



# **Early Help Prevention Team Annual Report 2020**

**Children & Families Directorate**



**this is Redcar & Cleveland**

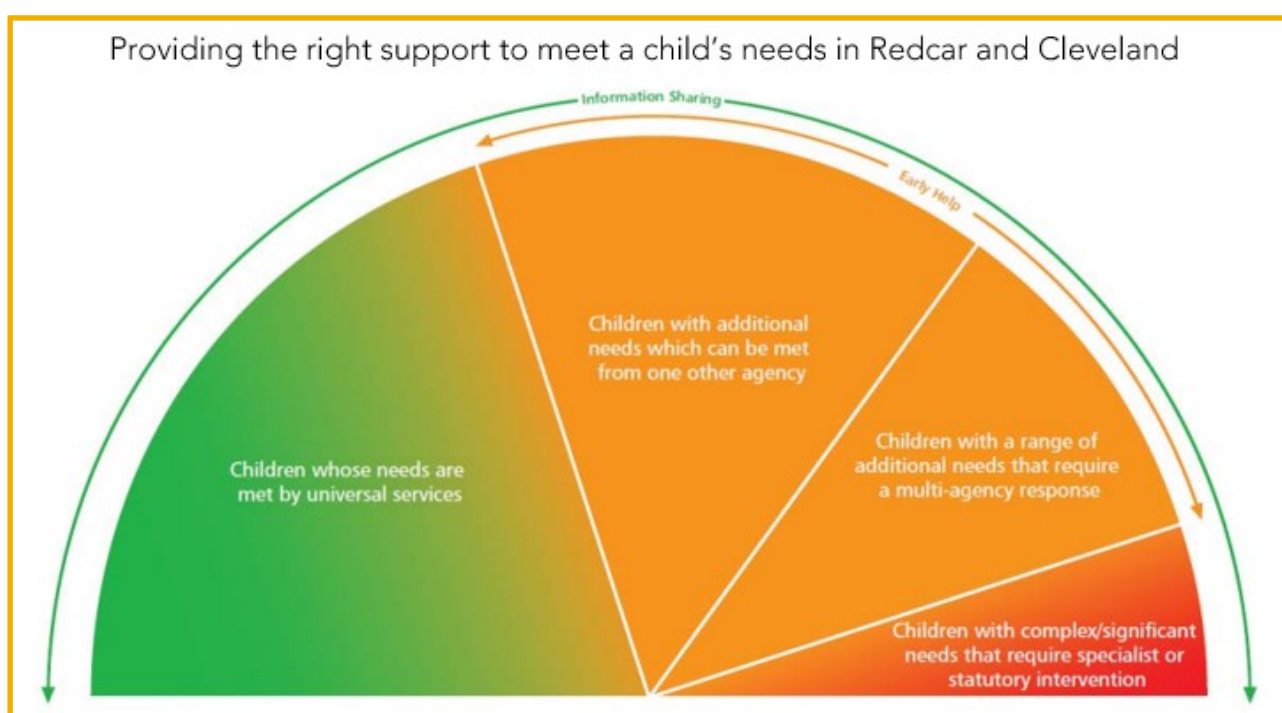
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# 1. Introduction

Early Help Services can be delivered to parents, children or whole families, but their focus is to improve outcomes for children. For example, services may help parents who are living in challenging circumstances to provide a safe and loving environment for their child. Or, if a child is displaying risk-taking behaviour, early help practitioners might work with the child and their parents to find out the reasons for the child's behaviour and put strategies in place to help keep them safe.

Those who know the children and families well are often best placed to open the support with the family, but no practitioner can know/ do everything to help a family. In Redcar and Cleveland there are different options for supporting children, young people and families depending on the presenting needs and the levels of concern.



The Early Help Prevention Team in Redcar and Cleveland comprises of Keyworkers and Targeted Intervention Officers who work with children, young people and families across the continuum of need, but predominantly at level 2/3.

The Prevention Team focus on the delivery of the Troubled Families' Programme. This report provides information about the delivery of this programme and the achievements of the team during the period January – December 2020 as well as providing information about the ways we have adapted our service delivery during the current COVID-19 pandemic, since March 2020.

The Troubled Families' Programme contributes to Redcar and Cleveland's Corporate Plan to meet the needs of our residents as it ensures all services are coordinated to support vulnerable children and young people and improve their life chances. The work that we do in partnership with other agencies, results in a multi-agency plan of working together around a family in need and on a larger scale the multi-agency Early Help Strategy aims to develop safe and supportive communities for our children.

