



Doncaster

Multi-Agency Early Help Strategy for Children, Young People and their Families

2015 - 2018

'To improve outcomes and life chances by supporting families and safeguarding children'



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Foreword

Providing early support to children, young people and their parents & carers is a key part of achieving our aim to make sure all our children have safe and fulfilling childhoods and grow up to be healthy and resilient adults. We want them to achieve their potential and contribute to making our communities positive and dynamic places to live and work.

This strategy is the basis for the Team Doncaster commitment to making sure that opportunities to provide early help for children and their families are prioritised and resourced by all partner organisations. We want to evaluate the difference our early help services are making, particularly for vulnerable children and young people.

Our strategy aims to ensure that our assessments identify or meet the individual needs of children within their family or community, by analysing and focusing on need and by planning and reviewing, through clear objectives, what needs to change for children.

Your commitment to and use of this strategy is critically important, both in making sure you are clear about and are able to prioritise your role and responsibilities but also as working as part of a 'team around the family' collaborative approach.



Damian Allen
Director of Learning, Opportunities & Skills (DCS)

Introduction

“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 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)

Early Help is a simple concept; it is about changing our culture from an often late reaction to chronic and acute need and re-focussing our activities, along with our resources, on the root causes of social problems. By doing so, outcomes for children and families improve and costly statutory interventions are avoided.

The Children and Families Strategic Board (CFB) has defined early help as:

‘The job of all public, private, voluntary and community services as well as citizens in Doncaster, is to prevent and intervene early with children, young people and families experiencing problems in order to prevent escalation of problems. This will deal with root causes, providing support at an early age and an early stage of problems emerging. We will do this by taking a whole family approach and intervening in a co-ordinated way.’

In Doncaster we use the term Early Help as the umbrella term that describes our continuum of service response from universal/preventative services to where a Team Around the Child/Family is required.

Introduction

This strategy builds on the good work to date and sets out how Team Doncaster will ensure that there is a consistent, high quality, early help response for children, young people and families. A **joined up early help system** will promote the identification of emerging needs and earlier intervention which is based on a whole family approach as promoted by the Stronger Families programme. One of the measures that will indicate the early help system is working will be a reduction in the inappropriate demand for statutory social care services and families being supported appropriately by services according to need and risk.

The **3 year strategy** will be the overarching document that **governs and describes the early help partnership approach and system**. It is one of the 'golden threads' together with other strategies and plans, i.e. the Children, Young People & Families Plan and the Health and Wellbeing strategy, the CSE strategy, etc., that will be weaved through all we do. The strategy is supported by a suite of documents including: an action plan; a handbook: Team around the Child/Family (TAC/F), young person and family; a work force development plan, etc. These will become available as implementation of the Early Help strategy progresses.

Why do we need to focus on Early Help in Doncaster?

The DSCB Annual Report 2013, page 14 makes reference to the importance of developing a systematic early help offer.

In addition we have developed a good understanding of our needs in Doncaster and we have formed this view by listening to children, young people and families. We have also worked closely with the Community Area Teams to understand their knowledge about the localities in which they work and have had the opportunity to understand the priorities of the 16 partnership Collaboratives. A common theme that transpired through these local commissioning networks was the need for early speech and language development with most areas, but not all, having further considerations of how to respond in terms of behaviour/anger management support.

A Joint Strategic Needs Assessment was completed by the Data Observatory in 2014 (Appendix 1 – Summary of Need - this provides the sources of information in relation to the Doncaster needs analysis).

In addition to building and improving our early help model and system, the partnership has identified the following areas for review and commissioning for the duration of this strategy:

- Giving children a head start by supporting parental good health and wellbeing, including parenting quality and attachment;
- Improving aspiration and achievement particularly through school readiness;
- Improving children and young people's emotional health and wellbeing through increasing resilience to adversity;
- Building community self-reliance through designing services around the views and needs of communities;
- Harm reduction in relation to the effects of parental alcohol and drug misuse, domestic abuse and parental mental ill-health; Child Sexual exploitation; etc.
- Tackling the effects of children in poverty whilst promoting aspiration, achievement and employment; and
- Commissioning of services through Collaboratives to build commissioning locally.

Why do we need to focus on Early Help in Doncaster

We will measure our success through the following outcomes measures:

- Increase in the number of children who are school ready as measured by the Early Years Foundation Stage Profile (EYFSP).
- A reduction in referrals to specialist services and an increase on those that are accepted and supported by an Early Help Assessment appropriate to need and risk.
- A decrease in persistent absence figures in primary and secondary schools.
- A decrease in the number of young people Not in Education, Employment or Training (NEETs)
- Reduction in recorded levels of obesity at age 4/5 and 10/11 years.

These indicators will form the 'bell weather' indicators of our strategy and will be further supported by a complete Performance scorecard – still to be developed.



Ambitions, outcomes and approach

'In Doncaster we want **safe, healthy and resilient** children, young people, families and communities.'

Our vision means that the outcomes we are aiming for are that children, young people, families and communities are:

- Self-reliant and confident
- Thriving and emotionally well
- Reaching their full potential
- Living in safe, strong families and communities

Key to our approach in Doncaster is a commitment to using a range of evidence based interventions. Early help is a collaborative approach not a service.

All children and young people will receive **universal services**. We will promote self-help for parents, carers, children, young people and families, encouraging them to access and use services independently. Through various digital platforms we will develop and promote services and signpost families to local activity for such as Children Centres.

Some children, either because of their needs or circumstances, will require early help to be healthy and safe and to achieve their potential. Children and their families who receive early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989.

In Doncaster, we recognise 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 will 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 through our universal services.

For children whose needs and circumstance make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an **Early Help Assessment** with a **Lead Practitioner** to work closely with the child and family to ensure that they receive all the support they require.

