



## EARLY HELP ON THE ISLES OF SCILLY

### INTRODUCTION

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 partners and resources on the root causes of the problems. By doing so, outcomes for children and families improve and statutory interventions are avoided.

In Scilly 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 (2018)

*Section 10 of the Children Act 2004 requires each Local Authority to make arrangements to promote cooperation between the authority and 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 wellbeing of all children in the authority's area, which includes protection from harm and neglect.*

This document should be read in conjunction with the local threshold document.

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

##### ***Critical Features of effective early help***

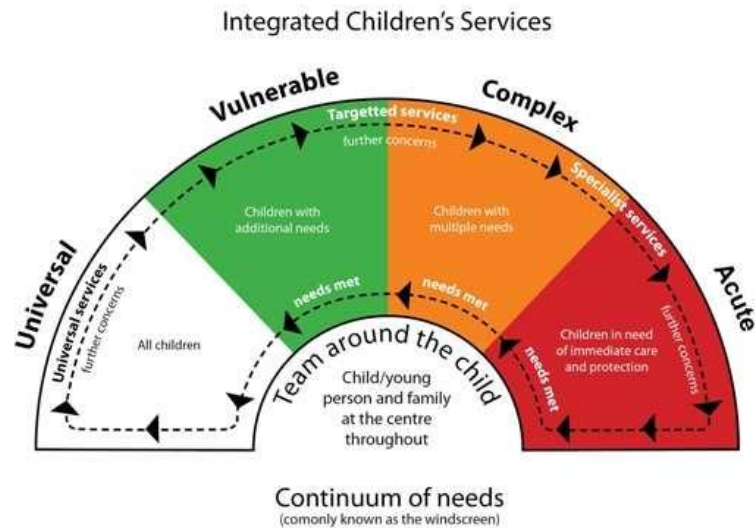
- Early identification and addressing of need. Child centred, focussed on strengths as well as needs
- Voluntary, consent-based process with the family, empowering them to develop the capacity to resolve their own problems
- Simple, streamlined enquiry and assessment process
- Relationship with trusted lead professional 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)

The Early Help Assessment is an intervention with a family to gather, explore and analyse with them information about all aspects of the child or young person (and their family's) life and then to identify areas where change will address support needs and positively impact on their lived experiences.

This is recorded on an Early Help Assessment form. The Early Help Assessment is **not** a referral form for professionals to complete to access other services supporting children, young people and families. The Early Help Assessment should be completed by the professional supporting the family to identify the family's unmet needs and develop a plan of support with the family.

The Family's Early Help Assessment is available to all practitioners and professionals working with children, young people, and their families.

Children's Social Care may be approached by a parent or carer for Early Help from that agency in which case they will complete the Early Help Assessment.



Levels of Vulnerability and Need	
<b>LEVEL 1</b> Universal Services	Children with no additional needs who make good overall progress in all areas of development and receive appropriate universal services.
<b>LEVEL 2</b> Children with additional needs.	Children whose health and development may be adversely affected and who would benefit from extra help in order to make the best of their chances.
<b>LEVEL 3</b> Children with multiple needs	Children whose health and/or development is being impaired or there is a high risk of significant impairment
<b>LEVEL 4</b> Children in need of protection	Children who are experiencing significant harm or where there is a high likelihood of significant harm

#### EXAMPLES OF WHEN TO CONSIDER EARLY HELP

- The child's needs are broader than your service can address alone
- Missing developmental milestones or making slower progress than expected in their learning.
- Health concerns including disability, physical or mental health, regularly missing health appointments, or 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 beliefs or disability.
- Homeless or threatened with eviction and those living in temporary accommodation
- Becoming a teenage parent
- Not being ready to make the transition to adulthood.
- Persistent absence from school or risk of permanent exclusion
- Accessing Short Break Offer where there are no safeguarding concerns

## EARLY HELP FORMS

If a professional identifies a child that has additional unmet need and would benefit from early help, the Early Help assessment form should be completed with consent from the family and sent to Children's Social Care for screening. ***Please note this form is an assessment and not a referral***

## CONSENT

The early help assessment and TAC/F is a voluntary process and consent from the child and family is required before information is shared outside the agency.

Consent to share information must be discussed with the child and family. A consent form must be completed with the child and family before submitting an assessment.

## COMPLETING AN EARLY HELP ASSESSMENT

The early help assessment form has been developed to build on the common assessment framework, the assessment and signs of safety to provide a clear template to facilitate a meaningful assessment with the participation of the child and their parents.

