



Buckinghamshire Early Help Strategy

Version Control			
Version number	Date	Author	Comments and nature of update
V1.0	September 2014	Joy Shakespeare and Collette McCarthy	Original document
V2.0 DRAFT	September 2015	Julie Tisbury	Updated to reflect developments in Early Help services
V2.1	October 2015	Julie Tisbury	Version for publication
V2.2	November 2015	Matilda Moss	Information relating to level 3 updated to reflect threshold for CIN.

Buckinghamshire Early Help Strategy

Contents	Page No.
1. Aim of the strategy	3
2. Why Early Help is necessary	3
3. Governance and Roles and Responsibilities	4
4. Thresholds; levels of need	6
5. Early Help approach by level of need	8
6. Cultural change and workforce development	13
7. Information sharing	14
8. Evidencing Impact of Early Help Strategy	14
Appendix 1: Early Help Case Studies	15

1. Aim of the strategy:

This strategy sets out a multi-agency partnership approach to coordinating Early Help for children and families. The aim is to engender a commitment to Early Help, embedding an understanding of thresholds and appropriate levels of action across agencies, to work together to ensure that children and families receive the support they need at the right time.

2. Why Early Help is Necessary:

National Context

The rationale for Early Help is well documented in reports commissioned by the government and forms an essential element of the Working Together 2015 document¹:

The Graham Allen report (2011):

'The bleak truth is that decades of expensive late intervention have failed. Major social problems have got worse not better; despite heroic frontline efforts tackling the symptoms, their causes often remain unaddressed' (Allen 2011).

Munro Report (2011):

'Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so coordinating their work is important to reduce inefficiencies and omissions' (Munro 2011).

Working Together to Safeguard Children (2015) defines early help as:

'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. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care. 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 and*
- *Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the*

¹ Working together to Safeguard Children (March 2015): A guide to inter-agency working to safeguard and promote the welfare of children. This guidance covers: the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

outcomes for the child. Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children' (Working Together 2015).

There are financial as well as ethical reasons for Early Help, as later interventions are less likely to be successful and there are increased costs to society such as family breakdown, domestic abuse, substance misuse, truancy, poor achievement at school, youth offending and a cycle that is repeated across generations. Early Help is essential to turning the curve towards improvement across a range of outcomes and moving resource to where the biggest impacts can be made.

Buckinghamshire Definition of Early Help:

The definition agreed by the Buckinghamshire Safeguarding Children Board (BSCB) in March 2014, describes Early Help as:

Delivered at levels 1 - 3 of the 4 level model (Thresholds document), when agencies come together to coordinate support using common tools and processes. This support is offered to families who without early intervention might find that their needs then escalate, necessitating higher levels of involvement, including statutory intervention.

Early Help includes the way services work together to support families ensuring that needs are quickly identified at an earlier stage and the appropriate provision is made in order to deliver better outcomes. Our approach to Early Help in Buckinghamshire is family centred, consent-based and focused on working collaboratively with families to build their resilience. A critical ingredient to successful working is the need for families to make a commitment to change.

3. Governance and Roles and Responsibilities:

Local Safeguarding Children's Boards are multi-agency partnerships which are responsible for coordinating local arrangements for safeguarding and promoting the welfare of children and ensuring that these arrangements are effective. The Buckinghamshire Safeguarding Children's Board has a role in monitoring the effectiveness of Early Help across agencies; to facilitate this, an Early Help Sub Group was set up. Early Help is included as one of the key 5 priorities in the 2015-17 BSCB Improvement and Development Plan.

The overarching outcome for this priority is: Partners are fully engaged in the delivery of the Early Help Strategy so that children and their families have timely access to appropriate early help and support.

