



# Integrated early support in Ealing

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Insights from those leading and delivering services to children, young people and families

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# Executive Summary 1

- Between June and October 2023, we engaged nearly 100 staff across children’s services, health, VCS and schools in a dialogue around how to improve integration of services that provide early support for children, young people and their families. The findings of this process were tested and refined at a multi-agency event in November 2023.
- The workshops, interviews and survey responses demonstrated a strong commitment in Ealing to working in a more integrated way, and a secure foundation on which to build. There was good evidence of staff working across agencies and across traditional organisational boundaries, in some cases on a locality basis; of effective information sharing and planning for vulnerable groups; of the emergence of highly valued “system navigators”; and a deepening relationship with a vibrant VCS. (See Annex for a range of examples).
- However, participants also recognised that in a resource and time-constrained environment, with growing levels of and complexity of need and a complex service landscape, integration was becoming both more urgent and harder to achieve. These are common challenges. Colleagues identified X key respects in which services in Ealing could would better together to provide more effective early support:
  - **There is a comprehensive shared vision for early support for some ages and key vulnerable groups – *but not relating to every child or every service*.** The early support offer for 5-11 year-olds, and how agencies should work together to provide it, is not developed. There are perceived variations in how schools envisage their role and how they value, relate to and engage early support services. Childcare providers are not always seen as part of early support. And wider services - especially housing – could be more strategically aligned with the early support offer.
  - **There is a great deal of partnership and dialogue – *but missed opportunities for pooling understanding and holistic problem-solving*.** There is concern about the growing number of individuals and families just below statutory intervention thresholds, or in need of specialist support, and a sense that more joint action is needed to enable services to hold risk safely and enable children and families to “wait well”. Often smaller community organisations do not feel effectively harnessed as partners. And there is further to go to embed voices of children, young people and parents in service-design and decisions.
  - **There are a rich plethora of services and multiple entry points – *but challenges communicating what can be accessed and how*.** Amongst professionals, understanding of routes into other support services is not always clear. Access to mental health support can appear particularly opaque to community services. Understanding and navigating services is even harder for parents. The “local offer” is much more defined in some communities than others.

# Executive Summary 2

Moving forward staff and partners are keen to go further in developing a shared story, strengthening relational working and improving communication across Ealing by:

- Articulating a **clear vision** for early support and how different agencies can work together to contribute to that vision.
- Developing shared goals and measurable outcomes through a **shared outcomes framework**.
- Developing a shared early support **strategy for 5-11s**.
- Renewing the focus on **improving staff retention** across key services
- **Using specialist staff more systematically** to upskill and supervise universal or targeted services to support for families below thresholds.
- Considering the development of a **shared practice model of intervention** to embed joined-up culture and language
- Looking for opportunities to create “**named points of contact models**” replicating some of the learning from SWIS in early help.
- Setting out clear and agreed **pathways of support** across different ages and levels/needs, and including public and VCS services, so that it is easier to navigate and find appropriate solutions for families, and the distinct strengths of different providers are used most effectively.
- Creating a **resource that can act as a directory** to help families and professionals understand services available – can a parent app be developed?
- Expanding “**navigator**” roles who can support families in accessing services simply.
- Bringing it all together through a **single coherent communication strategy**.

Staff and partners also expressed the desire to explore how more extensive place-based working could support further integration and were enthusiastic about trialling different approaches to place-based integrated working through pathfinders – whilst also learning from past experience and avoiding potential elephant traps. Colleagues were interested in developing models of more localised, integrated working which enabled greater tailoring of the offer to local needs, better connections between professionals working in a locality, and more opportunities to work directly with children and families in settings they find familiar. The idea of developing multi-disciplinary teams around schools was something that colleagues were particularly excited to explore further.

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# About the project

# Ealing is on a journey to improve integration of services that provide early support for children, young people and their families

## Start for Life/ Family Hubs bid

In 2022 partners in Ealing put forward a bid to be part of the new Sfl Family Hubs programme.

The bid was unsuccessful, but the process opened a conversation....

## Ealing Borough Partnership commitment

Partners (Early Help, Early Years and Public Health) decided to invest in co-developing a more integrated model of support for Ealing children and young people and their families.

## Discovery and Consensus Phase

A variety of research and consultation activity has been undertaken in 2023. Focus areas include:

- Join-up across service boundaries
- Place-based models of working
- Co-creation with the community and CYP

## Approval and transition

In 2024 ideas will be refined and finalised and implementation put in place.

# Isos Partnership have gathered insights from those leading and delivering services to inform the Discovery and Consensus phase....

## Our questions:

- How effectively are we working together now - strengths and areas of development?
- How could we working differently together to deliver more seamless support and better outcomes for CYP and families?
  - What could we do now?
  - What future changes should we make to our model - *is there an Ealing version of family hubs?*

## The process:

From June to October, we engaged 98 people working across local authority services, health and the voluntary and community sector.

- Strategic interviews
- A short survey
- 9 focused workshops online with mixed groups

In November we brought together 40 people from across different services to discuss emerging findings.