High quality assessments are;

- Child and family centred with their consent
- Evidence based – founded on critical analysis of information gathered
- Outcome focussed
- Holistic in approach looking at 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

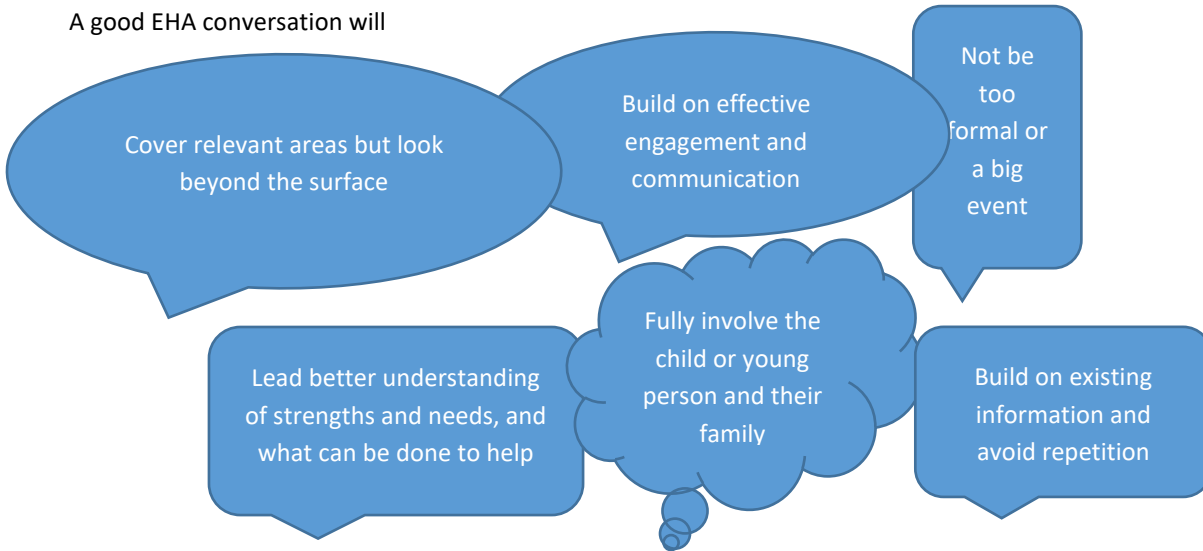
If parents and or the child do not consent to an early help assessment then the referring practitioner will need to make a judgement as to whether, without help, the needs of the child will escalate and a referral to Children's Social Care is necessary.

When completing an early help assessment (EHA) with a family, remember

- Complete the EHA in discussion with the child and parents
- Do not use jargon – use language everyone understands

- Focus on strengths as well as needs. Do not leave blank if you have no concerns, put in the strengths
- Identify issues with evidence
- Agree actions with the parents – for example convene a TAC/F

A good EHA conversation will



## FRAMEWORK FOR ASSESSMENT

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

- Child’s developmental needs
- Parenting capacity
- Impact of wider family, environment etc on parenting capacity

The EHA focuses on strength and need and whilst the headings on the assessment may differ slightly from those illustrated below, all are covered in the assessment. [Early Help Guide](#)



## EHA PROCESS

All early help assessments should be sent securely to Children's Social Care (CSC) where they will be screened to ensure they meet the criteria and there are no safeguarding concerns. The assessment will be recorded on the CSC information system as early help. The CSC administrator will contact the Lead Professional and see if they need help to convene an Early Help/TAC/F meeting. It is essential that the professional completing the assessment with the family ensures all the relevant professionals who they, and the family agree should be asked to attend, are identified on the assessment.

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*Childre socialcare@scilly.gov.uk*

It can be very challenging to ensure all professionals are available for these meetings, but it is essential that commitment is made by all those with information to attend or provide a report for that meeting. The family may choose to invite relatives, friends or anyone else who can support them. In order to ensure the best possible attendance, the meeting will be convened within 4 weeks.

Should the assessment be screened as not appropriate for Early Help, Children Social Worker will make contact with the assessing professional within 1 working days.

## INITIAL TAC/F MEETING

The TAC/F framework is a shared assessment and planning process which is in use by all agencies working with children on Scilly. It brings together a range of different practitioners, agencies and community members to support the family.

During the meeting the chair will ensure that the child's voice is paramount and that the members of the TAC/F meeting take joint responsibility to develop and deliver a package of solution focussed support to meet the needs identified in the 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 supporting the family to meet the safety/wellbeing goals of their plan
- Delivering the outcomes of their agreed activity in the plan
- Keeping other members of the team informed about progress in their area of responsibility
- Contributing to recording the child's plan and supporting the lead practitioner
- Contributing to actively and positively solving or resolving problems and difficulties
- Ensuring that if the child is not present, the meeting remains child focused, and their view are included.