3 key strands of work emerging from this priority are:

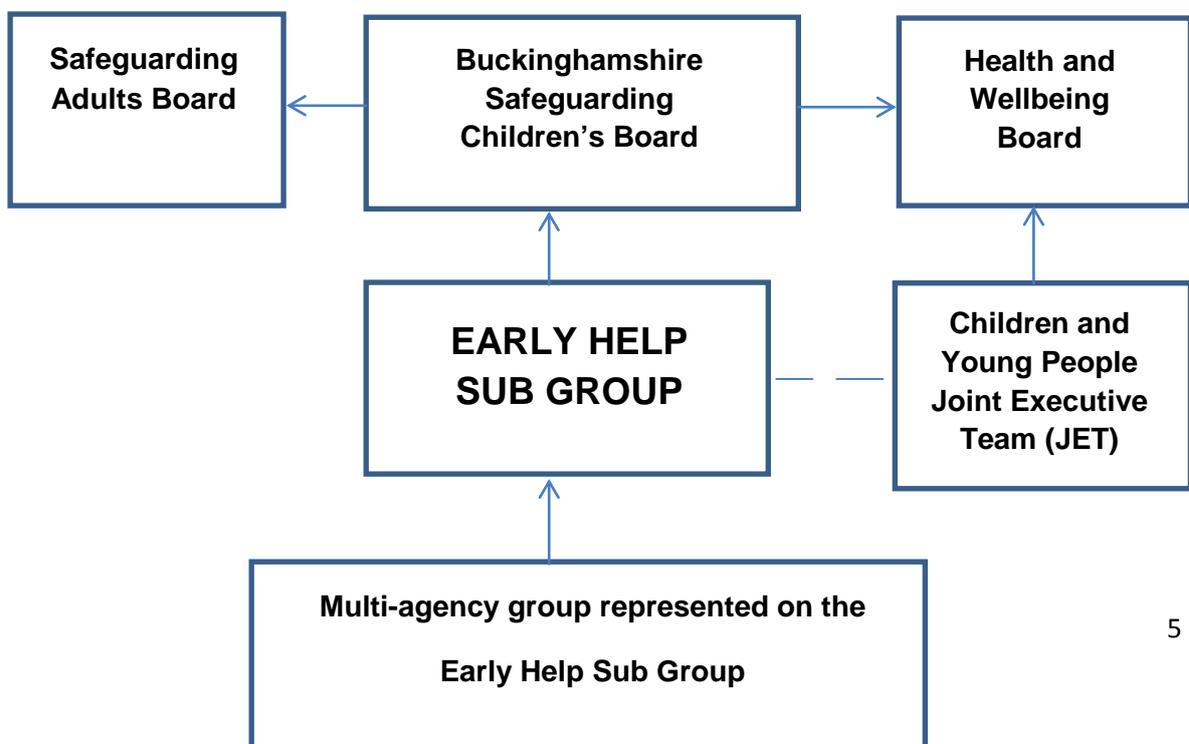
- There is an up-to-date multi-agency Early Help Strategy for Buckinghamshire which is understood and implemented across partners.
- BSCB partners are able to evidence the impact of the Early Help Strategy on outcomes for children, including the most vulnerable.
- The multi-agency thresholds document is understood and implemented fully by all partners.

All multi-agency partners therefore have a responsibility to:

- Embed the thresholds document within their organisational processes
- Engender cultural change within the workforce, embedding the principles of Early Help into training and working with the agreed Early Help approach, as set out in the Early Help Strategy below.
- Ensure appropriate and timely information sharing takes place.
- Provide evidence of their contribution to the impact of the Early Help Strategy.

