Early Help Mechanisms – A Mere Fad Or A Ground Breaking Reformation To Child Protection Systems?

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THE IMPORTANCE OF INTERPROFESSIONAL WORKING; THE EDUCATIONAL AND HEALTH PERSPECTIVES

Early intervention and preventative work with children, young people and families is not a new phenomenon. It is authenticated, for example, through the introduction of Sure Start Local Area programmes which were initially established between 1999 and 2002 to support families with children aged 0-4 who resided in areas of disadvantage. Initially, 524 dedicated built children centres were established with a further 3,500 developed from 2007 onwards. Their core purpose (DE, 2012) provides outreach facilities, integrated early education, parenting programmes, child care and health care and family support services through early intervention, thus formally enshrining the professional relationships between the disciplines of health and education (Williams and Churchill, 2006).

The importance of effective, joined-up support to improve children's outcomes, wellbeing and safety both at early age and stage is profiled in highly commended research reviews by Field (2010), Marmot (2010), Allen (2011) and Tickell (2011) which initiated a sea change in professional approaches to influence reduction in social inequalities. The Munro (2011) review of child protection services sought to formalise early help offers as best practice recommendations, and more recently has placed a statutory duty on local authorities and regulatory partners to secure sufficient provision of local early help services (HM Government, 2015a). Definitions of early help include taking targeted action early and as soon as possible to tackle problems emerging for children, young people and families, or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life; any *age or stage* (C4EO, 2010). The early help offer aims to provide a co-ordinated package of child-centred services "*delivered over a continuum and from universal preventative services to more targeted and/or specialist services"* (De Jager, 2014 p.12). Therefore, as family needs stabilise frontline professionals will be able to withdraw, or similarly be responsive to increasing cause for concern without the family having to repeat their story multiple times. The most recent update of practice guidance

Working Together to Safeguard Children (HM Government, 2015a) distinguishes the paradigm shift from reactive to proactive interventions where early help service provision and responsibilities are shared by frontline statutory partners including health and education. This notion of shared responsibilities, that is to say inter-agency collaboration, is formalised within Section 11 of the Children Act (2004) which "places duties on a range of organisations and individuals to ensure their functions ….are discharged having regard to safeguard and promote the welfare of children" (HM Government, 2015a, p.52). Indubitably the routine evaluation and updating (HM Government, 2010; 2013; 2015a) of practice guidance can only serve to provide an increasingly robust framework for the children's workforce. Therefore, early help is not designed to be a fad, but rather a mechanism to embed government policies underpinned by best practice and formulated upon evidence based research.

Anecdotally there is a growing sense of concern amongst frontline education and health professionals that the early help offer may be a delivery tool for cheap social work. Perhaps, to some extent, this is affirmed with continuing national drivers of public service budget reductions, removal of ring-fenced funding, reorganisation of education, including the introduction of academies, and health structures, reduction in national infrastructure support and notably the increased demand for children in care services (Institute of Public Care, 2012). Sadly child welfare reforms appear to be born from the plethora of serious case reviews, for example, Haringey LSCB, 2009; Coventry LSCB, 2013 and Wolverhampton SCB, 2013, where a child has died or has been seriously harmed and there is cause for concern, and crucially about how organisations or professionals worked together, but missed opportunities to safeguard the child. Whilst Munro (2011) advocates an ethos of continuous improvement and creating a learning system, amongst this lies a hidden culture of fear, blame and shame amongst professionals that children may be failed which is increasingly gaining momentum. This creates a dichotomy as safeguarding is everybody's responsibility (HM Government, 2015a), regardless of status, gender, discipline, role or organisation. Therefore safeguarding is not distinct to social care departments, but rather commands a multidisciplinary team approach (Green, 2012). However recognition remains for the need of distinct professional specialism. Frost (2005) argues that following any reform calling for improved partnership working, a paradox at the heart of our dependence on specialism remains. As professionals become more expert in their narrow fields through continuing professional development, so inter-agency collaboration becomes more important,

challenging and complex. This provides an opportunity to embed the principle of the *skilled generalist* role (De Jager, 2014), where a key worker co-ordinates, advocates for and refers families to relevant and accessible support. It aims to ensure swift and easy access to services and smooth transitions to assist the escalation or de-escalation of needs.

Since the Every Child Matters agenda was established following the Laming Inquiry into the death of Victoria Climbie (2003), professionals have increasingly utilised a physical *team around the family* meeting approach to assess strengths and needs of the family, and formulate a plan of early intervention where concerns about the family exist but needs have not reached the required threshold for social care intervention. Best practice in team around the family is where the family is retained as the nucleus, at the heart of the interventions, and opportunity for the voice of the child to be heard is promoted. It is here, perhaps that the role of the skilled generalist practitioner can become operational, fostering a culture of empowerment and promoting independence through their dedicated key worker responsibilities to the family. This is not to say that early help services will be creating a new professional role, but rather capitalising upon the existing skilled workforce who are already actively working in partnership with the family. After all, early help is an umbrella term for a range of existing organisations and mechanisms transforming the way in which practitioners intervene to achieve shared goals in relation to improved welfare of children, young people and families.

