time and commitment to services and activities with a relatively high level of regular usage. For services general health, both physical and emotional and school led services were the most utilised. For activities outdoor spaces and cinema/theatre are the most popular and accessed at approximately two and a half times the rate of access of services. This is supported by the frequency of use of activities by the young people who responded. The most popular time of access is during 12-5pm closely followed by the morning, 8-12pm and early evening 5-7pm. This pattern is seen in the days of access the most popular been the weekend followed by a consistent weekday usage with Monday, Thursday and Friday being the most popular.

When looking at the reason for not attending services the main cause was families didn't feel the services were right for them. Being too anxious/not confident enough and cost was the next two highest levels of response given. With regards to activities, cost was the highest response followed by being too anxious/not confident enough, both of which accounted for 77% of all responses. Of the four respondents who stated they were not satisfied with the services they attended all were dissatisfied with services for SEND.

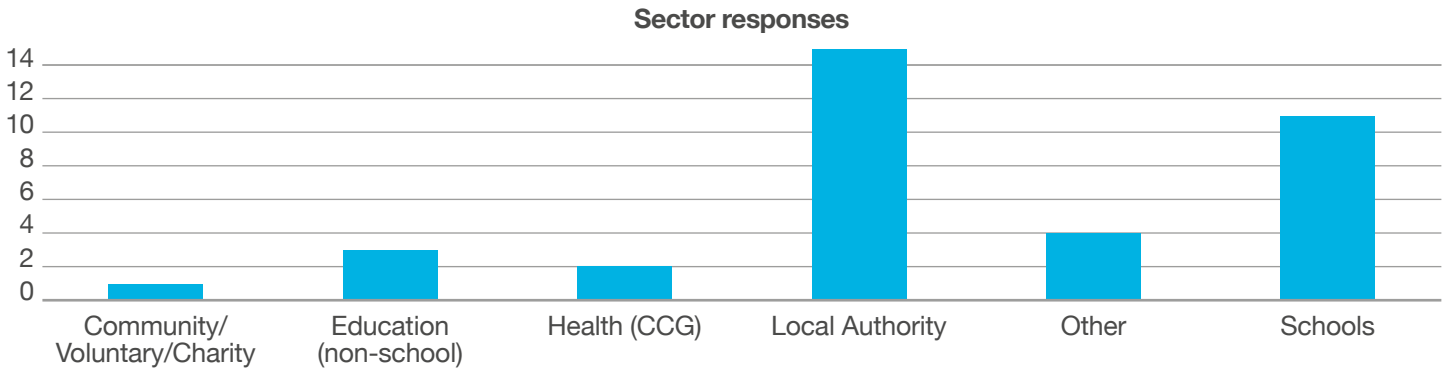
When asked how satisfied with the services attended 54% were either very satisfied or satisfied, with 30% being neither satisfied nor dissatisfied, which shows on average families were generally satisfied with the services they attended. When asking how satisfied with the activities attended 85% were either very satisfied or satisfied with 12% being nether satisfied nor dissatisfied, with the activities they attended.

For both services and activities, the most common way of accessing them was in person at a venue offering the service/activity in their own community. It would appear therefore that families are prepared to invest time and funds into services and activities preferring in person at a venue withing the communities where the families live. The only anomaly within this is that families were more prepared to access services online than they were for activities, thus service providers should consider the range and depth of services offered online as there is a relative need for this type of access, especially when related to general health services.

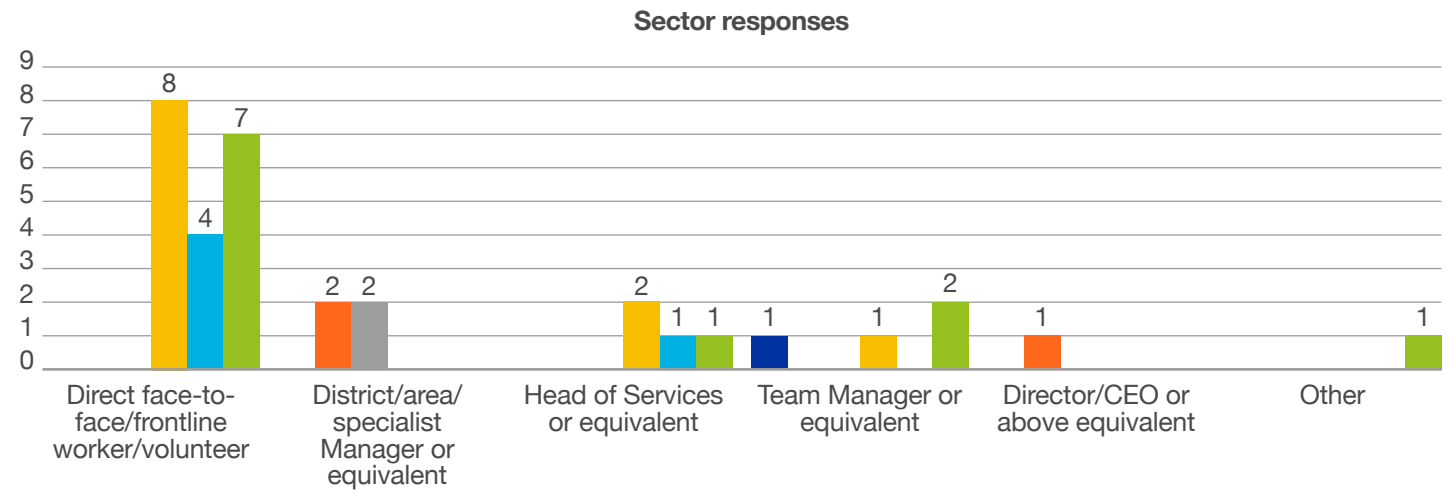
Appendix 3
Early Help Survey Results

Professional – Profile

Of the 35 responses received 37% (13) were from Local Authority, 31% (11) were from schools with 14% (5) being other - 4 of which were childminders and 1 was from a housing association. 9% (3) were from education non-school, 6% (2) were from Health and 3% (1) was from the community/voluntary/Charity sector.



With regards to the respondent's current career level, as the chart below shows, 54% (19) were front line workers/volunteers with 11% (4) being District/Area/Specialist managers or equivalent, Heads of Service and Team Manager level. There was one CEO level response from the Education sector, with responses also from a specialist team and administration. 68% (23) of respondents worked within services that covered all of Bracknell Forest, with the remaining 32% (11) working across one to seven wards.



37% (12) respondents were from education/school services and 28% (9) were from Early Years/Childcare/Family Hub services. 86% (30) were female colleagues and 11% (4) were male colleagues. 80% (28) are White British with 20% (7) being from other ethnicities.

Appendix 3
Early Help Survey Results

With regards to age of those who responded 49% (17) were aged 50-64yrs., & 43% (15) were aged 25-49yrs, with 3% (1) being aged 18-34yrs. When asked if colleagues were satisfied or not with the services, they provided 37% (13) were very satisfied and 46% (16) stated they were satisfied making 83% (29) being overall satisfied with the services they provided. Only 6% (2) stated they were neither satisfied nor dissatisfied and 11% (4) were sometimes satisfied but not always.

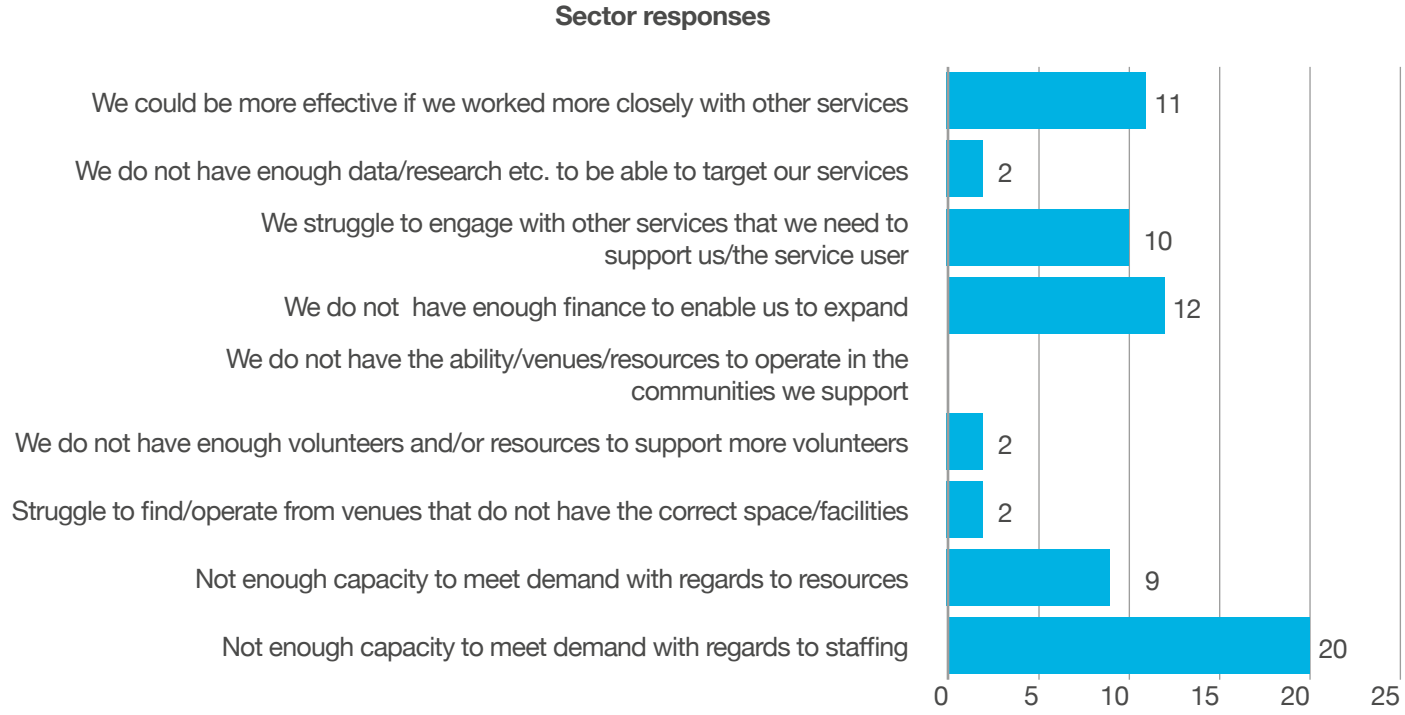
Only 5 respondents stated they charged for the services they provided, ranging from £1-£50 (4) and one charged £51-£100. With regards to the estimated use of the services monthly, 34% (12) responses were mainly in the 151-300+ range with 23% (8) in the 1-30 range. With respect to mode of delivery of the services provided, 28% (8) offered services in the local community, 24% (7) were offered via either a venue or the service users own home, with 14% (4) being offered online only. Other forms of delivery were from the professional's own home, a hybrid or mixed approach or via telephone and system.

With regards to the times services are offered, as the table below shows, the standard 8am-5pm is the most common operating time with a much smaller offer in the 5-7pm time slot, with only 1 service offering a 7-10pm slot. When comparing the offer below to the responses made by the families, although the times of usage, both actual and preferred match, in respect of the highest levels of usage of services is that of 8-5pm, there is a higher level of usage by families in the 5-7pm slot. This may be something to consider re service development in offering a potential reduced service offer in the 5-7pm slot. It is noted there were zero responses for services offered on a weekend, which again is maybe a consideration for services.

Times of services offered	8am-12pm	12.01-5pm	5.01-7pm	7.01-10pm
Monday	32	31	6	1
Tuesday	34	31	8	1
Wednesday	34	32	8	1
Thursday	32	30	7	1
Friday	30	28	7	1
Saturday	0	0	0	0
Sunday	0	0	0	0
Time Total	162	152	36	5

When asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand 29% (20), followed by not sufficient finance to enable expansion 18% (12), working more closely with other services would be more effective 16% (11), struggling to engage with other services required to help the service user 15% (10) and not sufficient resources to meet demand. The one aspect that received no response was no ability to operate in the communities we support, as shown in the chart below.

Appendix 3
Early Help Survey Results



The above indicates services are working in the communities they serve; with demand outstripping capacity caused mainly by insufficient staffing. Considering what affects staffing, comments made indicate high turnover, impact of annual leave and training, especially at times of high demand, and the recruitment of specialist staffing. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed as provider collaboratives.

Looking at the responses provided we can deduce that the developing Early Help Partnership arrangements are well placed to support the other needs of services i.e., working closely with other services, not enough finance to enable expansion, struggling to engage with other services that could help support the client and resources. All these aspects could be supported by the partnership in sharing resources, better communication between services and improved connections to other services.

One issue highlighted by a sole trader (Childminder) was that of the requirement of the varying paperwork, invoicing, finding allocations, accounts and other associated administrative tasks related to the work. In consideration of this type of issue it could be possible to develop support packs of useful documents, spreadsheets, templates, funding information, and links to online support services for new and existing sole traders. This is something the partnership could undertake in a variety of service arenas as one-off workshop group projects to enable and support increased entry into varying service areas as appropriate.

Appendix 3
Early Help Survey Results

When asked 'How could other services/organisations support you in delivering your service and/or help you achieve greater/improved outcomes/impact?' responses included the following suggestions:

- Gaining information in a timely manner to better decisions to meet the needs of families including direct information from differing agencies
- Working together to alert services to waiting lists - working together to look at creative ideas - counselling services and availability of Data to look at trends for the purpose of planning ahead etc.
- Standardised administration packages for Government funding, Developmental Matters, and related administration also the promotion of other available services especially across differing sectors
- Access to specialists who can help with housing advice and benefits advice and provide ad hoc support with more complex issues
- Multi-agency approach to complex issues e.g., hoarding, ensuring that the service user can get all the help that they need
- Ensure the inclusion of all agencies working with the child in correspondence, not just their registered school or primary support services
- Mental health - a direct access to suggestions for support that can be done in school and prevent the need to refer every potential need
- Using the same system - All EH services, TYS, EWS Having duty contact numbers which are covered - such as CPE and CAMHs which are quite hard to contact and get timely reply
- Making collaboration easier between differing services to enable more efficient use of existing referral pathways with better facilitation of information sharing without individual service processes/management lines making it more difficult to navigate
- Consistency of approach and ethos across differing service areas

The above comments are also echoed in the responses when asked the question 'How could an Early Help Partnership help you and what would be the benefit of this help to you, i.e., what would it help you achieve?'

- An Early Help Partnership would enable us to know more about the constant changes in other partner agencies and new developments which would benefit our families. We could also develop services which are more efficient and targeted due to better information & data
- If there was a clearer partnership between early help services and the Better Start professional leads in the NHS that the management structures took account of and worked together on to improve then I think that operationally the processes would follow and be more effective
- We have the bones of a targeted service, but this has not been jointly agreed upon with the local CC commissioning group or NHS management. It is therefore patchy and not all service users are aware who /what and how to access

- Support services to understand the expectations and limitations of other services will enable services to provide more well-rounded support and utilisation of the skills and support of other professionals
- Ensuring there is a clear shared vision and clear achievable targets, working towards shared goals and outcomes with families, children and young people involved at every stage
- Transparency and easy access to family information to benefit and enable services ensuring the right support is in place for the family, including having contact with other professionals working with families to provide background information include safeguarding issues
- Staff training in identifying and supporting early stage needs in terms of mental health
- Inclusive working to support the child, regular correspondence, and inclusion in meetings, having clear and understood targeted goals for all professionals involved with the family

Finally other comments received, when asked for any other comments and/or suggestions to support the development of services/achieve greater outcomes/ impact for the children/young people/families of Bracknell? Are as follows:

- Is there an opportunity to set up a support group for children and young people whose parents misuse substances?
- With all the new initiatives we need to ensure that we are not 'throwing the baby out with the bath water' and build on existing services rather than create new
- Whatever system is created it needs to be kept simple and to consider consent from families. It would also be helpful if voluntary sector has a way of updating us or feeding into the resources
- It would be helpful for advice/contact numbers/emails to go out to parents for minor concerns on their child's emotions/well-being. I think a lot of parents will not approach main websites as they feel their child is not an urgent case for help, but they still require advice to support their child through a difficult change to a new secondary school or bullying etc. A lot of children do not want parents to report cases to, or ask for help from, their school
- I hope that the user /family experiences will be able to give some information that supports joint working more clearly. When you are a front-line worker but also have some responsibility to develop and give advice re best practice it can be very hard to influence change. There are a lot of management hoops to go through and this often seems to be the barrier as it is unclear who is accountable
- Ensure that there suitable experts are available and stick with those in need of support until support is no longer required and/or appropriate step-down processes can be developed

Appendix 3
Early Help Survey Results

Bracknell Forest Council

Professional Summary:

In the responses received all four main sectors, Local Authority, Education, Private and the voluntary/charitable sectors were represented, with the majority 77% (24) being from the Local Authority and Education, both school and non-school. Fifty-four percent of respondents were front line workers, with team, district and senior management all represented, with 68% of represented services covering all of Bracknell Forest and 32% covering between a single and seven wards.

With regards to the times services are offered the standard 8am-5pm is the most common operating time with a much smaller offer in the 5-7pm time slot, with only 1 service offering a 7-10pm slot. When comparing this to the responses made by the families, although the times of usage, both actual and preferred match, in respect of the highest levels of usage of services is that of 8-5pm, there is a higher level of usage by families in the 5-7pm slot. This may be something to consider re service development in offering a potential reduced service offer in the 5-7pm slot. It is noted there were zero responses for services offered on a weekend, which again is maybe a consideration for services as appropriate.

When asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand, followed by not sufficient finance to enable expansion, working more closely with other services would be more effective, struggling to engage with other services required to help the service user, and not sufficient resources to meet demand.

The one aspect that received no response was no ability to operate in the communities we support. The latter indicates services are working in the communities they serve; with demand outstripping capacity caused mainly by insufficient staffing. Considering what effects staffing comments made suggest high turnover, impact of annual leave and training, especially at times of high demand, and the recruitment of specialist staffing. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed as provider collaboratives.

From the above, it is possible to deduce that the developing partnership arrangements are well placed to support the other needs of services i.e., working closely with other services, not enough finance to enable expansion, struggling to engage with other services that could help support the client and resources. All these aspects could be supported by the partnership in sharing resources, better communication between services and improved connections to other services. It could be possible to develop support packs of useful documents, spreadsheets, templates, funding information, and links to online support services for new and existing sole traders. This is something the partnership could undertake in a variety of service arenas as one-off workshops or ongoing projects.

Conclusion

The relatively low level of direct response from young people means few if any direct conclusions can be drawn but taken with the responses from family's, insight from seventy-seven children in total was obtained.

The first aspect of note from the direct responses is that no young people declared they used services but did engage in activities. This suggests that young people are reluctant to engage with services in their own right but more likely to engage via support and/or in collaboration with their parents/carers. Taken with the low level of direct response the question remains 'How best to engage with young people directly?'. This is an aspect that the Early Help Partnership could offer support in via sharing what has worked well and/or sharing of previously gathered information from young people including local, regional, and national surveys/consultations. It is not always necessary to gain direct feedback given the level of available information that already exists, but for specifics e.g., a young person's experience of a service or activity then asking young people direct, is always informative, and insight into how the service/activity is experienced can be gained. The latter aspect however could be achieved via survey or focus groups and/or better still ongoing service/activity feedback from participants. This will give the most accurate considered information on how a service or activity is perceived/received and the benefits or not gained from the experience.

What is consistent is the reasoning for not accessing services/activities, which are as follows:

- Lack of confidence and anxiety
- Too high a cost
- The service/activity was not right for them
- The timing and accessibility mainly due to lack of public transport

It would appear however, young people are willing to engage, especially in activities, which may be a consideration the partnership can take when looking to engage with and/or advertise services for young people i.e., by putting on events or activities that young people can engage with, providing an opportunity to showcase the services on offer. Again, this is something that the entire Early Help Partnership could develop, plan, and implement. Once engaged young people do appear satisfied with their experiences.

With regards to the responses from families holistically, given the age of respondents and the age of their children, it supports the prediction that people in Bracknell are starting families at an older age, which would align with the fact that the birth rate is reducing. When these two aspects are combined it supports the predication of a reduction in the 0-24yr population of Bracknell Forest over the next 10 years or so.

This is important for the Early Help Partnership to note when thinking of resources especially in relation to the Early Years provision. That is not to say Early Year services should consider reducing the level of resources they have at their disposal, but more a consideration of how to target the resources available, and whether to expand the range of services offered, even if that means additional resourcing, knowing that demand may well stabilise over the next 10 years or so, therefore existing resources could be realigned or manoeuvred into new service developments. It is acknowledged however, capacity to meet demand is currently an issue, which means if demand over time drops the existing resources should be sufficient to meet demand in the long-term. Therefore, in the short-term a permanent increase in resource may not be needed, which means the Partnership could look to enhance the efficiency of existing resources by collaboration and sharing as appropriate to the needs of families in Bracknell Forest.

When considering access and timing the afternoon and morning and early evening were the most frequent times of usage. This may be a consideration, but also may be the result of when services and activities are available. When asked what the families preferred time of access is the mornings were stated as the most wanted time of access, with early evenings being the second most requested time. Given the two most popular services accessed were those of health and educational based services it would make sense to time services in and around the mornings and afterschool early evening times if wanting to engage with families. Offering services later in the evening e.g., 7-10pm slots may also be a consideration for services especially for those parents who commute to and from work.

In conjunction with the above, the overall preference of access for families is that of in person at a venue offering the service/activity in their own community. Although online access was a relatively low choice, services should consider offering increased information, guidance, and advice online rather than just how to access the service e.g., times and place of delivery. This could aid service delivery as if parents could access more direct information online this could help prevent needs from escalation or even stop needs emerging in the first place. This could involve online tutorials, information pieces, editorials etc. The latter would also be a good way of involving parents in more wider debates on key issues not just information, advice, and guidance, all of which is very useful feedback for services. Again, when asked of their satisfaction levels most parents were satisfied with the services provided, apart from SEND services which were indicated to be less than satisfactory. It is noted however there were only four responses indicating a level of dissatisfaction with SEND out of the thirty responses received.

With respect to response from professional colleagues, when asked what challenges were faced by the professionals the single most common response was that of not sufficient staffing to meet demand, followed by not sufficient finance to enable expansion, working more closely with other services would be more effective, struggling to engage with other services required to help the service user, and not sufficient resources to meet demand, which is seen as currently outstripping capacity.

The capacity issues appear to be driven by the fact that there is insufficient staffing caused by high turnover, impact of annual leave and training and the difficulty in the recruitment of specialised staffing. One possible solution is the co-location of staffing and more efficient forms of sharing information, termed here as provider collaboratives.

When asked how services could support each other the main themes indicated are those of gaining information in a timely manner, whilst working together to alert each other over the current waiting times for access to services. Having a multi-agency, holistic and collaborative approach to supporting families with complex issues, the sharing of resources especially concerning access to specialists. Utilising the same systems was another suggestion as was making collaborative working easier, offering better facilitation of information sharing without undue management lines and processes making it difficult to navigate, as well as a consistent approach to service delivery across the whole Early Help Partnership. When asked how the Early Help Partnership could support services the responses echoed and matched those stated here, as did all other comments made.

It would appear therefore the Early Help Partnership is a very well-placed mechanism to support services in all the above aspects. As in the partnership could share resources, develop better communication between services and improve connections to other services, for those who need differing or multi-agency input to complex issues. The results of this survey will inform not only how the partnership develops but also the focus and direction of the Early Help Strategy that is currently being developed.

Appendix 4: Early Help data analysis report

Introduction and context

This data analysis has been conducted to support the development of both an Early Help Strategy and inform current and future commissioning intentions and service delivery across the Borough; both developments are part of a wider development of an Early Help Partnership. The Early Help Partnership is a framework to enable services and agencies to work collaboratively, either directly or indirectly, to support families, children, and young people living in Bracknell Forest, where and when it is required.

Helping families cope with the challenges they face and the needs they have, Early Help can offer the support needed to help children and young people reach their full potential. In addition, Early Help is there to enable professionals to work together more closely with families to improve the quality of a child's home and family life, enable them to perform better at school, reduce their risk of involvement in the criminal justice system and support the development of good physical, emotional well-being, and mental health. Research shows that Early Help can: protect children from harm, reduce the need for a referral to child protection services and improve children's long-term outcomes. The evidence suggests effective early help at the earliest opportunity reduces the need for more intensive and costly support services where the needs have increased and intensified.

This analysis will be used to inform and support the design and delivery of early help services that support families, children and young people and will also be utilised to anticipate future demand of such services. Both aspects are equally important if services are to be accessible and meet need at the right time.

In 2020 Bracknell Forest had an estimated population of 124,165, of which, 49.5% (61,460) male and 50.5% (62,705) female. It was estimated that 30.3% (37,633) of the population were aged 0-24 years. The population of Bracknell Forest is projected to rise to 131,262 by 2043 a rise of 5.7% (7,097) however, the 0-24 years age group is estimated to reduce by 1.9% (2,454) which would equate to a population of 0-24 years of 26.8% (35,179) overall.

With regards to ethnicity, the population of Bracknell is predominately, circa 88-90% White British, with the next largest ethnic group being Asian/Asian British (5%), followed by Black/African/Caribbean/Black British and mixed/multiple ethnic groups (2%) respectively.

When considering the levels of deprivation in Bracknell Forest, as of the 2018-2019 Dept. Work and Pensions (DWP) Office National Statistics(ONS) estimates approximately 8.4% (2,114) of children who are living in families with absolute low income and 9.5% (2,397) children living in families with relatively low income.[1] There are four wards in the Borough which have child poverty figures ranging between 14.9 and 25.4%, which are ranked the four most deprived wards in the Borough those being Wildridings & Central, Great Holland North, Priestwood & Garth, and Old Bracknell. Overall, according to 2016 DWP/ ONS figures circa 9% of children in the borough are living in low-income families, with 76% of children achieving a good level of development at the early years stage.

The following analysis has been taken from data collated by the Local Authority, supported by estimated and projected population statistics provided from a range of sources. It is acknowledged that if further data is made available from other sources a more detailed and richer profile of need could be achieved. In this context it is the intention to use the analysis as a comparative document to enable other partners to assess their own data collation against what is found here to provide a more comparative and in-depth understanding of the current and future positions, so aiding service delivery and development across the Early Help Partnership.

1 Derived from analysis of family income over the entire tax year – where income is less than 60% of median income before Housing Costs.

Bracknell Forest Council

Executive Summary

In the financial year 2020/21 there were a total of 717 families and 1428 individual children referred to Bracknell Forest Council's Early Help Service. In the financial year 2021/22, as of the end of November year to date (YTD) there have been a total of 491 families and 975 individual children referred. When comparing the YTD figures to the same period for the previous year to date there has been an overall increase of 12% in both individual children and families. As of the 30/11/2021, 346 children within 156 families were being supported by the early help service, which is showing a 7% reduction in the 0-4years age group, with a 23% increase in the 11-18years age group and a 14% rise in the 5-10 years age group. This could be an indication of increasing development need as children and young people progress through the varying developmental stages and possibly a reflection of the aging population of Bracknell Forest.

The most common referral types into the service are those via the Multi-Agency Safeguarding Hub (MASH) and Children's Social Care, via a single assessment, totalling 92% YTD of all referrals. The three primary referral agencies are schools, Children's Social Care, and the Police, however when compared to the same period last year both Children's Social Care and Police have seen a decrease in referrals -24% and -30% respectively, whereas schools have seen a significant increase by 45%. The number of re-referrals into the service within the last 12 months of a previous referral accounted for circa 20% of all referrals, representing an overall increase of 22%. This requires further exploration to determine the reasons for referral set against the effectiveness of the first intervention. When comparing YTD to the same period for 20/21, there has been an overall reduction in both assessments completed monthly since 1st April 2020 and on all referrals, showing a 7% and 27% reduction respectively. The identification of Young Carers has also seen an increase with the predominant age of carers being 9-17yrs, making up 84% of all identified young carers, of which 56% were male and 44% were female. The increase in the identification of young carers is in part attributed to a conscious promotion to increase awareness of young cares across agencies through the Young Carers Strategy Group.

Figures for declined assessments and no response have both declined significantly (-57% & -77% respectively), which when taken in the context of all referrals suggests that referrals are becoming more accurately triaged in the initial stages and

engagement with families is improving. It could also be an indicator of improved earlier identification and targeting of families at a stage where their needs are emerging rather than escalating. To note, although the number of referrals has reduced by -30% (-130) the overall number of children linked to the referrals has risen slightly by 5% (22), which could be an indicator that families with a greater number of children, are being identified earlier with regards to their needs. Most of the family work cases (89.9%) were completed with 1-12month, and 10.1% falling outside of this time, broken down as follows:

- 1 month or less – 6.8% (12)
- 2-3 months – 21.6% (38)
- 4-5 months – 30.7% (54)
- 6-7 months - 23.3% (41)
- 8-9 months – 8% - (14)
- 10-11 months – 6.3% (11)
- 12 months or over – 3.4% (6)

There has also been a lengthening of time spent on cases, which is consistent with the offering of more category 2-3 service level interventions as well as the increasing age of the children and young people and the fact that less inappropriate cases are being put through to Assessment or intervention level. It could be surmised therefore that given the overall patterns that are emerging the service is strengthening in its targeted approach to the needs of the family/s.

With regards to Children Missing from Education (CME) in the YTD for 2021/22, there were a total of 208 CME enquires, 52% primary and 45% secondary schools, with 29 CME referrals received which is a fall of 36% (16) on the same period of 2020/21. With regards to gender 52% (15) were male with 48% (14) female. Interestingly when comparing gender to the same period as last year, i.e., up to 30/11/20, the ratio of male to female was 66% (30) 34% (15) female, thus it would appear there is a relative rise in referrals of females in this year when compared to last year. In addition, 809 enquires were received on behalf of other Local Authorities. When compared to the same period in the previous year there were 489 enquires, which equates to a rise of 165% and is reflective of the national picture in terms of increased enquires relating to CME from other Local Authorities during the pandemic.

Considering Sexual Health Services, which are classified as drop-in clinics run by council's Youth Service staff along with a GP/Sexual Health Nurse in BFC secondary schools & colleges for pupils aged 13+. It is noted that clinics have been impacted

by the Covid shutdown since March 2020, re-opening in limited venues only when restrictions have permitted, therefore comparable data across this and the previous year is not possible.
In total, 78 individual young people attend the available clinics 175 times, YTD 2021/22 a ratio of approximately 2.2:1. Of those 175 attendances on 128 occasions the attendees received a service. Of those receiving a service, 36% (46) were male, 60% (77) were female with 4% (5) identifying as other. Given the ratio of male to female it may be worth considering how to engage more males into the clinics as the inference is that females are taking the initiative more so than males when it comes to their sexual health.

Supporting Families Data

The Supporting Families Data, acquired under the government's Supporting Families Programme, provides a snapshot, against the six categories of need that are used to identify families who may need support which are as follows:

- Worklessness and Financial Exclusion – Adults out of work or at risk of financial exclusion, or young people at risk of worklessness
- Education and School Attendance – Children not attending school regularly
- Children who Need Help – Children of all ages, who need help, identified as Children in Need or subject to a Child Protection Plan or Looked After children
- Health – Parents or children with a range of health problems (including drug or alcohol misuse)
- Crime and Anti-Social Behaviour – Parents or children/young people involved in crime or anti-social behaviour
- Domestic Abuse – Families affected by domestic violence and abuse

From 2014 to 2021 YTD, 5870 unique individuals (adults and children) within 1732 families have been classified as needing some level of support across the defined national criteria as stated above. The most common need presented is that of children needing help 32% (1898) unique individuals within 26% (458) unique families. Health is the next most common need identified 25% (1472) unique individuals within 28% (483) of unique families. It is noted that the individual within a family can be classified as having more than one of the categories of need therefore the percentages for individuals will differ to that of families. When looking at the family percentages, health has a slightly greater percentage overall than children needing help and the same pattern appears across Domestic Violence, Worklessness and Crime. This indicates that, proportionately more families are affected by health and the other categories, than Children Needing Help and Educational issues. It is noted that for YTD 2021/22 no crime indicator is recorded, Children Needing Help remains the highest level of need recorded, however

Domestic Violence has risen again to just above Health, whilst Education and Worklessness remain the two lowest levels of need recorded. Domestic Violence, which is recorded as 96% on last year's total therefore there has already been a 30% increase on the benchmark figure. This confirms that Domestic Violence is rising in this year as a primary level of need, which could be a result of the Covid lockdown period where nationally domestic violence reporting has increased. Given the low level of crime recorded it is possible to argue that the needs of families within the community of Bracknell Forest is parental Health and their socio-economic environment, which is reflected when viewed against the Dependent Child category. It is therefore a consideration with regards to service provision to services that support socio-economic needs, i.e., engagement in work and/or training and parenting skills, with a real need for accessible Health Services.

From 2014 to 2021 1070 individual families were identified in the recorded data, of which 97% (1033) were recorded within four individual postcodes across Bracknell, those being:

- RG12 66% (706) – concentrated within Great Hollands North & South, Wildrings & Central, Harmens Water, Old Bracknell, Crown Woodand, Hanworth and Bulbrook wards
- RG42 18% (193) – concentrated within Priestwood & Garth, Warfield Harvest Ride, Binfield, and Winkfield & Cranbourne wards
- GU47 9% (98) – concentrated within Little Sandhurst & Wellington, Central Sandhurst Owlsmoor and College Town wards
- RG45 3% (36) – concentrated within Crowthorne ward and surrounding area just outside of the Bracknell Forest Boundary
- With 3% (36) from other postcode areas.

Of the housing types, of the 1033 individual families identified, six types of accommodation were recorded for 786 cases, across the above four postcode areas, 50.3% (386) were in Local Authority or Housing Association rented properties, 22.7% (174) were owner occupier, with 17.4% (134) private rented, 3.9% (30) were in temporary accommodation provided by the Local Authority, 0.26% (2) no fixed abode, and 5.5% (42) were in other types of accommodation.

Given the data spans 7 years (2014-2021) the levels of consistency seen indicates the six categories of need are evenly distributed across the varying geographical areas and, likely to show the same patterns in both volume and type of need in the future. This is particularly useful when considering future commissioning of services both in type and volume. What is

interesting within this analysis is that children aged 7-12 years with parents in their 30's are the most common category of need. Given the above it would appear that for Bracknell Forest families with parents who are in their 30's with dependent and other children 7yrs and above would appear to be most in need, when looking at the last seven years of data. This may provide some level of insight to who the families are that are being identified for Early Help, the age of the children and the parents alike.