Where there are significant concerns about the safety of a child or children, practitioners should contact the Referral and Response Team on 01302 737777, email: referral&responseteam@doncaster.gov.uk and make a referral rather than starting or completing a common assessment.

Ambitions, outcomes and approach

Children and young people live in families and therefore it would be foolish to ignore problems faced by the **whole family**. Many adults have additional needs e.g. substance use, mental health needs, parental learning disabilities and domestic violence which can impair their parenting capacity. We therefore will build on a **whole family approach**.

This strategy builds on existing joint working in Doncaster and proposes a robust and more consistent delivery model; providing a vehicle for better understanding the needs of children, young people and families and our ambition to promote equal access to early help services to reduce inequalities and close the gap in relation to health and education outcomes.

Principles - “We believe, therefore we will...”

The principles that underpin our approach are focused on producing ways of working that add value to existing work at acute levels of need and the ambition over time is to shift the focus of this work to prevention and early intervention.

What we will test all our developments against:

1. Support all families through our universal services in Doncaster, therefore we will...

- Build, support and develop strong universal provision which will meet most of our families’ needs, most of the time;
- Have no wrong door – families will be able to ask for help where ever they feel comfortable;
- Build capacity within universal provision to identify needs early and respond to families;
- Commission services specific to local need through our Collaboratives;
- Work with and invest in the Private, Voluntary and Independent sector to provide support and activities for children and young people and families.

2. Provide support to families who have additional needs at the earliest opportunities, therefore we will...

- Ensure that services are locally accessible; working within the existing four area geographical structure to develop multi-agency and joint services which are clear about what support is on offer and how it can be accessed;
- Our approach will involve listening to and working with families, rather than assuming that we know what is best for them;
- Working together across the partnership to share intelligence and identify needs at the earliest opportunity, building confidence so practitioners identify needs as early as possible and take responsibility for getting them resolved;
- Reach out to those families and communities who are reluctant to engage to ensure that the needs of vulnerable children and young people are met. Building relationships and trust with children, families and communities and providing a range of services from hands on practical support through to specialist provision;
- Identify access points in neighbourhoods and communities and commit to co-locating staff, sharing buildings where possible and active outreach into communities and homes where families feel comfortable in using them.

Principles - “We believe therefore we will...”

3. Work to build resilience in families, therefore we will...

- Give families, children and young people and communities the skills and confidence to do things for themselves, working with families rather than ‘doing’ interventions to them. We will help them to develop skills and capabilities which will prevent their needs from escalating and support them to thrive without additional intervention;
- Focus services and training for staff on how to build resilience in children, families and communities and to develop sustainability by working with a wide range of networks in families and neighbourhoods, maintaining a proportionate involvement whilst a family needs us.

4. Build strong relationships to achieve and sustain change, therefore we will...

- Engage with families to assure that their needs are being met, recognising the strengths and skills of family and community networks in securing the best outcomes. We will not overly-practitionerise our approach but will use multi-agency team working and whole family action plans to co-ordinate support for a family;
- Employing practitioners who can listen to children, young people and parents and establish a transparent working relationship; building on strengths within a family and using evidence based interventions to meet need. Practitioners and their services will know and understand what works best with their families.

5. Provide services that react quickly and flexibly to meet the needs of families, therefore we will...

- Invest in the first point of contact to ensure we provide families with the right support at the right time. We will create an additional help screening service utilising existing resources from across the partnership, to support access to early help services;
- Ensure that our workforce feels responsible for enabling successful family outcomes and providing a timely response;
- Use outcome based systemic assessment and intervention tools to identify need and to plan and monitor progress;
- Review our commissioning and procurement processes to ensure that they build our services and interventions from the bottom up, using the voices of children and young person and families to shape service delivery;
- Develop a performance framework that demonstrates impact not only outputs.

Our Early Help delivery model

Our early help model has 3 key elements:

