

Haringey's Early Help Strategy

2021-2023

**Early help is everyone's
responsibility**



**Haringey's partnership strategy for providing early help to
children, young people and their families**

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Foreword

Welcome to the Haringey's Early Help Strategy 2021-2023

We would like to thank all of our stakeholders and partners who have been actively involved in shaping the way we develop our early help approach and look forward to seeing all that can be achieved in the coming years. Haringey's Early Help Strategy recognises that the delivery of our offer is not the responsibility of a single agency but is owned by all partners that work with children, young people and families.

Our Early Help strategy reflects our ambition for an integrated and better co-ordinated approach across all services for children, young people, their families and carers.

We believe that stable, resilient families living in strong communities are the key to helping children and young people to lead happy, healthy and fulfilling lives. We want to foster self-help, self-reliance and strength rather than dependency. We know that COVID-19 has a profound impact on our children and young people. It has not only disrupted their educations but also the social contact and development that is so important from early years through to the transition to adulthood. These impacts are not evenly distributed, but instead disproportionately affect those already experiencing disadvantage and inequality. The impacts of the pandemic are likely to express themselves in a range of medium to long term impacts which will be unevenly distributed across our population. Finding ways to mitigate these is important for the wellbeing of our communities, whilst ensuring we intervene early to prevent negative COVID-19 impacts from becoming chronic crises that impact community cohesion and demand for services.

This strategy is vital in this context to bring key partners together in Haringey to deliver our ambition for working together to foster a strong culture where acting quickly and at the earliest opportunity is everyone's responsibility. This shift in culture will require us all to work together to shape the new way of working and develop the services, skills and tools that will help us achieve our ambitions.

*Signed on behalf of the partners of the **Start Well Board***

Ann Graham, Chair
Director of Children's Services
Haringey Council

Rachel Lissauer
Director
North Central Commissioning Group



Introduction

Early help is everyone's responsibility

Why invest in prevention and early help?

Providing early help and effective support to families can prevent complex problems emerging. We know that:

- Investing in early help reduces dependency on the system and demand on specialist, statutory and high cost services.
- Services provided during pregnancy and when children are young (under 5) have greater impact on outcomes throughout their lives.
- Successful early help programmes are delivered locally. They support families who need some help within their communities using a whole family approach. The work builds on family strengths, and involves families in goal-setting.
- Local partnerships includes but is not limited to : health, schools, commissioners, the council, the police, probation and adult services, the voluntary sector and others – should have a common approach to early help. This means agreeing what needs to be achieved and how, so that services can be planned, –delivered effectively, responding to demand.
- Working with families at all levels of need from the earliest possible stage helps them get effective support before problems escalate. Close monitoring of individual children's progress by universal services can identify needs early on.
- The current financial constraints and welfare changes make it even more important that we use our resources effectively, to improve the life chances for the children most in need.

This document sets out our strategic approach to prevention, early help and intervention for children, young people and families. It relies on:

- Everyone making prevention and early help a priority
- Everyone seeing the need to act early as their responsibility and understanding what they can do
- Organisations across the borough working together
- Organisations and communities working together
- Integrated, flexible and responsive services with proactive support to resolve worries quickly
- Working alongside parents, families and children to support them in being more resilient and effective in developing a supportive environment for their children



The national context

At the national level there have been a series of high profile and important reviews highlighting the need for early help for families and working to influence both policy and system design. Reviews include:

- The Field Review on preventing generational poverty (2010)
- The Marmot health review (2008)
- The Allen review on intervening early in a child's life (2011)
- The Munro review of children's care services (2011)
- The Tickell review of early years (2011)
- Action for Children regarding local authorities' role in providing early help (2019).

All describe the need for preventative work and the early identification of needs and concerns in order to give children the best start in life, prevent problems from developing and help children and adults to reach their full potential.

The 'Munro Review of Child Protection: Final Report A child-centred system' led by Professor Eileen Munro stated:

"The case for preventative and Early Help services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge. From the perspective of a child or young person, it is clearly better if they receive help before they have any, or only minor, adverse experiences."



The national reviews make a strong and evidence-based case for early help services, demonstrating that no agency can provide this support alone and that greater co-ordination and joint working across and within agencies is required.

In January 2011 Graham Allen's review 'Early Intervention: the next steps' was published. This report recommended that an independent Early Intervention Foundation (EIF) should be established. The EIF was established in 2013 and has recently released its new strategy 2018 - 2023 that directs the EIF through the second five years of its life, further cementing the critical role of early help.

The DfE recently published the 'Early Help System Guide - A toolkit to assist local strategic partnerships responsible for their Early Help System' which is being used to assess the maturity of our working relationships and inform our future partnership working.

The local context – what it is like growing up in Haringey

Haringey is a highly diverse borough - 38% of residents are from BAME groups and 26% identify as “white other” and more than 180 languages are spoken. Deprivation levels are high, particularly in the northeast of the borough. Haringey has the third highest rate of households in temporary accommodation in London. Haringey residents report higher levels of life satisfaction than statistical neighbours or London, though there are higher rates of serious mental illness. We know too that COVID-19 has had a disproportionate impact on those residents and communities already experiencing inequality and disadvantage.

Key data

There are **56,718 children in Haringey** aged 0-17 years, representing 21% of the population.

Haringey has a **similar proportion of babies with low birth weight** compared to London, while the **rate of asthma-related hospital admissions among under-19 year olds is lower than the London average**, a reversal of the prior year positions.

