



early start service handbook



Supporting Practitioners delivering
the Leeds Early Start Service
Edition 2





Contents

	Page
Introduction	01
Vision	02
Collaborative working	04
Workforce development	09
Performance	12
The Family Offer	13
• Assessment	14
• Community	21
• Universal	22
• Universal Plus and Universal Partnership Plus	29
Pathways:	
Alcohol use	32
Breastfeeding	39
Domestic violence	44
Healthy weight	59
Child looked after	63
Economic well-being	67
Substance use	77

Authors: Early Start Service

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Introduction

The Early Start Handbook [Ed. 2] has been developed to support all Early Start practitioners and managers delivering services to children and their families as part of the Leeds Early Start Service. It should be seen alongside:

- **Leeds City Council** and **Leeds Community Healthcare** induction information.
- **Leeds City Council** and **Leeds Community Healthcare** organisational policies and guidance.

The handbook aims to:

- describe how practitioners will deliver the family offer;
- describe underpinning governance support for practitioners; and
- direct practitioners to further information and support.

It is recognised that the development of Early Start and delivery of the family offer is still in its formative stages thus the handbook will be reviewed within six months of publication. The review process will involve practitioners identifying the usefulness of the handbook and what can be improved in subsequent editions. Following this review, while the main handbook will still be available electronically, there will be a written summary for every practitioner.

Acknowledgements:

Thanks are given to all Early Start practitioners and other colleagues who have contributed to the 2nd edition of the Early Start Service Handbook. If you have any comments on the handbook or information you like to include in future editions please contact: **Carolyn Wellings** or **Fiona Butler**, Early Start Managers.

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Vision

Early Start is an integrated family based offer for children 0-5 year old, supporting all children and their families to have the best possible start in life.

Working in partnership with GPs, midwives and other health and early years services, the Early Start Service will help families play a positive role in their children's development through reducing social isolation, promoting well-being, increasing parenting capacity and supporting access to training and employment.

The service will:

- ensure that families from pregnancy to five years are offered the Healthy Child Programme;
- ensure that families from pregnancy to five years are offered the Children's Centre Core Purpose, including Early Years Foundation Stage Curriculum;
- identify children and families where additional preventative programmes and interventions will reduce their risks and improve future health and well-being;
- promote and protect health, well-being, learning and school readiness;
- provide a gateway into specialist services.

Early Start will aim to ensure children achieve the best start in life in order to achieve health, wellbeing, learning and school readiness outcomes.

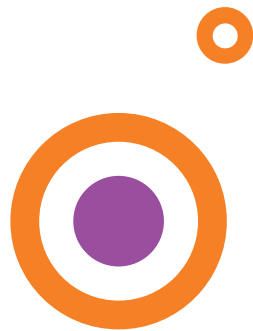
The **Early Years Foundation Stage (EYFS)** framework sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school.



Children and Young People Plan

The Children and Young People's Plan [2011-2015] describes the experiences children and young people have growing up in Leeds, and identifies the priorities for improvement. The five outcomes, 11 priorities and 15 key indicators provide a shared framework and starting point for practical action. Alongside all Children Leeds partners, the Early Start service is committed to making rapid progress on these priorities, and particularly these three “obsessions”:

- reducing the number of looked after children;
- decreasing the number of young people not in education, employment or training;
- improving school attendance.



The **Healthy Child Programme (HCP)** offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to receive if they are to achieve their optimum health and well-being.





Collaborative approaches

Collaborative working is the umbrella term for a range of approaches recognised as effective in achieving positive benefits for children and families. Key to the collaborative approach is the belief that the families have the skills and strengths to identify their own solutions to the issues in their lives. The approach, also known as **strengths and solution focused working**, builds on what the family are already doing well.

Skilled practitioners are essential:

- in being confident to build empowering relationships with families;
- asking effective questions to help families come up with **their** own goals and solutions;
- maintaining a future focus to encourage the development of an optimistic view of a families potential to change.

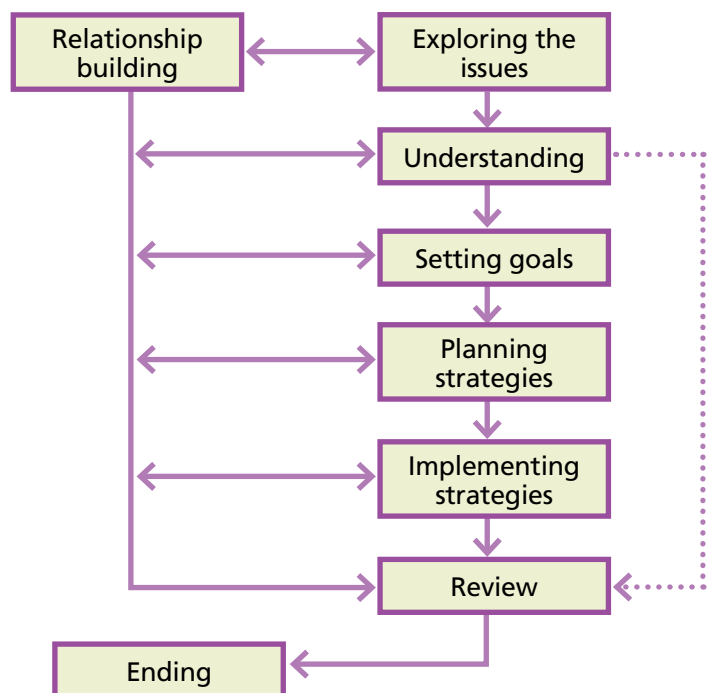
It is the underpinning approach that is used by all Early Start practitioners in their day to day interactions with families.

Family Partnership Model

At the heart of Early Start is the evidence based **Family Partnership Model**. The model describes the Helping Process [Figure 1] as the key structure to embed a collaborative approach which forms the basis of all interactions between families and their Early Start teams. The effectiveness of The Family Partnership Model has been demonstrated through a number of **research trials** which indicate positive benefits to the developmental progress of children, parent-child interaction and the psychological functioning of parents¹, families and children.

¹ Within the handbook 'parents' refers to parents and / or carers

Figure 1: The Helping Process





Helping Hand Framework

Early Start practitioners will work with the family using the Helping Hand Framework. This structured process enables the parent and practitioner to jointly explore and identify their priority issues, and using a strengths and solution focused approach effectively make a behaviour change.

The Helping Hand Framework is built on two foundations:

- an awareness of the wider context in which support is being provided (for instance what else is going on in the client's life);
- the knowledge, skills and understanding that enable practitioners to provide effective support for behaviour change.

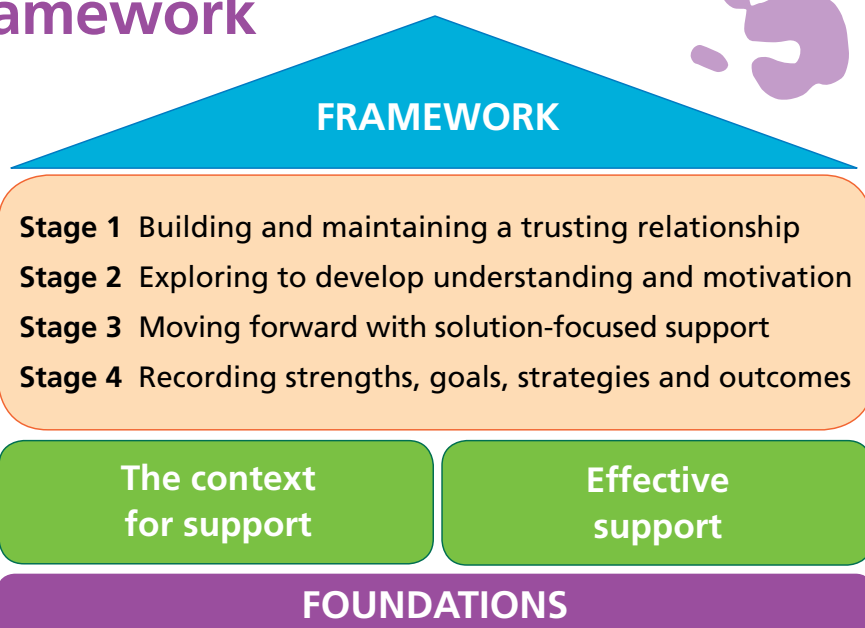
The Framework can be considered in four distinct stages, which are repeated as new issues are raised, goals and strategies are identified and implemented, and progress is reviewed. The approach is in practice more fluid than a stage-by-stage illustration can easily represent. It includes working in a genuine partnership, being responsive, spontaneous and flexible, and enabling the supporter to follow rather than lead through strengths-based and solution-focused support.

The Framework is designed as a multi-session intervention. It provides a structure for each session that includes:

- a forum for exploratory discussion to develop understanding and motivation;
- an opportunity for client self-assessment;
- a way of identifying strengths and needs;
- a solution-focused approach to setting goals and working towards them;
- an inbuilt record of progress that provides evidence of outcomes.

The Framework is accompanied by a set of practical resources to support the practitioner in their work with families:

- **Prompt sheet 1:** Key issues - a simple, informal guide to support the initial exploration of each issue using a structure that helps to develop understanding and motivation.
- **Prompt sheet 2:** Solution-focused support - the sequence of questions needed to provide effective solution-focused support.
- **Helping Hand record sheet:** Reaching my goals - a record of each session, compiled jointly by the parent and the practitioner, that provides evidence of progress and outcomes. It helps practitioners remember that the paperwork supports the contact with a client, and is not the focus of it.



Restorative practice

Another related collaborative approach is **Restorative Practice** [RP] which supports Early Start practitioners working with children, families and the community. It provides a common approach and language across agencies, creating consistency across services. Restorative Practice is underpinned by values of empathy, respect, honesty, acceptance, responsibility, and mutual accountability and its main goals are:

- building and repairing relationships to work in ways that are respectful and engaging, enabling participants to develop understanding and empathy and the impact of their behaviour both positive and negative;
- empowerment of individuals, groups and communities;
- mutual accountability;
- cultural sensitivity;
- shared responsibility;
- outcome and solution focused.

Voice and influence

The vision for Leeds is that children, young people and their families are driving the agenda, setting city priorities and helping determine citywide and local action plans, whilst monitoring and reviewing what is working and what difference is being achieved in their daily lives. A diverse range of creative approaches and strategies will be used to effectively communicate to a range of different audiences ensuring that children, young people, parents and carers play an integral role.

Outcomes based accountability

Outcomes Based Accountability [OBA] develops practical action plans through “turning the curve” exercises. The method takes the current baseline performance trend, and asks partners to agree a trajectory for improved performance and to describe the actions that will “turn the curve” towards the desired improvement. The approach and reporting based on OBA principles takes partners through the following stages:

- What are our key outcomes for children and young people?
- What are our key indicators for measuring progress against our outcomes?

Information sharing

An Information Sharing Agreement for practitioners delivering Early Start Services has been developed and formally ratified by Leeds City Council and Leeds Community Healthcare. Alongside the agreement a working group provides managers and practitioners guidance in information sharing issues with other services and agencies and record keeping governance.

For more information:

- Vanessa Broadbent-Lucas – Early Start Manager
- Helen Rowland – Patient Experience Lead, Leeds Community Healthcare

Cluster based working

Delivery of Early Start Services is cluster based, with 23 clusters in Leeds. Each Early Start team consists of practitioners based in Children's Centres and health centres / clinics, providing services in localities defined by a Children's Centre reach area. Figure 2 identifies the Early Team for each cluster, alongside the Children Centres and Health Visiting team that make up the new Early Start team.

A live online postcode locator tool has been developed that identifies the correct Children's Centre and health visiting base for every postcode that the Early Start team serves. The tool can be found on the **Leeds Family Information Service** or as a link on SystmOne. It will be updated each quarter to ensure it is current.



Figure 2: Early Start team by cluster

Early Start Team	Health Visiting Team	Children Centre
ACES Farnley Early Start	Thornton	Armley Moor / Castleton / Farnley
Aireborough Early Start	Yeadon / Otley	Yeadon and Rawdon / Guiseley / Otley
Bramley Early Start	Bramley	Bramley / Hollybush
Burmantofts Inner East	East Leeds / Halton	Shakespeare / Richmond Hill
CHESS Early Start	Chapelton	Chapelton / Harehills / Shepherds Lane
EPOSS Early Start	Wetherby	Boston Spa / Wetherby
ESNW Early Start	Holt Park	Ireland Wood
Garforth Brigshaw Early Start	Kippax	Kippax / Villages East / Garforth
Horsforth Early Start	Holt Park	Horsforth
Inner East Leeds Early Start	East Leeds	Osmondthorpe Gipton
Inner NW Hub Early Start	Kirkstall	Kirkstall Hawksworth Wood Headingley
JESS Early Start	Parkside	City and Holbeck New Beverley Hunslet
Middleton Early Start	Middleton	Middleton
Morley Ardsley and Tingley Early Start	Morley	Ardsley and Tingley Gildersome and Drighlington Morley North and South
NEtWORKS Early Start	Meanwood	Carr Manor / Meanwood / Chapel Allerton
NEXT Alwoodley Early Start	Leafield	Alwoodley / Moortown / Roundhay
Open XS Early Start	Woodsley	Little London / Quarry Mount / Burley Park
Otley Pool and Bramhope Early Start	Yeadon	Otley
Pudsey Early Start	Pudsey	Swinnow / Upper Pudsey / Farsley and Calverley
Rothwell Early Start	Rothwell	Lofthouse / Rothwell
Seacroft Manston North	Park Edge	Kentmere / Parklands
Seacroft Manston South Early Start	Seacroft	Crossgates and Manston / Swarcliffe / Seacroft
Temple Newsam Halton Early Start	Halton	Meadowfield Temple Newsam / Colton
Upper Beeston and Cottingley Early Start	Middleton	Cottingley Two Willows



Workforce development

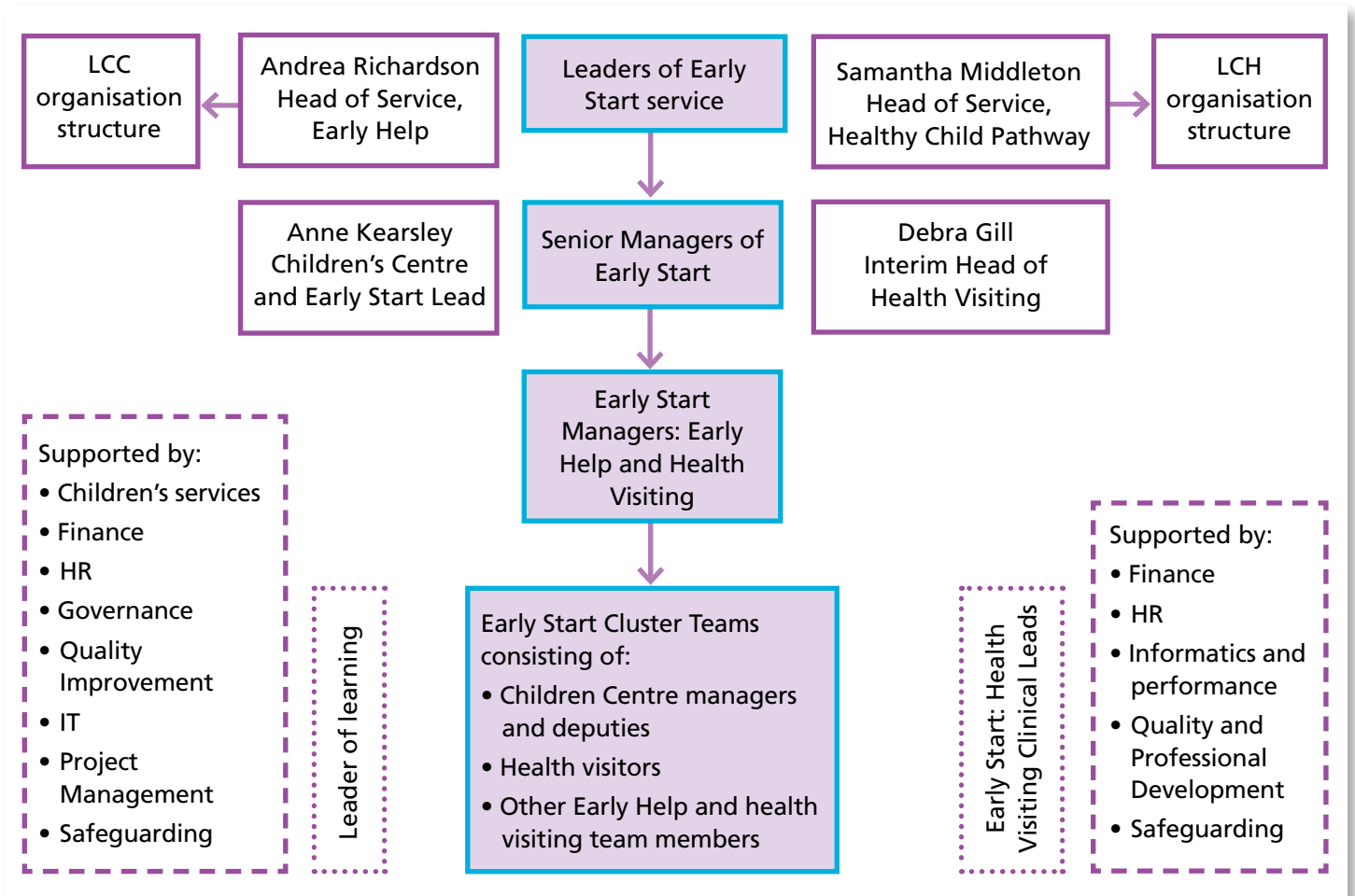
Leadership

The creation of Early Start teams requires practitioners and managers to work differently. To support the development process the Early Start leadership structure [Figure 3] has been established.

Priorities are:

- Developing leadership and management skills across the Early Start workforce.
- Reviewing current roles to support Early Start teams to deliver the Family Offer.
- Developing new ways to ensure involvement of all Early Start practitioners.

