

Lewisham Early Help practice guide



A multi agency guide to early help



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Introduction to Early Help

The Practice Guide

This practice guide has been developed to assist professionals who work with children, young people and families in need of early help. The aim is to provide an overview of the early help context and to support professionals in providing early help intervention and support at the earliest stage, in a coordinated manner to prevent families, young people and children reaching crisis point and needing more intensive services.

In line with the iThrive model, every professional that comes into contact with families, children and young people that need support, has a responsibility to engage and assist the family in gaining the right supports and interventions as early as possible.

This practice guide is to encourage professionals to work together to share information, identify strengths and risks within families and provide coordinated and family specific interventions at the earliest possible time.

What is Early Help?

Early Help describes all support available to children, young people and families up to the level of statutory intervention (Children's Social Care), from pre-natal stages up to the age of 18 years (25 years for those with learning difficulties and/or disabilities). It includes information and advice, universal services, open access services and more intensive targeted support for children, young people and families who need extra support.

'Working Together to Safeguard Children' (2018) is the statutory guidance which details the vital role of effective early help intervention for children at risk of poorer outcomes. It emphasises that all agencies have a collective responsibility, to identify, assess and provide effective targeted early help services. It asserts:

"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" (page 12)

"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" (page 13)

Within 'Early Help' there are both universal and targeted services. These services work together, ensuring the most relevant and focused plans and interventions are in place:

- **Universal services** are services that all children and families can access (for example, GPs, Schools, Early Years, Community Organisations etc.)
- **Targeted services** are services for children and families that have multiple needs which require a multi-agency intervention (for example, Family Thrive, the EYA Family Practitioner program etc.)

Lewisham's vision for Early Help

The vision for Early Help is detailed in Lewisham's Early Help and Prevention Strategy 2020–2023:

"Our vision for Early Help and Prevention is for children and young people in Lewisham to thrive, reaching their full potential and able to take full advantage of the opportunities available to them in Lewisham, London and beyond."

Lewisham's Early Help Vision is underpinned by three core values:

Resilience and Wellbeing: We will prioritise Lewisham children, young people and families' wellbeing, building resilience, so that they know where and when to go for help and support when faced with challenges and adversities as they arise

Timely and Focused: We will provide timely and focussed help and support to make a positive difference to a greater number of children and families so that their needs are met earlier and more effectively

Involves and Empowers: Parents, carers and families will be at the heart of a system that involves and empowers them in decisions that make the difference for their children

Lewisham employs a life cycle approach, recognising that children, young people and families need different things at different times, as such we will ensure children are supported throughout their childhood, adolescence and into adulthood.



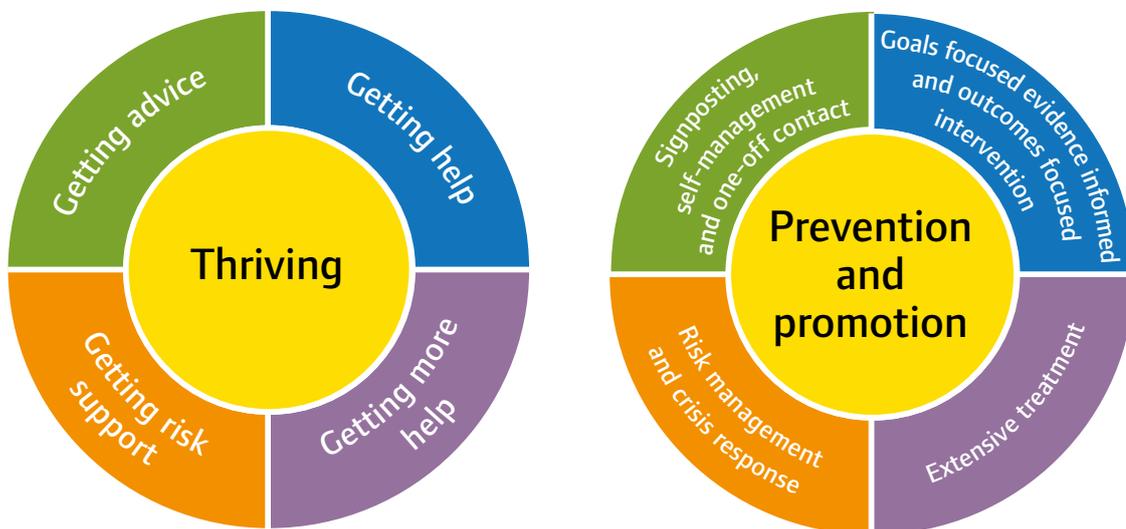
To best achieve this, a culture of working together across agencies and with families is needed to:

