

# LEAD PRACTITIONER EARLY HELP GUIDANCE



Early Help Practice and Performance Subgroup



City of Doncaster Council

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# WHAT IS EARLY HELP?

Our vision is clear.  
In Doncaster we want  
Early Help to be a  
priority for all.

This vision is supported  
by 9 key commitments  
that have to be embodied  
across the partnership.

## 1. Never do Nothing

We will provide families with the appropriate support they need at the first time of asking.

## 2. Build Stronger Relationships

We will have strong trusting relationships with families, communities and colleagues.

## 3. Always Build on Strengths

We will work with families will build on their strengths and empower them to grow.

## 4. Work with Families for as Long as it Takes

We will work with families in a person and child centred way for as long as support is needed.

Early Help is the term used to describe arrangements and services that respond to the needs of children, young people and their families as soon as problems start to emerge at any point in their lives, or when there is a strong likelihood that problems will emerge in the future. Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. Further guidance is also provided in the Doncaster Multi Agency Threshold Document. The Early Help Strategy clearly sets out the partnership vision as shown on the left and below:

## 5. Empower Families and Communities

We will work on enabling families and communities to have a voice and become self sufficient.

## 6. Be Transparent

We will be open and honest with each other and the families they work with in order to build trust.

## 7. Be Flexible

We will support families creatively in a way that suits them.

## 8. Work Together

We will collaborate with all partners and families to maximise their impact.

## 9. Ensure Accountability at Every Level

We will work with staff and families to own their role within the support being offered.

# OUR EARLY HELP MODEL:

- ✓ A multi-disciplinary approach that brings a range of professional skills and expertise to bear through a 'Team Around the Family'; everyone working together to meet the family's needs.
- ✓ A relationship with a trusted Lead Practitioner who can engage with the child/young person and their parents or carers and coordinate the support needed from other agencies
- ✓ A holistic and whole family approach to tackling difficulties to make sure all Early Help outcomes are met.
- ✓ Strengths-based practice that empowers families and helps them to develop the capacity to resolve their own problems.
- ✓ Simple, streamlined enquiry and assessment process and response



# BEING A LEAD PRACTITIONER

## What is a Lead Practitioner?

The lead practitioner is the named practitioner who has been identified as the person who will be the family's main point of contact throughout the early help process.

## What does a Lead Practitioner do?

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.

- Working Together 2018

The lead practitioner undertakes the early help assessment, always consulting with the child, family and any other services involved to ensure it accurately reflects the family's situation, using this to develop the whole family plan.

The lead practitioner reviews progress through the plan, for families with level 2 Targeted additional needs, this happens at least every 12 weeks and doesn't need a Team Around the Family review meeting. For families with level 3 Complex multiple needs, a Team Around the Family should be held every 6 weeks or sooner. Lead practitioners coordinate the plan and act as everyone's main point of contact (see page 10 for more information about Thresholds of Need). The Lead practitioner is not responsible for every action, instead they coordinate the help given to the family.

## Key responsibilities include:

- Gaining and recording the family's consent via the Parent/Carer Leaflet on the Early Help Assessment document.
- Building and maintaining a trusting relationship with the family to secure their engagement and active involvement in the support process.
- Ensuring the child(ren) and young people remain central to decisions made about them or their care.
- Arranging and chairing the initial Team around the Family meeting.
- Supporting, encouraging and empowering the family to engage with the support.
- Ensuring each agency that is involved with the family contributes to the assessment and plan for support.
- Using the Integrated Case Management system, Mosaic, to record the Early Help Assessment and to put in place a SMART plan of support.
- Coordinating, monitoring and reviewing the plan for support so that it responds to changes in circumstances, and reflects the views and wishes of the family.
- Ensuring that children and young people are safeguarded, following safeguarding protocols and the Threshold Guidance to escalate concerns when the Team around the Family is no longer able to keep children safe or where specialist services are required.
- Working in partnership with your local Early Help Coordinator to ensure the child and family case file meets the agreed quality within the practitioner handbook.
- Engage in the Early Help Audit process and strive for achieving or exceeding a good audit.
- Inputting all stages of the assessment, plan, review, case notes and closure on the Integrated Case Management System.
- Closing the early help case file when the family's needs have been met and this is evidenced in the case file.