The Troubled Families outcome plan is broken down into 6 headlines indicators, the plan has been developed with partners it is reviewed annually and links to the corporate plan priorities:

<b>1</b>	<b>Staying safe in the community: parents or children involved in crime or anti-social behaviour</b>
<b>2</b>	<b>Getting a good education and skills for life: children who have not been attending school regularly</b>
<b>3</b>	<b>Improving children's life chances: children who need additional support, from the earliest years to adulthood</b>
<b>4</b>	<b>Improving living standards: families experiencing or at risk of worklessness, homelessness or financial difficulties</b>
<b>5</b>	<b>Staying safe in relationships: families affected by domestic abuse</b>
<b>6</b>	<b>Living well, improving physical and mental health and wellbeing: parents and children with a range of health needs</b>

## 2. Prevention Team Context

The team consists of four full time Targeted Intervention Officers and fifteen Keyworkers (14.5 FTE). They are based within one of the three Family Hubs in Saltburn (East Cleveland), Ormesby (Greater Eston) and Redcar (Central locality) and are directly line managed by Prevention Team Lead Officers. They share bases with health visiting, school nursing and family hub colleagues.

On average, they hold caseloads of up to 25 young people which for keyworkers can equate to around 12 whole families. They aim to make contact with a family every week as a minimum. However, in reality the contact is much greater, as parents and carers can be in touch with their lead practitioner via telephone calls sometimes daily, as well as in school meetings, home visits and by way of interventions with all the family members.

In Redcar and Cleveland, we agreed a collective vision to “ensure that children, young people and their families receive the right help at the right time and by the right person; to ensure they are safe, happy, healthy and thriving, in order to ensure a brighter future”

We have worked collaboratively with partners to develop our multi-agency Early Help Strategy.

Since 1st January 2020 to December 2020, the Prevention Team have also contributed to sharing information, attending Safeguarding Strategy Meetings and contributed to Multi Agency Assessments to aid decision making in the Multi Agency Children’s Hub (MACH). During this period, the team have stepped up 49 to social care. However, a measure of the team’s success is the number of children and young people who have not had to have a social work assessment in the 12 months after they had closed to Early Help. Over the last year this has consistently been above 72% each quarter. In the last 12 months, the service has completed 279 Early Help Assessments. The Targeted Intervention Officers worked with 182 young people assessing their needs and providing information and support on a one to one basis, mainly in schools.

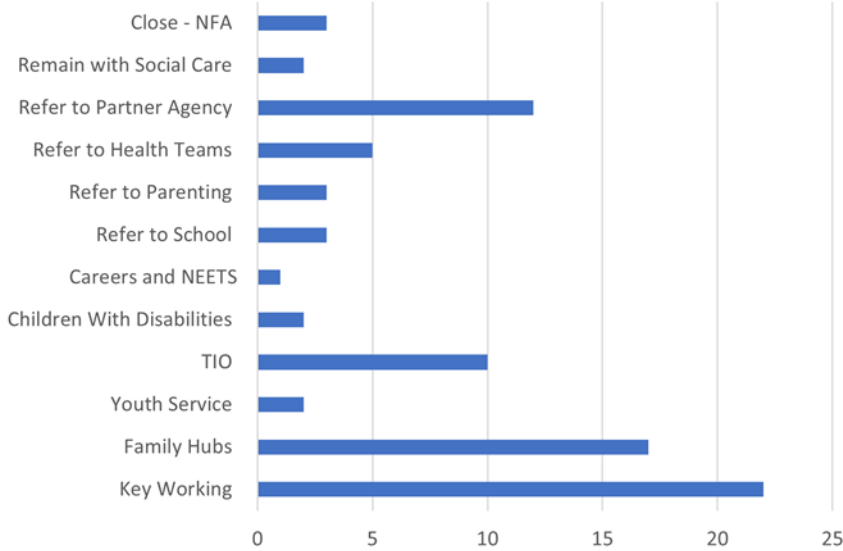
### 2.1 Early Help Coordinators (EHCs)

There are three full time EHCs who alternate working from the MACH. They will offer advice, guidance and support to those working with children and families to prevent needs and risks escalating. They can offer a wealth of tools, information, and training; and can support practitioners to complete Early Help Assessments (EHAs), team around the family action plans, and gather the voices of children for family meetings. They will also help practitioners to understand risks and safeguarding.

In July 2019, they moved to the Redcar and Cleveland MACH to work alongside Middlesbrough colleagues, health partners, police, education and mental health services. Whilst the joint arrangements with Middlesbrough disbanded in July 2020, the EHCs have continued to provide information for 99 strategies, 126 MASH assessments and screened a total of 1090 of referrals which equates to 2142 children.

