



# Child and Family Early Help

## Operational Protocol 2023



Caring for people, our places and the planet



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## 1. Introduction

- 1.1 The driver for developing an integrated Early Help approach is aligned to the principles of Professor Eileen Munro's review which noted "Early intervention needing to be early intervention"; "providing the right service at the right time" and the notion of "bringing together a coordinated approach to multiagency support".
- 1.2 Barnet's Child and Family Early Help Service aims to drive:
- child centred practice
  - good quality early help assessments and targeted intervention
  - an evidenced based practice framework
  - Prevention and Diversion activities
  - effective risk and safeguarding procedures
  - a partnership based practice framework
  - a seamless delivery model.

## 2. What is Early Help

- 2.1 Early Help is intervening as early as possible in the life of a problem to prevent the problem from escalating. This includes:
- help in the early years of a child or young person's life (including prenatal interventions)
  - anticipating where need may arise in priority groups, often by building an understanding of the wider family and community influences
  - providing early response services at the right time to meet family's needs and to support to resolve emerging issues and problems
  - stepping in to prevent escalation of problems and children, young people and families needing specialist services
  - when specialist intervention is needed, delivering multi-agency resolutions in good time.
- 2.2 Early Help allows for the right support to be put in place at the right time and aims to break cycles of dependency on services by empowering and enabling children, young people and their families to do things for

themselves making them more resilient and independent. This is overseen by the Early Help Strategic Partnership Board and the Early Help Advisory Groups.

### 3. Child and Family Hub Model

3.1 The Early Help Child and Family Hub model provides for co-located professionals to build sustainable relationships with schools, communities and locally provided services by being closer to where children live, go to school and access services. The model aims to:

- improve ease of access – ensuring that all sectors of the Barnet community are in ‘reach’ and have access to ‘localised’ services and support
- provide support as early as possible – Building on Eileen Munro’s principles of “Early Help, should mean Early Help”
- minimise the number of assessments, changes of professional and ‘refer on’ culture
- improve coordination and joined up working across statutory, voluntary and community-based services
- provide opportunities to share skills and best practice across professional disciplines and agencies
- improve information sharing and reduce duplication of effort
- deliver interventions based on the needs of children and families, not service structures
- develop the evidence base for early help interventions
- improve the experience of children, young people and families in accessing Early Help Services.

### 4. Eligibility for Early Help Services

4.1 [Barnet’s Continuum of Help and Support](#) outlines the needs of a child in the context of the level of service they may require. Professionals and members of the public may contact the Multi-Agency Safeguarding Hub (MASH) when a need for a service arises or there is a concern about a child’s welfare, development or safety. Referrals should be completed on a [MASH Referral Form](#)

- 4.2 When a referral is received, the MASH will follow the [MASH protocol](#), they will clarify the information and if necessary and with the agreement of those with parental responsibility, gather further information to build a full picture of the child and family including their strengths and resources. Each referral will be given a priority rating/ranking, according to the level of 'Risk and Need', which dictates the speed of the information sharing and decisions about next steps. Depending on the nature of the information received the MASH may determine that the support and intervention for the child falls within the remit of the Early Help Service and pass the referral to the managers responsible for the Early Help Hub trays (South, West & East/Central). Hub Managers will in turn prepare the referral for the next available Early Help Hub Panel if it is deemed that an Early Help Assessment (EHA) is required.
- 4.3 The Early Help Hub Panel is a weekly multi-agency meeting that discusses referrals to Early Help received from the MASH which require a multi-agency coordinated approach. See below for details.

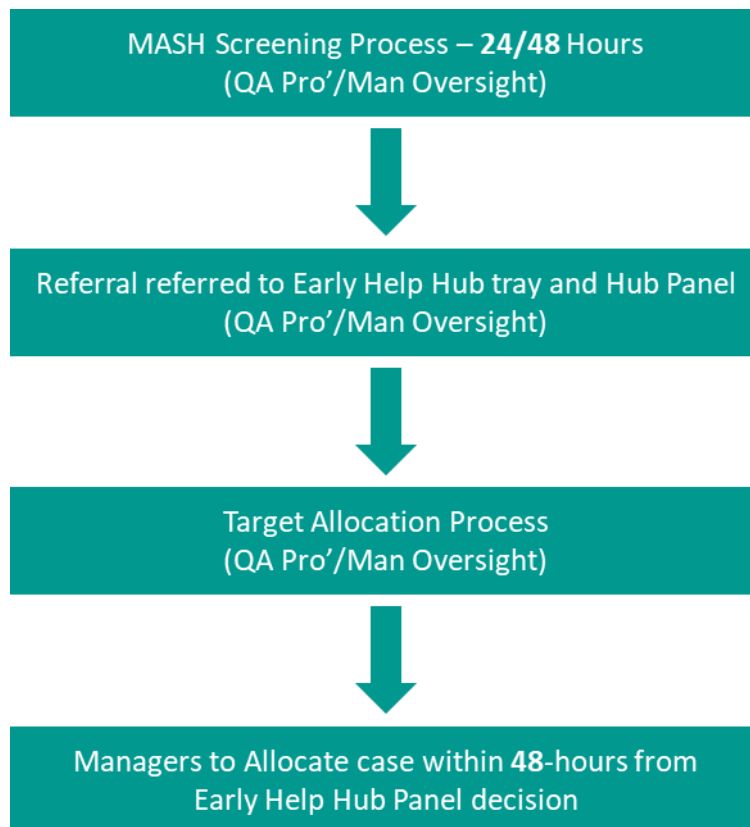
## 5. Allocation Processes and the Early Help Panel

- 5.1 The **Early Help Panel** is a key part of the Hub model and ensures that early help support is decided upon and delivered through a partnership-based approach. (See [EH Panel Terms of Reference and Protocol](#) for further details of membership and about the process). The make-up of Panel includes standing representatives from a wide range of relevant agencies, who support children across the Borough, as well as some key adult agencies, supporting parents. In addition, relevant schools and voluntary agencies are invited to attend for specific discussion of children presented at panel, as required and where there is family consent. The purpose of Panel is to consider referrals for children requiring support which have been sent to Early Help via the MASH (Multi-Agency Safeguarding Hub) as being likely to require an Early Help Assessment (EHA). (The MASH acts as the front door into Family Services). The Panel needs to consider whether the child and family does require an EHA, in order to coordinate a multi-agency response, as there are more than 3 agencies involved, and there are a wide range of needs. If so, Panel will confirm which agency is best placed to take the Lead Professional role, and which agencies, need to be part of the Team Around the Family (TAF). It won't however get into the detail of the

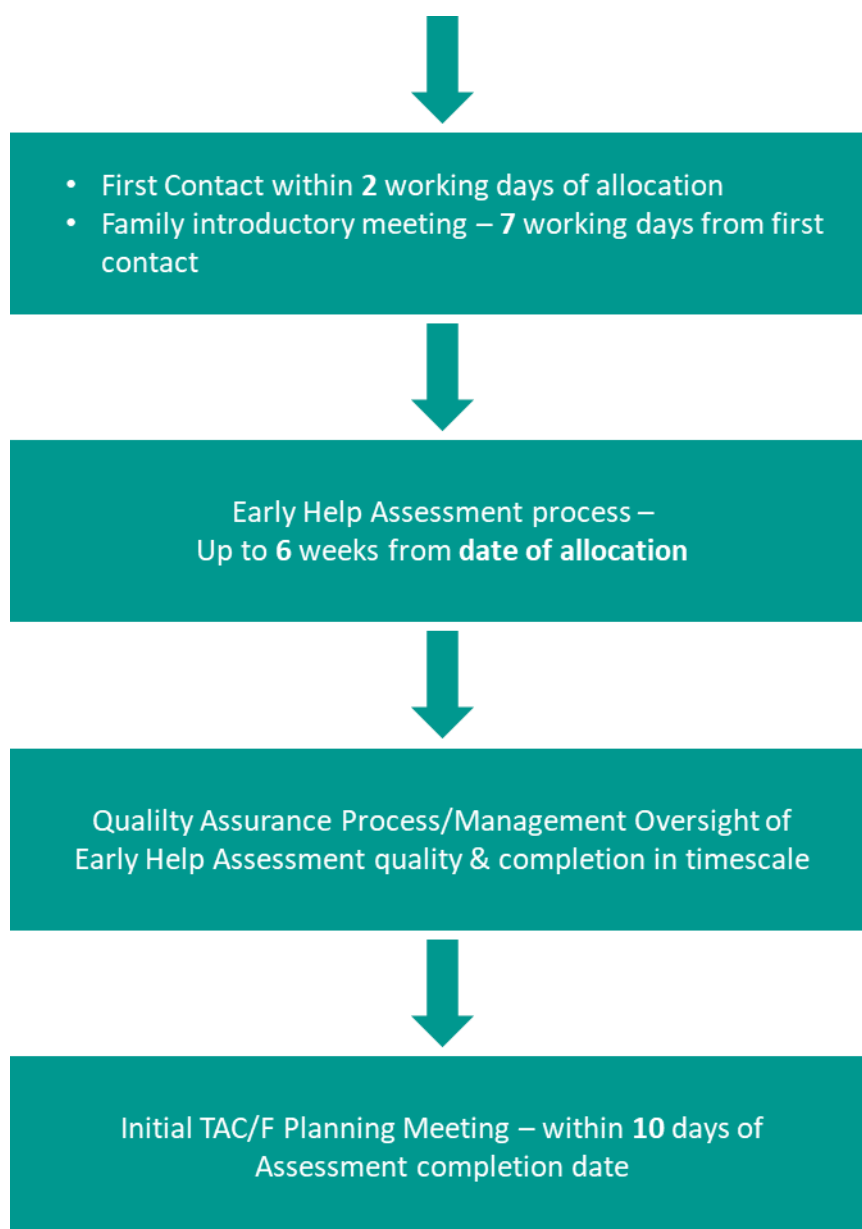
planning of support and interventions to be offered, as this will be up to the Lead professional the TAF and the family to decide.

