



Leeds
Safeguarding
Children Board

Right conversations, right people, right time

Early help and our approach to responding to the needs of children and families in Leeds

2014-15

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Introduction

Key to our approach to supporting children and young people in Leeds is a commitment to **early help** through a range of evidence based interventions.

Early help is a collaborative approach not a provision.

All children and young people will receive **Universal Services**, however, some children, either because of their needs or circumstances will require extra support to be healthy and safe and to achieve their potential. In Leeds we have recognised that a timely response is essential for families who need some support and to achieve this we have developed our **early help approach**.

Early help may be needed at any point in a child or young person's life and we seek to offer support quickly to reduce the impact of problems that may have already emerged. Families are best supported by those who already work with them organising additional support with local partners as needed.

For children whose needs and circumstances make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an **Early Help Assessment**, with a Lead Professional to work closely with the child and family to ensure they receive all the support they require. A range of **Targeted Services** are available through clusters to support these interventions.

Specialist Services will be provided where the needs of the child are such that statutory intervention is required to keep them safe or to ensure their continued development. By working together effectively we seek to reduce the number of children and young people requiring statutory interventions and reactive specialist services.

Services for adults play an essential role in our early help approach. Many adults have additional needs e.g. substance use, mental health needs, parental learning disabilities and domestic violence which can impair their parenting capacity. Services which predominantly work with either children and young people or adults need to adopt a **'Think Family'** approach to secure better outcomes for children, young people and families with additional needs, through co-ordinating the support they provide.

Why we are focusing on early help?

1. National Context

Common across recent reviews and policy developments such as Working Together 2013 and the Munro Report is the recognition that effective **early help** for children and families improves outcomes long-term.

2. Challenges in Leeds: The Local Context

Population growth - The population of children and young people in Leeds is growing and changing. The birth rate in Leeds has increased by over a third from a low point of around 7,500 in 2000/01 to over 10,300 in 2011/12. This changing population has implications for demand for services in Leeds, whether that is for school places, early years provision, complex needs services or an increase in the number of vulnerable families requiring support.

Free school meals - The percentage of pupils eligible for free school meals has increased from 19.2% in 2009 to 22.9% in 2013. In Key Stage 1 the percentage eligible for free school meals has increased by 1.8 percentage points between January 2009 and January 2013 and a quarter of Key Stage 1 pupils are now eligible for free school meals.

English as an additional language - The proportion of pupils in Leeds schools that have English as an Additional Language (EAL) has increased in recent years from 12.8% in 2009 to 15.4% in 2013. Levels of EAL are significantly higher in younger age groups, and the expectation is that these higher levels of EAL will feed through to later key stages. The languages which are most commonly identified in pupils with EAL are Urdu, Punjabi, Bengali and Polish.

Lone Parent Households - The 2011 national Census of Population shows that there has been an increase in the proportion of households that are headed by a lone parent, 10.9%, up from 9.8% in 2001. This is just under 25,000 households in 2011, over 3,000 higher than in 2001.

Overcrowding - The percentage of households deemed to be overcrowded has increased from 7.8% in 2001 to 9.1% in 2011.

Child poverty - Current figures show that in Leeds about 23% (30,955) of children under 16 and 22% (35,100) of all children experience child poverty (defined as households earning less than 60% of median income). Five wards have over 40% of children in poverty and five wards have less than 10% of children in poverty.

Impact of Welfare Reform - In Leeds 27,844 children in 14,255 households are affected by reduced council tax support; 1,998 children in 424 families affected by benefits cap; and, 4,200 children in 2,496 families affected by under occupancy.

Early Help - the foundation of our approach

Vulnerable Child is the term used in Leeds for a child or young person who is at risk of experiencing one or more poor outcomes without the provision of additional help or support to the child and / or their family.

Early help is the term used by agencies in Leeds to describe our approach to providing support to potentially vulnerable children, young people and their families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future.

Children and families are **entitled** to early help if and when they need it.

The purpose of **early help** is, through prompt and targeted interventions, to prevent issues and problems becoming acute, chronic and costly to the child, young person, the family and the wider community.

Although research shows that the most impact can be made during a child's **early years**, **early help is not just for very young children** as problems may emerge at any point throughout childhood and adolescence.

Early help may be provided through an increase in the levels of universal services, or services provided or commissioned in clusters; this includes family support provided by schools and third sector services.

We use a range of **conversation opportunities** to identify appropriate support for the child and their family. Anybody working with children, young people and families is responsible for **starting conversations** for children and families. When practitioners are concerned that a child is at risk of, or experiencing significant harm, they must contact the Duty and Advice Team.

Our **early help approach** is underpinned by the principles of Restorative Practice and Early Support. Restorative Practice is a way of behaving which helps to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict. Early Support principles aim to enable disabled children to be supported to lead a normal life.