# A wide variety of different services and perspectives have engaged

## Multi-professional workshops:

Voluntary and community sector

Mental health professionals

Child and family health professionals

Wider services which support families

Children's social care

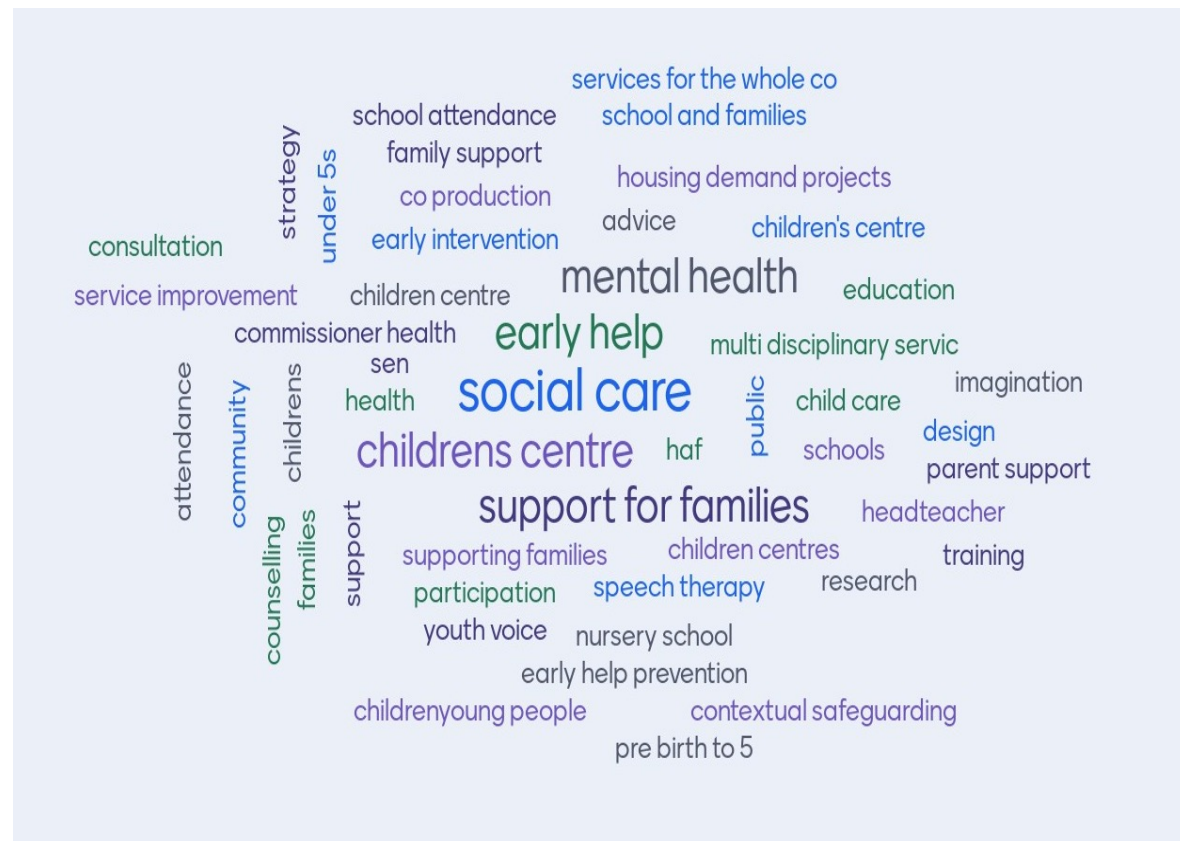
Early Help, Family Support, Schools

Early years services

YOS and targeted youth services

SEND and Inclusion services

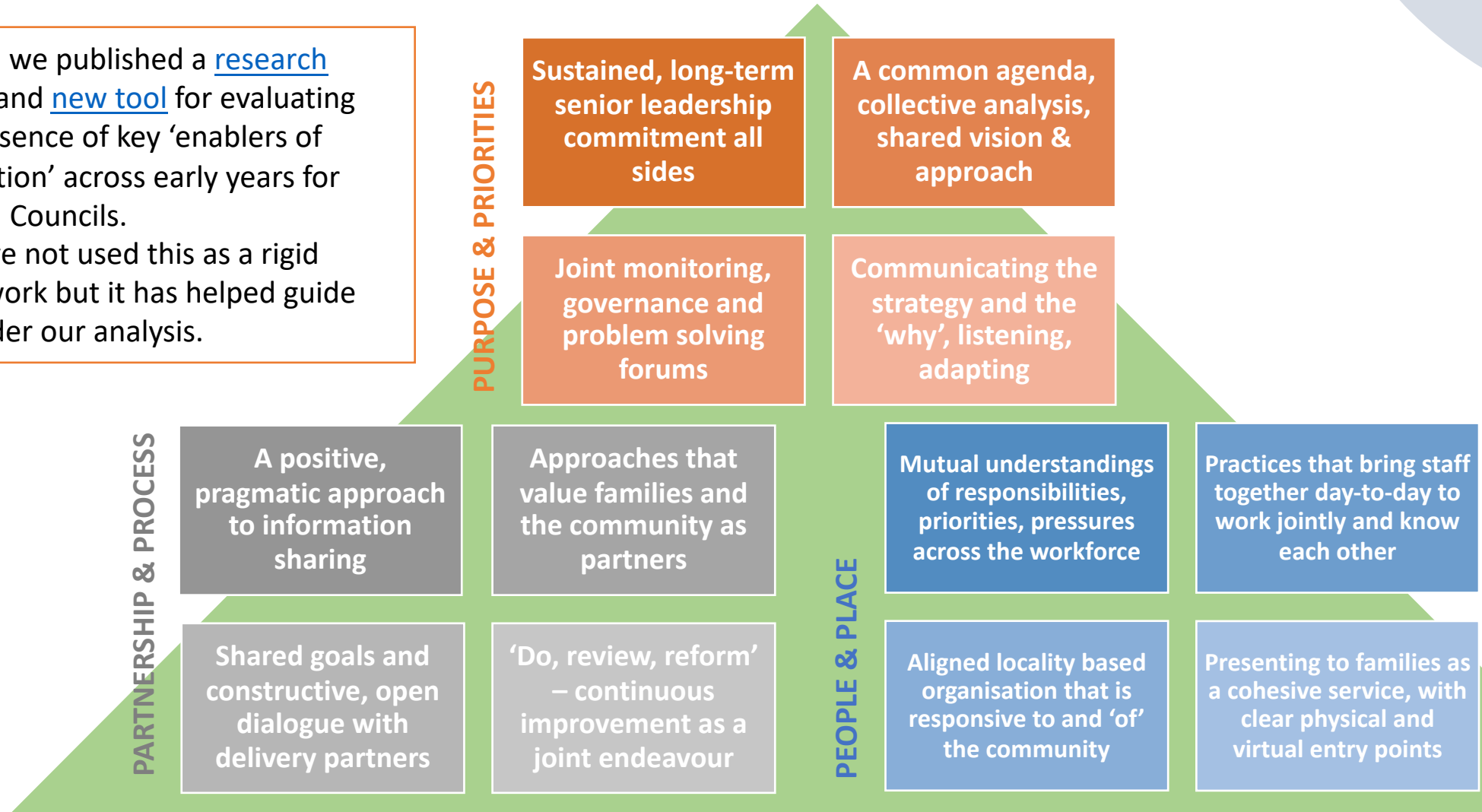
## Attendees at the 28 November event:





# Our questions and analysis has been guided by what we know of the enablers of effective integration across local systems

- In 2022 we published a [research report](#) and [new tool](#) for evaluating the presence of key 'enablers of integration' across early years for London Councils.
- We have not used this as a rigid framework but it has helped guide and order our analysis.



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# The current picture

# Ealing, like other areas, is facing contextual challenges which make effective integration of early support for CYP both particularly vital and very challenging

## The context in Ealing

### ① Increased needs

- Cost-of-living crisis, growing child poverty, affordable housing shortage, after-effects of pandemic.

