

MULTI-AGENCY EARLY HELP IN YORK

This short audit aims to map multi-agency early help strengths and weaknesses against the requirements set out in Working Together 2018. This information will be used to inform the development of multi-agency arrangements around early help.

WORKING TOGETHER 2018

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, or in families where there are emerging parental mental health issues or drug and alcohol misuse. Effective early help relies upon local organisations and agencies working together to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

This audit is structured around these headings so that our early help work can be mapped back to Working Together requirements.

Name of person completing this audit

Contact details

What agency are you responding on behalf of?

Sector

Local Authority	
Schools / Education	
Health (please specify)	
Police	
Voluntary and Community Sector	
Private	

IDENTIFY CHILDREN AND FAMILIES WHO WOULD BENEFIT FROM EARLY HELP

Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined- up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.

Multi -agency training will be important in supporting this collective understanding of local need. Practitioners working in both universal services and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and provide children with the help they need. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission.

Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs

- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti -social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

AUDIT QUESTIONS

Please describe how your agency identifies children and young people who would benefit from early help?

What data do you use to understand need and establish priorities?

How well do practitioners in your agency understand their responsibilities to early help?

What early help training do staff in your agency access?

What early help training does your agency offer?

How could your agency or the city improve on the identification of children, young people and families in need of early help?

UNDERTAKE AN ASSESSMENT OF THE NEED FOR EARLY HELP

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.

A lead practitioner should undertake the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

For an early help assessment to be effective:

- it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living
- practitioners should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen.

In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. 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 practitioner.

AUDIT QUESTIONS

Do practitioners in your agency take on the 'lead practitioner' role of coordinating early help assessments?

YES/NO

If 'no' what barriers are there to being lead practitioner? What support would be required for lead practitioners in your agency to take on the role of lead practitioner?

How well do managers and practitioners in your agency understand and apply thresholds when assessing need? (a copy of the thresholds document can be downloaded from www.yor-ok.org.uk/thresholds).

Where early help consent is not given do you consider how the needs of the child may be met and make referrals where a child had suffered significant harm or is likely to do so?

How could your agency or the city improve on the assessment of need for early help?

PROVIDE TARGETED EARLY HELP SERVICES TO ADDRESS THE ASSESSED NEEDS OF A CHILD AND THEIR FAMILY WHICH FOCUSES ON ACTIVITY TO IMPROVE THE OUTCOMES FOR THE CHILD

The provision of early help services should form part of a continuum of support to respond to the different levels of need of individual children and families.

Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon any local assessment of need, including the JSNA and the latest evidence of the effectiveness of early help programmes.

In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues, including mental health, responses to emerging thematic concerns in extra- familial contexts, and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or a child. Services may also focus on improving family functioning and building the family's own capability to solve problems. This should be done within a structured, evidence- based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

AUDIT QUESTIONS

What universal early help services/interventions does your agency provide? What does this address and what is the evidence based?

What targeted early help services/interventions does your agency provide? What does this address and what is the evidence based?

**What gaps in early help interventions are you aware of in York?
What evidence is available to support this and help understand the nature of any gaps?**

What evidence of outcomes or impact can you demonstrate from your early help work?

How could your agency or the city improve targeted early help services to address needs and improve outcomes?

FAMILY FOCUS – TROUBLED FAMILIES

Does your agency work on the basis of caseloads?

Do families have a named worker for their case?

How many families are you currently working with in York?

Does your agency work in a “whole family” way? As a minimum a whole family approach requires an understanding of the key ‘family’ structure and composition as well as being alert to wider family issues that may have a bearing on the overall well-being of the family as well as any specific individuals an agency is working with.

Please tick any presenting issues of families you are working with from the list below?

Parents and children involved in crime or anti-social behaviour.	
Children who have not been attending school regularly.	

Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.	
Adults out of work or at risk of financial exclusion or young people at risk of worklessness.	
Families affected by domestic violence and abuse.	
Parents and children with a range of health problems.	

Abbreviations

GP- General Practitioner

JSNA- Joint Strategic Needs Assessment