# BEING A LEAD PRACTITIONER



SUPPORTING FAMILIES

**FOLLOWING THE STORY 1\***  
*all the way through...*

## Why are Lead Practitioners needed?

Extensive research and guidance emphasises the importance of good coordination when delivering early help to families. A Lead Practitioner is most effective when this is supported by:

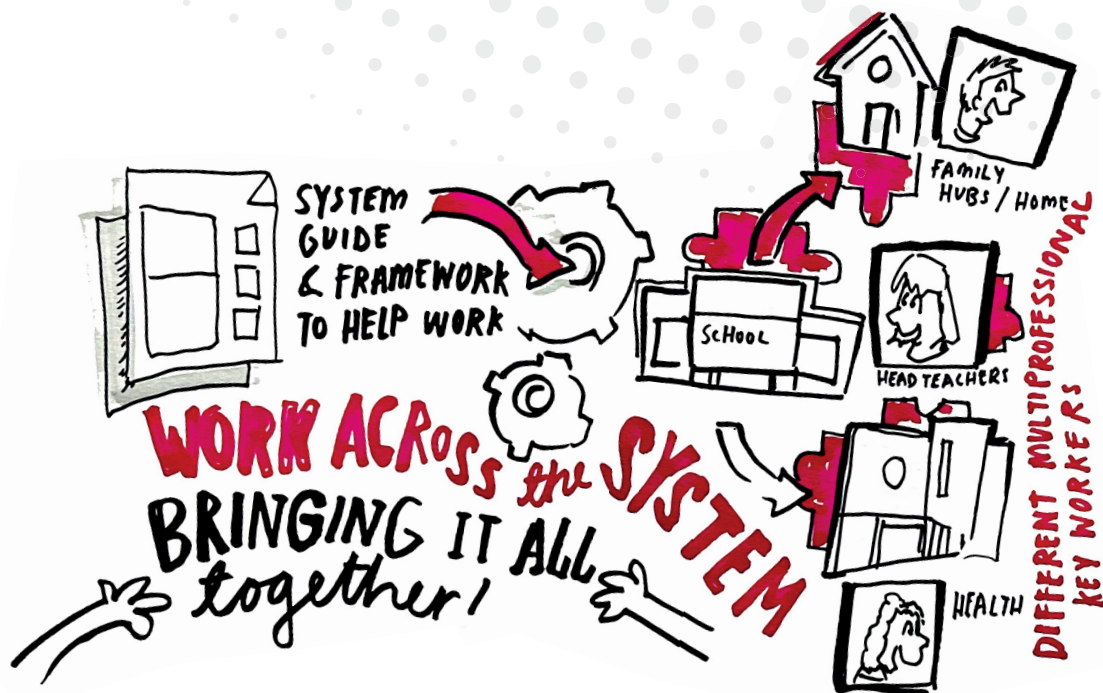
- Strong multi-agency working
- Clear and consistent referral pathways to services
- Consistent decision-making processes based on a thorough assessment of risks and strengths within the family network
- Prompt, persistent, and flexible approach, based on listening to families and building on their strengths
- Regular review of progress and risk factors;
- Being outcome focussed – using the Early Help Outcomes Framework;
- Robust risk management;
- Clear planning for case closure and for sustainability of good outcomes.

Families have said that they want one worker; they don't want to have to repeat their story or have lots of professionals coming in and out. They want some practical support, such as help completing benefit forms, applying for housing, de-cluttering their homes; and they want to know what the bottom line is, so timely and honest conversations that explain consequences, providing both support and challenge to families is required.

## When early help work is not well coordinated, there is a risk that;

- Children and families have too many professionals involved with them;
- Children and families have to repeat their story often and do not feel listened to as a result;
- Children and families can fall between the gaps, when the needs of the whole family are not taken into account;
- Family experiences many and repeated interactions from different services, sometimes delivering conflicting or confusing messages;
- The voice of the child is not used to influence assessments and decision making;
- The family doesn't get access to evidence based services;

Such fragmentation causes confusion for everyone; it can cause delay in children receiving the support they need, and lead to poorer outcomes for children and young people.



## Who can be a Lead Practitioner?

The lead practitioner can be any professional already working with or known to the family- it will not necessarily be the agency who see the family the most (e.g. school). A lead practitioner can include but is not limited to roles such as Personal Advisers, Health Visitors, School Nurses, Midwives, GPs, Paediatricians, Social Workers, Youth Justice Service Workers, Youth Workers, Family Support Workers, Substance Misuse Workers, Mental Health Workers, Early Years Workers, Educational Welfare Officers, Housing Officers, Community Children's Nurses, School Health Practitioners, Teachers and school support staff such as Learning Mentors and practitioners from voluntary, community and social enterprise organisations etc.