In order to monitor the performance and progress of the Early Help Strategy, a governance framework has been established, the following Boards will receive regular/annual reports:

- **Buckinghamshire Safeguarding Children’s Board** (including safeguarding sub-groups, consisted of multi-agencies)
- **Health and Well- Being Board**
- **Buckinghamshire Safeguarding Adults Board:** a key aim is to strengthen the link between Adults and Children’s Services and ensure regular reporting and joint working. It is clear that a high or very high proportion of families referred for Early Help show characteristics in the adults which are impacting negatively on the children (e.g. mental health, disability, substance misuse, domestic violence, work related benefits/housing issues). Co-ordinated Early Help provision impacts positively on the family as a whole, where presenting problems for the adults are reduced significantly, the overall life chances for the children are improved.
- **Children and Young People Joint Executive Team**



4. Thresholds; levels of need

The thresholds document is published by the BSCB with the aim that it is a **key reference document** for all agencies working with children and families. It clearly details the circumstances and key features of each of the four levels of need and identifies the appropriate level of action, level of assessment and example services. It is a requirement of the strategy that multi-agencies embed the threshold document within their working practices.

Practitioners should always use their professional judgement, in conjunction with using the thresholds document for guidance on the different levels on need:

The Thresholds document can be found at the link below:

<http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

The four levels of need are:

- **Universal services** (level 1)
 - Has needs met within universal provision (e.g. schools, GPs). May need limited intervention to avoid needs arising.
- **Additional support** (level 2)
 - Has additional needs identified that can be met through a single agency response and partnership working.
- **Complex needs / specialist / threshold for child in need** (level 3)
 - Has multiple needs requiring a multi-agency coordinated response with a lead professional.
- **Acute/child protection** (level 4)
 - Has a high level of unmet and complex needs or is a child in need of protection.

Further Guidance on the Thresholds document can be found at the link below:

<http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

Approach by Level of Need: See Threshold Document <http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

Level 1 & 2

Level 3 & 4: Children's Single Front Door

Universal and Additional

All agencies to consult threshold document and determine whether they can provide support to the child and their family.

Where they cannot provide all necessary support, they should signpost or refer to the correct service.

BFIS can provide information/support on available services.

All agencies to consult threshold document and check criteria for levels 3 & 4, alongside professional judgement.

If meeting level 3 or 4; referral made using MARF / or call First Response (followed by MARF)

Decision made by First Response on level of need, based on thresholds document (within 24 hrs)

Meets threshold for statutory intervention

Further information is required

Complex early help (level 3)

Meets criteria for Early Help (level 1&2)

MASH: information gathered from partner agencies; decision level based on threshold document

Progressed to Children's Social Care Assessment Team for an assessment

Progressed to Early Help Panel for consideration of a coordinated multi-agency approach for support – see *Early Help flowchart for early help process*

Provide information/ advice and signpost to other services through BFIS or refer back to referrer

Note: dotted arrow lines denotes that some cases at Level 3&4 may go through to MASH

BFIS (Buckinghamshire Family Information Service) <http://www.bucksfamilyinfo.org> (Early Help tab), or call 01296 383293

MARF (Multi-Agency Referral Form) <http://www.bucks-lscb.org.uk/concerned-about-child/>

First Response **0845 4600 001** (out of hours Emergency Duty Team 0800 999 7677)

Referrers will be advised in writing of the outcome of referral within 72 hours of referral being received

5. Early Help Approach by Level of Need:

Early Help (Level 1): Universal Services

Early Help (Level 2): Additional Support

Early Help is everyone's responsibility and providing help to children and families at the right time requires practitioners to identify and act on concerns as soon as they arise. Therefore at levels 1 & 2, it is expected that all agencies will identify what they can do first to support the family through their own service.

Where agencies cannot support the family through their own service, at this universal and additional support level, agencies are expected to signpost to a relevant agency. Therefore, it is fundamental to the delivery of Early Help that practitioners know what services are available, in order to support families to access services appropriate to their needs. Buckinghamshire Family Information Service (BFIS) is a **key directory** and information tool for partners, supporting them to find out about the range of Early Help services available at this level.

Details on BFIS are available at the link below, click on the Early Help tab:

<http://www.bucksfamilyinfo.org>

BFIS can also provide guidance to agencies on how to use the website, call **01296 383293** for support.