### ② Stretched workforce

- Workforce capacity is stretched in many vital areas including social work, health visiting, and within schools.

### ③ Service complexity

- A very large number of organisations involved in supporting 0-19s and families. Services often fragmented.

### ④ Competing priorities

- Funding and safeguarding pressures have over time seen resources focus shift from preventative toward statutory.

## Implications for integration of early support

- Growing numbers in need of effective early support and sign-posting.
- More with accumulated adversity but where no single need reaches the threshold for a specialist service.
- Lots of CYP waiting between services or for diagnosis.
- Less time to establish relationships with other professionals or work collaboratively.
- Seeing “whole child” in context is harder with less time.
- Multiple moving parts - different service and agency interfaces take prominence depending on age and stage.
- Organisations can do similar things, but with different priorities and approaches. The picture can be confusing.
- It is harder for families and the services they work with to ensure they access the right support at the right time.
- Statutory obligations take precedence over preventative
- To access many key services such as mental health children/families must meet a high threshold of need.



In participants' words:

## Complexities making integration of early support both vital and challenging

### ① Increased needs

A key concern group is those that don't quite meet crisis thresholds. They aren't quite far enough down the road for a really big crisis intervention but there isn't the service capacity or finance to keep offering [our] support...

Since the pandemic the families we see have more complexity, increased needs and more disability. We've had to increase the time we give them.

Housing is a huge problem for many families now. When you have housing issues, you have a child who is under stress all the time.

Resources don't match demand.

Slowing down and thinking, not just fighting fires is what we should be doing... but if you can't even find time to go to the toilet, that is hard to do.

### ② Stretched workforce

So many services are really good. But they are really busy... just getting time around the table is a challenge.

[CAMHS] are not integrated with school nurses because there are not enough of them. So services are becoming more and more siloed into physical and mental health. Everybody forgets that children have necks!"

### ③ Service complexity

The challenge is it's such a myriad of services.

Health composition in Ealing is unbelievably complicated.

Ealing's VCS offer is exceptionally rich. There are over 400 organisations.

We have different outcomes ultimately being worked towards by different agencies.

We all have our own bits of legislation to manage and they are quite rigid. With less money than 10 years ago any space for additional discretionary work is limited.

We do a lot of good and innovative things – but often the funding doesn't last.

### ④ Competing priorities

When funding is thin and statutory responsibility kicks in, it takes a lot of trust to let someone take over on something when you are the person responsible.

# In response, a wide range of integrated approaches have been developed over time, from strategic to operational, locality to cross-borough focused\*

Mostly locality focused ←

→ Mostly cross-borough focused

## Strategically coordinated multi-agency services and front-doors

- Early Start Service
- Community referral hubs
- Youth, Connexions and Youth Justice Service
- Single front door (ECIRs)
- Additional needs service (ESCAN)

## Inter-agency brokers/guides

- Early help (SAFE team)
- Job Centre Work Coaches
- Social prescribers
- FIS

## Co-located local support in local centres/hubs

- 7 main Early Start Children's Centres
- Integrated Care Clinics
- 4 Young Ealing Youth Centres
- Various VCS-led hubs, inc. within housing estates

## Named professionals attached to specific local services

- School nurses
- Social workers in schools
- Public health professionals in Children's Centres
- Specialist support in some nurseries

## Case-focused multi-agency virtual teams

- SAFE meetings in CCs
- SEND
- MASH
- LAC Panel

## Partnership projects to maximise outreach

- Hybrid Learning Zones in libraries
- YJS –at risk of exclusion work in schools
- Covid and Household Support distribution by VCS
- Employment Service collaborations with VCS

## Bridges from public services to the community and VCS

- Young Ealing Foundation initiatives
- Contracts with VCS commissioned services
- Parent Carer Forum

Various cross-agency information sharing forums, networks and communications

\* This is not intended as an exhaustive list of all integrated working. See **Annex** for summaries of some strong practice areas.



# Current integrated approaches are seen to deliver a wide range of benefits

- Early Start is a shared vision, data and practice model. Children's Centres enable great relationships and a locally responsive, preventative universal/targeted offer.
- Shared agendas and joined-up approaches in support of specific vulnerable groups where there is a statutory mandate – e.g. SEND, child protection, LAC.
- Borough wide coherence and collaboration across targeted youth services, supported by co-located central administration.
- Multi-agency teams often sharing data effectively in relation to vulnerable children/families and responding promptly and holistically to families' needs – voice of parents/CYP often part of this.
- Reach of many forms of early support maximised through broad variety of innovative VCS partnerships. Early targeted support also delivered effectively via named linked professionals working on a regular basis within local universal services.
- Rich and growing variety of cross-boundary briefings and networks, supporting aligned understanding – notably with SWs.
- Mature relationships between LA and commissioned services.
- Proliferation of local service “hub” models – all with slightly different focus but each enabling access and holistic responses to community/family/CYP
- Highly valued system “navigators” helping manage in the context of complex needs and offer – area of innovation.
- Recognition of importance of community voices. Growing partnerships with community organisations to support outreach and increased efforts to engage (e.g. Young Ealing Foundation).
- Examples of effective service co-design – especially with teens.

# In participants' words: Strengths of current integrated approaches to early support

## Purpose and priorities

*Pre-pandemic we weren't communicating... It's like someone switched a switch ....I think there is a real belief we need to come out of silos and start working together.*

*From an Ealing borough partnership perspective we have travelled a long way in last year*

*I have worked in a number of neighbouring boroughs and I get an impression of a strong ethos of Early help provision and effective relationships between the different agencies [in early. Years].*

## Partnership and process

*All partners turned up [at the SAFE meeting] and had something to input and it really felt like the child was at the centre. It was challenging but it worked, and worked well.*

*We gave really good front doors – ECIRS gives schools a number they can call to make referrals any time.*

*[ESCAN] is an example of fantastic communications.*

*[Child Health Hubs] are working really well – for example we are bumping children up waiting lists where the need is.*