The aim is that we can progress the work quickly and get the right support in place first time.

- 5.2 Where we are working with a child and family in Early Help and not seeing progress in a timely manner or where children and families who have been supported by Children's Social Care, Reach or YJS (Youth Service) are moving to be supported in the Early Help service a multi-agency discussion and agreement around the formation of TAF can also be brought to Panel, at the discretion of the Panel Chair.
- 5.3 All requests for support presented to Panel must have the family's full agreement prior to discussion at the Panel.  
There is an Information Sharing Agreement in place signed by all partner agencies to the panel. Any information that needs to be shared between agencies is proportionate, and that information is not to be shared outside of Panel, unless, that agency will be taking the Lead Professional role or has been requested by the Chair to take away a specific action.
- 5.4 The Early Help Panel currently meets weekly on Tuesday mornings. Since 2020, these have been virtual meetings, with the aim of there being a termly face-to-face Panel to enable good networking. The frequency and timing of Panels will remain under review to ensure they remain 'fit for purpose'.
- 5.5 Requests for support for children and families with more complex need will be overseen by the Early Help Panel, although to ensure that Barnet is utilising the panel effectively, referrals that do not require a multi-agency wrap-around (for example those requiring Universal Plus interventions) will be allocated by Early Help managers directly to Early Help Practitioners. This two-pronged approach to allocation will ensure that Early Help manages the volume of referrals received for support, timely practice is adhered to and those families needing partnership-based support will be given the extra oversight from the Early Help Hub Panel.
- 5.6 Early Help managers should utilise all available information on the incoming referrals, to determine what process of allocation should be applied. The allocation process is to ensure that all referrals are allocated to practitioners directly. Limited child and family details will be circulated to Hub Panel members at the next available meeting for information sharing purposes and for Lead Professionals to receive any additional information Panel members may hold.



- 5.7 The Lead Professional (LP) is responsible for undertaking an assessment of the needs of the child, convening a Team Around the Family (TAF) meeting, with the agreement of the family and agreeing a plan of action, including ensuring that appropriate services are accessed and delivered to the family.
- 5.8 An initial TAF meeting will be convened within 10 working days of the LP concluding an Early Help Assessment (EHA) of the family. This meeting should include any professionals working with the family to ensure that there is no duplication and that any work undertaken is efficient and effective.



## 6. Starting the Assessment

- 6.1 The LP should make contact with the family within **2 working days** of the work being allocated and arrange a home visit within **7 working days**, in order to start the EHA. The EHA should be completed within a maximum of 6 weeks of allocation. Before starting the assessment, it is important to confirm that the family are willing to engage with Early Help and confirm their agreement for information to be shared with the other agencies that can assist them. (This is particularly important to check, for support for a child and family, that has not been through the Panel process, where engagement would have already been fully discussed). It is also important to share with the family that the assessment will be holistic even though some members of the family may not be adversely impacted



by the identified need. As soon as the engagement stage (previously known as consent) has been confirmed and noted on EHM, then the practitioner should progress to start the Assessment on EHM.

- 6.2 Prior to starting the Assessment, the practitioner should ensure that all the demographic details are correct on the EHM record, including the child and parents' ethnicity, religion, languages, dates of birth, addresses, contact details and details for all involved agencies, especially which schools the children attend. It is also vital that the children to be included in the Assessment have been correctly consolidated on EHM.
- 6.3 All Assessments need to acknowledge and clearly record not only the lived experience of the child, but also consider the cultural make-up of the family and the child's experience of any discrimination they may have faced and how this can be addressed. The practitioner needs to be aware of their own cultural biases in this exploration.
- 6.4 On completion of the EHA, a TAF meeting should be convened (**within 10 days** of the completion of the assessment) and the initial TAF meeting chaired by the practitioner, or if required (depending on the complexity of the need) by a manager or Advanced Practitioner (AP). If a number of agencies are already working with that family, it is still helpful to convene a TAF meeting to ensure that everyone knows what each other is doing, to make the support more efficient and to reduce the frustration for the family of having to repeat information multiple times.



At the point of end of 2<sup>nd</sup> review we should consider the transfer of the LP to the Community, who can take forward the 3<sup>rd</sup> or 4<sup>th</sup> review if necessary.

## 7. Planning Interventions

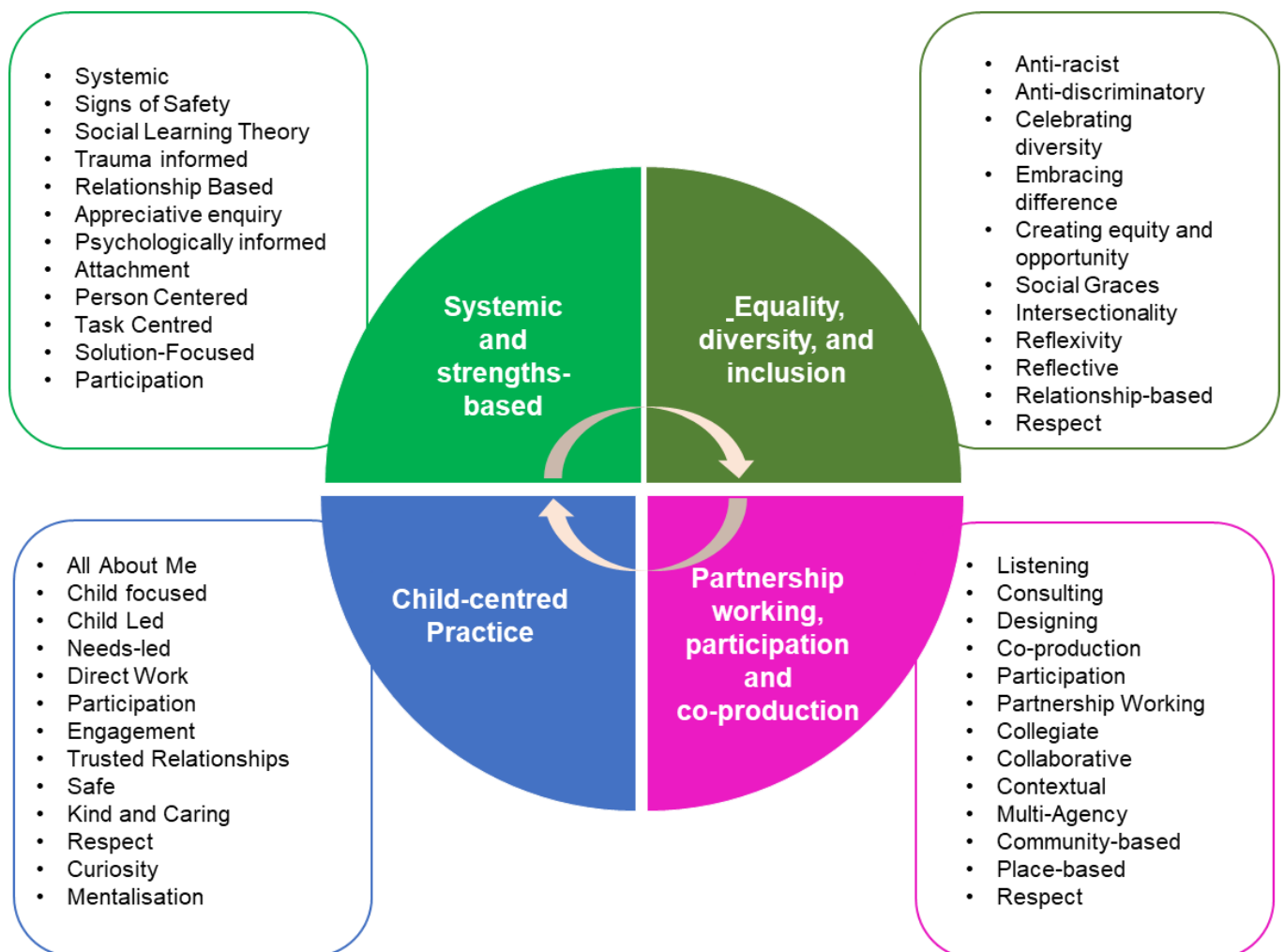
- 7.1 Each child and family circumstance is unique and plans will be tailored to their individual needs.
- 7.2 The plan for the family will be agreed at the first TAF meeting. However, it may also be drafted and worked on alongside the assessment process, to ensure that families receive timely support. The child (where age appropriate) and their family will be asked to participate in the development of the plan. The plan will also agree how often the LP will contact and see the child and their family. The LP must record the voice of the child at a minimum of every 4 weeks for the duration of the intervention.
- 7.3 The agencies attending the TAF must identify how they are going to support the family to deliver the plan including timescales. The TAF will be reconvened every 12 weeks or sooner (dependent on circumstances) until it is agreed that:
  - either the plan has been completed
  - a further need is identified; or
  - the child's needs escalate to require Children's Social Care interventions.
- 7.4 If the plan has been completed, the TAF must ratify that it has been achieved and if any universal services are required which need a referral, the LP must complete this prior to closing the intervention.

## 8. Delivering the Intervention

- 8.1 Within Barnet, it is expected that Lead Professionals will use the Practice Models from the Early Help Practice Standards in undertaking any assessments and interventions. The Early Help Practice Standards set out resilience-based approaches and include Signs of Safety, Restorative Approaches, Systemic Practice and Positive Parenting approaches. The Early Help workforce development framework will support training for staff in all of these approaches. Other evidenced based models may be used

in conjunction with the Practice Model and this may include attachment, desistance, social learning theory, task centred practice and behavioural interventions. Please see appendix for Practice standards and menu of Intervention.

The framework principles are outlined below.



## 9. Levels of Contact and Engagement

9.1 Contact and engagement with families is key to helping them build resilience and addressing the underlying issues related to their needs. All contacts with families should be **assessment** and **family need** driven and the frequency should be designed in a way that it is reduced over the period of the engagement. The early help definition of contact can be contextualised through the following methods:

- home visit
- office visit
- school visit
- Duty Officer
- telephone/MS Team
- virtual contact
- contact with Partnership agencies working with the family.