This strategy requires all agencies to register with Buckinghamshire Family Information Service (BFIS), to publish and keep up to date their service information on what they can offer to support families at these levels. This forms part of a partnership agreement and agencies commitment to Early Help.

Early Help to targeted services (Level 3): Complex needs / specialist / threshold for child in need

These services sit below statutory intervention and operate at the upper end of early help.

Multi-Agency Referral Form (MARF) / First Response: When an agency/partner has concerns over a child, they need to use their professional judgement alongside reference to the Thresholds document, to determine whether a child has met level 3. If level 3 is determined, they need to contact the First Response team, via completion of a Multi-Agency Referral Form (MARF).

Multi-Agency Referral Form can be found at:

<http://www.bucks-lscb.org.uk/concerned-about-child/>

Or by calling the First Response number on **0845 4600 001** (0800 999 7677 out of hours Emergency Duty Team), followed up by completion of a MARF (see guide below)

When completing a MARF, referrers should state clearly the level of need the child is at (through consulting with the threshold document) and the expected outcome for the family; this will help progress the MARF quickly.

Guide to Making a Referral via a MARF / First Response:

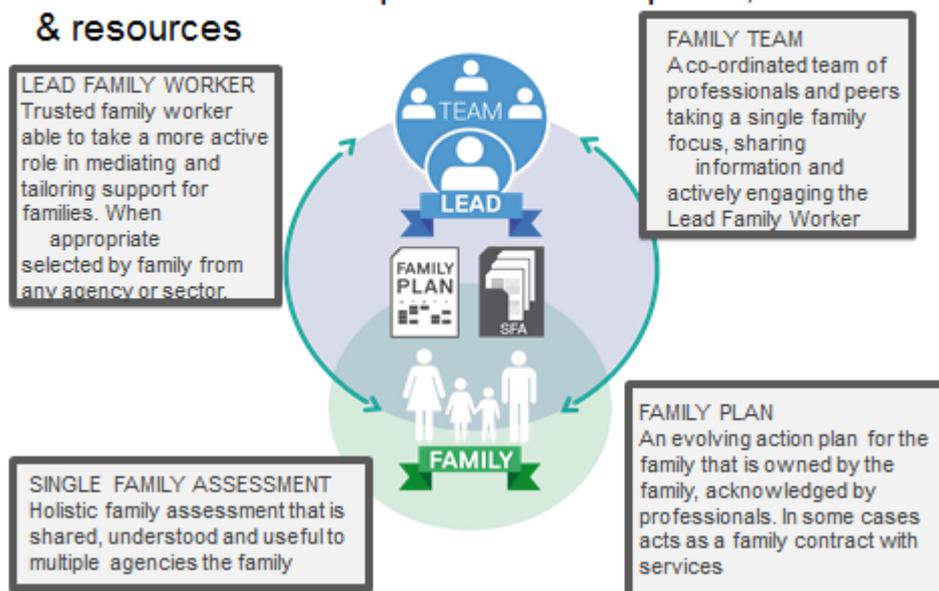
- Referrals can be made by any professional, family member or member of the public.
- Referrals should be made with **consent** of person(s) holding parental responsibility for the referred child/ren, unless to do so would compromise the safeguarding of the child/ren.
- Where possible referrals should be made using the **Multi Agency Referral Form (MARF)** (see link above); send to the email address which can be found on the MARF. Any referrals taken by telephone should, where possible, be confirmed in writing using the MARF.
- If unsure if you need to make a referral or for more information and advice please contact First Response on **0845 4600 001**.
- All calls will be taken and recorded by a Contact and Referral Officer and if you wish to speak to a qualified Social Worker to discuss your concerns you will be put through at your request.
- Referrals will be processed only when meeting the criteria for levels 3 & 4 against the criteria on the thresholds document (see link above).
- All referrals received by First Response will be reviewed by a Team Manager who will decide if a referral needs to be:
 - progressed to a Children's Social Care Assessment Team for an assessment
 - progressed to an Early Help Panel for consideration of a coordinated Multi Agency approach for support.
- Decisions on referrals will be made within **24 hours**. More complex cases (or where more information is required) will be considered by Bucks Multi Agency Safeguarding Hub (MASH) where at the beginning of the referral, partner agencies will share information on the referred family to help decide which service is appropriate for the family.
- Referrers will be advised in writing of the outcome of the referral within **72 hours** of the referral being received.
- Where referrals are progressed to an EH Panel, referrers need to continue to support the family until the panel outcome is known.

