EARLY HELP PRACTICE FRAMEWORK

Early Help Practice and Performance Subgroup

Early Help for Your Family

TD Team.Doncaster

City of Doncaster Council

BE STEADFAST

CONTENTS:

The Doncaster Early Help Practice Framework covers all aspects of practice in Early Help and what we know to be useful when assessing, implementing and evaluating what we do. It is not necessarily anything new or unknown. It is a bringing together of best practice that aligns to working relationally with families and colleagues.

Doncaster has 9 Practice Principles set out in the Early Help Strategy and underpin our Practice Framework.

VISION AND COMMITMENTS

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

For families, we want support to be available in their community and accessible, without difficulty or stigma, in a way that allows families to tell their story once and fosters trusting relationships between them and professionals.

For professionals, we want early intervention and collaboration to be second nature with arrangements in place that make multi-agency working effortless and enable all professionals from across the partnership to adopt the whole family working approach in a meaningful way.

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

1. Never do Nothing

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

2. Build Stronger Relationships

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

3. Always Build on Strengths

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

4. Work with Families for as Long as it Takes

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

5. Empower Families and Communities

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

6. Be Transparent

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

7. Be Flexible

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

8. Work Together

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

9. Ensure Accountability at Every Level

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

EARLY HELP PRACTICE APPROACH

Our Early Help Practice Approach is our way of applying evidence based theories and models into our work with children, young people and their families.
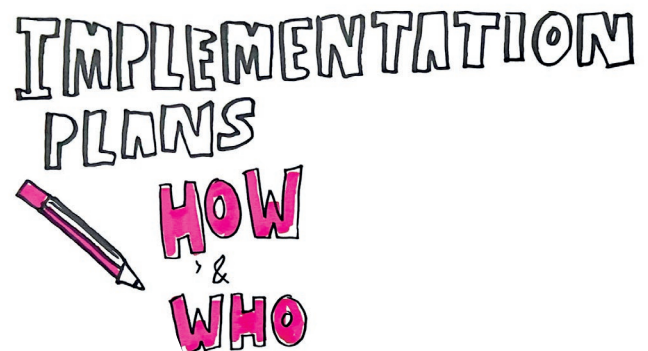
Relational Practice

Our relationships are one of the most important aspects of our lives, yet we often forget just how crucial our connections with other people are for our happiness.

Relationships make us content and fulfilled; yet poor relationships can also make us feel sad, afraid or lonely. Couple, family and social relationships hold the key to good parenting, educational and health outcomes.

Relational practice considers the relationship itself as the vehicle through which change can be achieved. The relationships we build with families is central to the help we can offer and how they will experience and receive this. This means that families need to be really heard. We focus on the relationships families have with each other, their local community and professionals so we can tailor our support to their needs, trying to ensure that every member of the family's voice is heard and respected. We consciously reach out to fathers so they are included in the family plan. We will do this by:

✓ Engage with families to understand their needs and use strengths-based conversations to co-produce outcome focused plans that draw on the strengths and capacity within the family

✓ Work with families with dignity, respect, compassion and hope, acting as role models for behaviour change, helping to engage and motivate families to change behaviour that has a negative impact on themselves, other family members and their community

✓ Work holistically with families, ensuring that all members of the family are given the chance to be involved, including absent and wider family members where appropriate

✓ Respond to needs at the earliest possible opportunity, always working in partnership with families to build independence and resilience

✓ Be in tune with families that are struggling and ensure their welfare and safety is paramount by having honest conversations and gaining their consent to share information with relevant agencies that can support

✓ Enable the voice of each family member, paying particular attention to the voice of the child/young person, to ensure there is a focus on their needs whilst supporting their family to achieve their full potential

✓ Approach work with families that have suffered trauma, using a trauma informed approach, and working in partnership with allied agencies that can offer specialist support

✓ Be self-aware, considering how our personal cultural values and beliefs impact our behaviours and emotional responses. Remember that families are the experts of their experience, so adopt a position of 'not knowing' and be ready to learn

✓ Get to know and understand our families' cultural beliefs, making sure they are considered and respected throughout our work

✓ Recognise that some families are 'not yet convinced' about whether we can support them and may find it hard to implement change. Take time to build relationships that matter and make a difference.

Whole Family Approach - Think Family

Think child, Think Siblings, Think parents/carers, Think Wider Family – Think Family.

Family means different things to different people. We know that different communities and cultures consider family in a different way and this is not static. The understanding of family changes, develops and is often affected by external circumstances and environments. Therefore it is important to explore with individuals what family means to them, and the individuals who make up their family (including blood relatives, extended family or community members).

It is recognising that families are complex systems and if family members want to make changes that are helpful and long lasting this need to be done with all members of the family as a whole. We need to recognise how the needs and outcomes of each person in the family affect each other. If the work is only with one person in the family, there will only be limited changes to the whole system/family. Families are individual and will have their own culture and ways of working. It is important to learn from families how they work and change the way we work with them accordingly

Think child.
Think siblings.
Think parents/carers.
Think wider family.