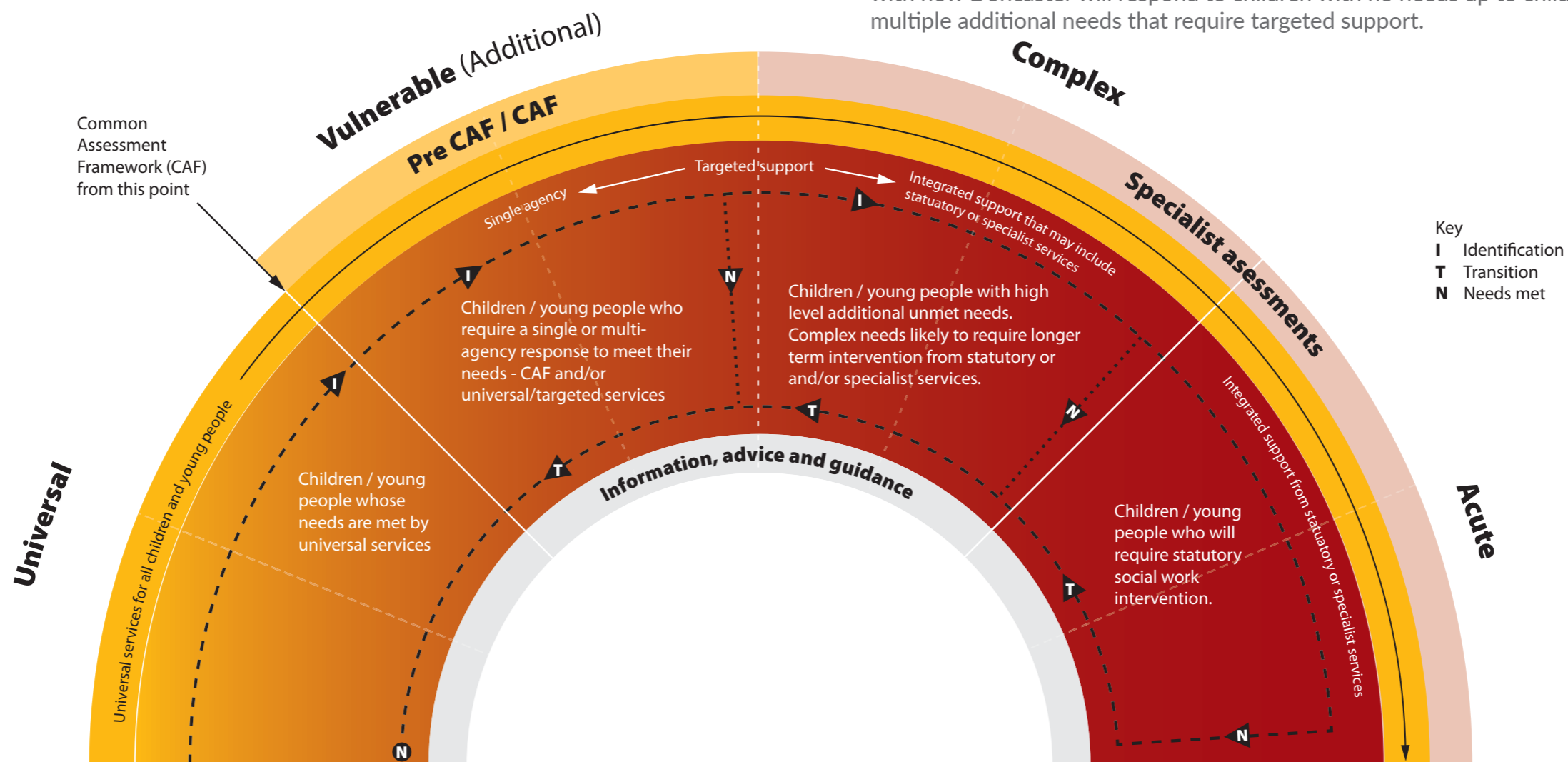
1. **The Continuum of Need** – families will be entitled to universal services and most of the time this will be enough. However, at times their needs may become more acute and additional support is required.
2. **Service Response** – a range of services from practitioners across the partnership, responding to different and changing needs and relevant to their remit and expertise.
3. **Building capacity and providing support** – these are the things that will enable our wider workforce to become competent and to help them support families to navigate and move between types of interventions and services, whether they are ‘stepping up’ (escalation of needs requiring extra help) or ‘stepping down’ (families whose needs are becoming less complex).

Our Early Help model - The Continuum of Need

It is important to remember that depending on a family’s needs:

- The response to multiple needs can and will usually be met from a **variety of services** at or along the continuum service delivery;
- Assessments should build on each other as needs change so that children and parents **will tell their stories the least times possible**;
- Service should **feel like one big service** because they are integrated around common points of entry;
- Practitioners can **hold the baton**, not letting go of families and remaining involved to help families move along the continuum of services as their needs change.

Diagram 1 demonstrates the continuum of needs for children, young people and their families. This is the whole continuum of need. This strategy deals with how Doncaster will respond to children with no needs up to children with multiple additional needs that require targeted support.



escalation of concern - increased risk factors

intervention to minimise risk and promote resilience

Our Early Help model - Our Service Response

- Joint working to support prevention and early intervention, across our partnership (including non-statutory and statutory services) has been evident in many forms over recent years and a summary can be found in Appendix 2 – [Early Help Partnership Mapping](#).
- A range of early help services are present such as family and parental support services through Children Centres, health care support from midwifery, health visiting and school nursing as well as direct support to children and young people from schools and youth centres. The Voluntary and Community Sector provides vital localised services to our communities, building resilience and capacity. These provisions will be strengthened and shaped in accordance to local needs and our future resources to further develop Doncaster's early help system.
- The multi-agency map illustrates the [breadth of services](#) available, the connectivity between services and the places where more focus should be given to ensure service provision is more co-ordinated.
- In Doncaster, we realise the importance of Early Years development. [Children's Centres](#) across the Borough provide parenting and family support; equipping young children to be socially and emotionally resilient and ready for school and support child development through both health service provision on site as well as focused play sessions that encourage parents and children to interact and build positive relationships.
- Support and guided activities for older children and young people are available across [Youth Centres](#) through specialist workers who also offer 1-1 direct work, mentoring and coaching. Further youth work is delivered via the vibrant Voluntary, Community and Faith Sector. Public Health plays a pivotal role in prevention and early intervention specifically relating to risk taking behaviours through the newly commissioned Project 3.
- [Schools](#), supported by DMBC's Special Educational Needs and Disability (SEND) services provide early help in a variety of ways, including nurture support and pastoral care. These play a crucial role in promoting aspiration and achievement within communities.
- [Maternity Services](#) provide an opportunity for early, evidence based assessment of health and welfare needs, working with parents antenatally and postnatally, to offer health promotion and education, advise and support to increase resilience and preparation to nurture healthy independent families. Effective partnership working with, health visitors and primary care play a crucial role in building a good foundation for the child's life journey.

Our Early Help model - Our Service Response

- [Health Visitors](#) provide a crucial, early intervention role through delivery of the 1001 critical days programme delivered universally to families with children under 5 focusing on the life course stage from antenatal to 2 years of age. Targeted interventions are offered to families with additional needs working in partnership with midwifery, children centres and intensive family support teams.
- Through its [Aiming High programme](#) the Council support and procure resources for disabled children and families to support their inclusion at home and in communities. This offer will be refreshed during 2015/16.
- The [Stronger Families Programme](#) provides whole family support for families through a co-ordinated approach using a lead practitioner and systemic assessment technique as well as an agreed holistic family action planning process. This programme is very successful and is having a real impact on our families.
- The [Voluntary and Community sector](#) plays a vital role in delivering interventions and services to support families that need some encouragement or support when running into trouble through a varied mix of services. This can include uniformed youth activity, voluntary youth groups and sporting clubs.