With regards to the needs of the children/young people and families, all categorisations, are showing like-for-like increases except for crime which as noted previously is yet to be recorded as an affective need for this year. Having said that it remains that Children Needing Help and Health remain the most prevalent need, followed by Domestic Violence, see page 11. When adding in the fact the most prevalent age is that of 7yrs. of parents in their 30's this is a key consideration when looking at the targeting and type of intervention required. It isn't that unexpected therefore that Children Needing Help, Health, and domestic violence are prevalent and rising during the same period as the pandemic. This may then provide an overall picture or indication of the type of challenges and resulting escalation of need at a time when employment, confinement to the home, the pressures of which will in this context as with any other context impact most on family relationships.

With a view to ethnicity as the chart below shows, 2871 (75%) are White British, Irish, and White Other, with 4% (169) being mixed race, 3% (100) being Asian or Asian British, and 3% (129) are Black or Black British. This is reasonably consistent with the overall ethnicity of Bracknell Forest, where the population is White British 84.9%. The BAME (Black and Minority Ethnic) population has increased over the past decade. The largest BAME group is Asian or Asian British (5%) which are similar to the recorded figures above. The proportion of people from ethnic groups living in Bracknell Forest is greater than there is nationally and within the Southeast region as a whole and has steadily been increasing, whilst White British has seen a relative decline.

With respect to the targeting of resources the four postcode areas that hold the 97% of all those screened at the point of eligibility, see page 13, are the obvious geographical areas to concentrate on, which is the case when considering the placement of the Family Hubs. This means the physical resource is placed in the areas of highest need; however, consideration should be given to the other areas to ensure hidden need is not building without recourse or families are being left without the ability to access help in those areas.

Finally, it is recognised that this analysis is derived only from Local Authority data if other data was available a more detailed and richer analysis could be achieved. This therefore is a significant consideration when developing the overarching Early Help Partnership arrangements that sharing data on individuals is critical to positive outcomes and efficiency of interventions on an individual or family level. However, using the data from partners will enable an overarching data analysis to be completed on a more strategic level. This is crucial in providing insight and direction for the commissioning, targeting and placement of resources that enable the effectiveness of intervention to meet identified need.

Referrals

In the financial year 2020/21 there were a total of 717 families and 1428 individual children referred to Bracknell Forest Council Early Help Services. In this financial year 2021/22, as of the end of November year to date (YTD) there have been a total of 491 families and 975 individual children referred. It is noted that of the 491 families referred, 142 were stepped down, from Children's Social Care (CSC) and 24 were stepped up to CSC. When adjusting last year's figures to the same period of this year, i.e., 8 months from April to November in comparison to this year there has been an overall 12% increase in both categories. This equates to an additional 53 families and 101 individual children when compared to the same period of the previous year, as shown in the table below. With regards to the waiting list as of November 2021 there were 40 families held on the waiting list, which is a rise of 16 on quarter two (September 24) but a reduction of 44 from quarter 1 (June 84). It is noted that the waiting list as of April this year was 0, which suggests either a change in process and/or significant influx of referrals.

Referrals in to Early Help Services	2020-21					2021-22											Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals	April	May	June	Qtr 1 Totals	July	Aug	Sept	Qtr 2 Totals	Oct	Nov	YTD			
Number of families	127	156	233	201	717	66	80	71	217	70	25	46	141	72	61	491	438	53	12%
Number of children	249	311	471	397	1428	143	164	144	451	137	45	87	269	151	104	975	874	101	12%

As of 30/11/21, 346 children within 156 families were being supported by the Service. The table below shows a general trend of increase in the 5-10 by 14% (+14) and 11-18yrs. by 23% (+33) age groups and a decline in the 0-4yrs. by -12% (-7) age group, when compared with the same period (Nov) last year. Although the figures do fluctuate the overall trend across the age groupings remains relatively consistent from the beginning of the previous financial year (20/21). This could be an indication of increasing needs within families with older children, and that the Services are supporting a range of needs and issues within families across Bracknell Forest. It could also be an indication of strengthening resilience within families in the 0-4yrs age group and/or a reducing level of engagement of families with babies and toddlers. However, when considering this trend from the

perspective of the deprivation levels of the borough, which are very low comparative to the rest of the country (ranked 287 of 326), this trend could be an indication that the needs of families are borne from developmental rather than socio-economic needs per-say. That would explain the increasing identification of the needs of older children and young people as they move through the varying developmental stages. It is noted however that four wards in the Borough, Wildridings & Central, Great Holland North, Priestwood & Garth, and Old Bracknell, have child poverty figures ranging between 14.9 – 25.4%, ranked the four most deprived wards in the Borough.

It is noted that of the total number of children being supported 31 are recorded under Targeted Youth Support, which has an older age range of 11-18yrs.

Number of children being 'Early helped' *	2020-21										2021-22										Previous year 8 month total	Difference plus/ minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3		Qtr 3 Totals	Qtr 4			Qtr 4 Totals	Totals	Qtr 1			Qtr 1 Totals	Qtr 2			Q2 Totals	Qtr 3				
			Nov	Dec		Jan	Feb	Mar			Apr	May	Jun		Jul	Aug	Sept		Oct	Nov			
0-4 years	65	61	59	55	55	53	53	54	54	54	53	53	51	51	46	44	49	49	51	52	59	**-7**	**-12%**
5-10 years	106	94	102	104	104	100	111	97	97	97	104	108	108	108	109	118	118	118	125	116	102	4	14%
11-18 years	140	149	145	155	155	160	159	137	137	137	134	161	166	166	157	172	169	169	184	178	145	33	23%

* as at last day of period.

Appendix 4
Early Help Data Analysis Report

Bracknell Forest Council

Source of Referrals

As shown in the table below the two most common referral types into the service are those via the MASH 66% (467) Yr. 20/21 & 79% (388) YTD and via Single Assessment 17% (125) Yr.20/21 & 13% (62) YTD.

Referrals by type	2020-21					2021-22				Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Totals	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	YTD			
Total Number of Referrals to Early Help by Referral Type	127	156	233	201	717	217	141	133	491	438	53	12%
CAF	11	4	9	5	29	5	2	0	7	21	**-14**	**-67%**
CAF Review	2	4	3	2	11	1	0	0	1	8	**-7**	**-88%**
Children Centre Referral	6	19	14	9	48	3	5	0	8	34	**-26**	**-77%**
CIN Review	3	4	3	6	16	3	3	4	10	9	1	11%
Early Help Assessment	0	0	0	0	0	0	0	1	1	0	1	-
Early Help Contact (via MASH)	67	82	168	150	467	174	103	111	388	261	127	49%
Parenting Programme Referral	0	0	1	3	4	0	0	1	1	1	0	50%
Single Assessment	38	39	27	21	125	25	23	14	62	95	**-33**	**-35%**
Targeted Youth Support Referral	0	4	8	5	17	5	5	2	12	9	3	29%
Other	0	0	0	0	0	1	0	0	1	0	1	-

When looking at the differences between the two years adjusted figures, as a comparison, there has been a significant increase in referrals coming through to the Service via the Multi-Agency Safeguarding Hub (MASH) (+49%) with significant reductions in referrals coming through from CAF, Children Centre's (family hubs), and CSC Single Assessment, -67%, -77%, -33% respectfully. These comparative figures indicate a move of referral type towards the Front Door (MASH) since the CAF and Children Centre referrals are being phased out in favour of an Early Help Assessment. In terms of the referral agencies the three primary referral agencies are Schools 32% (228) Yr. 20/21 & 30% (149) YTD, Children's Social Care 22% (159) Yr. 20/21 & 19%

(91) YTD, and Police 13% (96) & 9% (44) YTD. When comparing this year's performance to date with the previous year, both Children's Social Care and Police have a reduced level of referrals by -24% & -30% respectively, yet schools have increased their referral rate by 45%. For a full breakdown of referral agencies please **(See Appendix A).**

The number of children referred to the Service that were recorded as having an Education and Health Care Plan (EHCP) or SEND was 9% (125) for 20/21 & 6% (57) for YTD. Similarly, the number of children referred to Early Help that were coded as having Support for Learning (SFL) was 53 (4%) for 20/21 & 47 (5%) for YTD. When comparing the two year adjusted figures as a comparison for both EHCP/SEND and SFL there is a decrease in referrals by -22 (28%) and an increase of 23 (96%) respectively. With respect to the latter figure, it is noted that there were no recorded referrals in Qrt.1 of 20/21 which accounts for the large increase when comparing to this year-to-date figure, as this figure does include the Qrt.1 figure (21) in total.

The number of re-referrals into the Service received within 12 months of a previous Early Help referral was 20% (142) for 20/21 & 22% (109) for YTD. This equates to 290 and 224 individual children respectively. When comparing the two year's figures there was an overall increase in referrals of 22% (20) and an increase of individual children by 17% (33), which is showing an upward trend so far this year.

Referral to Assessment

The table below, shows the number of completed Early Help Assessments. Please note that Pop-Parenting Assessments ceased as a type of intervention, therefore no comparison is shown from the previous year 20/21. Overall, there has been a reduction in targeted Youth Assessments -44% (-41), total Assessments completed Monthlyi -27% (-67). Whole family Assessments -17% (-26) and total assessments on referrals allocated since 1st April of each year -7% (-14). Equally there has been an increase of whole family assessments on referrals allocated since 1st April 26% (27) and Young Carer Assessments 47% (16), the former reflecting the cessation of the Pop-Up Parenting Assessments. The figures for Young Carers suggest more young carers are being identified within the community through the work of the young carers team and more broadly the Young Carers Strategy Group. It is noted the ratio of female to male carers is 56% (105) to 44% (81), of which 86% (158) are recorded as being white with the predominant age of carers being 9-17yrs, 84% (167).

Appendix 4
Early Help Data Analysis Report

Early Help Assessments	2020-21					2021-22											Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals	Qtr 1			Qtr 1 Totals	Qtr 2			Q2 Totals	Qtr 3		Qtr 3 Totals	YTD			
						Apr	May	Jun		Jul	Aug	Sept		Oct	Nov					
Early Help Assessments Completed (monthly) on Referrals Allocated since 1st April 2020	38	87	93	94	312	20	31	22	73	20	17	28	65	32	12	44	182	196	**-14**	**-7%**
Early Help Assessments Completed (monthly) on All Referrals	75	99	97	99	370	19	53	51	51	46	44	49	65	26	15	41	180	247	**-67**	**-27%**
Whole Family Assessments	52	59	63	73	247	8	23	18	49	15	11	21	47	19	12	31	127	153	**-26**	**-17%**
Whole Family Assessments on referrals allocated since 1st April 2020	15	47	59	68	189	9	25	16	50	15	11	19	45	25	9	34	129	102	27	26%
Targeted Youth Assessments	23	40	34	26	123	11	6	6	23	5	6	9	20	7	3	10	53	94	**-41**	**-44%**
Young Carer Assessments	7	18	17	31	73	14	6	11	31	11	0	1	12	5	2	7	50	34	16	47%
Pop-Up Parenting Assessments (PUP)	33	42	71	60	206	6	0	1	7	n/a	n/a	n/a	0	n/a	n/a	0	7	-	-	-
Early Help Assessments Not Completed with Reason	38	52	38	40	168	3	6	4	13	9	7	8	24	3	6	9	46	119	**-73**	**-61%**
Declined	27	41	32	29	129	1	5	3	9	9	6	8	23	2	6	8	40	93	**-53**	**-57%**
No response	11	11	6	11	39	2	1	1	4	0	1	0	1	1	0	1	6	26	**-20**	**-77%**

With regards to the Assessments that were not completed, as shown at the bottom of the above table, overall, there has been a decline of 61% (-73), with declined at -57% (-53) and No Response at -77% (-20). Investigation into the declined category, suggests that the available services were not being described correctly by the referrer, therefore when Early Help contacted the client, these were not the services the client was looking for. The No Response category details where the client did not respond to an Early Help contact.

When reviewed together it would appear that although the overall number of referrals have increased on this time last year, the overall rate of non-completed Assessments has significantly reduced. This could be taken to mean that referrals are becoming more accurately triaged in the initial stages and engagement with families is improving which may explain the reduction in both declined and no-response. It could also be an indicator of improved earlier identification and targeting of families at a stage where their needs are emerging rather than escalating.

Referral Outcomes

As shown in the table below, of the 491 referrals received as of 30/11/21, 92 were either not completed with reason, declined, or received no response from the client. The remaining 399 referrals were allocated under one of the following 4 available categories to the Early Help Duty Manager: Category 1 – Leading to an Early Help Assessment 61% (298) involving 502 individual children, Category 2 – Leading to another type of Early Help involvement e.g., referred to Education Welfare, Joint working with another agency and/or already open to Early Help Services, 21% (101), Category 3 – Not leading to an Early Help assessment 18% 86 & Category 4 – Referrals Awaiting a Decision 1% (6). Please note If the needs of the referral require a combination of intervention, for example both Targeted Youth Support and a Parenting Programme, the referral outcome will be aligned and recorded under the most dominant category, which in this example would be a Targeted Youth Assessment.

What is interesting is that although the number of referrals has reduced by -30% (-130) the overall number of children linked to the referrals has risen slightly by 5% (22), which could be an indicator that families with a greater number of children, are being identified earlier with regards to their needs. With regards to categories two and three, these are showing very significant increases of 1583% (95) and 750% (75) over the previous years adjusted target. Again, this may be an indicator that families who are struggling are being reached earlier, where a full assessment is not required but another type of Early Help intervention is appropriate. This is further supported by the fact that at the end of the previous year 20/21 the rate to assessment was 95.5% and as of end of November this year (21/22) the rate to assessment has reduced to 60.8%, which provides some explanation of the increased rates in categories 2-4. In addition, given there is only 1 case of a referral being stepped up to CSC, it is assumed that the accuracy of referrals with regards to the level of need is relatively good.

Appendix 4
Early Help Data Analysis Report

Early Help Duty Outcomes	2020-21					2021-22												Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals	Qtr 1			Qtr 1 Totals	Qtr 2			Q2 Totals	Qtr 3		Qtr 3 Totals	YTD			
						Apr	May	Jun		Jul	Aug	Sept		Oct	Nov					
Referral Allocation Decisions made by Early Help Duty Manager*	127	156	233	201	717	66	80	71	217	70	25	46	141	72	61	133	491			
Total Referrals Leading to an Early Help Assessment (Category 1: Whole Family Work; Targeted Youth Support; or Young Carer)	120	152	227	186	685	46	52	40	138	39	14	28	81	47	32	79	298	428	-130	-30%
Total Number of Children in Referrals Leading to an Early Help Assessment (Category 1: Whole Family Work; Target Youth Support; or Young Carer)	166	168	217	238	789	99	95	76	270	61	22	41	124	57	51	108	502	480	22	5%
Total Referrals Leading to Another Type of Early Help Involvement (Category 2: Getting Help Service; Parenting Programme; Education Welfare Service, Joint Working; or Already open to Early Help)	0	3	3	11	17	12	13	16	41	19	4	12	35	13	12	25	101	6	95	1583%
Total Referrals Not Leading to Early Help Involvement (Category 3: Step-up to Children's Social Care; Signpost to another agency/ universal service; Moved out of area; Referrer Withdrawn etc.)	7	1	3	4	15	8	14	15	37	12	7	6	25	12	11	23	85	10	75	750%
Step-Up to CSC (as a subset of Category 3)	1	0	1	0	2	0	0	0	0	0	1	0	1	0	0	0	1	2	-1	-50%
Total Referrals Awaiting Decision (Category 4)	0	0	0	7	7	0	0	1	1	1	2	0	3	0	6	6	10	0	10	-

*(Total of 'Total Referrals Leading to Early Help Assessment' + 'Total Referrals Leading to Another Type of Early Help Involvement' +'Total Referrals Not resulting in Early Help Involvement' + Total Referrals Awaiting Decision below)

Timeliness

As of November 2021, there are 156 families with open whole family work cases, across Bracknell Forest. As the table below shows most cases are within the 1-12 months, 91% (142) with only 7% (8) over 12 months and 2% (3) less than a month.

Number of open cases	2020-21					2021-22				Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Totals	Qtr 1 Totals	Qtr 2 Totals	Qtr 3				
								Oct	Nov			
Total number of Open Whole Family Work Cases (by number of months between allocation and last day of reporting period)	138	125	139	126	126	137	149	158	156	127	29	23%
Less than 1 month	22	16	17	10	10	7	20	7	3	26	**-23**	**-88%**
1 to 6 months	90	76	103	98	98	94	100	113	104	83	21	25%
7 to 12 months	17	25	14	13	13	30	21	27	38	14	24	171%
13 to 18 months	6	7	3	2	2	4	6	9	8	3	5	167%
19 to 24 months	3	0	2	3	3	1	0	0	2	1	1	100%
Over 24 months	0	1	0	0	0	1	2	2	1	0	1	-

The timeframe between case allocation to case closure where an assessment has been completed is shown in the table below. The average timeframe is that of 116 working days, which has increased by 113% (62) days on the same period for last year, April to November 2020/21. The total number of cases closed within the comparable periods of time has seen an increase of 83% (80) cases closed.