Level 3 criteria will be transferred from First Response to the Early Help Panel Coordinators at the relevant geographically based EH panel. The panels meet every two weeks and confirm the case meets level 3 and identify the most appropriate lead agency to support the family's needs. *Where referrals are progressed to an EH Panel, the referrer will need to continue to support the family until the outcome of the Early Help Panel is known.*

Project based interventions will be developed to support the prominent issues; these will be identified from themes emerging from the Early Help panels.

Lead agency and lead family worker: A lead family worker (LFW) will be identified by the lead agency to deliver and coordinate work across agencies with the family to support their needs. The LFW should be assigned within one week of referral to the lead agency. LFW's provide a central point of contact for the family and other practitioners, coordination of the plan of support and monitoring progress towards outcomes. This strategy commits partners to embed this approach, making this explicit in job descriptions where necessary.

At the heart of the model is the family and a coordinated team of professionals & peers, tools & resources



Team around the family meeting (TAF): TAF meetings draw together Early Help practitioners to coordinate support for the family, implement the plan and monitor progress. The lead family worker is central to this. TAF's can take place at **level 3** or at **level 2** where appropriate, if there is a requirement to draw in agencies to support the family.

Graded care profile: The Graded Care Profile is designed to be used with families where someone is concerned about the care of a child. It provides clear evidence based on Maslow's hierarchy of needs, grading them on 4 areas of family life: physical; safety; love; esteem. It is completed on a voluntary basis with the family,

results are then collated and discussed with the family. In Buckinghamshire it is an agreed initial screening tool for neglect, across all the four levels of need. The family may then move onto involvement with an outcomes star where the family require support. After completing an Outcomes Star if the worker is concerned about possible neglect, the Graded Care Profile can be used as a more in-depth assessment. This is an open and transparent way of discussing concerns with a family in a non-judgemental way.

Outcomes Star: the Outcomes Star has been agreed as Buckinghamshire's engagement, assessment, planning and distance travelled measurement tool. There are over twenty versions of the Outcomes Star that are appropriate for specialist areas of work e.g. family star, work star, youth star, drug and alcohol star, mental health star etc. It is a tool for practitioners and families to work together to understand needs and identify services required to meet those needs. Many services are already using the Outcomes Star and it is a requirement in the specification for commissioned services. An Outcomes Star is used at **levels 3** of the thresholds document but where appropriate can be used at **level 2**. It is recommended through training that assessments should be completed within one month.

A single licence will ensure coordination of this tool across partners and will provide a consistent monitoring and reporting mechanism of Outcome Stars, at an operational and strategic level.

Review of family plans: reviews of plans should take place regularly; timescales for reviews of plans will differ according to the lead agency timescales. It is recommended through training that reviews take place at **one month, three months** and **6 months** or closure. Agencies should contact the EH panel if: if the case is 'stuck'; or if there is lack of engagement or disengagement by the family. If the case is closed, the lead agency should notify the EH Panel Coordinator of the outcome.

***See below for flowchart on Early Help process**

** Case studies of agencies using the Early Help approach are at Appendix 1. These show examples of different agencies working to support families and address areas of concern, in order to improve the family's situation and prevent the problems from escalating.*

Early Help Process Flowchart

Where referrals are progressed to an EH Panel, referrers need to continue to support the family until the Early Help panel outcome is known.

