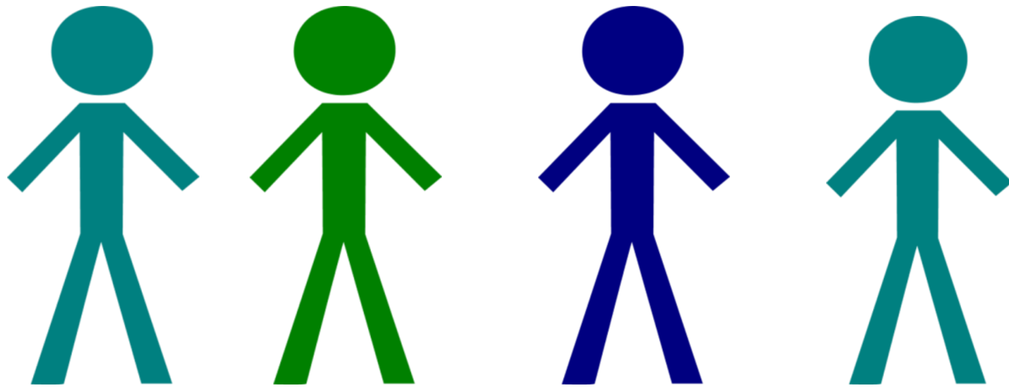
Northamptonshire Safeguarding Children Board

What is 'good' Early Help?



All children are safe

All children achieve their best in education, are ready for work and have skills for life

All children grow up healthy and have improved life chances

All vulnerable children achieve the best possible outcomes

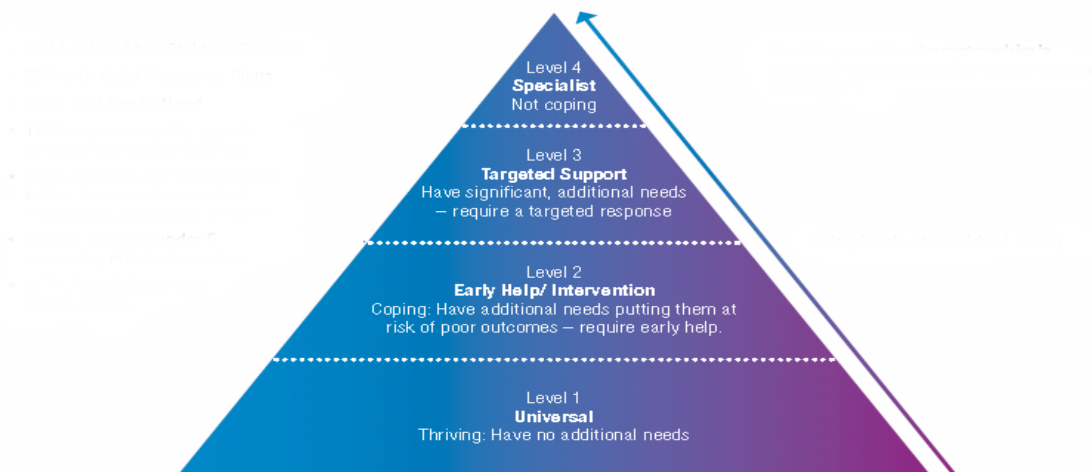
1. What does good identification of need look like?

1.1 The needs of the child are identified early and as soon as they become evident, by professionals and practitioners, engaging with and listening to the voice of the child and who are trained in, and using, *Thresholds and Pathways*.

1.2 An early help assessment is offered to the family and completed in a timely manner where appropriate and with the consent of parents/carers and the child or young person (where appropriate).

1.3 Where families refuse to engage, there are continued attempts to help them to do so. However, where there are concerns about the safety and protection of children and parents do not engage, there is a full risk assessment and urgent involvement of a senior manager, or safeguarding lead, in all decisions about next steps.

*1.*4 Working *Together to Safeguard Children* identifies specific groups of children who would benefit from early help and states that professionals should, in particular, be alert to the potential need for early help for these children.