During the Spring, a virtual step-down pathway was developed to support social workers to close

## Recommended Outcomes for Cases Discussed at Step-Down Clinic



appropriate cases to Early Help level services during the pandemic. The EHCs started to facilitate a monthly step-down clinic via Microsoft Teams whereby social workers bring cases to discuss and identify next steps.

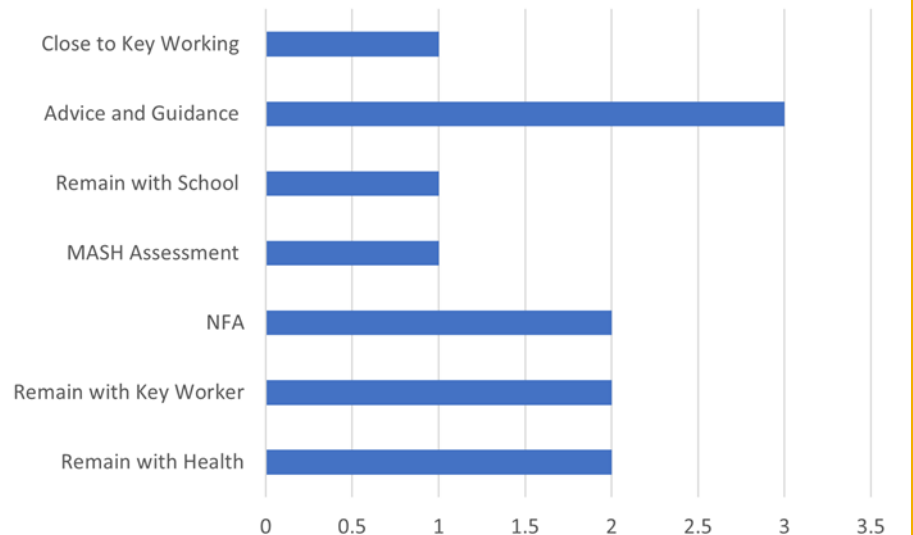
We have held 8 step-down clinics, discussed 82 cases which equates to 153 children being stepped down from Social Care.

## 2.2 Early Help Clinic

In addition, since June 2020 a monthly Early Help Clinic was established to provide support and guidance to all practitioners who are working with families, children and young people at an Early Help level. The clinic provides:

- Support and advice to practitioners on any Early Help cases.
- Group supervision to partners on 'stuck' cases.
- Encouragement and support with the completion and submission of EHA's by partner agencies.
- Identification of children and families who would benefit from an Early Help Assessment.
- Support to practitioners to embed Signs of Wellbeing in their practice.
- Advice to practitioners where there has been ongoing multi-agency support via an EHA but no observed improvement to the child's outcomes, or where there has been an escalation of risk.

### Outcome of Case Discussion at Early Help Clinic





The clinic is facilitated by both an Early Help Coordinator and a Social Worker Team Manager for safeguarding advice, in line with the Working Together guidance.

Practitioners can discuss cases where there is an emerging problem and potentially unmet needs of individual children and families. The Early Help Coordinator and Social Worker support the practitioner to identify what support is needed to ensure the needs of the children and young people do not escalate.

To date we have held 6 Early Help Clinics offering support and guidance to 13 of professionals from a wide range of disciplines including schools, health visiting and the VCS.

## 2.3 Missing from Home

Young people who have been reported as missing from home who are not open to a Social Worker will have an interview undertaken by an EHC, they will then conduct a missing from home interview with the view of highlighting any emerging needs.

We have completed 134 missing return interviews with 23.8% been transferred for further intervention.



# 3. Service Improvement

## 3.1 Development Sessions

Staff development sessions are embedded into our Service Improvement Plan. This plan provides our staff with a clear team vision and links in with their individual appraisals where opportunities for professional development and sharing of expertise and knowledge to improve our learning is identified. This supports their performance to enable us to improve service delivery. Team development sessions are held quarterly. Themes are identified from the outcomes of audits and to develop the use of the Signs of Safety framework. Whilst restrictions were imposed to prevent us meeting face to face during the pandemic, the development sessions still continued albeit virtually. These workshops are mandatory and are well received by staff.

This year, the sessions have covered: How to write case notes using the 10 elements of the Signs of Safety (Wellbeing) framework; Developing good Critical Worry Statements, Wellbeing Goals and Scaling Questions; What makes a good Assessment and Plan; How to use the Harm Matrix.

The case-note workshop resulted in staff becoming more focused on outcomes and being more able to sift out irrelevant information.

