Early Help

Practice Handbook

**Multi-agency procedures for practitioners**

***This handbook is a ‘live’ document and will be amended as practice develops, therefore practitioners are reminded to refer to*** [***www.doncastersafeguardingchildren.co.uk***](http://www.doncastersafeguardingchildren.co.uk) ***for the current version.***

**For all enquiries where Early Help is needed contact**

**The Early Help Hub 01302 734110**

[**EarlyHelpHub@doncaster.gov.uk**](mailto:EarlyHelpHub@doncaster.gov.uk)

**Or**

**Early Help Coordinators 01302 736250**

[**EarlyHelpCoordinator@doncaster.gov.uk**](mailto:EarlyHelpCoordinator@doncaster.gov.uk)

**Note**

**If at any stage through early help you have any concerns that a child or young person is at risk of harm, you must follow your agency’s safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:**

**Telephone: 01302 737777 (available 8:30am – 5pm Monday to Friday)**

**Telephone: 01302 796000 (outside office hours)**

**Email:** [**childrenassessmentservice@doncaster.gcsx.gov.uk**](mailto:childrenassessmentservice@doncaster.gcsx.gov.uk)

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# **Introduction**

## Early Help in Doncaster

Early Help is a simple concept; it is about changing our culture from an often late reaction to chronic and acute need and re-focussing our activities, along with our resources, on the root causes of social problems. By doing so, outcomes for children and families improve and costly statutory interventions are avoided.

The Children and Families Strategic Board (CFB) has defined early help as:

**‘The job of all public, private, voluntary and community services as well as citizens in Doncaster, is to prevent and intervene early with children, young people and families experiencing problems in order to prevent escalation of problems. This will deal with root causes, providing support at an early age and an early stage of problems emerging. We will do this by taking a whole family approach and intervening in a co-ordinated way.’**

In Doncaster we use the term Early Help as the umbrella term that describes our continuum of service response from universal/preventative services to where a team around the child/family is required. The Early Help Assessment processes replace the Common Assessment Framework processes.

This approach supports agencies with their responsibilities under Section 10 of the Children Act 2004 as summarised in Working Together to Safeguard Children (2015):

*Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority’s relevant partners and such other persons or bodies working with children in the local authority’s area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority’s area, which includes protection from harm and neglect.*

Working Together also states that:

*The LSCB should publish a threshold document**that includes the process for the early help assessment and the type and level of early help services to be provided.*

This handbook must be used in conjunction with the LSCB threshold guidance, which can be downloaded from this page of the LSCB website <http://www.doncastersafeguardingchildren.co.uk/DSCP/early_help.asp>.

## Purpose of this document

This document has been produced to guide front line practitioners and their managers in using Early Help to support children and families.

## Early Help documents

This handbook provides guidance to support the completion of all documents relating to individual families and the recording of information, whether this is done directly onto the electronic Early Help Module (EHM) system when access is available, or when documents are used in paper version.

It is no longer acceptable for paper version of Early Help forms to be used. All Early Help should be recorded on the Early Help Module (EHM), an electronic case recoding system that enables the ‘child’s journey’ and case progression to be recorded and accessible to all practitioners involved. This ensures good interagency communication.

If you require further information, help or support refer to page 10of this handbook**.** All forms you will need while working with families are in the appendix of this document.

**Note: You will notice some slight variations between the paper versions of forms and those that appear on EHM. This is because the electronic versions automatically pull through some data and we have removed these from the paper versions to reduce any duplication of work for you.**

## Abbreviations and terminology

**CAF** common assessment framework (now superseded by the EHA)

**Child** refers to children and young people

**CSC** Children’s Social Care

**EHA** early help assessment (which has now replaced the CAF)

**EHCP** education health and care plan

**EHM** Early Help Module

**FAP/EHP** Family Action Plan/Early Help Plan

**IAG** information, advice and guidance

**LP** lead practitioner

**LSCB** Local Safeguarding Children Board

**Parents** refers to parents, carers and others with parental responsibility

**R&R** CSC Referral and Response service

**SW** social worker

**SOS** Signs of Safety

**TAC** team around the child

**TAF** team around the family

# **Key principles / what is early help?**

## Critical features of effective early help

* Early identification and addressing of need. Child centred, focused on strengths as well as needs
* Voluntary, consent-based process with the family, empowering them to develop the capacity to resolve their own problems
* Simple, streamlined enquiry and assessment process
* Relationship with a trusted lead practitioner who can engage with the child and their family, and coordinate support
* Access for the family to a multi-disciplinary approach through a team around the child/family (TAC/F).
* Single Agency support through Single Agency Plan.

TAC/F is a shared assessment and planning framework which is in use by a variety of agencies across the borough and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and promote a co-ordinated multi agency response to meet these.

**If you identify a child with additional support needs**, as per the continuum of need and the threshold guidance referenced below, and your service is not able to meet those needs, **you must follow the early help pathway.**

## Continuum of need -Thresholds

The diagram overleaf demonstrates the continuum of needs for children and families. This is the whole continuum of need from universal to statutory intervention.

Universal means a need that all children have, such as education, stimulation and play; or access to healthcare through their GP and universal Health Visiting. Children at the Universal level of need do not require additional support or services.

Level 2 Universal Plus means that a child has additional support needs but these could be met through one agency delivering more than their Universal offer.

Level 3 Partnership means that a child has additional support needs that can’t be met by one agency alone. Several agencies may be involved and family, children, Parents/Carers and professionals need to work together in a coordinated way to meet these needs.

Level 4 Safeguarding means that a child needs access to specialist statutory Social Care services.

Early Help should be undertaken to support children with additional support needs at Level 2 and 3 as shown in the centre two portions of the diagram.

More details of what constitutes ‘additional support needs’ can be found in Doncaster’s threshold document, which can be downloaded from this page of the DSCP website:

<http://www.dscp.co.uk/early-help-2>

**Continuum of Need**

# 

Children with additional support needs – Early Help

## When is it Early Help?

### **Early identification of need**

The Early Help process has been designed to help practitioners explore children and their family’s needs at an early stage; and then work with the child, their family and with other practitioners and agencies to meet these needs. More information about Early Help is available within the Working Together 2015; this is Government guidance that sets out clear what is expected from all professionals and organisations. Working Together 2015 can be accessed through the following link: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf>

Doncaster Early Help Strategy sets out how organisations in Doncaster will work together to meet the needs of Children and their Families, it is available through Doncaster Safeguarding Children’s Partnership website at:

<http://www.dscp.co.uk/early-help-2>

Early Help is identified in the two central sections of the Continuum of Need overleaf (page 8); the lower section is named Level 2 Universal Plus and the upper section is named Level 3 Partnership.

Level 2 Universal Plus means additional support needs have been identified; these can be met by one agency and does not require multi agency working. An Early Help Assessment and Team around the Child/Family meetings are not required; however it is important the specific need is identified and a single agency plan is created and managed by the Lead Practitioner to ensure this need is addressed in a timely way.

Level 3 Partnership means that a multi-agency response is required to explore the family’s needs through Early Help Assessment and coordinated by the Lead Practitioner to meet these needs through a Family Action Plan.

‘What is Early Help?’ training is bookable through

[www.engagedoncaster.co.uk](http://www.engagedoncaster.co.uk)

### Examples of when to consider Early Help

* The child’s needs are unclear, or broader than your service can address alone.
* A significant change or worrying feature in a child’s appearance, demeanour, behaviour or health has been observed.
* A significant event in a child’s life has occurred, or where there are worries about the parents or home.
* Where a child, parent or another practitioner has raised a concern or requested an assessment.
* Parental elements e.g. substance misuse, domestic violence, physical or mental health issues or criminality.
* Missing developmental milestones or making slower progress than expected in their learning.
* Health concerns including disability, physical or mental ill health, regularly missing medical appointments or a sudden change in the child’s health.
* Child presenting challenging or aggressive behaviours, misusing substances or committing offences.
* Undertaking caring responsibilities.
* Bereaved or experiencing family breakdown.
* Bullied or are bullies themselves.
* Disadvantage for reasons such as race, gender, sexuality, religious belief or disability.
* Homeless or being threatened with eviction and those living in temporary accommodation.
* Becoming a teenage mother / father or is the child of teenage parents.
* Not being ready to make the transition to post-16 services.
* Persistent absence from school or risk of permanent exclusion.