## People and place

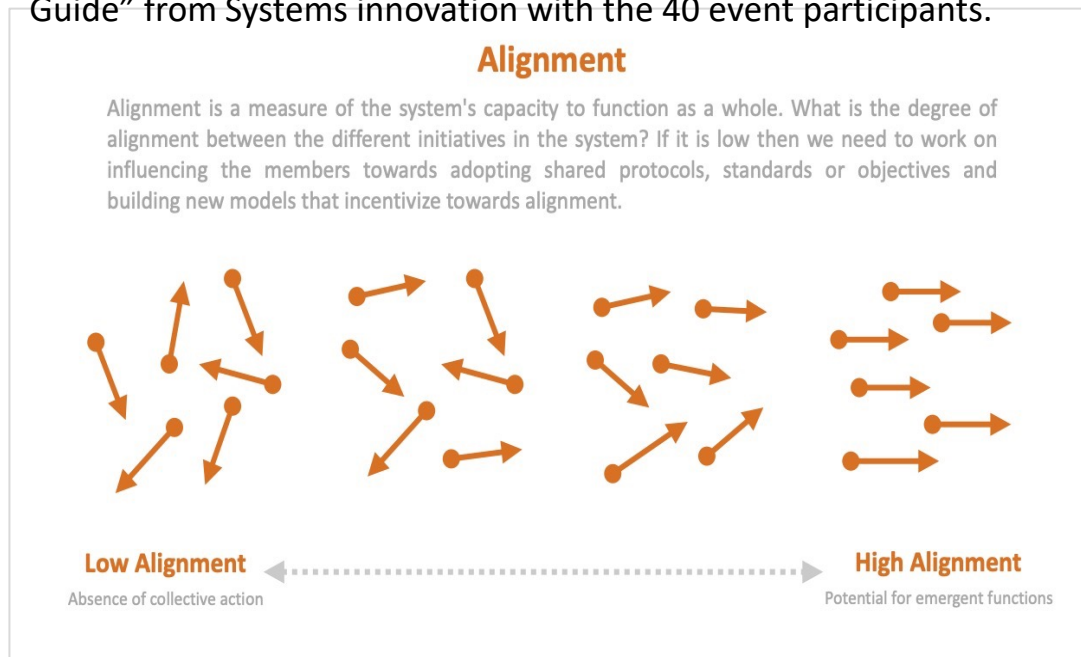
*Children's Centre managers are very, very good at integrating services... Being co-located we all work together in coffee breaks to think about how to support families at key moments.*

*Library learning zones [have] been successful because we all came to the table with ideas and thoughts about the end product and the most beneficial way to share services. We were building on each team's knowledge and experience.*

# Yet those delivering services believe there is further to go to align services...

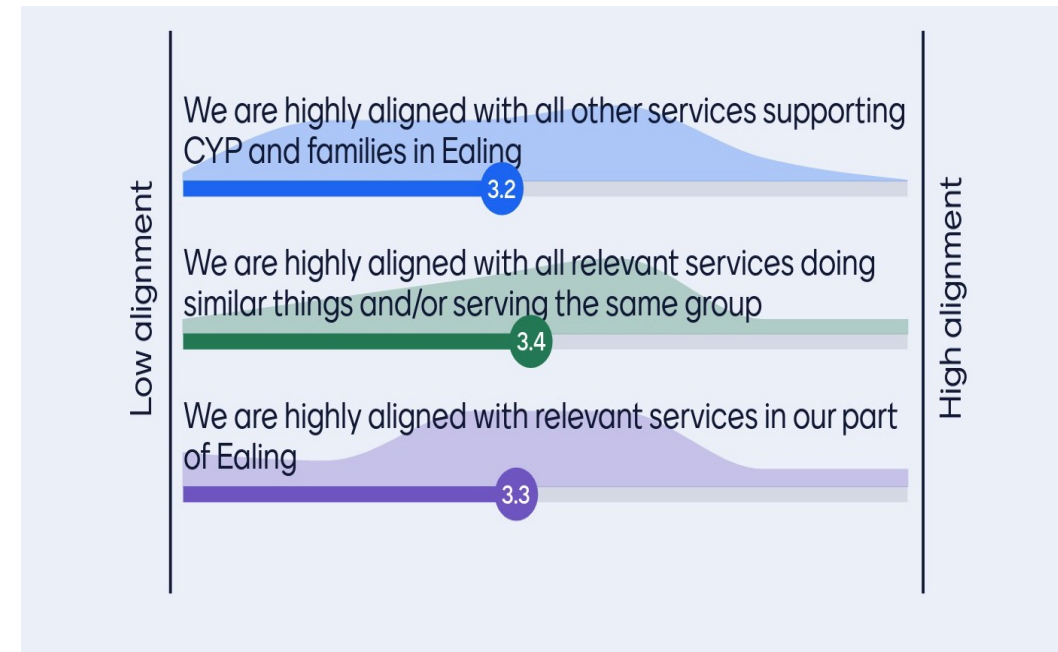
## Participants at our November co-design event were asked how well their service is aligned with other services

We shared the alignment diagram from the “Systems Change Impact Guide” from Systems innovation with the 40 event participants.



## Average ratings were around the mid-point mark

Participants were asked to rate how well their service aligned with others on a scale of 1-6. The average mark was around 3.3.





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# Where services could work better together

# There is a comprehensive vision for early support for *some* ages and key vulnerable groups – *but not relating to every child or every service*

## Purpose and priorities - gaps

- **Gap in strategy for 5-11s** - The strength of the early support offer, and articulation of how agencies should work together to provide it, is not very clear for children aged 5-11. This is in contrast to Early Start in the early years, and to a significant extent the offer to teenagers through youth services. Play Service had a strong offer for this age group in the past.
- **Inconsistency across schools** - The role and expectations of schools in relation to early support seems unclear. Those seeking to work with schools to provide early/preventative support have a lot of sympathy for the pressures schools are facing, yet consistently highlighted major variations between schools in how they envisage their role and how they value, relate to and engage early support services.
- **Childcare providers unconnected** – PVIs stand out as a group largely seen as sitting outside the early support system, despite being the daily frontline for many families.
- **Wider services not aligned– especially housing.** Housing was viewed by all we spoke to as an integral support service for families. Although partnership working with housing was generally seen to be strong with statutory services at points of crisis, but there were not the opportunities available to engage housing in earlier intervention strategies. Comprehension of how and why housing decisions are made is weak amongst many of those working at an operational level with children and families.

It would be better if there could be a more consistent vision and principles for how all services supporting families should work together to provide early support across each age group.