EH Panel Coordinator receives MARF from First Response and gathers/co-ordinates multi-agency information for EH panel for level 3 cases

EH Panel meets every two weeks; checks the case meets level 3 threshold and agrees the lead agency, if agreed appropriate for Early Help intervention

Lead agency assign lead family worker *within 1 week of referral* to lead agency; lead agency to highlight lead family worker to EH panel.

Lead family worker gains written consent from the family; working with the family to complete a Family Outcomes Star to develop a family plan. *Recommended assessment is completed within 1 month.* Lead family worker supports family, coordinating and delivering services; a TAF may take place where appropriate.

Review plan; timescales for review will differ according to lead agency timescales. *Recommended to take place at 1, 3, 6 months.*

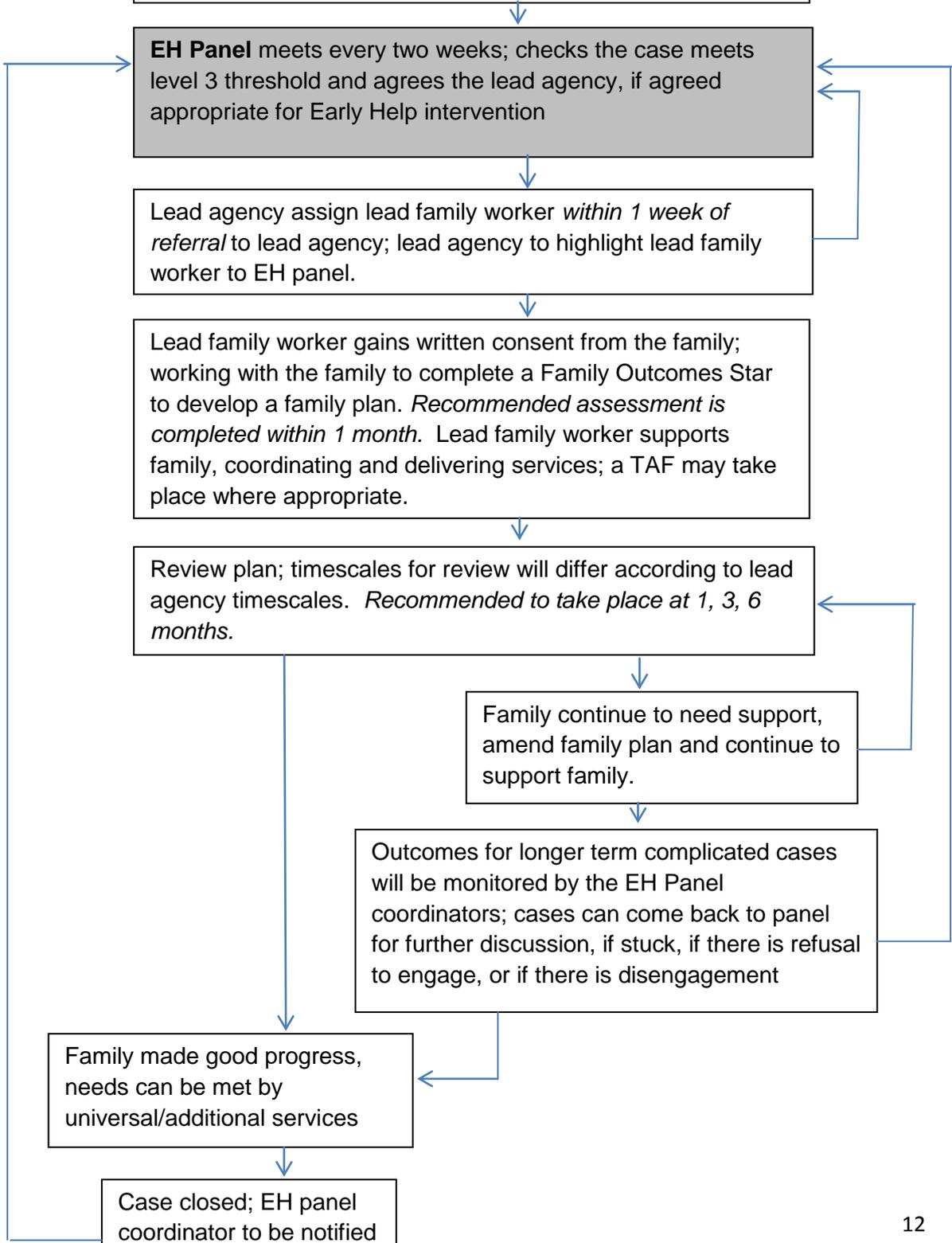
Family continue to need support, amend family plan and continue to support family.