The team have come a long way in implementing Signs of Wellbeing and audits show that all cases now have at least one critical worry statement and wellbeing goal. However, the team agreed it was worth revisiting what makes a good worry statement and wellbeing goal after some staff reported they found it hard to say what the impact will be if nothing changes (and sometimes forget about this bit altogether) when writing worry statements.

They also said they found it hard not to list services they want the family to work with when writing wellbeing goals, rather than focussing on behavioural change.

Comments from the team about what they got from the sessions:

"It was good to talk through the examples with everyone this really helped me."

"I need to remember to say what the impact will be on the children's future wellbeing if nothing changes."

"Reminded me I need to think about what the family and network can do to make changes instead of looking for other services for support."

"It has helped me to think about how to write about the behaviours I want to see in the wellbeing goals to show change instead of listing services for families to engage with."

"To put examples into evidence what you're worried about, what's happened already and how that impacted on the child."

"Make sure I use the chronicity and severity questions when getting information about the worries."

"To involve the family and the network in developing the plan."



"I will make time to read up on examples and prepare questions before I go to do a visit with the family."

"I find these sessions really helpful – a chance to talk through things with Debbie and the team."

"Keep it simple and use plain language - I think sometimes I over complicate things."

## 3.2 Audits Completed in 2020

During May and June, a spot check audit was conducted on Prevention Team cases to support staff to ensure all of their work was captured on the EHM system following the cyber-attack and assure ourselves that key elements of Signs of Wellbeing were becoming embedded in casework

In total, 171 cases were audited.

- 125 cases (73%) had a critical worry statement or wellbeing goal,

- 92 cases (53%) had a genogram;

- 133 cases (77%) had a case summary;

- 120 cases (70%) had a completed chronology.

The completed audit spreadsheet was circulated to team leads in order to ensure that any missing information was updated at the earliest point, and these tasks were recorded in case supervision with each member of staff.

In September, a further spot check audit of the team's cases was undertaken to assure ourselves that key elements of Signs of Wellbeing are becoming embedded in casework.

108 cases were audited for key elements of the Signs of Wellbeing framework:

- 95.4% of cases had a completed wellbeing goal and critical worry statement;

- 79.6% of cases had a completed genogram;

- 90.7% of cases had a chronology on the system.

Some of the cases audited were newly allocated cases so it was expected that they would not have all elements completed yet.

In July, a further spot check audit of 5 cases was done, looking for a completed risk assessment on all cases due to COVID-19.

- 70.8% of open cases had a completed risk assessment uploaded on the case file on EHM.

Some were newly allocated, so risk assessments had not been completed yet.

Both audits were reviewed by Prevention Lead Officers. Staff and admin support officers were instructed to ensure that any outstanding paperwork was completed and uploaded in line with the timescales set out in the handover/trajectory sheet agreed at case allocation.

# 3.3 Embedding the Signs of Wellbeing Framework

We have continued to embed Signs of Wellbeing and to date 6 staff have had the additional 5 day training and the remainder of the team have accessed the essential 2 day course.

We have held a total of 30 group supervisions and have utilised the knowledge bank by purchasing 6 licences to support and aide our learning on a weekly basis. The practice leaders facilitate weekly group supervision and hold a monthly workshop with the team. In the workshop, key elements of the practice framework are broken down to better understand and implement the learning in our practice.

Staff have said:

“Working together as group to think of the best questions has helped me to elicit the right information from my family for the assessment and plan.”

“Group supervision helps me to see clearer and develop good worry statements.”

“I feel more focussed, I was losing sight of what work I was completing with the family.”

We have together developed practice standards on implementing the SOW framework across our case work.

In the Prevention Team we have created separate standards for Keyworkers, Targeted Intervention Officers and Early Help Coordinators.

This has helped us refine our spot check audit templates and supports the staff around expectations for their case work.

Early Help Coordinators		
	On Every Case	Sometimes
Solution Focused Questions	✓	
Clear Language	✓	
Support Network		✓
Geoscan	✓	
Safety Circles		✓
Critical Worry Statement	✓	
Wellbeing Goals	✓	
Scaling Question	✓	
Child Engagement Tools		✓
Harm Matrix		✓
Group Supervision		✓

Early Help Key Working		
	On Every Case	Sometimes
Solution Focused Questions	✓	
Clear Language	✓	
Support Network	✓	
Geoscan	✓	
Safety Circles		✓
Early Help Assessment	✓	
Critical Worry Statement	✓	
Wellbeing Goals	✓	
Scaling Question	✓	
Child Engagement Tools		✓
Harm Matrix		✓
Group Supervision		✓

Early Help Targeted Intervention Workers		
	On Every Case	Sometimes
Solution Focused Questions	✓	
Clear Language	✓	
Support Network	✓	
Geoscan	✓	
Safety Circles		✓
State of Wellbeing Assessment		✓
Child Engagement Tools	✓	
Harm Matrix		✓
Multi Agency Meetings	✓	
Group Supervision	✓	
Mapping		✓

## 3.4 Development of the EHM Case Management System

EHM has undergone significant developments since it was launched in April 2016. The Prevention Team have been an integral part of developing the system to enable reporting to be more enhanced. Wider teams now have access to the system and in August 2019 it became the front-end system for logging referrals into the MACH.