# Process of transferring an paper CAF/EHA to an e-Early Help Assessment

If you are currently a lead practitioner for a child and you are using a completely paper based system, this child needs to be transferred onto the Early Help Module system (EHM). To access the case you will need to have access to EHM. If you currently do not have access you must undertake EHM training, information on page 14, bookable on [www.buydoncaster.co.uk](http://www.buydoncaster.co.uk)

1. Make an on line Early Help enquiry to the early help hub also sending the consent form by email.
2. The hub will screen your enquiry for any further information and provide you with any information, advice and guidance you may require
3. The hub will create a **contact** on the EHM and open an **episode**
4. The hub will then inform you of the new episode and you can now use the EHM rather than paper process for the child
5. If you require support in uploading paper documents to the EHM then contact an Early Help Coordinator for support.

# **Early Help pathway in Doncaster**

Professional worried about child / unmet need

**NOT safeguarding**

Early Help Coordinator support available through these stages

Lead Professional identified and informed

See separate Early Help Hub enquiry screening process diagram

Closure and impact assessment – needs met or escalation

LP accesses pathway for child on EHM and, building on information and analysis provided by Hub. Completes EHA.

LP reviews Single Agency/Communities plan minimum every 12 weeks

LP accesses Single Agency pathway. Completes Single Agency or Communities Plan and completes identified piece of work

TAC/F review minimum every 6 weeks to review plan

(update FAC6\_FORM)

LP convenes TAC/F with appropriate professionals and family to develop co-ordinated plan, recorded on family action plan

CAF / EHA or SW already in place – join existing pathway

Escalated to Referral and Response service

No further action / Info and advice

Progress to EHA / multi-agency response

Single agency response for specific piece of work

Referrer informed of outcome of enquiry

Hub triage, screen and respond with outcomes within 72 hours

Progress to EHH for screening

Complete on line referral form and consent form with family (online form submits automatically) **CONSENT FORM to be emailed to the Early Help Hub same day**

Call Early Help Hub for professional consultation – IAG if required

**Early Help Hub Screening Process**

Initial screening decision made within 24 hours

**Screening Completed**

Full screening including, but not limited to:

Full systems check, social care and early help history

Anti-social behaviour

School information

Contact with professionals, child and family

Analysis of information

Escalate to R&R

No further action

Progress to EHA / multi-agency response

Single agency response for specific piece of work

EHA or SW already in place - join

Online referral delivered to inbox and Referrer emails consent form - auto-response sent

Online form / and emailed Consent

**Authorisation of outcome and decision made in 72 hours**

## Early help infrastructure support

### Early Help Hub

The Early Help Hub has been established to improve communication, information sharing; and to support more effective delivery of services where there is a need for multi-agency response.

The Early Help Hub is a multi-disciplinary team with two main functions:

1. Providing information, advice and guidance to professionals who have queries about children who made need a coordinated early help response.
2. Screening all early help enquires forms to ensure an appropriate level of response for the child and family.

The team is available from 8.30am to 5.00pm, Monday to Friday, and telephone messages will be responded to within one working day.

Telephone: 01302 734110

Email: [earlyhelphub@doncaster.gov.uk](mailto:earlyhelphub@doncaster.gov.uk) Or [Earlyhelphub@gcsx.gov.uk](mailto:Earlyhelphub@gcsx.gov.uk)

If you believe that an early help assessment (EHA) or single agency support is needed, contact the Early Help Hub to discuss your concerns. After discussing your concerns, if it is agreed this is a case for early help, you will be asked to complete an on line enquiry form and email a consent form which you have with the family.

The Early Help Hub will assess the case and inform you of the action required. This could be:

* If an EHA has already been completed or there is an existing TAC/F, you will be asked to share your information and join the TAC/F
* Single agency response for a specific piece of work – Lead Practitioner identified
* EHA required – lead practitioner identified
* No further action
* Escalation to Children’s Social Care if this case is already known to them or the information gathered during screening indicates escalation is required.

The Early Help Hub does not replace the existing ‘front door’ arrangements for children’s social care in Doncaster. If at any stage you have any concerns that a child is at risk of harm you must follow your agency’s safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:

Telephone: 01302 737777 (available 8:30am – 5pm Monday to Friday)

Telephone: 01302 796000 (outside office hours)

During this telephone call you will be asked to follow up by completing an online referral form the same day.

Email: [childrenassessmentservice@doncaster.gcsx.gov.uk](mailto:childrenassessmentservice@doncaster.gcsx.gov.uk)

### Locality based Early Help Coordinators

Each locality has two or more Early Help Coordinators, who champion Early Help. Their main function is to champion Early Help and to improve confidence and skills of staff across agencies and services to embed the Early Help arrangements through quality local delivery. They can support you with:

* Supporting professionals taking on the role of lead practitioner
* Supporting professionals undertaking an Early Help Assessment
* Supporting professionals with arranging a TAC/F
* Support with any EHM issues.

### Your Early Help Coordinator Team

**North:**   
Natasha Watts (07738 888 218) [natasha.watts@doncaster.gov.uk](mailto:natasha.watts@doncaster.gov.uk)  
Stephanie Armstrong (07970 226 004) Stephanie.armstrong@doncaster.gov.uk

Rebecca Holmes (07970 431 598) [rebecca.holmes@doncaster.gov.uk](mailto:rebecca.holmes@doncaster.gov.uk)

**East:**

Lindsey Swain (07717 320 478) [lindsey.swain@doncaster.gov.uk](mailto:lindsey.swain@doncaster.gov.uk)

Paula Holland (07970 967 647) [paula.holland@doncaster.gov.uk](mailto:paula.holland@doncaster.gov.uk)

Toni Tomlinson (07773 227 893) toni.tomlinson@doncaster.gov.uk

**South:**   
David Hamilton (07776 454 318) [david.hamilton@doncaster.gov.uk](mailto:david.hamilton@doncaster.gov.uk)

Gemma Sneddon [gemma.sneddon@doncaster.gov.uk](mailto:gemma.sneddon@doncaster.gov.uk)

Angie Rankin (07773 596 785) angela.rankin@doncaster.gov.uk

**Central:**

Christian Brownless (07810 153 716) [christian.brownless@doncaster.gov.uk](mailto:christian.brownless@doncaster.gov.uk)

Sarah Taylor (07971 121 710) sarah.taylor@doncaster.gov.uk

**Early Help Coordinator Duty phone and email lines:**

Telephone: 01302 736250 Email: [earlyhelpcoordinator@doncaster.gov.uk](mailto:earlyhelpcoordinator@doncaster.gov.uk)

Lead practitioner support sessions take place across the four areas weekly in a range of venues. To book on, please contact your Early Help Coordinator on the above numbers.

## Early Help online system: Early Help Module (EHM)

All Early Help support will be captured and coordinated through the online case management system, known as Early Help Module or EHM.

If you need access to EHM and/or training to use the system, contact the eSystems team.

Telephone: 01302 737688

Email: [esystems.cyps@dcstrust.co.uk](mailto:esystems.cyps@dcstrust.co.uk)

# **How to guides**

## Consent

The Early Help Assessment and TAC/F is a voluntary process and consent from the child and family is required before the information is shared outside your agency.

Consent to share information must be discussed with the family before submitting an enquiry into the Early Help Hub, the family should be given a copy of the Privacy Notice to ensure they know how their data will be used. Once signed consent has been gained the online Enquiry Form can be completed and the signed consent form emailed to the Early Help Hub.

Written consent should be gained from families to contact their GP to gather information during the Early Help Assessment process (see page 23).

## Stronger Families

### How is a family a Stronger Family?

The criteria for families to be eligible for the programme have been widened by the Government to include the following strands:

1. Parents and children involved in **crime or anti-social behaviour.**
2. Children who have not been **attending school** regularly.
3. Children who need **help**.
4. Adults **out of work** or at risk of **financial exclusion** and young people at risk of worklessness **(NEET).**
5. Families affected by **domestic violence and abuse.**
6. Parents and children with a range of **health** problems.