Examples of services:

Level 4	Level 3	Level 2	Level 1
• CAMHS Specialist (Community) and Highly Specialist (Inpatient) Services • Community Paediatricians • Specialist Looked After Children Service • Children's Continuing Care • Children in Need Team • Youth Offending Service (also Level 3) • Social Workers	• CAMHS Primary Mental Health Workers • Community Paediatricians • Targeted Prevention Service • Youth Offending Service • Children's Centres (also Level 1 & 2) • Connexions • GPs • Social Workers	• Health Visitors (also Level 3) • School Nurses (also Level 3) • Therapy services • Early Help Team for Disabled Children • Children's Centres • Schools and colleges • Educational Psychology Service (also Level 3) • Midwives • Portage Team • GPs	• Health Visitors • Family information service • Children's centres/libraries • Schools and colleges • CYP Public Health nurses • Midwives • GPs

2. What does a good Early Help Assessment look like?

2.1 Children are given appropriate opportunities to be heard through direct work, observation and assessment. The **views and lived experience of *every* child** in the family should be captured in the assessment and recorded separately to that of the parents or carers. Where children attend different settings, this work should be completed by practitioners, known to the child/young person in these settings.

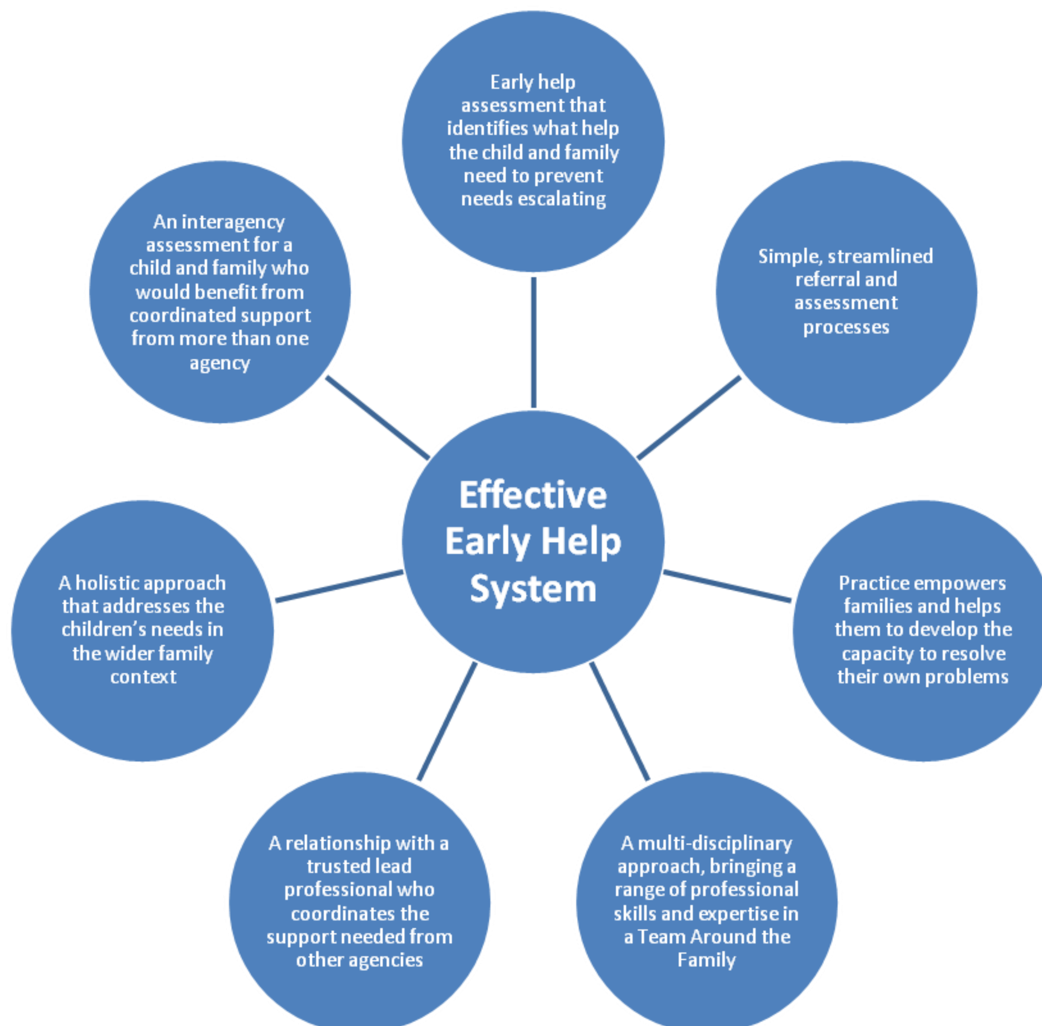
2.2 All relevant individuals, including both parents and any other carers, **should be included** in the assessment. This includes anyone not living in the family home such as an absent parent or grandparent carer. Where a parent is not included in the assessment for good reason (for example they are considered to pose a risk) that reason should be recorded clearly. Every effort should be made to involve fathers in the assessment and intervention plan (either at the beginning of the process, or if that is not possible, later in the process). Arranging meetings, contacting or visiting in the evening or at weekends may help achieve this.