The Early Help Assessment changed in April 2019 to reflect the Signs of Wellbeing framework and was upgraded again in November 2019. Early Help guidance has since been developed in line with the system changes, to support the identification of a good assessment

## 3.5 Partner Led Early Help Assessments (PLEHAs)

PLEHAs are completed by partner agencies where the professional already provides children and families with a wide range of support. Completing the Early Help Assessment helps them to understand the full needs of the child and family so we can coordinate the right support, at the right time.

35 PLEHAs have been submitted and out of these 24 are currently still active. This represents 68.6% of the total number of EHAs completed in the year.

As part of their role, the three Early Help Coordinators have responsibility for increasing the number of PLEHAs completed. Since September, the Coordinators have attended school staff meetings, Health Visitor and School Nurse team meetings, worked with school Inclusion Officers and VCS organisations such as the Junction to promote this way of whole family working. A presentation has been delivered which provides information on identifying children and families who would benefit from an Early Help Assessment, how to complete the EHA and plan, support available from the Coordinators and information about the Early Help Clinic where they can seek advice.

Once a PLEHA as been completed, the EHC linked to the agency will contact the professional who has completed it and will:

- support them with completing the Early Help Assessments (EHAs) and Team Around the Family (TAF) action plan.
- support with ideas on how to gather the voices of the children to help populate the assessment and plan
- help them prepare for TAF meetings.

To encourage completion of PLEHAs, we have offered the support of our Department of Works and Pensions Advisor, she can give advice and information about benefits and getting parents back into work.

We also encourage lead practitioners to apply for small grants from our Child Wellbeing fund to enable children and young people to access positive activities that under normal circumstances they wouldn't be able to afford.

## 4. Cyber-Attack Response: Feb 2020

In February 2020, Redcar and Cleveland Council was struck by a cyber-attack. This left us with no access to our case management system, emails, or our HR system.

Workers could not access any historical information about families held on systems, nor contact details. This meant that initially referral information had to be handwritten and was very brief. Referrals then had to be transported from one team to another and hand delivered.

Paper case files were immediately established for each family and young person. Initially these had to be handwritten until staff had access to any IT equipment that had been cleansed.

Handwritten case load data was created along with the contact details of teams and partners; it was a real team effort.

Social workers were supported to complete missing interviews at this time and to undertake home visits. The MACH also required additional administrative support including gathering further information for the referrals received.

Team Around the Family meetings had to take place but this was very challenging as we didn't have access to any previous information. However, other agencies also helped for instance by providing their copies of previous TAF meeting minutes, and contact numbers for families.

At the time it put additional worries on staff regarding if they would get paid and if their personal information had been compromised. Fortunately it hadn't and everyone was paid on time!

Partner-led assessment forms had to be completed by the staff until access to the live case management system was regained.

The team worked together and tirelessly to support the families and each other showing tenacity and resilience to getting the job done.

Access to the live EHM system was reactivated in March, at the same time that the pandemic was announced. As staff were sent home to work, a system was put in place for them to be able to access the office-stored paper files. Staff were then asked to input the back dated information into the live cleansed EHM system





# 5. COVID-19 Response: March 2020

Nationally, there has been growing concern regarding the impact of lockdown on young people, children and families, in particular that they have not been able to access face to face support from various agencies, but also from their own family who were part of their support network pre-lockdown.

Our Troubled Families Analyst developed a vulnerable database of children and young people who are open to Early Help, social care, CAMHS or have an EHCP or are Young Carers. Education colleagues shared this regularly with schools to ensure the most vulnerable children and young people were being seen.

Together, staff delivered targeted packages of intervention to any families and young people who required additional support. Some schools who were already visiting families completed interventions on our behalf, for example one teacher completed the three houses with a girl who was open to a keyworker. The Youth Service and Family Hub staff have also supported the Prevention Team with capacity and worked together to meet the needs and desired outcomes of the families and young people.

Prevention Team staff have been mainly working from home since March and they have had to adhere to social distancing and infection prevention and control measures during the course of their work with families both in our centres or in the community. At the start of lock-down, the Prevention Team Manager reviewed the team's operating model and implemented virtual contacts, with face to face contacts limited and only after risk assessments had been completed. These visits have been very limited and on a case by case basis only where there were safeguarding concerns. All staff were provided with full PPE to undertake such visits.