Think Family
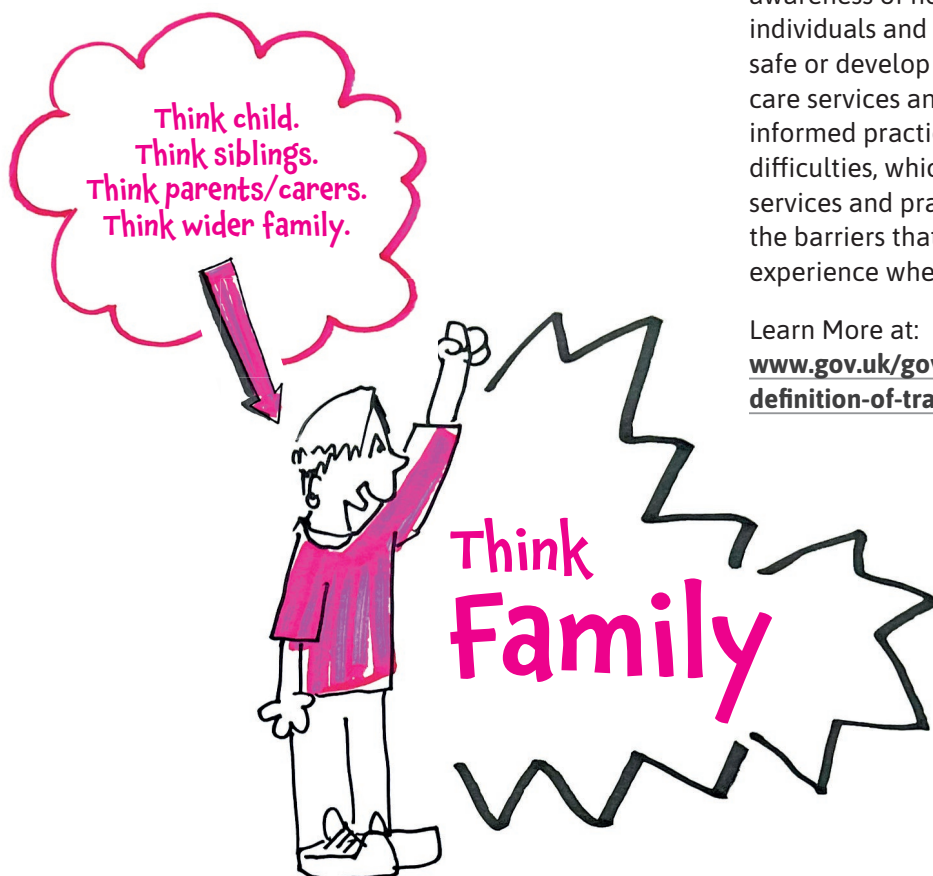
Child Centred Practice

Whole Family working does not mean we lose sight out the child within wider family needs, instead we analyse the wider family needs and consider how this impacts on the child and what needs to happen next. Capturing child's voice and impact on the child at every stage of the early help process supports practitioners to remain child focused. Effective supervision will support practitioners to remain child focused.

Trauma Informed Practice

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being. Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

There are 6 principles of trauma-informed practice: safety, trust, choice, collaboration, empowerment and cultural consideration. Practitioners should have awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

Learn More at:
www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/

Outcomes Focused Practice

Good practice will always focus on the outcomes for children, young people and their families. Outcomes are about the things that matter to children, young people, families and practitioners. Sometimes the outcomes we want may be different. But if we are clear about what each of us wants then we can build strong and trusted relationships.

Doncaster's Early Help Outcomes Framework:

Early Help Outcomes Framework

- Good school attendance / behaviour
- Good mental and physical health
- No/managed substance misuse
- Good early years development
- Financial stability
- Secure housing
- Good family relationships
- Children safe from abuse or exploitation
- Safe from domestic abuse
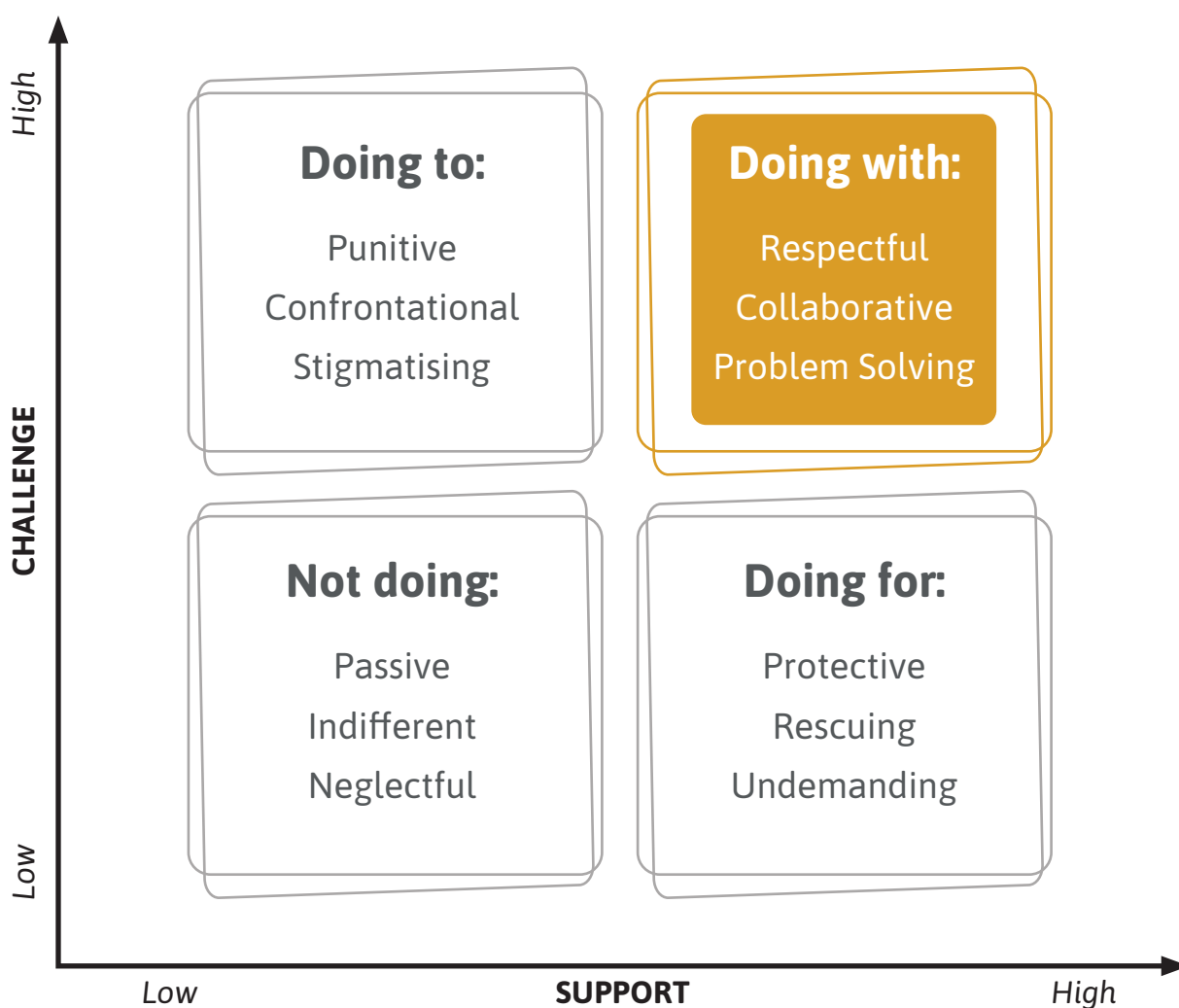- Families diverted from crime

Doncaster Graduated Approach:

The purpose of the Graduated Approach give to support practitioners in the process of building on current good practice and to help schools to develop systems, skills and structures for responding to pupils' needs across the four areas of need as identified in the SEND Code of Practice (2015). The graduated approach aligns the assess, plan, do and review process with the expectations from the SEND Code of Practice for children and young people identified as having SEND with Early Help.