### Possible additional resources available for Stronger Families

Stronger Families checklists are embedded with Early help Assessment; Early Help Plan; and Single Agency forms on the Early Help Module (EHM). It is important to identify if a child or family member meet two or more of the Stronger Family strands as they will become eligible for extra resources and help for example:

* Workers can access the innovation pot held by each Communities Area Manager: these are small amounts of funds to help overcome barriers and issues that families experience.
* Stronger Families funds some additional EWO posts to provide more intensive support to families around school attendance.
* Stronger Families joint funds the Moving On Together for families experiencing issues around alcohol and substance misuse.
* Workers can seek extra capacity if appropriate from Communities' Services officers in supporting families as part of the whole family action plan.
* Access to family passes for DCLT leisure services across the borough.
* Specialist DWP employment advisors to help families explore options for getting into work or on to a support programme towards work.

Stronger Families is coordinated in localities by the Communities Area Teams. To let them know about a family who you think are eligible after you have checked the criteria, please send their details and yours to [StrongerFamiliesProgramme@doncaster.gcsx.gov.uk](mailto:StrongerFamiliesProgramme@doncaster.gcsx.gov.uk) and someone will get back to you on the details you provide to discuss the family with you.

**Short breaks for families with disabled children in Doncaster:**

**Universal Local Offer:**

Doncaster’s local offer provides information for children and young people with special educational needs (SEND) and their parents or carers in a single place. Including leisure activities and transport support.

http://www.doncasterchildrenandfamilies.info/thelocaloffer.html

Together Information Exchange

All children with disabilities, including special educational needs are able to access the universal short breaks offer, they do not need a lead practitioner or early help assessment to do so. However Lead Practitioners should support families to access the universal short breaks offer as part of their family plan.

To access the universal short breaks offer families must be registered with the Together Information Exchange (TIE). Doncaster's voluntary register of children and young people with a disability. The register is administrated by the short breaks team, which enables them to support families to access the local offer including holiday activities.

TIE members receive:

• Access to the afterschool and weekend clubs funded by the short

breaks service

• The holiday activity timetable run by the short breaks service which

disabled children can book onto during the school holidays

• A free TIE membership card to receive discounts at various places including Yorkshire Wildlife Park, The Dome Leisure Centre, Vue Cinema and much more

• Regular information either through the post or via email alerts on events and holiday activities taking place

The TIE registration form is on EHM and ICS for practitioners to complete on behalf of families.

Families can also apply directly themselves:

Application forms to join TIE are available from the Short Breaks team by -

• Calling us on - 01302 862332 to request one

• Emailing us at - aiminghighbusinessunit@doncaster.gov.uk

• Message us through our facebook page - www.facebook.com/Together-Information-Exchange

**Targeted:**

**Targeted support can be:**

1. Daytime care in the homes of disabled children or elsewhere.

2. Overnight care in the homes of disabled children or elsewhere

3. Educational or leisure activities for disabled children outside their homes.

4. Services available to assist carers in the evenings, at weekends and during the school holidays.

**Eligibility:**

• The child or young person will have special educational needs and/or disability regardless of whether the child is at SEN Support managed by the setting or has a Statement of SEN or an Education Health Care Plan issued by the Local Authority

• Children and young people whose need cannot be met by universal provision

• Family are in receipt of disability living allowance

• Needs of the whole family assessed by their named lead professional using the early help assessment (EHA) or social care child and family assessment

• The EHA of C&F identifies that the child or young person has high support needs and taking into account family context targeted short breaks are necessary to meet their needs.

**Access:**

Prior to a referral to Short Breaks, you may want one of the team to attend your Team Around the Family to discuss options.

• Lead professional can refer the child or young person to short breaks via the EHM system.

• In the first instance the child’s paperwork will be reviewed and if considered to be an appropriate referral then the short breaks team will undertake a Resource Allocation System (RAS) to assess levels of need within the household and potential funding required to meet this need.

• Where the EHA has indicated a range of family needs, including the need for a short break the family should continue to receive an early help service as described in the early help handbook. When the families wider needs are meet:

* If the child continues to require multi agency support to meet their needs this should continue an EHA or C&F however reviews can move from 6 weekly to yearly in line with their EHCP.
* Where the family’s needs are met and significantly reduced by the delivery of a short breaks service the pathway should be ‘stepped down’ from a C&F to EHA and EHA to a single agency response, with a named lead practitioner and the short breaks package is reviewed at the child’s SEN/EHCP review. It is expected at single agency the lead practitioner will be the SENCo or health visitor.

Please note the Short Breaks team will be happy to discuss any child’s needs with you as Lead Practitioner and attend Team Around the Family meetings.

**Contact:**

• Calling us on - 01302 862332 to request one

• Emailing us at - [shortbreaksteam@doncaster.gov.uk](mailto:shortbreaksteam@doncaster.gov.uk)

**Using Tools to explore the Child and Family Needs:**

The Signs Of Safety approach and Outcome Star tools are embedded with the Early Help Assessment; Early Help Plan; and Single Agency forms on the Early Help Module (EHM). The Young Carers toolkit is embedded in the Early Help Assessment to be accessed when this applies to the family situation. The Neglect toolkit gives practitioners a structure for understanding the extent and impact of Neglect experienced by a child so they can make informed decisions about the Threshold of Need to ensure these needs are managed by the appropriate service (see page 20).

**Signs of Safety:**

Signs of Safety is a strengths based; solution focused; and safety-organised approach to working with children and their families. It was developed in Australia in the 1980’s by Social Workers Australia by Andrew Turnell and Steve Edwards. The approach has spread world-wide and is now being embedded in Doncaster.

The approach is centred around building meaningful partnerships with the child, parents and colleagues; identifying the parent and child as the expert in the difficulty and solution. A key feature of the approach is the use of simple and jargon free language so everyone can clearly understand what is happening and what needs to happen.

Case Mapping identifies ‘What We Are Worried About’; ‘What Is Working Well’ and ‘What Needs to Happen Next’. The family situation is scored from 0 to 10; 0 being so worried the child can’t remain in the family home and 10 being everyone agrees things are so good the family don’t need any more help. The use of Danger Statements helps the parent to fully understand what the worries are; why these things are worries; and what will happen if the situation doesn’t change for the better. Safety Goals help parents to understand what better will look like, so they know what changes they need to make and can plan how to achieve this. Parents develop their Safety Network of family and friends to help them make and sustain changes; and children know who their Safety People are so they can get help if they need this.

The approach uses practical tools to ensure the voice of the child is clearly heard; such as 3 Houses (House of Worries; House of Good Things and House of Dreams); and Fairy and Wizard. Words and Pictures is a tool used with parents to help them to tell the story of the family situation to their child through a few pictures; it helps parents to understand and accept the impact of the situation on their child and generates motivation for change.

Training to develop understanding of the Signs of Safety approach is booked through [www.buydoncaster.co.uk](http://www.buydoncaster.co.uk)

**Outcome Star:**

The Outcomes Star is a unique tool for supporting and measuring change when working with families. The practitioner and family use the ‘Outcome Star’ tool together to explore and measure their level of functioning over a range of areas of need; these are the Early Help Assessment areas. These scores inform the Early Help Plan. The Outcome Star tool is embedded within the Early Hep Assessment and Plan; Team Around the Child/Family record; and Single Agency Planning and Monitoring. The ‘My Star’ captures the voice of the child by exploring their lived experiences; needs; and wishes. The Outcome Star is reviewed with family and child every three months this helps keep everyone focused on the changes needed; generates motivation and resilience; and enables the family and practitioner to track progress. The stars build over each other to map progress made.

Outcome Star training is booked through [www.buydoncaster.co.uk](http://www.buydoncaster.co.uk)

**Young Carers Toolkit:**

The Young Carers toolkit is embedded within the Early Help Assessment form; it can be accessed when it appears the children may be Young Carers. The tool is a child-friendly approach to exploring their unique family situation to help practitioners gain the child’s voice about what they enjoy and what upsets or worries them about being a Young Carer This enables the practitioner to tailor bespoke support for the family.