# In participants' words

## Inconsistencies in purpose and priorities

### Gap for 5-11s

*[For children aged 5-11] the council commissions fewer services... without that you don't have the framework and the team in the local authority who deal with that age group.*

*When I was first at Ealing some of the SureStart were attached to primary schools - a lot of those have dropped off ...we used to have an on-site space which was knocked down for housing.*

### Schools and childcare providers

*A growing number [of schools] engage with us... but others are not going in that direction yet... I'd say it was half half... It tends to be the same schools that invite us back, that take inclusion seriously and that are working well with other services as well. Others not so much...- VCS Manager*

*We face ongoing challenge with schools. If they learn a young person is working with us or has committed an offence they exclude or move that young person on so it's hard to build a relationship. ...It's always challenge to influence schools. – YJS Manager*

*Some [nurseries] will provide very good quality information and pre-visits. Others just see themselves as childcare and don't feel that responsibility to send any information across.*

*Childcare providers are essentially in a bubble because they are private sector providers.*

### Housing and wider services

*We have no connection with Housing at all. There is no point where we have a person we can contact. We have to get social care support to get the housing – but they struggle.*

*It's just housing... we have 6 children in two bedrooms with mum, with SEND children with high sensory needs... its just a struggle.. its chaos...*

*Recently a family [was] going to be moved by housing within 24 hours to Halifax where they had no connections. Housing wouldn't speak to us even though we were officially down as the key support agency. We were the only ones going in each week – VCS Manager*

# There is a great deal of partnership and dialogue – *but missed opportunities for pooling understanding of issues/needs and holistic problem-solving*

- **Supporting families below threshold of specialist/statutory support** – Professionals are very concerned that the growing number of individuals and families just below statutory intervention thresholds, or in need of specialist support, can be held too long, referred too quickly or cut adrift whilst they wait for support. There is a sense that too often the emphasis is on maintaining service boundaries and thresholds rather than supporting and enabling universal and targeted services to hold risk safely and with confidence or putting positive support in place so families can “wait well”.
- **Smaller community organisations** - In spite of a wide range of effective collaborations to extend reach of public support initiatives, some smaller charities feel undervalued and that they are viewed quite instrumentally as an “outreach” mechanism, rather than as an asset. Increasingly thoughtful engagement processes are being implemented, but many still don’t feel equipped with the system knowledge, capacities and opportunities to engage in a sustained way or as partners on shared challenges. Some do not understand public service constraints.
- **Children, young people and parents** - Whilst there are some very innovative engagement projects, and advancements in representation in areas such as SEN, the voices of CYP and parents are not considered to be consistently embedded in service design, or every-day decision-making. The distance between parent feedback and decision-making often feels large, especially where parents are consulted Ealing-wide. Not all people want to engage.

It would be better if there could be a more action to collectively clarify the challenges facing CYP, families as they are experienced, and provide holistic and joined-up responses

## Gaps in joined-up problem solving and holistic responses

### Supporting families below threshold

*We've had cases of premature closure of cases by Children's Social Services. They assume that Youth Services have got involved so they can take over. But maybe they don't understand what our offer is.*

*The automatic response of many partners is: refer to a social worker. We're trying to educate them that there's a better way.*

*A lot of activity of statutory services are not needed. 70% of social service contacts do not meet threshold...One of our main roles is managing anxiety.*

*We often think about what is our arena... what are we statutory obliged to deliver...it stops us finding solutions... that's quite hard in terms of working together.*

*Professionals ...can have very stark ways of defining who does what for families.*

*Sometimes you don't refer on because of a fear of another person not investing that level of care that you have, concern about them not being "held" in the same way*

### Working with the community

*The council takes a lot and wants VCS time and to hear our voices – but they don't turn up when we want the same. Sometimes it feels like a tick box, like you are there because you have to be. – VCS Manager*

*Let's not be utopian. Its good to get residents involved, but some we are trying to help are not interested in service design, they just want help.*

*The [parent event] feedback went back into public health but they didn't share the issues back out, there was no mechanism to follow-up and respond.*

*[I would like to see] statutory colleagues seeing VCF colleagues as an equal partner and working more collaboratively with them all the time and not just when they want something or feel they can educate someone.*

*Capacity in schools is completely overstretched...sometimes [VCS] get frustrated, that we're not standing here with open arms. You need to be realistic.*

*There is a lot of onus on VCS organisations to find solutions, and not be monetarily compensated.*

# A rich plethora of services and multiple entry points – *but challenges communicating what can be accessed and how*

## People and place - gaps

- **Professional understanding of other services** – Mutual understanding of other services is extensive amongst those working closely together on a daily basis (e.g. Early Start and Youth services). But this is not the case across the board, with the routes into support often remaining unclear to those without personal exposure to other services. Use of acronyms and technical language can make it difficult. Smaller voluntary and community sector organisations find it particularly hard to understand how to get CYP/families access the services they need. Routes to access mental health support often appear particularly opaque.
- **Parents’ understanding of support** – Parents are also said to find it very hard to navigate the complexity. Services that support and broker on their behalf are valued, but those without this help find it hard to understand what is available and the routes to access it – some signposting/referring can feel more like “passing the buck”.
- **Understanding places and communities** – Despite evidence of some very effective community consultations, services felt that there was further to go to understand the specific needs of communities and how they vary – and the assets that can be harnessed. Within some parts of the borough there was a sense of there being a clear account of local community need and story about the “local offer”, but this was not found in all places.

It would be better if there could be clearer pathways of support and better communication about the offer to families and how to access it, informed by a clearer understanding of places and communities.

In participants' words...

## The communication challenge

### Professional understanding of other services

*All statutory panels should know about [our service] but personnel change so it's often hard. - VCS Manager*

*I have found some Health staff struggled to explain the roles and services of other professionals in their multiagency team. There are a lot of Acronyms in use as names of teams, meetings, services or Staff roles.....most of them do little to enlighten any one of what they mean. – Public health worker*

*We don't refer to mental health because we don't have the expertise. – Housing Association employee*

*Internal communications are poor. We don't really know what each other are working on. And we are particularly poor at sharing successes.*

*On a micro level people work well together. What doesn't work as well are systemic comms, info sharing, referral networks. Lots of systemic issues arise because information sharing is not joined up.*

### Parents' and families' understanding

*There are many services out there. I find it very confusing myself... where to go? How to get the best help? If we feel like this, how do families feel?... They just give up.*

*The problem with individuals with mental health issues is we are often very reliant on person who is the first contact to have awareness of what's available and refer on. For the individual themselves the support offer is quite overwhelming. – Welfare professional*

### Understanding places and communities

*There is lots happening in church halls, mosques etc, but not clear sign-posting of that – it's just word of mouth.*

*There are pockets of Ealing with no services – Perivale/Medway village have no services yet multiple isolated families. It's the same in Northolt and parts of Southall. But others are well served: Ealing Green, Acton" – Health worker*