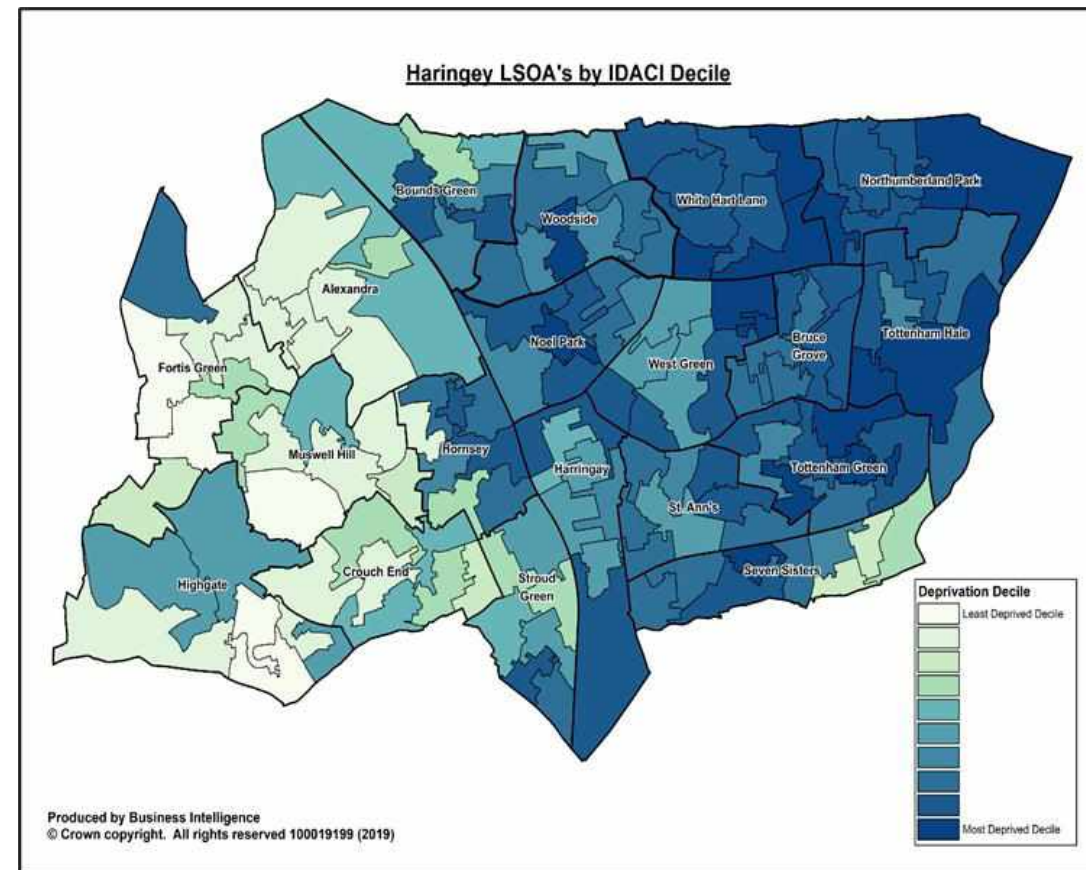
Boys (68%) are less likely to reach a good level of development at the end of reception compared to girls (81%).

4th most deprived borough in London - 30.1% of Haringey pupils are known to be eligible for free school meals. **This is significantly higher than the London (17.1%) and the SN average (19.6%)**

There are **substantial attainment gaps between different demographic groups. Black boys have the lowest attainment of all ethnic and gender groups** – 52% attained 9-4 in English and Maths, compared to Mixed Ethnicity Females who have the highest attainment with 80% achieving 9-4 in English and Maths. Boys have lower attainment scores in every Ethnic Group.

Although our proportion of NEET 16 and 17 year olds (1.6%) is in line with our comparators (1.8%), **we have a comparatively larger proportion of Mixed Race and Black or Black British 16-17 year olds who are NEET**. Haringey also has a larger proportion of 16-17 year olds whose activity is not known (10.2%, compared to just over 3% for comparators), suggesting a larger proportion who are NEET.

Income deprivation affecting children and young people (2019) – neighbourhoods in the east of the borough rank much more highly on the index of income deprivation affecting children.



The local context – what it is like growing up in Haringey

Key data

Haringey has the **sixth highest rate of domestic abuse with injury** in London - the rate per 10,000 is 30.6 per 10,000. Higher than statistical neighbours (29.2), and London (27.0). During the pandemic we saw a large increase in domestic abuse.

Between July 2019 and June 2020 **Haringey registered the highest rate of knife crime with injury in London, at 6.2 incidents per 10,000 people**, although this is a lower rate than last year (6.6)

Central and East Haringey exhibit high levels of risk factors for poor mental health, such as deprivation, unemployment and homelessness, and many people have experienced trauma.

Haringey sells the most litres of alcohol per adult in all of London, **35% more than the London average**; The high level of sales points to high levels of unsafe drinking, as Haringey also has a rate of alcohol-related hospital admissions significantly higher than the London average. **Overall there has been a reduction in young people's alcohol and drug use**, demand for our young people's service remains stable and **more present with use of very potent new psychoactive substances**. Drug related deaths are peaking, with problematic substance misuse linked to deprivation.

Haringey has diverse household composition. 32% of households are one person households. **16% of households are couples with dependent children, and 11% are households with a lone parent with dependent children**

There are 91,000 jobs in Haringey, which is **just under half the London average** (186,000) and substantially lower than the statistical neighbour average (169,000).

In Haringey in 2018/19, 23% of all Reception year students and 38% of all Year 6 students were recorded as overweight or obese.