Learn more at: **www.doncaster.gov.uk/ services/schools/graduated-approach**

High support, high challenge:

A high challenge, high support environment means 'doing with' each other and the families we support - not 'doing to', 'doing for' or not doing at all.

Providing challenge includes asking tough questions, giving honest feedback and having high expectations; providing support means acting with compassion, empathy and care. Some parts of our service use the Family Partnership Model as a tool to provide high support and high challenge, helping to shape practice away from 'hand holding' and supporting families to use their existing skills to build capacity. When a practitioner identifies a strength, we support the family to recognise

CHALLENGE

High

Doing to:

Punitive
Confrontational
Stigmatising

Doing with:

Respectful
Collaborative
Problem Solving

Not doing:

Passive
Indifferent
Neglectful

Doing for:

Protective
Rescuing
Undemanding

Low

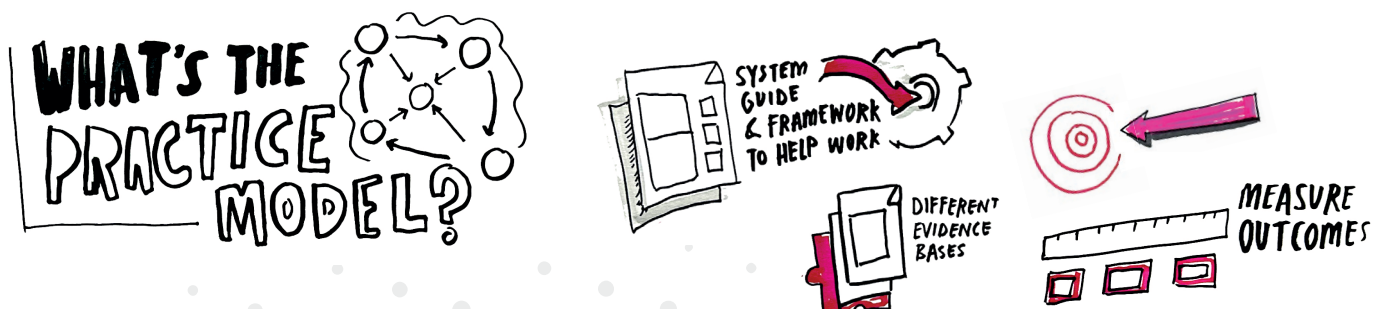Low   SUPPORT   High

MODELS AND THEORIES

We want every child and family to achieve their full potential so it's important the support, challenge and help given to them is effective by using evidenced based models. Evidence based models have been evaluated and can demonstrate proven outcomes. Evidence based models are built upon theories which help us to understand a situation whilst the model gives an idea about what we can do about it. The models, approaches and tools used in Doncaster are all theory based.

For more information about the L3 Early Intervention Qualification, please contact:
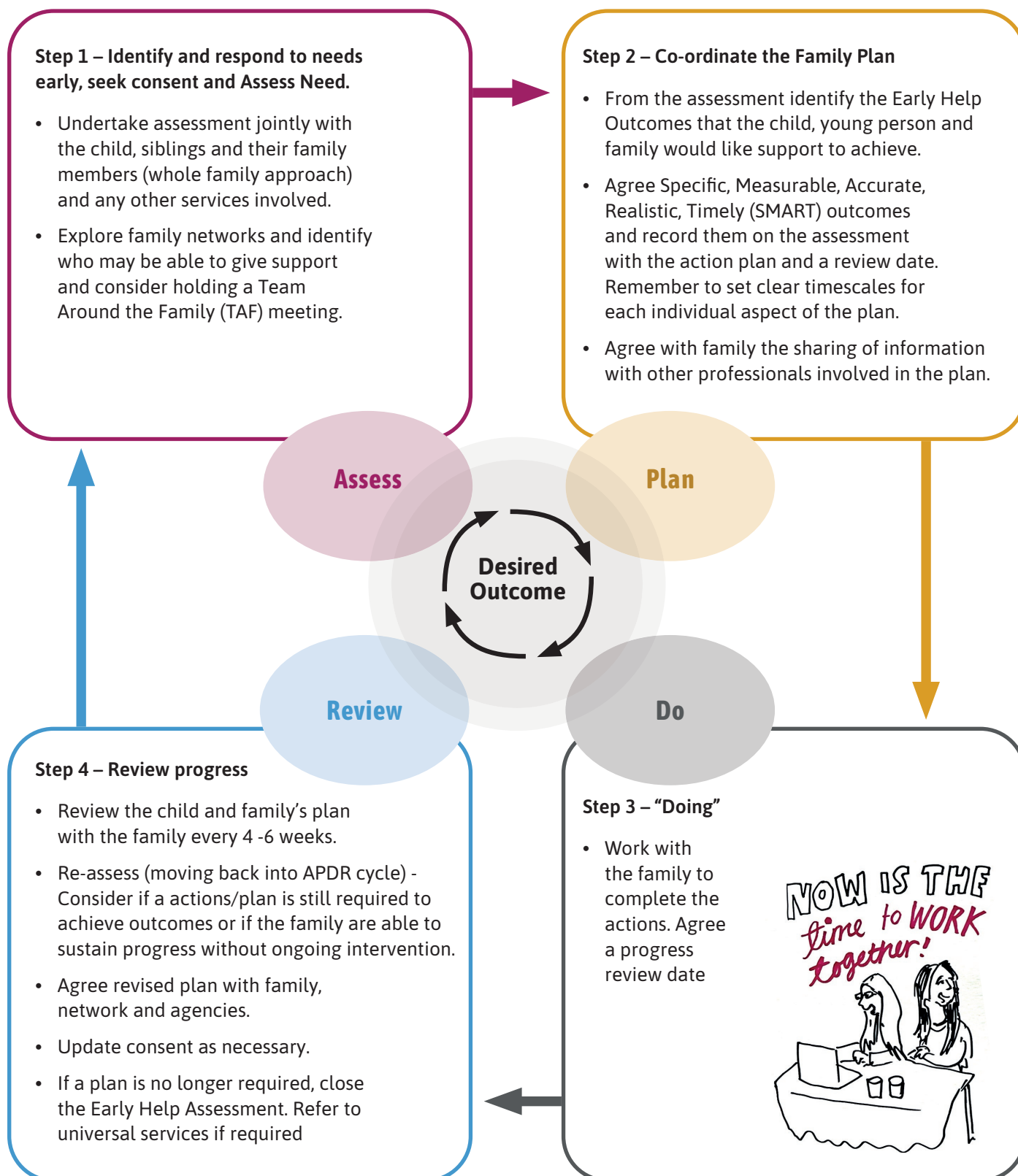**EHC@doncaster.gov.uk**
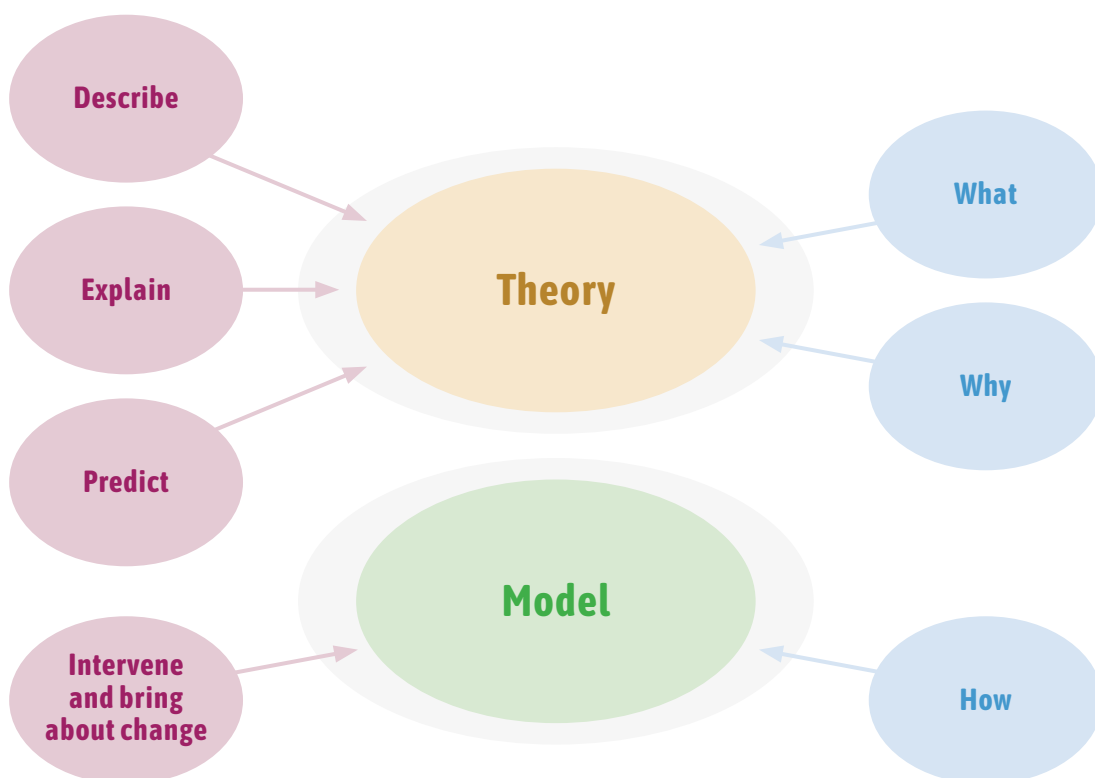
Theory Informed Practice by Siobhan Maclean