When making the same time comparison of the number of cases closed within each defined period, i.e., 1 month or less, 2 to 3 months etc. as shown the timeframes appear to have increased progressively from the 4 – 12 months onwards, the most

common being 4-5 months. The period 1 month or less has seen a comparative reduction of -63% (20) for the same period which means the timeframes from allocation to case closure is lengthening. This is consistent when compared to the increase of ages of children and young people receiving Early Help Services, as shown on page 3 above, especially if the needs are more developmental than strictly poverty based.

When comparing the table below to all cases closed, whether an assessment was completed or not, there is a similar pattern of increase from the 4-5 months period onwards for similar proportions with an overall increase of 26% (53) cases set against the same period for last year. Which again indicates a lengthening timeframe for dealing with cases. This lengthening of time spent on cases is also consistent with the offering of more category 2-3 service level interventions as well as the increasing age of the children and young people and the fact that less inappropriate cases are being put through to Assessment or intervention level. It could be surmised therefore that given the overall patterns that are emerging Early Help Services are strengthening in the targeting and approach in supporting families in need.

Timeframe between Case Allocation to Case Closure (All Cases whether an Assessment completed or not)	2020-21					2021-22				Previous year 8 month total	Difference plus/minus to previous year	%age difference to previous year
	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	**Totals**	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	**YTD**			
Total number of Case Closures (by number of months between allocation and case closure)	7	41	72	70	190	77	70	29	176	96	80	83%
1 month or less	3	21	15	12	51	5	3	4	12	32	**-20**	**-63%**
2 or 3 months	4	15	22	24	65	21	11	6	38	36	2	6%
4 or 5 months	0	5	22	21	48	20	24	10	54	22	32	145%
6 or 7 months	0	0	9	10	19	23	13	5	41	5	36	720%
8 or 9 months	0	0	4	3	7	5	9	0	14	1	13	1300%
10 or 11 months	0	0	0	0	0	1	8	2	11	0	11	1100%
12 months or over	0	0	0	0	0	2	2	2	6	0	6	600%
Average number of working days between case allocation and case closure	36	39	76	81	68	106	129	111	116	55	62	113%

Given the above there is another important aspect to note when considering the timeframe between the length of time from case allocation to assessment completed as well as the time between the assessment being completed and the initial Team Around the Family (TAF).

With regards to the timeframe between case allocation to assessment completion the service standard is 20 working days as of Jul 2021. As of 30/11/2021 (YTD) the average completion rate within the timescale was 23%, with the overall average YTD for 20/21 was 21%. It is noted the average rate in the month before was 43% therefore showing a wide range of fluctuation, which is repeated in other months across the year. When comparing this to this YTD average the percentage completion in timescale is 34% YTD and 22% for November 21/22. This is an increase of 13% on average between the two comparable periods of time, which means timeliness is improving. It is noted however the service target for this timeframe is 70% by end of March 2022, so there is still significant improvement required.

The service standard for the timeframe between a whole family assessment completed and the initial TAF date agreed is 5 working days. As of YTD 21/22 the completion rate was 77% increased by 9% for the same period in 20/21 from 68%, therefore this is an improving target, but still more improvement is required, given the service standard for this target timeframe is 85%. Finally, when considering the timeframe between the TAF date and the first review date, again the service for YTD 21/22 is 42% a slight increase on the same period for 20/21 of 2%. However, there is a 138% increase of cases being reviewed within the timeframe overall when compared to the same period last year. This means that both a greater number of cases are being achieved in the timescale with more cases being completed overall. It is noted however that the average number of working days taken within this timeframe is 40 so still 10 days above the service standard.

In part the above percentages for completion in the timeframes set by the service could account for the lengthening of time cases remain open and it is clear there is more work to be done to continue to improve on these service standards.

Children Missing from Education (CME)

Children Missing Education (CME) are children & young people of compulsory school age who are not registered pupils at a school AND are not receiving suitable education otherwise than at a school. There were a total of 208 CME enquires for this YTD of which 52% (108) were primary school, 45% (93) were secondary school, with one enquiry being not statutory school age and 3% (6) unconfirmed. Please note that the data is not available for comparison to previous year. In addition, 809 S2S enquires were received on behalf of other Local Authorities. When compared to the same period in the previous year there were 489 enquires, which equates to a rise of 165% and is reflective of the national picture in terms of increased enquires relating to CME from other Local Authorities.

As of 30/11/2021 there were 29 CME referrals received, which is a fall of 36% (16) on the same period last year. As of 30/11/2021 6 cases remained open, 4 primary and 2 secondary school. The highest number of referrals 28% (8) came from the Safeguarding and Inclusion Team, with 14% (4) coming from the Education Welfare Service & 10% (3) coming from SEN, and other Local Authorities for each category. Other referrers include members of the public, independent schools, Children's Social Care, School Admissions & Bracknell Forest Schools. The main reason for referral is recorded as moved into and out of the borough 66% (19) & 14% (4) respectively. With regards to Gender 52% (15) were male with 48% (14) were female. Interestingly when comparing Gender to the same period as last year, i.e., up to 30/11/20, the ratio of male to female was 66% (30) 34% (15) female, thus it would appear there is a relative rise in referrals of females in this year when compared to last year.

In the same period 35 CME referrals were closed, 57% (20) Primary & 43% (15) Secondary School Age, which is a rise of 26% (9) on the same period last year. Of the 35 referrals closed 57% (20) were discovered to be in school/alternative education and 34% (12) were referred to another Local Authority, with 9% (3) being found. The average number of school days missing at time of case closure, of all referrals was 41 days.

With regards to those children and young people who were classified as being vulnerable to CME (VCME) 29 enquiries were received in this YTD, with 52% (15) coming from schools and 28% (8) from the Education Welfare Service. Other enquiries were

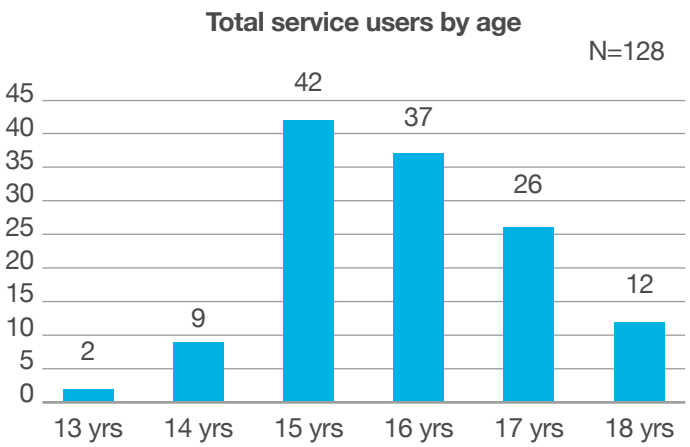
received from, Independent & out of area schools 10% (3), CSC and SEN 10% (3) in total. VCME enquires were predominately from secondary schools 69% (20), with the remaining 30% (9) coming from Primary Schools. The main reason recorded for referral was absence from education for more than 20 consecutive days. It is noted that 59% (17) of referrals had no reason recorded. With regards to gender, predominantly males were more commonly referred than females 66% (19) to 34% (10) respectively.

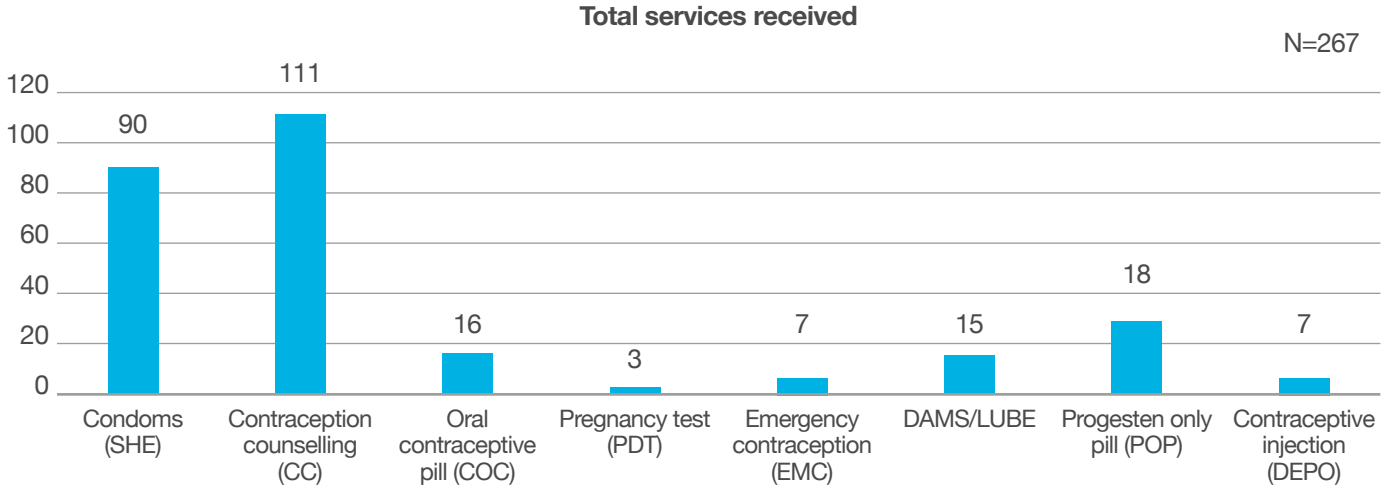
CME enquiries are rising which when viewed together with the reason for referral being in and out of borough, it suggests that transiency is the main issue of causation for enquiry and referral.

Sexual Health Services offered by Youth Service

Sexual Health Services are classified as drop-in clinics run by Youth Service staff along with a GP/Sexual Health Nurse in BFC secondary schools & colleges for pupils aged 13+. It is noted that clinics have been impacted by the Covid shutdown since March 2020, re-opening in limited venues only when restrictions have permitted, therefore comparable data across this and the previous year is not possible.

In total 78 individual young people attend the available clinics YTD 2021/22 with 175 attendances recorded, a ratio of approximately 2.2:1, of the attendees 128 both attended a clinic and received a service. Of those receiving a service 36% (46) were male, 60% (77) were female with 4% (5) identifying as other.





Of the 47 that did not receive a service these young people are classified as browsers with a 66% (31) and 34% (16) being female and male respectively. When looking at the age of attendees the chart above shows the varying splits by age. As shown the single most common age of those receiving a service is 15yrs, 33% (42) then 16yrs 29% (37) and 17yrs. 20% (26) respectively. As shown below in the right-hand chart, of the services received contraceptive counselling 42% (111) was the single most common service offered, followed by the issue of condoms, 34% (90).

In terms of ethnicity, with regards to total service users 84% (108) were classified as White British, 14% (18) were of other ethnic origin and 2% (2) did not provide the information.

Finally, in total 326 text services YTD, were received from young people, which is slightly lower 13% (49) than on the figure for the same period for last year, which in some ways is expected given the effect of COVID and the resultant closure of clinics. It could be argued however that a more significant reduction in texts would have been anticipated so a relatively small percentage drop, is probably a good indication that young people are continuing to use text messaging to receive a service. Looking at these results, given the imbalance of male to female it may be worth considering how to engage more males into the clinics as the inference is that females are taking the initiative more so than males when it comes to sexual health.

Sexual Health Services offered by Youth Service

As a further indication of need, looking at the Supporting Families Data as a snapshot, there are six categories of need that are used to identify families who may need support which are as follows:

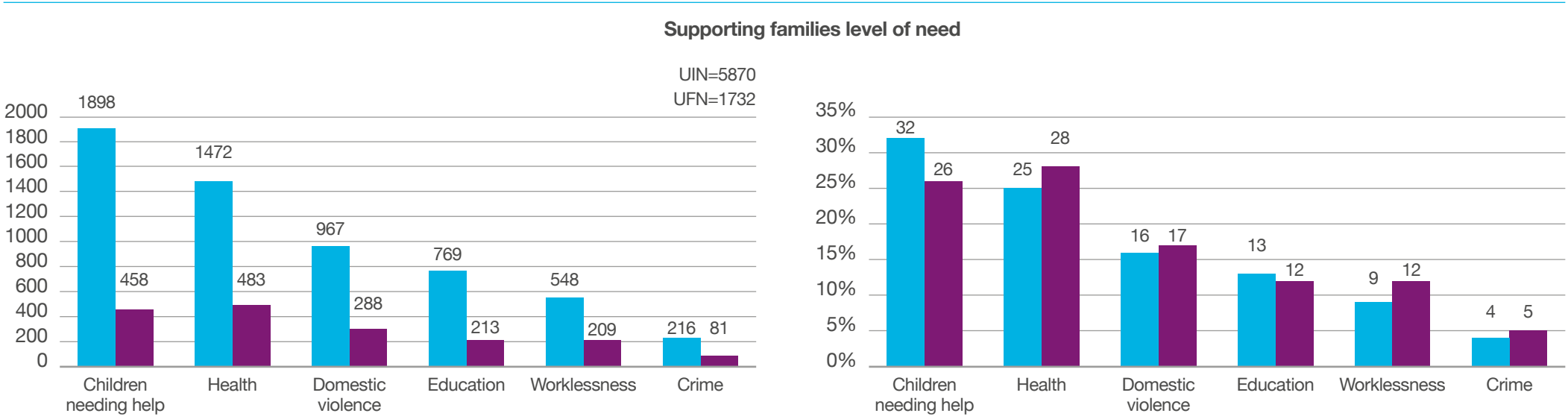
- **Worklessness and Financial Exclusion** – Adults out of work or at risk of financial exclusion, or young people at risk of worklessness
- **Education and School Attendance** – Children not attending school regularly
- **Children who need help** – Children of all ages, who need help, identified as Children in Need or subject t o a Child Protection Plan or Looked After children
- **Health** – Parents or children with a range of health problems (including drug or alcohol misuse)
- **Crime and Anti-Social Behaviour** – Parents or children/young people involved in crime or anti-social behaviour
- **Domestic Abuse** – Families affected by domestic violence and abuse

It is noted that Supporting Families is extensively reported on, and it is not the intention to recreate all the data available, rather look at specific aspects of interest to support the determination of need.

As the chart on the left, below shows taking data from 2014 to 2021 YTD 5870 unique individuals (adults and children) within 1732 families have been classified as needing some level of support across the defined national criteria as stated above. The most common need presented is that of children needing help 32% (1898) unique individuals within 26% (458) unique families. Health is the next most common need identified 25% (1472) unique individuals within 28% (483) of unique families. It is noted that the individual within their family can be classified as having more than one of the categories of need therefore the percentages for individuals will differ than that of families.

When looking at the family percentages, as shown in the right-hand chart below, Health has a slightly greater percentage overall than Children Needing Help and the same pattern appears across Domestic Violence, Worklessness and Crime. This appears to be an indication that more families proportionately are affected by health and the other categories, than Children Needing Help and Educational issues. This is probably because the Children Needing Help and Education categories are specific to children/young people, however the other categories can be more generic to the whole family and/or just the parents.

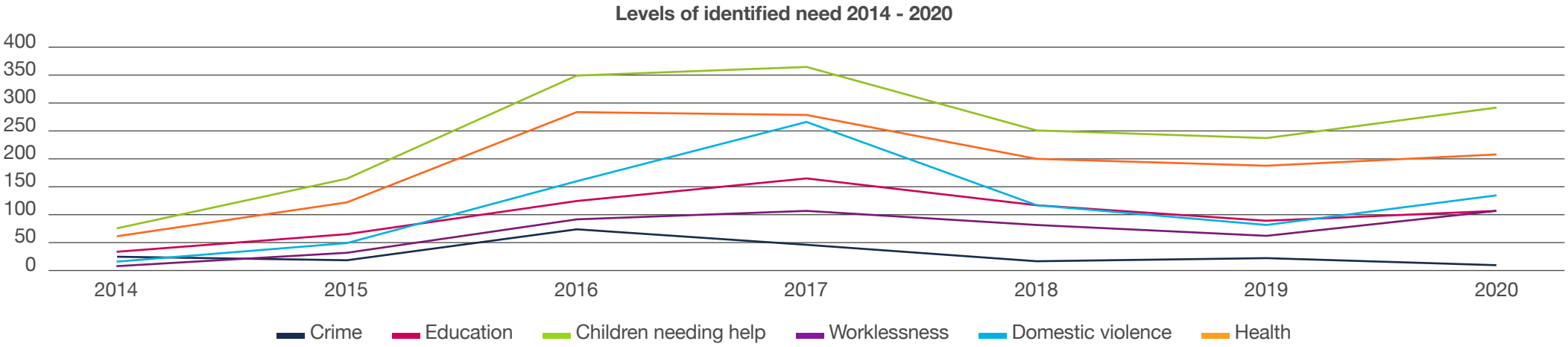
Appendix 4
Early Help Data Analysis Report



Looking at the data recorded from 2014 to 2020, as the chart below shows Children Needing Help and Health are the most common levels of need identified. Domestic Violence although rising in 2017 it then reduces back over the next 3 years to similar levels than those of Education and Worklessness with Crime consistently being the lowest level of need recorded.