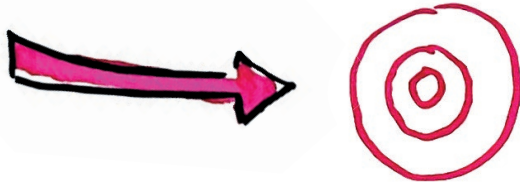
## How is the Lead Practitioner identified?

Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the wishes of the child and their family. When a family is referred into the Multi Agency Safeguarding Hub (MASH), the MASH screening team will first identify the most appropriate Lead Practitioner from the multi-agency group of practitioners working with the child, young person or family. They are chosen through a process of discussion and agreement.

The Early Help assessment and initial Team Around the Family (TAF) meeting will assist the process of identifying the Lead Practitioner; and the Lead Practitioner role can be transferred at any time this is in the best interest of the family.

In some circumstances the Lead Practitioner may need to be allocated in line with statutory guidance where child protection processes are in place i.e. Working Together 2018. Once the referral has been accepted by the local authority children's social care, the lead practitioner role falls to a social worker.

Initially the Lead Practitioner is the professional who identifies that the family needs a coordinated support package and completes the Early Help Assessment. The initial TAF meeting should then offer further opportunity to discuss with the family and professionals involved who is best placed to be the Lead Practitioner going forward. The Lead Practitioner can change over time as the family's needs change. Further advice can be provided by the Early help Coordinators or in some circumstances reference could be made to the Resolving Professional Differences Protocol.



## Supporting the Lead Practitioner

Lead Practitioners need high quality professional supervision and line management support from their own agency so they can carry out their functions effectively.

**Other professionals involved with the child/family should support the Lead Practitioner, for example by committing to attending meetings, taking notes of meetings, sharing information and following through actions as agreed. For example, if the Lead Practitioner cannot attend a meeting due to annual leave, short-term sickness other professionals should continue, as far as possible, to ensure that families receive seamless support.**

Early Help Coordinators work alongside Lead Practitioners to offer coaching, mentoring, information, advice and guidance, practical support, case mapping and support to step up children/young people to Children's Social care. Contact: [EarlyHCo@doncaster.gov.uk](mailto:EarlyHCo@doncaster.gov.uk) or 01302 736250

The Parenting and Family Support Service can support Lead Practitioners by undertaking parenting pieces of work as part of a Team Around the Family Plan. Contact: [EarlyHCo@doncaster.gov.uk](mailto:EarlyHCo@doncaster.gov.uk) or 01302 736250 for the form.

Lead Practitioner training is available from Buy Doncaster.

## Management Support and Accountability

The Lead Practitioner is accountable to their home agency for all aspects of their role, including that of Lead Practitioner. They are not directly accountable for services delivered by other agencies, but they do take a lead responsibility for the quality and effectiveness of the plan and the support package for the family. Safeguarding decisions are the responsibility of the designated lead for Safeguarding in their own agency. Lead Practitioners should receive supervision and be afforded the opportunity for reflection on their work, within their own line management arrangements.

To compliment the support and management oversight offered through their own agency, Lead Practitioners are supported in this role by Early help Coordinators who facilitate a peer network of support in the Locality, regular workforce development events, and provide face to face consultation and advice.

## Early Help Audits

The Early Help Coordinator Team undertakes partnership Early Help Audits on a monthly basis with the Lead Practitioner and the family. These audits are designed using an appreciative enquiry and an opportunity to pause and reflect on the quality of case work and to think about what difference our assessments and interventions make, and to ask ourselves whether they are having a positive impact on the life of the child. The point of these regular audits is to improve the quality of casework as the intervention develops, to promote partnership working, and to highlight examples of good practice. Audits are graded as per Ofsted grades and reported to the Early Help Steering Group and Doncaster Safeguarding Partnership Board.

Achieving a good or above audit is weaved into all of our Early Help Training from Buy Doncaster.



# EARLY HELP ASSESSMENT APPROACH PROCESS

The Early Help Assessment approach can be defined in a cycle of four simple steps; Assess, Plan, Do, Review (APDR):

## Identify and respond to needs early and seek consent & Assess Need.

- Undertake assessment jointly with the child, siblings and their family members (whole family approach) and any other services involved.
- Explore family networks and identify who may be able to give support and consider holding a Team Around the Family (TAF) meeting.