We will support the development of capacity, resilience and independence of families by building on their strengths and enabling them to identify their own solutions and take responsibility for their future.

Working Together to Safeguard Children Chapter 1:

Early Help

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges at any point in a child's life from the foundation years through to the teenage years
2. Effective early help relies upon local agencies working together to:
 - Identify children and families who would benefit from early help
 - Undertake an assessment of the need for early help; andprovide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities under s10 children Act 2004 have a responsibility to promote inter-agency cooperation to improve the welfare of children

The principles of Early Help

We have identified a set of principles to support our early help approach. These principles should be read alongside the Early Support Principles .

- Never do nothing – at the very least, talk to another practitioner to help find a way forward
- We all work with children and their families so we all need to understand our early help approach and the family's entitlement to an early help assessment and a plan that is regularly reviewed to meet their needs
- When we identify children and families who are risk or experiencing poor outcomes, we act early before the situation or the problem becomes worse
- Families can approach anyone working with them who will respond and begin to assess the need and start conversations with the right people to identify how help should be provided
- Early help needs to be part of the 'day job'
- Practitioners should have **conversations** safely within their agency information sharing protocols that are recorded to ensure that all the agreed detail has been captured, confirmed and shared
- Conversations and assessments should lead to actions being identified to improve outcomes for children and young people which are set out in a plan and responsibilities are clarified
- Conversations should involve shared decision making; outcomes of conversations should be clearly communicated to relevant practitioners to avoid anyone working in isolation
- Plans should identify strengths as well as needs and demonstrate that children, young people and their families have been part of the process
- Plans should be agreed and shared and should be SMART (specific, measureable, agreed, realistic and with timescales)
- Once improvement is made and sustained for an agreed period of time, services will reduce or end their involvement in order to maintain a family's independence
- Someone should act as the lead practitioner. They should lead on making sure the plan works. They should invite others back to review the plan as required
- When early help isn't working, conversations may become challenging. When agreement can't be reached, practitioners should refer to the dispute resolution process to help with this and to gain support for themselves through their own agency



Conversations:

Leeds recognises that continual assessment supported by **conversations** is the best way of identifying and responding to the needs of children and young people. A check list approach is mechanistic and identifies weaknesses. It doesn't take into consideration the complexity of individual situations and can overlook strengths.

When a child's needs cannot be met by Universal Services alone quality conversations strengthen and improve **decision making** and **joint working** to provide the right help at the right time for families.

This is better than the use of predetermined thresholds to define service responses as:

- Thresholds cannot take account of the complexities of individual children's lives
- They give a false sense of certainty based on limited rule based assessments
- They are based on unrealistic models of decision-making
- They can produce incentives to pass on responsibility by 'gaming' the system, raising or lowering thresholds or tailoring referrals.

We use the term **conversation opportunities** to describe the phone calls and meetings that take place between those working across Universal, Targeted and Specialist Services. These take place when it is felt that the child's needs are not being met and something else is needed to improve outcomes for the child.

In order to ensure that children and young people are receiving the right service at the right time conversations need to be **constructive**. They must go beyond a discussion about concerns, to form part of a meaningful assessment and where appropriate, a plan to support the child, young person and their family. Conversations continue in order to inform the on-going planning and reviewing.

The advantages of this approach are:

- Founded on collaboration and conversation
- Promotes shared responsibility and flexibility
- Recognises complexity of unique needs of each individual child and family
- Reduces bias of individual professional and agency decisions through debate

Sometimes conversations can be challenging, and practitioners (and families) may not always agree. In such instances practitioners should seek support from their line manager or agency safeguarding lead and implement the concerns resolution procedures.

All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice.

When a child's needs change and they move between different support services conversations must also take place to ensure this happens in a planned and safe way.

How we respond to the needs of Children and Families

It is everybody's responsibility to assess those children and young people they come into contact with, and where a need is identified to respond early by holding conversations within and between

- Universal
- Targeted and
- Specialist Services

to identify how those needs are met collectively.

As children's needs are met and concerns are reduced, we continue these conversations in order to provide appropriate support for the child and their family until that support is no longer required.

Working Together to Safeguard Children (2013) government guidance states:

'If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional.'

If you are concerned that this is the case for any child you are working with, you **MUST** call the Duty and Advice Team

tel: 0113 3760336 (out of hours 0113 2409536)



Always consider the need for consent

Early Help Assessments

An **Early Help Assessment** can be an assessment that is currently used by a single agency. The Early Help Assessment should be a tool in its own right and not simply a referral mechanism. However the same information can support a contact to social work services in relation to a child in need or child in need of protection.

We have agreed a change in language from the **Common Assessment Framework (CAF)** to **Early Help Assessment** as an umbrella term to describe activity that is undertaken to provide support to families as early as possible. This includes early provision of the right support at points of transition between services.