The prevalence of overweight/obesity among Year 6 students was significantly higher than the Haringey average among pupils from Black ethnic groups:

45%

students from **Black ethnic groups** were overweight or obese.

33%

among students from **White ethnic groups**.

The **proportion of pupils with Social, Emotional and Mental health needs in Haringey is lower than the average** London and England rates.

Haringey:

1.9%



London:

2.2%

England:

2.2%

Haringey has the **second highest rate of drug use (excluding Cannabis) among 15 year olds of all London boroughs**. There is also a higher than average rate of young people cautioned or sentenced in the borough.

Among Haringey's most prolific youth offenders, signs of poor parenting was evident in the first year of life in 45% of cases; 90% had experienced loss of a parent through death or separation by the age of 5; and 30% had witnessed domestic violence by the age of 7. Among the 20 most prolific youth offenders, the average age at which they initially came to the attention of an agency due to behavioural concerns is 4 years old.

What children have told us – (8-11 year olds)



Children and young people told us how they feel about a range of issues in 2019 as part of the Health and Wellbeing survey. Children and young people in both primary and secondary schools in Haringey completed the survey which is done every few years. The last survey was in 2017.

The survey of children aged 8-11 (years 4-6) told us:

- 36% of pupils had eaten 5 or more portions of fruit and vegetables on the day before the survey, 8% had eaten none
- 92% said that they enjoyed taking part in exercise and sport and top activities for boys were football (69%) and girls went for a walk (53%)
- 11% of year 6 pupils said that they were fairly sure or certain that they know someone who uses drugs
- 27% of pupils said that they live with someone who smokes, with 12% saying that someone smokes in their home
- 42% of year 6 pupils said they have learned about respectful relationships at home while 64% of pupils have learned about them at school – 15% haven't learned about them in either place
- 20% reported that they have been bullied at or near school in the last 12 months and 14% said they told an adult about this

- ❑ In their own time the previous week, 60% of pupils have watched TV and 32% have watched films.

❑ **Other top leisure activities last week were as follows:**

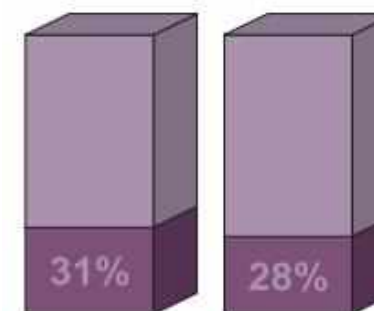
	Boys		Girls
Online gaming	60%	Reading a book	68%
Homework	53%	Homework	65%
Reading a book	53%	Chatting online	39%
Playing sport	41%	After school club	36%
After school club	34%	Going for a walk	34%

❑ **The top 5 worries were as follows:**

	Boys		Girls
SATs/ tests	39%	SATs/ tests	48%
Environment	35%	Knives/guns	40%
Gangs	34%	Crime	37%
Knives/guns	33%	Environment	36%
Crime	31%	Gangs	36%

EMOTIONAL HEALTH & WELLBEING

- ❑ 91% of pupils are 'quite' or 'very happy' with their lives at the moment; 2% are 'very unhappy'.



- ❑ 31% of boys and 28% of girls in Year 6 had high self-esteem scores.

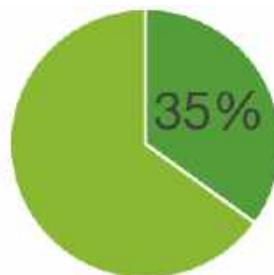
- ❑ 6% of pupils had low self-esteem scores.

- ❑ 83% of pupils said they worried about at least one of the items listed in the questionnaire.

What young people have told us – (12-15 year olds)

The survey of young people aged 12-15 (years 8-10) told us:

- 21% of pupils reported having nothing to eat or drink for breakfast on the day of the survey
- 50% said they eat fresh fruit and 43% vegetables and salads on most days
- 86% agreed they enjoyed taking part in exercise and sport
- 8% of year 8 and 16% of year 10 pupils said they couldn't swim
- 45% of pupils said that their lessons on being safe in a relationship had been useful
- 23% of pupils are fairly sure or certain they know someone who takes drugs to get high
- 16% have been offered cannabis and 28% found their lessons on drug education quite or very useful
- 8% reported drinking occasionally or regularly and 14% said if they drink alcohol they are bought/given it by parents or family
- 28% live with someone who smokes and 11% have tried vaping once or twice
- 73% want to stay on in full-time education at the end of year 11. 46% want to get a job as soon as they can and 52% want training for a skilled job/apprenticeship
- 12% said that they had been bullied at school at least once in the last 12 months



35% of pupils rate the safety of their area when going out after dark as 'poor' or 'very poor'.

- ❑ 7% of pupils reported that they or their friends carry weapons when going out.
- ❑ 12% reported that they had been a victim of violence or aggression in the area where they live, in the last twelve months.

EMOTIONAL HEALTH & WELL-BEING

- ❑ 68% of pupils reported they are, in general, 'quite a lot' or 'a lot' satisfied with their life at the moment.
- ❑ 40% of pupils had high self-esteem scores.
- ❑ 4% of pupils had very low self-esteem scores.
- ❑ 82% of pupils said they worried about at least one of the items listed in the questionnaire.

❑ **Responses to individual items were as follows:**

	Year 8		Year 10
Exams and tests	40%	Exams and tests	53%
Knives/guns	40%	Crime	40%
Crime	39%	School-work	38%

- ❑ 63% of pupils said that they 'always' have someone they can talk to if they were worried. 9% said they had no one they could talk to.
- ❑ 51% of pupils said that they can 'often' or 'always' cope with anything that happens to them.