EARLY HELP PRACTICE MODELS

Assess, Plan, Do, Review (APDR) Model:

Step 1 – Identify and respond to needs early, seek consent and Assess Need.

- Undertake assessment jointly with the child, siblings and their family members (whole family approach) and any other services involved.

- Explore family networks and identify who may be able to give support and consider holding a Team Around the Family (TAF) meeting.

Step 2 – Co-ordinate the Family Plan

- From the assessment identify the Early Help Outcomes that the child, young person and family would like support to achieve.

- Agree Specific, Measurable, Accurate, Realistic, Timely (SMART) outcomes and record them on the assessment with the action plan and a review date. Remember to set clear timescales for each individual aspect of the plan.

- Agree with family the sharing of information with other professionals involved in the plan.

Assess · **Plan** · **Review** · **Do**

Desired Outcome

Step 4 – Review progress

- Review the child and family's plan with the family every 4 -6 weeks.

- Re-assess (moving back into APDR cycle) - Consider if a actions/plan is still required to achieve outcomes or if the family are able to sustain progress without ongoing intervention.

- Agree revised plan with family, network and agencies.

- Update consent as necessary.

- If a plan is no longer required, close the Early Help Assessment. Refer to universal services if required

Step 3 – "Doing"

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

NOW IS THE *time to WORK together!*

Solution Focussed Model:

Solution-focused practice concentrates on helping people move towards the future that they want and to learn what can be done differently by using their existing skills, strategies and ideas – rather than focusing on the problem. The solution-focused approach poses questions to children to help them to identify what they want from the work, understand what is within their capacity and explore what they are doing to move towards this.

Learn More about the Solution-focused Practice Toolkit: helping professionals use the approach when working with children and young people at:
learning.nspcc.org.uk/media/1073/ solution-focused-practice-toolkit.pdf

Strengths Based Approaches:

There are many Strengths based approaches for working with people, all using a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.

Learn more at: **www.scie.org.uk/ strengths-based-approaches/guidance**
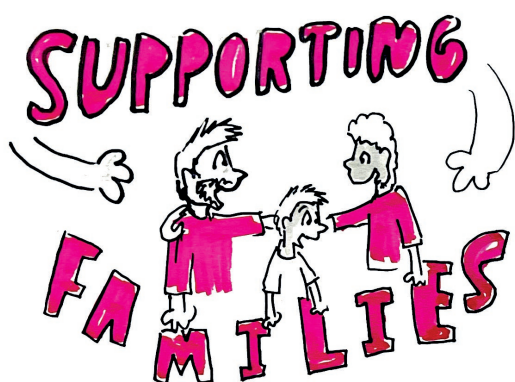
Ladder of Participation:

The ladder of participation was created by Sherry Arnstein in 1969, the model makes clear what genuine participation is and how to achieve this. Participation enables engagement and provides motivation; develops esteem and confidence to change; and resilience the resilience to maintain change. Partnership is a process where children, young people and families are listened to, encouraged to share their views and provided with the space to contribute and shape their own change. Non participation or tokenism is practice often described as 'doing to' and genuine participation as 'working with' children and their families.