- **Prevent** problems occurring
- **Identify** risks or problems at the earliest point of need, at any time in a child or young person's life
- **Respond** by providing support as soon as possible to stop problems getting worse, reducing the risks to children's wellbeing and increasing the protective factors in a child's life.

The iThrive model

The Lewisham Local Authority and partner agencies have committed to the iThrive model. The THRIVE Framework was developed through the Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families in 2014.

"The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. It aims to talk about mental health and mental health wellbeing help and support in a common language that everyone understands. The Framework is needs-led which means that mental health needs are defined by the children, young people and their families, alongside professionals, through shared decision making. Needs are not based on severity, diagnosis or care pathways." (Tavistock Portman NHS)



The focus of the Thrive model is to promote mental health and wellbeing for children, young people and families where they are central and empowered to contribute and make decisions about their care and support through shared decision making. It also encourages professionals to link children, young people and families in with the right support as early as possible and to ensure that any professional who comes into contact with them is able to provide some support. This is to reach the goal of children, young people and families to thrive.

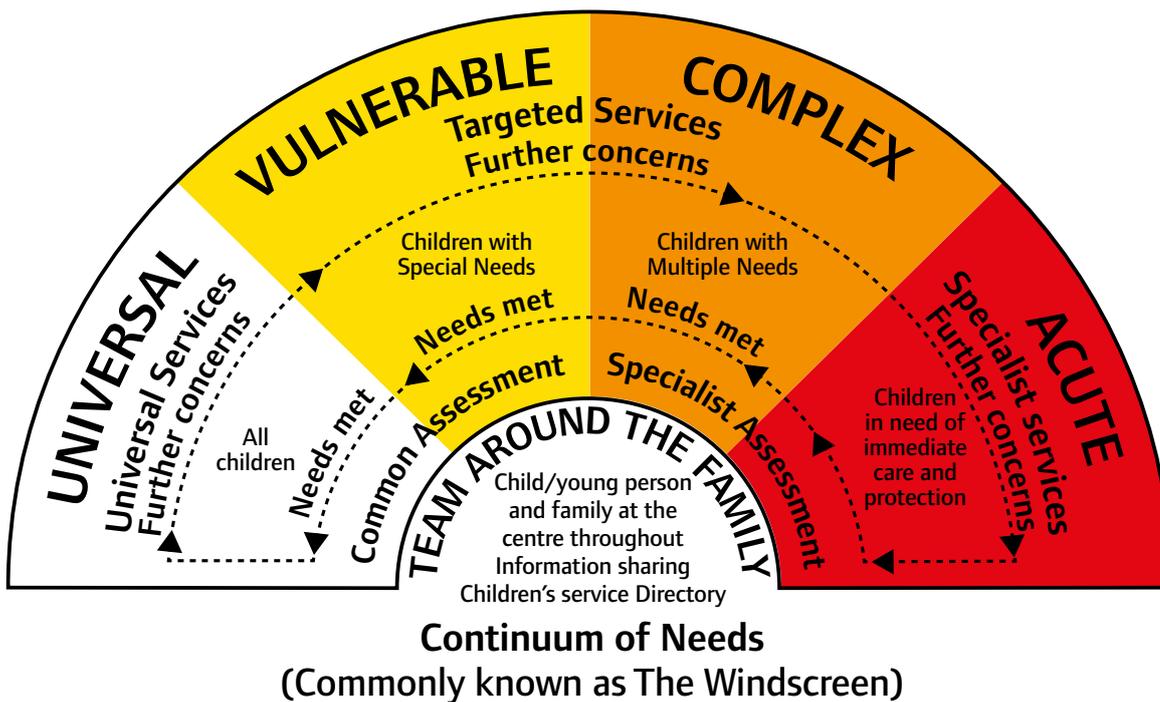
In line with Early Help best practice, the principles underlining the Thrive model are:

- 1. Common Language:** the framework supports and encourages a shared language of need
- 2. Needs-Led:** ensuring that interventions focus on meeting need as opposed to assessment or diagnosis; and that the plan of support and everyone's roles are explicit.
- 3. Shared Decision Making:** Voice of children, young people and families is central and are to be a part of the decision making processes and identification of outcomes to be achieved.
- 4. Proactive Prevention and Promotion:** Proactively working with the community to support mental health and wellbeing, in particular with the most vulnerable groups with an emphasis on helping children, young people and communities to build their own strengths.
- 5. Partnership Working:** Effective cross-sector working, with shared responsibility, accountability and mutual respect
- 6. Outcome-Informed:** Clarity and transparency from the beginning about children and young people's goals, progress and action plans, with explicit discussion if goals are not achieved.
- 7. Reducing Stigma:** Ensuring and promoting mental health and wellbeing is everyone's business.
- 8. Accessibility:** Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

Understanding Levels of Need

The Continuum of Need

The Continuum of Need provides guidance around four levels of need, to assist in planning and the provision of services to best support children, young people and families in Lewisham. The levels of need are not rigid and are to be considered as a continuum with flexibility across all levels to ensure children and young people receive the correct help at the right time and level to help them meet their full potential.



As detailed in Lewisham's Threshold for Intervention the levels are defined as (page 5):

Level 1 – Children and Young People with Universal Needs – Children with no identified additional needs.

These are children for whom all their health and developmental needs will be met by universal services alone. Children and young people at this level are achieving expected outcomes. There are no identified unmet needs or the need is at a low level and can be met by the universal services or with some limited additional advice or guidance. Children, young people, parents and carers can access services directly.

Level 2 – Children and Young People with Additional Needs – Low risk to vulnerable. These are children whose needs are not clear, not known or not being met. They may be vulnerable and showing early signs of abuse and/or neglect. Children and young people at this level are in need of coordinated early help and support from services. This is the threshold for a multi-agency early help assessment to begin (Early Help Assessment).

Level 3 – Children and Young People with Multiple/Complex Needs.

These are children with high level additional unmet needs. They are unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services. They can also be children who are disabled. They may require longer term intervention from statutory and specialist services and need support by a clear, co-ordinated action plan. This is the threshold for an assessment led by children’s social care under Section 17, Children Act 1989 (Child in Need).

Level 4 – Children and Young People with Acute/ Specialist Needs.

This is a smaller group of Children who require intensive help and specialist support. This could be due to safeguarding issues where there is no risk of actual or likely significant harm but needs are acute and multi-agency plans are not effective; or because there are child protection issues where there is actual or likely significant harm and intervention is required under Section 47, Children Act 1989. During the course of an assessment the concerns about the child may become so great that the Local Authority may seek to make arrangements for the child to be looked after outside of their usual family home (usually known as Children Looked After (CLA) or Looked After Children (LAC)). This may be a voluntary agreement with parents (Section 20) or through the courts to seek shared parental responsibility for the child (Section 31). Young people being worked with by the Youth Offending Services also meet this level of need.

Lewisham MASH

The Lewisham MASH (Multi-agency Safeguarding Hub) is the single point of entry for referrals to Children’s Social Care and Family Thrive (targeted early help). Both professionals and community members can contact the MASH when they are worried about a child. Parents can also self-refer for support.

All requests that come through the MASH are triaged by the multi-agency team to determine the best course of action and the level of need for the child / young person.