**Neglect Toolkit:**

Neglect is defined as persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Triggers and symptoms of Neglect can be identified through Early Help; understanding and addressing the causes of Neglect can prevent cases deteriorating to the point where Social Care involvement is necessary.

The Neglect toolkit uses the Graded Care Profile to explore how well a child’s needs are met from ‘All Child’s Needs Met’ through to ‘Essential Needs Entirely Unmet’ over the four areas of Physical; Safety; Love; and Esteem Needs.

The Neglect toolkit enables practitioners to understand the extent and impact of Neglect experienced by a child; enabling them to make informed decisions about the Threshold of Need; and develop a plan to meet these needs. Any practitioner who knows the family and is concerned Neglect may be present can use the toolkit; parents should be aware of your concerns and have consented to the tool being used. If practitioners are not able to visit the family home they need to work in partnership with practitioners that can. Outcomes should be shared with the parent so they develop solutions to meet needs; and be recorded onto the Early Help Module as a document. If the tool demonstrates significant Neglect concerns it should accompany a referral into Children’s Social Care.

The Graded Care profile was adapted from the work of Dr Polnay and Dr Srivastava from Bedfordshire and Luton Community NHS Trust and is used nationally. Neglect training is booked through [www.buydoncaster.co.uk](http://www.buydoncaster.co.uk) and the DSCB Neglect Strategy is available on the Doncaster Children’s Safeguarding Board website at <http://www.dscp.co.uk/neglect>. The Neglect Strategy and Tool kit are available on Doncaster Safeguarding Children Board at <http://www.dscp.co.uk/neglect>.

**Developing a Single Agency Plan or Community Plan:**

Using the information gathered and analysed by the Early Help Hub during the screening process, complete the Single Agency Plan on the Early Help Module (EHM). This will identify ‘What we are Worried about?’; ‘What is Working Well?’; and ‘What Needs to Happen Next?’. Scale the current situation from 0-10 (0 being so poor we would be worried about the children remaining at home; and 10 being so good there is no need for any additional support) using information gained through the Outcome Star Family activities. The Single Agency Plan must be SMART (Specific, Measurable, Achievable, Realistic and Time-limited). Training is available in the Signs of Safety approach, Outcome Star; and Assessment and Plans, booking via [www.buydoncaster.co.uk](http://www.buydoncaster.co.uk)

Communities teams will access the Single Agency pathway to complete a Communities plan, this is very similar to the Single Agency Plan but asks additional questions from their Rapid Review process.

Single Agency or Communities plans should be reviewed every 12 weeks to monitor and manage the family’s needs. Once needs are met the case is progressed to closure stage.

**Completing an Early Help Assessment**

The Early Help Assessment (EHA) form uses the assessment framework (page 25) from the previous Common Assessment it provides a clear structure to facilitate a meaningful assessment with the participation of the child and their parents.

High quality assessments are:

• Child and family centred

• Evidence based – founded on critical analysis of information gathered

• Outcomes focused

• Holistic in approach, looking at the strengths and needs of all family members

• Carried out in partnership with the family and other professionals working with them

• Clear about actions to be taken, by whom and by when, and how this will be reviewed with the family

• Undertaken with the consent of the child and their family.

If parents and/or the child do not consent to an Early Help Assessment, then the lead practitioner should make a judgement as to whether, without help, the needs of the child will escalate to a level likely to cause significant harm. If so, a referral to Children’s Social Care Referral and Response Service may be necessary.

When undertaking an Early Help Assessment (EHA) with a family, remember:

• Complete the EHA in discussion with the child and parents

• Use ‘user friendly’ language avoiding professional jargon and acronyms

• Focus on strengths as well as needs – if there is no problem in an area of the EHA, record what is going well

• Identify issues

• Agree actions with parents – one action may be to convene a TAC/F.

**A good assessment conversation should:**



**A good Early Help Assessment should:**



### Framework for assessment

The assessment framework involves gathering and analysing information in three domains:

* Child development needs
* Parenting capacity
* The impact of the wider family and environmental factors on parenting capacity and children.

The assessment framework focuses on areas of strength and need. Whilst the headings in the EHA differ slightly from those illustrated below, all are covered in the assessment.



## Notifying GPs where a child is the subject of an Early Help Assessment (EHA), Team around the Family (TAF)

GP services are a crucial partner to protective and early help services, as such the information they hold is vital to any assessment and care planning process. Following the Serious Case Review (SCR) for Child A it has been agreed by DSCB that all Lead Practitioners should adhere to this guidance:

An agreed process to ensure GPs are informed when children are supported by Child in Need or Early Help Assessment and Team around the Child/Family meetings. It is the responsibility of the lead professional or allocated social worker to:

* Gain written consent
* Send the letter to the GP informing them of your involvement
* Record the receipt from the GP in case records

There is a clear method by which the GPS will inform and feedback into the Child in Need or Early Help Assessment and Team around the Child/Family meetings. It is the responsibility of the lead professional or allocated social worker to:

* Contact the GP should they indicate they have information to share.
* Send invitations so GPs can contribute to any TAF/CIN meetings taking place.
* Send the GP a copy of the TAF/CIN minutes after every meeting.

The full procedures are attached below alongside corresponding letters to be sent to GPs.

The full procedures are available on DSCB website and by clicking: <http://www.dscp.co.uk/early-help-2>. A copy of the template GP letter is available in the appendices of this document (page 50) or on the DSCP website.

## Taking on the role of the lead practitioner

### The roles of a lead practitioner

During the screening process by the Early Help Hub, if there is a requirement for a Single Agency response or an EHA, a lead practitioner will be identified. This may be the professional who made the initial enquiry or another professional identified by the family / hub as the best person to take this role.

Level 2 Universal Plus -Single Agency Lead Practitioner will:

* Identify the families specific support needs using Signs of Safety approach
* Develop the Single Agency Plan on EHM
* Closure completion on EHM
* Step up via Early Help Hub to Front Door to Level 3 Partnership as required.

Level 3 Partnership- Coordinated Approach Lead Practitioner will:

* Act as a single point of contact for the child and parents so the family are kept well informed and can discuss their progress and any concerns with one person that they can trust
* Undertake the Early Help Assessment and lead the subsequent process with the family
* Act as a single point of contact for other professionals to report back to
* Co-ordinate the delivery of actions agreed in the TAC/F and ensure that the package of support is regularly reviewed and monitored
* Reduce any overlap and inconsistency in the services received
* Support the child and family to ensure that a careful ‘handover’ takes place if it becomes more appropriate for someone else to be the lead practitioner.
* Ensure all Early Help is recorded on EHM.

### Support available to you as a lead practitioner

Early Help Coordinators are available in each locality to support you through the process. Contact details can be found on page 27. The Role of The Lead Practitioner training is bookable through [www.buydoncaster.co.uk](http://www.buydoncaster.co.uk)

## Undertaking a team around the child / family (TAC/F)

## What is a team around the child/family (TAC/F)?

### TAC/F is a shared assessment and planning framework which is in use by a variety of agencies across the borough and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and promote a co-ordinated multi agency response to meet these.

The TAC/F brings together a range of different practitioners to support the family following the early help assessment. If you think, as lead practitioner, a TAC/F meeting may be appropriate, identify the people who should be invited, through the assessment process and in discussion with the family. This may include friends and relatives of the family and voluntary agencies as well as professionals.

You should involve families in TAC/F meetings. The meeting should be planned carefully, and the lead practitioner should consider who and how many people should be at the meeting. Some families will be comfortable with bigger groups and some may find the presence of a large number of practitioners threatening or undermining. The aim should be to keep the TAC/F meeting as small as possible while meeting the family’s needs. Note parental preferences for date, time and venue of TAC/F meeting if appropriate.

Work should be undertaken with the children and parents to help them engage in a meaningful way, for example being supported by family friends, just coming for a part of the meeting, or through writing down their feelings or drawing a picture.

If a practitioner cannot attend a meeting it is important to find out what assessment information they have and what support they can offer the family; this can then be discussed with the family at, or outside the meeting.