Outcomes for longer term complicated cases will be monitored by the EH Panel coordinators; cases can come back to panel for further discussion, if stuck, if there is refusal to engage, or if there is disengagement

Family made good progress, needs can be met by universal/additional services

Case closed; EH panel coordinator to be notified of outcome

If at any point in the process, the agency lead worker is concerned that the child is suffering further harm or requires services at Level 4, consult with Children's Social Care immediately, by calling First Response on 0845 4600 001 (out of hours Emergency Duty Team 0800 999 7677).



Statutory Intervention (level 4): Acute / Child Protection

Children and young people who are in need of protection and require assessment and intensive support. These are services which support families in crisis or at very high levels of need.

Multi-Agency Referral Form (MARF) / First Response: When an agency/partner has concerns over a child, they need to use their professional judgement alongside reference to the Thresholds document, to determine whether a child has met level 4. If level 4 is determined, they need to contact the First Response team, either via completion of a Multi-Agency Referral Form (MARF) or by calling the First Response number followed up by completion of a MARF (see 'Guide to making a referral via MARF/First Response Contact and MASH' above).

Multi-Agency Referral Form:

<http://www.bucks-lscb.org.uk/concerned-about-child/>

Or by calling the First Response number on **0845 4600 001 (0800 999 7677 out of hours Emergency Duty Team)**, followed up by completion of a MARF.

When completing a MARF, referrers should state clearly the level of need the child is at (through consulting with the threshold document) and the expected outcome for the family; this will help progress the MARF quickly.

6. Cultural Change and Workforce Development

It is important that practitioners understand and have the confidence in using the agreed threshold document and Early Help approach. A commitment to and mainstreaming of Early Help is needed from the very top of organisations through to the front line. A culture of ownership of the problem and of the solutions, and of working in partnership together is required. This will include learning to manage change and challenge. In order to do this effectively, practitioners need to feel that they have been given permission to work in this way from their managers, and be confident about managing risk. Monitoring of the mainstreaming and commitment to Early Help forms part of the Early Help Sub Group responsibilities.

BSCB is responsible for the delivery of Early Help training, this includes: Early Help and Outcomes Star Awareness Training, Family Outcomes Star training / refresher training, Graded Care Profile training, Lead Family Worker training. This is to ensure that the thresholds awareness and EH approach / tools are rolled out across partners and internally. The BSCB has responsibility for monitoring the effectiveness of the training.

The BSCB provides multi-agency training to support the Early Help Strategy. Individual agencies, however, also have a responsibility to ensure the principles of Early Help are embedded into relevant training for staff and therefore into working practices.

7. Information sharing

Appropriate and timely sharing of information is critical to ensuring that families receive the right help at the right time and to reducing risk and preventing issues from escalating. Sharing information for the purposes of Early Help is based on discussion with all members of the family and the consent of those who are adults.

Serious Case Reviews have highlighted that a failure to share information was a contributory factor to the children not being protected. All agencies have a responsibility to adhere to the **Children, Young People and Families Information Sharing Code of Practice** and to ensure their staff are appropriately trained and supported.