It is encouraged that all professionals discuss referrals to the MASH with the parent/carer in advance if possible. In seeking early help support, consent from the parent/carer is essential for further referrals to services. Early Help Coordinators are based in MASH, enabling direct advice, signposting and support around early help services and planning to referrers.

If you are worried that a child is at risk of significant harm through abuse or neglect, please call the MASH i on 020 8314 6660 to discuss your concerns and then use the form to request child protection from the MASH.

Early Help Practice

Early Help is a partnership and is everyone's responsibility

Providing early help support and safeguarding children is everyone's responsibility. As stated in the *Working Together to Safeguard Children* guidance:

"Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action."
(Page 11)

The guidance continues to highlight that "...early help is more effective in promoting the welfare of children than reacting later." And that this involves providing support as soon as worries emerge throughout a child / young person's life. Working Together promotes early help as being effective when agencies work 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

In line with this, Lewisham's Early Help Strategy recognises that **effective early help requires a system level approach, meaning services need to work together to support families in need of early help support.**

The role of the Lead Professional

It is best practice to have a lead professional in multi-agency working and one ought to be named when the need for an Early Help Assessment is identified. The lead professional can be any professional best placed to complete an Early Help Assessment, coordinate support services around the family, and provide support and advocacy.

Any professional working with the child and/or young person can take on the role of lead professional and needs to be determined on a case by case basis with consideration of the child and/or young person's views and wishes.

The lead professional is responsible for:

- Being a **single point of contact for children, young people and families** to ensure there is clear communication around support being offered and to share progress and worries
- **Completing the Early Help Assessment** with the family (if required)
- **Co-ordinating multi agency meetings** (Team Around Family meetings) and ensuring actions agreed are acted upon in a timely manner and that the plan around the family is reviewed and updated
- Being a **single point of contact for professionals** around the family
- Ensuring there is **no overlap** in service provisions

Through the course of the intervention and support, it may be appropriate for the lead professional to change, depending on what the child, young person and family needs and their wishes are.

Early Help Assessments

The Early Help Assessment (“EHA”) is a consent based assessment to be completed by the lead professional for the child/young person, where they have been identified as having low risk and/or vulnerable to being at risk of harm and need a coordinated response (Level 2 of the Continuum of Need).

A new EHA has been developed in Lewisham, using the Signs of Safety / Wellbeing model. The purpose of the assessment is to help the family and professional identify:

- Who is in their family, friends and community network?
- What is going well and the strengths within the family?
- What the carers, children / young person and/or others are worried about?
- What needs to change and what are their goals?
- What help do they need to achieve their goals and sustain the changes?

The assessment helps to recognise current needs and develop family goals to create a plan of support and intervention that can be discussed and reviewed through Team Around Family (“TAF”) meetings. It is highly encouraged that the lead professional completing the EHA incorporate children and young people’s views and wishes into the EHA through direct work (such as the Three Houses, or ‘Magic Wand’ etc) and for them to contribute to the family goals and express the support they want.

All EHAs should be shared with parents/carers and young people (where age appropriate), as well as professionals who are a part of the Team Around Family.

The EHA can be used to share information across agencies and as a part of referrals.

Team Around Family Meetings

Team Around Family (“TAF”) Meetings are held to bring the parents/carers together with professionals involved in their children’s lives to agree and review the family plan first identified in the EHA.

The purpose of the TAF meeting is to:

- **Share information** between the family and professionals, recognising the strengths within the family, as well as the worries
- **Ensure the child/young person’s views and wishes** are well known and understood amongst the professionals and parents/carers
- **Discuss any worries** of what will happen if the family do not make changes and the impact this will have on the children / young person
- **Agree an action plan**, detailing the goal; who will do what and by when
- **Review the action plan** to discuss positive progress, but also any barriers to change

During TAF Meetings, it is important to recognise and highlight progress made with the plan, but to also be transparent where there has not been progress and where any additional worries have arisen. Where a plan may not be working, exploring alternative interventions or ways of working maybe effective in progressing change. The plan should be reviewed and updated at each TAF meeting to reflect progress made within the family.