8	Citizen Control	
7	Delegated Power	Citizen Power
6	Partnership	
5	Placation	
4	Consultation	Tokenism
3	Informing	
2	Therapy	
1	Manipulation	Non-participation
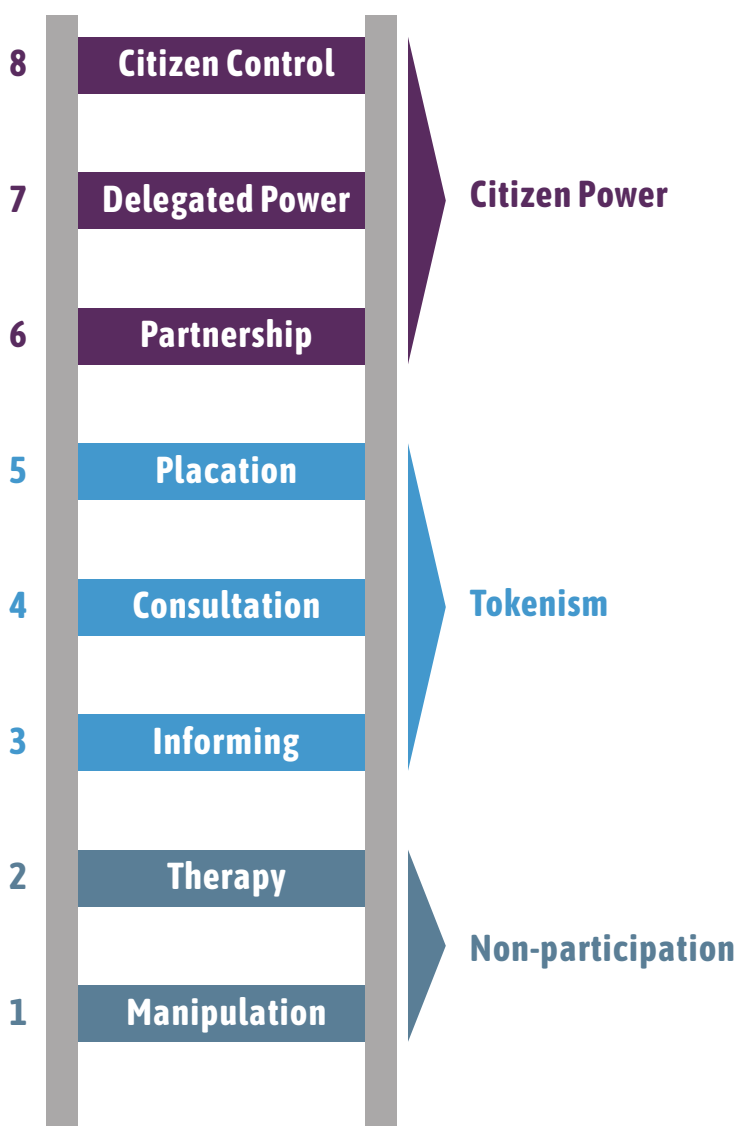
Signs of Safety Model:

A Strengths based, solution focused approach to working with children and their families, often used in Social Work the approach works well within Early Help. The approach uses Humanist and Cognitivist theory, individuals and their families are unique, trusting relationships are built and change happens by clear goal setting. Individuals are supported to reflect on their situation and make change through careful use of questioning called EARS –Elicit, Amplify, Reflect, and Start Over.

Signs of Safety and Wellbeing Practice Framework

What are we worried about?

Unmet need reported harm:

- What has already happened/ is happening causing harm?
- What is the worst example?
- When was the last example?

Complicating factors:

- What else is going on in the family that will make the problems more difficult to deal with?

Harm / needs statement:

- What will happen/continue to happen to the vulnerable child if nothing changes?
- What's the worst thing that will happen if we do nothing?

What is working well?

Existing strengths:

- What happens everyday that means the child's meeds are being met?
- What does Mum/Dad or caregivers do to help?
- Who has seen this?
- Last day everything was fine?

Existing safety and wellbeing:

- All the things the family or a safety network are doing to keep the child safe from harm in their everyday lives.
- Is there a trusted/safe adult?
- Who is there today?
- Who can be there today?

What needs to happen?

Safety and wellbeing goals:

- What you need to see happening that shows the vulnerable child's needs are being met / they are safer.

Next steps:

- The things that need to happen to improve the safety and wellbeing for the child.

Consent:

- Gaining consent/sharing information proportionally and recording why.

Review:

- Scaling question - reuse to inform wellbeing and safety goals

Early Help Well-Being Scaling question

Scaling is used to make a judgement about the **impact of a situation on a child/young person**. The scale goes from 0-10. When scaling, makes sure you define what 0 and 10 mean (what we are working towards) first. The scale would usually be based on the worry/danger statement.

0 ⟵————————————————————⟶ 10

Serious impact on the child/ young person.

No issues - confident that the child/young person is safe and well.

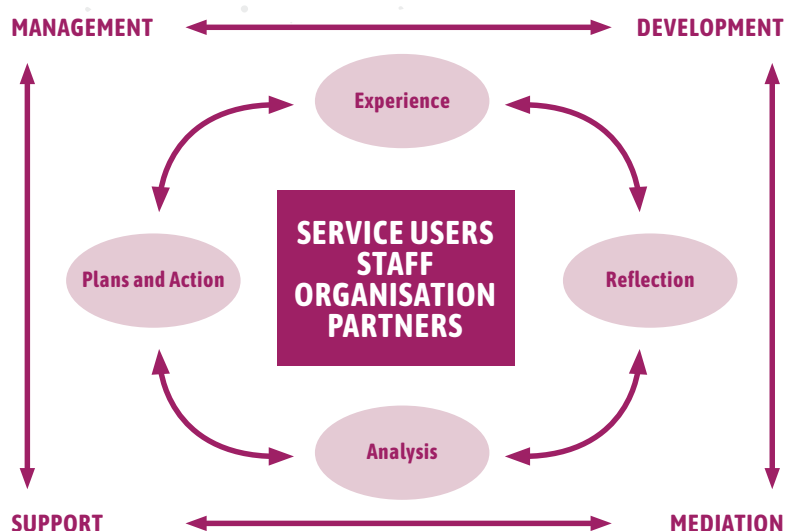Learn more at: **www.signsofsafety.net/what-is-sofs**

Supervision 4x4x4 Model

The 4x4x4 model of supervision (Tony Morrison, 2005) applies Kolb's Learning Cycle to the 4 stakeholders and 4 functions of supervision.

Learn more at:
www.researchinpractice.org.uk/all/content-pages/videos/the-4x4x4-supervision-model

Further training is bookable via:
buy.doncaster.gov.uk/training

MANAGEMENT — DEVELOPMENT

Experience

SERVICE USERS STAFF ORGANISATION PARTNERS

Plans and Action

Reflection

Analysis

SUPPORT — MEDIATION

Journey of Change Model:

The Journey of Change is a model developed by Triangle for their Outcome Star training, it helps parents/carers and practitioners to identify the stage where the parent/carer is on the model so their right level of support can be applied. It stages the need and intervention so applies Constructivist theory into practice.