What makes us unique and what should we build on?

- There is a rich history of multi-agency working over recent years very unique to the Borough through initiatives such as '[One Team Working](#)' (a strategic partnership to facilitate integrated working between social care and health services in Doncaster) and the [Stronger Families Approach](#) (Doncaster's local solution for 'Troubled Families') which focuses on a whole family approach, developing sustainable resources, including intensive support for families with complex needs and issues.
- [Our Community Teams](#) build community resilience and play an active part in reducing anti-social behaviour and identifying families who require extra help or support.
- As part of work already underway to improve the relationships between partners at a local level, [Collaboratives](#) have been established. These networks bring together local leaders to look at collective resources in order to address local issues (see section 6 for further detail).
- Following Department for Education (DfE) intervention, a decision was taken to establish the [Doncaster Children Services Trust](#) (DCST). Statutory children's social care services in addition to the Youth Offending Service (YOS) as well as intensive family support and targeted youth support transferred to the Trust which became operational on the 1st October 2014.

Our Early Help model - Our Service Response

The Trust has recently been successful in securing **central government innovation fund**, including the Pause Project; Growing Futures (Domestic Abuse Innovation Programme) which aims to establish future 'wrap around' multi-disciplinary teams for children who live with domestic abuse.

The Council and DCST have worked collaboratively to ensure that children and families presenting with child development or family support needs are supported by the **DMBC Early Help Service** and further support to families, whose needs might lead to a risk of harm or social work intervention are provided by the DCST Intensive Family Team.

Early Help delivery teams or services are generally organised within a four locality delivery model and other partner organisations such as **South Yorkshire Police, NHS Primary Care and St Leger Homes** have reconfigured their boundaries to be co-terminus with the Council's locality model. This has laid the foundation for expanding multi-agency working.

The Doncaster Partnership recognises that we need to do more to ensure an integrated seamless service offer and pathway for our children, young people and their families and therefore we will do the following:

Services available to all Families

Families and Universal services are where most children's needs are met. – 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. Universal services will always be used by all. Examples of these include the General Practitioner (GP), schools and school nursing.

Our strategy will support organisations at a local level to deliver **more services where possible to meet potential needs at the earliest stage**; for example, school nurses providing emotional health and wellbeing support on the school campus. We will do this by developing and implementing a **comprehensive Workforce development plan** (more of this in Section 6.3 – support and capacity building) through an EHIG Workforce development group. The plan will be focused on the areas identified in section 3 using evidence based best practice approaches.

Our Early Help model - Our Service Response

Our starting point is to enable families to **self-help** and access services independently as far as possible. We are therefore committed to the development and sustainability of various **technology platforms** such as the Family Information Service website, libraries, information in schools and GP practices in order to keep our children, young people and families informed about the services and support that are available to them. This will be led and co-ordinated by DMBC.

To ensure families get support at the earliest possible opportunity, universal services will build **strong links with local communities** to encourage 'hard to reach' families to use their services and to build resilience both within families and communities. Universal services will play an important role in **spotting and reacting to early signs**, using the escalation channels for early help, and also emerging trends and issues within localities. Examples of universal services can be seen in Table 2 on pg. 15: A summary of the Early Help Model.

Targeted Support

Targeted Support becomes more focussed around individual families as their needs become more complex and risk increases. This means, for example that targeted support can be provided by a practitioner in a school who delivers a self-esteem program to a group of children or young people.

We see our Family Hubs (The Council's 0-19 offer delivered through the Children Centre core purpose and an integrated youth offer) as universal access points for families but where we target the offer to communities/groups where **there is the greatest need**. Similarly, voluntary and community sector organisations and services within the Council, for example Community Teams will provide targeted group work or interventions at a local level to address specific issues.

The co-ordination and commissioning of services to build community capacity will be enhanced by **Collaboratives** (more on this in section 6.3: Support and Capacity building).

It is the expectation that most universal and emergency response services, for example GP's and the Police will be our **'eyes and ears'** – identifying needs of communities and families early and sign posting this through the various channels available to them, for example the Collaboratives, Early Help Networks and the Early Help Hub.

At times, a child/family will require additional support for a short, time limited period through a single agency/practitioner response. This targeted support will happen as and when required with an ambition the family will be quickly self-reliant and healthy again. This can be provided by anybody who is involved in the family and is able to provide the specific support needed, for example additional learning support in schools, etc.

Our Early Help model - Our Service Response

In some instances, the nature of additional needs of the child/family will be of such that an **integrated response** by a number of practitioners/agencies will be required. There are 3 key elements to this response: The Lead Practitioner; The Team Around the Child/Family (TAC/F); and the Early Help Assessment (EHA)

The **Lead Practitioner** performs three core functions:

1. To act as single point of contact for the child or family;
2. To co-ordinate the delivery of the actions agreed; and
3. To reduce overlap and inconsistency in the service received.

Many practitioners working with children already undertake these functions as part of their role. A lead practitioner is accountable to their home agency for their delivery of the lead practitioner functions. They are not responsible or accountable for the actions of others.

Who should be the Lead Practitioner?

A lead practitioner can be any adult who works with and support a child or young person. The most important selection criteria, is that they be the best placed to coordinate provision to meet the child's needs, and have a good relationship with them. For example, this means a lead practitioner could be a teacher, sports coach, early years worker or youth worker, etc. We do not expect emergency response services for example the police, fire brigade or General Practitioners to fulfil the Lead Practitioner Role. However, services that provide individual or family interventions on a daily basis and who have a good relationship with families are ideally positioned to provide this critical function, for example Midwives, Health visitors, family support type functions within schools, community workers etc.