9.2 Lead Professionals on an EHA may want to follow a structured outline in their case management of families as follows when using a phased approach towards contact and engagement

**1<sup>st</sup> Month** – 2 times per week (intensive phase)

**2<sup>nd</sup> Month** – 1/2 times per week (intensive phase)

**3 Months** – 1 appointment per fortnight (less intensive phase)

**3/6 Months** – 1 appointment every 2/3 weeks (less intensive phase)

**(at this point the expectation is that the LP role will move to the community)**

**6/9 months** – 1 appointment per month (preparation for exit stage)

9.3 A structured approach towards contact and engagement enables families not to be reliant on professionals and reinforces their abilities to 'cope' when things are not going so well. The nature of early help work requires professionals to provide sustainable support to families over a short engagement period, therefore contact should not be 'ad hoc' and should be structured and designed around the families' needs and abilities.

9.4 Whilst the above **illustration** is a guide, which Lead Professionals may want follow, the key aspect is that an agreed level of contact and engagement should be outlined in the intervention plan and signed off accordingly by the TAF or Early Help Manager as appropriate to the needs of the family.

## 10. Voice of the Child

10.1 Children and young people must be at the heart of everything we do, we must strive to see and understand the world in the way that they see and experience it. We must listen and observe to what they communicate so we can enable them to make meaningful contributions and understand their lived experiences.

*“Above all, it is important to be able to work directly with children and young people to understand their experiences, worries, hopes and dreams.” (Munro, 2010)*

10.2 The voice of the child/family is key to:

- engagement
- assessment and intervention planning
- decision-making
- service delivery
- partnership work
- empowerment
- building resilience.

10.3 This aspect is also intrinsic to all work undertaken in Early Help, not only in the areas noted above, but also when we are not helping to improve the child or families' outcomes. The voice of the child/family will help us as practitioners to listen and make changes when things are not going so well for the family.

## 11. Home Visits

11.1 Home visits are an essential part of the work we do in Early Help. Observing families in their own personal environment can be beneficial, both for the family and the practitioner.

11.2 Firstly, children are more likely to say what they think and be more open in their home environment, than in the confines of an office or statutory setting. From the practitioner's perspective, an open and relaxed child or family is more likely to provide vital information that could shape the assessment and intervention processes. In addition to this, as practitioners we get to see the family's living experience during home visit

contact and any noticeable change or deterioration in subsequent visits. This will help tailor intervention at a much more timely pace.

- 11.3 Whilst there are not any particular timescales on home visits during the course of engagement, practitioners are encouraged to undertake as many as they feel necessary. Good practice dictates that families are seen at home as part of the assessment, intervention, and review cycles. This would help to inform the assessment on progress, deterioration, and other aspects of our work with children, young people and families.
- 11.4 Once a relationship is established with the child and their family, where appropriate, virtual sessions may be considered to compliment face to face sessions.

## 12. Escalating concerns to Children's Social Care (Step Up)

- 12.1 Whilst it is preferable that the LP escalates safeguarding concerns in a planned way, there will be occasions where incidents escalate quickly and need a fast response because of an immediate safeguarding concern. In this instance, the Lead Professional (LP) needs to first discuss the concerns with their line manager, who will consult with the DATs Team on duty. If the threshold is agreed with the DATs manager, then the EH Manager will provide the information to the MASH who will progress to DATs.
- 12.2 If there are immediate safeguarding concerns in relation to an open Early Help episode led by a community-based Lead Professional, the Lead Professional will follow their agency's safeguarding procedures and continue to refer these directly to the MASH, who will assess the new concerns and make a decision regarding whether or not the child's needs require to escalation to DATs or remain in Early Help.
- 12.3 The MASH also may receive open contacts on EHAs, from agencies who are not part of the Early Help Service/TAF (such as from A&E, GP or the Police). The Lead professional and Early Help Hub team may not have any knowledge of these new concerns. These should be risk assessed by the MASH. If the MASH decide that the threshold is now too high to remain at EHA level, then the MASH will inform the Early Help Hub team and ask them to close the EHA on EHM, and the MASH will pass the referral to DATs.
- 12.4 If however, The MASH manager makes the decision EHA should continue, as the threshold has not been met for Social Care, then the

Early Help Hub managers will receive an alert 'to link to episode' in their EHM Hub work tray, for the Early Help Hub Team Manager to record the new contact on EHM and notify the Early Help Coordinator and/or Lead Professional, who will need to review the intervention and ensure the issues raised are addressed within the Plan.

- 12.5 In the event that the decision of a MASH TM is for progression to statutory intervention, the MASH managers will assign back to the last involved DATs Team if the support to the child and family has been closed within the last 6 weeks.
- 12.6 Children and families will be re-assigned back to I&P if closed within the last 3 months on the same basis.
- 12.7 Once an EHA has stepped-up, the Lead Professional and their manager will ensure the Early Help episode is closed on EHM, with a clear record of the reasons for closure.
- 12.8 Planned Step-ups should be brought to the weekly Allocations/Transfer Meeting, by the Early Help Team Manager or the Advanced Practitioner, together with the allocated Early Help practitioner. These meetings are held every Wednesday morning and chaired by the Assistant Head of Service in Social Care. The cut off for adding to the next agenda is by midday the day before and the EH Manager or Advanced Practitioner needs to make this request. The Early Help practitioner and the Manager/Advanced Practitioner should ensure that the support and interventions has been mapped in advance and the work is ready for transfer. It is good practice after the decision has been confirmed at the Transfer Allocations Meeting, for a joint visit to be agreed with the DATs Social Worker and EH Lead to ensure a smooth handover.
- 12.9 If the Transfer/Allocations Meeting has agreed for the child and family's support to step-up to CSC, it is the EH Manager's responsibility to email the MASH Manager to ask them to create a new contact and progress the child's support to the relevant DATs Worktray, as agreed.
- 12.10 The outcomes from Transfer/Allocation Panel should always be clearly recorded by the EH Manager from the Transfer/Allocation minutes onto the file, to ensure clear management oversight and audit trail. This is especially important if the support and interventions has not been agreed for step-up at this meeting, so that the rationale and recommended action are clearly recorded.



## 13. Step-down from Children's Social Care

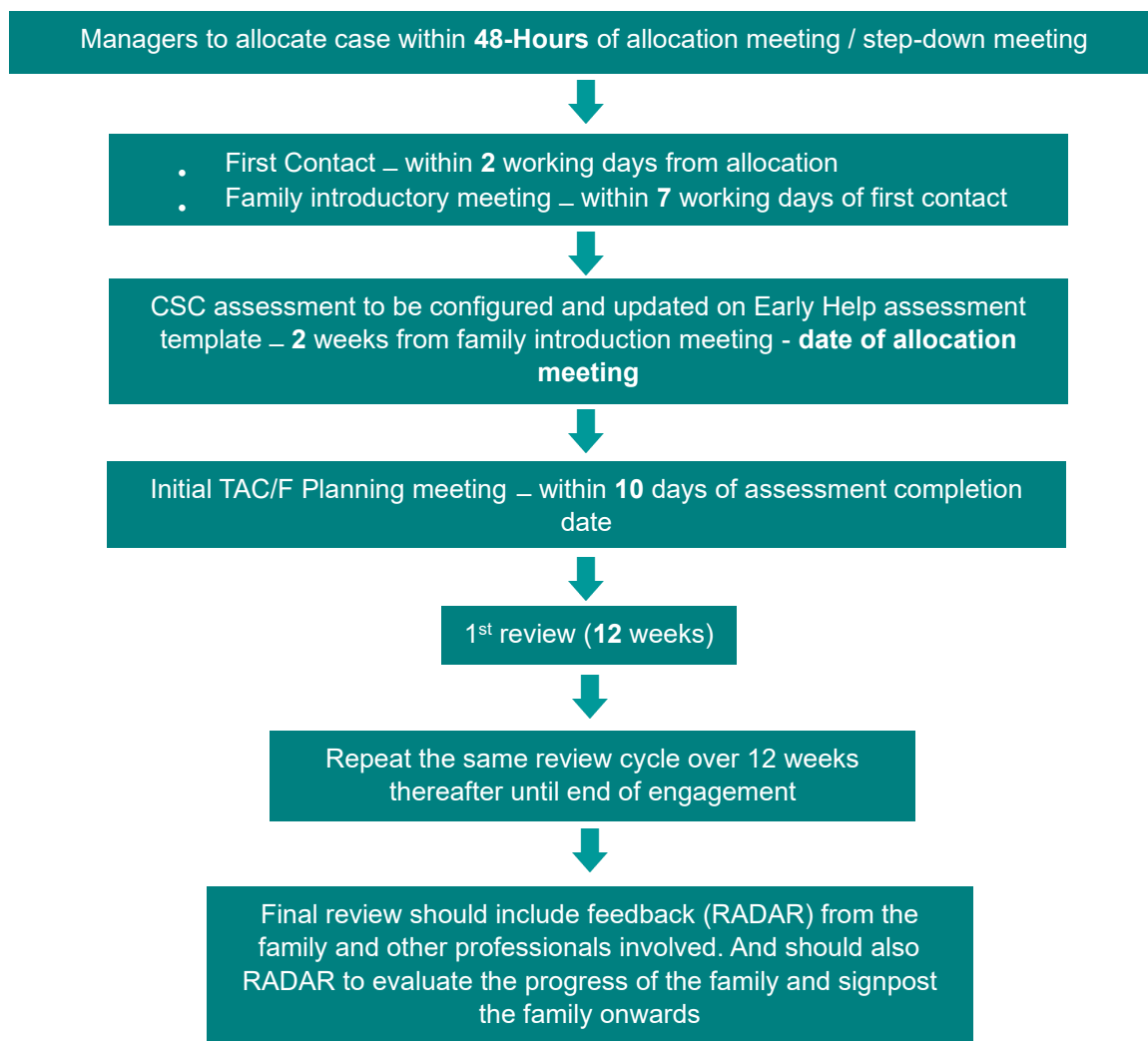
- 13.1 Prior to the child's support transferring to Early Help (EH), an initial consultation needs to take place between the allocated Social Worker and EH Social Worker to ensure an Early Help Assessment is appropriate, that the family are in agreement and to agree the outstanding interventions to be included in the EH Plan and referrals to support services needed for the family prior to the meeting. Both will also agree a date for step-down meeting/Final CIN Review meeting. This is arranged within 10 days of consultation.
- 13.2 In circumstances where CSC (Duty & Assessment Service) are stepping down a child's support, where a Child and Family assessment has not been completed, the work should be discussed with an Early Help Social Worker or Manager before being presented at the next available Early Help Hub Panel by the stepping down Social Worker. Once the transfer of help and support for the child has been accepted into Early Help, the allocated LP should treat this allocation as a new referral and follow the timescales for EHA and intervention practice noted earlier in this document. The Service Manager can also use discretion for step-down of help and support to be presented to EH Panel for a multi-agency discussion, if for example the TAF is yet to be established or it may be preferable to involve the LP within the community.
- 13.3 Where both CSC and Early Help Hub Panel cannot agree on the way forward, the need for help and support for a child should be referred to the Transfer Panel, where Head of Service oversight and decision-making will determine whether the child's help and support interventions should stepdown to Early Help or not.
- 13.4 Support for a child can step-down directly from the Transfer/Allocations Panel, where it is decided at Panel, that the child's support needs may more appropriately sit with Early Help, rather than going to I&P. Following these decisions, it is best practice for the EH Social Worker to be invited to the Step-Down meeting/final CIN Meeting, or at least for there to be a joint visit, to ensure a smooth transfer.
- 13.5 There will be occasions where young people reaching the point of their 18<sup>th</sup> birthday or completing statutory Court Orders require additional support. The REACH Team and Youth Justice Service (YJS) work with such young people and the overarching view is that some of them would benefit from additional support from the Early Help Service once they have reached 18 and all CIN services cease or complete their statutory Court Order.
- 13.6 In Barnet, this cohort of young people will be identified by the REACH team and YJS 3 months prior to them turning 18 or their Court Order