It is noted that for YTD 2021/22 no Crime is recorded, Children Needing Help remains the highest level of need recorded, however Domestic Violence has risen again to just above Health, whilst Education and Worklessness remain the two lowest levels of need recorded except for Crime as noted. When comparing this YTD to the previous year's results, 66.6% of the previous full year would be the benchmark to compare progression within the year, of which monthly variations would be equalised out across the year. It is noted that 66.6% is equal to 8 months of a full year which equates to the end of November in the financial year. Utilising the year-on-year data when comparing this YTD to the previous year 2020/21, all categories are below the 66.6% benchmark, except for Domestic Violence which is recorded as 96% on last year's total therefore there has already been a 30% increase on the benchmark figure. This confirms that Domestic Violence is rising in this year as a primary level of need, which could be a result of the Covid lockdown period where nationally Domestic Violence appears to have risen.

Appendix 4
Early Help Data Analysis Report



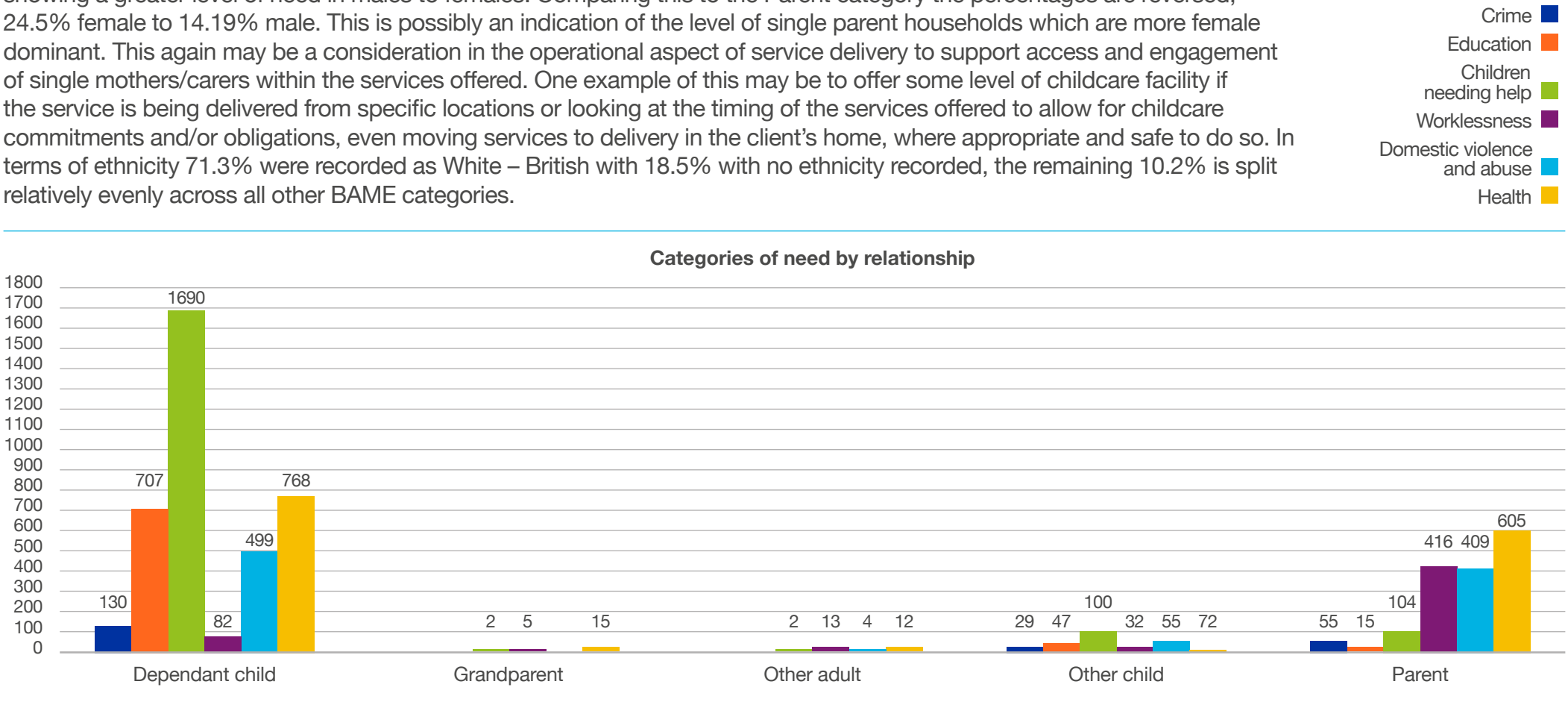
Taking a different view of the above data the chart below shows the categorisation of need by relationship. Firstly, when considering the dependent child, it is clear the most common category of need was Needing Help 44% (1690), with Health and Education the next most common 20% (768) & 18% (707) respectively. Domestic violence 13% (499) was the next highest category of need, with Crime and Worklessness being the two least common categories of need. When compared to the Parental category Health 38% (605) is the single most common identified need, with Worklessness 26% (416) and Domestic Violence 25% (409), being the next two most common, Children Needing Help 6% (104), Crime 3% (55) and Education 1% (15) were the least common categories recorded. A similar type of patterning of need is seen in the Other Child category, and the Other Adult category, accepting there is greater ratio of Worklessness to Domestic violence, when compared with Dependent Child and Parent, respectively. For Grandparent by far Health 68% (15) is the most common category.

Given the low level of Crime recorded it is possible to argue that the needs of families within the community of Bracknell Forest is parental Health and their socio-economic environment, which is reflected when viewed against the Dependent Child category. It is therefore a consideration with regards to service provision to services that support socio-economic needs, i.e., engagement in work and/or training and parenting skills, with a real need for accessible Health Services.

Appendix 4
Early Help Data Analysis Report

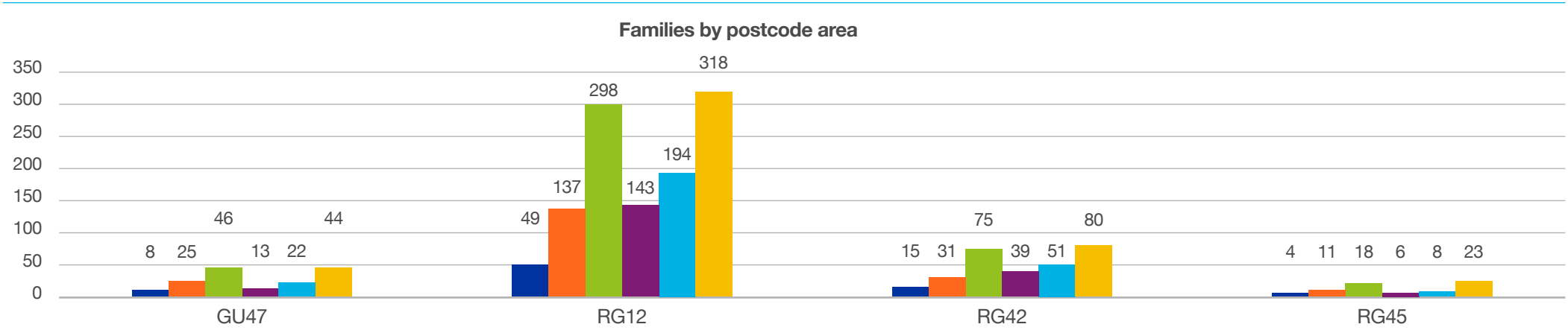
With regards to the percentage split of male to female across all categories 53% are female with 47% male. When compared to the overall population of Bracknell, estimated as of 2020, this split shows a slight bias towards female over male, given the overall population is estimated to be 49.5% male and 50.5% female.

However, within the Dependent Child category the percentage spilt is in favour of males with a 28.48% over a 24.14% female, showing a greater level of need in males to females. Comparing this to the Parent category the percentages are reversed, 24.5% female to 14.19% male. This is possibly an indication of the level of single parent households which are more female dominant. This again may be a consideration in the operational aspect of service delivery to support access and engagement of single mothers/carers within the services offered. One example of this may be to offer some level of childcare facility if the service is being delivered from specific locations or looking at the timing of the services offered to allow for childcare commitments and/or obligations, even moving services to delivery in the client's home, where appropriate and safe to do so. In terms of ethnicity 71.3% were recorded as White – British with 18.5% with no ethnicity recorded, the remaining 10.2% is split relatively evenly across all other BAME categories.



Place

1070 individual families were identified in the recorded data 2014-2021, of which 97% (1033) were recorded within 4 individual postcodes across Bracknell, those being RG12 66% (706), RG42 18% (193), GU47 9% (98), RG45 3% (36), with 3% (36) from other postcode areas. **Please see Appendix B** for a map of each postcode area and mapped screening postcodes for each Family Hub. Considering the postcode areas, it may be worth looking at the existing distribution of resources both in type and prevalence to ensure that resources are allocated to need, including commissioned services from external providers. This aspect is important if looking to bring locally based services to areas of most need. Of the housing types, of the 1033 individual families identified, six types of accommodation were recorded, for 768 cases, across all four postcode areas, 50.3% (386) were in Local Authority or Housing Association rented properties, 22.7% (174) were owner occupier, with 17.4% (134) private rented, 3.9% (30) were in temporary accommodation provided by the Local Authority, 0.26% (2) no fixed abode, and 5.5% (42) were in other types of accommodation.



The chart above shows the varying levels of need that were recorded for individual families across the four main postcode areas. As shown the varying levels of need matches the overall profiling as shown on page 11, which is expected but interestingly there is no significant difference between the postcode areas, apart from volume. In that the percentages of each category having differing levels of volume of need but the ratio of level of need between the categories is relatively consistent as shown in the table below.

Differing level of needs by postcode area												
Postcode area	Crime	%	Education	%	Children needing help	%	Worklessness	%	Domestic violence	%	Health	%
GU47	8	11%	25	12%	46	11%	13	6%	22	8%	44	9%
RG12	49	64%	137	67%	298	68%	143	71%	194	71%	318	68%
RG42	15	20%	31	15%	75	17%	39	19%	51	19%	80	17%
RG45	4	5%	11	5%	18	4%	6	3%	8	3%	23	5%
Grand total	76		204		437		201		275		465	
	5%		12%		26%		12%		17%		28%	

Given the data spans over 7 years (2014-2021) the levels of consistency seen indicates that need across the areas are evenly distributed and, likely to show the same patterns in both volume and type of need in the future. This is particularly useful when considering future commissioning of services both in type and volume. It is noted that when analysing data across an extended period, any year-on-year fluctuations could be masked so altering the perception of the trend, therefore effecting the predication on future demand.

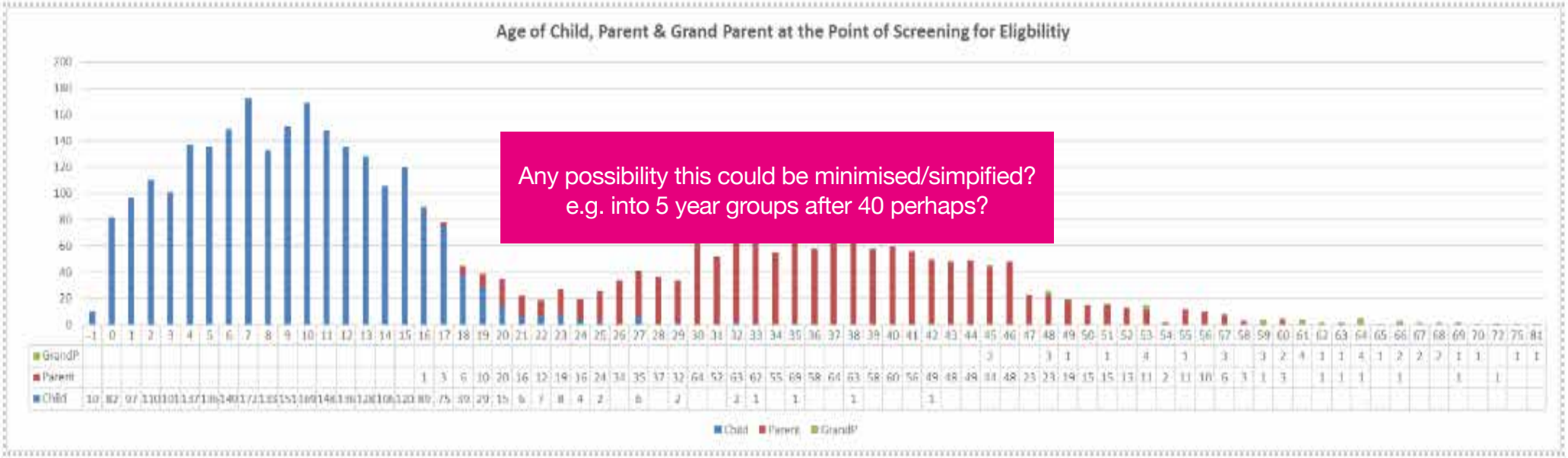
To provide a level of confidence in the future demand level staying consistent, as predicted when comparing this year's performance YTD, with the previous years adjusted level of activity to match. There is a less than 1% difference between the totals for each corresponding year, except for RG12, which is showing -2% difference. The reason for this could be a volume issue, i.e., there is a reduced volume of need being identified or that the level of need is reducing slightly in this postcode area. If the latter is true this may be an indication of the success of services provided in the area, or that the causation of need is reducing i.e., an improving deprivation level.

One other consideration is that of the level of intensity of support offered, which is classified and recorded as either intensive or less intensive. Again, the percentage differences between intensive and less intensive are relatively consistent across the 4 postcode areas as shown in the table below. As the above this provides a strong indication that the levels required will be similar going forward.

Differing level of intensity of support by postcode area					
Postcode area	Intensive	%	Less intensive	%	Grand total
GU47	71	9%	26	10%	97
RG12	515	68%	185	70%	700
RG42	141	19%	48	18%	189
RG45	30	4%	6	2%	36
Grand total	757		265		1022

Ages at time of screening for eligibility

The chart below shows the ages of the dependent & other children, parents & other adults, and grandparents of those who were screened for eligibility which provides a profile of ages as of identified need. With regards to the dependent and other children, 61.5% (1459) were recorded as ages 4-13yrs, inclusive, with 16.9% (400) aged between pre-birth and 3yrs, inclusive, 6.9% (164) aged 16-17yrs, inclusive, and 5.2% (124) aged 18 or above. It could be that for those dependent children aged 18+yrs, there is some form of disability involved which raises the question of whether there is a link to adult services or not when dealing with a case that involves an older disabled child, who are still dependent. It is noted the two highest single most common ages for children are recorded as 7 & 10yrs old and two lowest were prebirth 0.48% (10) and 17yrs 3.2% (75). It is also noted the relatively high level of volume in the 14-17yrs. 16.4% (390). With regards to the parent and other adult the most common age is from 30 to 46yrs 69.3% (962) and for Grand Parents the most common age was 59+yrs 63.4% (26).

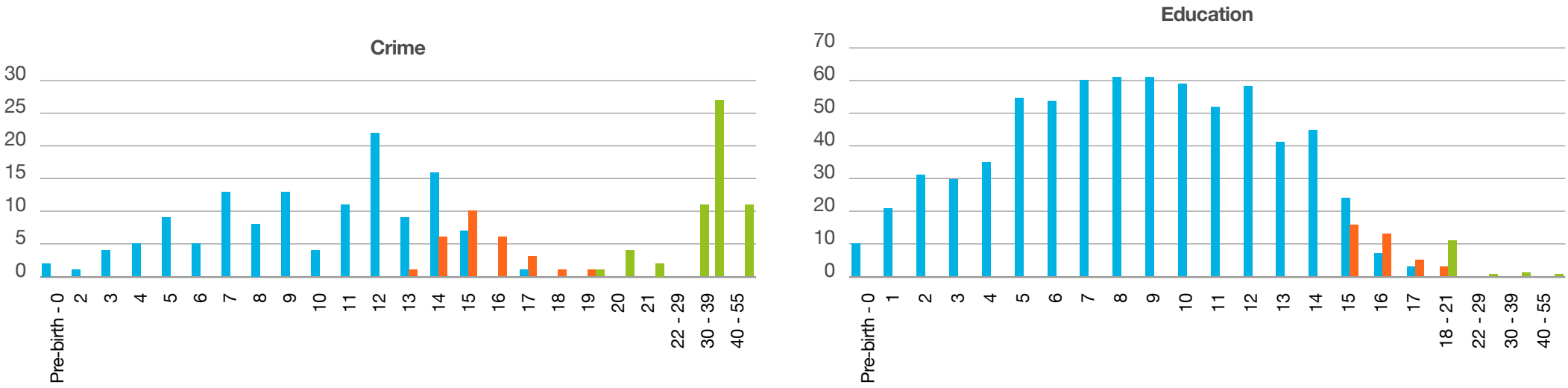


It is possible to cross-reference the categories of need with the above ages, which will provide a profile of the needs across the varying age brackets. With regards to Crime 79% (126) fall within the 7-16yrs age group of dependent children and other child, with 49% (27) of parents being in their 30's, as shown in the table below titled Crime. The single most common age for Crime within dependent and other children is 12 & 14yrs. 14% (22) respectively for both.

With regards to Education, dependent children, and young people the most common ages recorded were between 5-14yrs, 81% (570) of all dependent children and young people. With respect to other children the most common ages recorded were between 14-17yrs, 91% (43) of all other children.

Looking at Children Needing Help the most common recorded ages were between 4-14yrs, 1261 (75%), with pre-birth – 3yrs recording 285 (17%) and 15-18yrs recording 138 (8%). Of other children the most common ages recorded were 14-19yrs 94 (94%). Again, as shown previously the age of the parents of dependent and other children are predominately in the 25-49yrs age grouping.