Figure 3: Early Start leadership structure



For more information:

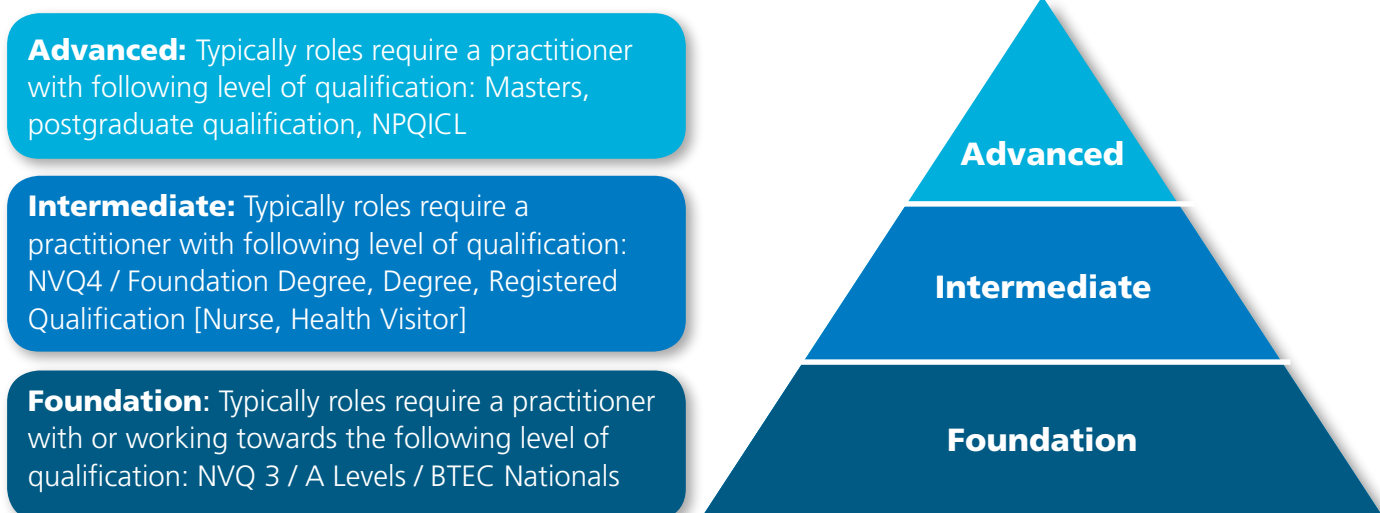
- **Anne Kearsley** – Lead for Early Start Children's Centres, Leeds City Council
- **Debra Gill** – Interim Head of Health Visiting, Leeds Community Healthcare

Workforce training and development

A Workforce Training and Development Plan has been developed, which includes details of development activities available to practitioners and managers, to support safe delivery of the Early Start service and in line with the competency and skills triangle [Figure 4]. The Competency and Skills Triangle uses information from the Early Start Career framework developed as part of the universal service review process. The workforce development and training plan is based on the following assumptions:

- that all practitioners will continue to access their organisations statutory and mandatory training
- that all practitioners will have a annual appraisal and role review where training and development needs are identified
- that all teams will complete a training needs analysis based on the learning needs identified for delivering the Family Offer

Figure 4: Competency and skills triangle



For more information on the Workforce and Development Plan please contact Early Start managers.

Safeguarding supervision

The Early Start Safeguarding Supervision Standards support, but do not replace LCH and LCC child protection supervision policies, helping Early Start practitioners to safely deliver the Family Offer. The standards will be audited annually which will inform any required revision.

The Early Start service expects that:

- All caseload holders² will have **Safeguarding Supervision**
- All other practitioners who have delegated responsibilities when working with a family i.e. family outreach workers, community nursery nurses, daycare staff have **Practice Supervision** which will include safeguarding elements

Safeguarding Supervision Standards [add link]	
Standard 1	Clear lines of practitioner accountability will be evident within Early Start
Standard 2	All Early Start practitioners will have an annual appraisal as per organisational guidance, which will consider the practitioner's current practice and future needs regarding child protection / safeguarding training and supervision
Standard 3	All Early Start practitioners will have safeguarding supervision and hold a personal supervision contract / agreement
Standard 4	All caseload holders leading on the delivery of the Universal Partnership Plus Family Offer and / or where there are identified child protection/safeguarding concerns will ensure that these cases are discussed in supervision at least once a year, as a minimum
Standard 5	All forms of safeguarding supervision (individual or group) relating to a specific child and family must be recorded in case notes
Standard 6	All supervisors will receive supervision, will have received safeguarding supervision training and been deemed as competent in providing supervision
Standard 7	Practitioner's will use the Early Start Dispute Resolution Process if they believe the supervision process is ineffective

For more information on these standards and the development process:

- **Amanda Ashe** – Early Start Manager
- **Paula Groves** – Early Start Manager

² Caseload holder is defined as a Named Health Visitor and Children's Centre Manager



Performance

Performance will be monitored using a dash board of indicators based on the expected outcomes. Any other reporting requirements will either be kept centrally or within Early Start teams to inform planning, delivery and to provide evidence for Care Quality Commission and OFSTED inspections.

Expected outcomes

- Raising attainment at the end of the Early Years Foundation Stage Profile for all children and narrowing the gap of the bottom 20%
- Improving attendance at school, year 1
- Reducing numbers of Looked After Children, age 0-5 years
- Improved health outcomes of Looked After Children, age 0-5 years
- Reduced numbers (0-5yrs) on child protection plans
- Reduced Infant mortality rates
- Improved breastfeeding prevalence
- Reduction in numbers of obese children
- Reduction in numbers attending A&E (0-5 years - for G.I.T disorders, respiratory)
- Reduction in numbers attending A&E (0-5 years for accidents)
- Improved pre-school immunisation rates
- Increased take up of child care by disadvantaged and vulnerable groups
- Increased take up of 3 and 4 year old early learning places





The Family Offer

The Family Offer provides all families with a programme of support tailored to meet their needs. The four tiers of service provision are based on the **Health Visitor Implementation Plan 2011-2015: a call for action** and support the wide range of family need from pregnancy to five years.

Community

Developing an understanding of the needs of families with children under five in a defined area, building capacity and using that capacity to improve health and education outcomes in local area.

Universal

The provision of a planned programme of contacts and services for all families to ensure their wellbeing, optimum development and safety. Initially working with midwives to build strong relationships in pregnancy and early weeks.

Universal Plus

Additional services from the Early Start team that a family might need for a specific length of time; intervening early to prevent problems developing or worsening, for example care packages for maternal mood, parenting support, breast feeding, behaviour or disability.

Universal Partnership Plus Services

Additional services for vulnerable families requiring ongoing additional support for a range of special needs, for example families at social disadvantage, adults with mental health or substance use issues, families where there are safeguarding and child protection concerns or children with a disability and / or complex health need.



Assessment

What is assessment?

Assessment is fundamental to delivery of the Early Start Family Offer, enabling an understanding of the family, identifying strengths and needs [risk and resilience] and supports the **collaborative approach** ethos of the service.

Types of assessment

Formative Assessment: a process to understand an individual's strengths and needs through ongoing observations. Its purpose is for parents and practitioners to review progress give feedback and help determine next steps.

Summative Assessment: identifies strength and needs but at a particular point in time e.g. age specific developmental assessment or transition from pre-school experience.

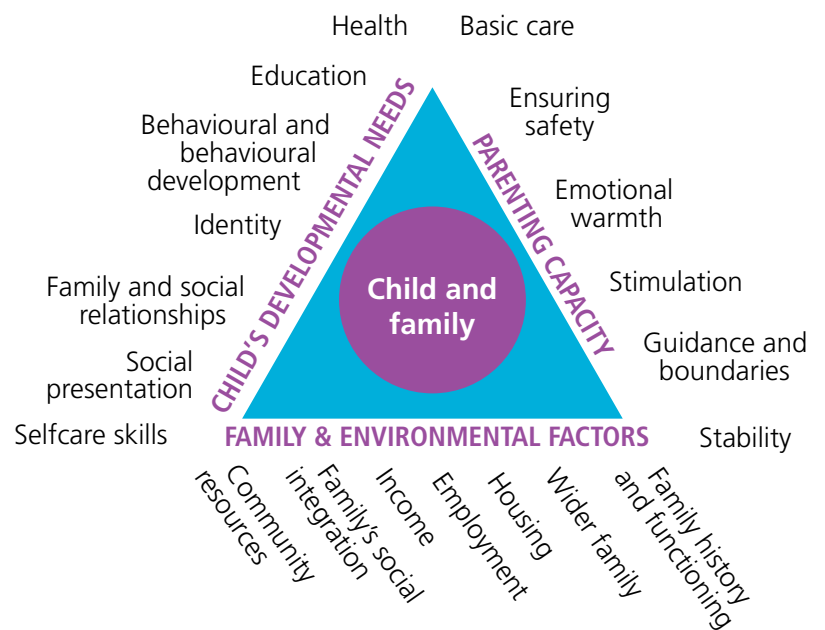
Early Start assessment

Every time a practitioner has contact with a child and family they must be alert to risk factors, signs and symptoms of child abuse and will follow **Leeds Safeguarding Children Policies and Guidelines**. If a practitioner has concerns about a child or young person in Leeds the **Request for Service** or **Referrals Pathways Flowchart** illustrates what steps need to be taken.

The **Framework of Assessment of Children in Need** [Figure 5] will be used by all Early Start practitioners to assess a range of strengths and needs. By using The Framework of Assessment practitioners will be supported to:

- promote consistency within the service
- develop a common language within the service and with our partners
- develop a structure for the assessment, including clarity on outcomes
- identify responsibility and accountability of those involved in the assessment process.

Figure 5: Framework of assessment



This approach to assessment supports the development of Children Leads Continuum of Need and levels of need as described in the **Handbook to Support Joint Working**.

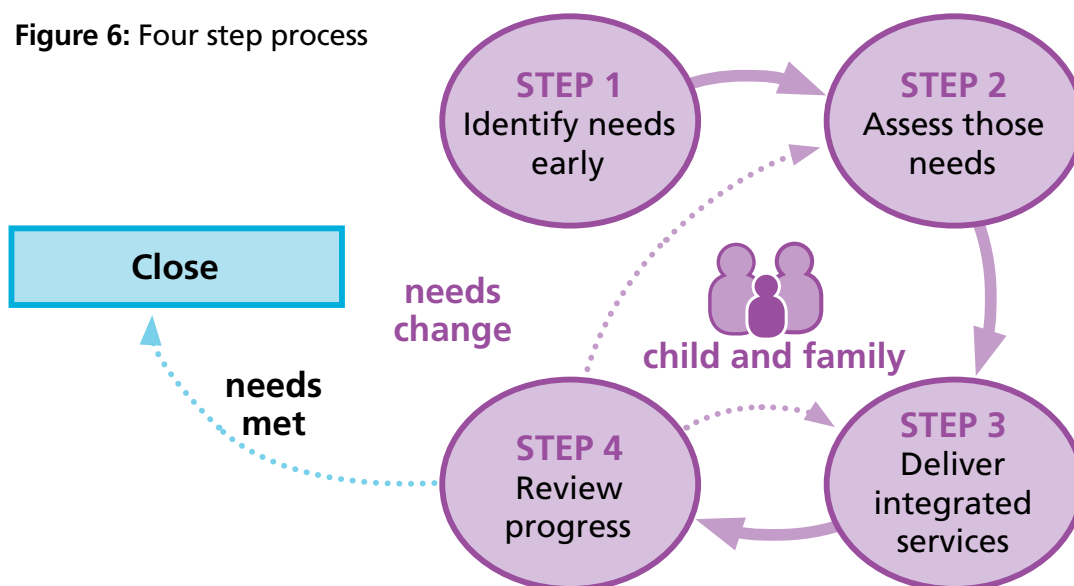
Assessment for its own sake will not achieve effective change and support for children and their families.

The **Four step process** [Figure 6] supports the effective use of The Framework of Assessment. It allows the practitioner to assess a range of strengths and needs, to create a plan for change where the parents/family engagement is central, set possible outcomes, deliver agreed action or interventions and review effectiveness. Agreed interventions must be appropriate to the family and be underpinned by the pathways and structured frameworks that have been developed to ensure equity of outcome.

Review of progress with the family is an important part of the four step process, demonstrating success or improvements and possible next steps. The review must include, listening and responding to parents, along with:

- a review of strengths and possible needs initially identified
- the goals set with the family and any changes that have occurred
- challenges to the plan
- outcomes and next steps
- parental / carer feedback on the Early Start service.

Figure 6: Four step process



A range of assessment tools and documentation frameworks for the Universal Pathway Core Contacts are available to support the practitioner using **The Framework for Assessment**. Early Start Practitioners will record assessments using current documentation for children centre and health visiting practitioners, including includes the “red book” or Parent Held Child Health Record and if appropriate the Early Support Family File. When working with a family the last assessment will be reviewed and updated at all subsequent contacts and form the basis of transition information as families move through the Early Start Family Offer.

The Early Support Assessment

The Early Support Assessment is based on the **Framework for Assessment of Children in Need** and allows assessments undertaken by an agency to be shared with others, avoiding the need for families to repeat their information and for agencies to undertake separate assessments. The initial assessment leads to multi-agency action which can be recorded on a **Summary Assessment and Delivery Plan**, this provides a place to summarise key information and record the agreed plan meeting identified need. The plan will be reviewed and recorded on a **Delivery Plan Review** form.



Assessment for Learning

Assessment for Learning helps parents, carers and practitioners to recognise children's progress, understand their learning needs, and to plan activities and support. Ongoing assessment or formative assessment is an integral part of the learning and development process. It involves practitioners observing children to understand their level of achievement, interests and learning styles, and to then shape learning experiences for each child reflecting those observations. In their interactions with children, practitioners should respond to their own day-to-day observations about children's progress and observations that parents and carers share. Parents and / or carers should be kept up-to-date with their child's progress and development. Practitioners should address any learning and development needs in partnership with parents and/or carers, and any relevant professionals.

Progress check at age two

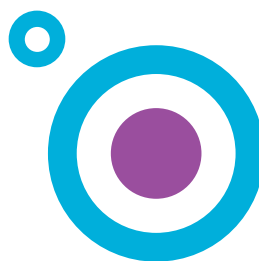
When a child who attends any form of child care is aged between two and three, practitioners must review their progress, and provide parents and/or carers with a short written summary of their child's development in the **Early Years Foundation Stage** prime areas. This **progress check** must identify the child's strengths, and any areas where the child's progress is less than expected. If there are significant emerging concerns, or an identified special educational need or disability, practitioners should develop a targeted plan to support the child's future learning and development involving other professionals as appropriate.

The summary must highlight:

- areas in which a child is progressing well
- areas in which some additional support might be needed
- areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability).
- and describe the activities and strategies the provider intends to adopt to address any issues or concerns.

Assessment at the end of the EYFS – the Early Years Foundation Stage Profile (EYFSP)

In the final term of the year in which a child reaches age five, their level of development must be assessed against the early learning goals and the **EYFS Profile** completed. The Profile provides parents and carers, practitioners and teachers with a well-rounded picture of a child's knowledge, understanding and abilities, their progress against expected levels, and their readiness for Year 1.

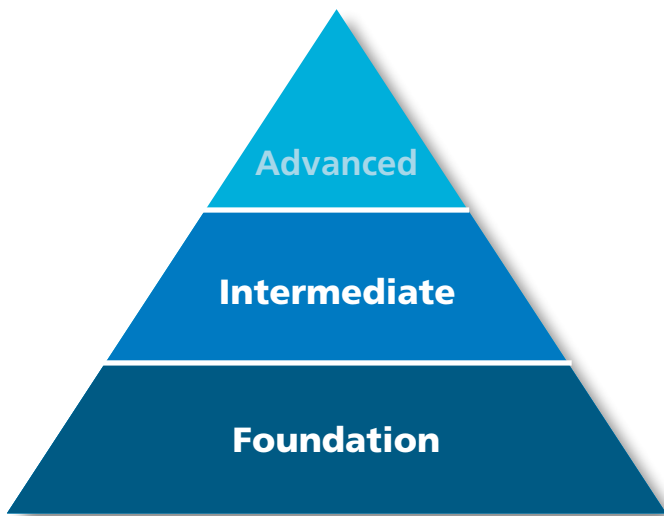


Assessment tools

Assessment tools are available for use by Early Start Practitioners to support the delivery of Early Start Assessment Model as part of the 4 tier Family Offer.

Connection to Family Offer	Tool	Brief Summary
Universal core contacts	Antenatal / Birth Early Start Assessment Framework	To be offered between 28-32 week of pregnancy and after the birth between 10 - 14 days after delivery
	6-8 week Family Assessment Framework	To be offered between 6 -8 weeks
	NICE Maternal Mood questions	To be offered as part of the 6-8 week
	3-4 month Family Assessment Framework	To be offered between 3-4 months
	Breastfeeding Assessment Tool	Tool to be used as part of universal core contacts and the Breastfeeding Care Pathway to support and assess breastfeeding
	Ages and Stages Questionnaire	To assess child's development at 8-12 months and 24 months and if there is a need to explore child's development at any age following expressed or identified concerns
	Development Matters	Supports parents to understand and support each individual child's development pathway and helps practitioners implementing the statutory requirements of the EYFS
Care Pathways		
Alcohol Use	Audit C	To be undertaken as part of the universal contact assessments to determine whether there are likely health risks associated with respondent's alcohol use
	Full Audit	To be undertaken where respondents score 6 or more on Audit C to indicate the level of risk of the respondent's alcohol use.
Child Looked After	Looked after Child Health Needs Assessment (HNA)	Statutory requirement for Health Visitors to undertake a 6 monthly follow-up Health Needs Assessments for every child who is looked after
Domestic Violence	Risk Assessment	To use with victims of Domestic Violence to determine level of risk present for child, victim and practitioner
Economic Wellbeing	Welfare Benefits Form	To use with families to determine respondent entitlement to benefits

Skills required for undertaking assessment



Intermediate: Practitioners will be able to:

- undertake holistic and comprehensive assessments as part of their core skills set and will undertake development programmes to use specific tools as identified within care pathways to support the assessment process.
- delegate action required to other practitioners based on assessment
- support practitioners delegated to undertake work following assessment processes

Training and development opportunities will be identified through the appraisal process to support the delivery of the above competencies and skills.

Foundation: All Early Start practitioners will demonstrate the ability to:

- understand the importance of the assessment as part of delivering the Early Start Family Offer
- use specific assessment tools following initial assessment of unmet need
- initiate an Early Support Assessment demonstrated by attendance at the **Children Leeds Workforce Development Training**
- take the Lead Professional Role within the CAF process

Training and development opportunities will be identified through the appraisal process to support the delivery of the above competencies and skills.

Father inclusive practice

Why should Early Start include fathers?

Evidence shows that the strongest influence on a mother's adjustment to motherhood is her partner's adjustment to fatherhood. Supportive by fathers is linked to lower parenting stress and depression in mothers, a better birth and higher breast feeding rates.

Research findings show that:

- Children with highly motivated fathers tend to have better friendships with better adjusted children, show fewer behaviour problems and do better at school. Later they are less likely to get into trouble or abuse drugs / alcohol. This effect is particularly strong in disadvantaged families. A good dad can 'buffer' children from disadvantages including poverty and mothers depression.
- Children tend to do badly when their fathers parenting is poor. When a father shows little or no interest in their child's education it has a stronger negative impact on their achievement than it does contact with the police, family type, social class, housing tenure and child personality
- **When children rarely or never see their fathers** they tend to blame themselves for their absence which in turn can see them suffer substantial distress, anger and self doubt (this is still found in young adults who lost their fathers years before).

The **evidence** that fathers are absent early on in pregnancy and at the birth is questionable, with a majority of new dads being an active part of a child's life. 86% of fathers are married to or living with their baby's mother and only 2% don't know they're becoming a father, and 93% of these fathers attend their child's birth.

How can we involve fathers?

All Early Start Teams are working towards achieving 'The father Inclusive Charter Mark'. The charter mark, developed by Early Start managers, Children Centre managers, health visiting practitioners and the Leeds Domestic Violence Team helps to provide evidence of changes in practice which support delivering father inclusive practice.