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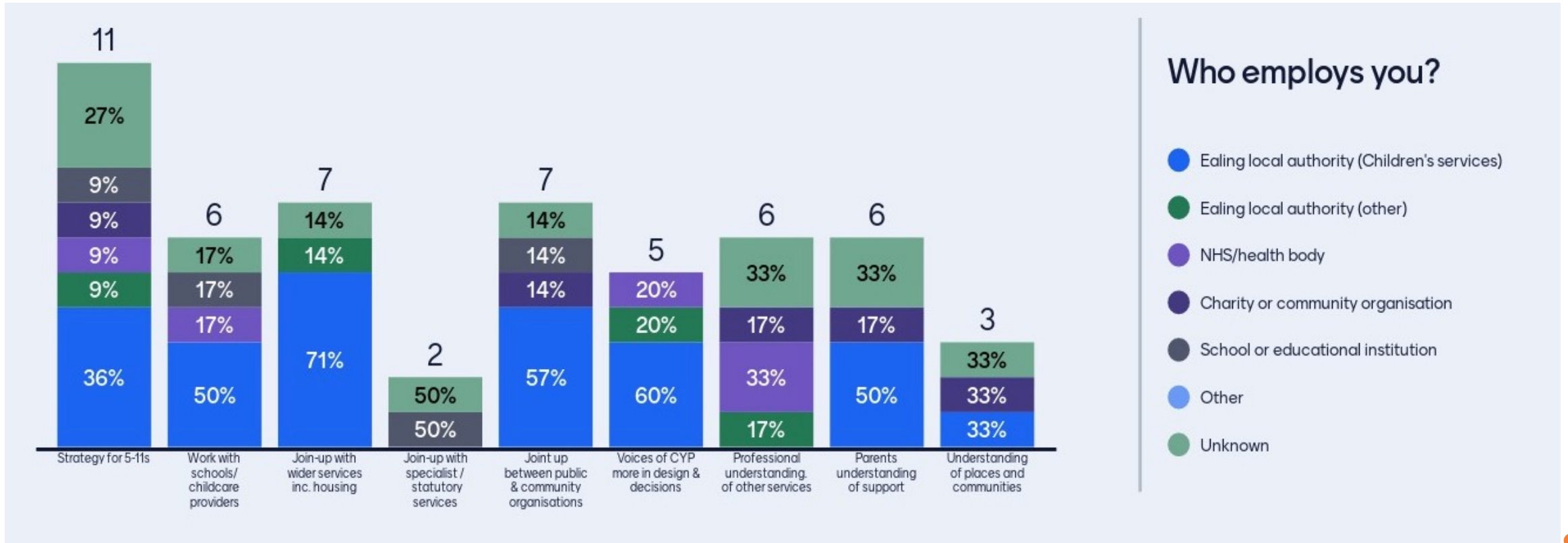
# How to achieve better joined-up support



There is appetite to address all of the issues identified – though participants at our November event tended to prioritise the 5-11 gap

November co-design event poll:

**If you had to prioritise one area where there is scope to work better together for families, which would it be?**



# In considering *how* the challenges should be tackled and the space for solutions, three broad categories of action emerged

## WHAT?

1. More consistent vision and principles for how all services supporting families should work together to provide early support across each age group

2. More action to clarify collectively the challenges facing CYP and families as they are experienced, and provide holistic and joined-up responses

3. Clearer pathways of support and better communication about the offer to families and how to access it, informed by a clearer understanding of places and communities.

## HOW?

DEVELOPING A SHARED STORY

*Set a strategic approach across partners in Ealing. i.e. Being child focussed and how each agency can support this approach.*

STRENGTHENING RELATIONAL WORKING

*As a system, normalize and build opportunities to strengthen relationships.*

IMPROVING COMMUNICATION

*So much of this comes down to communication. We recognize that and do a huge amount on it, but there's not a clear or sustained approach.*

# There were some clear messages on desirable cross-borough actions

## DEVELOPING A SHARED STORY

## STRENGTHENING RELATIONAL WORKING

## IMPROVING COMMUNICATION

### Emerging cross-borough recommendations

- Agree and articulate a **clear vision for early support and the role** that each agency and services – including schools, childcare providers, housing - must play across all age ranges, how they work together.
- Shared goals and measurable outcomes could be set out through a shared **Outcomes Framework** or developed with schools through **Ealing Learning Partnership**.
- Develop a shared **early support vision/strategy for 5-11s** should be a strong priority.
- Renew focus on **improving staff retention** across key services could help relational working to flourish.
- Use **specialist staff more systematically** to coach those in universal or targeted services to provide support for families below thresholds, building on existing relationships they have? E.g. SALT
- **Shared practice models of intervention** have helped embed joined-up culture and language in the past. Can partners in Ealing agree to focus on one model and train all parts of the workforce in this?
- **Named points of contact models**, such as SWIS, have been very valuable before. Can we have this in EH?
- **Collectively mapping clear pathways of support** across different ages and levels/needs, and including public and VCS services, to enable more common understanding and coherent sign-posting and referrals.
- **“Navigators”** who introduce families/CYP to other services are valued. Can these roles be expanded?
- Communicate available services more clearly via a **directory for both professionals and families**. Can an app for families be developed – must be underpinned with detailed, up-to-date service mapping?
- There is a lot going on– can it be brought together in a **single coherent communication strategy**?

# The value of a place-based, localities model is well understood – and there is an appetite for more of this approach

## Views on the benefits of place-based approaches

### DEVELOPING A SHARED STORY

- Where services in Ealing are organised around smaller geographies and in local hubs, they are seen as well positioned to listen to, understand and shape a local offer which responds to community and family need. Developing and delivering a coherent offer alongside smaller VCS and faith groups can also be easier.

### STRENGTHENING RELATIONAL WORKING

- The potential to get to know other professionals and untapped assets “in your patch” is appreciated. Some feel that further organisation of services by locality could support join-up of services for different age groups within local areas by enabling professionals to know each other, assist at key transition points and embed a “whole family” approach. Services with similar goals could get together and think about how they work best together to meet needs across different levels.

### IMPROVING COMMUNICATION

- Meeting CYP and families in the places and spaces they go and feel comfortable within their community is widely viewed as one of the best ways to let families know the help that is available and enable services to reach all those who require support.

# But professionals across services are keen that any new localities model is developed in a way that avoids some potential elephant traps

## Elephant traps

Duplication and over re-organisation

Shoe-horning different ages together where the case is not clear.