Outcome Star training is bookable via:
buy.doncaster.gov.uk/training

The five-stage Journey of Change

Effective parenting (9-10)

Finding what works (7-8)

Trying (5-6)

Accepting help (3-4)

Stuck (1-2)

Outcomes Star™ © Triangle Consulting Social Enterprise | www.outcomesstar.org.uk   Triangle
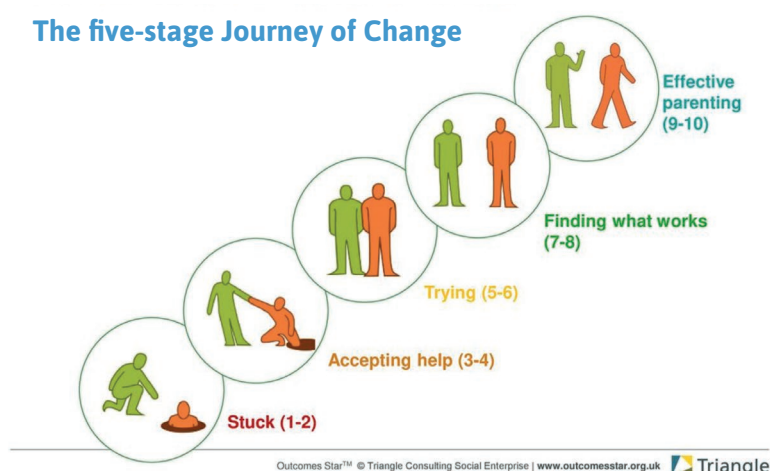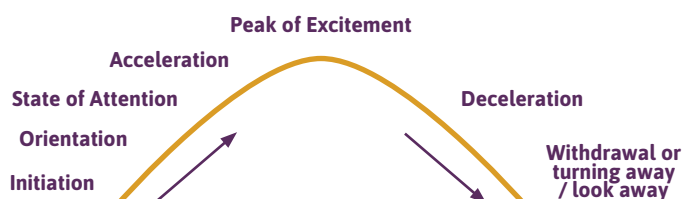
Solihull Parenting Model

Solihull Approach is a parenting programme based on the Solihull Approach model of containment, reciprocity and behaviour management and uses social learning theory in the design of the parenting programme.

Learn more at: **www.youtu.be/3W3N7pd5-BI**

Containment

Reciprocity

Behaviour Management
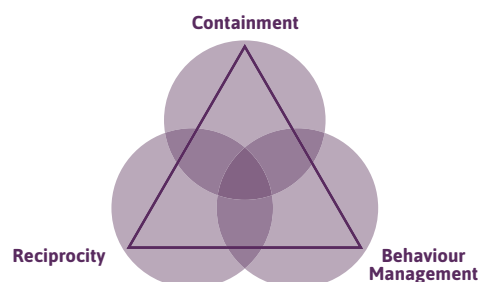
The Dance of Reciprocity

Peak of Excitement

Acceleration

State of Attention

Deceleration

Orientation

Initiation

Withdrawal or turning away / look away

Evidenced Based Parenting Programmes:

Commissioned programmes based on evaluations that show to improve outcomes for children and young people.

Programmes include: Empowering Parents, Empowering Communities (EPEC) Solihull, and Triple P programmes and Magic 123.

Learn More at: **guidebook.eif.org.uk**

For further information, please contact Sharon Hatton, Parenting and Family Support Service (PAFSS), City of Doncaster Council

or visit: **inourplace.heiapply.com/online-learning**

Family Conflict Model: Reducing Parental Conflict and Parenting Cooperatively.

Strong scientific evidence shows that whether parents remain in a couple relationship or are separated, conflict between parents can affect multiple outcomes for children, including emotional, behavioural, social and academic development. Parents in poverty or under economic pressure are more likely to experience relationship conflict, which can be explained by the Family Stress Model. The Department for Work and Pensions (DWP) has developed a national offer of parental relationship support, including face-to-face provision, workforce training and the development of tools to support practitioners when working with families, and a central 'what works' infrastructure to support local delivery.

Learn More at: **youtu.be/8FXLgmGskgs** and at: **relationshipmatters.org.uk**

Training: **buy.doncaster.gov.uk/training**
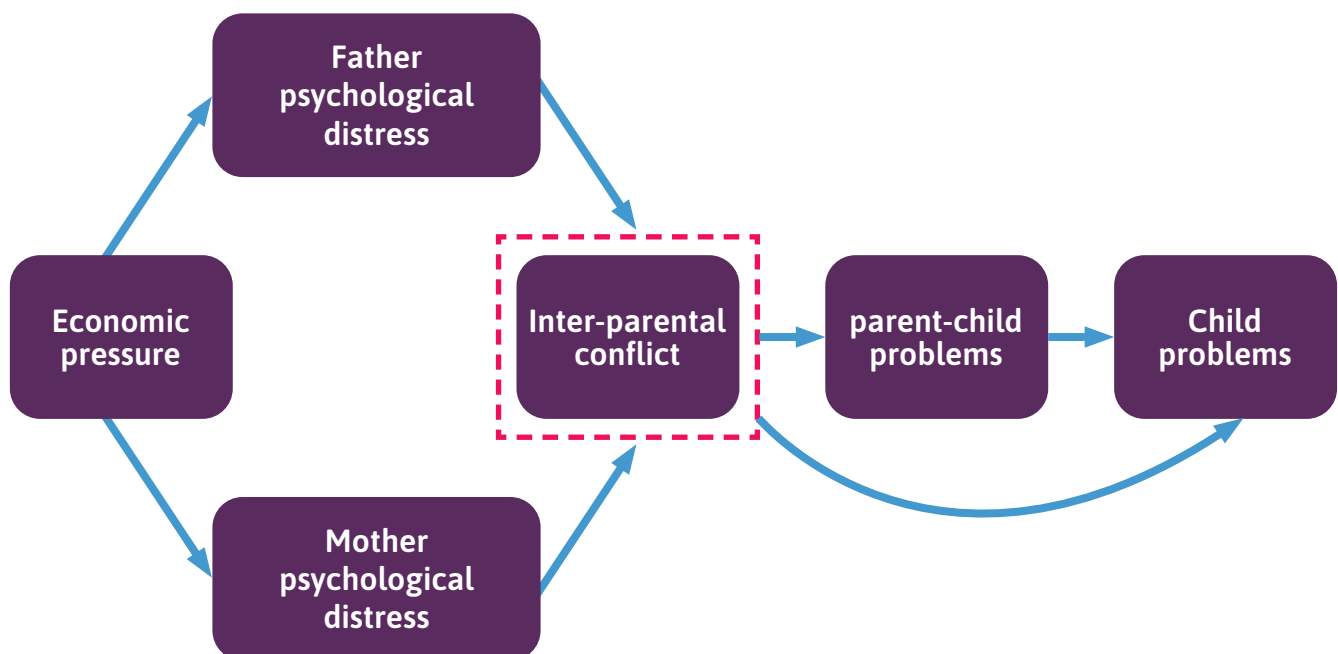
Family Conflict Model, Reducing Parental conflict