What skills and knowledge are required in a lead practitioner?

Lead practitioners need the knowledge, competence and confidence to:

- Develop a successful and productive relationship with the child and family, and communicate without jargon.
- Work in partnership with other practitioners to deliver the support plan.
- Co-ordinate the delivery of effective early intervention work and ongoing support.

The **Team Around the Child/Family (TAC/F)** - is a shared assessment and planning framework which is used by a variety of agencies across the borough and is employed in a similar format throughout the country. It aims to help with the early identification of additional needs of children and young people whilst also promoting a co-ordinated multi-agency response to meet them.

Our Early Help model - Our Service Response

The **Early Help Assessment** – is completed with the agreement of parents so that local agencies can work with the family to identify what help the child and family might need to reduce an escalation of needs that could require statutory intervention.

The Team around the Child, Young Person and Family – Handbook for practitioners provides front line practitioners and their managers with information about the integrated response to children with additional needs (Appendix 3). The **Early Help Hub** has been established to support the development and embedding of additional help practice (more on this in section 6.3: Building Capacity and Support).

When a child/young person/family requires integrated support in the form of a **structured family support** package, the **Early Help Hub** will allocate the case to either the **Early Help Service's locality team (DMBC)** or the **Intensive Family Support Service (DCST)**. The appropriate response for services will be based on the application of the **DSCB multi-agency thresholds document** (see appendix 4).

It is important to remember that all support is aimed at being delivered at the **right level, at the right time and by the right person** with the ultimate aim of families being self-reliant and therefore stepping down to single practitioner support/universal services.

Specialist Support

Specialist services respond and work with children with complex needs and usually require a specialist referral. Services include the Children and Adolescent Mental Health Service (CAMHS), Social Care Services and the Youth Offending Service. Access to these services are usually managed through a referral process.

When there is significant concerns re a child's safety or their needs cannot be met by universal or targeted support services, practitioners can make a request directly to **Referral and Response 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.

Referral and Response 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. This may include the case being allocated for Social Care intervention or it may be referred to targeted support.

Our Early Help model - Our Service Reponse

The continuum of need and services provides a **common description of needs and associated risks** and support the correct response to a child/ young person or family over time. It is described across 4 broad levels in line with the DSCB multi-agency thresholds:

Level of Need	Description	Service Response	Examples of services provided	Quality conversations and records
Universal need	Children who are enjoying general wellbeing, accessing education and health services and maintaining good overall progress in all areas of development	Universal Services	<ul style="list-style-type: none"> Schools & Colleges PVI nurseries and child-minders GPs & Health Visiting surveillance Leisure & Arts providers Social Landlords Local Voluntary and Faith group child and youth activities 	<ul style="list-style-type: none"> Early Help networks
Additional need	Children who have an identified, need and whose health, development and/or learning is starting to be adversely affected as a result	Lead Practitioner / Early Help	<ul style="list-style-type: none"> Universal Services & Early Help Services: Children's Centre services Behaviour support Speech & Language support Portage Parent Support services Youth Clubs Stronger Families Education Welfare Officers Targeted Youth Support Short Breaks Occupational Therapy and equipment; CAMHS therapy service Paediatric health care 	<ul style="list-style-type: none"> Early help networks Extra Help Hub
	Children who have unmet needs, who as a result are not maintaining satisfactory health, development and/or learning and who are increasingly vulnerable and at risk of future harm	Intensive Family Support		
Complex need	Children and families in crisis, with complex, acute need who are vulnerable and at risk of future harm	Intervention, Treatment & Care	<ul style="list-style-type: none"> Youth Offending Child protection, Looked After Children and Care Leaver Social Work services CAMHS treatment services Paediatric A&E Stronger Families 	<ul style="list-style-type: none"> Referral and Response MASH

Our Early Help model - Building capacity and support

This section is about how we will build capacity, competence and assurance within and throughout the system. Some of the elements described below are already in place and need further development; others are new concepts that we will implement as part of our strategy. The areas below will form the basis of the Early Help Delivery Plan and each of the elements will be delivered through a correlating work stream reporting progress to the Early Help Implementation Group.

Our Building Blocks to Success:



Our Early Help model - Building capacity and support

Advice, Information and Guidance

Advice, information and guidance are central to our model. Our **ambition** is that high quality information, advice and guidance is readily available and accessible to all our children, young people, families and practitioners.

We will:

- Promote self-help and access for families through the development and sustainability of various **technology platforms** such as the Family Information Service website and information in libraries, schools and GP practices to keep our children, young people and families informed of services and support available to them. This will be led and coordinated by DMBC
- Use **quality conversations with our families and communities** as to what needs to be better for them and how we make it better for them.
- Use **quality conversations** to support Lead Practitioners at a local level through **Early Help Networks. Early Help Co-ordinators (DMBC)** will organise and facilitate locality networks which will bring together practitioners from a range of services with a focus on building competence in support families through universal and targeted service, including being a lead practitioner, the completion of Early Help Assessments and the navigation of the Early Help Pathway.
- Further guidance will be available through the **DSCB multi-agency thresholds** document (Appendix 4) and the **Team around the Child, Young Person and Family – Handbook for Practitioners** (Appendix 3). These documents complement each other and provide relevant guidance in relation to the role of the Lead Practitioner, the Extra Help Pathway and supporting documentation.
- A single phone number, 01302 737777 will enable families and practitioners to have quality conversations with the **Early Help Hub** or **Referral and Response** where there are more serious concerns about a family. These teams will decide with the caller what the appropriate response will be.

Pathways and System Navigation Support

Our **ambition** is for families and practitioners to easily access and navigate the Early Help system from information, advice and guidance through to where families require Social Care input not only where needs and risk are escalating (step-up) but also where a family's needs are met and require less intensive support (step-down).