## Co-ordinate the Family Plan

- From the assessment, identify outcomes that the child, young person and family would like to achieve.
- Agree Specific, Measurable, Accurate, Realistic, Timely (SMART) outcomes and record them on the assessment with the action plan and a review date. Remember to set clear timescales for each individual aspect of the plan.
- Agree with family the sharing of information with other professionals involved in the plan.

Assess

Plan

Desired Outcome

Review

Do

## Review progress

- Review the child and family's plan with the family every 4 -6 weeks.
- Re-assess (moving back into APDR cycle) - Consider if an actions or plan is still required to achieve outcomes or if the family are able to sustain progress without ongoing intervention.
- Agree revised plan with family, network and agencies.
- Update consent as necessary.
- If a plan is no longer required, close the Early Help Assessment. Refer to universal services if required

## "Doing"

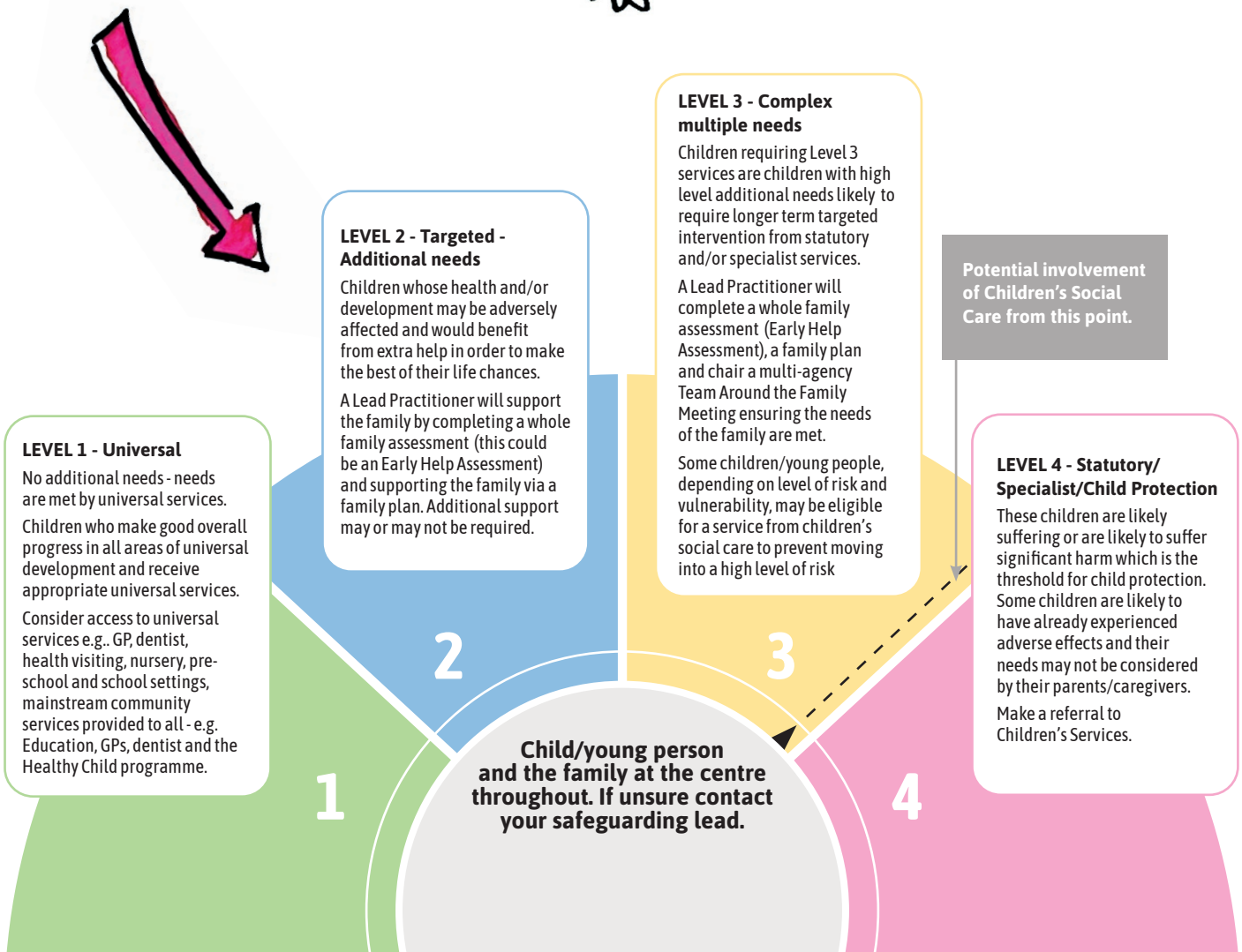
- Work with the family to complete the actions. Agree a progress review date

# GUIDE TO UNDERTAKING LEVEL 2 AND 3 EARLY HELP ASSESSMENTS

Children and families requiring Level 2 Targeted Early help have emerging needs, they may require support of another service alongside universal provision to prevent an escalation of needs.