coming to an end and a 'consent' based service will be offered by the Early Help service. In referring the young person, the REACH Social Worker or YJS Worker should ensure that the request for transfer to EH is listed and presented at the Early Help Hub Panel, by having an initial 'consultation meeting' with the Early Help Social Worker or AP.

- 13.7 Following a Hub Panel decision, both the REACH Social Worker/YJS Worker and the Early Help Social Worker/AP will agree the remaining intervention plan needed before undertaking a joint home visit to see the young person and their family. Once everyone is in agreement, the REACH Social Worker/YJS Worker will formally refer the child and family to the Early Help Hub Team Manager to open the Early Help episode on the recording system. When the young person has reached 18 or their Statutory Court Order has expired.
- 13.8 From a systems point of view, REACH will step-down or request a service from the Early Help Hub service via EHM, which is consistent with the approach being used by CSC. The YJS however, is not as yet able to follow a similar approach based on system limitations and the fact that they use a criminal justice-based recording system, which does not have the capacity to 'speak' to EHM. Therefore, as a temporary measure all YJS referrals for stepdown or request for services will be submitted on the Universal Plus referral form straight to the respective Hub.

## **14. Working with Children and Families Stepping Down from Children's Social Care Interventions**

- 14.1 In terms of process, step-down of support for a child and family will follow a similar pattern to that of a new referral into the MASH, particularly from the point of allocation.



- 14.2 Engagement in the majority of step-down work is generally concluded within a **6-month** period, as most of the work would have been completed during the statutory stage of intervention. As such the families' risk and outstanding needs should be reduced to within Early Help thresholds at the point of the child's support work being accepted. If the LP is of the opinion that the family has new needs, then line management approval to extend the engagement period should be sought.

## 15. Working with Children and Families Stepping Down from Children's Social Care Interventions to Universal Services

- 15.1 Once the social worker has completed their statutory involvement, if they still feel that there are interventions required from Early Help to assist the

family as part of the plan, they can request a Universal Plus step-down to Early Help, as part of the closure process. It is important to bear in mind that Universal Plus interventions need to be those selected from the EH Menu of

Interventions (See appendix), and to recognise that these are light-touch short term interventions, involving up to 6 sessions, or possibly extended to a maximum of 12, if required following review. Universal Plus work is usually a single agency/or discreet piece of intervention, so will not involve the appointment of a Lead Professional or a TAF. If the Social Worker feels that the step-down will require greater multi-agency coordination, and there is a need for an EHA, with a LP and a TAF, then they will need to follow the process outlined in Section 13 and book a step-down consultation with the EH Advanced Practitioner.

- 15.2 Like with any step-down/transfer, if possible, it is considered good practice to accompany the family to the initial meeting with universal services, in order to promote engagement and provide any information that would support a successful transition into the new service.
- 15.3 When completing the LCS transfer to EHM Form, it is vital that the Social Worker selects the correct group tray for the right Hub within EHM. They should not send these to individual EH Managers, as if they are away, this work will be delayed, as new allocations from the EH Universal Plus tray are checked daily across the management team.

## **16. Children Open to Children's Social Care working jointly with Early Help**

- 16.1 The Early Help Hub Service is partnership based by design. Within the model there are a number of services and skills, which are accessible to wider family services. In order to access those services, referrers (CSC, REACH & YJS) need to request a joint piece of work. It is important to draw distinction between a joint piece of work and the step-down process.
- 16.2 Step-down is when a referring service wants to transfer the support work with the child and LP functions into early help based on threshold, and there no longer being a need for statutory intervention. A joint piece of work is where the support, interventions and LP function remains with the referring service, however they require the skills and resources of Early Help to deliver an aspect of the intervention plan.
- 16.3 The interventions which can be accessed need to be selected from those outlined in the Early Help Menu of Interventions Document (see section

on Interventions). The interventions within the Menu are generally brief interventions, up to 6 sessions, which following a review, may be extended to 12 weeks of intervention.

- 16.4 Early Help would expect the referrer to engage in a planning meeting, post referral, to ensure that that the requested service is clearly agreed, which should include timescales, the framework of the work and the feedback mechanism. Once the requested service has been delivered, Early Help should end its involvement, leaving the LP to continue to manage the work with the child. If at any point the LP requests a new service from Early Help, this should be treated as a new referral and as such a new planning meeting held.
- 16.5 While the child's support is open to statutory services, and the casework responsibility is with Social Care, all the recording needs to be recorded within LCS, and not EHM. This is so there is a single record covering the child's journey during this episode of support, and the Early Help intervention forms part of the wider Plan.
- 16.6 All Early Help Requests on Open Social Care work must be made using Early Help Request form, within LCS (one of the new forms options from the drop-down).
- 16.7 It is vital, that these Early Help request forms are sent to the relevant EH Hub Group **LCS** tray, and not accidentally sent to EHM instead, as these cannot be processed, once in the wrong system and have to be rolled back, which causes delay. They also should not be sent to an individual manager's LCS tray either, as they will not be processed if that manager is away. We have a group allocation tray in LCS for each Hub, and the EH (SW) Manager will directly allocate these children to our practitioners. Please see process below:

### LCS Live – Early Help form started from Forms:-

current EH/C&F/Risk Assessment

Are there any risks or health and safety issues or concerns that would impact the worker?

Yes  No

Locality

**Please select the appropriate LCS Hub Tray** [Click here to select a user...](#)

Please select one of the following LCS group trays:

- LCS West Hub 0-19
- LCS East/Central Hub 0-19
- LCS South Hub 0-19

Please do not select managers' personal trays as this may cause delay

When you get to the below field, you need to select which locality tray you want to assign the referral to. There are three options: LCS West Hub 0-19, LCS East/Central Hub 0-19 and LCS South Hub 0-19.

You **should not** select the hub manager at this stage. These options will be shown in the guidance on the form.



After clicking the “Click here to select a user” link, you will be taken to the Address Book. From here you can search for the appropriate group. Again, there are only three options to choose from. **LCS** West Hub 0-19, LCS East/Central Hub 0-19 and LCS South Hub 0-19. You can search for these in the All Groups section.



If you select one of those three, it will go to the correct **LCS** tray.

- 16.8 With regards to YJS recording, practitioners should record on EHM and send a copy of the write-up to the YJS caseworker as and when sessions occur this should be added to Child View. YJS also will need to request interventions, via email, as they don't have access to the Early Help Request form in LCS.
- 16.9 The One Service Response Early Help and DATs (OSR) – This initiative was piloted during 2020 and was initially known as the EH in DATs Pilot. This joint initiative aims to assist timely joint intervention with families when an intervention from EH is required on a child open to Social Care intervention held within DATs. It involves having an Early Help practitioner on rota, from each Hub, on call to the DATs Team, the week after their duty week. The aim is for the SW and Early Help Practitioner to jointly explain and introduce the intervention to the family, for the

intervention to be offered at the start of assessment, so its effectiveness can be tested, and for social workers and Early Help Practitioners to be more familiar with each other's roles. See appendix for OSR protocol.

- 16.10 If the Social Care Team are planning to close their intervention prior to the EH intervention ending, then they need to consider whether the intervention needs to continue beyond this time, and transfer to EHM, in which case they will need to follow the Step-Down to Universal Services process (see section 15) or if they feel an EHA, with a LP is required, then follow the step-down to EHA process (see section 13). The Social Work Manager will be unable to close down their involvement on LCS, if there is still an open Early Help intervention in progress. This will therefore trigger a discussion with the EH Manager/Advanced Practitioner, if the Early Help intervention needs closing on LCS, or needs to be stepped down to EHM.