An Early Intervention (early help) module has been developed within Frameworki, the Children's Services electronic case management system. Access to the module is being rolled out throughout 2014 to key practitioners supported by the Integrated Processes Team and Targeted Services Leaders.

Open and active existing CAF cases will continue to be registered and recorded in exactly the same way until they can transfer, seamlessly, to the new system, ready for practitioners to pick up once they have the required access.

The benefits of this new module and associated practice include:

- Reduction of worker time as relevant information is 'pulled' from Early Help assessment to Child and Family Assessment (the social work assessment) when required and vice versa
- Integrated case management
- Increased intelligence on all service requests and responses for any agency in Leeds

	Examples of Services provided	Conversation Opportunities	Who will help me start the conversation?
Universal Services	<ul style="list-style-type: none"> • Midwifery • GP • Health Visiting • School Nursing • Schools (primary, secondary and higher education) • Early Years provision • Youth Services • Children's Centres • Careers Advice 	<ul style="list-style-type: none"> • Line manager • Own agency practitioners • Own agency Safeguarding Lead • Other universal agencies 	<p><u>Family Information Service</u></p> <p>Freephone: 0800 7310640</p> <p>Will be able to advise you of how to contact professionals within Universal Services</p>
Cluster Based Targeted Services	<ul style="list-style-type: none"> • Family Intervention and Support Services • Attendance Advisors • Targeted Mental Health Services • Youth Offending Service • Speech and Language • Area Inclusion Partnerships • Behaviour Support • Short Breaks and activities for children and young people with disabilities. 	<p>Would include those above and:</p> <ul style="list-style-type: none"> • Cluster Managers • Targeted Service Leaders • Cluster based groups • Integrated Processes Officers • Scope 	<p>Integrated Processes Team Tel: 0113 2476830</p> <p>Will advise you of who to contact in clusters and Targeted Services</p>
Specialist Services	<ul style="list-style-type: none"> • Children's Social Work Service (Child in Need, Child Protection and Looked after Children and Care Leavers) • Specialist Health Services including Continuing Care and Child & Adolescent Mental Health Service Tier 3 and 4 • Complex Needs Service. • Multi-Systemic Therapy Service 	<p>Would include those above and:</p> <ul style="list-style-type: none"> • Duty and Advice Team • Multi-agency practitioner meetings (e.g. Core Group meetings) • Allocated Social Worker • Specialist health workers • Complex Needs Service 	<p>Duty and Advice Team Tel: 0113 3760336 (out of hours 0113 2409536)</p> <p>Will discuss your concerns and advise the most appropriate course of action. This may include accepting a referral, signposting to specialist services or recommending an Early Help Assessment and support to be met in clusters</p>

Always consider the need for consent

Services in Leeds

In a city the size of Leeds, it would be unmanageable to run all of our services on a city-wide basis. We have responded to this challenge by organising our services across twenty-five local clusters.

Cluster working arrangements are designed to ensure that families are offered the right intervention at the right time. When help is provided as early as possible in the life of a problem, it can prevent issues escalating which may result in poor outcomes for the family.

Clusters bring together managers from a range of universal, targeted and specialist children's services in each local area, including schools, children's centres, police, social work, the Third Sector, elected members and some relevant services for adults, such as housing. The configuration will vary in each cluster, depending on the services available and the needs of families in the local area. Advice on clusters in Leeds can be provided by the Integrated Processes Team tel: 0113 2476830.

Universal services

Most children's needs are met by their family or Universal Services that is those services that are available to everyone. These are provided as of right to all children including those whose needs are also met within targeted and / or specialist and statutory services.

Best Start

Leeds has made a strategic commitment to focus on the earliest period in a child's life. Building on the successful integration of health visiting and Childrens Centre Services which form the Early Start cluster based teams, the Best Start programme aims to achieve the best start for every child from conception to age 2 in Leeds.

Cluster Based Targeted Services

For those children and families who face more challenges and may have multiple needs, Targeted Services provide additional capacity and expertise to work with these families to address their needs.

Targeted Services Leaders (TSL) have been appointed in each of the 25 clusters to promote and monitor effective integrated working. The mechanisms which are currently used to ensure families receive the right service at the right time include; **Top 100 methodology** and **Guidance and Support** meetings. In this way targeted and specialist services are prioritised to families in greatest need, at the earliest possible stage of intervention, with consent from family members.

Targeted support will usually involve someone acting as a lead practitioner for the child to ensure they receive all the support they need.

Families First

The Families First programme is the local implementation of the national 'Troubled Families' initiative intended to 'turn around' the lives of vulnerable families in the UK. This programme aims to co-ordinate services around the family, supporting families to address their needs, build on their strengths and develop self-reliance and resilience.