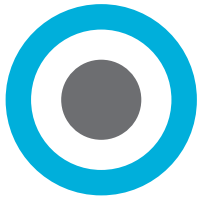


Family Offer: Community

The Community element of the Family Offer describes the work undertaken by Early Start Teams to develop an understanding of the needs of families with children under 5 in a defined area, build capacity and use that capacity to improve health and education outcomes. The Building Community Capacity Professional Development Programme supports practitioners to further develop their skills to ensure the effective delivery of the Early Start Community Offer.

Key elements of the community offer includes:

- Developing a local health profile to ensure the needs of the community are understood. The profile is based on the Joint Strategic Needs Assessment and reflects local families' perspectives along with statutory and voluntary sector workers. Information in the profile is used to identify local health inequalities and ensure services are accessible to those whose needs are greatest. The Early Start team works with the local community to develop and provide services which improve the wellbeing of families and promote community cohesion.
- Building relationships with families, ensuring their views and needs are taken into account when planning and delivering services. This includes having parent representatives on Advisory Boards, the development of parent forums, focus groups and volunteer programmes, and carrying out parent satisfaction surveys and ensuring there is feedback from parents receiving Early Start services.
- Developing and maintaining an up to date directory of community services. Early Start use a variety of methods to inform families about the range of family support services and activities in their area and how to access them. Outreach work has an important role in increasing access to Early Start Services and wider services.
- Delivering health promotion campaigns to raise local awareness of the importance of healthy lifestyles, including promoting breast feeding, responsive parenting, active play, oral and dental hygiene, reduction of accidents and injuries
- Contributing to the local school cluster partnership, local Clinical Commissioning Group and Health and Wellbeing Groups to plan and deliver and address gaps in local services in an integrated manner.
- Working with other sectors, statutory, private and voluntary to address the wider threats to health and wellbeing e.g. poor housing, unemployment and social exclusion.
- Contributing to city wide topic specific strategy groups, to ensure the needs and views of families with under 5s are taken into account, prioritised and appropriate provision developed.



Family Offer: **Universal Pathway**

The Family Offer Universal Pathway [Figure 9] describes the provision of a planned programme of contacts and services for all families by Early Start practitioners with the aim of ensuring their wellbeing, optimum development and safety. It is designed to ensure there are opportunities for all families to access the service whenever they need guidance and support throughout their child's early life whilst also providing early interventions. The pathway should be seen alongside other universal services available to families e.g. GPs, midwives, private child care providers and childminders.

The Universal Pathway reflects the findings of the Pre-School Universal Services Review and the Service Level Agreement for Early Start Services. It includes described contacts and activities with supporting standards covering expected content and identified outcomes.

It is recognised that aspects of the pathway are aspirational, dependant on testing by Early Start practitioners and families and service capacity.

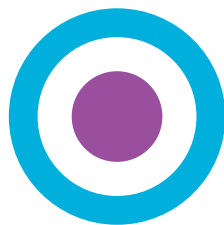
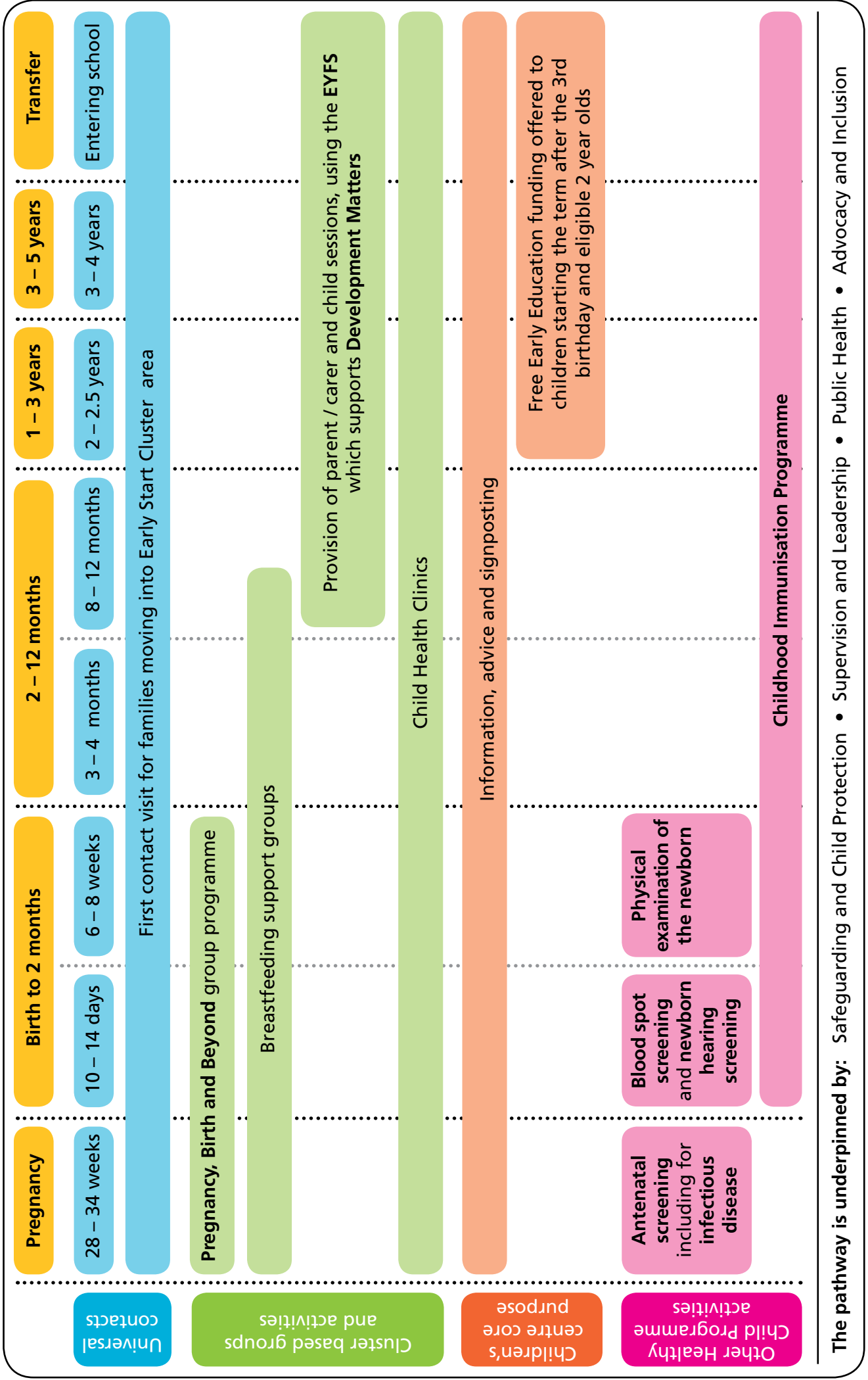


Figure 9: Universal Family Offer Pathway

Every child has a named Health Visitor and every child receiving early learning within a Children's Centre has a named Key Person. Every GP practice has a named Link Health Visitor



Making every contact count:

Guidance for delivering Pathway Core Contacts

Contact description		
(All supporting documents for core contacts available on organisation's intranet sites. For more information contact Local Early Start Manager)		
Standard	Delivered by	Notification / delegation process
Pregnancy		
All parents, where the Early Start team have been notified of their pregnancy, will be offered a 1:1 contact between 28 and 34 completed weeks of pregnancy.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	The Early Start team will be notified by 26 weeks of pregnancy by the LTHT Midwifery Services using the Notification of Pregnancy Form. The Early Start team must confirm pregnancy with either midwife or GP before offering the contact.
New Birth at 10 – 14 days		
All parents will be offered a 1:1 home visit between 10 – 14 days of delivery.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	The Early Start team will be notified of birth by the LCH Child Health Records Department using the birth notification system. Information on births will be sent to the LCC every month by the LCH Child Health Records Department as part of the Information Sharing Agreement.
6 – 8 week contact		
All parents will be offered a 1:1 contact between 6 – 8 weeks following a child's birth.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	N/A
3 – 4 month contact		
All parents will be offered a contact at 3-4 months.	Named Health Visitor for the family at home. The mother's partner should be involved if possible.	Early Start developing systems and processes to support the delegation of contact to another member of the Early Start team.

Contact description

(All supporting documents for core contacts available on organisation's intranet sites. For more information contact Local Early Start Manager)

Standard	Delivered by	Notification / delegation process
8 – 12 month contact including a developmental review		
All children and their carers will be offered a face to face contact between 8 – 9 months.	A member of the Early Start team.	Assessment of records by Named Health Visitor and if no identified needs e.g. maternal mood or other concerns, contact delegated to another member of the Early Start team through allocation process.
2 – 2 ½ year contact including a developmental review and 2 year progress check		
Contact still in development as part of the DE and DH Integrated 2 – 2.5 years Review National Pilot.		
All children and their carers will be offered a contact at 27 months of age which will include the HCP Review and if identified 2 year progress check.	A member of the Early Start team.	Early Start developing systems and processes to support delivery of contact as part of national pilot.
3 – 5 years contact		
All children and their carers will be offered a contact at 3 – 5 years.	A member of the Early Start team.	Contact still being developed and not currently in place.
By School Entry – transition to school based services e.g. school nursing service and named primary school		
Transfer of information from Early Start service to School Nursing and Primary Schools. This includes transferring concerns and requests for ongoing Universal Plus and Universal Partnership Plus services.		
First contact visit for families moving into Early Start Cluster		
Standard: 100% of children who are moving into a new Early Start cluster will be offered a first contact visit.	A member of the Early Start team.	Assessment of records by named Health Visitor and if no other concerns delegated to another member of the Early Start team through allocation process.

Guidance for delivering Cluster Based Groups / Peer Support

There is established evidence showing peer support as an effective means of enabling and sustaining positive behaviour change. It is essential that local peer support groups for parents are supported by Early Start teams to help assure quality and the sustainability of these valuable groups.

Group description and performance measure	Expected outcomes	Examples of current groups that meet this group description
Pregnancy, birth and beyond		
<p>Description of group: Groups for expectant and new parents run over 6 sessions.</p> <p>Facilitated by: Early Start practitioners in partnership with Midwifery.</p> <p>Resources: Supported by 'Preparation for Birth and Beyond: a resource pack' which covers the physiological aspects of pregnancy and birth, and addresses the emotional transition to parenthood in greater depth, recognising the need to include fathers and other partners.</p>	<ul style="list-style-type: none"> • Mothers and fathers feel more positive about the birth experience, pre and post birth. • Mothers and fathers adopt healthier behaviours that affect pregnancy, birth and early parenthood, including their own health. • Improved maternal well-being and family / parent and infant relationships. • Mothers and fathers develop supportive social networks. 	
Breastfeeding support		
<p>Description: All pregnant and breastfeeding women will have access to breastfeeding support within the cluster. This may be delivered within a group setting and/or through peer support programmes.</p> <p>Resources:</p> <ul style="list-style-type: none"> • La Leche League Breastfeeding Answer Book [3rd edition: 2003] • Breastfeeding resource bag including: knitted breast, doll, breastfeeding quick reference card, 'bump to breastfeeding' DVD, 'Mothers Guide' • Leaflets: <ul style="list-style-type: none"> - Off to the Best Start - Expressing and storing breastmilk - Thrush - Mastitis 	<p>That families are:</p> <ul style="list-style-type: none"> • aware of the benefits of breastfeeding • able to make an informed choice in regard to feeding their baby • supported in the infant feeding choice • able to breastfeed for longer <p>Within local communities:</p> <ul style="list-style-type: none"> • more families choose to breastfeed • there is increased support for women choosing to breastfeed 	<p>Local Baby Cafés and Breastfeeding Support Groups</p> <p>and</p> <p>Local peer support programmes</p>

Group description and performance measure	Expected outcomes	Examples of current groups that meet this group description
Parent and Child Groups provided / supported by the Early Start Service Dependent on local need and current provision within the cluster. Parent and Child groups may not be run by Early Start practitioners		
<p>Description of group: These sessions are structured and have:</p> <ul style="list-style-type: none"> • clear learning objectives for the parent and / or child • defined expected outcomes for the parent and / or child <p>Facilitated by: a member of the Children's Centre team</p>	<ul style="list-style-type: none"> • Increased parental understanding of: <ul style="list-style-type: none"> - play and development milestones [using Development Matter Framework] - childhood behaviour patterns and coping strategies - healthy styles • Peer support through development of group relationships • Identification of further support required • Signposting to other services 	Stay and Play Bumps and Babes HENRY
Child Health Clinics for all families held in a variety of settings		
<p>Description of group: Child Health Clinics are held in a variety of venues. They are designed to support the Healthy Child Programme whilst also providing an opportunity to engage families with local Children's Centres.</p> <p>Facilitated by: One or two Early Start practitioners. One practitioner must have skills and competency in:</p> <ul style="list-style-type: none"> • Recording growth on centile charts • Child Development Foundation Level knowledge • Breastfeeding • Healthy eating 	<ul style="list-style-type: none"> • Recording of a child's growth on centile charts • Early identification of faltering weight, obesity or developmental delay and referral to appropriate practitioner for early intervention • Opportunistic health promotion including breastfeeding support, healthy lifestyles and child safety • Identification of further support available and signposting to local services, including Children Centres 	

Skills required for delivery of Family Offer universal pathway

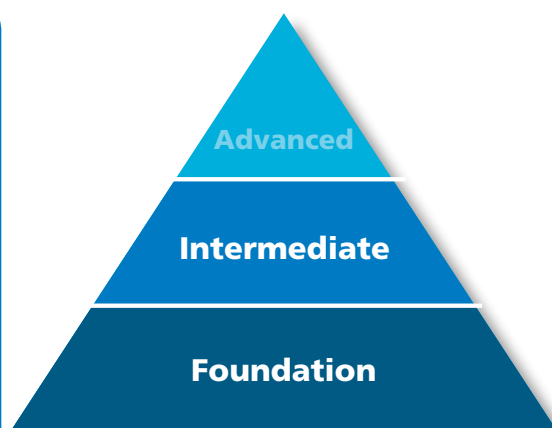
Delivery of Early Start services is underpinned by strength based and solution focussed working with parents. It relies on a team approach, with all practitioners having up-to-date knowledge and skills and supported by defined competencies to work in partnership with children and families. A practitioners skills and competencies will be reviewed as part of annual appraisal with their line manager.

Intermediate: Practitioners will demonstrate the skills and competencies appropriate for Foundation level practitioners and be able to demonstrate competency in the following areas:

- Comprehensive Family Assessment
- Maternal Mood Assessment, including clinical interview
- Identification of Faltering Growth
- **Understanding Your Baby**
- Provision of supervision as per organisational policy and Early Start standards

Some practitioners will also demonstrate skills and competencies in the following areas depending on team need:

- Undertaking immunisations
- Prescribing medications



Foundation: All team members will access statutory and mandatory training/development for their role, including safeguarding children/child protection training and Domestic Violence training. All team members will access supervision [Clinical and Child Protection] as per organisation policy and Early Start Standards. Family Outreach Workers and Community Nursery Nurses will work towards Working with Parents 3 accreditation and based on individual appraisal may access Level 4.

In addition, all Early Start practitioners will be able to demonstrate competency in the following areas:

- Describing the family offer in terms of what the Early Start Service can offer, including links to the Healthy Child Programme [**elearning modules**] and Early Years Foundation Stage Framework including **Development Matters**
- Talking with and listening to families
- Initial identification of need when working with a family
- Using Motivational Interviewing and Solution Focused Approaches, demonstrated by attending **Helping Hands**, HENRY [core], Restorative Practice Awareness
- Infant Mental Health, demonstrated by

attending Babies, Brains and Bonding

- **Never Shake a Baby**
- Recording growth on centile charts
- Supporting breastfeeding and safe weaning, by being able to offer support and information to encourage mothers to make an informed feeding choice, to initiate and continue breastfeeding as long as they wish. Evidence will include attending UNICEF Baby Friendly Breastfeeding Management Training
- Understanding normal growth

Some practitioners will also demonstrate skills and competencies in the following areas depending on team need:

- Recording growth on centile charts
- Ages and Stages questionnaire
- Infant massage
- Financial literacy
- Group facilitation
- HENRY [Advance Practitioner]
- HENRY [group facilitation]
- Safety assessment
- Speech and Language development



Family Offer: Universal Plus and Universal Partnership Plus

Universal Plus refers to additional services from the Early Start team that a family might need for a specific length of time; intervening early to prevent problems developing or worsening, for example care packages for maternal mood, parenting support, breast feeding, behaviour or disability.

Universal Partnership Plus refers to services delivered to families with more complex and enduring issues, for whom regular contact over a period of time with the Early Start team will be beneficial alongside support from other agencies. These families may include those at social disadvantage, adults with mental health and substance misuse issues, domestic violence and/or where there are safeguarding and child protection concerns and significant risk of poor outcomes for children or children with a disability and / or complex health need.

Joint Allocation Meetings

Clear communication systems and processes are required to deliver the Family Offer. The Joint Allocation Meeting allows Universal Plus and Universal Partnership Plus activity to be allocated to the most appropriate practitioner and ensures that information is shared appropriately across the team. These meetings are supported by:

- Joint Allocation Meeting principles and standards
- Request for Early Start Services

Following allocation individual actions may be delegated to a practitioner by the caseload holder as required in accordance with Nursing and Midwifery Council guidance.

Activities that support the Universal Plus and Universal Partnership Plus Offer

Cluster based groups and activities

Cluster based support groups and/or peer support for families developed as part of a response to community need or families with additional needs e.g. Infant massage, Lets Get Healthy with HENRY and Financial Literacy.

Groups may be available to families as part of the universal family offer but those with additional needs will be prioritised and given additional encouragement and support to attend.

Pathways

<p>Pathways in the progress of development [2012]</p> <ul style="list-style-type: none"> • Alcohol Misuse • Breastfeeding • Domestic Violence • Economic Wellbeing • Healthy Weight • Child Looked After 	<p>Pathways to be developed [2014-2015]</p> <ul style="list-style-type: none"> • Maternal Mood • Responsive Parenting • Substance Misuse • Accident Prevention • Complex Care • Co sleeping • Housing • Infant Mental Health • Tobacco
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All universal plus and universal partnership activities underpinned by:
Safeguarding and Child Protection • Supervision and Leadership
Public Health • Advocacy and Inclusion

Guidance for delivering Cluster Based Groups / Peer Support

The provision of peer support groups supported by Early Start will be extended as the service develops the care pathway framework as a means of expressing the family offer.