The team around the family approach embraces the ideology of a strength perspective (Saleeby, 1992), a model of empowerment where the positives of the family are celebrated and capitalised upon with a subsequent reduction of potential for risk or harm. This strengths-based approach is increasingly utilised within education and health provisions, such as Family Nurse Partnership, Positive Parenting Programmes and the Troubled Families Programme. Without detracting from the positive outcomes achieved by these initiatives, some caution is urged regarding over-dependency because of their infancy, fixed-term funding and geographical variance. It is crucial that there are appropriate exit strategies in place for families if required to ensure smooth transitions and continued engagement with services when projects cease, to avoid familial disenfranchisement. In order to implement a model of empowerment such as team around the family, Petrie (2011) firmly believes that practitioners need to develop and be aware of social pedagogy; to be able to view the world

from someone else's perspective. Exploring this concept in more detail, Hussain (2014, p125) stipulates that an emotional environment conducive to reducing harm and promoting child/young person wellbeing is essential to create an effective team around the family. She further postulates that the emotional environment instils confidence in the process and promotes feelings of safety and trust where the 'practitioner, child, young person and family feel confident to share thoughts, ideas and concerns'. The team around the family journey aims to develop shared values and trust where skilled practitioners mutually respect the views and opinions of families. After all, if families are to successfully take control of their destiny as early as possible when problems emerge, practitioners must equip them with the appropriate skills and moreover relinquish professional control to accomplish this. Undoubtedly, this can best be achieved when practitioners harness emotional intelligence allowing it to flourish. This therefore commands an attitudinal repositioning amongst professionals within the current socio-political landscape of contemporary public services.

In response to the duty placed on local authorities to develop coordinated early help approaches, this attitudinal repositioning of organisational leaders and frontline practitioners is documented within the first Early Help Ofsted Inspection, 'Early help: whose responsibility?' (2015). Research of 12 local authorities found commitment to improving and coordinating early help services amongst partner stakeholders, where early help was evidenced as the right approach in almost all 56 case studies examined. However the report identified that partner organisations within four of the local authorities remained too slow in providing the earliest opportunity to respond to need, leaving children without readily available support. The inspection report suggests a changing of hearts regarding early intervention and preventative work is underway, but mind-sets are slower to adapt. It is possible this may be attributable to the multi-faceted complexities of collaborative working. Collaboration presents daunting challenges, one being obstruction, not only by institutionalised boundaries but by a lack of evidence about whether such partnerships work.

Green (2012, p11) reported '*evidence on the impact of early intervention thus far is weak*'. Following the introduction of early help services Ofsted (2015) affirm a gap still exists in monitoring the impact and associated outcomes of early help services because evaluation processes misplace their emphasis on process and compliance. It is only when success stories

are showcased that levels of confidence in early help mechanisms will by association reduce the culture of fear and blame amongst frontline professionals; a parallel of nature's method of absorption and filtration through osmosis. Cameron *et al.* (2000) acknowledge that differences between agencies following different disciplines, training, methods of working, goals and priorities can prevent the realisation of the benefits to collaborative working. Meads and Ashcroft (2005) further identify failings in collaboration can occur as a result of professionals being too busy and under pressure whereby the risks are compounded by weaknesses in systems and culture. Work cultures in particular impact upon the effectiveness of joined-up inter-agency working, where an *'agreed understanding of shared and individual structures and practices'* are requisite (Hussain, 2014, p.127).

The introduction of 'Information Sharing' practice guidance (HM Government, 2015b) in support of Working Together to Safeguard Children (HM Government, 2015a) provides a new opportunity for transparency and clarification of information sharing protocols to ensure the *agreed understanding* which Hussain (2014) advocates is feasible. Additionally, the co-location of multiagency teams in a Multiagency Safeguarding Hub, referred to as MASH, creates an optimal environment to share all appropriate information, enhancing decision-making to ensure the most appropriate response is provided. Whilst this aims to significantly reduce the serious communication difficulties which lead to preventable harm, it will consistently challenge existing professional cultures and may fuel hostility between inter-agency professionals. Teare (2001) confirms this notion explaining as professional boundaries overlap, there becomes an increased feeling of being threatened, causing tribalism. Hymans (2008) however, would debate that if an inter-agency team has confidence and feels empowered to use their particular experience and skills, this could eliminate team members feeling vulnerable when negotiating the overlaps in working practice.

It is evident that the foundations of early help are now firmly embedded within legislation, policy and statutory practice guidance. This paper acknowledges some of the challenges present in today's contemporary public services, but does not dispute the research-based evidence which promises improved outcomes for children, young people and families through the introduction of early help. Improved evaluation processes will inform whether early help, if implemented and practised as recommended, has the ability to provide a ground breaking reformation to child protection practices. Whilst it is appreciated that the current economic landscape presents significant challenges for both families and professionals, it

should not compromise creative and innovative practice which is discursively perceived as *social work on the cheap*. Is it not, therefore, to be advocated that workforce re-modelling to embed early help services should be based upon a strengths-based approach rather than a deficit approach as this would also serve to role model a culture of empowerment and confidence for families with whom we work?

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