The Children, Young People and Families Information Sharing Code of Practice can be found at:

http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Revised_Information_Sharing_Code_of_Practice_2013-16.pdf

8. Evidencing impact of the Early Help Strategy

In order to demonstrate the impact of Early Help a framework is being developed. The framework aims to set out the ways in which the Early Help Strategy will be monitored and evaluated to critically assess the performance and its role in achieving improved outcomes for the children and families of Buckinghamshire.

Appendix 1: Early Help Case Studies

Case 1

A Children's Centre identified a single mother with two children aged under five, both with behavioural difficulties and developmental delay which mother was unable or unwilling to address. The mother had had four previous children removed by social care for neglect and this had led to her refusing to engage with many professionals or being very aggressive. There were also serious debt issues.

The worker engaged the mother through the Family Star and was able to show her through the Star how all of her problems were related, and were impacting on her children. The worker booked the mother onto an evidence based parenting programme and provided child care for the sessions. The mother was supported by the worker to put behaviour strategies in place and also to modify her own responses to the extent that she started to take her children to health appointments and follow advice given. Speech and Language therapists have reported that the children are now responding well and making progress.

The worker also arranged for debt counselling to reduce the reliance on short term loans as well as advice on benefits and career guidance. This has led to a longer term plan to help the mother to go back into education to gain basic skills to improve the family's life chances. Finally, very practical support was provided to clean up the home. Overall this has meant that the two children are remaining with their mother and are not coming into the local authority's care.

Initial Family Star score average was 3.2. Final Family Star score average 6.8.

Case 2

A family with four children was identified by a primary school as one child had attendance below 10% and previous prosecutions had had no impact. The family liaison worker employed in the school carried out a Family Star assessment which revealed that the father had serious mental health problems and was also violent in the home, although this had never been reported to police. As a result, the eldest child did not want to go to school in order that he could stay at home and protect the mother and younger sibling.

The school family liaison worker engaged with both parents and with adult mental health services to ensure that all possible support for them was in place. The mother was referred to a domestic abuse specialist who worked with her on strategies, once it was agreed that the family wanted to stay together. The worker also ensured that Young Carers were brought in to support the children. At the end of the intervention, school attendance for the child concerned had increased to 97% and this improvement has been maintained.

Initial Family Star score average was 4.3. Final Family Star score average 7.1

Case 3

A single parent with a teenage son was referred to a voluntary sector organisation as a step down from social care. The son had been violent towards the mother causing injury and was also engaged in substance misuse to the extent that he was no longer attending school. No prosecution was expected. Initially, the family refused to engage with the service and it took considerable persistence to persuade them to work towards improving their relationship.

The worker used the Family and Teen Stars (the Teen Star is specifically designed to look at issues facing teenagers) to identify the issues. She also used specialist tools to work with the family to get a full picture of their history and family story which uncovered patterns of abuse going back three generations in the family. Counselling was provided to the mother to address her own history of abuse and her son engaged very well with specialist youth counselling services and substance misuse interventions. The worker advocated on behalf of the child with the school and alternative provision is now in place, which is working well.

Both mother and son have continued to progress and have provided independent feedback that their relationship is hugely improved and that this has had a very positive impact on their lives.

Initial Family Star score average was 3.8. Final Family Star score average 6.1

Case 4

The family was referred to the Family Resilience Service by its GP who had concerns that the breakdown of the parents' relationship was having negative effects on the children. The adolescent girl was also receiving treatment for an eating disorder. The worker noted that the house was extremely chaotic and that there were no routines in place, with the older children exhibiting very challenging behaviour.

The couple was encouraged to seek support from Relate and, once engaged, made progress to the extent that their relationship ended in a constructive way. The worker continued to work with the mother to develop routines and, as a result, behaviour improved for the older children who also contributed to cleaning up the house and maintaining it in a good state.

The GP reported that she no longer felt so concerned about the health and wellbeing of the children and that the mother was now more supportive to the treatment her daughter still receives.

Initial Family Star score average was 2.8. Final Family Star score average 7.3.