Group description and performance measure	Expected outcomes	Examples of current groups that meet this group description
Infant Massage		
<p>Description of group: Groups for parents with identified need run over 4 sessions.</p> <p>Facilitated by: An Early Start practitioner with skills and competencies in facilitating infant massage groups.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Demonstration doll • Organic cold pressed oil [sunflower or vegetable based] in clear labelled bottles • Cushions • Wipeable baby mats • CD player and ambient music • Handouts demonstrating massage strokes • Infant massage – A handbook for loving parents • Understanding Your Baby booklet 	<ul style="list-style-type: none"> • To promote greater awareness amongst parents of the importance of touch, baby's cues and early communication. • To help promote improved infant sleep patterns • To help manage infant colic • To promote an opportunity for parents to meet other new parents. • To provide an opportunity to seek support and advice around parenting 	<p>Groups running across the city within Children Centres</p>
Let's Get Healthy with HENRY		
<p>Description: 8 week programme designed to give parents the tools and skills they need to provide a healthy family lifestyle.</p> <p>Facilitated by: Two Early Start practitioners</p> <p>Resources:</p> <ul style="list-style-type: none"> • HENRY toolkits for parents • trainers toolkit • flipcharts • access to crèche • healthy snacks 	<p>Parents enabled and supported to reach personal healthy lifestyle goals.</p>	<p>Groups running across the city within Children Centres</p>

Pathways

Pathways describe the role of the Early Start team when working with families with identified need.

A pathway consists of:

- A brief introduction on the pathway subject area including associated Early Start documents.
- A diagrammatic representation of the pathway, followed by more detail explanation of activities based on the 4 tier family offer. The activities must not be seen as exhaustive and will continue to be developed as a result of best practice reviews.
- A brief list of resources e.g. policies, websites, leaflets and forms.
- The competencies specific to delivering the described activities. Identified competencies build the skills, experience and competencies required to deliver the Universal Pathway. There is no expectation that all Foundation, Intermediate or Advanced practitioners will meet every pathway competency.

Pathways are developed by practitioners supported by those with specialist expertise and are informed by best practice evidence. They have been agreed by Early Start Managers and the Early Start Board. The development process includes the creating of an implementation plan for each pathway. The implementation plan details:

- how the pathway will be communicated to Early Start practitioners and others
- timescales for specific actions to be implemented
- any extra training/development requirements for practitioners
- monitoring arrangements for the pathway

It is expected that practitioners begin working to agreed pathways on their publication. This expectation acknowledges that many Early Start practitioners have a range of pre-existing skills and experience enabling them to deliver the pathways without additional training and development. Early Start managers will identify with practitioners, through appraisal, any additional development needed to deliver the specific care pathway.



Alcohol Use Pathway

Definition:

The pathway describes the services that Early Start practitioners will provide parents / carers with children, under 5 years of age, living within the geographical area to support lower-risk drinking homes. Any caregiver in the household whose alcohol use may impact on the wellbeing of the child may be supported.

This pathway does not address the needs of babies with Foetal Alcohol Spectrum Disorder. These babies and families are seen in the Neonatal Abstinence Syndrome Clinic. Any liaison following this visit will be with the named Health Visitor.

Research demonstrates a strong correlation between alcohol and substance use and domestic violence, with problem drinking predicting intimate partner violence¹. Evidence suggests alcohol facilitates escalation of conflict into violence and perpetrators may continue to victimise their partners even after alcohol / substance use has ceased. A higher proportion of victims of domestic violence attend medical services where substance use is an issue². In addition, victims may develop problematic drinking following domestic violence.

Foetal alcohol spectrum disorder (FASD)

This pathway does not address the needs of babies with Foetal Alcohol Spectrum Disorder. These babies and families are seen in the Neonatal Abstinence Syndrome Clinic. Any liaison following this visit will be with the named Health Visitor. However awareness of the risks of drinking alcohol during pregnancy may be useful to all EST members. There is no way to know for sure the impact that drinking alcohol might have on an unborn baby. It could have different effects at different times during pregnancy, and it might affect one baby but not another. What we do know is that heavy drinking and binge drinking during pregnancy could increase the risk of foetal* alcohol spectrum disorder (FASD). FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome. The effects can be mild or severe, ranging from reduced intellectual ability and attention deficit disorder to heart problems and even death. Many children experience serious behavioural and social difficulties that last a lifetime. For further information for pregnant women, young people or families [click here](#)

Supporting pathways / standards:

- Fathers inclusive
- Standards for delivering the Universal Pathway Core Contacts

For more information, including the implementation plan, contact:

- **Vanessa Broadbent-Lucas** – Early Start Manager
- **Lisa Baxby** – Early Start Manager

¹ Alcohol and Intimate Partner Violence (Home Office Research, Development and Statistics Directorate, 2004)

² Domestic violence and substance use: overlapping issues in separate services? Mayor of London Briefing Report September 2005

Early Start Pathway: Alcohol Use

Community

The Early Start Team (EST) will work towards developing a lower-risk drinking environment for families by:

- Building links with local services which make a contribution to lower-risk drinking
- Ensuring know how to access further information and support
- Raising awareness of the risks of drinking

Universal

An enquiry about alcohol use alongside a discussion of lifestyle and drinking should be made; at each HV core contact; whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that drinking might be an issue. Use **audit tool C** to facilitate further discussion and assessment of drinking. If the score is below 5, give positive feedback about lower-risk drinking and continue with Universal Family Offer Pathway. If the score is greater than 5, further assessment is required using the **full alcohol use audit assessment tool**. Tools to be used alongside professional judgement to determine next step.

Universal Plus

Full Audit assessment must be completed.

Scoring: 0-7 lower risk; 8-15 increasing risk; 16-19 higher risk; 20+ possible dependency

1:1 Personalised support

Full Audit score is for guidance and should not replace professional judgment

Score 0-7: Offer positive feedback about lower-risk drinking

Score 8 - 15: Use Helping Hand approach to support lifestyle change

Full Audit Score 16-19

In addition to 1:1 support consider signposting / referral to specialist services

Review

Family's goals achieved

Ensure family knows how to access the EST and the Universal Family Offer

Family's goals NOT fully met

- Review action plan and goals with client – consider starting a Early Help Assessment
- Seek supervision to plan next steps
- Contact LAU for advice

Universal Partnership Plus

Full Audit score: 20+

Contact Leeds Addiction Unit (LAU) for advice and possible referral
Seek supervision and consider referral to Social Services.

If referral not advised offer 1:1 Personalised support as part of Universal Plus element of pathway

Refer to specialist services

Including:

- LAU
- Addiction Dependency Solutions (ADS)

AND / OR

Initiate an Early Help Assessment and develop TAC (Team around Child) action plan with other agencies

Family's issues resolved

Ensure family knows how to access the EST and the Universal Family Offer

Activities

Community

The EST will establish what services are available in the area and which families can access which supports a healthy lifestyle and prevents alcohol misuse. Links should be made with these services and also to local campaigns. In addition the EST can look at ways at how to raise awareness in the local community on the risks of drinking.



This website is aimed particularly at helping adults to improve their health. See **Information on Alcohol** section for information to support parents / carers
National Campaign: Change4Life

Universal

Initial enquiry

The enquiry question(s) *'Do you drink alcohol?' and 'Have your drinking habits changed in the last 3 months?'* is made at; each HV core contact; whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that drinking might be an issue. You can explain that **'we ask these things because it's a common issue...** These questions are asked to enable the practitioner to make an initial assessment and / or to identify if drinking consumption has changed since the last enquiry. If the family does not drink currently and has never drunk no further discussion is required. Further assessment is required for families who indicate they do drink or drank prior to pregnancy. If you have already discussed alcohol in a previous contact an enquiry prompt such as *'I know I asked about Alcohol and Drugs before but has anything changed since I last saw you.'*

Audit assessment (Alcohol Use Disorders Identification Test):

Assessing alcohol consumption in primary care offers potential benefits¹, including providing public health education and the opportunity for practitioners to take preventative measures that have proven effective in reducing alcohol-related risks. Use of the Audit tool is generally well-received and answered honestly, even by those drinking excessively. See p.5 and 6 for tools.

Audit C is a brief initial assessment (it is not a diagnostic tool and the practitioner should use their judgement to determine whether additional support is required).

- Where the **score is less than 5** positive feedback about current health behaviours is recommended
- Where the **score is greater than 5** the full audit assessment should be undertaken

Universal Plus

Full Audit Assessment:

- To score the assessment, add the score for Audit C to the total score for the remaining audit questions
- For full audit assessment **score of 7 or less** positive feedback about the benefits of lower-risk drinking should be offered

For score of 8-19 offer the Helping Hand approach to plan goals and activities with client to enable lower risk drinking behaviours.

For guidance for EST team on offering support and information around alcohol see **Leeds Lets Change** including: A Health Professionals Guide to...Reducing Alcohol Consumption

For score of 20+ seek advice from Leeds Addiction Unit:

Note: Full Audit Assessment is used to diagnose harmful and hazardous drinking. However the practitioner should also use their judgement to determine whether additional support is required.

Practitioners should consult relevant specialists when it is not appropriate to use an English language-based screening questionnaire. For example, when dealing with people whose first language is not English or who have a learning disability¹.

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

For score of 20+ or where there are concerns about the level of alcohol use and/or parenting capacity: Seek advice from **Leeds Addiction Unit**: Practitioners will contact LAU by phone for advice on how to proceed and whether a referral to specialist services is required. A score of 20+ is likely to indicate alcohol dependency and this will require a specialist referral

Referral to specialist services

Leeds Addiction Unit (LAU) provides services for patients presenting with drug and alcohol issues alongside significant complex issues such as:

- Severe and enduring mental illness
- Complex poly drug-use / alcohol use
- Pregnant patients

ADS (Addiction Dependency Solutions) is a community alcohol service open to referrals from adults experiencing problems with alcohol and/or drugs. ADS offers advice, information and support for those affected by alcohol - services range from 1:1 interventions to group work. Consider for scores 8-16 where client requests specialist support and for scores in the 16-19 range.

Resources

1] Policies, guidance, standards:

- Alcohol-use disorders: preventing the development of hazardous and harmful drinking NICE PH24
- Leeds Domestic Violence pathway
- Audit C assessment form and Full Audit tool Results

2] Key websites

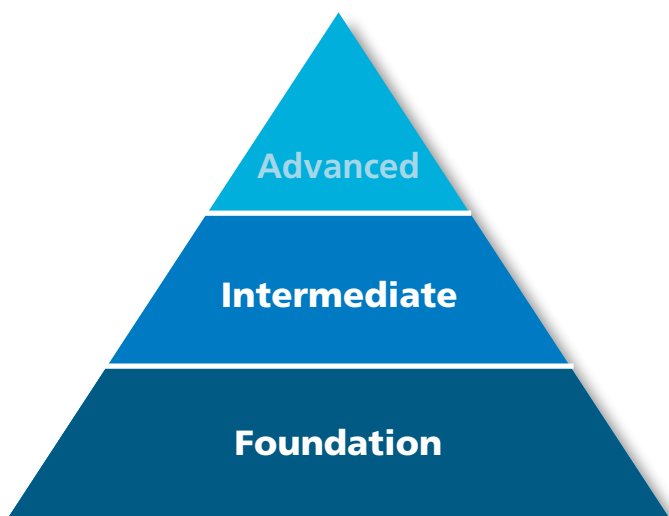
- Leeds Let's Change
- Change4Life: includes a Drinks Tracker app for mobile phone
- Change Drinking: this website is a joint venture between the LAU and Leeds University, it is for the general public. It offers personalised feedback based on their alcohol consumption. It's designed to help users to think about their drinking.
- NHS choices
- Drinkaware
- Alcohol concern - information on parenting and alcohol
- Young People's Drugs and Alcohol Service

3] Leaflets

- How Much Is Too Much? Patient Information Leaflet (DH, 2006)
- Alcohol Unit Wheels: available from Leeds Public Health Resource Centre

4] Skills required for delivery of care pathway [additional to training described as part of the universal pathway]

Training and development opportunities will be identified through the appraisal process to support the delivery of the identified competencies and skills.



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able to:

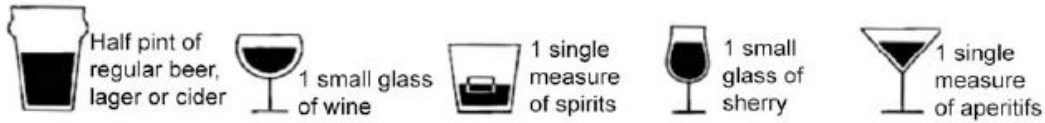
- Undertake Full Audit Assessment
- Signpost and liaise with specialist services

Foundation: All Early Start practitioners will demonstrate the following skills and competencies and the ability to:

- Undertake Audit C Assessment
- Offer simple brief intervention around alcohol
- Knowledge and skills to support parents / carers through brief intervention around alcohol use gained through attendance at training session
- Practitioners training needs identified through appraisal

Early Start alcohol use AUDIT C assessment³

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT - C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.



³Source: Alcohol Learning Centre

Score from AUDIT- C (other side)

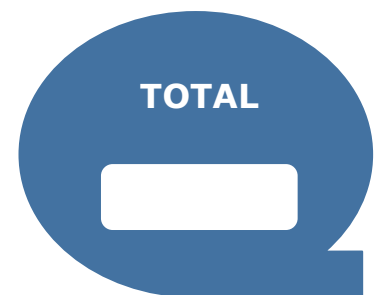


Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions



Breastfeeding Pathway

Introduction:

The Breastfeeding Pathway describes how Early Start will support families from the antenatal stage through to when the baby is no longer receiving breastmilk.

Trigger factors that suggest additional support may be required:

- Multiple births
- Diabetes
- Breast surgery / injury
- Caesarean section [elective or emergency]
- Social-economic factors
- Teenage pregnancy
- Healthy Start recipients

The pathway supports Early Start implementing the **Leeds Community Breastfeeding Policy**

Supporting pathways / standards:

- Standards for delivering Universal Pathway Core Contacts
- **Healthy Weight Early Start Care Pathway**
- LCH Practice guidance when considering possible faltering weight in the breastfed infant
- LCH Weaning infants on to solid food
- **Department of Health Breastfeeding Care Pathway**
- **Food for Life – Leeds Breastfeeding Strategy 2010-2015**
- Tongue Tie Pathway
- **Baby Friendly Initiative Standards**

For more information, including the implementation plan, contact:

- **Sally Goodwin-Mills** – Baby Friendly Initiative Coordinator / Lactation Consultant

Early Start Pathway: Breastfeeding

Community

The Early Start Team (EST) will develop an understanding of the breastfeeding needs of families with children under 5 in their locality by:

- building links with and shaping local services which make a contribution to families choosing and being supported to breastfeed
- providing and promoting access to information around breastfeeding
- informing families of local provision including peer support, Baby Cafés and Breastfeeding Friendly Leeds
- promoting and working to the **Baby Friendly Initiative Standards**

Universal

At every contact as part of the universal pathway an appropriately trained practitioner from the EST will discuss the benefits and management of breastfeeding, assess breastfeeding using the **Breastfeeding Assessment Tool**, and establish if there are potential issues requiring further support.

Universal Plus

Additional services that any family might need if there is a risk to the establishment and continuation of breastfeeding to prevent problems developing or worsening.

EST practitioner works with family using the Helping Hand approach and provides either 1:1 or group based interventions

1:1 either EST practitioner or Local Peer Supporter

Baby Café Breastfeeding Support Group Peer Support

Review

Family's goals achieved

Ensure family know how to access the ES Family Offer

Family's goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Family signposted to other services

1:1 or group based support

- GP
- Breastfeeding Counsellor
- Peer Support
- Baby Café
- Breastfeeding Support Group
- Peer Support Group
- Pregnancy birth and Beyond / Baby Steps
- Teenage Pregnancy Midwifery Team

Universal Partnership Plus

Additional services for families where a breastfeeding issue has been identified and not resolved or requires specialist input.

Member of EST refers family to specialist service

EST will continue to provide Universal and Universal Plus offer and any action / support as agreed with other services, including if indicated undertaking a CAF and discussing at appropriate cluster level meetings. The child's GP will be informed any referral to other services.

Other services may include:

- BFI Coordinator / Lactation Consultation
- Specialist breastfeeding clinics
- Midwife led breastfeeding clinic (up to 28 days post delivery)
- GP for medical issues and prescription medication
- ENT clinic for tongue tie referrals

Actions may include provision of activities identified in other Early Start Pathways e.g. Healthy Weight

Family's goals achieved

Ensure family know how to access the ES Family Offer

Family's goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps
- Seek advice from BFI Coordinator / Lactation Consultation

Activities

Community

The EST will:

- Establish what services are available in the area which support families to initiate and continue to breastfeed
- Make links with services to build partnerships and help shape future local services e.g. local parenting courses (including Preparation for Birth and Beyond) and Baby Cafés
- Ensure information on breastfeeding is available for families and reviewed annually to ensure it is accurate
- Ensure all bases have positive breastfeeding images displayed and will promote the BFI standards
- Support Public Health campaigns that target specific geographical areas and communities
- Promote **Healthy Start** to families and publicise the campaign with local retailers and fruit and vegetable co-ops to enable the food vouchers to be exchanged in local businesses
- Ensure there is a named Breastfeeding Lead who is able to offer support with general breastfeeding enquiries and sign post for further support if necessary

Universal

Breastfeeding information and support is a fundamental part of the Universal Pathway, with **mothers asked how breastfeeding is going at every opportunity / contact**. Key messages and discussion topics ensuring consistency across the service are part of the core contacts standards and **must** be read in conjunction with this pathway.

Universal Plus

The EST will undertake the following if there is a risk to the establishment and continuation of breastfeeding to prevent problems developing or worsening:

- Provide individual support, based on the breastfeeding assessment tool outcomes and the Helping Hand approach enabling establishment of goals, implementation of actions and review of progress
- Obtain guidance and support from Breastfeeding Lead within the EST
- Signpost and/or refer to other services e.g:
 - Peer Support Service - For more information or how to contact a local peer supporter contact **Cath Stone Breastfeeding Peer Support Coordinator**
 - **Breastfeeding Support Group / Baby Café Leeds Breastfeeding support groups** vary in provision. Some offer professional help and support others are peer support groups. Baby Cafés always have a professional present to offer specialist support
 - Breastfeeding Counsellor - A **trained practitioner** who works with parents, face to face and over the telephone, and may provide support in groups including Baby Cafés. Contact details for individual counsellors and local and national groups:
 - **Haamla**: a service that provides essential support for pregnant women, and their families, from minority ethnic communities, including asylum seekers and refugees, throughout their pregnancy and postnatal period.
 - **Shantona Women's Centre Maternity Outreach Volunteers**

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

Examples of such issues that may require the support of other services include:

- Suspected tongue tie
- Faltering growth
- Thrush
- Mastitis
- Breast lumps / pain

Services available include:

- BFI Coordinator / Lactation Consultant
- Specialist breastfeeding clinics. There are 3 clinics facilitated by Advanced Level practitioners; contact local EST Breastfeeding Lead for details
- Midwife led breastfeeding clinic for mothers and babies up to 28 days post delivery held at St James Hospital

Resources

1] Policies, guidance, standards:

- The Leeds Breastfeeding Policy
- Baby Friendly Initiative Standards

2] Resources

- Breastfeeding toolkit: Bag, doll, knitted breast, NHS resources e.g. leaflets, Bump to Breastfeeding DVD [where available], Mothers Guide to Breastfeeding
- Breastfeeding support in Leeds
- The Breastfeeding Network leaflets: Thrush, Mastitis, Expressing and Storing Breastmilk.
- Returning to Work leaflet
- Breastfeeding: Feeling Comfortable Feeding In Public

3] Weblinks

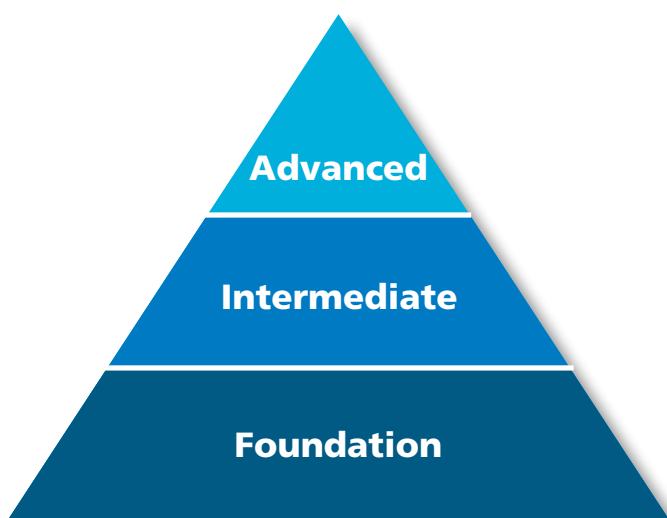
- www.nhs.uk/parenting-pamphlets
- www.nhs.uk/breastfeeding
- www.babyfriendly.org.uk
- www.nhs.uk/start4life

4] National support numbers:

- NCT Breastfeeding Helpline 0300 330 0771
- La Leche League 0845 120 2981 www.laleche.org.uk
- Association of Breastfeeding Mothers 0844 412 2949
- Breastfeeding Network 0300 100 0210
- National Breastfeeding Helpline 0300 100 0212

5] Skills required for delivery of pathway elements

Training and development opportunities will be identified through the appraisal process to support the delivery of the identified competencies and skills.