For most of the questions in the questionnaire, Haringey secondary pupils give similar responses to the wider national dataset. Some differences of more than 5% include:

- More Haringey pupils appeared in the highest bracket of the self esteem scale – 40% compared to 34%
- Fewer year 10 girls said that they are at least quite a lot satisfied with their lives compared to 57%
- Fewer pupils said that they have been bullied – 12% compared to 22%
- 84% are never afraid of going to school because of bullying compared to 73%
- Fewer year 10 pupils (53%) know where to get free condoms compared to 59%
- More pupils (73%) want to stay on in full time education at the end of year 11 compared to 53%
- Fewer have tried smoking – 8% compared to 17%
- 23% of pupils know someone who uses drugs compared to 32% of the wider sample

What young people have told us



In 2019 there were some significant differences compared to the study completed in 2017. Positively, more children reported:

- eating fruit and vegetables,
- know where to get condoms free of charge (year 10),
- they had been told how to stay safe online and that safety at school was good or very good

However less positive was that:

- More children now someone who uses drugs
- Fewer children found their drug education lessons useful
- More children rated their safety going out after dark as poor or very poor
- More children reported having nothing to eat or drink before school
- More children have tried alcohol
- Fewer children found lessons on bullying useful

Our **young carers group** have told us that:

- They feel stressed and worried and that this sometimes means they become annoyed, forgetful and aggravated;
- their risks to overall wellbeing and safety were mainly in relation to emergencies and who to trust and call when they need help for the family member they are caring for and being able to challenge parents with mental health difficulties who refuse medication – this can lead to conflict in the home and potential harm
- Bullying was not a major issue for some, but some did experience it due to prolonged absences from school
- Low levels of concentration linked to worry about home life
- Being active socially was challenging and feeling different from other young people

In 2019	In 2017	Years 4 and 6
68%	60%	of Year 4 and 6 pupils eat fresh fruit 'on most days'.
11%	7%	of Year 6 pupils know someone who uses drugs not as medicines.
6%	8%	of Year 4 and 6 pupils said that they have bullied someone at school in the last 12 months.
In 2019	In 2017	Year 8
31%	49%	of Year 8 pupils said their drug education lessons were 'quite' or 'very useful'.
5%	15%	of Year 8 pupils said that someone in their family smoked shisha.
19%	10%	of Year 8 pupils had nothing to eat or drink before school that morning.
5%	12%	of Year 8 pupils are at least 'fairly sure' that they or their friends carry weapons
51%	39%	of Year 8 pupils chatted online with friends of friends last week.
54%	43%	of Year 8 pupils eat fresh fruit 'on most days'.
35%	26%	of Year 8 pupils rated their safety going out after dark as 'poor' or 'very poor'.
In 2019	In 2017	Year 10
25%	50%	of Year 10 pupils said their drug education lessons were 'quite' or 'very useful'.
58%	41%	of Year 10 pupils chatted online with friends of friends last week.
53%	38%	of Year 10 pupils know where to get condoms free of charge.
86%	77%	of Year 10 pupils have been told how to stay safe online.
20%	11%	of Year 10 pupils had 5+ portions of fruit and vegetables the day before.
45%	36%	of Year 10 pupils have at least tried alcohol.
25%	35%	of Year 10 pupils said their lessons on bullying were 'quite' or 'very useful'.
76%	66%	of Year 10 pupils said their safety at school was 'good' or 'very good'.

Our early help 10 – 1 vision, 3 outcomes, 6 family outcomes

In early 2019 Haringey partners published the Borough Plan. This plan sets out our ambition for everyone living and working in the borough and our vision:

1 A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential

Strengthening our prevention and early intervention approach is key to fulfilling this commitment to our residents.

In the Borough Plan **our 3 key outcomes** we want for Haringey children, young people and their families are:

Outcome 4: Best start in life: The first few years of every child's life will give them the long-term foundations to thrive

3 Outcome 5: Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family and in our community

Outcome 6: Every young person, whatever their background, has a pathway to success for the future

6

6 family outcomes

Reduced parent and youth crime and anti-social behaviour

Reduced school exclusions and improved behaviour, attendance and attainment

Adults supported to increase their skills for employability resulting in employment, further education or training. There is increased family resilience and reduced risk of homelessness or financial difficulties

Needs and risks identified and addressed effectively to improve children's life chances - outcomes are achieved and sustained and risks reduce

Reduced violence and conflict in the home

Improved physical and mental health for children and adults – particularly addressing parental mental health, substance misuse and healthy eating

Our system change priorities

Our Early Help strategy is set in the context of the Covid pandemic and our recovery from this, a diverse population, increasing demand for specialist services and considerable financial challenges for all service delivery partners.

In order to deliver the outcomes in the Borough Plan we have identified the following four system change priorities which are aimed at ensuring early help across all our organisations and services is well connected and supporting children and families in a co-ordinated way.

This priorities will provide the partnership infrastructure which will support us in to organise and have a positive impact on our shared family outcomes.