## **17. Children being supported by Community Based Services**

- 17.1 Barnet's Early Help service has established a good and co-ordinated service delivery framework, which is led and delivered by our partnership agencies. The co-ordination of the process is held by the Local Authority, but the LP function and delivery of the intervention plan is owned by the appointed partnership agency but supported and monitored by the Local Authority Early Help Coordinator.
- 17.2 This approach meets one of the guiding principles of the model, which is multiagency partnership working. Barnet will maintain and further develop this expectation within the Child and Family Early Help Hub model.
- 17.3 Some Voluntary Sector Organisations who are directly commissioned by Family Services, have Key Performance Indicators (KPIs) requiring them to lead on a set number of EHA per quarter.
- 17.4 There is an expectation that where the issues are predominately school based, or designed to hold a family, prior to an EHCP being requested, then the School will initiate the EHA and take the LP Role. It is also expected that Schools will take over the LP role for EHAs, that have been initiated and led by Hub practitioners, if a further period of review and coordination is required. This will be following there being a clear EHA Action Plan in place and TAF established. The School can still request additional interventions from the Hubs from the Menu of EH Intervention, if required as part of the ongoing plan.

## 18. Children Subject to Out of Court Disposals

18.1 The Legal Aid, Sentencing and Punishment of Offenders Act 2012, introduced a range of Youth 'Out of Court' disposals, aimed at diverting young people away from the Criminal Justice System and into early help support programmes, which were deemed as a more appropriate response to low level offending. The Out of Court disposals centre around the following:

- **Turning Point** (A police led disposal, which requires the Early Help Hub Service to undertake the initial assessment process and the police to undertake the intervention)
- **Triage** (This disposal works with young people voluntarily who have a confirmed low-level offence for up to 3 months. The key to this disposal is that young people do not become 'first time entrants')
- **Youth Caution** (Voluntary engagement)
- **Youth Conditional Caution** (Compulsory engagement for up to 3 months).

18.2 In Barnet, the Child and Family Early Help Service leads on delivery of support and intervention to those children subject to Out of Court Disposals; the service undertakes Triage, Youth Caution (YC), Community Resolution, Onset Assessments and delivers the Community Resolution, Triage, YC and YCC Intervention Plan on behalf of the YJS. This approach enables a strong interface with prevention, diversion and positive activities delivered across the borough for all young people in need of universal and targeted support.

18.3 The process for delivery is based around the Police, YJS and Early Help Hub Service meeting on a weekly basis to review and make decisions on the most appropriate interventions for the children subject to the Out of Court disposal which are those young people who have committed a low-level offence. The Out-of-Court Disposal Joint Decision Making Panel operates weekly and is comprised of key stakeholders including Police, Early Help Services, the Liaison and Diversion Worker, MASH and the Restorative Justice Coordinator (Victim Liaison Officer).

Panel will consider a wide range of information related to the offence, the individual and their personal circumstances before coming to a decision. Once a decision has been reached the allocated worker will be expected, under an initial Asset Plus assessment, to draw on the young person's



offending and associated welfare needs and develop an intervention plan designed to reduce the risk of offending in the future.

- 18.4 For all disposals the interview and assessment process must be completed within **2 weeks** of the allocation. Thereafter, the 3-month engagement and intervention process commence with a clear focus on partnership based delivery on the core elements of the assessment. The YJS holds the lead for completion of AssetPlus Assessments for Youth Conditional Cautions (YCC).
- 18.5 Practitioners should use the 'contact' process illustrated earlier in this document to decide how often the young person should come in to see them or a partnership worker. In deciding on frequency, the practitioner should take into consideration the gravity of the offence, risk factors and the young person's welfare needs. Intervention planning and delivery should ensure that there is an initial, mid-term and end review process embedded within the 'Out of Court' disposal.
- 18.6 Where there is a Youth Conditional Caution, this requires the young person to legally commit to this disposal and if they miss two or more appointments, they can be referred back to the police for Court prosecution for the original offence. The YJS case worker will need to complete a statement (breach) on the missed appointments and why they assess that the Order should be referred back to the police.

## 19. Children Who Need A Return Home Interview

- 19.1 The Child and Family Early Help Hub Service leads on the Return Home Interview (RHI) process outlined in the Barnet Missing Children protocol, when children return home from a missing episode.
- 19.2 Once a parent, guardian or carer reports a child under the age 18 years as missing from home, the Police will invoke their own internal protocols in order to determine the whereabouts of the young person. In line with their protocol, police have a duty to inform the local authority of a missing child, so that the appropriate enquiries and assessment of the reason(s) for the missing episode can be made and where appropriate, partnership-based support can be offered, in order to address the identified concerns.
- 19.3 From the point of allocation of the Return Home Interview, practitioners have up to 72 hours to make contact with the family and young person in order to ascertain the rationale behind the missing episode and to identify any support that helps to reduce further missing episodes. The 72-hour period also includes the practitioner completing the RHI templates

assessment tool and ensuring that a quality assurance process has been undertaken by their line manager, before the assessment is shared with the LP and the operational lead for CSE and Children Missing.

- 19.4 It is important that every attempt is made to make contact with the family and young person during the 72-hour period. It is expected that the allocated practitioner will make at least 3 attempts to contact the family using the various forms of communication. However, the actual RHI should be conducted in person unless the young person is known to go missing on a regular basis. In this instance, a discussion with the line manager and the operational lead for CSE and Children Missing should be sought to agree a suitable approach.

## **20. Children and Families Who Qualify Under the Supporting Families Framework**

- 20.1 In June 2021, the Government Department for Levelling Up Housing and Communities announced plans to expand the Supporting Families Programme for a further two years from 2022/23 and reach additional families across England.
- 20.2 Currently there are now six criteria which entitle families to be eligible for support from the programme:
- parents and children involved in crime and anti-social behaviour
  - children who have not been attending school regularly
  - children who need help, including those in the early years
  - adults out of work or at risk of financial exclusion and young people at risk of worklessness
  - families affected by domestic violence and abuse
  - parents and children with a range of health problems.
- 20.3 The Supporting Family leads attend the weekly EH Panels and will offer specialist consultation to practitioners within the Hubs. This can also include them undertaking joint visits and be members of the TAF. They can also hold support for up to 4 families each as LP, if relevant, as recommended at EH Panel, and with the confirmation of their manager.

## 21. Children Accessing Universal Plus Services

21.1 The MASH receives some referrals for Universal Plus support, which are ordinarily low in risk and require a single agency approach or in some circumstances two agencies to support the family. Most Universal Plus support will not require an EHA and as such will be allocated by the Hub Management Team directly to practitioners for action and will not be presented at the Early Help Hub Panel, based on the low needs of the support identified.

21.2 Universal Plus interventions are light touch pieces of work, undertaken over a 6-week period, or if part of a group programme, then sometimes up to 12 sessions. These are discreet pieces of work rather than an assessment, and the EH Episode form, briefly summarises the agreed plan of work with the family and the outcomes. There is no need for a Lead Professional or a TAF to be in place. Universal Plus interventions include a range of evidence-based group interventions, as well as low-level, 1-1 and drop-in youth and early years sessions. These Universal Plus interventions are outlined in detail in the EH Menu of Interventions Document – see Appendix

21.3 Most Universal Plus referrals are made directly to the Child and Family Early Help Hubs, via the Universal Plus e-form available at <http://www.barnet.gov.uk/earlyhelp>

These referrals can be made by professionals or can be self-referrals and they are sent securely directly to the Hubs via a system called Contact Manager. The Hub Access Officers are responsible for processing these new contacts daily' and creating a new EH Episode within EHM. These are then placed in the relevant Universal Plus EHM Worktray for each Hub, for management oversight and allocation.

21.4 From a casework perspective, working within the Universal Plus framework should follow a process of:

- agreeing the work and timescales with the family (up to 6 weeks, with a possible extension if agreed in supervision up to 12 weeks maximum)
- delivering the intervention in-house, if included as part of the Menu of Interventions, or signposting to the relevant commissioned or non-commissioned service
- review the outcome with the family and close the episode on the EHM recording system.

- it may be agreed further support is required, then the family can be supported to access community-based universal services, as part of the exit plan
- there is an expectation that at the end of 6-week period, if further support is required, that this is discussed in supervision, where it may be agreed, with management oversight to extend the intervention for a further 6 weeks. If additional interventions are required beyond this, as there are wider issues for the family, then the child's support should be stepped up for an EHA, and a TAF review triggered.

## 22. Preventing Drift

- 22.1 In view of the Barnet Early Help model investing in a multi-agency approach, where the LP role can be allocated to the local authority or community professional alike, it is important that the relevant hub has oversight of the child's work that are not progressing in a timely manner, for whatever reason. The value of having a hub full of multi-agency professionals contributing to decision making, enables the support for the child to be progressed without need for statutory intervention. The value of this cannot be under-estimated and demonstrates the unity of the collaboration to improve the families' outcomes.
- 22.2 The EHA Coordinators play a key role in scrutinising the monthly Data tracker Reports in relation to any EHA and UP which appear to be drifting. For example, where they are still awaiting the EHA to commence, or where Reviews have not been carried out or are delayed, or where the EHA is approaching being open for more than a year. The EHA Coordinators will refer to the timescales set out in this document and alert the relevant community lead, or the Early Help practitioner and their manager as required. They will also offer support to practitioners if the delay is in relation to an EHM systems issue.
- 22.3 Team Managers also have a vital role in checking progression of support for a child and planning in supervision with their direct reports. They should be checking caseloads against the EH Protocol timescales and take note of any repeating trends from the monthly Data reports, which may indicate that practitioners may require additional support, guidance or training.
- 22.4 Joint working can sometimes be seen at its best during periods of adversity, the pulling together of resources, knowledge and expertise to wrap around the family during the crisis is a recognised approach in early

help practice. Barnet is adopting this approach towards support and interventions for children that have stalled by utilising our Early Help Hub panel as a multi-purpose panel, where new support for children and post allocated work that are of concern to professionals are discussed. Lead professionals will be expected to present the details of the support and interventions in place for the child and use the forum to consider new ways of working to unblock problems with families and their progression.