Advanced: Practitioners will evidence Foundation and Intermediate skills and competencies and be able to demonstrate:

- Lactation Consultant qualification
- How they are acting as an expert resource for the EST
- Outcomes from facilitating a specialist breastfeeding clinic
- Delivering training as appropriate
- Influencing city wide strategies supporting pregnant and breastfeeding families

Intermediate: Practitioners will evidence Foundation skills and competencies and be able to demonstrate:

- Completion of an annual Practical Skills Review
- Completion of a breastfeeding assessment. This will include evidence of:
 - use of breastfeeding assessment tool
 - observation of breastfeed
 - ability to take a breastfeeding history
- How to recognise signs of emerging problems / issues
- Offering skilled help and support where a problem has been identified
- The evidence base and rationale behind decision making and planned helping strategies
- Awareness of appropriate specialist services

Foundation: All team members working directly with the family will be able to demonstrate the skills and competencies from BFI Breastfeeding Management Programme Training, as required for their role.

Domestic Violence Pathway

Introduction:

The pathway describes how Early Start practitioners will support families around Domestic Violence¹ as part of the “4 tier Family Offer”, including working with **perpetrators**² if they remain within the family home.

The care pathway supports delivery of the multi-agency Leeds Domestic Violence Action Plan and organisational defined responsibilities if a client discloses domestic violence to a practitioner.

Related Early Start documents:

- Father Inclusive Practice
- Universal Pathway Contacts Standards – Antenatal, New Birth, 6-8 week and 3-4 month [still being tested]
- Early Start Safeguarding Supervision Standards
- Early Start Alcohol Care Pathway
- Early Start Substance Misuse Care Pathway
- Organisational Polices: Lone working policies; Domestic Violence

Domestic violence is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Figure 1: Assessing the Needs of Children and Young People Living with Domestic Violence to assist practitioner to identify risk to the child/young person

When assessing harm and the needs of children or young people living with domestic violence, the following questions should be considered:

- Frequency and severity of the abuse, how recent and where it took place;
- Whether the child was present or has ever been present when abuse has occurred;
- The age and vulnerability of the child;
- What does the child do when the abuse is happening?
- Has the child ever intervened, or are they likely to in future?
- Has the child been physically threatened or sustained any injury?
- The child’s description of the effects upon them, their siblings, and upon their parent/carer;
- Is the child being made to participate in or witness acts of abuse against their parent?
- Is the child used physically or emotionally to exert control over their parent?
- Is the non-abusing parent able to meet the child/ren’s immediate and longer term needs?
- Has the adult victim and/or child/ren been locked in the house or prevented from leaving it?
- Is the abuse connected with any other factors that undermine parenting capacity (such as alcohol or substance misuse or mental health)?
- Have any weapons been used or has there ever been a threat to use a weapon?
- Is actual or threatened ill treatment of animals used to control the child/ren and or other parent / carer?
- Has physical abuse or threats been directed towards a pregnant woman and her unborn child?

¹ Early Start, following discussion with the LCC Domestic Violence team, is using the term Domestic Violence within the pathway. Domestic Violence is the term commonly recognised by members of the public. There is recognition that the term Domestic Abuse is also used by staff and the advice is to use the two terms interchangeably to highlight the full range of physical, sexual and psychological abuse.

² The definition of working with a perpetrator, for an Early Start practitioner, is centred on offering support to access Early Start services i.e. Parenting Courses, groups and signposting to relevant agencies for more specialist support, when the perpetrator remains in the family / child’s home. Early Start practitioners do not provide specialist Perpetrator support.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” This definition includes so called **‘honour’ based violence, female genital mutilation (FGM) and forced marriage.**

Domestic violence often starts or escalates during **pregnancy**. While it is not well understood why this is a trigger point, it is well documented.

Domestic violence has an impact on children in a family where it is occurring. Children are aware that it is happening and that something is wrong. The impact on children is often denied by victims and by perpetrators, but where a parent is experiencing abuse the children will be experiencing harm and witnessing the ill treatment of another. **Witnessing domestic violence** is a cause of significant harm. The effect may be developmental impairment and behavioural issues depending on the frequency and severity of the abuse. Children are more likely to experience direct abuse, authoritarian parenting (potentially from both parents), inconsistent parenting and neglect in households where there is domestic violence.

Quantifying risk

Risk assessment in cases of domestic violence is important, as one possible outcome is death. Where there is a probability of the victim being seriously harmed or killed the case is considered high risk. High risk cases should be managed by the formal, multi-agency process: MARAC (Multi-Agency Risk Assessment Conference). Medium and lower risk cases are those cases where the danger of death is lower. It is important to note that risk usually increases. To assess risk you will need to understand the national risk assessment measures. These are based on the 40 common characteristics of domestic homicides. The most important measures of risk are the victim’s fear and your professional judgement. Figure 1 outlines the needs of children and young people living with domestic violence to help practitioner’s identify risk to the child / young person.

Figure 2: Leeds Domestic Violence Service

Telephone Support

Those experiencing domestic violence can access emotional support and information via the 24 hour helpline number: 0113 246 0401.

Support in the Community

To make a referral for outreach, floating support, IDVA and resettlement **email** or call 0113 246 0401 between the hours of 9–5.

Emergency Accommodation

Stonham provide the majority of refuge accommodation in Leeds, including 24 hour staffing. To make a referral please call 0113 386 3520 or email LeedsRefuge@homegroup.org.uk

For more information, including the implementation plan, contact:

● **Amanda Ashe** – Early Start Manager Tel: 0113 247 6818

Early Start 4 Tier Family Offer: Domestic Violence

Community

The Early Start Team (EST) will develop an understanding of the impact of domestic violence on victims and the wider family including children and will:

- Build links with and shape local services
- Promote access to information and Leeds and community based services e.g. **Family Information Service, Leeds Domestic Violence Services**
- Ensure that the voices of victims of domestic violence are heard
- Promote a culture of gender equality and non-violence

Universal

Families and children will be able to access the Early Start Universal Offer from their local EST, including routine enquiry as part of the Early Start Assessment process at core contacts

Universal Plus

Families where there is known domestic violence will be offered additional short term interventions/ activities, based on assessment, including the needs of the child, to prevent issues developing or worsening and to address concerns relating to the child's wellbeing. These interventions will include provision of activities identified in other Early Start Care Pathways.

Meeting the needs of the child

- Play and Stay Groups
- Explore the need for childcare provision
- Prioritise childcare hours [dependant on children centre capacity]
- 2, 3, 4 year funded educational entitlement (F.E.E.E) or discretionary place

Meeting the needs of the victim

- 1:1 Personalised Support including:
- Triggered enquiry
 - Domestic violence support visits
 - Safety planning
 - Safe recording and storage of information
 - Signposting to other services

Meeting the needs of the perpetrator

- 1:1 Personalised Support including:
- signposting to other services
 - * Early Start practitioners will only work with perpetrators following a risk assessment and it is deemed safe to do so, the perpetrator is requesting support and the practitioner is skilled and confident to do so

Review including agreed child's goals as part of delivery of associated Early Start Pathways

Victim's / perpetrators goals achieved

Ensure family knows how to access the EST and about Universal offers

Victim's / perpetrators goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Universal Partnership Plus

Families [victims and perpetrators] who have been identified as needing additional targeted support along with the Universal and Universal Plus offer, based on assessment, including the needs of the child. This will include working in partnership with other agencies/ services.

The EST may:

- Undertake a CAF
- Refers to specialist services for further assessment and/or services e.g. MAPAC, counselling, GP, Leeds Domestic Violence Services
- Refer to Children's Social Work Services
- Responds to request for support from Children's Social Work Service or local Support and Guidance Panel using the Joint Allocation Meeting process

Review including agreed child's goals as part of delivery of associated Early Start Pathways

Victim's / perpetrators goals achieved

Ensure family knows how to access the EST and about Universal offers

Victim's / perpetrators goals NOT fully met

- Review action plan and goals with family
- Seek supervision to plan next steps

Activities

Community

All Early Start Cluster Teams will:

- 1 Embed Leeds Domestic Violence Quality Mark Level 1 into team functioning by 1st January 2014
- 2 Work towards achieving Level 2 by 1st May 2014
- 3 Ensure there is a Named Early Start Practitioner working with a refuge. The role includes:
 - To liaise with identified refuge every 2 weeks.
 - Named Health Visitor to offer all new families a transfer in contact according to Early Start policy and guidance
- 4 Establish what services are available in the area that support victims/perpetrators
- 5 Make links with these services to build partnerships and help shape future local services
- 6 Support Public Health campaigns around Domestic Violence that target specific geographical areas and communities e.g. **White Ribbon Campaign**
- 7 Ensure information available for families is reviewed annually to ensure accuracy.
- 8 Promote a culture of gender equality and non-violence e.g. displaying **zero tolerance** publicity

Quality Markers

Level 1 – Safety and Good Practice

- There will be a named lead identified for domestic violence
- Information will be displayed in all team bases and disseminated to team members and families
- All practitioners will complete required Domestic Violence training
- All practitioners will ensure that relevant safety information and advice is given to women who disclose domestic violence
- All practitioners will make referrals and signposting to relevant agencies as appropriate
- All practitioners will be aware of Multi-Agency Risk Assessment Conferences (MARACs) process and
 - participate as per guidance.
 - be aware of Leeds MARAC Operating Protocol and Information Sharing Agreement
- The Early Start team develop awareness of the additional needs of vulnerable families within their area and respond by offering the 4 tier family offer
- Practitioners receive guidance on responding to perpetrators
- Practitioners receive guidance on responding to male victims

Universal

In response to **Responding to domestic abuse: a handbook for health professionals** Early Start has incorporated “routine enquiry” as part of Universal Pathway Core Contacts Standards. Routine enquiry and providing information means asking all women if they are experiencing domestic abuse, whether or not they show signs of it. An appropriate time to do so would occur as you take a social history, when you are asking about other factors that have a negative impact on a woman’s health. Asking all women helps avoid stigma and inappropriate judgements. Documentation of Routine Enquiry by the named Health Visitor at the Antenatal, New birth and 6-8 week contact will be quality assured as part of the annual documentation audit.

Level 1 – Guidelines, Policies and Protocols

- Guidelines on responding to domestic violence available for all practitioners including Early Start Care Pathway: Domestic Violence
- Domestic Violence Policy in place in relation to employees as victims and as perpetrators
- Routine enquiry and triggered enquiry questioning and related training has been introduced as part of the Early Start Care Pathway
- Appropriate documentation and recording systems in place
- Information sharing protocols established and agreed with partner agencies

Universal Plus

Early Start practitioners will undertake the following activities where families require additional support based on an assessment of need, including consideration of the child's needs:

- Triggered Enquiry [Figure 3]
- Undertake a risk assessment, and up date assessment using the Framework for Assessment [Appendix 1]
- 1:1 support using the Helping Hand approach, this may include undertaking a Domestic Violence Support Visit [Appendix 2] and initiating activities as part of other Early Start pathways
- Complete a safety plan with the client [Appendix 3]
- Signpost to other services
- Refer to and share information with appropriate agencies/services
- Co-facilitate Support Group
- Consider the need for a childcare place where appropriate
- Seek supervision

NB: If an Early Start practitioner is working with one parent [victim] providing personalised support and the other parent [Perpetrator] requires personalised support this must be undertaken by another member of the team

Universal Partnership Plus / Targeted

Early Start practitioners will undertake the following activities where families require additional support, including involvement of other agencies / services, based on an assessment of need, including consideration of the child's needs.

- Share information with other agencies / services
- Respond to a Request for Service from other agencies
- Undertake the activities of Named Early Start Practitioner linked to a refuge in geographical area
- Initiate a CAF
- Refer to Cluster Family Support Services e.g. Support and Guidance Panel
- Refer to MARAC and subsequent identified action [Figure 4]
- Seek supervision

If there is any indication of significant risk to the child [Figure 1] a **referral** must be made to Children's Social Work Service

Figure 3: Triggered Enquiry

Early Start practitioners when working with families need have an awareness of the possibility of domestic violence and of the signs which might suggest this is taking place. In these situations triggered enquiry, asking about the possibility of domestic violence, should be undertaken by the practitioner at a low threshold of suspicion. Do not wait until you are sure that something is wrong before you ask a question. Asking about domestic abuse must always be done when you are alone with the victim.

Signs which might suggest domestic violence is taking place:

- Does the victim make frequent appointments for vague complaints or symptoms?
- Is the victim always accompanied by a partner or other family member when they attend a consultation?
- Are appointments often missed?
- Are there injuries which seem inconsistent with the explanations of accidental causation such as falls, or walking into doors etc, and are these injuries to the face, head and neck, chest, breast and abdomen?
- Is there evidence of multiple injuries e.g. burns, bruises, areas of redness consistent with slap injuries at different stages of healing?
- Does the victim try to minimise the extent of injuries, or try to keep them concealed by clothing?
- Does the victim appear frightened, excessively anxious and depressed or distressed?
- Does the partner appear aggressive and overly-dominant and reluctant to allow the victim to speak for herself? If so, does the victim seem to be passive or afraid of their partner?
- Is there a history of psychiatric illness and alcohol or drug dependency?

Figure 4: The Early Start MARAC Offer

Prior to MARAC, Early Start practitioners if approached by their organisations Designated Officer, will share information according to guidance and ensure that the wider team is aware of the referral through discussion at the Early Start Allocation Meeting.

Following a MARAC, the Early Start Team will discuss information obtained and agreed action at an Allocation Meeting. The Allocation Meeting will identify what action will be undertaken and agree how actions etc will be fed back to the MARAC.

Possible Early Start activities in response to a MARAC referral:

- Offering the following contacts:
 - initial contact
 - fortnightly outreach information in regard to local service provision
 - fortnightly Domestic Violence Support Visits, including Helping Hand approach to personalised support, safety planning and signposting to other services/agencies
- Signposting and referral to counselling or other mental health support services e.g. counselling if available at Children's Centre, Primary Care Mental Health Team
- Consideration of housing needs and provision of appropriate support e.g. help with housing application, help to bid, signpost to other services e.g. Carr Gomm, GIPSIL
- Consideration of suitability of current child care arrangements and the needs for changes and extra temporary child care e.g. to attend court, solicitors
- If the family are moving or fleeing:
 - support to get in touch with the new Early Start team or if moving out of Leeds local Children's Centre and Health Visiting Team
 - support to obtain emergency grants etc to replace possessions

Resources

1] Policies, guidance, standards:

- LCC Domestic Violence Policy and Guidance 2007 [under review]
- Children's Centre Domestic Violence Policy 2011 [under review]
- MARAC Operating Protocol and Information Sharing Agreement
- **No.5: Domestic Violence and Abuse – Professional Guidance** [Health Visiting and School Nursing Programmes: supporting implementation of the new service model]

2] Referral forms to other services are available:

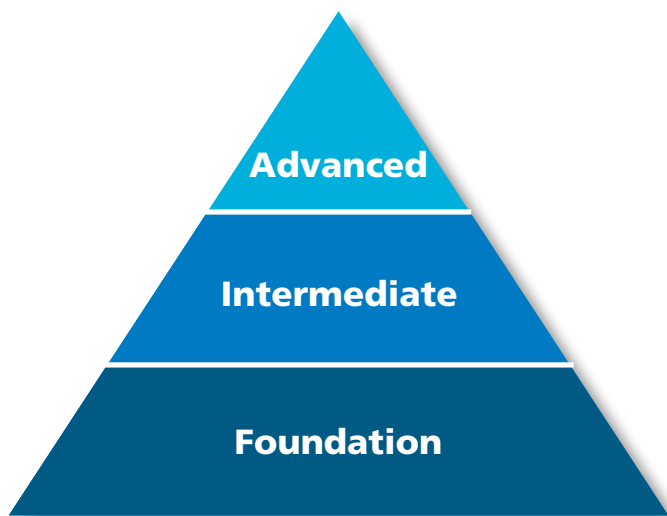
- MARAC Referral Form, CAADA Risk Assessment

3] Websites / information resources

- **Care or Control campaign**
- Perpetrator support; **email** or tel: 0845 1228 609
- **Men's advice line**
- **Women's Aid**, including information on safety strategies
- **Leaflets** for young people/teenagers
- **Support for 13-25 yr olds**
- **STAR – Surviving Trauma After Rape**
- Carr-Gomm: Support for children who are homeless, in refuges, runaways, asylum seekers, refugees, travellers or gypsies – **email** or tel: 225 8915
- Victim Support Leeds – **email** or tel: 395 1260
- **Forced Marriages**

Further information available in Early Start Domestic Violence Resource Files

4] Skills required for delivery of pathway [additional to training described as part of the universal family offer pathway]



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able:

- to undertake triggered enquiry
- to make referrals to local MARACs

Further skills and competencies to be developed in relation to skills when working with families where the perpetrator remains in the home.

Foundation: All Early Start practitioners working with children and parents/carers will be able to demonstrate the following skills and competencies as required for their role and responsibilities:

- To describe the effects of domestic abuse on a child's health, wellbeing and safety
- To safely undertake Routine Enquiry at core contacts and when clients use services
- To help a victim develop a safety plan

Training: All Early Start practitioners will attend:

- Leeds City Council Domestic Violence Team 1 day Domestic Violence training as part of induction process and ½ day refresher every 3 years
- MARAC Briefing or Children Centre Domestic Violence workshops
- 1 day Domestic Violence and Men workshop – to be developed to commence September 2013

Other training and development opportunities will be identified through the appraisal process to support the delivery of the above competencies and skills.