Worklessness shows for parental ages a relatively even spread across the age groups, and by decades, parents in their 30's were the most recorded 46% (179) with 24% (93) for parents aged 19-29yrs and 25% (99) for parents in their 40's.



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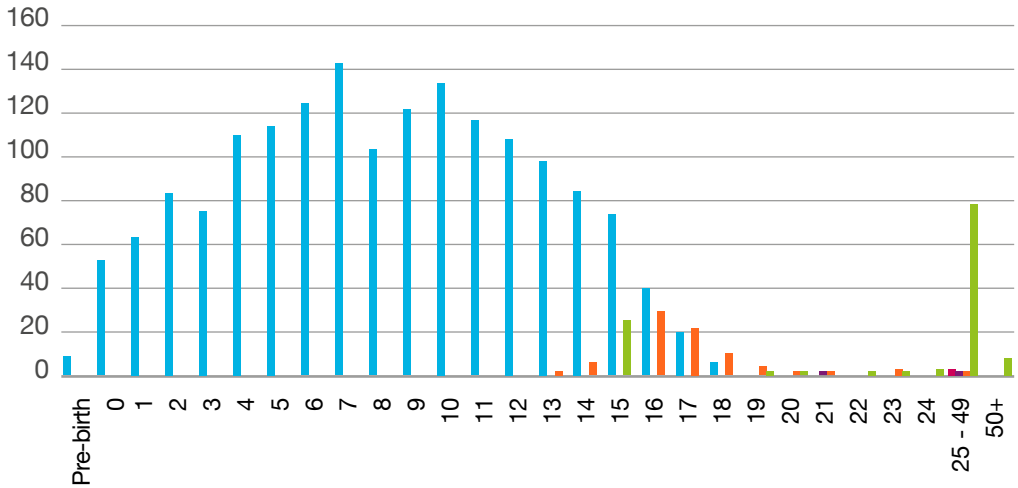
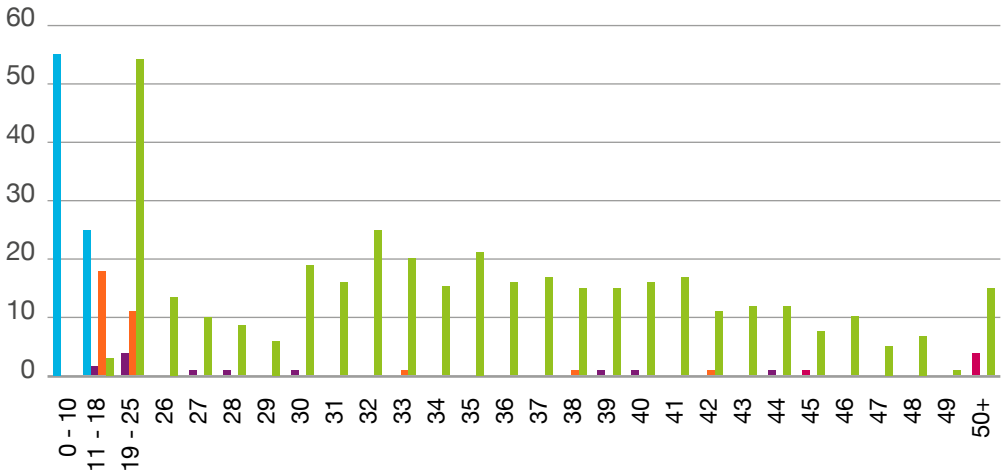
Bracknell Forest Council

Dependent child | Grandparent | Other adult | Other child | Parent

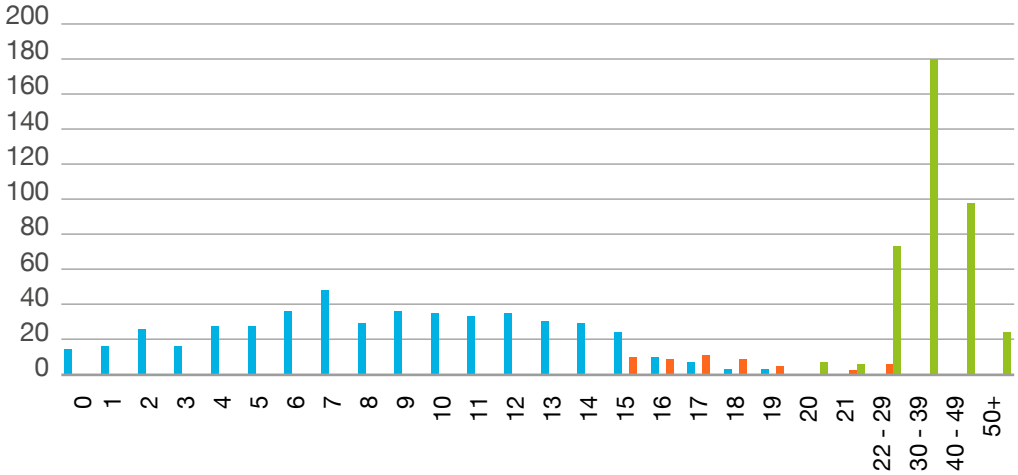
Children needing help



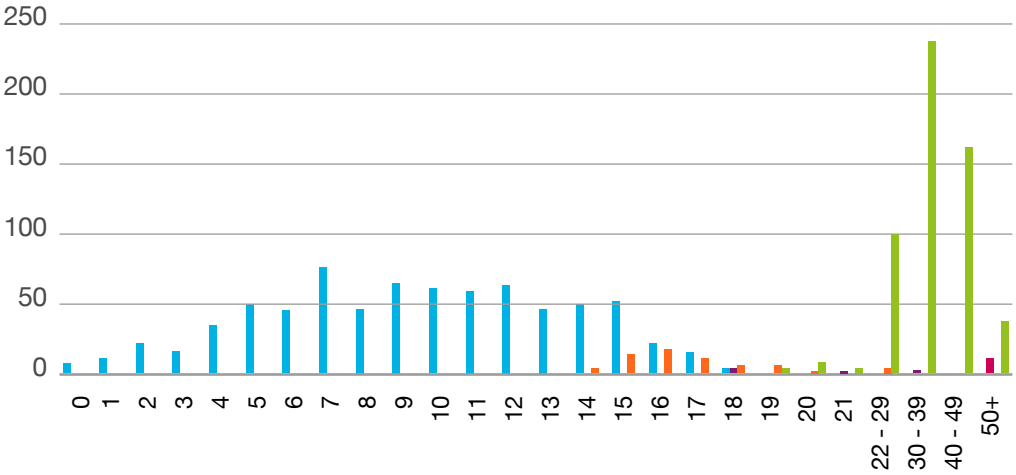
Worklessness



Domestic violence and abuse



Health



With regards to domestic violence and abuse, the spread across the ages of children is relatively even, with again the most common age recorded being that of 7-12yrs 44% (219), with 0-6yrs showing 34% (167) and 13-19yrs showing 22% (109) again with respect to other children again the highest recorded levels are within the 15-19yrs 80% (44). When considering the age of the parents recorded as shown in the chart above the most common age group by far is the 30-39yrs 46% (180). What is interesting within this particular analysis is that it the most common age of child for most categories as applicable appears to be 7-12yrs with parents who are in their 30's a pattern that also repeats across health as shown by the above chart on the right. In that the most common age recorded is 7-12yrs 50% (390) and the most common age of parents is that of 30-39yrs. 43% (238).

Given the above it would appear that for Bracknell Forest families with parents who are in their 30's with dependent and other children 7yrs and above would appear to be most in need, when looking at the last seven years of data. This may provide some level of insight to who the families are that are being identified for Early Help, the age of the children and the parents alike.

Final Aspects

Looking at the data by quarter across the last seven years, as the chart below shows, there is not a significant difference between the level of demand within any one quarter. It is noted that for quarter four for the current year, this is not yet completed and one month of quarter 3 is not complete therefore accounting for the reduced demand level showing in the third and fourth quarter, but if projecting forward it is expected that demand will reach previously seen levels. It is noted that demand does reduce slightly given the school summer holidays where demand is reduced especially in consideration of the fact that schools accounted for approximately 32% of all referrals for the financial year 2020/21 and is showing the same level of percentage for this current YTD.

Category of need	All years				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Grand total
Crime	72	57	42	43	**214**
Education	213	204	148	202	**767**
Children Needing Help	507	527	377	469	**1880**
Worklessness	138	141	114	126	**519**
Domestic Violence and Abuse	283	260	206	193	**942**
Health	398	398	269	357	**1422**
Grand Total	**1611**	**1587**	**1156**	**1390**	**5744**

With a view to ethnicity as the chart below shows, 2871 (75%) are White British, Irish, and white other, with 4% (169) being mixed race, 3% (100) being Asian or Asian British, and 3% (129) are Black or Black British. This is reasonably consistent with the overall ethnicity of Bracknell Forest, where the population is White British 84.9%. The BME (Black and Minority Ethnic) population has increased over the past decade. The largest BME group is Asian or Asian British (5%) which are similar to the recorded figures above. The proportion of people from ethnic groups living in Bracknell Forest is greater than there is nationally and within the Southeast region as a whole and has steadily been increasing whilst White British has seen a relative decline.

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Ethnicity	Total
01 - Asian or Asian British – Bangladeshi	7
02 - Asian or Asian British – Indian	23
03 - Asian or Asian British – Pakistani	15
04 - Asian or Asian British – any other Asian Background	55
05 - Black or Black British – African	98
06 - Black or Black British – Caribbean	14
07 - Black or Black British – any other Black background	17
09 - Mixed – White and Asian	38
10 - Mixed – White and Black African	39
11 - Mixed – White and Black Caribbean	50
12 - Mixed – any other Mixed background	42
13 - White – British	2700
14 - White – Irish	7
15 - White – any other White Background	135
16 - Other	29
17 - Not known/not provided	530
(blank)	11
Grand Total	**3810**

Bracknell Forest Council

Demand

With regards to demand the first aspect to review is that of the demand levels experienced through the MASH, given that referrals from the MASH have risen by 49% when compared to the same period as last year, as stated on page 4. Looking at the data from the last three years for the MASH, as the table below shows, when you calculate the number of total contacts that result in assessment that goes to action is only 9.1% on average over the last three years with 90.9% resulting in being closed. Closed means either referral to another agency or information, advice or guidance provided. The high percentage of closed could be a cause for further investigation, with the view to understanding if any other process could be put in place to reduce this volume, so reducing demand in the MASH with a potential redirect to Early Help Services at a stage prior to a MASH referral being enacted.

MASH data	2019-20				2020-21				2021-22 – April to November 2021				Full Year Estimate 2021/22			
		Going to referral	%	Closed %		Going to referral	%	Closed %		Going to referral	%	Closed %		Going to referral	%	Closed %
Total contacts	7852	1583	20.2%	79.8%	7398	1618	21.9%	78.1%	5248	928	5.7	94.3	7872	1392	17.7%	82.3%
	2019/20	**Closed**	**%**		**2020/21**	**Closed**	**%**		**YTD Nov**	**Closed**	**%**		**Est Full Year**	**Closed**	**%**	
Self assessments	1527	772	50.6%		1609	894	55.6%		944	521	55.2%		1416	782	55.2%	
		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed		% of Total Contacts going to Assessment	Potential Volume EH	% of Total Contacts Closed
Total number of contacts going on to assessment	**755**	**9.6%**	**7097**	**90.4%**	**715**	**9.7%**	**6683**	**90.3%**	**423**	**8.1%**	**4825**	**91.9%**	**635**	**8.1%**	**7238**	**91.9%**

When looking at the overall volume's year-on-year the data recorded shows there was a significant increase in through 2015 to 2018 with a residual decline through to 2019, which then increased in 2020. When predicting the trend for 2020/21 through to the end of 2021/2022 it indicates, that if the current trend continues to the end of this financial year there will be a slight increase of approximately 1% on the previous year. This provides an indication that for the next year the volumes will remain consistent with this year, dependent however on how the pandemic progress or regresses and what effect this will have on the referral volume.

One other aspect to consider however is that from the analysis it would appear fewer referrals are coming through within the 0-4yrs age range, as detailed on page 3, with a rise in both the 5-10 and 11-18yrs, the largest increase being in the latter age group. This is significant to note, as even if the volumes do remain within this year's level, the fact that the increases are in the older age ranges this will affect the type of invention and services required.

With regards to the needs of the children/young people and families, all categorisations, are showing like-for-like increases except for crime which as noted previously is yet to be recorded as an affective need for this year. Having said that it remains that Children Needing Help and Health remain the most prevalent need, followed by Domestic Violence, see page 11. When adding in the fact the most prevalent age is that of 7yrs. of parents in their 30's this is a key consideration when looking at the targeting and type of intervention required. It isn't that unexpected therefore that Children Needing Help, Health, and domestic violence are prevalent and rising during the same period as the pandemic. This may then provide an overall picture or indication of the type of challenges and resulting escalation of need at a time when employment, confinement to the home, the pressures of which will in this context as with any other context impact most on family relationships.

With respect to the targeting of resources the four postcode areas that hold the 97% of all those screened at the point of eligibility, see page 13, are the obvious geographical areas to concentrate on, which is the case when considering the placement of the Family Hubs. This means the physical resource is placed in the areas of highest need, but again consideration should be given to the other areas to ensure hidden need is not building without recourse or families are being left without the ability to access help in those areas. Finally with respect to ethnicity and gender overall these two variables are consistent with the overall demographics of Bracknell Forest, the aspect of consideration within this is to ensure that the availability of services do cater for all communities within Bracknell and maintain a review of these two aspects within the data to ensure the current balance is maintained.

Finally, it is recognised that this analysis is derived only from Local Authority data if other data was to be overlayed with the Local Authority data a more detailed and richer analysis could be achieved. This therefore is a significant consideration when developing the overarching Early Help Partnership arrangements that sharing data on individuals is critical to positive outcomes and efficiency of interventions on an individual or family level. However, using the data from partners will enable an overarching data analysis to be completed on a more strategic level. This is crucial in providing insight and direction for the commissioning, targeting and placement of resources that enable the effectiveness of intervention to meet identified need.

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Early Help Data Analysis Report

Bracknell Forest Council

Appendix A

Referrals to EH by referral agency	2020-21																	2021-22												
	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	Qtr 4			Qtr 4 Totals	2020-21 Totals	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	2021-22 Totals
	Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		Oct	Nov	Dec			Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		
A&E	0	0	3	3	2	1	4	7	3	2	0	5	5	3	4	12	27	3	3	2	8	0	0	2	2	2	2		4	14
Adult Mental Health (Including CMHT)	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0		0	0
Adult Social Care	0	0	0	0	0	0	1	1	0	1	1	2	1	0	0	1	4	0	0	0	0	0	0	1	1	0	0		0	1
Adult Substance Misuse	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0	0
Anonymous	0	1	0	1	1	0	0	1	1	0	0	1	0	0	1	1	4	1	0	0	1	0	0	0	0	0	0		0	1
BFC Housing Dept	0	0	1	1	0	0	1	1	0	0	0	0	1	0	0	1	3	0	0	1	1	0	1	0	1	1	1		2	4
CAMHS	3	1	0	4	6	2	4	12	0	3	1	4	0	0	1	1	21	2	2	3	7	3	2	2	7	2	2		4	18
CDC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0		0	1
CSC	12	16	13	41	19	18	11	48	12	14	12	38	13	12	7	32	159	13	9	15	37	14	11	8	33	13	8		21	91
Early Years Setting	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	3	0	0	0	0	0	0	0	0	0	0		0	0
EDS	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0		0	1
EWS	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2		2	2
GP	0	0	0	0	1	2	0	3	1	3	2	6	0	1	0	1	10	0	4	4	8	0	0	0	0	0	1		1	9
Health Services (including Dentist)	1	2	1	4	0	5	4	9	7	5	1	13	3	7	0	10	36	4	3	1	8	1	0	1	2	3	1		4	14
Health Visitor (including Midwife)	0	3	2	5	1	1	1	3	1	1	2	4	1	3	0	4	16	1	3	2	6	3	3	5	11	2	6		8	25
Homestart	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0	0

Continued on next page.