**The members of the TAC/F take joint responsibility to develop and deliver a package of solution focused support to meet the needs identified through the Early Help Assessment.**

Each practitioner in the TAC/F is responsible and accountable to their home agency for the services they deliver to children and their families. They are also jointly responsible for:

* Developing and delivering the family action plan
* Delivering the activities they agreed to carry out
* Keeping the other members of the team informed about progress in their area of responsibility, providing reports promptly and attending meetings
* Contributing to recording the child’s plan, chairing meetings and taking on other tasks as necessary
* Supporting the lead practitioner by providing information, offering guidance and advice
* Contributing actively and positively to solving problems or resolving difficulties
* Ensuring that if the child is not present, the meeting remains child focused and their views are included.

### **Completing the Family Action Plan and Single Agency or Communities Plan**

Developing; delivering; and co-ordinating services is undertaken with the child and their parents through the TAC/F meeting, and a clear multi-agency plan. Level 2 Universal Plus -Single Agency help is planned and monitored through the Single Agency or Communities Plan and review process.

The Family Action Plan is for those cases requiring Level 3 Partnership multi-agency response following the completion of the early help assessment. It should be completed at the end of the Early help Assessment and reviewed through the TAC/F meetings. All participants in the TAC/F, including parents and the young person, should be given a copy of the Early Help Assessment and Family Action Plan.

The Family Action Plan is a key document for the family and practitioners involved; it will state what action is to take place and who will carry out that action. Children and parents can have actions to carry out as well as other service providers. It is important that these are realistic targets and support the needs that have been identified. Children and parents need to be involved and to understand the family action plan.

### Review meetings

The Family Action Plan should be reviewed on a regular basis, therefore Team Around the Child/Family (TAC/F) meetings should be held about every six weeks.

The purpose of the review meeting is to:

* Monitor progress
* Confirm that actions in the family action plan have been completed (if not, why not?)
* Identify and address new worries or concerns
* Celebrate successes.

The lead practitioner must ensure the plan is updated and includes parents’ and child’s views.

**Early Help Step Up to Social Care**

When a family’s needs are not able to be met through Early Help it may be necessary for them to ‘Step Up’ into Children’s Social Care. This should only happen when the child’s needs reach the threshold for Child In Need (also known as Section 17); it’s clear that every effort to prevent this has been made through Early Help processes and pathway; and the family consent to this.

The Lead Practitioner should discuss the family’s needs with their locality Early Help Coordinator, once agreed the case requires Step Up, the Lead Practitioner completes the ‘Step Up to Children’s Social Care’ form on EHM. The case will then be reviewed and a decision made to make the ‘Step Up’ into Children’s Social Care One Front Door where usual screening processes will apply.

If a child does not reach threshold for Children’s Social Care the Early Help Coordinator will provide advice and guidance to the Lead Practitioner.

Early Help cases should not be closed until they have fully progressed for assessment by Children’s Social Care.

### Early Help Closure

### The decision to close a Team Around Child/Family (TAC/F) or Single Agency or Communities Plan

A TAC/F may no longer be appropriate for a number of reasons, including:

* All identified needs met
* Issues have been resolved
* Universal services now meeting all identified needs
* Family has requested closure or withdrawn consent for TAC/F
* TAC/F is no longer viable e.g. family moved out the area
* Children’s Social Care taking on full responsibility for the case.

Closure forms for both Level 2 Universal Plus -Single Agency or Communities Plan and Level 3 Partnership Early Help Assessments should be documented by completing the Closure Record on EHM and should contain information about:

**Outcome Star:** Update the Outcome Stars with Child and Parents/Carers to provide information about the areas of progress at point of closure.

**Reason for closure**: Record all factors relating to the decision to close the TAC/F.

**Effectiveness of plan:** Summarise how issues and needs have been addressed and/or resolved through the TAC/F process under the three dimensions

**Child’s views**: Record comments made by the child and observations of them to inform about the readiness for closure. It is essential the child’s views are explored, understood and recorded in the closure form; this can be verbally expressed or observations made my lead practitioner about the child’s experiences and interactions, identifying any progress made, barriers experienced, current needs and wishes.

**Parents’ views:** Record the comments made by parents. If they have explicitly requested closure or withdrawn consent this should be clearly stated, together with any reasons given. Identify their understanding of their child’s needs, any progress made, barriers experienced and their current needs and wishes.

**Professionals’ views:** What work has been undertaken, what has been successful and what is the impact for the child and family? What were the barriers, how successfully where they overcome, what is the readiness for closure; and what are the current needs of the family?

The closures of all cases are sent to the Early Help Hub through EHM. Managers within DSCT will authorise closures from their teams. Partnership closures will be authorised by the Early Help Coordinators.

# **Early help and TAC/F FAQs**

**If I do an early help assessment, do I have to be lead practitioner?**

You will be the lead practitioner until the first meeting, and then discussion should take place with the child and family as to who is best placed to take this role on an on-going basis. There is a range of criteria that can help inform the decision, based on the predominant needs of the child or family; the wishes of the child or family; or a previous or potential on-going relationship with the child. The other professionals will have an important contribution to make in delivering their agreed actions.

**Can I fill in an early help assessment and share it with the family later?**

No. The early help assessment should always be filled in with the child and/or family.

**What do I do if a family won’t agree to the process?**

Continue to support the child and family from within your own agency, and continue to discuss the benefits of accessing support via a TAC/F. Assess the risk to the child, and if you believe there is risk of significant harm, make a safeguarding referral and inform the family you are doing so.

**Can a child under 16 consent to TAC/F without their parents’ agreement?**

Yes, if you judge them to be competent and believe they understand what they are agreeing to and the implications for them and/or their family. This does not extend to all information they might share about adults.

**Can I handwrite the early help assessment?**

Yes. However those with access to the electronic Early Help Module will be required to record this information on the system. We recognise that not all staff or agencies have access to the EHM, in this case a paper form is to be completed and sent to the Early Help Hub. Access and training for the EHM can be arranged through the eSystems team on:

**Telephone: 01302 737688**

**Email:** [**esystems.cyps@dcstrust.co.uk**](mailto:esystems.cyps@dcstrust.co.uk)

**Address: eSystems Team**

**Floor 4**

**Civic Office**

**Waterdale**

**Doncaster**

**DN1 3BU**

**How long does the TAC/F process last for?**

There is no limit on the length of time a child can be part of the TAC/F process. The key principle is that the process should support the child to meet their needs and achieve their potential. As long as the process is reviewed regularly and appropriate services are being provided then TAC/F can continue indefinitely until the child reaches 18 years of age. It is good practise to review the early help assessment for cases that remain open over one year.

However professionals within the TAC/F need to assess the impact of the support to the family and come to a view whether the actions being taken are having a positive impact on the child. This should inform decisions whether the risks are at a level which may require statutory social care intervention, or TAC/F can step down to single agency response alongside universal services. Decisions should always be taken in the interests of individual children.

**Is the lead practitioner responsible for delivery of services?**

Each professional remains accountable for their practice. If a service is agreed but isn’t delivered then the agency that agreed to provide the service is accountable. The lead practitioner is responsible for coordination, not delivery of another service, but should take responsibility for raising concerns with their own line manager in such circumstances.

# **Appendices: forms**

## \\DMBC-FAS02\redirection_profiles$\PaulaH\Desktop\DSCP_Logo.jpgConsent Statement Form

**Family Consent Statement**

I have read and understood the Privacy Notice and agree that the information I have provided can be shared with the relevant organisations as listed and understand that my information will be stored securely in accordance with current Data Protection legislation.