If any safeguarding concerns arise during your work with a family, it is important to discuss these with the family (where safe to do so) and be transparent about any referrals to Lewisham MASH.

Family Thrive (Targeted Early Help)

Family Thrive is a targeted early help offer to families, children and young people in the London Borough of Lewisham. The central aim of our service is to work with families and support positive, sustainable change, where without early help, their circumstances and difficulties could worsen and the children and/or young people would be deemed at being 'in need' or at 'risk of significant harm' and requiring the interventions of Children's Social Care.

The families who receive interventions from Family Thrive sit within level 2 of Lewisham's continuum of need. These families have complex needs and require coordinated, intensive, whole family support to reduce need and risk, led by a key professional who will draw on the skills and expertise of the professional and family networks.

Family Thrive is a consent based service and we work with families in a holistic manner, creating family led plans and interventions over a 26 week period. If the parents/carers do not consent to a referral to Family Thrive, the Lead Professional/Referrer should then consider whether, without help, the needs of the child will escalate to a level likely to cause significant harm. If so, a referral to Lewisham's MASH ought to be made. If you are unsure, you can discuss it further with an Early Help Coordinator from Family Thrive.

The service uses Signs of Safety/Wellbeing as the practice framework but is also informed and draws upon Systemic Practice through our Senior Therapists. Family Thrive is also introducing Trauma-Informed, Anti-Racist and Restorative Approaches to the practice framework. Many Family Practitioners have had training in Triple P Parenting, Reducing Parental Conflict, Children Overcoming Domestic Abuse (CODA) and Freedom (Domestic Abuse) Program, and the Non-Violence Resistance (NVR) Parenting Program.

The Early Help Coordinators support partner agencies in providing early help interventions, including:

- The completion of Early Help Assessments
- Facilitating Team Around Family meetings
- Support with identifying relevant services and strategies to work with families, children and young people.
- Facilitating Coffee with Colleagues
- Facilitating Conversation Corners, one off workshops for parents

The Early Help Coordinators are also based in the Lewisham MASH, where they provide advice and support to referrers around early help services and completing referrals to early help services where necessary. They provide training and support around completing the Early Help Assessment and facilitating Team Around Family meetings via the LSCP and where requested by partner agencies. The Early Help Coordinators also co-facilitate/facilitate groups in the community where there is a need.

Our Family Practitioners work with families directly to support parents/carers, children and young people where there are parenting support needs, along with other complex needs. Referrals to our Family Practitioners must be for families where there is a clear identified **parenting intervention need** (i.e. need of a parenting intervention that cannot be provided via universal or targeted universal services) **and at least one of the following:**

- Domestic Abuse
- Emotional and/or Physical Abuse
- Neglect
- Concerns around attachment
- Co-parenting conflict
- Mental ill-health of parent/carer and/or child/young person
- Parental substance misuse
- Poor School Attendance / Risk of NEET
- Parents / young person involved in crime or anti-social behaviour
- Young person at risk of contextual safeguarding (gang involvement and/or CSE and/or going missing)
- Parents/Carer and/or children/young people with a range of health problems
- Parents/Carer at risk of financial exclusion or out of work
- Child/young person is a young carer
- Challenging behaviour of child/young person and/or at risk of being out of parental control

The work undertaken includes the completion of an EHA, initial TAF, regular visits and direct work with children and young people alongside parenting skills interventions. Within this work, Family Practitioners will refer parents/carers, young people and children to other support services and advocate on their behalf where needed.

The Senior Therapists work alongside the Family Practitioners with families to strengthen relationships between family members and those in close relationships, to support them to change, develop and resolve conflict. The therapeutic offer is short term and can support around:

- Parenting issues
- Child and adolescent behaviour
- Divorce and separation
- Adult mental health
- Changes in family life

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MASH	020 8314 6660