- 22.5 The Drift Panel does not replace current practice for discussions on work with children and families, but is an additional tool open to lead professionals, when the need arises.
- 22.6 Support and intervention in place for children can also be brought for discussion to the monthly systemic Group Supervision Sessions facilitated by BICs, for creative ways to progress the support and interventions with the child and to encourage professional curiosity.

## 23. Post 18 Practice

23.1 The Child and Family Early Help Hub Model works with children, families and young people up to the age of 19. However, it is important to note that post 18, the young person would need to have come from one of the following:

- Child Looked After
- post Adoption
- currently open to statutory services
- open to YJS or REACH
- currently working with Early Help
- child with a disability
- closed to Children's Services within the last 3 months.

New referrals who are not from the list above should be referred to Adult Services

## 24. Recording on the Childs File

*“Recording is a key social work task and its centrality to the protection of children cannot be over-estimated. Getting effective recording systems in place*

*to support practice is critical.” (The Munro Review of Child Protection: Final Report – A childcentered system 2011).*

24.1 Good case recording provides an up to date and accurate account of a child’s and family’s lived experience, their wishes and feelings, the reason for professional involvement, setting out risks, plans for intervention and assist in focusing work. Good case recordings aid continuity in the absence of allocated workers, providing information to assist enquiries into complaints, investigations, audits and case reviews. Most importantly good case recording provides children with a sensitive and meaningful record of events in their life. With this, it is essential that the Early Help service adopts a timely and meaningful approach towards case recording and ensures that all practitioners record the factual outcomes of ‘contact’ with children, young people, families, and professionals within 48 hours from the date of the contact. There is also an expectation that there is the completion of case summaries, chronologies and genograms on all EHA work with children and families as well as general notes being finalised.

24.2 It is important to ensure that:

- all key demographic information about each child is included and that all children in the family are correctly consolidated, with the relevant addresses, contact telephone numbers and email addresses included
- cultural and ethnicity information is recorded, and language spoken especially if there is a need for an interpreter included
- the child’s father’s details are included where possible, as well as any other key family members
- The children’s School needs to be included recorded (including in Involvements tab).

24.3 All practitioners should attend relevant training on case recording. Team managers will monitor the quality of recordings and offer challenge and support as part of their role.

## **25. Caseload Weighting**

25.1 The nature of Early Help work varies as family needs often differ in terms of complexity. In Early Help we expect the majority of the workflow coming in to Children’s Services to start and finish with early help intervention, with a smaller proportion of families needing and receiving statutory services support.

25.2 Individual caseloads will often vary in order to capture the different level of needs families may have. In keeping with the practice standards developed for statutory services, we expect frontline Early Help practitioners to hold a maximum of LP role for 15 families. This number will take into account the different levels of casework involved:

- Early Help Assessment/LP role
- Step-down to EHA/LP role
- Additional Intervention (co-working)
- LCS 0-19 requests on open Social Care interventions
- Universal Plus
- Group Work Delivery
- Out of Court Disposal Work on Childview.

25.3 The premise of the Child and Family Early Help Hub model is that practitioners will hold a variety of the functions noted above, which will all add up to a caseload of a maximum of 15 families. The variance in caseloads will also take into consideration those practitioners delivering programmes, groupwork or residential activities, or support and interventions involving large sibling groups.

25.4 Whilst a caseload of up to 15 is what the Early Help Hub model anticipates, there will of course be periods where caseloads might go slightly above our target number and in these moments, practitioners and Hub managers should reach an agreement on this and ways in which this should be managed. However, this is balanced with the reality that caseloads can equally go through periods where they are reduced to below the expected number and as such, this should be factored in. With regards to Advanced Practitioners, the expectation is that they will hold a caseload of up to 10 families with supervisory line management of at least two front line Early Help practitioners.

25.5 Part-time members of staff of all grades will hold a pro rata caseload and where appropriate hold a pro rata supervisory or line management caseload.

## 26. Management Oversight

26.1 Management oversight should be viewed as a shared process between the LP and Line Manager, particularly around decision-making, change of circumstances, escalation of risk or safeguarding. Whilst the primary responsibility is for the line manager to oversee the work of the LP, the nature of early help work often means that monthly supervision cannot be

the only avenue for management consultation. Managers should be encouraging reflection and professional curiosity, when discussing work with children, using a Systemic approach. Decisions stemming from the following should also be recorded as management oversight by the line manager or the LP:

- supervision
- systemic group supervision
- team meetings
- virtual consultations
- multi-agency Hub panel decisions
- discussions at desk spaces, where a manager has agreed a particular way forward or taken a decision
- duty manager consultations; and
- decisions taken at Team Around the Family meeting.

26.2 Effective recording on a child's file is strengthened when either the line manager or the LP takes responsibility for writing up the discussion, where a decision has been made.

26.3 Management oversight is not primarily about the manager recording decisions, it is about evidencing that both manager and LP are communicating and are taking decisions jointly.

26.4 Whilst there are no set performance indicators for management oversight, beyond monthly supervision for work with a child, throughout the case management model there are key processes such as the assessment, intervention planning, reviews and case closure where it is **expected** that line managers will have an impact on the direction of the work with the child and family. All management oversight will be recorded

26.5 Management Supervision on all EHA need to be recorded on a Supervision Form on EHM, unless it is just a minor discussion or direction in which case, it can be added, using the heading- 'management oversight', in general notes.

## 27. Service User Experience Feedback

27.1 My Say Matters: Child Participation & Involvement Strategy 2022 provides the framework for how feedback is sought and acted upon across Family Services. In Early Help, we want to ensure that the feedback we receive, positive or negative is frequent, listened to and acted upon. The current model using RADAR is based around each early



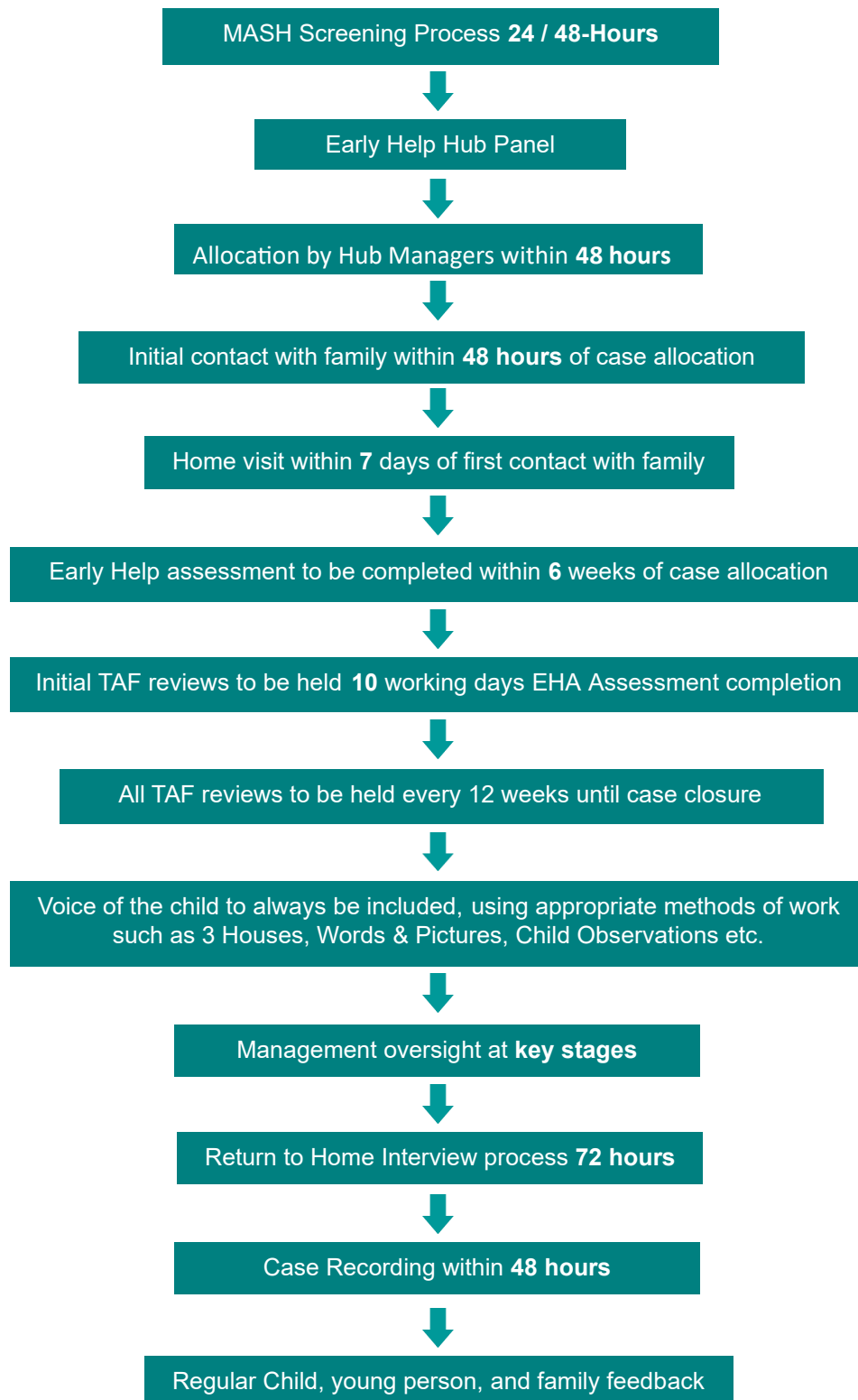
help service undertaking their own separate RADAR with the child and/or family, which can sometimes be onerous for families.

- 27.2 Under new proposals the LP will co-ordinate the feedback process and ensure that the key review stages of the Early Help service delivery are used to gain a co-ordinated impression of all services working with the family. This will mean that one practitioner is completing the RADAR with the family on behalf of the wider Early Help offer at set points of the engagement.
- 27.3 This approach will ensure that we receive quality and meaningful feedback, which we can use to measure progress, the wider service delivery and to shape the service where the feedback suggests there is a need to do so. In addition to this, research has shown feedback from families can sometimes work to empower and address some of the power imbalance within the family/professional working relationship.