Staff have used virtual platforms to contact families to complete Early Help Assessments and one to one interventions. This has required staff to initially develop relationships without face to face contact which has required a different skill set. At times it proved very difficult, but staff have quickly adapted to this way of working. The service has received positive feedback from families about the support provided. Feedback from one mum is provided below:



“Targeted Intervention Officer Baz has been working with my son for several months now. I wanted to email you to give you some feedback. Originally Baz was working with him at school and see Rowan there. Since Baz became involved, the school has noticed an improvement in his behaviour and at parents evening, his head of house informed me that she felt he was maturing. It was lovely hearing so many positive comments and seeing my son feeling proud of his achievements. When the schools closed, Baz continued contact via phone-using text, WhatsApp and video calls and that contact has been an invaluable support.

My son’s behavioural issues are ongoing and at times he can be very challenging, but Baz has played a big part in helping him work on his issues. At first my son didn’t want to talk on the phone and Baz didn’t push him, but

continued to check in with me. After things escalated with regards to his relationship with his dad, I suggested Baz would be someone who he could talk to who would support him while being impartial. He then began speaking on the phone with Baz and seems to have taken a lot from those conversations.

He struggles to trust people offering him help, from outside agencies, as he says they never do anything. But Baz has been gaining his trust and that in itself is huge. During lockdown, I have received no support from CAMHS. However, Baz has been there whenever my family has needed him. He has offered support to my son and given him advice, he has listened to my concerns and given me guidance and even helped give me the gentle nudge I needed to get help from women’s aid with regards to the abuse from my ex, which I had been struggling to understand and recognise.

During very difficult times, Baz has been very supportive and has always been there to listen. My son is challenging and as CAMHS said, there is no magic switch that changes that, but Baz has certainly helped him and I am sure with his continued support, his behaviour will continue to improve.”

## 5.1 What's Worked Well?

- Risk assessments and prioritisation of caseload was completed on all open cases and reviewed weekly
- A vulnerable children's database was developed and shared to cross reference children we were worried about with other agencies including schools and social care.
- Virtual contact has been made with families and young people using Skype/ WhatsApp. Photos have been shared by families or video calls made to look at home conditions.
- Families/ young people have felt supported.
- Liaison with schools and getting some children into school due to their vulnerability. Some young people have been provided with laptops to support with schoolwork.
- Multi-agency working. TAF meetings have taken place virtually. Schools have completed home visits when delivering food/work and have seen the children when our workers could not do home visits.
- Staff have worked more flexibly to meet their own family needs and circumstances for instance working late on evenings and weekends. This has also been more beneficial for some of our families and young people as the work has happened outside of core hours and school.



## 6. What do Families say who use our Service?

Measuring the impact of early help can be difficult. Whilst we can report the numbers of Early Help assessments and interventions the Prevention Team has undertaken, the number of referrals into our services and other quantitative measures; the impact of our work with families will often only be seen in the longer term.

The children and young people who do still require a social work assessment and plan after our intervention, are often referred because they have a disability or there has been a change in circumstances which have resulted in unanticipated adult behaviour having a severe impact on the child, such as a new partner resulting in domestic abuse.

Feedback from the children and families who use our service is crucial and helps us understand if our service is having a positive impact in the shorter term. Some of the feedback received during 2020 is below.

"My TIO, he was my rock he taught me to think and respond differently to my Mum and teachers"

"I think we're finally finding a middle balance with all of us in the house, I am so happy I have so many more good days now and I think the boys do too. There's nowhere near as much shouting anymore which is good and I'm managing to keep on top of everything. I feel I am listened to by everyone in the house now which is a positive and the boys are doing more as well. You've been a massive help in getting us here, you have done a lot more than most people and you actually help. Even just asking how were getting on every week makes me realise were not on our own so thank you. I never really knew how much it helps just having someone to talk to about my struggles and the kids and not be judged."

"My son's Targeted intervention officer helped him to understand his anger problems and his issues around not going to school."

"Thank you for everything you have done for me and Amy. You are the most lovely person ever and you have done a brilliant job. And loved the laughs we had. If I ever need support again I will ask for you if available. You're the best, from Ellen. Thank you so much xxxxxx"

"Helen has been fantastically supportive and has actually listened and also challenged when needed and ultimately believed in Caitlin and I. Couldn't thank her and the service enough for the support. Having her going along to appointments/meetings and communicating our needs when I couldn't has meant that we're finally accessing support we need to move forward. Anything that Helen has said is nothing I haven't communicated first through numerous texts as that's my way of communicating. It meant I wasn't being spoken about or decisions made without my input. Wouldn't have got through the last year without you. Still never going to go skipping with you though so don't get any ideas (even with the floaty medication). Yesterday, it was lovely to see Caitlin happily going off with Helen, that's how it should be, Caitlin needs that time and support."