In order to realise our ambition we will:

Our Early Help model - Building capacity and support

- Strengthen the current **Early Help Coordinator** role (DMBC) allocated to each of our 4 localities. This role has a specific focus on supporting services to **navigate the EH systems** and **build Lead Practitioner competency and capacity**. They will co-ordinate the **Early Help networks** and will be the **conduit between the Extra Help Hub and Lead Practitioners**. They will actively contribute to ensuring high quality Early Help Assessments and TAC/F processes.
- Set up **Extra Help Hub (EHH)** – there will be an integrated multi-agency screening and decision making team to support the development and embedding of Early Help practice.

Initially, the EHH will be staffed from the Council's Early Help Service and Stronger Families programme. The team will be hosted and managed by DMBC and co-located with the Referral and Response and the MASH to promote integrated, steam lined working.

The purpose of the team will:

- Be the first point of contact where any practitioner in Doncaster identifies that there are additional needs and an early help assessment is considered. This is to share information and to identify if there is a current TAC/F or family are known to Children's Social Care;
- Gather and collate information to support decision making and give advice on appropriate support/response regarding threshold of need and potential interventions;
- Record and assist with the identification of Lead Practitioner to gain family consent and progress and early help assessment.

We are taking a 'belts and braces' approach to building the capacity and competence of the Early Help System and therefore all Lead Practitioner activity will be recorded through the EHH. This will ensure that all early help activity is recorded on the Early Help Module (Liquid Logic) which will improve effective performance management. We appreciate that this may pose some difficulties in the current system but we will explore ways of overcoming these obstacles.

The service will screen all requests and will come to a joint decision with the enquirer as to what needs to happen next. It may include: support to the Lead Practitioner to initiate a TAC/F; where structured family support is required a decision will be made as to whether or not the Early Help Service (DMBC) or Intensive Family Support (DCST) need to act as lead professional; where the concerns about a child/young person is significant the case will be transferred to the Referral and Response Team.

Our Early Help model - Building capacity and support

Access to structured family support (Early Help Service (DMBC)/IFSS (DCST) or Referral and Response will be managed through one phone number: 01302 737777 or via email: referral&responseteam@doncaster.gov.uk.

The Extra Help Pathway within the handbook provides an overview of the path that will be followed for children, young people and families with additional needs requiring a targeted response. This pathway includes stepping up and stepping down of cases.

Systems

Our ambition is to have uniform approaches, processes and systems to support early help.

We acknowledge that single agencies will have their own recording and risk management processes that will be relevant and appropriate for that service. However, as a partnership, when children/young people and families require targeted support, it is important that uniform processes and systems are in place.

To achieve our ambition we have/will:

1. Developed the **Team Around the Child, Young Person & Family – Handbook for Practitioners** which makes proposals to use an **improved** Early Help Assessment and supports the completion of all **documents** relating to individual families and supports recording information whether this is done directly onto the EHM case management system, when access is available, or when documents are used in paper version.
2. Review and improve the **electronic Early Help Module (EHM)** system for use by all early help services. It is used by DMBC and DCST staff and the intention is for health services, schools and the VCS to use it. EHM is a complete solution designed to act as a general case management tool for children outside of Children's Social Care. The EHM provides the following functions:
 - Case management and record keeping facilities for children who do not reach social care thresholds, but merit some support and attention; including forms, assessments, plans, alerts and workflow.
 - Recording and management of the whole Early Help Assessment process, including the requisite consent and security.
 - Referrals in and out of Children's Social Care – the ability to electronically escalate and refer cases and data into Social Care, and similarly to receive electronic referrals and data from Social Care.

Our Early Help model - Building capacity and support

- Team around the Child – the ability to set up the team around the child or family to coordinate all their activities.
- A set of in built management reports.

Competent Workforce

Our ambition is to have capable and competent workforce where individual practitioners feel able and confident in undertaking the Lead Practitioner role and participate in any multi-agency wraparound response to families. We want the partnership to use a common language that everybody, including families will be able to understand.

We will achieve our ambition by:

- **Commissioning** early help services/evidence based approaches at a strategic level through our **Joint Commissioning Executive Group** – the role and function of this group is set out in the Joint Commissioning Plan. This may or may not include the pooling of funding.
- Strengthen the role and function of the **Collaboratives**. They have been established around school clusters to ensure that we engage schools as the place where most of our children spend their time. Collaboratives 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 care, the voluntary and community sector along with some relevant services for adults such as housing. The configuration will vary in each Collaborative, depending on the services available and the needs of families in the local area. The aim and task of Collaboratives is to **improve the effectiveness and efficiency of early help support in defined local areas, through effective collaboration between services**. The potential for Collaboratives is to provide broader interagency direction and governance of provisions and services for children and families at a local level where services can be most responsive and flexible to need, best designed and delivered. These networks focus on **unique locality issues, commissioning services to build capacity**.
- Developing and implementing a comprehensive **Workforce Development Plan** (more on this in section 6.3: Support and Capacity building) through an EHIG Workforce Development group. The plan will be focused on the areas identified in section 3 using evidence based best practice approaches such as 'Signs of Safety'.
- Providing local development opportunities for Lead Practitioners through the **Early Help Networks**.

Our Early Help model - Building capacity and support

Quality Assurance

The EHIG will have oversight of progress against this strategy and will be responsible for the quality assurance and performance management of the Early Help System.

Our **ambition** is to ensure that our Early Help system is of high quality and where targeted integrated support is necessary we are able to monitor the quality of work and the impact this is having.