Learn more at: **reducingparentalconflict.eif.org.uk/child-impact**
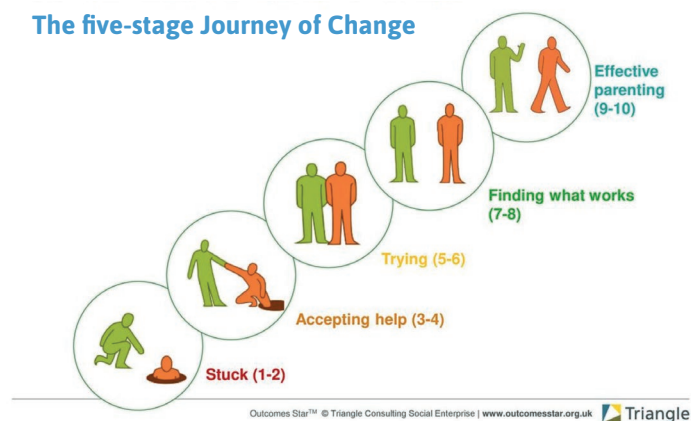
EARLY HELP PRACTICE TOOLS

Tools is a word to describe the resources and activities we use with children and their families to help us understand their situation and help them to understand their situation better too. Over time, practitioners develop a 'toolkit' of resources they use in their day to day work with people, often these are evidenced based which means developed following research and proven to be effective. The Early Intervention Foundation has lots of information about useful tools. In Doncaster we provide training and access to the following tools:

Outcome Star: Family Star Plus, MyStar, Relationship Star and Carers Star

All Outcome Stars are based on the Journey of Change developed by Triangle Consultancy, the stars help parents/carers, children and practitioners identify which stage they are at so the right level of support can be provided. The tool is best used at the start and end of the help process, and for long term help at the mid-way point too, as it evidences the impact of work with the family. Outcome Star training is bookable via: **buy.doncaster.gov.uk/training**

The five-stage Journey of Change

Effective parenting (9-10)
Finding what works (7-8)
Trying (5-6)
Accepting help (3-4)
Stuck (1-2)

Outcomes Star™ © Triangle Consulting Social Enterprise | www.outcomesstar.org.uk   ◢ Triangle
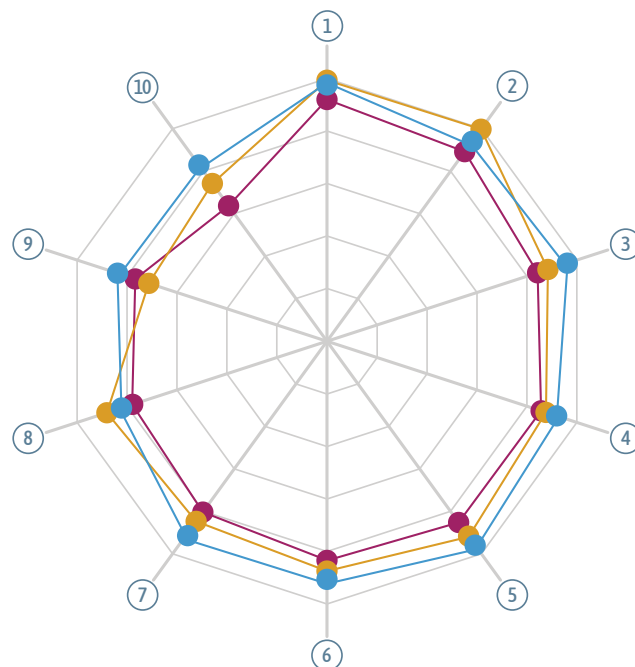
Graded Care Profile 2:

The Graded Care Profile 2 (GCPC2) was developed by NSPCC to explore and address neglect with families. The tool explores all areas of caregiving recognising effective care as well as areas for development, this ensures a balanced approach, motivation and focus on the areas of care most needed. GCP2 training is bookable via:
buy.doncaster.gov.uk/training

1 — Always met
All child's needs are always met, and the parent goes the extra mile.
The child is always first.

2 — Met
All essential needs are met.
The child is a priority.

3 — Met most of the time
Most of the time, the essential needs of the child are met.
The child and the carer are on par.

4 — Not met most of the time
Most of the time, the essential needs of the child are not met.
Child is considered second.

5 — Never met
The essential needs of the child are not met.
May be due to intentional disregard.
Child is not considered.

Signs of Safety Three Houses and Case mapping:

Signs of Safety is an approached developed by Andrew Turnell and Steve Edwards in the 1980's; it is strengths based, solution focused approach to working with children and their families, it is often used in Social Work and works well within Early Help. The approach uses many tools, in Doncaster many practitioners use 'Three Houses' with children to explore their needs and wishes and 'Case Mapping' when they feel stuck and aren't sure about the next steps.

Signs of Safety awareness training is now available. Please email the Early Help Coordinator team for further information about these tools at: **EarlyHCo@doncaster.gov.uk**

HOUSE OF WORRIES	HOUSE OF GOOD THINGS	HOUSE OF DREAMS
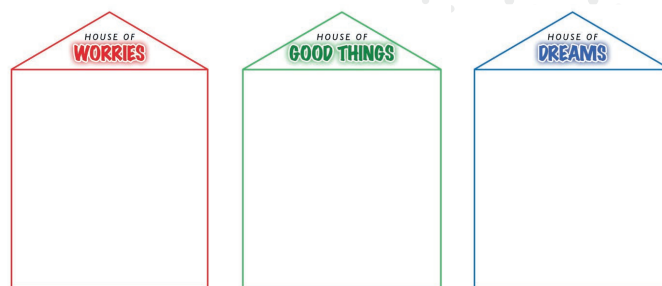
Signs of Safety® Assessment and Planning Framework

What are we worried about?	What's working well?	What needs to happen?

On a scale of 0–10 where ten means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children that they can't live at home, where do we rate this situation? Locate different people's judgements spatially on the two-way arrow.