Appendix 1: Risk Assessment Form

Early Start Team:		Base						
Client Name / NHS Number:								
Assessment by:		Signature:		Date:			Review date:	
What are the hazards?	Who might be harmed and how	Evaluate the risks. What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Complete Y/N (date)		

To be stored in clients records

Appendix 2: Early Start Domestic Violence Support Visit

Initially up to 3 visits to be offered and then progress reviewed and further contacts agreed if required.

1. When planning to visit a client at home consider the potential risk associated with this visit both for you and the client.

Note: The most dangerous time for a victim is when they are planning to leave or immediately after leaving

Your assessment before you go for a support visit should include:

- Is it safe to visit the home?
- Where is the partner likely to be at the time of the visit?
- Would they let you know if it became unsafe to visit and how would they do this?
- If it is not felt safe to visit at home is there a suitable alternative venue?
- Consider joint visit with another member of the Early Start team, Social Worker or Police Domestic Violence Coordinator if involved.

DO NOT carry out a home visit if you feel your own safety is at risk OR the client's safety would be put at risk.

2. Inform colleagues of the visit as per your Lone Worker Policy.

3. Reassess own safety once at the client's door.

4. Once with the client:

- Ensure that it is safe to speak about the issue with the client
 - Are they alone?
 - Is their partner in another room?
- If this is your first visit to the client explain your role and the Early Start Service.
- Explain that information she shares is confidential within the normal limits of confidentiality you may need to share information with other professionals e.g. GP, midwife or other relevant professionals for **her safety or for the welfare of the children**.
- Emphasise we do not automatically refer to Children's Social Work Services.
- Explain that we have to **record the visit** and how this may be helpful to them.

- Undertake a risk assessment with them making sure to ask what certain times or occasions that make them **feel more vulnerable** perhaps when partner has been drinking.
- Help **identify what support** could be put in place e.g. is there anyone they can stay with when feeling they may be vulnerable or have they developed a coded message with a neighbour or friend?
- Encourage them to **develop a safety plan** in case they need to leave in a hurry.
- Give details of relevant support agencies and domestic violence contact card.
- Ask if they have **someone to talk to** and explain that we can provide a listening visit as part of the Early Start Service.
- Encourage them to go to their GP or A&E when they have **injuries** so that they **can be recorded in their medical notes**. Explain how this can help in the future even though they may not want to leave partner or take legal action right away.
- **Ask if we can discuss** what has been said with midwife, GP or any other relevant professionals.
- **Ask what they think the children have witnessed** and their level of awareness.
- Ask where the children are when violent or abusive incidents happen. Make it clear that **children can be affected by hearing violence** even though they may not see what is happening.
- Explain how and in what way **domestic violence can impact on the children** and offer some advice on talking to the children and playing with the children to encourage their resilience.
- **Ask what support the children are getting** from them, the family and any outside agencies.
- Encourage her to **inform nursery or school** of the situation.
- Leave a **contact number**.
- Offer a **further visit**.
- Offer **contact at an alternative venue** if they would prefer.

Appendix 3: Early Start - Safety Planning

In an emergency, dial 999

You have the right to be safe. You can make some changes in your situation to increase your safety. Answer the questions below and think about what you can do.

1. Where will you keep this plan so your abuser will not find it?
2. What do you need to prepare ahead of time so you can leave in an emergency? (You may choose to just leave, and women's support agencies understand if you do not have everything, but it can make things easier for you if you prepare ahead of time)
 - a. Important documents (birth certificates, passports, driving licence, car insurance, car registration...)
 - b. Financial information (bank account information, savings, investments, mortgage documents, tenancy agreement, benefits books and benefits numbers...)
 - c. Personal products (medication, shampoo, deodorant...)
 - d. Clothes
 - e. Special belongings (photographs, special toys...)
 - f. Money and access to money (bank books, cards, bank phone number, pin numbers...)
 - g. Children's things (toys, nappies, feeds, snacks...)
 - h. Pets
 - i. Charged mobile phone in credit (some phones may be tracked, even if you change the sim. Do not take a smart phone with you if you think your abuser may have had the opportunity to track you.)
 - j. Photograph of your abuser
Where can you store these things so your abuser will not find them or know?
3. What can you do to make your home safer?
 - a. Keep your mobile phone charged, close and in credit if possible
 - b. Can you remove potential weapons, or put them out of sight?
 - c. Can you move to a room with an exit when things start to go wrong? Do you have a door key, window key etc.? What doors, windows, lifts, stairwells or fire escapes would you use to get out?
 - d. Can you access the "Sanctuary" scheme (through the police Domestic Violence co-ordinator)
 - e. Other
4. Who can you trust to listen, support you, and help in an emergency? Be clear and tell them what you need from them in an emergency.
 - a. Family
 - b. Friends
 - c. Neighbours
 - d. Domestic violence support worker (or Police DV Co-ordinator)

Violence is never acceptable. No adult has the right to control another adult.

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies³ for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.</p>	Yes (tick)	No (tick)	Don't know (tick)	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s).....) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends / family / doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s).....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money / have they recently lost their job / other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant) Bail conditions <input type="checkbox"/> Non Molestation / Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service?

Describe:

Consider abuser's occupation / interests - could this give them unique access to weapons?

Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes No

If yes, have you made a referral? Yes No

Signed:

Date:

Do you believe that there are risks facing the children in the family? Yes No

If yes, please confirm if you have made a referral to safeguard the children: Yes No

Date referral made:

Signed:

Date:

Name:

Practitioner's notes

--

Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) Referral Form: Please complete this form as fully as possible.

√ CAADA DASH Risk Assessment completed		
√ Case is High Risk according to the MARAC Referral Criteria		
√ Referral Form completed (this form)		
√ Referral Form and Risk Assessment sent to leedsmarac@westyorkshire.pnn.police.uk and ldvs.marac@halt.cjism.net from a secure email address		
√ Please use the format DD/MM/YYYY throughout copy and paste this "√ " in the relevant <input type="checkbox"/>		
ACPO CAADA DASH Risk Score (before MARAC) Initial:	LDVS IDVA Section ACPO CAADA DASH Risk Score (after MARAC actions complete) Final: Date:	
Date form and risk assessment sent:	Agency completing referral:	
MARAC meeting details DIVISION: <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> C&H	DATE OF MARAC: <input type="checkbox"/> SCHEDULED <input type="checkbox"/> EMERGENCY	
Consent		Informed
Service user's consent obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not , can you satisfy the requirement to share information without consent? Yes <input type="checkbox"/> No	Date service user made aware of referral:
Victim risk assessment on referral to MARAC:		
<input type="checkbox"/> High Risk	Medium or Standard risk cases are inappropriate for referral to MARAC <i>for clarification: MARAC Referral Criteria</i>	
Reason for referral: <i>Please tick all that apply, for clarification: MARAC Referral Criteria</i>		
<input type="checkbox"/> Professional judgment	<input type="checkbox"/> Visibly High Risk (Risk Score of 14 or more)	<input type="checkbox"/> Potential Escalation <input type="checkbox"/> MARAC Repeat
Victim		Suspect
Surname:		Surname:
Forename(s):		Forename(s):
Alias:		Alias:
DOB:		DOB:
Address:		Address:
Postcode:		Postcode:
Relationship to suspect:		Relationship to victim:
Details for monitoring and providing a better response		
Victim		Suspect
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Contact telephone number:		
Any safety information about contact:		
<i>Please note disabled includes mental health and learning disability as well as physical</i>		
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
LGBT: <input type="checkbox"/> Yes <input type="checkbox"/> No		LGBT: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:		Ethnicity:
Religion:		Religion:

GP details:	
If the victim is not a UK Citizen:	
County of origin:	
Type of visa:	

Children in the household (include children in any household where the suspect or the victim lives even if you are unaware of violent or abusive incidents in that household)			
Full name*	DOB	School or nursery**	In the victim's household?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

* Please check surnames of child if different to parents.

**This is very important so the children's needs can be addressed as soon as possible.

Reason for referral:
Please detail key risks and relevant history.
What does the victim want MARAC to do?
Think about and consider what the victim wants for: themselves, for the children or any other dependants, for the suspect, and for the family as a whole.

This form will be circulated to the MARAC Designated Officers before the MARAC Meeting. Please give enough detail so that those attending will be able to understand the situation and the key points for risk reduction.

This form must not be circulated to any person other than the Designated Officer. The designated officer is responsible for sharing the information that is relevant and proportional in line with the MARAC Operating Protocol and Information Sharing Agreement.

If you need support or training to complete this form, contact the **Domestic Violence Team on 0113 395 2140 or dvteam@leeds.gov.uk**

Healthy Weight Pathway

Introduction:

The Healthy Weight Pathway describes how Early Start practitioners, using the HENRY strengths-based solution focussed approach, support families to achieve a healthy weight. It encompasses children who may be underweight or overweight.

Weight faltering: The term “weight faltering” is used when a baby or child fails to gain weight as expected; it is often used for children under the age of two years but also applies to older children. Previously the term “growth faltering” was commonly used to describe children whose weight is faltering. The change in terms used in this guideline reflects the terminology used in guidance accompanying the new UK-WHO growth charts, the rationale being to avoid confusion between height and weight.

Failure to Thrive: The term “failure to thrive” is used when the pattern of severe weight faltering becomes established and co-exists together with concerns about the child’s overall growth, health, development and emotional well-being. It is not considered to be synonymous with child abuse or neglect but of course may be an indicator of neglect or emotional maltreatment.

Source: Guidelines for the Identification and Management of Weight Faltering and Failure to Thrive for All Children (PL177)

Obesity: The term obesity is used to describe the level of adiposity associated with an increased risk of development of co morbidities. Male and female children grow at different rates and thus there are no simple cut offs for overweight and obese as there are for adults (i.e. BMI \geq 25 and BMI \geq 30). BMIs need to be plotted on growth charts that allow for gender and maturation and overweight is described as BMI greater than 91st centile and obesity is described as BMI greater than the 98th centile. Childhood obesity significantly increases the risk of a range of diseases and ill health including:

- Cardiovascular disease
- Respiratory disease
- Joint disorders
- Type 2 diabetes
- Liver dysfunction and disease
- Psychosocial ill-effects such as low mood

Triggers for further assessment and possible Universal Plus Activity:

- Weight loss of more than 10% in the first few weeks
- Sustained weight loss following an acute illness
- Plateauing of weight
- Weight below the 0.4th centile, at first growth measurement
- Fluctuating weights or a dipping or “saw-tooth” pattern when the child’s weight repeatedly fluctuates up and down
- Discrepancy with length, weight lies more than 2 centiles below height
- Weight between the 98th and 99.6th percentile (under 2s) OR BMI above 91st percentile (over 2 years)

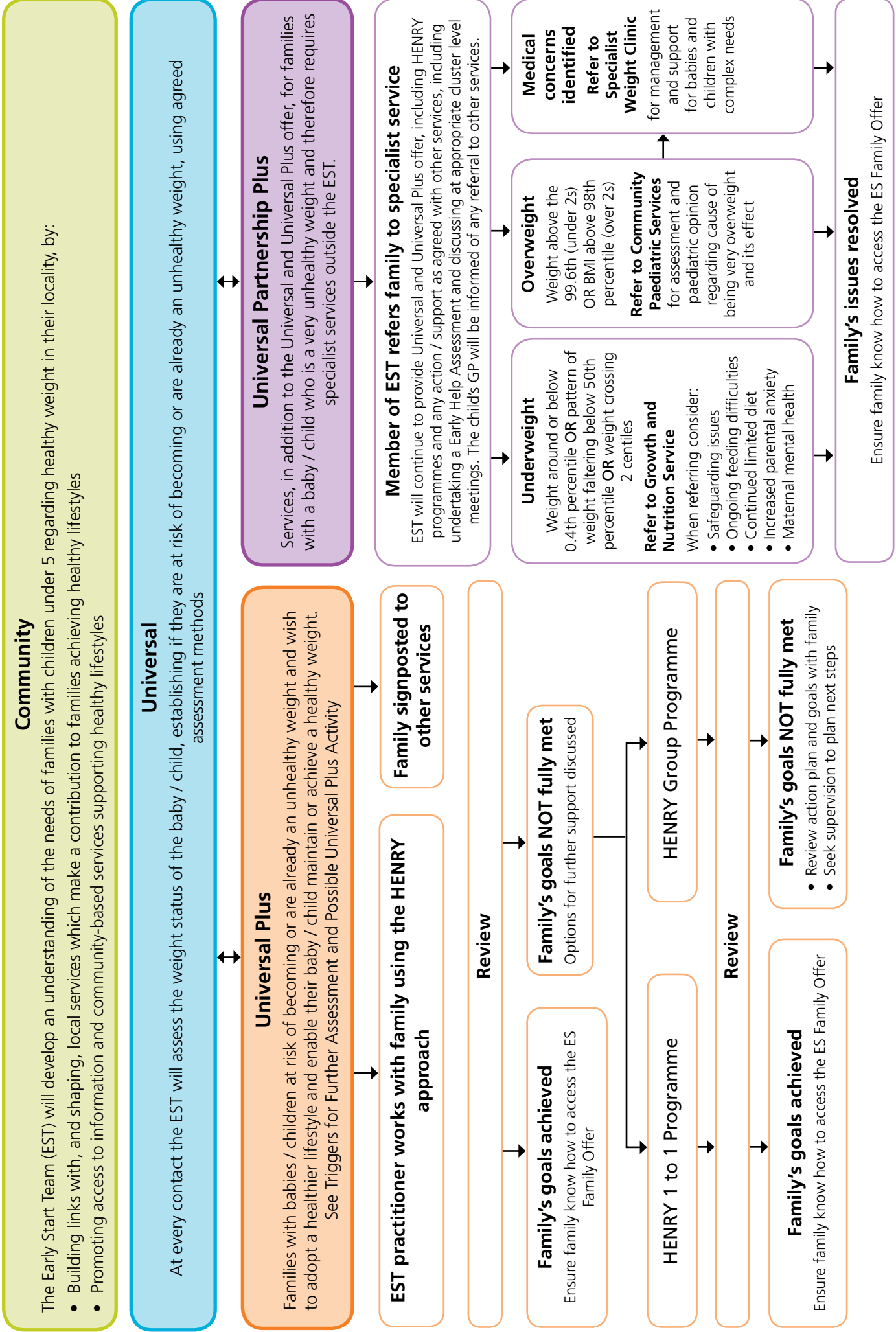
Supporting pathways / standards:

- Fathers inclusive
- Standards for delivering the Universal Pathway Core Contacts
- **Breastfeeding Early Start Care Pathway**

For more information, including the implementation plan, contact:

- **Jackie Moores** – Public Health

Early Start Pathway: Healthy Weight



Activities

Community

The EST will:

- Establish what services are available in the area which supports a healthy lifestyle and how families can access these services
- Make links with services to build partnerships and help shape future local services e.g. cooking groups, fruit and vegetable co-ops, grow your own schemes
- Ensure information is available for families and reviewed annually to ensure it is accurate
- Ensure all bases have HENRY information displayed and will promote the HENRY philosophy by promoting and encouraging activity and healthy eating
- Will be familiar with **Change for Life** campaign supporting healthy lifestyles and have information available in all bases on campaign
- Will be familiar with **Leeds Let's Change**, supporting healthy lifestyles and have information available in all bases on the services provided
- Promote **Healthy Start** to families and publicise the campaign with local retailers and fruit and vegetable co-ops to enable the food vouchers can be exchanged in local businesses

Universal

Identified members of the EST:

- Will weigh and interpret growth measurements of babies and young children as part of delivering well child clinics as part of the Early Start Universal Pathway
- At every contact will discuss healthy weight and healthy lifestyles based on the HENRY framework
- Promote the **Healthy Start** scheme to families and encourage those who are eligible to apply

Universal Plus

The HENRY approach underpins all universal plus activities with identified members of the EST:

- Will provide individual support using resources from HENRY core training to enable families to explore issues, establish goals, plan and implement strategies, and review progress
- Will provide structured 1:1 support, known as HENRY 1 to 1 Programme, using resources from HENRY core training and Advanced Practitioner training
- Will provide group support over 8 weeks, known as The HENRY Group Programme, using resources from HENRY core training and Group Facilitation training

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

Services available include:

- **Growth and Nutrition Service** for babies and preschool children who are very underweight
- Secondary Care Weight Clinic a secondary care city-wide weight management clinic
- Specialist Weight Clinic Service
- **Watch It** community based weight management programme for children from 5 to 18 years of age and offers two separate programmes, Watch It Classic and Healthy Families

For information on accessing Leeds Community Healthcare services [click here](#)

For Leeds Teaching Hospitals Trust Specialist Weight Clinic [click here](#)

1] Policies, guidance, standards:

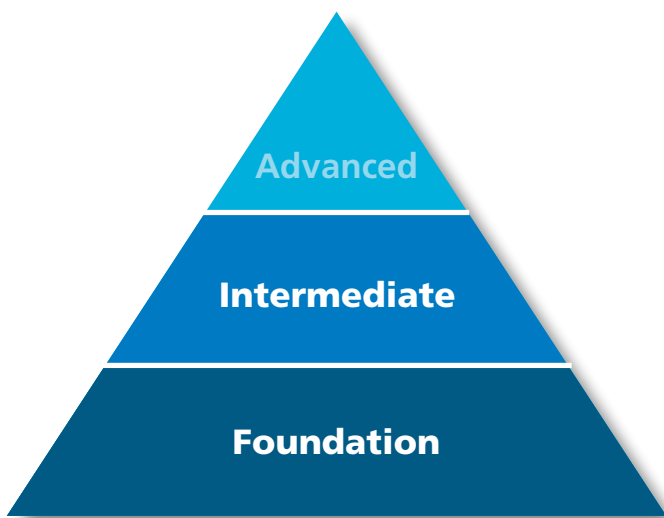
- NICE CG43
- Faltering Growth Guidelines

2] Resources

- HENRY toolkits
- Change 4 Life resources
- Growth charts, BMI charts

3] Skills required for delivery of care pathway elements

Training and development opportunities will be identified through the appraisal process to support the delivery of the identified competencies and skills.



Intermediate: Practitioners will demonstrate Foundation skills and competencies and be able to demonstrate:

- Ability to interpret weight / BMI

Foundation: All team members working directly with the family will be able to demonstrate the skills and competencies from HENRY Core Training and Helping Hand Training, in addition identified practitioners will be able to:

- Weigh and measure 0-5 year olds and record results on centile charts
- Evidence of passing the HENRY 1 to 1 Programme training
- Evidence of passing the HENRY Group Programme training

Child Looked After Pathway

Definition:

The pathway describes the services that Early Start practitioners will provide for children, under 5 years of age, living within the geographical area that are looked after by a local authority.

All children who are looked after must receive the targeted element of the pathway.

What is a Child Looked After?