Introducing hard boundaries between areas

- Avoid overlaying **new bureaucratic organisational models** or cumbersome **physical reorganisation**. There is a perceived recent proliferation of physical “hubs” – many expressed a preference to invest in existing models.
- There are also some networked services operating in a place-based way – including some local coordination through VCS organisations. Can these be built upon?
- Avoid offering services in a **single physical space for 0-19s**. A different mix of skills and professionals, and different space considerations, are required for younger children and teens.
- Avoid a **structure which allows resource to be detracted away from the youngest children** who may be considered to pose less risk. Some Early Start staff feel that since the age range for the SAFE teams was extended it is harder to get referrals accepted for younger children.
- Avoid **re-organising services on a localities-based model where professional numbers do not support that**. For example, services that work with high need, low incidence groups, such as at-risk adolescents, need to operate on a borough-wide basis with strong integration with CSC and the Police.
- Align boundaries across services but avoid creating new artificial boundaries for families through **hard edges to service access between areas**. Localities are defined within Ealing through the 7 towns and there is some interest in developing this, but the logic isn't clear to everyone and communities are porous.
- Families frequently move and live across areas. Services must be person-centric, avoiding artificial boundaries.

In participant's words....

# Reflections on moving to a more locality-based early support model

## Enthusiasm

*If it's not a place-based integration it might work conceptually but will that integration be felt by the Patient.*

*It's very important to start from the community*

*We are a hub. That's not a building, that's us and our knowledge of the area... it works.*

*Something really locally owned by the community would be great.... I'd want it to feel vibrant and accessible. Be locally designed and staffed.*

*[As a family] you want a team who can contain you all the way through your needs.*

## Concerns

*We might not have enough capacity to support child hubs and family hubs.*

*It's about tying in the child hubs work and the family hubs work and working out how they can be mutually beneficial.*

*How do we create an idea of place/path that supports professional relationships but doesn't create artificial boundaries?*

*We don't need to re-invent the wheel.*

*We can end up collocating whilst still working in a silos. It's about co-location of mind!*

*As a multi-service team that manages high-risk children, I believe that we are better as a central team rather than spread across the borough. This would mean less collaborative support from the team.*

*Before Covid we had some youth clubs in Centres but there were practical challenges with storing equipment that wasn't suitable for under-fives.*

# Views differ on how to the localities model should be taken forward – each of these models was seen to have merit

## Stockport Family

Stockport Family is an integrated service for children, young people and families. Strong relationships and the development of an integrated 'team around the school' are at the heart of Stockport Family. They have created a simplified structure to allow professionals and families to "call in" the right intervention, specialist knowledge and skills at the right time. Stockport Family brings together social workers with the wider children's workforce, such as health visitors, school nurses and midwives. All schools have a named social worker and Stockport Family worker. The workforce is based in 4 localities and trained in restorative practice.

## Wigan model

There is an integrated, place-based early help offer which works across seven places. This incorporates Start Well locality teams, Start Well Family Centres, Targeted Youth Support Service, school nursing, CSC, CAMHS, Health Visiting, ICS as well as adults' services. Each locality is made up of a population of between 30,000 and 50,000 people. Staff are supported to get to know other professionals working in 'their patch' and frequent locality drop-in sessions are used for sharing concerns and joint planning Investing in community-based projects i.s also a core element as part of 'The Deal' which is the overarching strategy for managing relationships between the council and residents.

## Islington model

Islington's families hubs model has been developed based on the localities model of their early years Bright Start 0-5 service. Three 0-19 single front-doors exist, in the north, central and south of the borough. Bright Start, Bright futures (a whole family support service to families with school aged children up to 19/25), Start for Life and SEND services or all coordinated in these localities, which are also aligned with ward and PCN boundaries. For Bright Start, every locality has an Early Childhood Area Partnership Group, chaired by parents and attended by families, community groups and professionals.

# Many are keen to fully harnesses schools and their connections to CYP and families as part of the future localities model

## A schools-based model is seen to “fit the bill” in a number of respects

- ✓ Harnessing existing community assets
- ✓ Meeting CYP and families in situ
- ✓ Potential to address the 5-11 gap
- ✓ Helping to clarify the role of schools
- ✓ Building on models that we have seen working in Ealing and elsewhere – e.g. Team Around the School and Social Workers in Schools

Although this may only be part of the solution...

## In participant’s words

*Move early help to “Team Around the School” model. Like they have in Stockport.*

*Social Workers in Schools delivered a lot for us in Ealing. We should build on that.*

*I’ve got a school building and occasionally a local MP comes or a nursing service comes in and gives a service from there. There is an opportunity for us to facilitate those person-to-person contacts and events. We have started to do that because hosting those sorts of things makes it easier for us.*



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**Annex: Examples cited of effective integrated  
working to support CYP and families in Ealing**  
*[Note: Awaiting clearance from colleagues on some wording]*

# Child Health Hubs

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Child Health Hubs in Ealing are a model of integration that brings together a virtual multi-disciplinary team around primary care to ensure children with more complex physical, mental and/or social health needs get the right support.

Child Health Hubs are staffed by a GP and a paediatrician, who are supported by a virtual multidisciplinary team including health visitors, school, nurses, dietitians and mental health professionals. They work together to offer a clinic once a month for children with more complex needs.

If a GP has a concern about a child they have seen in the practice who is not acutely unwell, they can refer them to the child health hub to discuss their cases and coordinate support with other professionals.

Child Health Hubs mean that children can be seen effectively and efficiently, rather than being referred to many different services and sitting on waiting lists. Families can receive the support they need faster and closer to home, and the demands on secondary care are reduced.

The Child Health Hub model began in Westminster and has more recently expanded into Ealing. It is led by the ICS and brings services together around primary care.

# Ealing Alternate Provision

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Ealing Alternative Provision (EAP) has been chosen as one of 21 pilot sites across England to trial a new therapeutic and integrated approach to re-engaging vulnerable young people in education. The pilot aims to provide intensive multi-agency support to vulnerable children and young people in Alternative Provision (AP) most at risk of disengaging with education, being criminally exploited by gangs and becoming involved in county lines and knife crime.

The pilot has now been underway for 18 months EAP's specialist taskforce has and is being coordinated by an experienced project lead within the Integrated Youth Service linking particularly with the Ealing Youth Justice Service and Social Care teams (MAST Adolescence & SAFE Team).