**Informed Consent given for:**

|  |
| --- |
| Child / Young Person Name (1): |
| Child / Young Person Name (2): |
| Child / Young Person Name (3): |
| Child / Young Person Name (4): |
| Child / Young Person Name (5): |
| Child / Young Person Name (6): |

**Informed Consent Decision:**

|  |
| --- |
| Child/Young Person can make their own decisions and have consented to accessing Early Help ☐ |
| One Parent has consented to accessing Early Help ☐ |
| Both Parents have consented to accessing Early Help ☐ |
| Child/Young Person’s & Parents have all consented to accessing Early Help ☐ |
| Other Person(s) have all consented to accessing Early Help, *Please state who & Relationship:* ☐ |

|  |  |
| --- | --- |
| **If proceeding without consent please specify the reason for this:** | |
| Please state what lawful reason you are proceeding i.e. legislation/safeguarding: |  | |

**Informed Consent Restriction:**

Please specify any organisation, department or people the individual(s) has identified they do not want their information to be shared with:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
| **Signatures of Informed Consent:**  *\*Please circle / delete as appropriate*  **Signatures of Informed Consent:**  *\*Please circle / delete as appropriate*  **Signatures of Informed Consent:**  *\*Please circle / delete as appropriate* |  |
| Name: Parent / Carer / Young Person / Other\* |  |
| Signature: |  |
| Date |  |
|  |  |
| Name: Parent / Carer / Young Person / Other\* |  |
| Signature: |  |
| Date |  |
|  |  |
| Name: Parent / Carer / Young Person / Other\* |  |
| Signature: |  |
| Date |  |
|  |  |
| Name: Professional |  |
| Signature: Professional |  |
| Date |  |
| Please confirm that family members have been made of aware of the request for additional Early Help Support, that they have been informed of the next steps and that they will be seen by a identified professional to complete their Early Help Assessment and develop a Family Plan: Yes/No | |
| NEXT STEPS: enquiry form to be completed by the professional which can be found online at <https://www.doncasterchildrenstrust.co.uk/worried-about-a-child> and a copy of this consent form to be emailed directly to: [EarlyHelpHub@doncaster.gov.uk](mailto:EarlyHelpHub@doncaster.gov.uk) | |

**Note: You should send a copy to Early Help Hub in addition to the Electronic Form Enquiry Form.**

## Privacy Notice:

**Privacy Notice: What we will do with your data**

The information we will be asking you to provide will be used to help us to understand the level of support your family requires.

In order to provide you with the most appropriate service(s) Doncaster Children’s Services Trust may need to share your information or gain further information from the following organisations (these include but not limited to):

* Education establishments, including nurseries, schools, colleges
* Health Services, including Health Visitors, Midwives, School Nursing, GP’s, CAMHS
* St Leger Homes
* Adult & Community Services
* Family & Youth Hubs
* Voluntary agencies such as Green Gables, Doncaster Foyer, Doncaster YMCA
* Other agencies as required

Where the law allows the Trust will be able to share information due to our requirements to look after you and/or your family. When we do not have this option we will ask for your consent to engage with other organisations.

Doncaster Children’s Services Trust provide performance information to enable cases to be tracked and audits carried out to ensure services are provided to families in a timely manner. We also measure the difference organisations are making with children, young people and families. Information held will help us to evaluate and improve our policies and performance across Early Help services.

Doncaster Children’s Services Trust will not re-use your information unless the law allows us to or unless you give us further permission for the re-use of your information.

**The legal basis on which we use this information**

We collect and process information about children and families to whom we provide services under**:**

Article 6

Processing shall be lawful only if and to the extent that at least one of the following applies:

(c) Processing is necessary for compliance with a legal obligation to which the controller is subject:

and

Article 9(2)(h)

Processing of personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation shall be prohibited.

Paragraph 1 shall not apply if one of the following applies:

(h) Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services with a health professional and subject to the conditions and safeguards.

All information supplied will be stored securely in accordance with current Data Protection legislation. Under the legislation you have various individual rights, these are:

* The right of access – This allows you to see, or have a copy of any personal information held about you. This is known as a subject access request.
* The right to be informed – This ensures you know why we are collecting your information and what we will do with it.
* The right to rectification – You can ask the Trust to put right any information that is incorrect.
* The right to erasure – You can ask the Trust to delete information that we no longer need
* The right to restrict processing – You can ask the Trust to stop or restrict processing your information
* The right to data portability – You can ask the Trust to share information you have given to the Trust to be able to receive services from another organisation
* The right to object – You can object to the Trust processing your information
* Rights relating to automated decision making and profiling – The Trust must tell you if we are doing this and you have the right to ask them to stop

If you have any queries about your personal information and any of the rights you may want to use or have any further questions about the collection and use of your information, please contact DCSTDPO@dcstrust.co.uk or Doncaster Children’s Services Trust, Blue Building, 38–40 High Street, Doncaster, DN1 1DE.

For independent advice about Data Protection, you can also contact the Information Commissioner (ICO) at:-

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 0303 123 1113 (local rate)

Or, you can visit [www.ico.org.uk](http://www.ico.org.uk/) or email [casework@ico.org.uk](mailto:casework@ico.org.uk).

## Single Agency Plan Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Partnership**    **EHM**  **Tel:**  **Fax:** | | | | |
| **Single Agency Plan** | | | | |
| **Name of Child:** | | | | |
| Family Name: |  | | Given Names |  |
| Actual DOB |  | | Gender |  |
| Ethnicity |  | | Primary Language |  |
| Primary Address |  | | Telephone |  |
| Mobile |  |
| **Name of Sibling:** | | | | |
| Family Name: |  | | Given Names |  |
| Actual DOB |  | | Gender |  |
| Ethnicity |  | | Primary Language |  |
| Primary Address |  | | Telephone |  |
| **Single Agency Plan** | | | | |
| **Single Agency Plan (Pathway Stage)** | | | | |
| Type of Plan | |  | | |
| Date of this Plan | |  | | |
| Date this Plan was last Reviewed | |  | | |
| **Presenting issues** | | | | |
| Presenting issues | |  | | |
| Primary Presenting Issue | |  | | |
| **Signs of Safety** | | | | |
| What are we worried about? | |  | | |
| What is going well? | |  | | |
| What needs to Happen? | |  | | |
| Safety Scale Rating (0-10) | |  | | |
| **Current Plan** | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Presenting issue | What do we want things to look like / Safety Goals | Stronger Families Criteria | Next Steps / Actions | By Who? | By When? | Outcome Achieved? | Date Completed? | |  |  |  |  |  |  |  |  | | | | | |
| Overall Level of Need | |  | | |
| **Outcome Star Review** | | | | |
| Type of Star | |  | | |
| **Attachments** | | | | |
|  | | | | |
| **Single Agency Plan (Pathway Stage)** | | | | |
| Type of Plan | |  | | |
| Date of this Plan | |  | | |
| Date this Plan was last Reviewed | |  | | |
| **Presenting issues** | | | | |
| Presenting issues | |  | | |
| Primary Presenting Issue | |  | | |
| **Signs of Safety** | | | | |
| What are we worried about? | |  | | |
| What is going well? | |  | | |
| What needs to Happen? | |  | | |
| Safety Scale Rating (0-10) | |  | | |
| **Current Plan** | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Presenting issue | What do we want things to look like / Safety Goals | Stronger Families Criteria | Next Steps / Actions | By Who? | By When? | Outcome Achieved? | Date Completed? | |  |  |  |  |  |  |  |  | | | | | |
| Overall Level of Need | |  | | |
| **Outcome Star Review** | | | | |
| Type of Star | |  | | |
| **Attachments** | | | | |
|  | | | | |