Children and families requiring Level 3 Early Help have complex needs likely to require longer term targeted intervention from multiple organisation, working together as a Team Around the Family.

Both levels of need require an Early Help Assessment and plan but the depth and extent of the assessments will differ.



# LEVEL 2 AND 3 - THINGS IN COMMON

## Every assessment should:

### BE HOLISTIC

- ✓ Meaning every aspect of the child and family's life is considered. Our early help assessment is based on the Children's Assessment Framework which makes this easier to undertake because we are prompted to think about all aspects of a family's situation. Input from partners will give a wider picture about needs and strengths; and triangulate information provided.

### BE WHOLE FAMILY

- ✓ By exploring the needs of each member of the family and how those needs impact on each other. This is because a child is part of a family system, whatever that family looks like; what happens for one family member will affect other members.

### BE CHILD CENTRED

- ✓ By ensuring timely change happens in the best interests of the child. **The Child's Voice is key** - what are the child's thoughts, feelings and wishes about the situation; what do they say or do within interactions or play? Pre-verbal children express themselves through their development, behaviour and interactions; observation are key. Tools such as MyStar; Signs of Safety 3 Houses; life story; or family trees can help a child to reflect and talk.

### BE STRENGTHS BASED AND SOLUTION FOCUSED

- ✓ Whilst acknowledging the difficulties and needs, it is important to identify strengths and how these could be built upon to improve the situation.

### USE EARLY HELP OUTCOMES FRAMEWORK

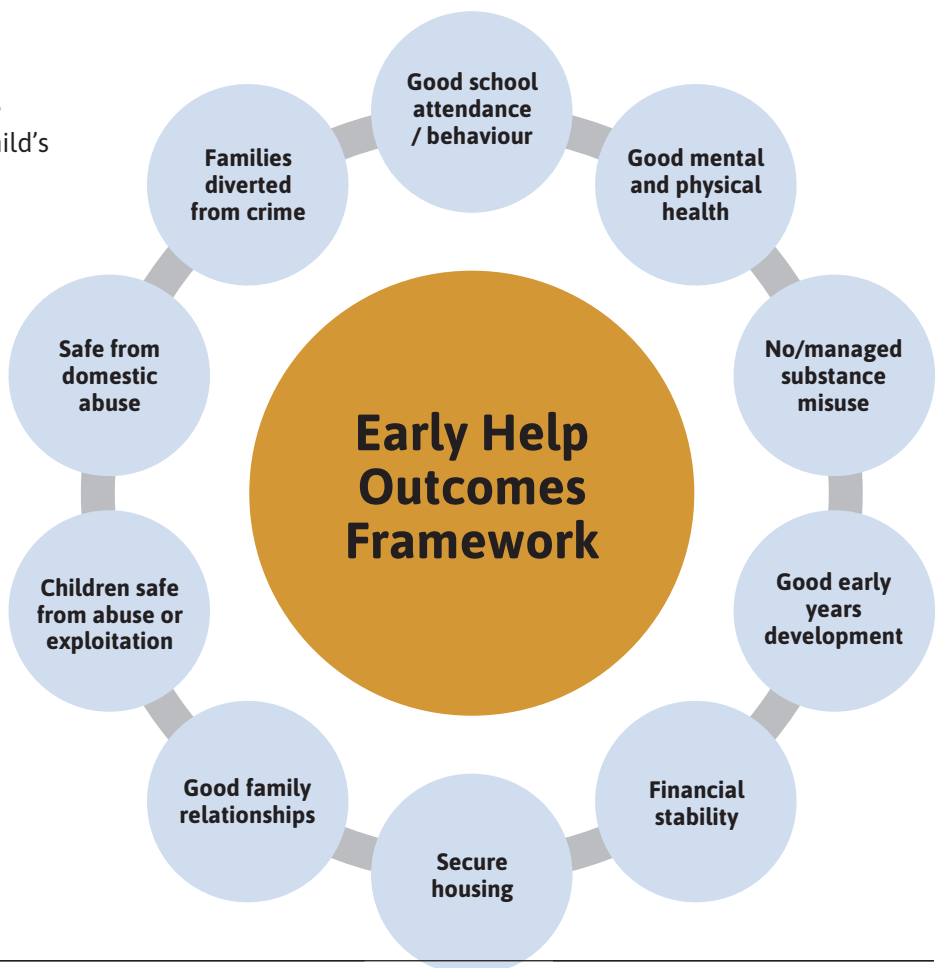
- ✓ To identify which outcomes the family are already achieving and those they need help to achieve. Using the framework makes it simpler to monitor progress through the plan.