## 28. Quality Assurance

- 28.1 The Early Help Practice Standards alongside the Key Performance Indicators have been developed to provide a framework for our work with children, young people and families. The Early Help Hub Services' performance going forward will be overseen and scrutinised regularly by senior managers in Family Services to ensure that the Early Help Hub Service is compliant with its agreed standards. Early Help managers play a key role to the auditing schedule already in operation in Family Services and audit work with children and families open to EHA using a toolkit developed from the principles of our Practice Standards.
- 28.2 The Early Help Management Team will meet once a term with the FS QA Team, in order to consider key themes arising from file audits, as well as from complaints and compliments. It is important that there is a clear feedback loop, that informs practice and highlights any training and development needs.
- 28.3 The Early Help Management Team will ensure that there is a Quality Enhancement Plan in place for staff, and that this is actively promoted in Team Meetings and in supervision.

## 29. Early Help Minimum Standards Summary



## Appendix



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### Child and Family Early Help Hub Offer – Menu of Intervention

## The Early Help Offer

Barnet Family Services deliver Early Help across the 0-19 age-range. We operate from three geographical areas or 'hubs', which enable us to be closer to where families live, and to work more closely with other community-based settings and organisations, including schools. We are based within a main office in each of the Hubs (East/Central, West & South). Although the EH hubs support offer is similar in its majority, in order to address family's needs borough wide as highlighted in this document, each hub may offer different groups and services to meet specific local needs which can be accessed [here](#).

<b>Early Help Menu of intervention</b>		
<b>Name of Intervention</b>	<b>N.</b>	<b>Intervention</b>
<b>Early Help Assessments</b>	1	<ul style="list-style-type: none"> <li>- Undertaking Early Help Assessments</li> <li>- Act as the Lead Professional for the family and the professional network where there are three or more services.</li> <li>- Transfer the Lead professional role to community-based professional at point of review where required</li> </ul>
<b>Universal Plus Family Resilience Support</b>	2	<ul style="list-style-type: none"> <li>- A maximum of 6 sessions of youth or parenting support where there are one or two services involved without a lead professional role. More sessions may be offered if appropriate. This may also include work with the voluntary and community sector</li> </ul>
<b>Evidence-Based Parenting Group Programmes</b>	3	<ul style="list-style-type: none"> <li>- Family Links, 10 weeks for parents of children aged 2 - 11 years</li> <li>- Triple P Teen, 6 weeks for parents of teens</li> <li>- Incredible Years, 12 weeks for parents of children aged 2.5 - 10 years</li> <li>- Strengthening Families Strengthening communities (SFSC), 12 weeks of group work for parents of teens</li> <li>- Early Years Parenting Hub (EYPH) Specialist Parenting Intervention, 18 months, for parents and children aged 0 - 5 years</li> <li>- EYPH Targeted Parenting Intervention for parents and their children aged 0-5 years</li> <li>- Empowering Parents Empowering Communities (EPEC)</li> <li>- One-to-one targeted parenting and family support interventions based on specific need</li> </ul>

<b>Evidence-Based CODA (Children Overcoming Domestic Abuse) Previously known as</b>	4	<ul style="list-style-type: none"> <li>- CODA/AVA Women's Support Group Programme, 8 - 12 weeks</li> <li>- CODA/AVA children's Group Programme– 12 weeks</li> <li>- One-to-one targeted support interventions based on specific need</li> </ul>
<b>AVA (Against Violence and Abuse) Group Programmes for women and children</b>		<ul style="list-style-type: none"> <li>- This programme is aimed at parents and children that are not currently living with domestic abuse</li> </ul>
<b>Graded Care Profile</b>	5	<ul style="list-style-type: none"> <li>- NSPCC neglect assessment tool</li> </ul>
<b>Parent - Child mediation</b>	6	The focus of this service is to prevent family or placement breakdown. Practitioners will meet with the young person and parent/carer separately to explore their views. They will then facilitate a meeting between the young person and their parents/carers to help them explore whether a compromise or resolution can be reached. In order for mediation to take place the young person and parent/carer must be willing to take part fully in the process. We do not offer mediation between parents
<b>Low level parental conflict</b>	7	<ul style="list-style-type: none"> <li>- Direct sessions with parents around low-level parental conflict around parents' communication's issues and the impact of parental conflict on children</li> <li>- These are structured sessions for parents that are together and/or separated</li> </ul>
<b>Barnet Integrated Clinical Services (BICS)</b>	8	<ul style="list-style-type: none"> <li>- Mental Health Support Teams in Schools</li> <li>- Children Wellbeing Practitioners</li> <li>- Primary Mental Health Team</li> </ul> <p><b>Note: Please note there is a separate pathway for BICs intervention go to <a href="http://www.barnet.gov.uk/bics">www.barnet.gov.uk/bics</a></b></p>
<b>Universal and Targeted Outreach and Group activities for under 5's</b>	9	<ul style="list-style-type: none"> <li>- Universal and Targeted stay and plays</li> <li>- Targeted language groups</li> <li>- Family resilience drop-in sessions</li> <li>- Outreach home visits with the view to deliver outreach activities</li> </ul>

<b>Positive activities and interventions for children and young people</b>	<b>10</b>	<ul style="list-style-type: none"> <li>- Positive Activities - Holiday activities both face to face based in venues or outdoors across the borough, as well as online activities which are scheduled throughout the year with additional activities for holiday periods which can be found on <a href="http://www.barnetyouth.uk">www.barnetyouth.uk</a></li> <li>- The Barnet DofE Award Programme (Duke of Edinburgh Award) is overseen borough wide by the 0–19 Early Help Service, for further information on the educational facilities that the Traded Service and Programme Team support with the DofE Award please go to <a href="http://www.barnetyouth.uk">www.barnetyouth.uk</a></li> </ul>
<b>Targeted Youth Intervention</b>	<b>11</b>	<ul style="list-style-type: none"> <li>- RHI (Return Home Interviews)</li> <li>- Out of Court disposals</li> <li>- Signposting to a range of services and youth activities</li> </ul>
<b>Welfare Advice</b>	<b>12</b>	<ul style="list-style-type: none"> <li>- This includes Benefit Advice, In Work Benefit and Better Off Calculators</li> </ul>
<b>Employment Advice</b>	<b>13</b>	<ul style="list-style-type: none"> <li>- Supporting Families Programme, supporting unemployed members of families with children 0 - 19 to access training and employment opportunities</li> </ul>
<b>Other interventions such as one-off workshops, or groups and proactive pieces of signposting to other agencies</b>	<b>14</b>	<ul style="list-style-type: none"> <li>- A wide range of other targeted (group or one-to-one) interventions that aims at equipping children, young people and parents with skills they may lack by providing them with advice, guidance, support and signposting in a number of different organisations or interventions. Some of these interventions may be provided as one-off workshops or number of group sessions, some may be via co-delivery with other organisations</li> </ul>

## 1 – Early Help Assessment

A request for an Early Help Assessment or a safeguarding concern should be sent to the Multi-agency Safeguarding Hub (MASH). All contacts are then worked with and identified as requiring a service from Children’s Social Services (CSC) or Early Help (EH) – this includes advice and signposting. Any contacts from the MASH that are identified for EH are sent to the respective Child and Family Early Help Hub team where a weekly multiagency panel meets to agree all EH Assessments, who the lead practitioner and Team Around the Family will be and then allocates work to the team.

In addition, Some Early Help Assessments are put in place after a child’s support has been stepped down from Children’s Social Care. An Early Help practitioner or a professional within the family’s professional network will undertake the Early Help Assessment and act as the Lead Professional for the family where there are three or more services involved.

## **2 – Universal Plus Intervention**

Universal plus family resilience intervention is aimed at families where a multiagency Early Help Assessment is not required. The referrals for Universal Plus work can be made via the online Universal Plus Form directly to the Early Help Hubs.

The intervention will be a maximum of 6 sessions of one-to-one or group parenting programmes and youth intervention. Universal Plus intervention also includes requests for groups programmes such as the Wellbeing Programme, CAMHS in schools and Welfare Advice, Art Therapy Group, etc.

Universal Plus interventions will also include signposting and working with community and voluntary sector organisations.

## **3 – Parenting Programmes**

We offer evidence-based parenting programmes. We have a rolling, termly programme and hold parenting groups in local schools, community and children's centres across the borough.

Some parenting programmes such as the Triple P Teen will be available through our partner agencies such as HomeStart which parents will be sign posted to. Early Help does not currently offer specialist parenting interventions for children with conduct disorders/ASD/ADHD. Families where this may be a need will need to be sign posted to MENCAP, SENDIAS and/or Resources for Autism.

**3.1. Family Links - 10 weeks** for parents of children aged 2-11 years. This course helps parents reflect on the experience they had as a child, of being parented and how this affects their parenting now. The focus is on looking after self and understanding their own and their child's emotional needs, and to help build good communication within the family. Areas covered: praise, rewards and penalties, family rules, discipline, behaviour management, choices and consequences, understanding and managing feelings, nurturing ourselves, child development, problem solving and negotiation.

**3.2. Triple P Teen - 6 weeks** for parents of teens. This course focuses on managing behaviour and enabling young people to learn new skills that will teach independence and self-discipline. The course provides parents with a range of tools to teach and guide their children enabling them to make positive changes in attitude. Parents may be signed posted to partner agencies such as HomeStart for Triple P Teen group parenting course.

**3.3. Incredible Years - 12 weeks** for parents of children aged 2.5 -10 years. The focus is building up a pyramid of support with a strong emphasis on play and

interaction with children, encouraging and supporting children's development and understanding children's needs. Strategies covered to support parents/carers and their children in managing behaviours: positive attention, praise, appropriate ignoring, clear communication, rewards, incentives, emotional regulation, limit setting, natural and logical consequences, problem solving and time out.