Specialist Services

When a child's needs cannot be met in Universal or Cluster Based Targeted Services, practitioners can make a request directly to a more specialist service. This will include when a child is in need of help and where it is believed that a child is suffering or likely to suffer significant harm.

Front Door – Duty and Advice

Duty and Advice is a multi-agency team of qualified professionals (including social workers, Police Officers and Health professionals) who have the training and experience to discuss with other practitioners concerns they may have about a child to identify the best way to meet the child's needs. The work of the Duty and Advice team is based on quality **conversations**.

Sometimes described as the '**Front Door**', the team act as a first point of contact for practitioners who are concerned about a child or young person or feel that their needs are not being met. Through a quality conversation, the Duty and Advice team will decide to either:

- Provide information to support the practitioner to manage the issue
- Signpost to a particular service
- Request that the Integrated Processes Team respond to provide access to support from Targeted or Universal Services
- Create a referral for social work assessment

When any practitioner is concerned that a **child is at risk of significant harm**, they **must** contact Duty and Advice team who will discuss the situation and decide whether a child protection referral should be taken.

When specialist services are not needed

We identify through quality conversations at the front door if specialist services are appropriate. When it is identified that they are not needed, the conversations continue to identify the best response for the child or young person at the right time by the right people.

One example of this is where a child referred to duty and advice **does not require a social work intervention but there are additional needs**, the Targeted Services Leader will identify a potential lead practitioner to coordinate a cluster based response.

Where a child's needs have been addressed through a specialist service and it is felt that this is no longer required to meet the child's needs, the conversations continue to identify the best response for the child or young person.

Concerns Resolution Process

When having conversations (and working) with practitioners from other agencies there will at times be differences of opinion.

Disagreements can be a sign of developing thinking, and the value of exchanging ideas from different perspectives should not be under-estimated. However, disagreements may disadvantage the child or family involved if they are not resolved constructively and in a timely manner.

When such disagreements occur practitioners should refer to and follow the dispute resolution process, ensuring that quality conversations with line managers are key to supporting the process.

Glossary

Best Start: Our approach to ensuring the best start for children to enjoy the best health and be ready to learn. In Leeds, this approach is being developed by Public Health.

Children's Social Work Service: Leeds City Council's children's social work service for children in need of help and protection and children and young people who are looked after or care leavers.

Clusters: In Leeds, we have organised our services across twenty-five local clusters. Initially organised around universal services such as schools and children's centres, these have developed in recent years to incorporate the range of services available to families in each local area. Cluster working arrangements are designed to ensure that families are offered the right service at the right time, as early as possible in the life of a problem, to prevent problems getting worse which may result in poor outcomes for the family.

Conversation opportunities: The phone calls and meetings that take place between those working across Universal, Targeted and Specialist Services. These take place when it is felt that the child's needs are not being met and something else is needed to improve outcomes for the child

Duty and Advice Team: Sometimes described as the "Front Door", this is a team of qualified social workers who have the training and experience to discuss with other practitioners concerns they may have about a child to identify the best way to meet the child's needs. Also, where a practitioner is concerned that a child is at risk of significant harm, they can recommend that a child protection referral should be taken.

Early help: Our approach to responding to the needs of children and families in Leeds early in the life of the problem.

Early Help Assessment: An Early Help Assessment is used to support the identification of needs for a child, young person and their family. It can be an assessment that is currently used by a single agency. The Early Help Assessment should be a tool in its own right and not simply a referral mechanism. However the same information can support a contact to social work services in relation to a child in need or child in need of protection

Early Start: Early Start is an integrated family based offer for children 0-5 year old, supporting all children and their families to have the best possible start in life. Early start is a combination of children's centres and health visiting staff working together in fully integrated teams, which are based in each cluster of the city.

Early Support: National programme for parents and carers of disabled children from birth to adulthood. Includes coordination of support for health, education and social care.

Family Information Service: An information service for parents and carers of children and young people aged 0-19 (or up to 25 for families with disabled children). They provide information on a wide range of family services including childcare, family support and activities.

Front Door: see Duty and Advice Team above.

Integrated Processes Team: The Integrated Processes Team provide practical and administrative support, training, advice and guidance to practitioners from across Children and Adult services in undertaking early help activity. The service also provides a point of contact for key information relating to families and ensures practitioners working with the same family are put in contact with one another.

Specialist: When a child's needs cannot be met in Universal or Targeted Services, practitioners can make a request directly to Specialist Services. This includes when a child is in need of help and where it is believed that a child is suffering or likely to suffer significant harm and also where a specialist health service is needed.

Targeted: For those children and families who face more challenges and may have multiple needs, Targeted Services provide additional capacity and expertise to work alongside universal services with these families to address their needs.

Universal: Those services that are available to everyone.

A full glossary can be found on the LSCB Website