### BE TIMELY

- ✓ Evidence is clear that assessment and follow up support undertaken when needs first emerge are more likely to bring about lasting change.

### BE CLEAR AND SHARED WITH THE FAMILY

- ✓ As the family will receive a copy of the assessment it should use clear, simple language and be jargon free.



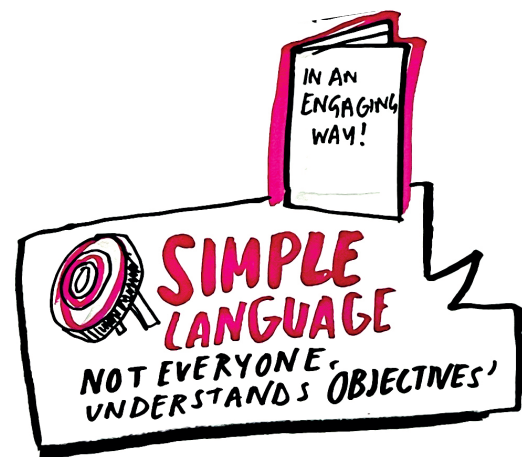
# TARGETED ADDITIONAL NEEDS - LEVEL 2 ASSESSMENTS

Won't be as in depth as those at level 3 because the child and family's needs are emerging.

There may be some history and impact on the current situation to explore, but less than a complex level 3 situation; and fewer organisations to consult. Tools such as Outcome Star and MyStar can be helpful in gaining parent/carer and child's voice, but this is not essential; as the Lead Practitioner will already know the child and their family they may already have already gained child and family voice their ongoing interactions. This means the assessment will be shorter and less detailed but still provides a good understanding of what outcomes the family have reached themselves, those they need help to achieve and analysis about why this is. This learning will inform the family plan - the intended outcomes will be clear, as will how these are to be achieved, by who and by when. The plan will cover all aspects of the whole family's life, but likely to have only a few actions for the family, lead practitioner and possibly another organisation.

The plan should be reviewed every 12 weeks at the most, sooner in many cases. A Team Around the Family review meeting isn't necessary but everyone involved in the assessment and plan should be consulted.

All practitioners should be confident in completing a Level 2 Early Help Assessment; though it is Sometimes and Active; and Occasional, Aware and Connected practitioners who will do so the most frequently.



# COMPLEX MULTIPLE NEEDS -LEVEL 3 ASSESSMENTS

Will be an in depth exploration of the family's history and current situation; pulling information from all the organisations involved and those around the family.

It is important to triangulate information gained to explore all family members and organisations perspectives on about the situation. Outcome Star Family Star and MyStars should always be used to gain the child and family's voice, and establish where the parent or carers are on the Journey of Change. Other assessments tool should also be used appropriate to the situation, such as:

**Neglect:**

Graded Care Profile 2 (GCP2)

**Domestic Abuse:**

Domestic Abuse, Stalking, Harassment or Honour Based Violence (DASH)

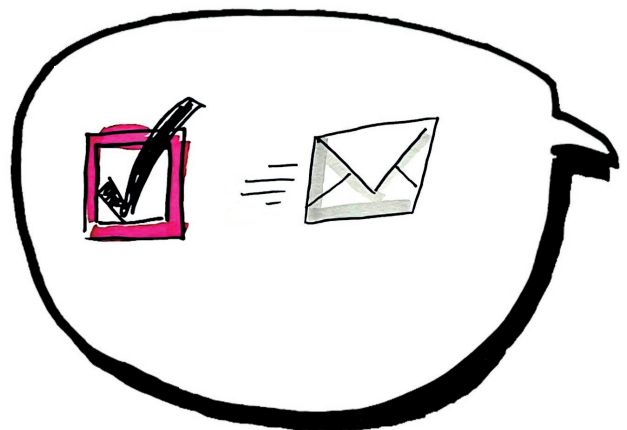
**Exploitation:**

Multi Agency Child Exploitation assessment (MACE)

Careful analysis of the information gained is needed to understand the root causes of the situation and what factors complicate things, making change difficult. This will inform planning. The family plan may have several intended outcomes and actions needed to achieve these, with several organisation involved; it may be necessary to prioritise some outcomes and actions over others so the family don't feel overwhelmed. The assessment belongs to the child and family so they should be key in any decisions made, although safety should always come first.