1. A Child Looked After is a child who is accommodated under section 20 of the Children Act 1989 or
2. A child who is subject to a care order.
3. Children whose permanency plan is adoption, remain looked after until an adoption order is made.

In developing this pathway it is recognised that a Child Looked After may become a parent themselves. In these situations Early Start practitioners would provide the parent and child / family identified elements of the Family Offer based on assessment. This may include:

- Referral to the Family Nurse Partnership Programme
- Invitation to a local Early Start Pregnancy, Birth and Beyond programme
- Referral to NSPCC Pregnancy, Birth and Beyond Programme. This is an antenatal education programme provided by NSPCC staff and health professionals aiming to support families who might not otherwise access antenatal support. Groups are currently being run in a number of locations across Leeds, for more information contact: NSPCC on 0113 217 2200.

For more information, including the implementation plan, contact:

- **Amanda Ashe** – Early Start Manager
- **Sally Kennedy** – Early Start Manager

Early Start Pathway: Child Looked After

Community

The Early Start Team (EST) will develop an understanding of the needs of children who are looked after under five and their carers in their locality. ESTs will:

- Build links with and shape local services, which make a contribution to improving outcomes for children who are looked after by contributing to Cluster Leadership Groups and Advisory Boards
- Promote access to information and community-based services e.g. Family Hub www.thefamilyhubleeds.org
- Ensure that the voices of children who are looked after and their carers are heard

Universal

Children who are looked after and their carers will be able to access the Early Start Universal Offer from their local EST

Universal Plus

Children who are looked after and their carers will be offered additional short term interventions / activities, based on assessment to prevent problems developing or worsening and to address concerns relating to the child's wellbeing. These interventions will include provision of activities identified in other Early Start Care Pathways.

Meeting the needs of the child

1:1 Personalised Support

including statutory Health Needs Assessments and support to access other relevant services / care pathways

Early Education / Childcare

- Prioritise childcare hours [dependant on children centre capacity]
- 2,3,4 year funded educational entitlement (F.E.E.E) or discretionary place

Review

Child's goals achieved

Ensure Carer knows how to access the EST and about Universal offers

Child's goals NOT fully met

- Review action plan and goals with carer
- Seek supervision to plan next steps

Meeting the Needs of the Carer

With the provision of:

- 1:1 personalised support using Helping Hand approach
- signposting to relevant services e.g. Kinship Groups, Foster Carer Support Groups, CAB, counselling

Universal Partnership Plus (targeted)

As well as the Universal offer and Universal Plus services, based on assessment, children who are looked after and their carers have been identified as needing targeted support as described below, which includes working in partnership with other agencies.

EST refers child to specialist services e.g. Community Dental Services

OR

Responds to request for support from Children's Social Work Service

Response to Children's Social Work Service may include contributing to:

- Family Assessment
- Personal Education Plan (PEP)
- Life story Book preparation
- Child Care Review meetings
- Family Group Conference (may be considered where a child is rehabilitated back home from kinship care)

Transition from being looked after in to permanent care arrangement

Contribute to the transition process and provide support

Specific activities:

1] Child Looked After Health Needs Assessment [HNA]:

Child Looked After Health Needs Assessments are statutory and identify unmet health needs¹ to ensure that children who are looked after can access appropriate health services to identify and meet their health needs. Within Leeds:

- a. Initial Health Assessments are undertaken by the designated LAC doctor and community paediatricians using **BAAF** [British Association of Adoption and Fostering] documentation.
- b. Follow up HNA [every 6 months for children under 5 years of age] are undertaken by Health Visitors, within the Early Start Team. The **HNA** consists of an initial face to face contact with the child and their carer, completing the assessment documentation and identification of an action plan meeting the health needs described. The Health Visitor is responsible for ensuring that all action identified with the assessment is undertaken e.g. referral to dental services and monitoring of attendance at dentist
- c. Unmet health needs will be reviewed by the Independent Reviewing Officer [IRO] at Child Care Reviews. Practitioners will be held to account if action plans are not met and outcomes not achieved. Early Start Practitioners can contact the IRO for support if they feel that another practitioner has not actioned the plan as agreed at the review.

Children placed outside of Leeds will be overseen by LCH Children Looked After's Health Team.

2] Supporting access to other relevant services

The Early team will ensure that all children who are looked after are registered with a General Practitioner and Dentist, immunisations are up to date and that hearing and vision are assessed.

3] Child Care Reviews

It is expected that the Named Health Visitor and Key Person will attend Child Care Reviews when invited and provide a written report as requested. Early Start practitioners will undertake all agreed activities identified in the Child Care Review Plan.

4] Contribute to Personal Education Plans (PEP)

A PEP is statutory for all under 5s in an early education / childcare setting – responsibility for initiating and reviewing the PEP lies with the child's Social Worker but there is an expectation that the Early Education / Childcare Setting would significantly contribute to this.

5] Prioritisation of childcare place where appropriate as per FFE Vulnerable 2s policy

6] Contribute to life story work as part of preparation for adoption

e.g. contribute photographic evidence/observations to tell the story of the time the child has spent in childcare setting.

¹ Statutory guidance on promoting the health and well-being of Children Looked After

Resources

1] Policies, guidance, standards:

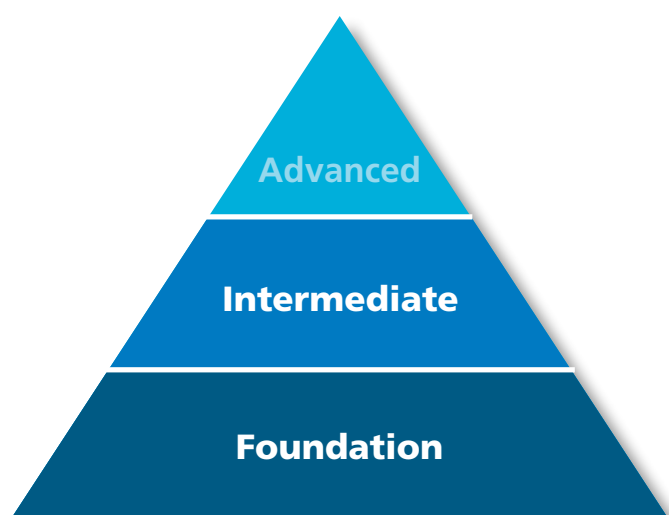
- Promoting the health and well-being of Children Looked After
- Promoting the quality of life of Children Looked After
- Care planning for Children Looked After and care leavers
- NICE Guidance – Social and emotional well-being - early years
- NICE Pathway – Social and emotional well-being for children and young people

2] Referral forms:

Referral forms to other services are available.

3] Skills required for delivery of care pathway elements

[additional to training described as part of the universal pathway]



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able:

- to undertake HNAs [Health Visitors only] evidenced by attendance at Looked After Health Needs Assessment training every 2 years
- to contribute to the PEP [Children's Centre Teacher only]
- to provide safeguarding supervision in line Early Start Standards
- to write reports that meet agreed LSCB standards

Foundation: All Early Start practitioners working with children who are looked after will be able to demonstrate the following skills and competencies:

- to contribute to life story work [childcare staff only]
- to access safeguarding supervision in line with Early Start standards

Economic Well-being Pathway

Introduction:

The pathway describes how Early Start practitioners will achieve economic wellbeing. This includes support to families to:

- Maximise income
- Manage debt
- Access CAB and other support services
- Reduce fuel bills
- Develop financial literacy
- Access education and work

Research has identified children that remain at particularly high risk of poverty where additional support may be required

- In workless families
- From a minority ethnic background
- With one or more disabled adults in their family
- Who have three or more siblings
- From lone-parent families
- Living in poor-quality, overcrowded or social housing or being in rent arrears or debt
- Having no parents with any qualifications
- Where a parent has mental health problems
- Where the mother is aged 16–24
- Where the parent(s) main language is not English
- Where a parent(s) abuses drugs or alcohol

Supporting Pathways / Standards:

- Standards for delivering Universal Pathway Core Contacts
- Healthy Weight Early Start Care Pathway

For more information contact:

- **Sharon House** – Early Start Manager

Figure 1:

Named Financial Literacy Champion will:

- Support Early Start practitioners delivering the Economic Wellbeing Pathway activities
- Plan, deliver and evaluate Financial Literacy Course to families and Early Start colleagues
- Maintain a current database of local employment and training opportunities available to families and Early Start colleagues

The champion role will be recognised as part of the appraisal process

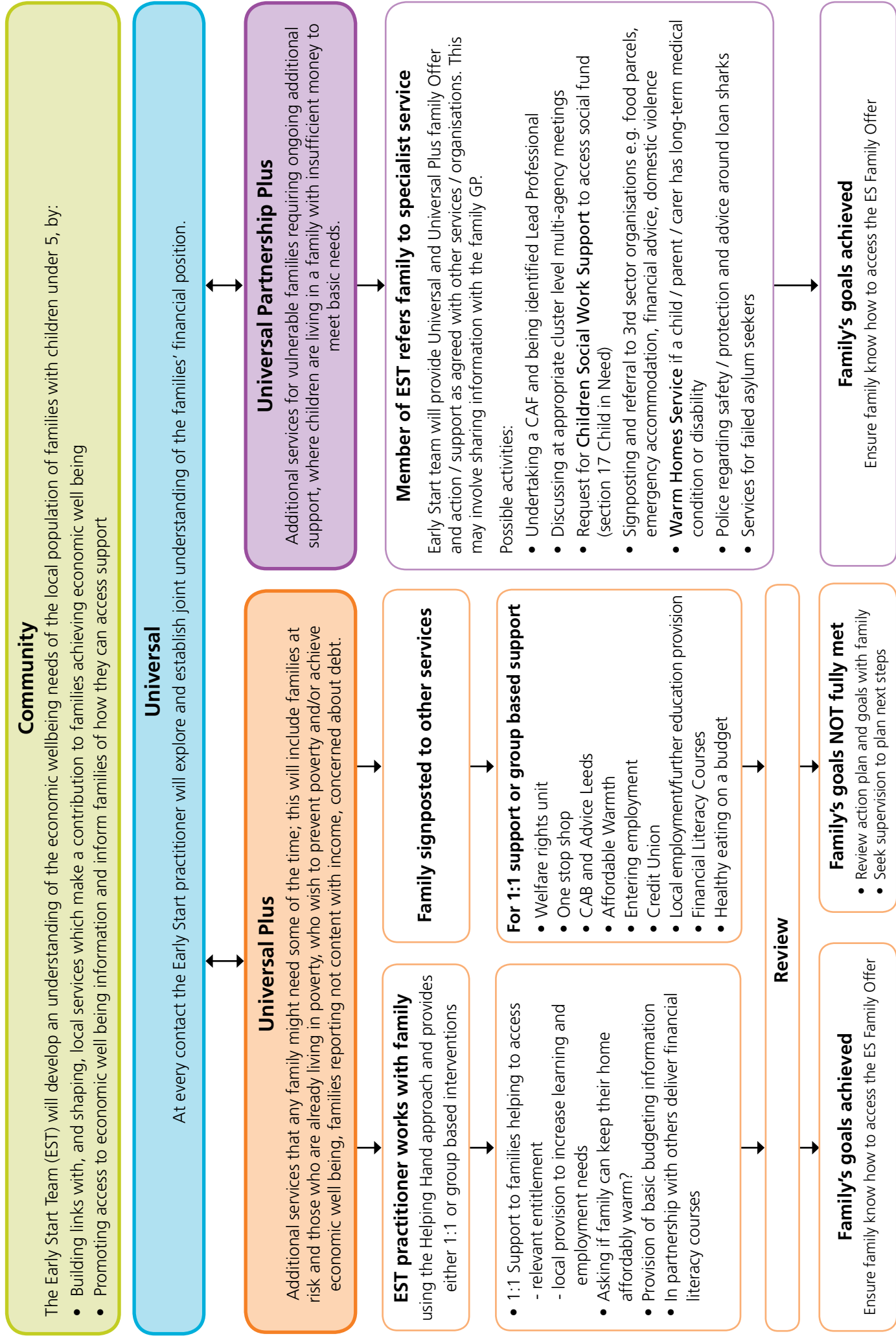
Financial literacy courses will include:

- Exploring what clients' attitudes to money are
- Wants or Needs
- Budgeting skills
- Advantages of saving
- Priority payments and spending
- Ways to make money go further

Supporting resources:

- Financial Literacy Resource developed by Leeds Public Health available from the Public Health Resource Centre
- **Barclays Financial Capability Handbook: Horizons**

Early Start Pathway: Economic Well-being



Activities

Community

All Early Start Cluster teams will:

1. Have a Named Financial Literacy Champion
2. Establish what services are available in the area that support families achieving economic well being e.g. Credit unions, cook and eat groups, fruit and veg co-ops, food banks
3. Make links with these services to build partnerships and help shape future local services
4. Support Public Health campaigns around economic well being that target specific geographical areas and communities
5. Ensure information available for families is reviewed annually to ensure accuracy.

Universal

Early Start practitioners at every contact as part of the Early Start assessment will:

- Explore and establish joint understanding of the families' financial position
- Discuss options available
- If appropriate check the family are in receipt of the main entitlements and have completed welfare benefits form
- Promote the **Healthy Start** scheme to families and encourage those who are eligible to apply

Universal Plus

Early Start practitioners will undertake the following activities where families require additional support based on an assessment of need:

- Reactive queries to explore and establish joint understanding of the families' financial position using the following questions:
 - What do you feel about your families' current income?
 - Have you experienced a recent substantial reduction in income?
 - Are you worried about debt?
- 1:1 work with the family to identify goals, plan and implement strategies to improve their economic wellbeing, including provision of basic budgeting information, helping to access benefit entitlements / education and employment, raising awareness of potential inflated costs of doorstep, pay day loans, catalogue purchasing etc
- Sign posting to other agencies and services
- Facilitate Financial Literacy programmes / sessions to groups of parents

- Assessment of parents' learning experience and qualifications and readiness for employment or further study [Level 1, 2 or 3]

Level 1: Develop confidence

- Parent not working but interested to know how they can get into paid work or
- Actively planning to get into paid work

Early Start practitioner to support the person to gain skills which are needed for work e.g. encouraging participation in groups which increase confidence in ability to keep to time; work cooperatively with others; ability to organise; learn new skills.

Level 2: Develop learning and skills

- Does the parent have basic numeracy, English language skills? Do they need to develop formal qualifications?

Early Start practitioner to signpost to local courses; encourage volunteering.

Level 3: Gain employment / become more aspirational / more qualified

- Is the parent ready to apply for jobs or work towards a qualification

Early Start practitioner to signpost to Jobcentre plus; advice on childcare options, developing aspirational thinking e.g. encouraging participation on parent's forums

Universal Partnership Plus / Targeted

Early Start practitioners will undertake the following activities where families require additional support, including involvement of other agencies / services, based on an assessment of need:

- Share information with other agencies / services
- Initiate a CAF
- Seek supervision

Resources

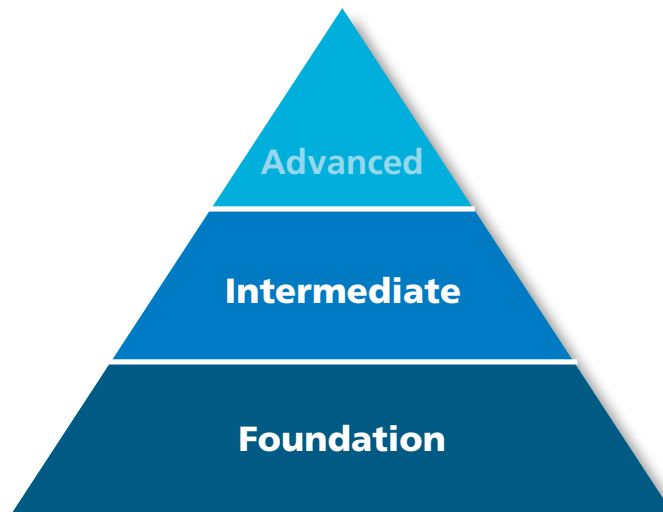
Policies, guidance, standards:

- Child Poverty Strategy 2011-2015
- A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives

Websites / Information Resources: Appendix 1 for more information and details

Skills required for delivery of care pathway

[additional to training described as part of the universal family offer pathway]



Advanced: Across the Early Start Service there will be 1 or 2 practitioners / managers able to demonstrate the skills and competencies as required for their role to:

- identify relevant national and local strategy and possible implications for Early Start Services
- review current Early Start services to ensure provision is evidence based
- contribute to city wide strategy and services to ensure the needs of families and children under 5 years are recognised

Intermediate: Practitioners able to demonstrate foundation level skills and competencies as required for their role and responsibilities and:

- The ability to undertake the responsibilities of the Named Financial Literacy Champion role on behalf of the Early Start Team

Knowledge and skills will be obtained through attendance at the Children's Workforce Development Councils Child Poverty Module "Understand, recognise and respond to child poverty"

Foundation: All Early Start practitioners working with children and parents / carers will be able to demonstrate the following skills and competencies as required for their role and responsibilities:

- Basic knowledge and understanding of Child Poverty and how it effects children's outcomes,
- How to:
 - identify families who need support in meeting financial needs
 - provide basic budgeting information and support in organising bills etc.
 - provide support to enable family to access benefit entitlements
 - provide information about priority bills to be paid
 - raise awareness of potential inflated costs of doorstep, pay day loans, catalogue purchasing
 - promote reputable saving and credit services e.g. Credit Union
 - assess adult employment and training levels and support parents to plan their development
 - signpost to employment and training advice locally and citywide

Appendix 1:

This additional information is intended as a resource to enable timely and up to date support to be provided to individuals and families. Please check details before giving to families

Maximise Income

- **Welfare Rights Unit:** The Welfare Rights Unit is part of Leeds City Council's Customer Services and offer free, confidential and impartial advice and support on a whole range of welfare benefits. For a copy of their leaflet **click here**
Families can book an appointment with a local adviser: Tel: 0113 222 4404 or **email**
- **Child benefit:** For information on benefit eligibility, making an application and child benefit number

Affordable Warmth

Affordable Warmth is the ability to achieve sufficient warmth within the home. The most widely accepted definition of a family who cannot afford warmth (living in fuel poverty) is "a household that needs to spend more than 10% of income to heat the home to an adequate standard" i.e. to a level of warmth consistent with maintaining health and well being: 21 degrees centigrade in main living areas and 18 degrees centigrade in other areas of the home. The **Leeds Affordable Warmth Strategy 2007 – 2016** provides further information.

- The **Leeds Energy Saving Advice Team** (Fuelsavers) is a service families can use for free independent and impartial advice about how to save energy and money. Tel: 0113 224 3462

Healthy Start

Healthy Start aims to improve health and reduce health inequalities in qualifying expectant mothers and young children. The wider agenda of the scheme includes reducing poverty, preventing obesity and giving women and families involved in the scheme lifestyle information, including healthy eating and breastfeeding. Early Start practitioners should check if a family are entitled to register for the Healthy Start scheme as part of the Universal Antenatal Contact. Women **qualify for Healthy Start** if they are at least 10 weeks pregnant or have a child under four years old and they or their family are in receipt of certain benefits. They also qualify if they are under 18 and pregnant, even if they don't get any benefits or tax credits.