The right help at the right time

- Access to community networks and support
- A strong universal service offer is in place
- A co-ordinated early help offer with clear referral pathways is in place
- Effective evidence based parenting support is available for parents at every stage of their child's development
- Enhanced therapeutic and trauma informed support for children when it is needed, particularly for vulnerable adolescents
- Early identification and effective support for parents experiencing domestic abuse, violence against women and girls, mental health challenges and substance misuse

The right tools and operational arrangements

- Embed a child-focused wellbeing assessment that supports strengths based approaches
- Embed the use of tools to support evidence based practice
- Embed the team around the child and family approach with partners agreeing who can best support the family as the lead practitioner
- Develop supportive practitioner networks
- Develop early help hubs that align with existing Network Learning Communities and Primary Care Networks to support strong practitioner networks and relationships. Align specialist services and teams to our hubs
- Develop a common approach to sharing of information, assessments, meeting processes, panels and resources.



The right partners working together to lead system change

- Establish a strategic partnership which will oversee the development and monitoring of this strategy
- Establish a delivery partnership to agree how we work together to deliver the priorities in this strategy
- Clearly communicate and co-ordinate the early help offer across the partnership, including the pathways and referral mechanisms
- Agree how outcomes and success are monitored and measured at both a strategic and operational level
- Establish a close interface with strategies and governance arrangements that have common goals to ensure effective collaboration to inform service delivery, commissioning and practice improvements e.g. Young People at Risk Strategy, Violence against Women and Girls Strategy, Community Safety Partners

A skilled workforce - a shared set of values and a common language for working with families

- Embed a shared understanding and commitment to the value that 'early help is everyone's business'
- Skilled co-production with parents, children and carers – their experiences shape and improve our services
- Our workforce is skilled, competent and confident, recognising the strengths of families and communities and works alongside them to build resilience
- A relationship based approach to working with families that focuses on strengths - the 'Haringey Way'
- Practice that is trauma informed
- A strategic and innovative focus on shared learning and development where we also learn from our successes and challenges and share learning widely.

Embedding a team around the child approach

The team around the child and family approach is a key part of the child wellbeing assessment and planning process and brings together the parent, child or young person and practitioners into a small team focused around the needs of a whole family.

Principles and best practice:

- Informs, involves and empowers parents (and other close family members such as siblings)
- Takes a holistic approach
- Is encouraging, positive and supportive to all members
- Gives everyone an equal voice
- Acknowledges differences of views and negotiates workable solutions
- All practitioners are open and honest with the family about their concerns and also their views of the family's strengths
- Arrives at collective agreements: agrees needs, decides an action plan and provides well organised support



Team around the Child and Family (TACF)

Embedding a team around the child and family approach is a key system change we want to implement. This approach is an opportunity for the family and practitioners involved to come together and agree who would be the most appropriate lead practitioner. It also provides the place to discuss and agree the action plan and to review the plan at regular intervals.

#theHaringeyWay

The Haringey Way is a way of working that we want to develop and share across the borough workforce, across different organisations and sectors – from professionals through to unpaid volunteers.

No matter who a family or child has contact with they should be expected to be engaged in the same way. It covers a wide range of evidenced based theoretical approaches designed to improve outcomes for children and enhance professional development.

Our behaviours reflect our values

We

- Act early and we collaborate
- See the whole person or child in their lives
- Act with empathy and work to build trust
- Create working environments in communities that foster a positive culture of care at every level
- Do things differently – ethical leadership vs process driven management

Strengths based approaches

Changing the conversation - how is your day going? what are your strengths? What can we build on?

Changing the conversation with each other. Recognise the capacity, skills, knowledge and potential of individuals and communities. NOT about being the expert in people's lives; NOT all about processes, forms, targets.

#theHaringeyWay

Complexity

People are complex, issues are complex, systems are complex.
No ONE lever, solution, tool. No ONE actor in control.
Not ONE standard service.
We adapt and collaborate. We LEARN together.

Heads, Hearts and Hands

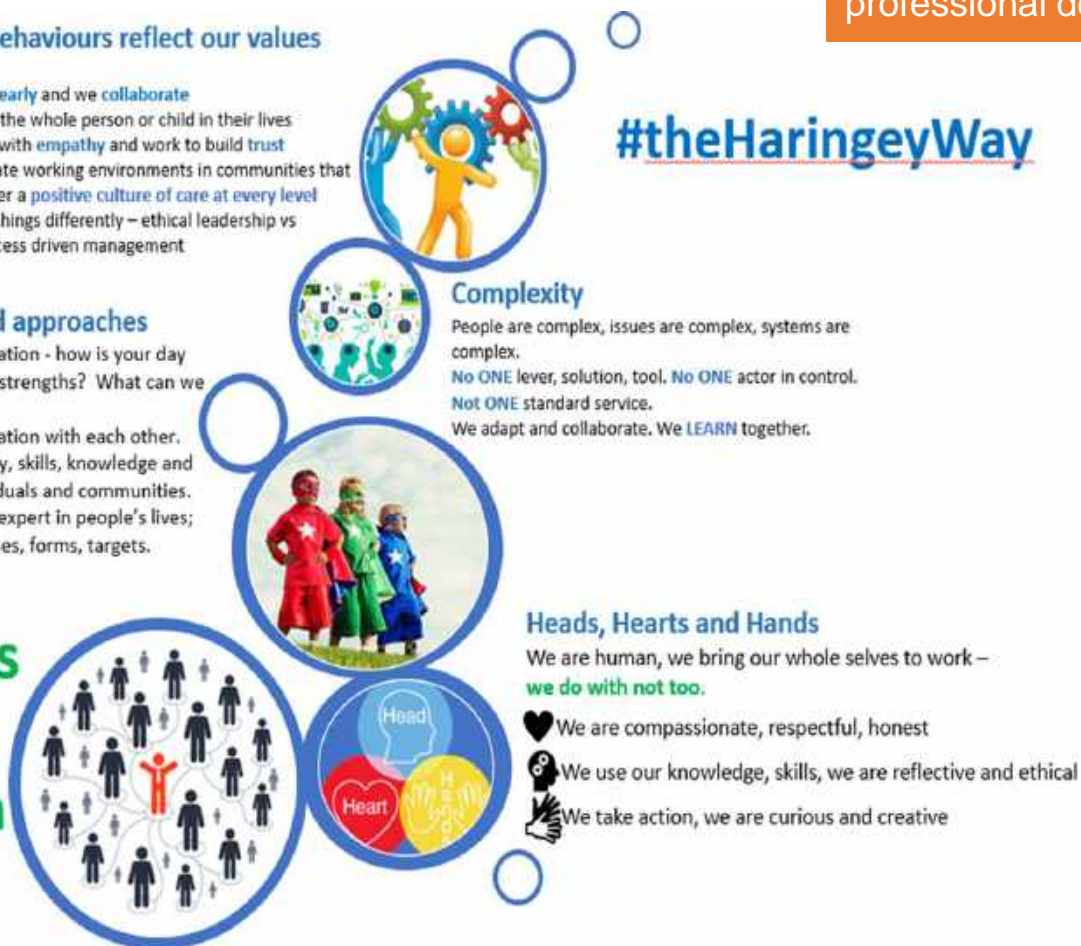
We are human, we bring our whole selves to work – we do with not too.