2.3 The **cultural background** of the family should be fully considered and any ''protected characteristics' under the Equality Act be given special attention in terms of the potential impact on the work with the family. Behaviours detrimental to children that are explained as 'cultural' (for example inappropriate physical chastisement; female genital mutilation; forced marriage or honour based violence) should be challenged and the response should be compliant with any legal responsibility that exists to raise concerns. Where culture is impacting adversely on children but is not illegal, the Lead Professional should be an advocate for the child and ensure this is addressed in the intervention plan.

2.4 The assessment process should **identify all relevant professionals** needed to form the *Team Around the Family (TAF)* who will work together to address issues raised. Where possible, their views should be included in the assessment, either when the assessment is first completed or at the Team Around the Family meeting.

2.5 **Historic, chronic difficulties** such as poor school attendance or neglect/poor home conditions and what support has been provided before should be raised through the assessment and the needs identified included in the intervention plan, even when the parent does not raise them as a concern or when the referring professional has not expressed any concern about them. This information may be included in the assessment either when the assessment is first completed or at the Team around the Family meeting. The role of each member of the TAF is to advocate for children and challenge existing behaviours and lifestyles that are not in the best interests of children.

2.6 The assessment should: include the holistic needs of the child/young person and the family and result in a direct offer of help to address any identified needs, proportionate to the risks identified. The support and intervention provided through an Early Help Action Plan should address all areas of need identified within the assessment, be built around SMART outcomes and in accordance with the level of need set out in *Thresholds and Pathways*.



3. What does a good Intervention Plan look like?

3.1 The child's voice and lived experience are central to agreed actions. Plans should address the needs identified through the **views and lived experience of every child as recorded on the assessment.** Where possible, children have their own plan presented in an accessible format; explicitly referencing their expressed needs, relevant to those needs and with their individual actions clearly identified.

3.2 Planned actions and interventions address underlying or causal issues as a priority, with presenting issues also included, but sometimes addressed later on in the intervention.

3.3 All areas of need identified through the Early Help Assessment (and any additional assessments) must be reflected in the plan. The plan is agreed with all family members and professionals at the first *Team Around the Family* meeting.

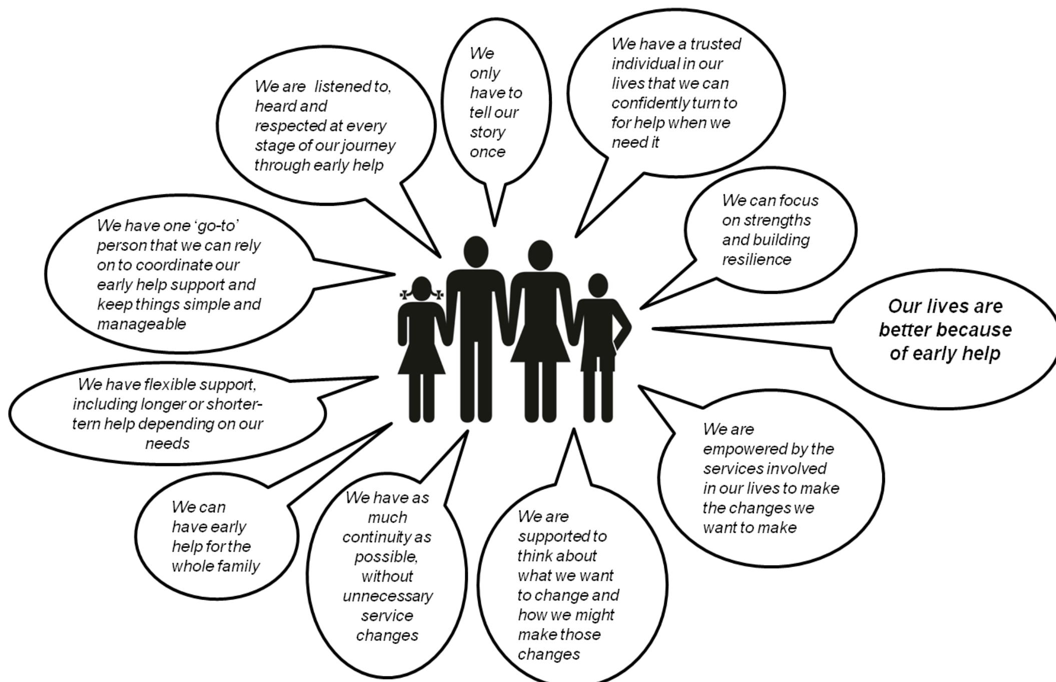
3.4 The concerns of adults in a family may feature on a plan but should not take priority over the concerns of children.