Appendix 4
Early Help Data Analysis Report

Bracknell Forest Council

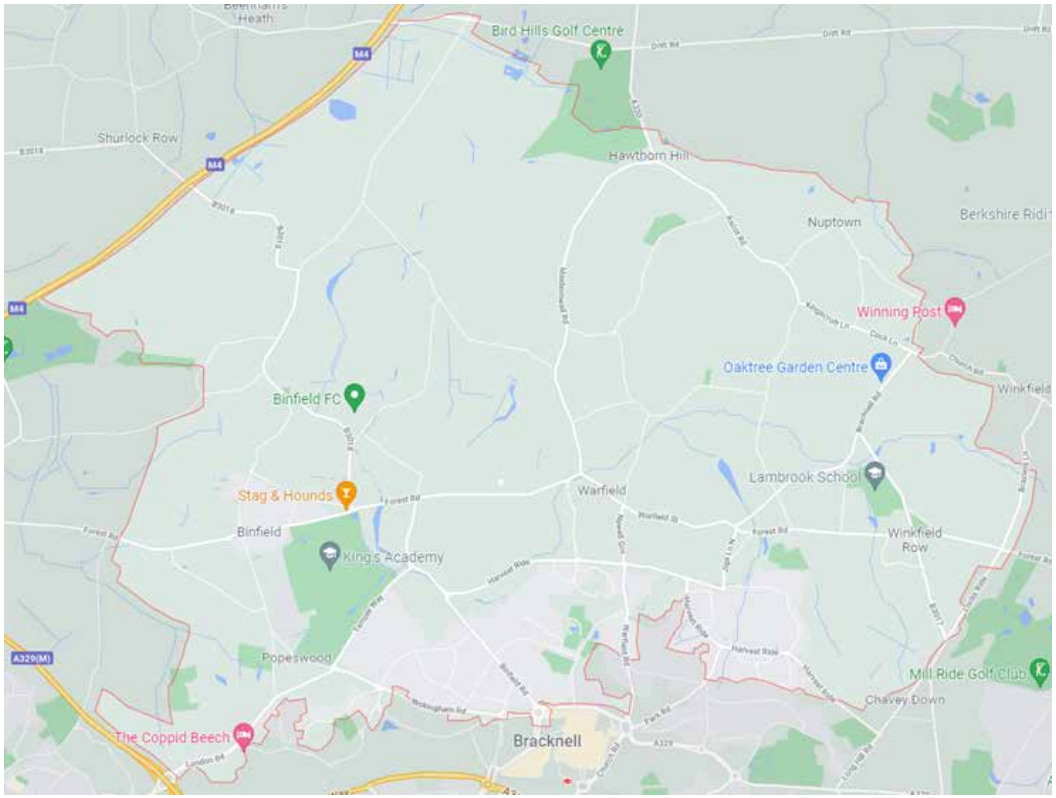
Appendix A continued

Referrals to EH by referral agency	2020-21																	2021-22												
	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	Qtr 4			Qtr 4 Totals	2020-21 Totals	Qtr 1			Q1 Totals	Qtr 2			Q2 Totals	Qtr 3			Q3 Totals	2021-22 Totals
	Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		Oct	Nov	Dec			Apr	May	Jun		Jul	Aug	Sept		Oct	Nov	Dec		
Hospital (not A&E)	2	0	1	3	2	0	1	3	1	0	0	1	1	0	0	1	8	2	2	2	6	0	0	1	1	0	0		0	7
Housing benefits	1	2	0	3	1	0	0	1	0	0	1	1	2	1	0	3	8	0	0	0	0	0	1	0	1	1	1		2	3
Other Education Setting	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0		0	2
Other Family Member	1	0	1	2	0	0	3	3	4	1	1	6	0	0	0	0	11	0	0	1	1	0	0	2	2	2	0		2	5
Other Housing Provider	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		1	1
Other Individual	0	1	1	2	0	1	0	1	2	0	1	3	0	2	0	2	8	0	0	0	0	1	0	0	1	1	0		1	2
Other Local Authority	1	1	1	3	2	1	1	4	2	1	0	3	0	2	0	2	12	0	1	1	2	3	0	2	5	3	2		5	12
Other provider (private or voluntary)	1	0	1	2	0	0	0	0	1	0	1	2	1	3	1	5	9	0	2	0	2	2	1	2	5	3	3		6	13
Other (not covered elsewhere)	1	0	2	3	0	0	1	1	3	2	0	5	0	1	0	1	10	0	1	2	3	2	0	0	2	1	0		1	6
Police	1	6	11	18	9	5	7	21	10	14	7	31	8	6	12	26	96	10	9	3	22	7	5	2	14	3	5		8	44
Probation	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	31	0		31	31
School	5	5	10	20	10	0	13	23	32	28	42	102	16	29	38	83	228	22	36	27	85	26	0	13	39	0	25		25	149
School Nurse	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	0	1	0	1	0	1	0	0		0	2
Self Referral	1	2	6	9	3	2	4	9	2	2	0	4	2	5	2	9	31	7	4	6	17	7	0	3	10	3	2		5	32
SENCO	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0		0	0
Youth Offending Service	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	0	0	1	1	0	0	0	0	0	0		0	1

Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

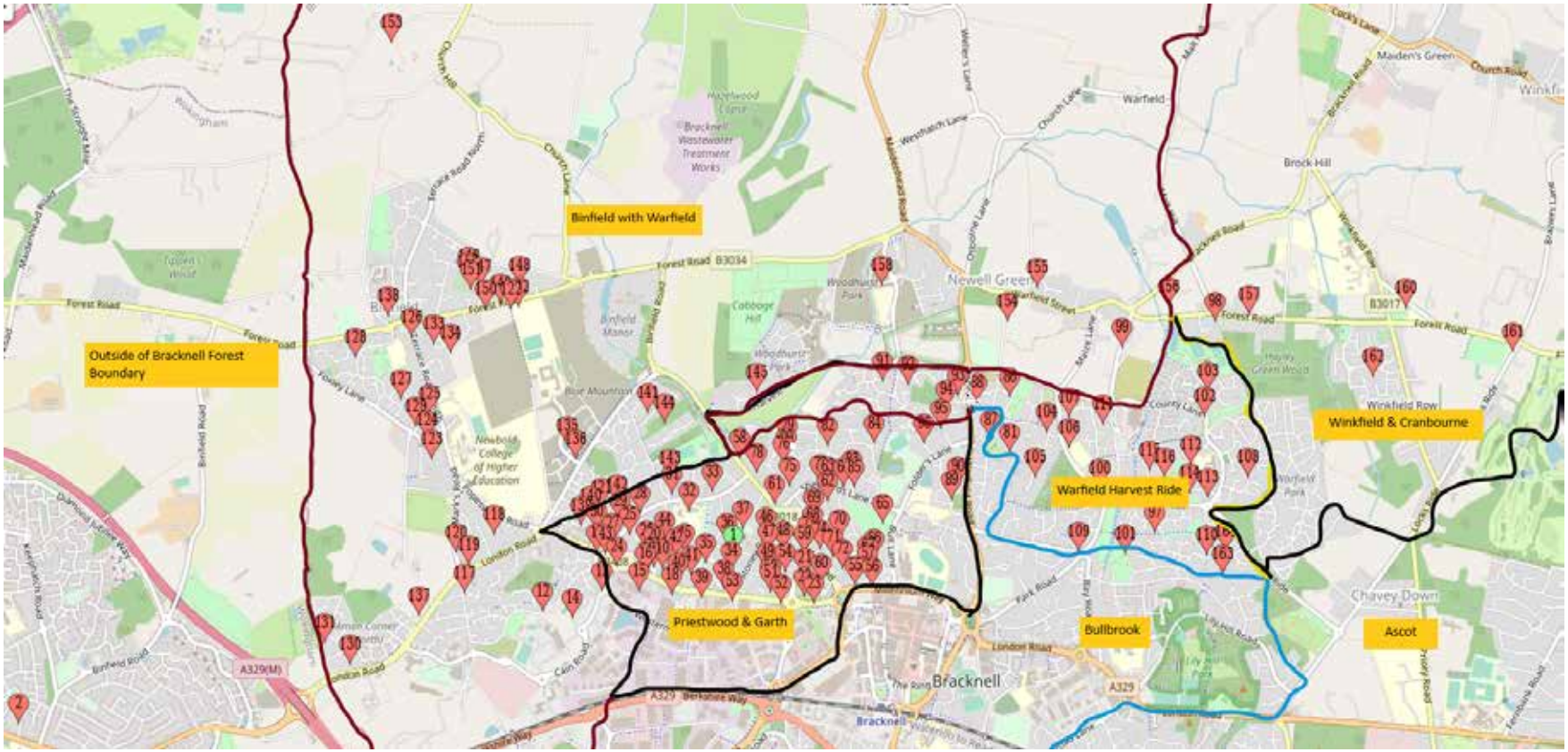
RG42 Postcode Area Boundary



Appendix 4
Early Help Data Analysis Report

Appendix B - Post Code maps including ward boundaries

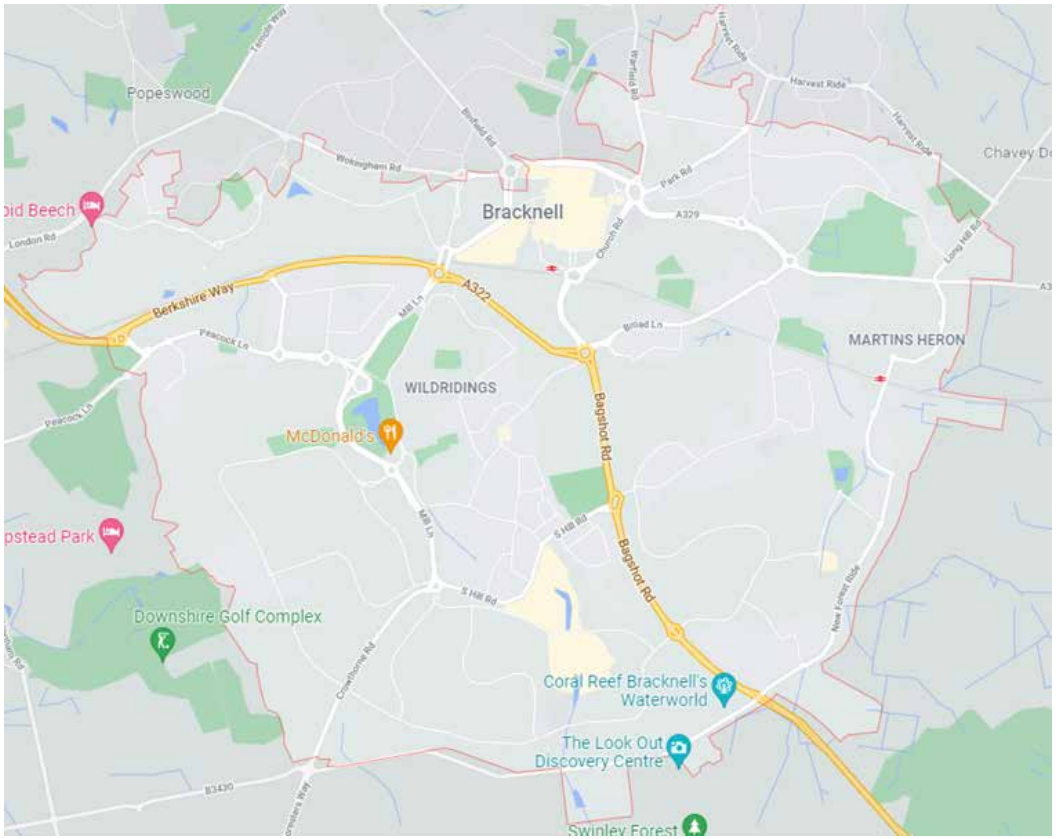
The Willows Family Hub, Priestwood Ct. Road, RG42 1TU (Green Pin)
The following map shows the Willows Family Hub and the recorded postcodes of families that were screened within the postcode and surrounding area showing the ward boundaries as detailed.



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

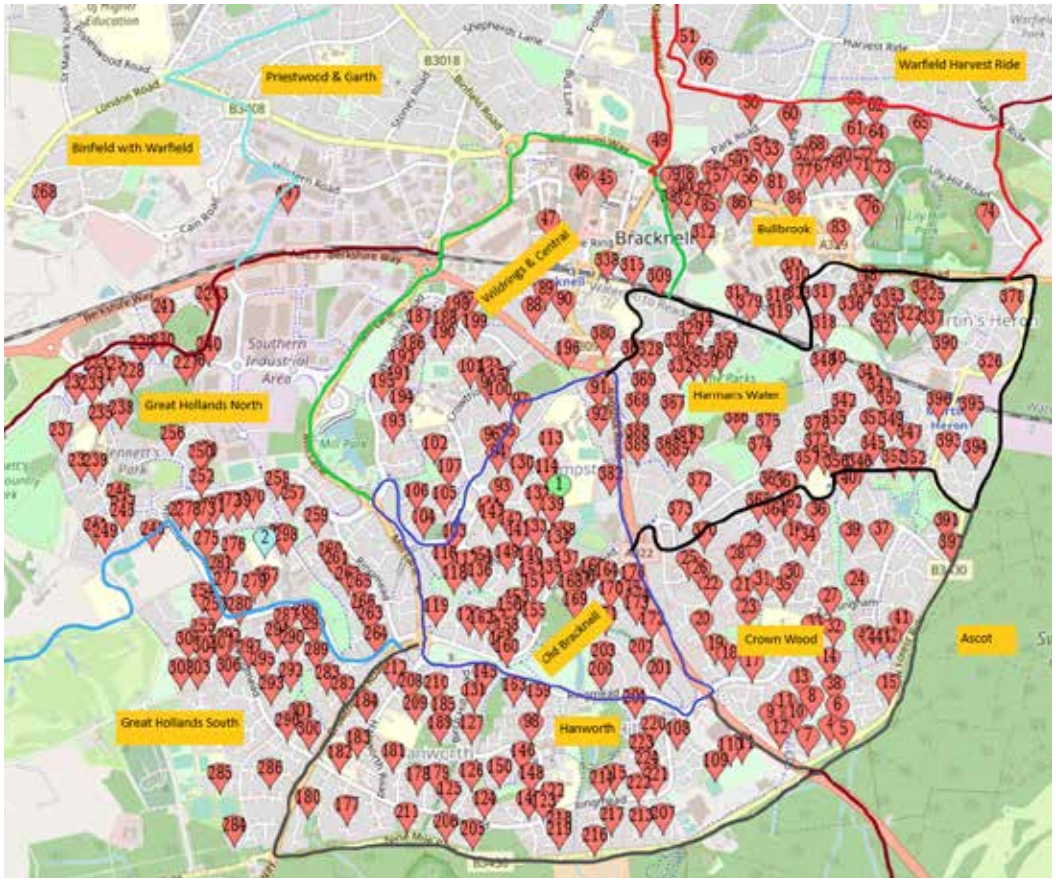
RG12 Postcode Area Boundary



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

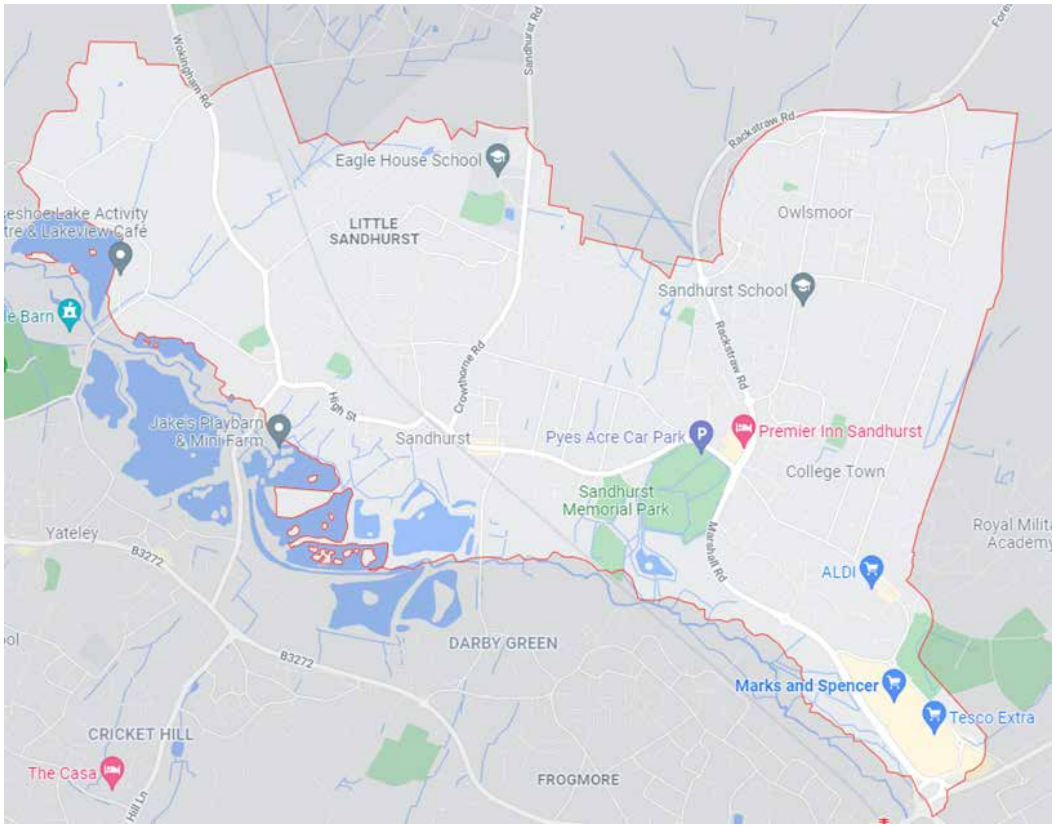
The Rowans Family Hub, Pond Moor Road, RG12 7JZ (Green Pin (1)) & **The Oaks Family Hub,** Wordsworth, RG12 8QN (Blue Pin (2))
The following map shows the Rowans and Oaks Family Hub and the recorded postcodes of families that were screened within the postcode and surrounding area showing the ward boundaries as detailed.