♥ We are compassionate, respectful, honest

🧠 We use our knowledge, skills, we are reflective and ethical

👋 We take action, we are curious and creative

Relationships
ARE the
intervention



What this means

- **Relationship based practice** will be at the heart of how we work with each other and families and children
- We will work within a **strengths based framework** focusing on strengths within the family as well as concerns and focused on building on strengths, at all levels of risk.
- We will recognise that individuals are always embedded in their social context – this is **systemic practice**. In practice, this means that problems in families are always part of larger processes. This implies that individuals cannot act entirely on their own, either for good or bad. Change in one part of a relational pattern, or system, can be expected to create adjustments throughout the family and immediate context.
- Build resilience in children and their families by using a range of tools and language in the home, schools and other settings to reduce school and home breakdown, reducing harm and increasing social inclusion
- Our practice will be **trauma informed** – this means we recognise early and understand the impact that adverse childhood experiences (ACES) have upon a child's development and outcomes and that we put in place therapeutic support earlier.

Each of these approaches are designed to maximise risk reduction in the community. This is alongside supporting parents and carers to develop confidence and resilience in meeting their own needs, expanding their community networks with less reliance on professionals. Included in this approach is the i-Thrive model which is aligned with our early help framework.

Early help in Haringey – the right help at the right time

There are many partners involved in providing families with early help and here are some examples of work done to improve our early help response to children and families over the last year.

Improving our early help offer

An Early Help Panel was established in May 2020 – significantly strengthening the co-ordination of early help support with partners. The Early Help panel is a partnership panel that meets weekly to ensure children and young people in need of universal or targeted early help receive support quickly.

Our online mental health support delivered through www.kooth.com. Kooth (11 yrs +) is digital peer to peer support that provides information that is topical to young people and online counselling. Kooth uptake improved by 150% by end of March 2020. Analysis of the data shows that 55% of all users in Haringey are from BAME communities and 25% of users are young men which is a marked improvement in access to mental health and wellbeing for this cohort. 30 young people per month are engaged in online counselling.

Project Future, a community based holistic and youth-led, mental health and wellbeing service, are delivering a 3 year pilot funded by Mind in Haringey providing two co-located clinical psychologists with the aim of developing a co-produced therapeutic, nurturing space where emotional and mental health are topics integrated into everyday activities and to indirectly address the mental health needs of young people through case consultation, specialist training, reflective practice space and supporting the delivery of co-produced youth led activities. The centre is also supported by a Youth Advocate from Victim Support which offers support for young people who have been affected by crime and helping them cope, recover and build resilience.

From Crisis to Recovery - support for schools and families

There was a cluster of bereavements in some East Haringey schools pre-lockdown and there was no centralised directory of information or support available nor a one stop shop for advice and support. During lockdown all schools needed access to coordinated services for emotional support and therapeutic interventions for their pupils, families and staff.

A number of organisations established a 'From Crisis to Recovery Group'. Organisations worked together as a 'one stop shop' to respond to need so schools did not have to make multiple referrals for help. Additionally, the group shares resources, signposts and coordinates training for any school that would like support and offered speakers on hot topics such as emotional health and wellbeing to schools. CAMHS have led a number of events hosted in schools and have been undertaking direct work with families as well as professionals.