**3.4. Strengthening Families, Strengthening communities (SFSC) - 12 weeks** of group work for parents of teen. This programme assists parents/carers to reflect on and support their children to develop strong ethnic, cultural, family and spiritual roots, a positive parent-child relationship, and the life skills necessary for functioning in today's society. Anger management and positive discipline approaches are integrated to enhance parents' ability to model and teach as a vehicle for fostering high self-esteem, self-discipline and social competence.

**3.5. Early Years Parenting Hub Specialist Parenting Intervention - 18 months** for complex families with children aged 0 – 5 years on the edge of care. This multi-family intervention assists parents in developing their capacity to provide their children with consistent, safe, sensitive, parenting. Parents and their children attend together and are offered group and individual work, parent-child attachment-based interventions, and video guidance.

**3.6. Early Years Parenting Hub Targeted Parenting Intervention - 12 weeks** for families with children aged 0 – 5 years. The aim is to intervene early in families where parenting issues have been identified in order to improve outcomes for children by promoting positive parenting. Families are offered a parenting group, parent-child attachment-based work, and video guidance.

**3.7. Empowering Parents Empowering Communities - 8 weeks**, for families aged 2 – 11 years. EPEC parenting courses are led by local parent facilitators who have completed accredited EPEC training. EPEC parent group leader facilitate parenting programmes that successfully integrate behaviour change with adult learning and are highly interactive, offering an engaging and creative blend of small and large group discussion, role play, demonstrations, information sharing and reflection. Parents practice and use their new skills in everyday life to achieve specific goals.

**3.8. One-to-one targeted parenting and family support interventions based on specific need:** In principle, Early Help will generally offer parenting or youth group programmes in the first instance rather than 1-1 work so that the response is proportionate to the need. The 1-1 parenting work however may be provided in specific circumstances such as interventions involving children on Child Protection Plans, work with a child and family where there has been over-chastisement where there is need for a more tailored approach or for non-English speaking parents requiring an interpreter.



## **4 – Evidence-Based Against Violence and Abuse (AVA) Group Programmes for women and children**

**4.1. AVA Women’s Support Group Programme - 8 to 12 weeks.** A parenting course which will promote safer relationships, raise self-esteem, increase understanding of conflict and children’s needs. Course covers different forms of abuse e.g., emotional, psychological; safety planning; the dynamics of relationships; loss and grieving; the effects of domestic violence on children, the different feelings children experience and how to support them with this e.g. managing anger. Parenting techniques are covered in the context of when children have lived with abuse. A crèche is available.

**4.2. AVA Children's Group Programme – 12 weeks.** A therapeutic group for children ages 4 to 6, and ages 7 to 11. Children are able to express their feelings and tell their story, through play. Confidence building, safety planning and giving children a space to meet other children and talk are offered through engaging activities and stories. Parents will stay on site for the duration of the group.

## **5 – Graded Care Profile**

The GCP is an Evidenced-based assessment tool for evaluating levels of parental care. It works on a Graded scale (1-5) to capture physical and emotional care to provide practitioners with an objective way of assessing when inadequate care could put a child at risk of harm.

## **6 – Low level Parental Conflict**

The Early Help practitioners will complete direct sessions with parents around low-level parental conflict around parents’ communication’s issues and the impact of parental conflict on children. This is not to be confused with parental conflict around contact issues, domestic abuse, therapy or counselling as for these issues a referral to Family Group Conference, Raphael House, Your Family Matters and Homestart Family Counselling should be considered. Or if deemed to be domestic abuse, then to Solace and/or Rise.

## **7. Barnet Integrated Clinical Services (BICS)**

The BICS offer social, emotional, behavioural and mild to moderate mental health support to children and young people up to age 17 inclusive, also working with their families. They see children, young people and families in schools and in the community throughout Barnet. The BICS offer intervention at an early help level but they have a separate referral pathway to Early Help. To refer to their service click [here](#) and click request for BICS option when filling in the form.

**Education Wellbeing Practitioners** - They are made up of low intensity clinicians working in schools. The Educational Wellbeing Practitioners (EWP) are currently based in schools across all three localities (South, West and East/Central).

**Children Wellbeing Practitioners** - Low intensity clinicians working in the community, they see children, young people presenting with mild mental health needs and work closely with GP surgeries across the borough.

**Primary Mental Health Team** They offer high intensity primary mental health workers working with CYP and families with moderate mental health needs.

BICs can work with:

**Social difficulties:**

- friendships issues
- peer relationship difficulties
- social anxiety
- family relationship difficulties
- persistent difficulties managing relationships
- isolation/struggling to go out

**Emotional difficulties:**

- disturbed by traumatic event
- problems in attachment to parent/carer
- gender discomfort issues
- difficulty in managing temper/anger
- emotional regulation

**Behavioural difficulties:**

- poor eye contact
- repetitive problematic behaviours
- difficulties sitting still or concentrating
- verbal or physical aggression/defiance
- toileting concerns
- eating issues
- unexplained physical symptoms
- restrictive or ritualistic behaviours
- disturbed sleep or sleep issues
- self-care issues
- school refusing difficulties

**Mild to Moderate Mental health difficulties:**

- anxiety
- phobias
- obsessions and compulsions

- trauma
- panic attacks
- depression
- self-harm behaviours (not significant)

## **8 – Universal and Targeted Outreach and Group activities for under 5's**

The Early Help hub practitioners provide a range of activities and programmes for children under 5 and their families which you can find [here](#). We also offer a wide range of targeted activities such as:

- Universal and Targeted stay and plays
- Targeted language groups
- Family resilience drop in sessions
- Outreach home visits with the view to deliver outreach activities.

The practitioners work jointly with School led Children's Centre staff (who provide the Children's Centre Core Purpose) in delivering outreach activities where they can identify additional need and provide help agreed with a family.

It will be expected that Early Help practitioners will work in an integrated way with partners so that family resilience work is available in activities run and managed by partners such as in Children's Centre's, Health Clinics, schools etc.

## **9. Positive Activities and Interventions for Children and Young People**

The Child and Family Early Help hubs provide targeted outreach, activities and programmes for Barnet's young people. The aim is to help young people resolve difficulties and re-engage with education, employment, or training. The hubs will work with schools, families and local community organisations. We will consider group youth intervention in the first instance, however in support for children where there is more complex criminal, or sexual exploitation or risk of gang involvement, 1-1 youth intervention may be provided.

**9.1** The hubs offer a wide range of exciting and challenging activities throughout the year for young people across the borough that can be found [here](#) and include:

- arts
- music
- sports
- educational workshops and trips
- adventurous activities
- Workshops on crime, anti-social behaviour and citizenship
- BACE holiday activities and food programme.

There are a number of centers across Barnet that offer after school services for children during term time and play schemes during holidays.

There is provision at the **Greentop Centre** for after school provision and holiday play schemes for children aged 4 and a half to 11 years old.

The Early Help Service offers Detached Outreach across the borough, offering young people the opportunity to get involved in positive activities in their local community.

Barnet Council's **Duke of Edinburgh Award (DofE)** programs offer young people exciting opportunities to get involved in their communities, learn new skills, and take part in adventurous challenges.

There is a range of groups and programs aimed self-esteem and confidence building such as the girls' group, which is a weekly session designed to educate, build and develop young girls to become positive young female adults.

#### **10. Target Youth Intervention**

The Early Help hubs provide targeted youth intervention (group and one-to-one) aimed for Barnet's young people. The aim is to help young people resolve difficulties and reengage with education, employment, training and keeping safe. The hubs will work with schools, parenting support, families and local community organisations. We will consider group youth intervention in the first instance, however where there are concerns of more complex criminal, or sexual exploitation or risk of gang involvement, one-to-one youth intervention may be provided.

The one-to-one interventions are designed to help Barnet's young people to identify goals they would like to achieve and enable them to reach these by agreeing an action plan with SMART targets that are regularly reviewed. We offer up to 12 sessions of Universal Plus intervention as well as supporting EHA's Lead Professionals as part of the Team Around the Family (TAF) to undertake direct work with young people to ascertain their wishes and feelings.

We also work alongside Social Care where young people have had missing episodes from home or placement but have returned home, we complete Return Home Interviews directly with children to discuss the circumstances of the missing episode with them.

On behalf of the Youth Justice Service, we deliver Out-of-Court Disposal interventions for triage and Youth Conditional caution referrals, and we offer Return Home Interviews for young people who have been missing from home.

### **11. Welfare Advice**

The Welfare Rights Officers are based in the Hubs and provide free confidential advice to Barnet families who have children aged 0-19 sssOff Calculators. Officers will hold drop-in sessions and appointments across the hub areas.

### **12. Employment Advisors**

We can sign post families to Employment Advisors who are part of DWP staff based in the hubs who work as part of the Supporting Families Programme, supporting unemployed members of families with children 0-19 to access training and employment opportunities.

### **13. Other targeted interventions workshops, groups and pro-active pieces of signposting**

We may offer some other targeted group work, to meet particular needs of primary and secondary age children, dependent on the needs being identified by each Hub.

For example, we may receive a number of referrals around on-line safety, or young children struggling with friendship groups or keeping safe in the community.

In response to specific needs, each Hub, may offer one-off workshops or a short group-work programme.

Or we may work alongside other community-based organisations to deliver these interventions, or signpost to other more relevant agencies. Sometimes, some families/young people, may need a more pro-active approach to introduce them to another organisation who may be best able to meet their needs.

Some examples of agencies we may signpost a young person or parent to may include (this list is not exhaustive):

- Access to positive activities and groupwork
- Careers – BEETS
- Drug and alcohol services - CGL
- Sexual health services – Brook
- Counselling services – BICS, KOOTH, Raphael's House
- Trusted Relationship Partners, such as Art Against Knives or GAV in relation to staying safe in the community, healthy relationships and reduced risk of criminal or sexual exploitation
- Home-Start Peri-Natal, Family Coaching or Befriending services
- Adult Health and Wellbeing Hub
- GPs
- Citizen Advice Bureau
- Early Years Brokerage Team • Domestic Abuse support agencies.