**Note: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:**

**Tel: 01302 737777 (available 8:30am – 5pm Monday to Friday)**

**Tel: 01302 796000 (outside office hours)**

**Email:** [**childrenassessmentservice@doncaster.gcsx.gov.uk**](mailto:childrenassessmentservice@doncaster.gcsx.gov.uk)

Early Help Assessment Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Partnership**    **Tel:**  **Fax:** | | | | | | | | | | | | | | | | | | |
| **Early Help Assessment** | | | | | | | | | | | | | | | | | | |
| **Details of** | | | | | | | | | | | | | | | | | | |
| Family Name | | | |  | | | | Given Names | | | | | | |  | | | |
| Actual DOB | | | |  | | | | Gender | | | | | | |  | | | |
| Ethnicity | | | |  | | | | Primary Language | | | | | | |  | | | |
| Primary Address | | | |  | | | | Telephone (Mobile Phone) | | | | | | |  | | | |
| Mobile | | | | | | |  | | | |
| **Early Help Assessment** | | | | | | | | | | | | | | | | | | |
| **Assessment Information** | | | | | | | | | | | | | | | | | | |
| Date Early Help Assessment Completed | | | | | |  | | | | | | | | | | | | |
| Lead Practitioner | | | | | |  | | | | | | | | | | | | |
| Role | | | | | |  | | | | | | | | | | | | |
| Contact telephone number | | | | | |  | | | | | | | | | | | | |
| Email address | | | | | |  | | | | | | | | | | | | |
| **Presenting Issue/s** | | | | | |  | | | | | | | | | | | | |
| Presenting Issue/s | | | | | |  | | | | | | | | | | | | |
| Primary Presenting Issue | | | | | |  | | | | | | | | | | | | |
| **Agencies working with the infant, child or young person and family** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | Type | Person / Department / Organisation | | | | | | | Start Date | | | End Date | | Contact No | Social Care | | Comments | |
|  |  |  | | | | | | |  | | |  | |  | No | |  | |
| Has the infant, child or young person been seen during this assessment? | | | | | | | | |  | | | | | | | | | |
| Other Initial information gather, including check with key agencies | | | | | | | | |  | | | | | | | | | |
| **Young Carer** | | | | | | | | |  | | | | | | | | | |
| Do you provide care or additional support to any member of your family? | | | | | | | | |  | | | | | | | | | |
| **Outcomes Star** | | | | | | | | |  | | | | | | | | | |
| Type of Star | | | | | | | | |  | | | | | | | | | |
| **Early Help Assessment** | | | | | | | | | | | | | | | | | | |
| **Early Help Assessment: Guidance** | | | | | | | | | | | | | | | | | | |
| **1. Development of unborn baby, infant, child or young person** | | | | | | | | | | | | | | | | | | |
| **Health**  (include general health, physical development, mental wellbeing, speech, language and communication) | | | | | | | | | | | | | | | | | | |
| Health | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| 6.1 A child or an adult with parental responsibilities with emotional wellbeing or mental health issues | | | | | | | |  | | | | | | | | | | |
| 6.2 A child or an adult with parental responsibilities with drug, alcohol or substance misuse issues | | | | | | | |  | | | | | | | | | | |
| 6.3 The family has issues with their physical health and/or wellbeing | | | | | | | |  | | | | | | | | | | |
| 6.4 An obese child or young person in the family | | | | | | | |  | | | | | | | | | | |
| **Emotional and Social Development** | | | | | | | | | | | | | | | | | | |
| Emotional and Social Development | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| **Behavioural Development** | | | | | | | | | | | | | | | | | | |
| Behavioural Development | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| **Identity** | | | | | | | | | | | | | | | | | | |
| Identity | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/ Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| **Family and social relationships** | | | | | | | | | | | | | | | | | | |
| Family and social relationships | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| **Self care skills and independence** | | | | | | | | | | | | | | | | | | |
| Self care skills and independence | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| **Learning** | | | | | | | | | | | | | | | | | | |
| Learning | | | | | | | |  | | | | | | | | | | |
| Parents View | | | | | | | |  | | | | | | | | | | |
| Child/Young Person View | | | | | | | |  | | | | | | | | | | |
| Level of Need | | | | | | | |  | | | | | | | | | | |
| 2.1 Unauthorised absence over the last 3 consecutive school terms | | | | | | | |  | | | | | | | | | | |
| 2.2 A child who has received at least 3 fixed term exclusions over the last 3 consecutive school terms | | | | | | | |  | | | | | | | | | | |
| 2.3 A child who is an alternative provision for behavioural problems | | | | | | | |  | | | | | | | | | | |
| 2.4 Children who have not been attending school regularly | | | | | | | |  | | | | | | | | | | |
| **2. Parents and Carers** | | | | | | | | | | | | | | | | | | |
| Basic care ensuring safety and protection | | | | | | | |  | | | | | | | | | | |
| Emotional warmth and stability | | | | | | | |  | | | | | | | | | | |
| Guidance, boundaries and stimulation | | | | | | | |  | | | | | | | | | | |
| * 1. A child who has committed a proven offence in the previous 12 months | | | | | | | |  | | | | | | | | | | |
| 1.2 An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months | | | | | | | |  | | | | | | | | | | |
| 1.3 An adult with parenting responsibilities who is on licence or supervision in the community following release from prison | | | | | | | |  | | | | | | | | | | |
| 1.4 A warning letter about breach of tenancy conditions for nuisance or anti-social behaviour at any state of possessions proceedings | | | | | | | |  | | | | | | | | | | |
| 1.5 Environmental Health interventions to tackle complaints of domestic noise nuisance | | | | | | | |  | | | | | | | | | | |
| 1. **Family and Environment** | | | | | | | | | | | | | | | | | | |
| Family history, functioning and wellbeing | | | | | | | |  | | | | | | | | | | |
| 3.1 A family who is entitle to access the ‘Two Year Old Entitlement’ and are not taking up the free childcare place for their child | | | | | | | |  | | | | | | | | | | |
| 3.2 Under 5’s not taking up nursery and do not have alternative provision in place | | | | | | | |  | | | | | | | | | | |
| 3.3 A Child in Need under Section 17 of the Children’s Act | | | | | | | |  | | | | | | | | | | |
| 3.4 A child who has been referred to Early Help Triage | | | | | | | |  | | | | | | | | | | |
| 3.5 A child who is subject to a Child Protection Plan | | | | | | | |  | | | | | | | | | | |
| 3.6 A child who goes missing from home | | | | | | | |  | | | | | | | | | | |
| 4.1 An adult in receipt of out of work benefits (JSA, IS, ESA etc.) | | | | | | | |  | | | | | | | | | | |
| 4.2 A young person who is about to leave compulsory education who has low/no predicted qualifications | | | | | | | |  | | | | | | | | | | |
| 4.3 A child or young person who is not in education, employment or training (NEET) | | | | | | | |  | | | | | | | | | | |
| 4.4 A Family with rent arrears or other substantial debts | | | | | | | |  | | | | | | | | | | |
| 4.5 A family living in temporary accommodation | | | | | | | |  | | | | | | | | | | |
| Social and community elements and resources | | | | | | | |  | | | | | | | | | | |
| 5.1 A young person or adult known as having experienced, currently experiencing or at risk of experiencing domestic violence or abuse in the last 12 months | | | | | | | |  | | | | | | | | | | |
| 5.2 A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months | | | | | | | |  | | | | | | | | | | |
| 5.3 The family has been subject to a police call out in the past 12 months | | | | | | | |  | | | | | | | | | | |
| Wider family | | | | | | | |  | | | | | | | | | | |
| Housing, employment and finance | | | | | | | |  | | | | | | | | | | |
| **Stronger Families Eligibility** | | | | | | | |  | | | | | | | | | | |
| **Stronger Families: Guidance** | | | | | | | |  | | | | | | | | | | |
| **Stronger Families: Phase 1** | | | | | | | |  | | | | | | | | | | |
| Was this person previously included within the Phase 1 cohort of families? | | | | | | | |  | | | | | | | | | | |
| **Conclusions & Solutions** | | | | | | | | | | | | | | | | | | |
| What are we worried about | | | | | | | |  | | | | | | | | | | |
| What is working well | | | | | | | |  | | | | | | | | | | |
| What need to happen | | | | | | | |  | | | | | | | | | | |
| Safety Scale Rating | | | | | | | |  | | | | | | | | | | |
| **Vulnerability Level** | | | | | | | |  | | | | | | | | | | |
| Overall vulnerability level | | | | | | | |  | | | | | | | | | | |
| **Actions** | | | | | | | |  | | | | | | | | | | |
| Agreed review date | | | | | | | |  | | | | | | | | | | |
| **Whole Family Action Plan** | | | | | | | |  | | | | | | | | | | |
| Whole Family Action Plan | | | | | | | |  | | | | | | | | | | |
| Presenting Issue | | | What do we want things to look like?/Safety goals | | Stronger Families Criteria | | Next Steps / Action | | | | By Who? | | By When? | | | Outcome Achieved | | Date Completed |
| **Suggested Outcomes** | | | | | | | | | | | | | | | | | | |
| Suggested Outcomes | | | | | | | | | | Call Team around the Child meeting  Step Up to Children’s Social Care  Single Agency  Continue with Universal Services | | | | | | | | |
| Reasons for these Suggested Outcomes | | | | | | | | | |  | | | | | | | | |
| **Manager Rationale** | | | | | | | | | | | | | | | | | | |
| Manager Rationale | | | | | | | | | |  | | | | | | | | |
| Defined Standard | | | | | | | | | |  | | | | | | | | |
| **Attachments (0)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