0 ⟷ 10

Relationship Toolkit

Building on from the Department for Work and Pensions' Reducing Parental Conflict Training Programme this toolkit has been created to support you in your everyday practice, building on the skills you already use when supporting children, adults and families.

Listening to our practitioners and families, we believe that 'relationship support' in Doncaster can be more readily available and undertaken by a range of already very capable multi-agency practitioners including those from health, education, the local authority, children's services, community and voluntary organisations to name but a few. Support for relationships does not need to be just about specialist 'relationship support'. There is certainly a place and a need for this, however, there is also plenty of room for anyone working with children or adults, to play their part and offer an appropriate intervention where they feel they can.

With this vision in mind, we have worked in partnership with Amity Relationship Solutions to produce this practitioner toolkit so any family who receives relationship support from a practitioner will have the same clear and consistent messages about the importance of strong, conflict-free family relationships.

Learn More about Relationship Leaders co-parenting support training at: **www.doncaster.gov.uk/relationshipmatters**

Your Place for Your Family

RELATIONSHIPS MATTERS

THE PRACTITIONER TOOLKIT PARENTAL CONFLICT

Amity Relationship Solutions
www.amityrelationshipsolutions.org
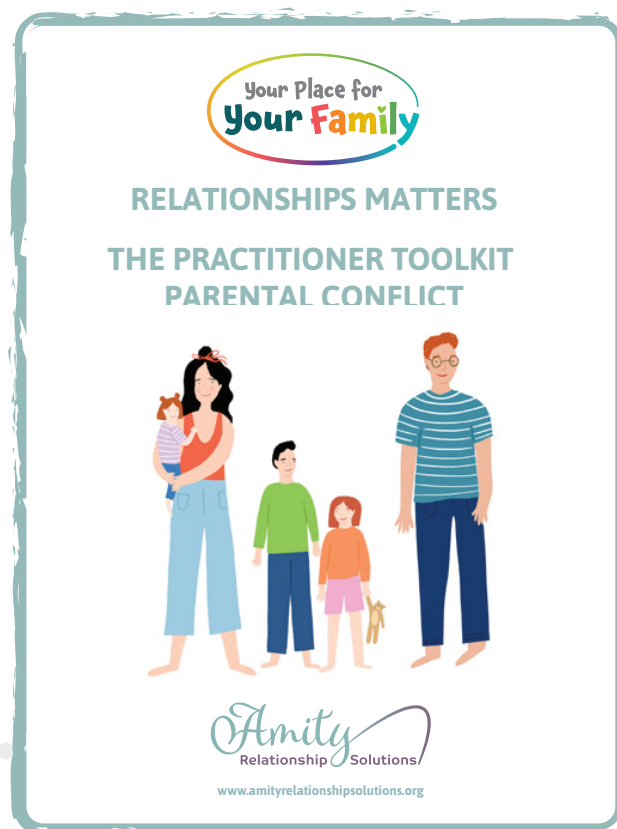
Domestic Abuse, Stalking and Honour Based Violence: DASH Risk Assessment

The DASH risk assessment allows professionals to make an assessment of risk relating to domestic abuse and ultimately can help determine the course of action that is required. The assessment should be carried out at once, by the practitioner who identifies the concern wherever possible and safe. There are 27 questions, so please ensure that you are in a safe environment and that there is sufficient time to listen to the victim and complete the assessment. It is important that you document the answers and keep a record of the outcomes in line with your own agency protocols. DASH training information via: **www.doncaster.gov.uk/domesticabusetraining**

Child Exploitation Screening Tool:

Is a tool designed by Doncaster Child Exploitation team to support identification of children being exploited or at risk of this through their associations. Exploitation training is available via: **buy.doncaster.gov.uk/training**

Dangerous Dogs Practice Guidance

The aim of this guidance is to protect children living in Doncaster from the serious injuries that can be inflicted by dogs which are prohibited, dangerous or poorly managed.

The guidelines set out to explain and describe the following:

- The children most likely to be vulnerable to injuries inflicted by dogs;

- The dogs most likely to pose a danger to children;

- The information that should be gathered when any child is injured by a dog and the criteria that should prompt a referral to Doncaster Children's Services Trust;

- The basis for an effective assessment of risk and the options for action that could be considered at Strategy Discussions or Child Protection Conferences.

Learn More about Dangerous Dogs Practice Guidance at: **doncasterscb.proceduresonline.com/p_dangerous_dogs.html**

DASH RISK ASSESSMENT v 6 (May 2021)

DOMESTIC ABUSE, STALKING, HARASSMENT & 'HONOUR' BASED ABUSE

AFTER COMPLETING DASH, CIRCLE RISK LEVEL HERE: **High** / Medium / Standard

Date:

Name of person completing DASH:

Agency:

Complete MARAC Referral section if HIGH RISK

PLEASE NOTE - **Explicit** consent (**or lack of**), for **both** referral to MARAC **and** sharing of information must be clearly recorded in **Sections 4 & 4A**. Failure to record this information may result in the form being returned **and** a delay in it being listed for MARAC

Consent is **explicitly** required for **medium/standard** risk cases if you wish to refer to the relevant service

The MARAC Referral should be quality assured by a trained practitioner in your agency (this may be your MARAC rep) and / or your manager before submission[1]. The exception to this may be when it is an urgent referral and it is within 48hrs of the deadline for referrals being accepted.

Name of your MARAC Rep /champion:

Contact number & email address of your MARAC Rep /champion:

SECTION 1 – PERSONAL DETAILS
VICTIM'S DETAILS

NAME :   DATE OF BIRTH:

ADDRESS OF VICTIM: TELEPHONE NO: ALTERNATIVE CONTACT NO:

Is it safe to post to this address Y/N
If no please provide an alternative

IS IT SAFE TO CALL? Y / N
If there are specific times when it is safe to call please provide them here:

EMAIL ADDRESS:

IS IT SAFE TO EMAIL? Y / N

Gender (please underline): Female Male Non-Binary Prefer to self – describe	**Ethnicity** (please state): Prefer not to say	**Disability** (please state - Inc. learning disability): Prefer not to say	**Sexual Orientation**[2] (please underline): Bi Gay Man Gay Woman/Lesbian Heterosexual/Straight Prefer to self-describe

[1] Failure to complete this *may* result in the DASH being returned for further information/quality assurance etc
[2] Please complete the Stonewall LGBT+ special considerations risk assessment if the subjects are LGBT+

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More detailed information about Early Help and our work in practice is provided in the Practice Guidance and Appendices on the Doncaster Safeguarding Children's Partnership website. These are accessible via the link or QR code below.

www.dscp.org.uk/professionals/early-help