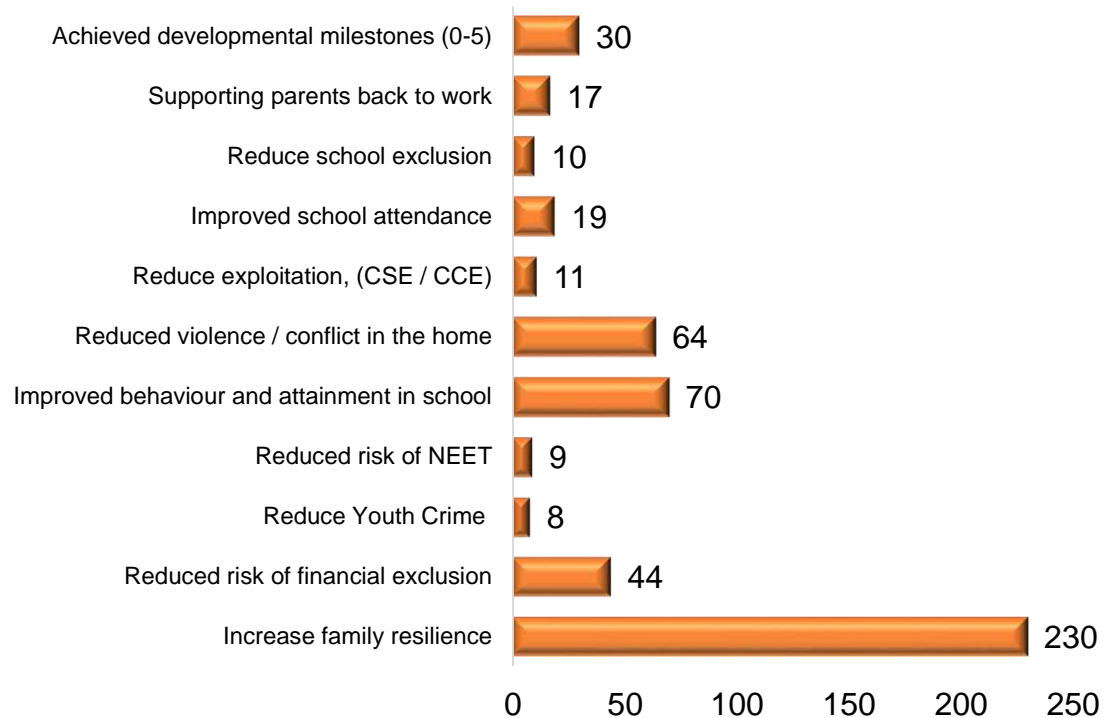
Partners are: CAMHS, Early Years Commissioning, Area SENCO (Special Educational Needs Coordinator), Public health lead for mental health, Tavistock, Healthy Schools Programme, MIND, Early Help, Educational Psychology, Open Door, Anchor Approach, Hope In Tottenham, Autism Team. This has become embedded fully during C-19 and will continue in the future.



Early help in Haringey – the right help at the right time

The joint work we have been doing to provide early help to families has been delivering positive outcomes for families. Data since September shows the impact of this joint work. There have been 512 positive outcomes achieved overall, with most success in increasing family resilience (230 families).

Outcomes achieved for families between September 2020 and February 2021



Support for adolescents is a key priority and we are building on the Bruce Grove youth centre that continues to provide some of the traditional activities such as cooking, sport and games based social activity to help engage young people. Additionally, we are providing activities that help prepare young people for the future. These have been identified through co-production with young people and support communication, thinking skills, problem solving and dispute resolution. The activities include coding, animation, film editing, how to build your own business, podcasting and prosthetic filming.

Regular holiday programmes are run with the youth service, leisure services, the voluntary sector, schools, our youth outreach services Haringey Community Gold and other commissioned providers.



Haringey Community Gold our outreach youth programme engaged with 1800 young in the first year (2019/20). An innovative aspect of the Haringey Community Gold programme has been an adaptive approach to young people’s needs and interests and this is shown in the positive feedback below from young people:

- “A Youth Worker got me an interview at Sainsburys, and I got the job!!” - T, 17
- “Today was fun and exciting because I got to speak about my thoughts and emotions out loud and got to learn a lot of new things” - S, 13
- “I learnt today that I can’t take money from people I don’t know because they give you money and want something back.” - R, 13
- “Today I learnt to hang around the right people. I learnt what to do in pressurising situations” – L, 15
- “Today I learnt to make good choices in life and be careful. I am pleased I attended the session because it was fun” – N, 13

Early help in Haringey – the right help at the right time

Bruce Grove Food Hub

Through established collaborations with the VCS, Bruce Grove Youth Space were able to support the local community at the start of lockdown through a weekly Food Hub. In partnership with the Felix Project, Edible London Brooker and Food Share, the Food Hub began on 27/3/21, whilst the Centre was closed for Open Access, and ran every Tuesday and Friday throughout lockdown. Once the Centre re-opened, we felt this provision had been of significant benefit and continued its operations weekly, every Friday during the day, before Open Access provisions begin. Families in need of additional support have been identified through the Early Help Locality Teams, the multi-agency Early Help Panel, membership of Bruce Grove Youth Space and word of mouth through the local community. Those who are able, are invited to come into the Centre to collect a food parcel, those who are not able, or for whom the travel would be too difficult, have had food parcels delivered to their homes by Youth Team staff. Families are supported for up to 3 weeks, to allow them time to get back on their feet where this has been a short-term crisis, or to allow time for support work to take place to get access to benefits or signposted on for longer term support.

As concerns grew over the likelihood of period poverty for young girls and women, provisions have also expanded over the period of lockdown to include sanitary products. The current number of families supported by the BG Food Hub is 32, as of April 2021, but the total number will be in the hundreds.



Youth Information Advice and Guidance (IAG)

A Youth IAG has been in place for North Area BCU since September 2020 and is chaired by a Youth Practitioner from Haringey Early Help Service.

The group meet monthly and project aims are to work alongside young people in Haringey and Enfield to build better relationships between the community and the police, shape improvements in policing, and for the police to have a greater understanding around community tensions resulting from Covid-19. Young people in this group have had the opportunity to regularly meet with the Enfield Young Mayor, to generate and reflect change and to meet with members of the TSG.