**Note: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:**

**Tel: 01302 737777 (available 8:30am – 5pm Monday to Friday)**

**Tel: 01302 796000 (outside office hours)**

**Email:** [**childrenassessmentservice@doncaster.gcsx.gov.uk**](mailto:childrenassessmentservice@doncaster.gcsx.gov.uk)

## Team around the Child, Young Person and Family Meeting Record (Initial / Review)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Partnership**    **Tel:**  **Fax:** | | | | | | | | | | | |
| **Meeting Minutes Record** | | | | | | | | | | | |
| **Details of** | | | | | | | | | | | |
| Family Name | |  | | | Given Names | | | | |  | |
| Actual DOB | |  | | | Gender | | | | |  | |
| Ethnicity | |  | | | Primary Language | | | | |  | |
| Primary Address | |  | | | Telephone | | | | |  | |
| Mobile | | | | |  | |
| **Child Details** | | | | | | | | | | | |
| **Parental Responsibility Details** | | | | | | | | | | | |
| Relationship | Name | | | Date of Birth | | | | Gender | | | Address |
|  |  | | |  | | | |  | | |  |
| **Meeting Details** | | | | | | | | | | | |
| **Meeting Details** | | | | | | | | | | | |
| Is this an Initial or a Review Meeting? | | | | | | |  | | | | |
| Date of Previous Meeting | | | | | | |  | | | | |
| **Meeting Attendees** | | | | | | |  | | | | |
| Name | | | Role | | | | | | Organisation | | |
|  | | |  | | | | | |  | | |
| **Meeting Minutes** | | | | | | | | | | | |
| What are we worried about | | | | | |  | | | | | |
| What is working well | | | | | |  | | | | | |
| What needs to happen | | | | | |  | | | | | |
| Safety Scale Rating | | | | | |  | | | | | |
| Please give a reason | | | | | |  | | | | | |
| Parents’ / Carers’ Views of the current situation and actions agreed | | | | | |  | | | | | |
| Child/Young Person’s view of the current situation and actions agreed | | | | | |  | | | | | |
| Is neglect a current factor for this child | | | | | |  | | | | | |
| **Outcomes** | | | | | |  | | | | | |

**Note: While working with individual families if at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:**

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**Senders own address (please complete)**

Date:

Dear,

I would like to inform you that **[name of child]** and **[dob]** is now subject to an Early Help Assessment, (EHA). This assessment was completed on date and the family are now supported at Team Around the Child process (TAC).

I am the lead professional for the family and would appreciate your acknowledgement of this letter by signing the declaration at the bottom and posting it back to me please at the above address. If you have any information that you feel may be relevant for me to know, please indicate below and I will make contact with you.

I have attached a copy of the signed consent for your records.

Yours sincerely

**[Name]**

**[Signature]**

**[Title]**

---------------------------------------------------------------------------------------------------------------------

This is a declaration of any information to be shared is to be returned to the above address.

I (Name of GP) declare that I have received this letter in acknowledgement of the above named child and have shared relevant information.

I do / do not hold relevant information in respect to this child or family at this time.

Please contact the GP for all relevant information sharing

Telephone: ………………………………………………………………………………………………………

Email: ……………………………………………………………………………………………………

## Family Action Plan

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Partnership**    **Tel:**  **Fax:** | | | | | | | | | | | |
| **Early Help Plan** | | | | | | | | | | | |
| **Details of** | | | | | | | | | | | |
| Family Name | |  | | | Given Names | | | |  | | |
| Actual DOB | |  | | | Gender | | | |  | | |
| Ethnicity | |  | | | Primary Language | | | |  | | |
| Primary Address | |  | | | Telephone | | | |  | | |
| Mobile | | | |  | | |
| **Early Help Plan** | | | | | | | | | | | |
| Type of Plan | | | | | |  | | | | | |
| Date of this Plan | | | | | |  | | | | | |
| Date of Previous Plan | | | | | |  | | | | | |
| **Presenting Issue** | | | | | | | | | | | |
| Presenting Issue/s | | | | | |  | | | | | |
| Primary Presenting Issue | | | | | |  | | | | | |
| **Current Plan** | | | | | | | | | | | |
| Whole Family Action Plan | | | | | | | | | | | |
| Presenting Issue | What do we want things to look like?/Safety goals | | Stronger Families Criteria | Next Steps / Action | | | By Who? | By When? | | Outcome Achieved | Date Completed |
|  | | | | | | | | | | | |
| Overall Level of Need | | | | | |  | | | | | |
| Suggested Outcome | | | | | |  | | | | | |
| **Outcome Star** | | | | | |  | | | | | |
| **Outcome Star Review** | | | | | |  | | | | | |
| Type of Star | | | | | |  | | | | | |
| **Attachments (0)** | | | | | |  | | | | | |

**Note 1: The plan needs to be reviewed at least once every 6 weeks**

**Note 2: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:**

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## Closure Record

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Partnership**  **\\DMBC-FAS02\redirection_profiles$\PaulaH\Desktop\DSCP_Logo.jpg**  **Tel:**  **Fax:** | | | | | | | | |
| **Episode Record** | | | | | | | | |
| **Details of** | | | | | | | | |
| Family Name |  | | Given Names | | | |  | |
| Actual DOB |  | | Gender | | | |  | |
| Ethnicity |  | | Primary Language | | | |  | |
| Primary Address |  | | Telephone | | | |  | |
| Mobile | | | |  | |
| **Outcomes Star** | | | | | | | | |
| Type of Star | | | |  | | | | |
| **Closure Record** | | | | | | | | |
| **Closure Start Date Details** | | | | | | | | |
| Start Date of Episode | | | |  | | | | |
| Date Closure Record Started | | | |  | | | | |
| **Closure End Date Details** | | | | | | | | |
| End Date of Episode | | | |  | | | | |
| **Closure Issues** | | | | | | | | |
| Presenting Issue/s | | | |  | | | | |
| Primary Prenenting Issue | | | |  | | | | |
| **Closure Analysis** | | | |  | | | | |
| End Reason | | | |  | | | | |
| In your professional view, how effective has the family plan been in improving life for this child / young person and family | | | |  | | | | |
| Parents / Carers Views | | | |  | | | | |
| How effective has the Family Plan been for the child / young person in improving their life | | | |  | | | | |
| What are the next steps that need to be / are being taken for this child / family | | | |  | | | | |
| Success Rating | | | |  | | | | |
| Rationale for Success Rating Chosen | | | |  | | | | |
| **Final Stronger Families Eligibility Checklist** | | | | | | | | |
| 1. Parents and children involved in crime or antis-social behaviour | | | | |  | | | |
| Give Reasons | | | | |  | | | |
| 2. Children who have not been attending school regularly | | | | |  | | | |
| Give Reasons | | | | |  | | | |
| 3. Children who need help | | | | |  | | | |
| Give Reasons | | | | |  | | | |
| 4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness | | | | |  | | | |
| Give Reasons | | | | |  | | | |
| 5. Families affected by Domestic Abuse | | | | |  | | | |
| Give Reasons | | | | |  | | | |
| 6. Parents and children with a range of health issues | | | | |  | | | |
| Give Reasons | | | | |  | | | |
| Has the Area FIO been informed | | | | |  | | | |
| **Overall Level of Need** | | | | | | | | |
| Overall Level of Need | | | | |  | | | |
| **Manager Authorisation** | | | | | | | | |
| Managers Rationale | | | | |  | | | |
| **Attaschments (0)** | | | | | | | | |
|  | | | | | | | | |
| **Recorded Feedback** | | | | | | | | |
| **The completed Episode should be discussed with the child/young person and their parents/carers** | | | | | | | | |
| Person | | Discussed | | | If no, when | Given | | If no, when |
|  | |  | | |  |  | |  |

**Note: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:**

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