The team multi-disciplinary, therapeutic team includes a family worker, a counsellor, a speech and language therapist, a careers advisor and a youth justice worker. These specialists are co located on site at EAP and work to deliver targeted, wraparound support to pupils on roll to reduce truancy or non-engagement in education, improve mental health and wellbeing and reduce the risk of exploitation or participation in crime.

The pilot is currently working with seven young people who had previously been completely disengaged from education. It is hoped that with the right support and advice, delivered through tutors and the multi-disciplinary team, these young people will be in a position at the end of their programme to complete their GCSEs and move on to further learning or employment.

# Ealing Service for Children with Additional Needs (ESCAN)

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Ealing Service for Children with Additional Needs (ESCAN) is a model of integration which brings together staff from a number of local authority and health services under one roof to provide a one-stop shop for families with special educational needs and disabilities. Families can be referred to ESCAN, who will assess their needs and offer them a package of support.

ESCAN provides families and professionals with a single point of contact for information, referrals, assessments and help for children with special educational needs and disabilities. The service is co-located in Carmelita house, where facilities include treatment rooms and a parent information room with useful printed information and internet access.

The local authority Children with Disabilities service sit within ESCAN. Other services that operate within ESCAN include educational psychology, SENS (specialist teaching for children with sensory impairments), EHC needs assessment, occupational therapy, physiotherapy, speech and language therapy, CAMHS learning disabilities team, community nursing and audiology.

The services within ESCAN deliver an integrated service to families (for example by offering joint home visits). There is also integration at a management level, with shared health and local authority management meetings.

# Early Start

Early Start Ealing is an integrated service for families – pregnant mothers, expectant fathers, parents, babies, and children and young people up to the age of 19, although the focus is mostly under 5s. The service is delivered in three localities across Ealing and works out of five children’s centre hubs. The focus is on prevention, promotion and early intervention. Early Start Ealing integrated teams include: health visitors and assistants; community nursery nurses; community school nursing; family support and family outreach workers; specialist workers, including nurses from the Family Nurse Partnership (who offer support to young mothers having their first baby), speech and language therapists, occupational therapists and social workers. Early Start Ealing teams then work with GPs, midwives, schools, and family support services. There are also Early Start SEND Inclusion workers based within Early Start, who offer targeted or specialist support to families of children with additional needs, including children with social and communication differences. This can be at home, at the child's early years setting or both. There is an integrated outcomes framework for early years that all practitioners work towards.

Practitioners see strong benefits to this model of working. Children’s Centre Managers in particular are said to be very good at integrating services and integration across agencies is strong. One professional said: *“The active integration between [Community Health] and Children's Centres is a core strength, working together and alongside each other for the best outcomes and support for the families pregnancy to 4 years. Professional relationships are strong and Early Start teams in the locality are known to one another and work well together delivering services. Communication is a positive, from the localized context to the strategic context where the partnerships meet regularly ( Virtually) allowing for shared goals and accountabilities to be celebrated and the challenges shared. Shared spaces and places of work are embedded and work seamlessly.”*

# Integrated Youth Service in Ealing

The integrated Youth Service (IYS) in Ealing is for young people aged 10 to 19 (and up to 25 for young people with SEND) which brings together Connexions, universal and targeted Youth Services and the Youth Justice Service. The service is primarily co-located at Westside Youth Centre in Ealing but also works from Perceval House in Ealing. The IYS does deliver services from several youth centres across the borough to make access for young people more immediate and local. The presence in local youth centres also encourages more joined-up working with a variety of voluntary and community groups delivering services and activities for young people in Ealing.

Front line staff and managers working with young people attest to the benefits of being co-located with other similar services. They describe the close working relationships that have built up over time between different teams and the positive impact this can have on the quality and timeliness of support being provided to vulnerable young people. This extends beyond the boundaries of the formally integrated IYS to include other teams working with at-risk adolescents such as the SAFE team, the substance misuse team, the adolescent team in children's social care and Police colleagues all of which are also co-located in Westside. However, staff also acknowledge that there is further to go in supporting and challenging services to work effectively beyond traditional silos.

Looking to the future the IYS is keen to focus on deepening connections between practitioners, particularly with those working in health, housing, the Police and in schools. There is an appetite to review how the borough's youth centres might provide a greater array of services and support, making them more accessible to young people in Ealing, and expanding and strengthening links to grassroots and community organisations in localities.

# Social Prescribing in Ealing

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The social prescribing model helps GPs to connect families to the wider range of services and support available in their local area. They are useful in building bridges between GPs surgeries and other public and voluntary sector organisations that might be able to help families. They ensure families receive a holistic range of support to meet their needs.

Social prescribers work in GP practices, working closely with GPs to provide non-medical support to families to support their physical and mental wellbeing instead of, or alongside, the support a GP might offer.

Social prescribing link workers work with children and families to help them access information and resources to support healthy childhood, this might include services such as housing, welfare, financial advice, education, physical activities, arts and creative activities.

Link workers create a care plan for families, which may include referrals to local services and organisations. Social prescribers also help and coach families to take control of their health and wellbeing and to access the support available to them.

# Social Workers in Schools

Ealing was one of 21 local authorities in England to pilot the Social Workers in Schools programme. This was a nationally funded and evaluated programme, designed to test the impact of placing social workers in schools on the need for children's social care interventions, in particular the rate of 547 enquiries. The pilot ran from 2020 to 2023.

In Ealing, social workers were placed in 8 randomly selected secondary schools, and over the course of the pilot supported around 1,800 pupils in a range of 1 to 1 and group preventative activities. Although the national pilot concluded that the impact on social care outcomes had not been sufficient to warrant continued funding, in Ealing local evaluations demonstrated strong benefits for both young people and professionals. These included:

- Better relationships between schools and children's social care and a destigmatisation of social care;
- Improved communication and interagency working;
- Greater confidence and skills in schools to manage safeguarding concerns;
- More rapid, seamless and timely support to families.

Schools in the pilots reported that the young people who had received support were more engaged in their learning, that their attendance and attitude to lessons had improved, and they had better knowledge and skills to keep themselves safe.

Staff are very positive about the impact of the pilot on bridging the gaps between professionals from different disciplines, sharing and distributing specialist expertise and building the confidence to manage risk safely. There is a strong feeling that the quality of interventions, as a result of a more integrated approach, were higher. Although Ealing doesn't have the funding to maintain the SWIS pilot in the future, there is a commitment to continue to learn from the model and to ensure that schools are assigned a specific link worker from the early intervention service to enable earlier, preventative support.