We will achieve our ambition by:

- Develop a **rich picture** of Doncaster as a place - We want to encourage and enable the **sharing of data across agencies** to build rich pictures of localities in terms of demographic/needs analysis and resources available within localities. This will enable true gap analysis and the commissioning of services targeted at the right level to ensure greatest impact.
- Developing an **Early Help performance scorecard** to not only show throughput in relation to targeted integrated support but also to evidence impact of interventions.
- Developing a **Quality Assurance Framework** that will include regular auditing activity of Early Help Assessments and other case management information to identify good practice and learning. Regular learning sessions will be facilitated through the local Early Help Networks.

Our governance

DMBC is the lead agency for the coordination of our Early Help response on behalf of Team Doncaster. Individual agencies are signed up to this strategy and will be accountable for their service delivery and practice in line with organisational procedures and responsibilities. When an integrated response is required to meet a family’s needs, organisations will be responsible for their individual contribution to the TAC/F.

The following table sets out how we will drive the strategy and hold the Doncaster Partnership to account for the delivery of Early Help with Team Doncaster, the most senior strategic partnership in the Borough.

Accountable Partnership Board	The Strategy and Plans	The Priorities
<p>Team Doncaster – strategic partnership of organisations and individuals that spans the public, private, voluntary and community sectors responsible for delivering the Borough Strategy through 4 thematic partnerships:</p> <p>The Children and Families Board; The Health and Wellbeing Board; Enterprising Doncaster; and the Safer and Stronger Board</p>	<p>The Borough Strategy, refreshed in 2014.</p>	<ul style="list-style-type: none"> • The Borough strategy priorities included for Children and Young People: • Children should have the best possible start in life • Children’s voices must be incorporated into everything we do • Early Intervention • Partnership working and sharing of information • Opportunities for our young people in school and beyond, boosting attainment raising expectation and improving the transition to work and independence.
<p>The Children and Families Board responsible for policy, strategy and achievement in services for children, young people and their families.</p> <p>3 Sub-groups: Early Help Implementation Group; Joint Commissioning Executive Group; Voice of Children, Young People and Families.</p>	<p>The Children and Young People’s Plan 2011 – 16 is being refreshed in 2015 to reflect the changing commissioning and service delivery model that is set out in this strategy.</p>	<ul style="list-style-type: none"> • The CYFP has the following 3 priorities: • Early Help and Early Years • Work experience, information Advice and Guidance and Education attainment linked to Economic opportunities • Voice of children, young people and families.
<p>Early Help Implementation Group Responsible for driving and delivery of the Early Help Strategy</p>	<p>The Early Help Strategy 2015 – 2018</p>	<p>The Early Help Strategy Priorities are:</p> <ul style="list-style-type: none"> • Development and Communication of the Early Help system and pathway • Development and implementation of Early Help training programme • Commissioning of Early Help Services • Development of an outcomes framework that will set measurable change targets.

Our Governance

The Doncaster Safeguarding Children’s Board (DSCB) is the statutory body which is independently chaired and consists of senior representatives of all the partner agencies and organisations working together to safeguard and promote the welfare of children and young people in Doncaster. DSCB determines the multi-agency thresholds which underpin the continuum of need within the Doncaster early help system. The DSCB has a statutory duty to evaluate the effectiveness of the Early Help System. Early help will be considered as part of the Board’s quarterly performance reports. The Board will challenge the contribution of partner agencies through its section 11 audit and specific assurance reviews. The effectiveness of early help will form part of the Board’s multi-agency audit programme, including the auditing of the understanding and application of multi-agency thresholds.

The EHIG will provide regular updates on the development, quality impact of the early help system to the DSCB and the Children and Families Strategic Partnership Board with further links to the Team Doncaster Health and Wellbeing Board.

Next steps

By agreement from the Partnership, a high level Early Help Action Plan will be developed with the areas in Section 6.3 as the high level priorities. 5 work streams will take forward the set priorities with detailed work stream plans to support delivery.

Progress against the action plan and the Early Help Performance scorecard will be reported to the **EHIG**.



Appendix 1

Needs Analysis - Our challenges

Developing an effective early help offer is dependent on understanding the needs of children, young people and families within the Borough. This involves having strategic overview of trends in the area, a clear understanding of the factors which influence local need and listening to what children and young people are telling us.

Important to this Strategy is the question: Does the Early Help System work?

The following sources were used to establish the picture:

- The CYP Need Assessment - http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/cyp_needs_assessment.asp
- Community profiles - http://www.doncastertogether.org.uk/Doncaster_Data_Observatory/Profiles/community_profiles_2014.asp
- Mark your Mark 2014 - <http://www.ukyouthparliament.org.uk/wp-content/uploads/Make-Your-Mark-Results-2014.pdf>
- Youth Surgeries
- Youth Council
- DCST - monthly scorecard.

Demography

- The population of young people aged 0-24 is 92,053 which is 30.4% of the total population.
- 1 in 4 children under the age of 16 live in poverty.
- The population is predominantly White British. 10.9% of school age children are from a minority ethnic background.
- Children and Young people are not equally distributed across Doncaster. Main urban areas see higher proportions with the central and northern urban areas of particular note; settlements with the highest proportions including Woodlands, Highfields, Toll Bar, Hyde Park and Hayfield Green.
- The numbers of children and young people are growing. The number of primary school aged children will increase by almost 20% from 2011 to an increase of nearly 4,500 children by 2020.

Appendix 1

Health and Well-being of Children in the Borough

The health and wellbeing of children and young people in Doncaster is generally worse than the England average:

The first year of life

- 348 (9.2%) of Doncaster babies are born at a low birth weight. This is directly related to parental factors including high levels of maternal smoking.
- 19 (5 per 1000) babies (live births) in Doncaster die before their first birthday, again worse than the national average.

By age 5

- 1 in 20, 3 and 4 year olds do not benefit from an early education.
- Under half (1,623 children - 43.3%) of Doncaster children have achieved a good level of development at the end of reception compared to 51.7% nationally.
- 320 (9%) of Doncaster children are obese at age 4-5.
- 1/3 of children have one or more decayed, missing or filled teeth.
- There will be 9,411 A&E attendances in 0-4s.
- Over 90% of Doncaster children have been vaccinated.