Developing, delivering and coordinating services is done with the child and family through the TAC/F meeting and a clear multi agency plan.

The safety/wellbeing plan is for those cases requiring a multi-agency response following the completion of the assessment and meeting.

The family will already have made some suggestions about who they think would be the best lead professional for their TAC/F during the assessment. However the meeting will confirm or review that decision and it is then the lead professional's role to:

- Act as a single point of contact for the child and parents so the family are kept will informed and can discuss their progress and any concerns with one person
- Undertake the monitoring of the TAC/F goals and outcomes
- Act as a single point of contact for professionals to report back to.
- Coordinate the delivery of actions agreed in the TAC/F and ensured that the package of support is regularly reviewed and monitored.
- Reduce any overlap and inconsistency in the service received
- Support the child and family to ensure that there is a careful transfer of work if it becomes more appropriate for someone else to be the lead practitioner.

All participants in the TAC/F, including parents and the young person should be given a copy of the Early Help assessment and Safety/Wellbeing goals within 10 working days of the meeting.

The safety/wellbeing goals are a key document for the family and practitioners involved. It will state what action is to take place and who will carry that out including parents and the child. It is important that these are realistic achievable targets and support the needs which have been identified. The family and child need to have ownership of the plan to support meaningful engagement.

#### SUPPORT TO LEAD PROFESSIONAL

Children Services is available to support the lead practitioner through the process. They can support the Lead Professional in setting up the initial meeting. The lead professional will be responsible for the review of any plan and coordinating future meetings.

#### TAC/F REVEIWS

The TAC/F plan should be reviewed on a regular basis and therefore meetings should take place at least three monthly, or as agreed in the child's plan. The purpose of the review is to

- Monitor progress against the goals set
- Confirm actions have been completed and r if not why not
- Identify any new worries or concerns
- Celebrate success.

The lead professional will be responsible for chairing and taking notes of the meeting which should be forwarded to Children Social Care and distributed to the family and professionals involved in the TAC/F.

#### CASE CLOSURES

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

- All identified goals met
- Issues have been resolved
- Universal services now meeting all identified needs
- Family have requested closure or withdrawn consent for the TAC/F
- Case has been stepped up to S17/S47 for CSC to take lead responsibility

Where cases are to be closed it is essential that a user feedback form is completed.

## FREQUENTLY ASKED QUESTIONS

### **If I do an early help assessment do I have to be lead professional?**

You will effectively be the lead professional until the initial meeting takes place and then discussion should take place at the meeting with the child and family as to who is best placed to continue or take on that role. Although the wishes and feelings of the family are important, they may need support to change their view if it is the opinion of the TAC/F that someone else may be best suited to that role.

### **Can I fill in the assessment and share it with the family later?**

No – The early help assessment should always be completed with and signed by the family

### **What do I do if the family won't agree to the process?**

Continue to support the child and family from within your agency and continue to discuss the benefits of accessing support via at TAC/F. However if your assessment is that there is a risk of significant harm, make a referral to Children's Social Care [childrensocialcare@scilly.gov.uk](mailto:childrensocialcare@scilly.gov.uk)

### **Can a child under 16 consent to TAC/F without their parents' consent?**

Yes, if you judge them to be competent and believe they understand what they are agreeing to and the implications for them and their family.

### **Can I hand write an assessment?**

Yes, however it is more beneficial if the document can be typed and emailed to Children's Social Care.

### **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 help the child to meet their needs and achieve their potential. As long as the process is reviewed regularly and child and parent are engaging then the TAC/F can continue indefinitely until the child reaches 18.

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. If risks are at a level which may require statutory intervention the a referral must be made to Children Social Care or if TAC/F can step down to single agency response and close to Early Help

### **Is the lead professional responsible for the delivery of service?**

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 professional is responsible for coordination, not delivery of another service, but should take responsibility for raising concerns with their own line managers and escalating in such circumstances.

## ABBREVIATIONS AND TERMINOLOGY

CAF	common assessment framework now superseded by EHA
Child	Refers to child or young person under the age of 18
CSC	Children’s Social Care
EHA	Early Help Assessment
LP	Lead Professional
OCSP	Our Children’s Safeguarding Partnership.
Parents	Refers to parents, carers and others with parental responsibility
SW	Social Worker
TAC	Team around the Child
TAF	Team around the Family
EH	Early Help

### Version

1.0	2019	
2.0	2023	Head of Service C&F



## EARLY HELP PATHWAY