The **Healthy Start website** provides up to date information on:

- How does the scheme work?
- How many vouchers do families get?
- **How do families apply and register for the scheme?**

Please note the application leaflet '*Free milk, fruit, veg and vitamins for you and your family*' needs to be completed with pregnant women or families filling in most of the form. Part B of the form confirming the expected estimated day of delivery and/or the date/s of birth of any children under four years old needs to be fully completed and signed by a registered health professional (midwife, health visitor, doctor or nurse).

Free Healthy Start vitamins: Healthy Start vitamins contain the appropriate amounts of the recommended vitamins for pregnant and breastfeeding women and children aged from six months to five years (unless they are drinking 500ml or more of infant formula milk per day). Coupons can be exchanged for women's and children's vitamins across Leeds at:

- NHS health centres
- Children's Centres

Food banks [also furniture banks] – A variety of organisations may be able to help

- St Vincent's
- St Georges Crypt
- Salvation Army

Free school meals / school clothing

- **School meals:** School meals have changed in the past few years. The introduction of government standards means more food is cooked from fresh ingredients and more fruit, vegetables and bread are served. School catering providers have carefully thought out to provide for all needs, including medical reasons, religious and cultural reasons, such as halal meat, and ethical reasons, such as vegetarians. Families are encouraged by the school to contact them before their child starts school

with any questions and are welcome to go into school and try the school food for themselves. If families are entitled to **Free School Meals (FSM)** and do not take them up they are losing £330 a year from their family budget. Practitioners should promote school meals as above and support parents to claim for them, FSM eligibility can be confirmed by contacting the Leeds Revenue and Benefit Service
Tel: 0113 222 4404

- **School Clothing:** Individual schools should be able to advise parents about how to best apply for monies for school clothing. Central clothing grants from the council are no longer available.

Social Housing providers

Many social housing providers have a commitment to supporting their clients in meeting their housing payments and will provide budgeting and debt advice. Sometimes this is provided in the clients' home or at a community venue and can involve an ongoing supportive relationship. This provision is likely to vary between providers and different areas.

- **Shelter** help to understand housing rights and options.

Signposting and referring to specialist services for debt and financial issues

- **Credit Unions: Leeds City Credit Union (LCCU)** is one of the largest and most successful in the UK. Members are encouraged to save for their future, and in return they receive access to a range of financial services including affordable credit, current account facility and a return on their money. LCCU provides straightforward, affordable financial services to anyone who lives or works in the Leeds Metropolitan area. Members of LCCU make regular payments into a range of savings accounts - this fund then provides the basis for preferential rate loans. The income generated by lending helps meet operating expenses build reserves and pay savers a dividend (subject to surplus and at the discretion of the Board of Directors).
- **Community Development Finance Institution (CDFI):** The name of the CDFI in Leeds is 'Headrow Money Line'. It has no public office space, currently. People will be signposted to the CDFI through their local credit union. A company registered as a CDFI is an ethical company which can offer loans to people who

may find it difficult to borrow from high street banks or building societies. A loan from a CDFI is much, much cheaper than borrowing money from a doorstep lender, pawn broker or pay-weekly store. However a loan from a CDFI is usually more expensive than borrowing from a credit union. CDFIs work closely with their local Credit Union and will encourage their customers to become a member of their local credit union and where possible, to start to save regularly, in addition to paying off their loan.

- **Citizens Advice** providing people with round-the-clock access to CAB information on their rights - including benefits, debt, housing, employment, **consumer** and legal issues.
- **Stepchange Debt** (formerly Consumer Credit Counselling Service) assists people in financial difficulty by providing free, impartial and realistic advice.
- **National Debtline** provides advice on how to deal with debt problems.
- **Business Debtline** provides free, confidential and independent advice on how to deal with debt problems for small businesses
- **Community Legal Advice** government website with information on where to get legal advice to help with legal problems.
- **Turn2us** helps people in financial need gain access to welfare benefits, charitable grants and other financial help

Loan sharks

A loan shark is a person or organisation that offer loans at extremely high interest rates. Paying money back at very high interest rates reinforces a downward cycle of poverty in families and whole communities. Often the loan shark has a friendly disposition and behaves as if they are doing families a favour, indeed the loan shark may be a member of the community. However they are operating illegally and may enforce repayment by blackmail. They are often involved in other illegal activities and can be very frightening for people to deal with. Practitioners should ask if people are borrowing from illegal money lender and actively discourage this. If someone wants to **report loan shark activity** they should be encouraged to contact 0300 555 2222 (Monday to Friday 9am to 5pm) or Text LOAN SHARK and the lender's details to 60003.

Access education - Free Educational Entitlement for children

2 year olds: On their second birthday a child could be eligible for 2 Year Old Free Early Education. The offer is a free childcare place and early learning experiences for up to 15 hours per week in a registered setting, family and parenting support; and support to access training and employment.

If a child is born between:	Based on a three-term school year they are eligible for a free place from:
1 April and 31 August	1 September following their third birthday or the beginning of the autumn school term
1 September and 31 December	1 January following their third birthday or the beginning of the spring school term
1 January and 31 March	1 April following their third birthday or the beginning of the summer school term

3 and 4 year olds: All three and four year olds are entitled to 15 hours of free nursery education for 38 weeks of the year. This applies until they reach compulsory school age (the term following their fifth birthday). Free early education can take place in full day care nurseries, including Children's Centres, playgroups, preschools or at accredited childminders. The free entitlement is paid directly to the provider. To claim the entitlement, if families are not currently using childcare, the parent will need to put the child's name down for a place as early as possible as some providers may have waiting lists. To find the nearest provider [click here](#). If the child is currently in childcare the parent will need to make sure that their provider is aware that their child is approaching 3 years old and that they wish to claim the entitlement. Parents will be asked to fill out a parent provider contract for the nursery to claim payments. If their child is attending more than 15 hours per week, the provider will deduct fees for the 15 hours free entitlement. The remainder of the time will be charged at the providers' normal rate. For school nurseries, the payment process is automatic between the school and local authority; therefore there is no need to fill out any forms. Although there will be nothing to pay for the early education entitlement, families will be expected to pay for lunch or bring a packed lunch if their child is attending for 6 hours or more during 1 day.

Access employment and training opportunities

Local employment opportunities: Job Centre Plus Outreach Workers are available in Children's Centres by appointment, or for group workshops, to give support for accessing training and work opportunities. Every Children's Centre has a named contact.

Volunteering opportunities: Voluntary Action Leeds (VAL) has information about volunteering throughout Leeds.

Training and education opportunities: EST will signpost and refer people to relevant training and education opportunities in the city and local area.

Appendix 2: My Budget Sheet

In order to be able to properly manage money, planning is necessary. An example of short-term management is day to day management: paying household bills, etc. Medium and long term planning is about saving and borrowing for an item; planning for retirement etc. For both short term and longer term planning, budgeting is essential.

What is a budget?

A budget is an estimate of income and expenditure over a given time period. It indicates whether income and expenditure balance or not. When income is less than expenditure, and no action is taken, then a debt will arise. Should income be greater than expenditure then the excess can be spent or saved.

Practitioners can explain and support individuals to start to budget. They will need to promote the advantages of managing money so as not to get into debt and to be able to afford or save for essential household items. The practitioners' role is to improve the clients' skills and confidence to organise their household budget and to be more capable in managing their own money. The practitioner can support the client to decide if they need further support and signpost them accordingly. It is not the practitioner's role to give financial advice to clients or to advice about choices of financial institutions or products.

Promoting budgeting involves:

- Providing a budgeting tool
- Supporting the person to collect the relevant information. For example utility bills; mortgage/ rent; council tax; telephone contracts and bills; travel costs; benefits and wages.
- Providing advice to understand bills etc.
- Advising regarding organising bills/ statements etc.
- Supporting calculations
- Advising re. priority payments and priority debts if applicable
- Signposting to an external agency for further advice

My Budget Sheet

Use this sheet to help you budget. You can do a budget for a week or a month. If you are doing it for a week, you will need to work out the weekly cost of things like bills which come in every month or every three months.

Budget from..... until.....

Money coming in		
Income	Wages	
	Training allowance	
	JSA (job seekers allowance)	
	Income support	
	Housing benefit	
	Part-time job	
	Money from family or carers	
	Other	
Money going out		
Regular commitments	Rent / housekeeping money	
	Council tax	
	Gas bill	
	Electricity bill	
	Water bill	
	Insurance	
	Phone bill	
	Savings	
	Loans	
	Other	
Everyday spending	Food shopping	
	Going out	
	Other entertainment (e.g. videos)	
	Toiletries	
	Books, magazines and newspapers	
	Sport (e.g. swimming / exercise class)	
	Cigarettes	
	Car maintenance and petrol	
	Other	
	Travel	
Occasional spending e.g. clothes		
Total spending		

Total income Total spending = Money left

Substance Use Pathway

Definition:

The pathway describes the services that Early Start practitioners will provide families with children, under 5 years of age, living within the geographical area where substance use had been disclosed/ identified. Any household caregiver whose substance use may impact on the wellbeing of the child may be supported.

Supporting pathways / standards:

- Fathers inclusive
- Standards for delivering the Universal Pathway Core Contacts

For more information, including the implementation plan, contact:

- **Vanessa Broadbent-Lucas** – Early Start Manager
- **Lisa Baxby** – Early Start Manager

Early Start Pathway: Alcohol Use

Community

The Early Start team (EST) will develop an understanding of the needs of families with children under 5 in their locality where risks associated with substance use have been identified by:

- Building links with local services which make a contribution to harm reduction
- Ensuring families are aware of and know how to access further information and support including

- Raising awareness of the risks of taking drugs or substances within locality

Universal

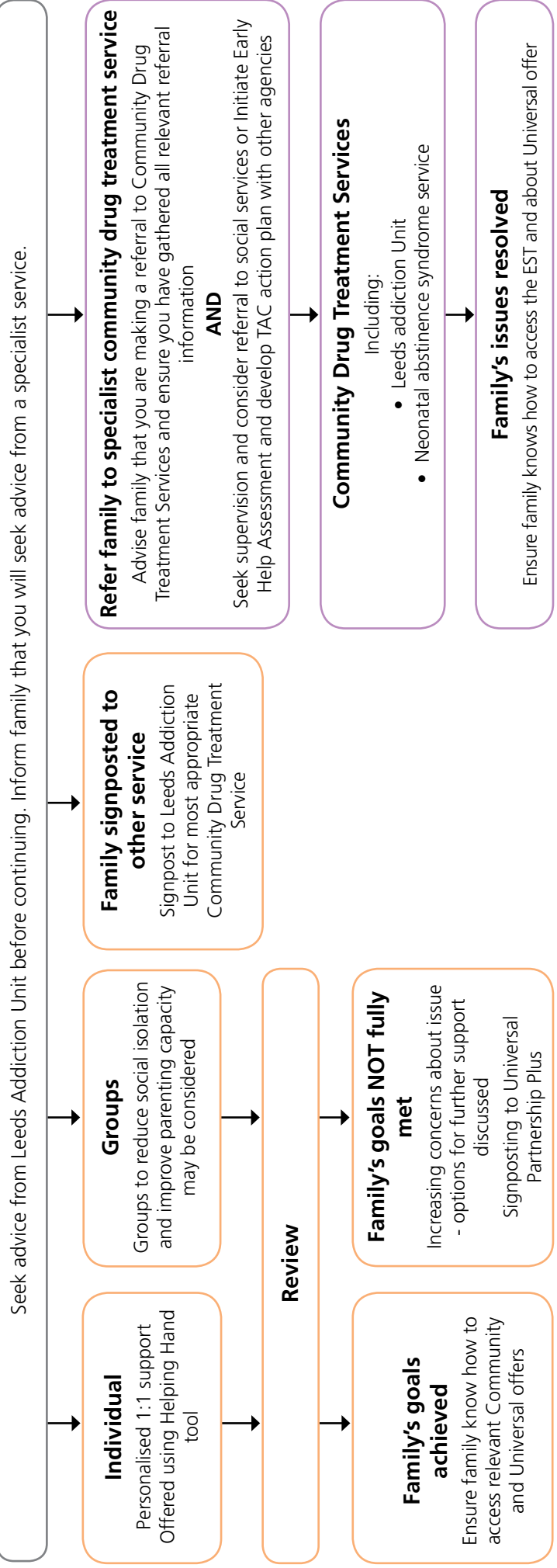
An enquiry about drug and substance use should be made; at each HV core contact, whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that substance use may be an issue. To establish whether use is problematic use the drug and substance use prompts. If drug use identified within pregnancy then follow the midwifery pathway link (all pregnant mothers are to be referred to the Leeds Addiction Unit)

Universal Plus

Assessment indicates use of substance(s) and after consideration of the effects including health and social issues, and harm to child(ren), practitioner considers support is required

Universal Partnership Plus

Assessment indicates problematic use and possible dependency. Referral to specialist services outside the EST is required



Activities

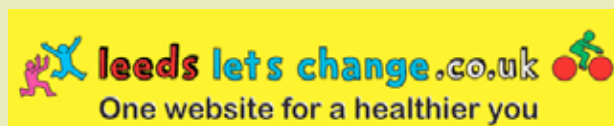
Community

The EST will establish what services are available in the area which helps prevent substance misuse and supports families in a healthy lifestyle. Links should be made with these services to build partnerships and help shape future local services. Social marketing information should be made available in settings for families and reviewed annually to ensure it is accurate. In addition the EST can look at ways at how to raise awareness in the local community on the risks of using substances.

Talk to Frank: Wide range of flyers and posters with drugs information and advice can be downloaded and displayed or circulated etc.

Leeds Public Resource Centre: Leaflets and posters with drug advice available on request.

Evidence shows that healthy lifestyles improve emotional wellbeing and are protective against substance misuse. This website is aimed particularly at helping adults to improve their health. The headings at the top of the webpage can be used to find top tips for improving health, information about services in an area and downloadable leaflets, guides and links.



Information and support on **mental health and emotional well-being.**

Universal

Initial enquiry

The following enquiry question *'Have you ever used any drugs or substances?'* should be asked at each HV core contact, whenever a practitioner undertakes an Early Help Assessment or whenever observations indicate that substance use may be an issue. If the family is identified as using drugs, further assessment is required. If you have already discussed this before an enquiry prompt such as *'I know I asked you about whether you used drugs before. Has anything changed since I last saw you?'*

Fuller assessment

Use the drug and substance use prompts [Appendix 1] to identify if use is considered to be affecting the health, social and parenting abilities of the parent. Refer parent to **Frank** for confidential advice. Seek advice from **Leeds Addiction Unit [LAU]** if wanting support in deciding the next course of action.

Universal Plus

Seeking support from Leeds Addiction Unit (LAU): Where there are concerns about substance use and/or impact on parenting capacity, Early Start practitioners will contact **LAU** for advice on how to proceed and whether a referral to specialist services is required. Practitioners will need to be able to describe which substances are used, frequency of use and route of administration when seeking support from LAU colleagues. Screening prompts have been agreed with LAU to be used to enhance core contact frameworks.

Personalised 1:1 support: Using the Helping Hand framework enable families to reduce, stop or minimise the effects of their substance use. This may include the misuse of prescription medication.

Groups: Families may benefit from attendance at groups e.g. behaviour management. Signpost families to groups where appropriate. Refer to universal and other pathways for more information about the range of groups available.

Universal Partnership Plus

EST practitioners will be aware of the services available and how to refer families requiring this level of support. They will be able to explain to families what to expect when they are referred.

Referral to Specialist service: Where having contacted LAU for advice, substance use is agreed to be problematic refer family member to the agreed specialist service for support.

Resources

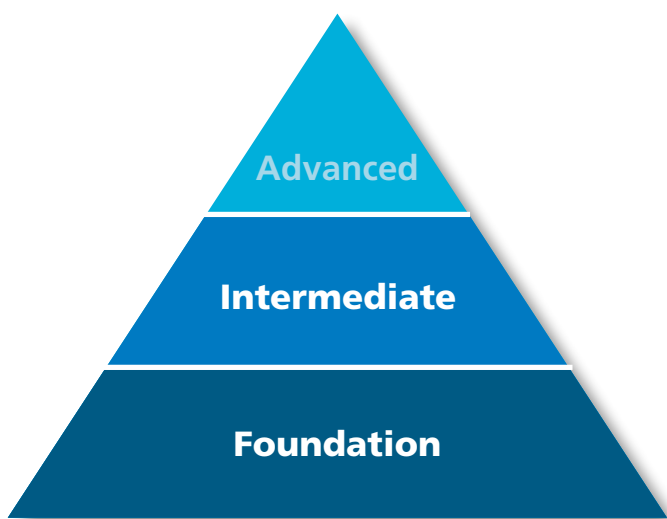
1] Policies, guidance, standards:

- NICE CG51: Drug misuse: psychosocial interventions
- Drug misuse and dependence UK guidelines on clinical management
- National Treatment Agency for Substance Misuse (NTA)

2] Key websites

- FRANK: Support for parents or EST with information on drugs including their different names, the effects, the risks and the legal status. Plus wide range of other resources including harm reduction, emergency help and information for parents concerned about child/friend
- Information for frontline professionals to support drug treatment and referral
- Home Office - Alcohol and Drugs web pages
- NHS Choices
- Drinkanddrugs.net
- Drugscope
- Local mental health services
- Mental health

3] Skills required for delivery of care pathway [additional to training described as part of the universal pathway]



Intermediate: Practitioners able to demonstrate foundation level skills and competencies, and be able to:

- Signpost and liaise with specialist services

Foundation: All Early Start practitioners working with children who are looked after will be able to demonstrate the following skills and competencies:

- Attend alcohol and substance misuse training as identified through appraisal
- Seek support from LAU having worked with parent to gain information on drug use
- Offer personalised 1:1 support using the Helping Hand framework

Appendix 1: Early Start Substance Use Prompts

As you explore general health and wellbeing:

Identify whether client has used any prescribed/ non-prescribed drugs in the past three months?

These include:

- Cannabis (marijuana, pot, grass, hash etc)
- Cocaine (coke, crack, etc)
- Ketamine
- GHB
- MCAT
- Legal highs
- Amphetamine type stimulants (speed, diet pills, ecstasy, etc)
- Sedatives or sleeping pills (valium, zopiclone, etc)
- Hallucinogens (LSD, acid, mushrooms, etc)
- Opioids (heroin, morphine, methadone, codeine, etc)
- Other

To discuss concerns with Leeds Addiction Unit you will need the following information:

- Name of drug(s)
- How often used
- Route of use (smoking, injecting, snorting, etc)
- How often has drug use led to health, social, legal or financial problems
- Previous attempts to control, cut down or stop drug use

Here are some questions that may help you:

Tell me more about...

How does this make you feel? How do you feel about...?

How does taking / using X affect you? What effect does this have on you?

How might this affect... your family / friends / those around you?

How have you managed to...?

What helps you cope? How else have you coped?

What will be different for you when you... (cut down / stop / etc)

What else?