3.5 All relevant adults and children are included in the plan, including those living away from the children's family home.

3.6 Actions are Specific, Measurable, Achievable, Realistic and Time-bound (SMART), are allocated to named individuals to carry out and details of what good progress will look like can be clearly identified.

3.7 The plan reflects the unique characteristics of the family and takes into consideration any protected characteristics and their cultural background. The plan is provided in an appropriate format if there are additional access needs and the family are supported by an interpreter if needed.

3.8 The plan enables clear identification of the likely duration of the intervention and the intended outcomes for the child or children.



4. What does a good review look like?

4.1 The review meeting date and time takes into account the specific circumstances of the child/young person and their family and is scheduled at a time and place convenient to the family.

4.2 The review considers any newly identified needs and strengths and uses them to inform the next steps.

4.3 The child/young person is present at the review meeting (if appropriate). They are supported to enable them to participate fully in planning the next steps and their comments are recorded. If attendance or participation at a meeting is not possible or appropriate, the child/young person is supported to express their views in a different manner and these are communicated to the review meeting.

4.4 The parents/carers are present at the review meeting (if appropriate). They are supported to enable them to participate fully in planning the next steps and their comments are recorded.

4.5 The outcome of each review is clearly recorded and the next review date identified (if the Early Help Assessment is not closing).

4.6 All agencies or teams identified as being part of the Team around the Family either attend or send a report to contribute to the review.

4.7 The date of the initial review meeting is set for within six weeks after the first Team around the Family meeting. Subsequent reviews are timely according to the specific needs and actions identified in the plan.

4.8 For those cases closing with needs met, the closure record shows a clear indication of improvement/change. For those stepping up to social care or other specialist services, it evidences what has been tried and why it has not been successful.

4.9 For those cases stepping down from Children's Social Care, the action plan provided (and assessment if consent for it to be shared has been granted) by the social worker has been used at the first review meeting to inform and plan early help support.

4.10 Practice is informed by feedback from children and their families about the effectiveness of the help care or support they receive from the time it is first needed until it ends.

5. What is good management oversight?

(Any agency or organisation involved in the provision of Early Help assessments or interventions should have arrangements in place for the direct supervision of frontline staff, that is, those staff working face to face with children and families, and a policy and procedures to determine how that supervision is provided and documented.)

5.1 The employing agency or organisation has a clear policy on the supervision of staff working directly with children and families.

5.2 The policy contains guidance on those staff to receive supervision; those tasked with providing that supervision and the frequency and location of supervision discussions.

5.3 Cases are consistently and regularly reviewed as part of this structured system of supervision with management oversight at intervals as set out in the supervision policy.

5.4 Discussion should be reflective in nature and allow for opportunities to hypothesise as well as to illustrate defensible decision making whereby next actions are supported by clear evidence of why a decision has been reached.

5.5 Cases contain a written record of management oversight and include:

a. Consideration of the effectiveness of the child's plan and the extent to which the plan is improving the child's circumstances and experiences
b. Identified good practice and challenge to poor professional practice.
c. Any actions or decisions agreed and a deadline for completion. Actions or decisions relating to *individual* children should be recorded on the child's confidential file.
d. Supervision Notes are stored securely and confidentially in the worker's supervision file (not their HR/personnel file).

At any point in the Early Help process, if the lead agency or the Team around the Family decides, with reference to Thresholds and Pathways, that a referral to the MASH or another specialist agency are required, this is completed in a timely manner with the necessary management oversight from within the agency or organisation Early Help Assessment and action plan attached to any referral