"I'm so glad to have you back, I feel you are the only professional person I can exactly tell what has been going on for me."

"Mam Lisa said that when I first went to the house to meet them she didn't think that I would make a difference, but now she feels that I am the person to get things done and to help her. She said that I am the first person that has spoken to Tommy and asked his views and how he's feeling, she said she has had CAMHS, the school and other agencies involved and not one of them has spoken to Tommy. Mam said that Tommy is used to services coming and going throughout out his life and he felt let down by them but because I explained to Tommy when we first met that that I won't be working with them forever, he trusts me and is open about how he's feeling."

## 6.1 Case Study from a Key Worker

Katy is 13 years old and lives with her mum Nikki and her dog Pip.

The Early Help Prevention Team received a referral on the 5th July 2019 from Nikki's Alliance Counsellor requesting support for both Nikki and Katy with their poor mental health; and to support Katy in attending school on time. Katy is autistic, has ADHD and struggles with anxiety, Nikki is also Autistic, has Post Traumatic Stress Disorder and anxiety.

The Early Help Assessment identified that Nikki would benefit from additional support, focussing on home conditions and support to address her mental health needs as well as Katy's identified needs. Katy was struggling to manage her emotions relating to going to school saying "I get a tummy ache, but I don't know why" which made her anxious. Katy often refused to get dressed and would scream and shout, telling mum she wanted to die.



Katy struggled to verbalise her thoughts and feelings due to being autistic and Helen adapted her 1-1 interventions, such as walking the dog together and using drawing to gain her views. They explored strategies, such as Katy devising a morning routine and drawing pictures to represent how she felt when going into overload, together they created a chart so that Nikki could identify Katy's feelings.

Helen supported Nikki and Katy whilst further assessments were undertaken, such as a referral to the Educational Resource and Support Panel. Helen supported Nikki to put a referral in for an Education, Health & Care Plan (EHCP) and identified the Children with Disabilities youth service to support Katy to build on her social skills, independence, and life skills and to gain confidence.

Helen kept in regular contact with professionals: GP, education, CAMH's, Adult Social Care, private occupational therapist, CWD Youth Service, SEND Link Officer, Adult Affective Disorders Team and Specialist Teaching Service, via telephone calls, emails and virtual TAF meetings to reduce the pressure of lots of professionals involved for Nikki. Helen also devised a picture chart so Katy could see who the professionals involved were. This meant the family were being supported as a whole unit rather than separately.

Katy and Nikki are a very close , but this has its difficulties as both of their needs impact on each other's emotions and responses and Nikki's mental health has sometimes resulted in suicidal thoughts. When Nikki has felt low, Katy's behaviours was more challenging, such as not washing her body or hair (partly due to sensory issues) and Nikki admitted she didn't have the strength to battle with her, this also resulted in Katy having a poor sleep routine, sometimes not settling until 3am. Helen completed a safety plan with Katy and Nikki when Nikki was at her lowest point. Helen met with Katy and talked through the safety plan and Nikki told Katy how she sometimes feels and what to look for. Katy knew to ring mum's friend Betty who lived nearby. Helen had also asked Betty to check in on Katy and Nikki every day.

Nikki is now working with the Adult Mental health services, following a referral Helen submitted and an assessment, Nikki admitted this was exhausting and emotionally draining. This has been a daunting process for Nikki who told Helen she has never found it comfortable to talk about her own feelings as she feels ashamed. Helen supported Nikki and has been an advocate for the family, ensuring services spoke to Helen first before going to Nikki so Helen can prepare the family.

*"My mental health is impacting Katy big time and I'm very aware of that, it's noticeable that as I am calmer, so is she, teamwork, I guess."*

*"Helen has been fantastically supportive and ultimately believed in Katy and I. Couldn't thank her and the service enough for the support. Having her going along to appointments/meetings and communicating our needs when I couldn't has meant that we're finally accessing support we need to move forward. It meant I wasn't being spoken about or decisions made without my input."*

Nikki is slowly building her confidence to speak up about her own feelings and Helen has been there for Nikki as support, sometimes daily to allow Nikki to refocus her thoughts. Helen reminds her of the positive steps they have made, and Nikki is starting to find some of her own strategies when challenges arise. Katy is attending the CWD Youth Service on her own, attends school every day and has told Helen "it is good". Impressively Nikki is now a director for Whip It Up which is a creative art group for adults with disabilities and is doing extremely well balancing her director's role alongside parenting and is learning how to prioritise tasks to maintain positive mental health for both herself and Katy.