The plan should be reviewed through a Team Around the Family meeting every 6 weeks at most, sooner for some families. It's important everyone involved in the review meeting contributes; the family should feel the meeting is theirs and that they are part of a supportive team working to improve things for their child and family. The child's views are very important, they should be at the meeting, if this is not appropriate their up to date views represented by the lead practitioner.

Practitioners who are Frequent and Modelling and Regular and Promoting will focus on Level 3 assessment. The Sometimes and Active practitioners will occasionally undertake Level 3 work, although may need guidance from a more experienced colleague or Early Help Coordinator.



# DONCASTER EARLY HELP ASSESSMENT

Our new Early Help Assessment is clearly based upon the Children's Assessment Framework developed by the Government in 2000, so is familiar across Doncaster Partnership. The framework explores the child's development needs, parenting capacity to meet these needs and the impact on the wider family and environmental factors on both.

All practitioners need to be confident to undertake an Early Help Assessment and plan.

## Child's Health:

The first section explores the child health, this includes:

- General health
- Physical development
- Speech, language and communication
- Emotional and social development
- Behavioural development
- Identity, self-esteem, self-image and social presentation
- Family and social relationships
- Self-care skills and independence.

## Child's Learning

- Then the child's learning which includes:
- Understanding, reasoning and problem solving
- Participation in learning, education and employment
- Progress and achievement in learning
- Aspiration



## Parenting

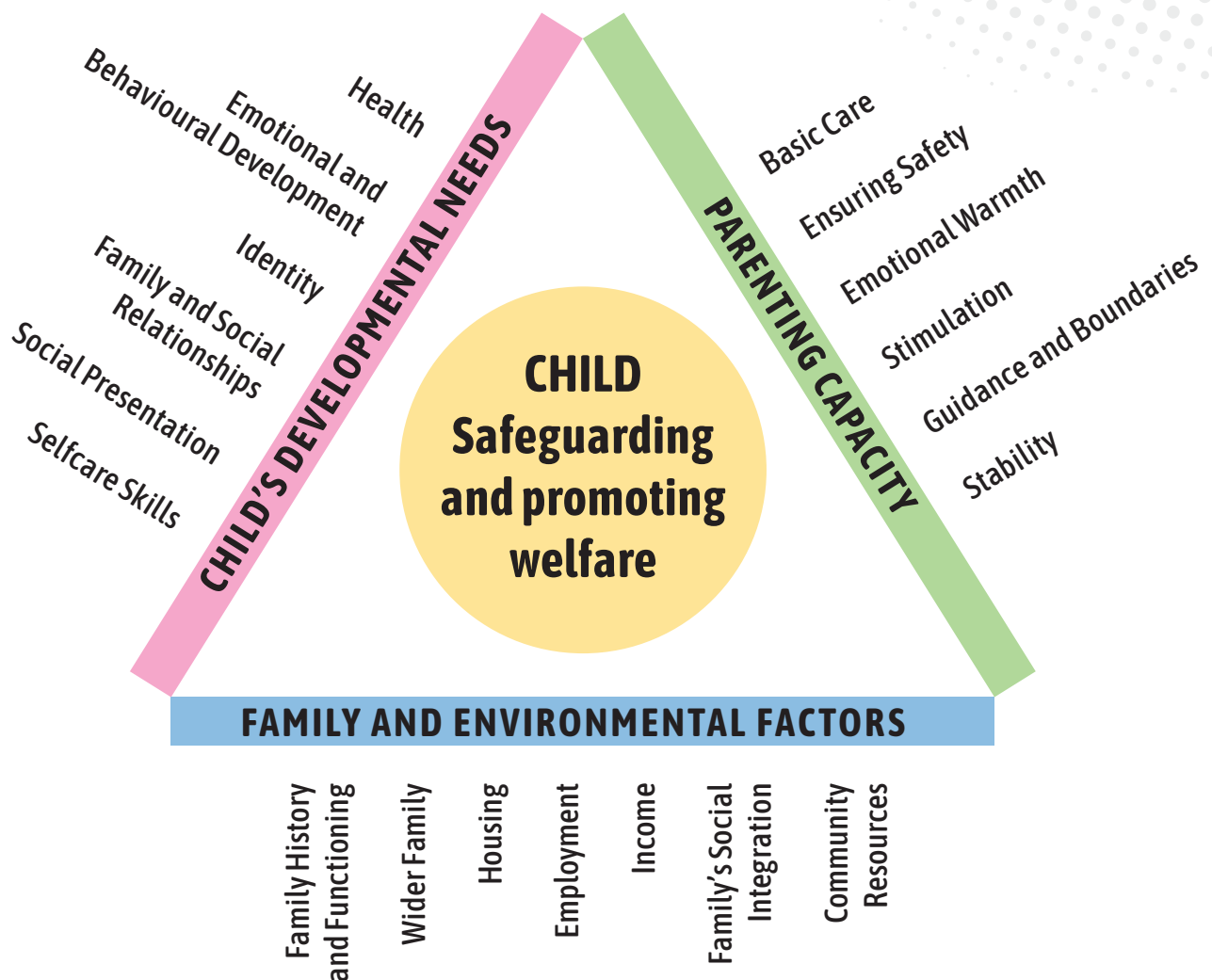
The second section explores parenting capacity which includes:

- Basic care, ensuring safety and protection
- Emotional warmth and stability
- Guidance, boundaries and stimulation

## Family and Environmental Factors

The third section explores wider family and environmental factors which includes:

- Family History, relationships and well-being
- Wider Family
- Housing, employment and financial considerations
- Social and Community resources, including education



### Views on the Assessment:

Assessment information, input from other organisation and the child and family's voice will be recorded throughout the Child's Health, Learning, Parenting; and Family and Environmental sections. Following this there is section to record the child and parent/ carers comments about the assessment –Do they agree? Have worries? Think we haven't got things right? It's important this section isn't a repeat of previous views about their situation but is about the assessment instead.

### Early Help Outcomes Framework and Plan:

Our plan is centred on the Early Help Outcomes Framework because we want all Doncaster Children and their families to achieve the 10 outcomes. At the end of the assessment practitioners identify which outcomes are already being reached and those the family need help to accomplish.

When recording the assessment and plan in the Children's Integrated case file recording system, the outcomes the family need help with will display their sub outcomes and will help the practitioner pin point exactly what needs to be achieved. These are then recorded into the plan.



# TEAM AROUND THE FAMILY APPROACH

What is a Team Around the Family



A Team Around the Family (TAF) is a meeting between a child, young person, their family and the group of practitioners who are working with them. The purpose of the Team Around the Family meeting (TAF) is to share information and to create a solution focussed plan that will support the needs of the child and their family. The meeting provides an opportunity to consider how appropriate, effective and timely support can be secured enabling family's needs to be met. The focus of the meeting is to build on the strengths identified within the Early Help assessment whilst addressing the current worries and needs.

A Team Around the Family meeting is an opportunity for families to work together with professional to gain confidence and skills to develop their family/friend networks to ensure future support is effective and sustainable.

Team Around the Family meetings should always be solution-focused and build on the families' strengths to promote positive change.

## Who are Team Around the Family members?

Team Around the Family (TAF) members are the child, family, lead practitioner, plus anyone else involve in supporting the family. TAF members often have actions in the plan they are responsible for, but this is not always the case; sometimes TAF members won't have an action but are still really important because they can give an update on how things are going because they see the child and family a lot.

## What does a Team Around the Family member do?

Level 2 families: those with targeted additional needs don't need to have Team Around the Family (TAF) review meetings because there aren't lots of people involved in helping the family. Instead, reviews can be undertaken by the lead practitioner receiving updates from everyone in the TAF, updating the plan, then sharing this with TAF members. Review meeting can be held if this is what the family would like or make communication easier. Every TAF member must share updates with the Lead Practitioner regularly, especially when a review is being undertaken so they comply with section 10 of the Children's Act, 2004.

Level 3 families: those with complex, multiple needs always need to have TAF review meetings because more people are involved, and this makes communication easy and clear. It is very important TAF members attend meetings because their information is vital, it demonstrates to the child and family they matter, and it supports the lead practitioner to coordinate the plan. **It is difficult to chair a meeting and take notes at the same time, TAF members should support the lead practitioner by sharing these tasks.**

TAF members with actions on the plan should work with the child and family to achieve the outcomes needed; sometimes new actions will be added and the TAF will agree who will lead on these.