Governance and accountability

This strategy recognises that the delivery of our offer is not the responsibility of a single agency but is owned by all partners that work with children, young people and families.

Leadership and governance of this strategy is provided by Haringey's Early Help Strategic Partnership Board. Scrutiny and challenge are provided by the Start Well Board and Haringey's Safeguarding Children Partnership. Membership of each of these Boards is broad and involves statutory, voluntary and community sector partners.

Organisations and services involved in the developing EHSPB include:

- Haringey Council – Early Help, Prevention & SEND; Public Health; Stronger and Safer Communities; Violence Against Women and Girls; Adult Social Care;
- North Central London Clinical Commissioning Group - Barnet, Enfield and Haringey Mental Health Trust (CAMHS); Whittington Health (0-19 Healthy Child Programme; Speech and Language Therapies;
- School representatives
- Metropolitan Police
- Department for Work and Pensions
- Voluntary and community sector representatives
- Housing Representative

The Early Help Strategic Partnership Board will monitor performance and evaluate impact in relation to the following areas noted on page 11:

- Reduced parent and youth crime and anti-social behaviour
- Reduced school exclusions and improved behaviour, attendance and attainment
- Adults supported to increase their skills for employability resulting in employment, further education or training. There is increased family resilience and reduced risk of homelessness or financial difficulties
- Needs and risks identified and addressed effectively to improve children's life chances - outcomes are achieved and sustained and risks reduce
- Reduced violence and conflict in the home
- Improved physical and mental health for children and adults – particularly addressing parental mental health, substance misuse and healthy eating

The Early Help Strategic Partnership Board is developing an action plan to deliver the strategy and improve co-ordination and joint working. This plan will underpin the implementation of this strategy and reflects local priorities and service transformation goals. The plan will be a living document and updated twice yearly with appropriate governance, to reflect changing priorities. Measures of impact will be agreed with partners and reported on quarterly to the Early Help Strategic Partnership Board with quarterly highlight reports provided to the Start Well Board.



What we want to achieve

10 Our early help TEN

1 vision:

A Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential



3 outcomes:

Best start in life: the first few years of every child’s life will give them the long-term foundations to thrive

Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family and in our community

Every young person, whatever their background, has a pathway to success for the future

How we’ll do it – system change priorities

The right help at the right time

- Access to community networks and support
- A strong universal service offer is in place
- A co-ordinated early help offer with clear referral pathways is in place
- Effective evidence based parenting support is available for parents at every stage of their child’s development
- Enhanced therapeutic and trauma informed support for children when it is needed, particularly for vulnerable adolescents
- Early identification and effective support for parents experiencing domestic abuse, violence against women and girls, mental health challenges and substance misuse

The right partners working together to lead system change

- Establish a strategic partnership which will oversee the development and monitoring of this strategy
- Establish a delivery partnership to agree how we work together to deliver the priorities in this strategy
- Clearly communicate and co-ordinate the early help offer across the partnership, including the pathways and referral mechanisms
- Agree how outcomes and success are monitored and measured at both a strategic and operational level
- Establish a close interface with strategies and governance arrangements that have common goals to ensure effective collaboration to inform service delivery, commissioning and practice improvements e.g. Young People at Risk Strategy, Violence against Women and Girls Strategy, Community Safety Partners

The right tools and operational arrangements

- Embed a child-focused wellbeing assessment that supports strengths based approaches
- Embed the use of tools to support evidence based practice
- Embed the team around the child and family approach with partners agreeing who can best support the family as the lead practitioner
- Develop supportive practitioner networks
- Develop early help hubs that align with existing Network Learning Communities and Primary Care Networks to support strong practitioner networks and relationships. Align specialist services and teams to our hubs
- Develop a common approach to sharing of information, assessments, meeting processes, panels and resources.

A skilled workforce – a shared set of values and a common language for working with families

- Embed a shared understanding and commitment to the value that ‘early help is everyone’s business’
- Skilled co-production with parents, children and carers – their experiences shape and improve our services
- Our workforce is skilled, competent and confident, recognising the strengths of families and communities and works alongside them to build resilience
- A relationship based approach to working with families that focuses on strengths - the ‘Haringey Way’
- Practice that is trauma informed
- A strategic and innovative focus on shared learning and development where we also learn from our successes and challenges and share learning widely.

How we’ll measure success

6 family outcomes:

- Reduced parent and youth crime and anti-social behaviour
- Reduced school exclusions and improved behaviour, attendance and attainment
- Adults supported to increase their skills for employability resulting in employment, further education or training. There is increased family resilience and reduced risk of homelessness or financial difficulties
- Needs and risks identified and addressed effectively to improve children’s life chances - outcomes are achieved and sustained and risks reduce
- Reduced violence and conflict in the home
- Improved physical and mental health for children and adults – particularly addressing parental mental health, substance misuse and healthy eating



Further information

See the following key documents for further information

- [Haringey Borough Plan, 2019-2023](#)
- [Haringey's Young People at Risk Strategy](#)
- [Haringey Violence Against Women & Girls Strategy, 2016-2026](#)
- [Early Intervention: the next steps, \(G Allen, London, HM Government Cabinet Office\)](#)
- [Early Intervention Foundation – Reports](#)
- [Evaluating early Help: a guide to evaluation of complex local early help systems](#)
- [The Marmot Review 10 Years On](#)
- [The Munro Review of Child Protection: a child centred system](#)
- [The Foundation Years: preventing poor children becoming poor adults](#)
- [The Early Years: Foundations for life, health and learning](#)
- [Working together to safeguard children](#)