## 6.2 What do our Colleagues and Partners say about the Prevention Team Staff?

### Connect2Education about a Keyworker

- Mum did share with me that she felt you had been a great support; she did not want to 'lose' you! She knows 'Ash' is returning. She also felt you were someone she had really connected with; I know we can't be all things to all people all of the time however, you really were the difference that made the difference.  
From one person to another...I'm passing that on to you!

### Social Worker about a Keyworker

- I wanted to pass on to you that JB (social worker in the MACH) has asked that I feedback to you and your manager that she had enjoyed working with you on a recent case she screened that came to you. She said you were very professional and thorough (she thought you were a qualified social worker). She also said you were a genuine lovely person and it really showed how much getting the right support in place for the family meant to you

### Education Psychologist about a Keyworker

- I want to take a moment to commend your work in our meeting this morning. I am so impressed with your insight; the manner in which you engage with everyone in attendance, and the way you carefully explain your thinking about next steps. I also notice how you are keen to get on with what we can rather than waiting for things that might or might not happen. It's really great to have such quality round the table in our multi-agency work so thank you.

### MACH manager about our EHCs

- The quality of the case recordings and the enthusiasm and commitment from the staff to embed the Signs of Wellbeing framework has been excellent.

### Education Colleague

- Thanked the Early Help Coordinators for their swift response in contacting a young person and family.



# 7. Valuing our staff

Staff have shown great resilience and have pulled together to support each other through what can only be described as a very challenging year. The team have told us that they have felt supported and listened to when their worries needed to be heard.

Initially Microsoft Teams was set up and daily meetings and contact with teams was initiated to keep staff updated and informed of the daily changes. This included news on how to implement that changes in practice. It was also a time to check in on staff welfare and keep their morale up. Team games/quizzes were part of this approach and staff fed back they enjoyed the switch off time.

Resilience and wellbeing workshops have been made available for staff, and Prevention Lead Officers have encouraged their team to attend. Having to work from home and not being able to see families and young people on their case load face to face was something the team have struggled with.

This, mixed with the challenges of their own family dynamics and IT connection issues, whilst trying to work and juggle children and pets around their ankles has not gone unrecognised!

The staff have worked tirelessly to meet the needs of the service and the families they work with and have shown some very creative 'outside the box' thinking.

## 7.1 Summary Statement by Rachel Paterson, Prevention Team Manager

Whilst this annual report has looked in detail at the work undertaken by the Prevention Team staff operationally in this period, I also need to say a huge thank you to the strong leadership skills shown by the Prevention Lead Officers over the last year.

In addition, I am very grateful to the Early Help Coordinators for developing a brand new role in the MACH, as well as the fantastic support from the administrative staff, the Quality Assurance Officer and the Troubled Families Performance team for their ongoing support, hard work and commitment to the teams.

Staff have supported each other through the tears and laughter and I am looking forward to leading the team into a brighter 2021 – we are ready for the exciting times ahead!



# Appendix 1 - Prevention Team Structure

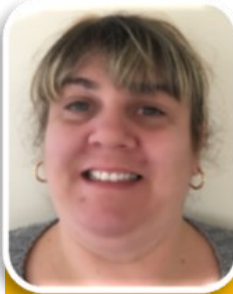


**Rachel Paterson**  
Prevention Team Manager



**Tracey Bullock**

Early Help  
Coordinator



**Jo Churms**

Early Help  
Coordinator



**Rachel Young**

Early Help  
Coordinator



**Debbie Dodd**

Prevention  
Lead Officer  
(West  
Locality)



**Bev Smith**

Prevention  
Lead Officer  
(East  
Locality)



**Angela Roper**

Prevention  
Lead Officer  
(Central  
Locality)

## Prevention Team Structure

There are three locality based **Integrated Prevention Teams** comprising of Key Workers and Targeted Intervention Workers. These workers are co-located with Family Hub staff, Health Visitors and School Nurses in our three main Family Hubs across the borough. A Prevention Lead Officer works in each locality overseeing the Prevention Team

## Targeted Intervention Workers

Targeted Intervention Workers focus on those at most risk of exclusion from school and VEMT cases.

## Early Help Co-ordinators

Three Early Help Co-ordinators support other agencies to complete whole family assessments and follow the TAF process – they are a key point of contact for schools. They also screen referrals at the front door within the MACH.