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

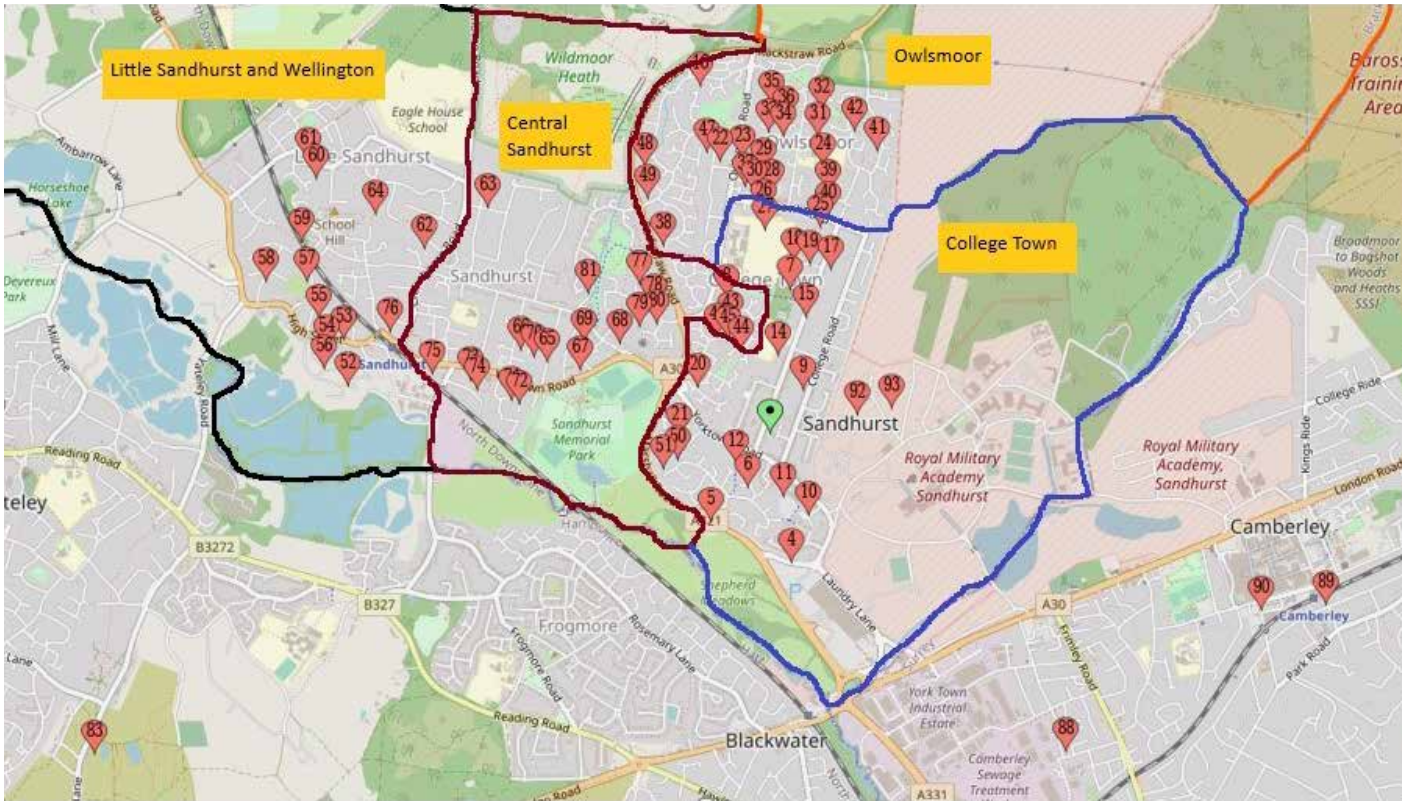
GU47 Postcode Area Boundary



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

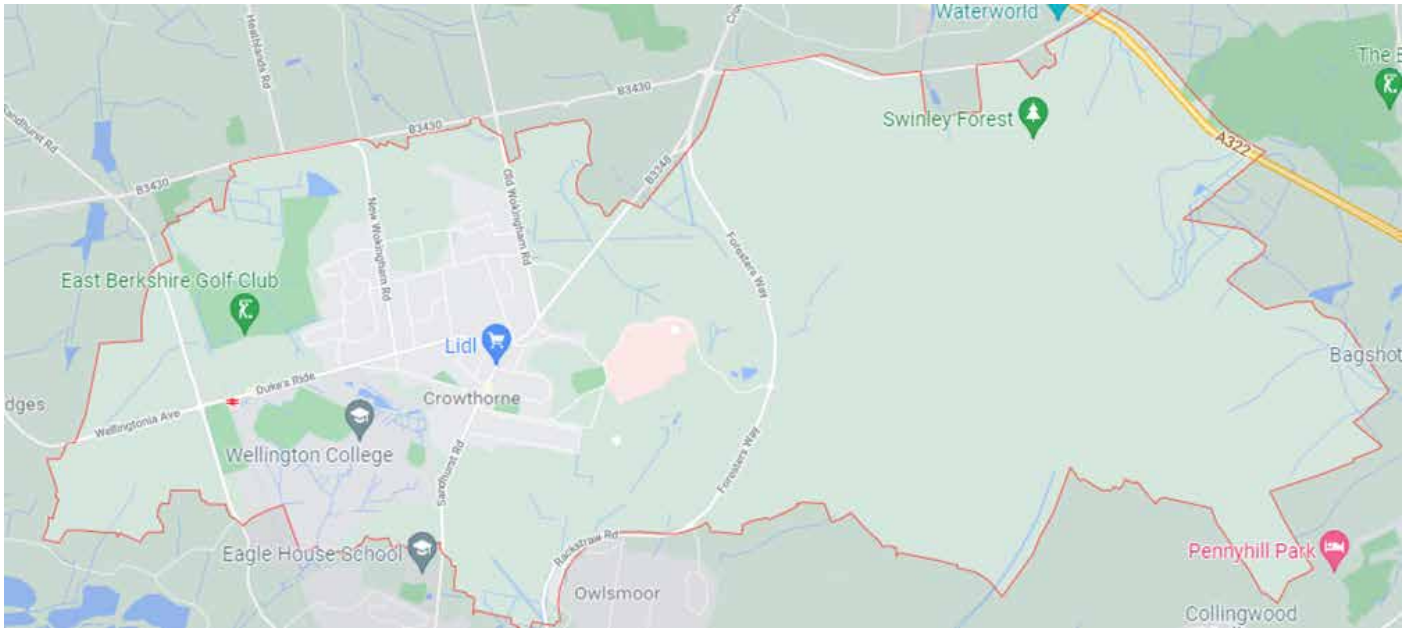
The Alders Family Hub, Branksome Hill Road, Sandhurst, GU47 0QE (Green Pin)
The following map shows the Alders Family Hub and the recorded postcodes of families that were screened within the Postcode and surrounding area showing the ward boundaries of Central Sandhurst (Dark Red Boundary Line), Little Sandhurst and Wellington Ward (Black line) and Owlsmoor (Orange Boundary Line).



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

RG45 Postcode Area Boundary



Bracknell Forest Council

Appendix B - Post Code maps including ward boundaries

The following map shows the recorded postcodes of families that were screened in the RG45 Postcode and surrounding area showing the Crowthorne Ward Boundary (Blue Line) and the Bracknell Forest Area Boundary.

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Appendix 5: Early Help partnership – development plan

September 2022- March 2024

1	**Ambition 1:** To promote co-production with young people and their families in the design and commissioning of early help services across the partnership **Supporting Families Self -Assessment:** Family voice and experience, Communities **Impact for children and families:** Children, young people, and families feel valued, respected, and informed about decisions that are being made that affect their day to day lives.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
1.1	**Children, young people, parents/ carers, and wider family networks are appropriately involved in co-production processes to shape services.**	All Services in the EHPN to annually review their own feedback mechanisms and/or formalised processes for engaging with children, young people, and families, to ensure their voices are heard and can evidence the resulting impact of service user input and feedback on the services offered/received.	Services reflect the needs of children, young people, and families. Families and/or young people co-produce their early help support plan. A shift in decision making to young people and/or families and/or communities about local services and facilities.	TBA	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
1.2	**Recommission of Open Access and Targeted Youth Provision**	Devise and undertake an EH survey – and a wider needs analysis using the last 7 years of recorded data to identify the needs of children, young people, and families of Bracknell. (Completed) Use the above analysis to inform the Youth Provision Specification.	Opportunities, activities, and support are available to young people, inc. young carers, which will work to enable a reduction in the risk of being exploited. Children and young people in the borough can access youth activities to be safe, to learn, to gain confidence, be happy and be supported to reach their full potential.	BFC EH Development Officer (Interim)	BFC EH Development Officer and BFC Children's Commission Team	**Green** The re-procurement of Youth Provision will take place in 2023
1.3	**Recommission youth counselling provision**	A Business case for the continuation of Youth Counselling, has been agreed and is being progressed through the governance route. (June 2022). Use the analysis conducted as detailed in 1.2 above, to inform commissioning intentions.	Young people can support their emotional wellbeing needs. The Youth Counselling provision contributes to the reduction of potential harmful and/or negative behaviour. Providing the support required to build resilience to key life transitional stages i.e., transition from primary to secondary school and the transition from young person to adult.	Within in existing resources	BFC EH Development Officer & CCG Transformation Lead for Bracknell Forest	**Amber** Continuation of Youth Counselling Provision to be finalised by December 2022

Appendix 5
Early Help Partnership Development Plan

2	**Ambition 2:** To work collaboratively across the partnership to deliver good quality early help services that have a positive impact on those accessing them and avoid costly statutory intervention. **Supporting Families Self -Assessment:** Workforce, Leaders **Impact for children and families:** Young people are provided with services dedicated to their needs at the earliest opportunity so reducing the risk of needs escalating and providing support with the key transitions faced e.g., from child to adult.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
2.1	**Increased confidence in managing risk and vulnerability from a strength-based perspective.**	The Early Help Partnership Network (EHPN) develops a common understanding of the thresholds of need, contextual and transitional safeguarding. EHPN to provide quarterly updates to BF LSB on progress.	Increased confidence in managing risk and vulnerability across the EHPN with a consistent application of thresholds across the EHPN. A strengthening of integrated working both virtually and physically with partners, including community and voluntary sector.	TBA	EHPN	**To be started**
2.2	**To expand the agencies and services working from the council's family hubs in line with the national family hub agenda.**	Explore the viability of a volunteer coordinator post in BFC Early Help Services to promote and increase the footfall of families into family hubs. Recruit and embed Reducing Parental Conflict (RPC) coordinator across EH network as part of the extended RPC national agenda (DWP funded).	Increased capacity for support is created via an increase in volunteer led support groups/activities and so forth. Increased opportunities for ex-service users to come to together to volunteer support, information, guidance, and advice to their local community.	TBA	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

Objective		Action	Outcome	Resource Implications	Lead	Progress (RAG)
2.3	**The EHPN has a range of digital solutions, service directories and social media platforms for families/ young people to access early help support.**	Services to ensure a range of information, advice and guidance is available in multiple social and web-based media platforms. Compile details of EHPN services so all services aware of what each can offer and identify.	The reach to families/young people is maximised with information, advice, and guidance available and accessible at the earliest opportunity in support of identified need.	Funds secured by BFC	BFC EH Development Officer (Interim)	**To be started**
2.4	**The EHPN to agree a shared set of measures at family, cohort, demand, and population level that collectively represents the effectiveness of the Early Help System.**	EHPN to agree a set of measures which will accompany this Development Plan. Utilise the data from IFAM to inform agreed measures.	Appropriate support is provided earlier for children and families, thereby avoiding unnecessary entry into Children's Social Care.	Within in existing resources	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

3	**Ambition 3:** To identify and have a better understanding of the needs of Bracknell Forest residents through information sharing, data analysis and service user feedback. **Supporting Families Self -Assessment:** Family voice and experience, Data, Leaders, Communities **Impact for children and families:** Data is shared within the GDPR and Data Sharing Regulations and individual service/organisational policies and procedures, with families providing informed consent for the sharing of their information in the pursuit of gaining the right level of support at the right time.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
3.1	**To implement an Integrated Family Analysis Model (IFAM)**	Implementation of a Data Warehousing System (IFAM) to enable data sources to be matched which identifies family profiles.	Greater levels of information and data sharing to support timely interventions, thereby reducing without the families/ individuals having to repeat their circumstances. Technical solutions, underpinned by strong data sharing arrangements provide capacity to match and analyse data, to present information to operational and strategic leaders to prevent escalation of need. Data is available to evaluate services, improve effectiveness and create/increase efficiencies.	Funds secured via BFC	BFC EH Development Officer (Interim) Anthony Allsopp (IFAM) BFC Head of ICT Services	Green

Appendix 5
Early Help Partnership Development Plan

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
3.2	**Establish a strategic data sub-group as part of the Early Help Partnership Network which is accountable for developing and driving the use of data for the whole Early Help System.**	Establish a data sub-group in support of implementation of Data Warehousing System (IFAM) and agree Terms of Reference. Review and update/implement data sharing agreements as appropriate across the EHPN.	Data feeds are regularly provided and shared safely and robustly across the EH partnership, brought into one place and used to identify families/young people's needs.	Within in existing resources	BFC EH Development Officer (Interim)	**To be started**
3.3	**To have a range of mechanisms to obtain feedback from:** ✓ **Families/young people during and post intervention** ✓ **Families/young people who have not accessed/ declined an early help service** ✓ **Families/young people from diverse cultural and ethnic backgrounds**	**See 1.1. above**.	Data is available under agreed sharing protocols, which enable the evaluation of services, improve effectiveness and create/increase efficiencies. Service user feedback provides learning to support changes in whole system works together. EH case management systems (not solely BFC systems) enable quantifying of (i) issues affecting and (ii) outcomes for families and/or young people in a quantifiable way.	Within in existing resources	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

4	**Ambition 4:** To develop and embed a shared practice framework and skilled workforce to improve the efficiency, effectiveness, and consistency of Early Help services in the borough. **Supporting Families Self -Assessment:** Workforce, Leaders, Data **Impact for children and families:** Children, young people, and families feel valued and respected and appreciate that the questions asked of them have not been made through assumptions and/or formed from appearances or the way they communicate.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
4.1	**All early help interventions show clear consideration of age, disability, ethnicity, faith or belief, gender, gender identity, language, race, and sexual orientation.**	EHPN Services to review existing data to evaluate the offer for those with protected characteristics including reach set against the overarching population profile of Bracknell Forest.	Early help interventions are consistent in the language used and understood by the family/ young person by acknowledging the individual needs. Evidence from families/ young people with protected characteristics with regards to how well services work together to co-ordinate support and gain the required outcomes.	Within existing resources	EHPN / BFC EH Development Officer (Interim) Anthony Allsopp (IFAM) BFC Head of ICT Services	**To be started**
4.2	**To use data to inform performance across the early help partnership network, demand, and workforce development.**	The EHPN to agree a quarterly reporting format that evidences performance against the Development Plan	Senior leaders across the EH partnership utilise data to inform future planning, resources, and operational delivery.	Within existing resources	EHPN	**To be started**

Appendix 5
Early Help Partnership Development Plan

Objective		Action	Outcome	Resource Implications	Lead	Progress (RAG)
4.3	**Develop and embed a shared practice framework and locally agreed processes for professionals working across the Early Help System which is known, understood, and consistently used.**	EHPN to form a sub-group to develop and agree on a shared practice and workforce development framework. Sub-group to obtain and review examples of an Early Help Practice and Workforce Framework from other LA's. Sub-group to finalise EH practice and Workforce Framework and progress through the individual governance processes, with a view to signing up to the Framework. EHPN sub-group to develop the promotion and implementation of the Practice and workforce development Framework.	The EHPN will have an agreed overarching framework that articulates shared values, principles, and ways of working that contribute to the whole system of early help support. Pathways and processes are in place that enables professionals, families, and young people to navigate the Early Help System. In-house (BFC Early Help) and external partners case audits and workforce development training evidence good practice and whole family working.	EHPN	EHPN	**To be started**
4.4	**Develop a multi-agency workforce development plan that embeds the shared practice framework and culture.**		The early help workforce has the appropriate level of understanding and skills to enable early identification of need and implementation of whole family/ Team Around the Child approach.			

Appendix 5
Early Help Partnership Development Plan

5	**Ambition 5:** To embed a whole family approach across the early help network to enable young people and their families to have purposeful engagement with services. **Supporting Families Self -Assessment:** Workforce, Leaders, Family voice and experience, Communities **Impact for children and families:** Children, young people, and families trust in the support they received, they understand the services available and have one cohesive plan that can be shared amongst differing professionals to ensure a positive and impactful experience.

	Objective	Action	Outcome	Resource Implications	Lead	Progress (RAG)
5.1	**Ensure readiness across the EH partnership to deliver the revised national Supporting Families Programme under the new framework.**	Identify go live date for BFC Education Welfare Team and BFC Youth team to access Mosaic case management system.	Local authority has comprehensive case information to satisfy Payment by Results claims and BFC internal audit.	Existing resources - EH Systems	EH Data Officer EH Systems Lead	**Green**
5.2	**Evidence that families/ young people know who their Lead Practitioner is, and the assessment process considers their view throughout.**	EHPN Services to review assessment processes to ensure the voice and engagement of children young people and families voices are recorded and that a Lead Professional is clearly identified.	Families/young people are better equipped to cope when support from services ends because they have identified their own support network and feel connected with local communities.	Within existing resources	EH Data Officer EH Systems Lead	
5.3	**An early help case management system is accessible to all partners working with families/young people (long term goal).**	Implement Data Warehousing System (IFAM) to enable partners to access relevant information for the enhancement of service/support delivery.	Improved data sharing re cases enabling families to only have to share their stories once with improved coordination of support services.	Within existing resources	EH Data Officer EH Systems Lead	