Age 5 to 24

- The gap between Doncaster children and their peers nationally has narrowed across most age groups and subjects; however our children generally perform remains below the national average. Educational attainment is lower than the national average. In 2012/13 1,944 (56.6%) of Doncaster children achieved 5 A* to C (including English and Maths).
- In 2012, 690 16-18 years olds were not in education, employment or training and 188 had received their first reprimand, warning or conviction from the youth justice system.
- Hospital admissions due to injuries are higher than national averages with 731 hospital admissions due to injuries in children ages 0-14 in 2012/13.
- Hospital admissions for asthma are higher than the national average as are admissions due to substance misuse. There were also 195 admission for self-harm and 26 for mental health in 2012/13 and this figure is increasing.

Appendix 1

Parental Well-Being

The health and wellbeing of parents directly impacts on the wellbeing of children and young people.

- In 2012/13, 806 (22.5%) of mothers were smoking at the time of delivery.
- In 2012/13, 2,337 of mothers initiated breastfeeding and 1,047 are still breastfeeding 6-8 weeks after birth.
- In 2011 there were 204 under 18 conceptions with 77 births to mothers aged below 18 in 2012/13.
- Numbers of children where parents have mental health problems is 12,500 (East Sussex model).
- In the last year 350 people (40%) starting to receive treatment for substance misuse have children living with them. 1,150 people (50%) of the total numbers of those in treatment have children living with them.
- Families and children experience significantly higher levels of domestic abuse compared with neighbouring local authorities.
- Number of families affected by multiple problems is 1,065 (Stronger Families cohort 2014).

Community profiles – helped Collaboratives to consider local needs and the specific areas of focus. The areas of focus were identified as:

- Emotional health and wellbeing – for example through the Bentley Collaborative a drama therapy project was commissioned.
- Communication, Speech and Language Development – was identified as a Borough wide need, therefore this is being commissioned on behalf of all Collaboratives.
- Attachment and parenting – Askern Collaborative commissioned an Anger Management/Attachment Disorder/Community Engagement Event.

This serves as an example of where local commissioning has taken place.

What young people told us...

- The top 2 issues identified through Make your Mark (2014) were the living wage and Euthanasia.
- Our Youth Surgeries told us that they are concerned about the environment i.e. litter and street lights, lack of activities, drug and alcohol issues and sexual health.
- The Youth Council said that the Emotional Health and Wellbeing is a priority for them.

Appendix 2

Early Help Partnership Mapping

Types of contact



Self and professional referrals are the predominant contact method, followed by direct contact, transfers, signposting, drop-in and criteria data match.

Customer Groups



Families are supported by all partners, almost all support children, young people and parents and health predominantly support pregnant women and unborn babies.

Models/Activity



Activities are wide ranging and include: universal services, a focus on child health and development, school transitions, supporting families directly and through multi-agency meeting, providing appropriate housing, stopping truancy and supporting home education and those described as NEET.

Assessment Tools/IT



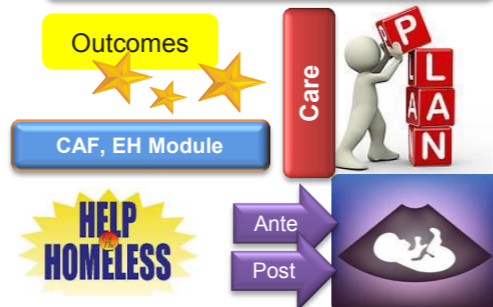
CAF is one of the main tools, together with service specific assessments, documents and IT systems, e.g System One & Civica; also promotional guidance, Solihull and Outcomes Star.

Evidenced-based outcomes



Outcomes focus on parenting and early years support; whether transition support is implemented, smoking cessation and outcomes of key tools such as Solihull, CAF and family intervention principles.

Specialist Assessment/Tools



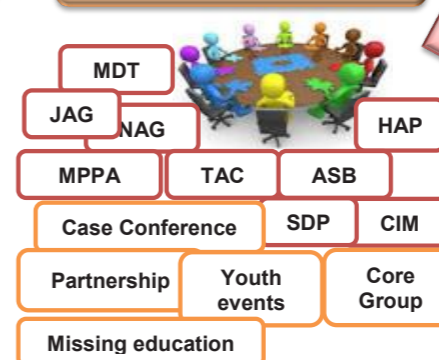
Tools and assessments used that are service specific include CAF and the Early Help Module, TAC, homelessness applications, Outcomes Stars Framework as well as antenatal and postnatal guidance.

Service Delivery



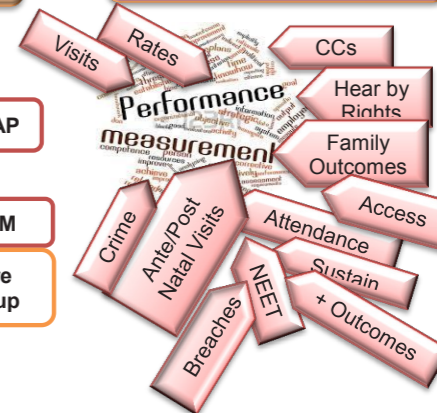
Service delivery is wide-ranging and offers: support, mentoring, education, guidance, help to manage emotions, planning, diversionary activities, money management, property repairs and improvements, allocating housing, transitions, outreach, partnership working, home visiting, pregnancy care and postnatal visits.

Multi Agency Forums



There are a large number of meetings, groups, advisory boards, service specific groups and partnership meetings.

Key Outcome Measures



Performance indicators are varied, the common link however is achieving positive outcomes for children, young people, parents and families.

Appendix 3

Appendix 4

