

**Solihull Local Safeguarding**

**Children Partnership**

**Early Help**

***2019***

**Introduction**

This guidance has been produced for practitioners and managers in Solihull to deliver Early Help Support to children, young people and families. The guidance includes tools to support multi-agency work

**Early Help**

Early Help is the support that is delivered to any child at, Level 1 to Level 3 of Solihull’s Threshold guidance. It includes universal interventions that are offered to an entire population to prevent problems developing and targeted support to particular children and families with additional needs.

The purpose of Early Help is to support the well-being of children and families by tackling emerging needs at the earliest opportunity and prevent them from getting worse. This means working with children and families to engage and include them as equal partners and to support them to access additional services that can promote positive outcomes.

Effective Early Help may be delivered at any point in a child’s life; pre-birth onwards about any issue which is impacting or could affect their development and well-being, including education and health safety.

Working Together to Safeguard Children – a Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children 2018 identifies

Effective early help relies upon local organisations and agencies working together to:

* identify children and families who would benefit from early help
* undertake an assessment of the need for early help
* provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

**Early Help Assessment**

In Solihull, the Early Help Assessment and Action Plan provide a standard assessment approach to enable those working with children and families in need of Early Help to identify and respond effectively. The assessment will help identify:

* What is working well
* What people are worried about
* What needs to happen

Some agencies will already be required to undertake specialist assessments. It is important that the information from these actively contributes to and informs the Early Help Assessment and Action Plan.

Those receiving Early Help Assessments should use the information received to contribute to further specialist assessment. This should avoid the need for children and families to re-tell their story and reduce the likelihood of ‘start again syndrome’.

**Early Help & Complex Families**

There may be cases where a family has multiple and complex needs and is at risk of escalating to Social Care or where an Early Help Assessment has been undertaken and Team around the Family Meetings held, but progress is not being made; in these circumstances the Lead Practitioner can seek additional advice and guidance from MASH for support from the local authority.

**Contextual Safeguarding**

Contextual Safeguarding recognises that young people are vulnerable to abuse in a range of social contexts. This means that they can experience significant harm beyond the family home in contexts where parents and carers can have very little influence as the relationships that young people form in their neighbourhoods, schools and online can undermine parent-child relationships. In these circumstances practitioners need to engage with sectors who have influence over/within the extra-familial context, recognising that assessments of and interventions with these spaces are a critical part of safeguarding practice. If contextual safeguarding concerns arise the lead practitioner should seek support from the local authority’s exploitation team.

**Early Help Process Flow Chart**

Follow these steps if you are working with a child, young person or family who may have needs at level 1-3 on the Solihull Safeguarding Children’s Partnership Threshold of Need

|  |  |  |
| --- | --- | --- |
|  | **Family Support Assessment & Plan** | H:\LSCP\Logo\Logo (No White Background).png |
| This is a **joint plan**; the overall purpose is to support you. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Family** |  | **Address** |  |
| **Date plan started** |  |
|  |
| **Name of Lead Worker** |  | **Role** |  |
| **Agency** |  | **Contact Details** |  |

|  |  |
| --- | --- |
| **Level of need:** (see LSCB threshold guidance) |  |

|  |
| --- |
| **Who lives in the house?**  |
| **Name** | **Relationship** | **DoB** | **Gender** | **Ethnicity** | **Disability/****SEND** | **ID** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Who has Parental Responsibility?** |  |
| **Family languages** |  | **Interpreter required?** |  | **Religion** |  |

|  |
| --- |
| **Who else is important?**Visitors to the household, other family members or friends. |
| Name | Relationship | DoB | Gender | Ethnicity | Religion | Address | ID |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Who else is involved or needs to know about this plan?** E.g. school teacher, health visitor or someone working with the family.  |
| Name  | Role | Contact details |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Are there any other plans in place?** |
|  |

|  |
| --- |
| **Everyone is different …is there anything we need to consider?**Outline individual factors e.g. culture/lifestyle, learning styles, maturity, finances, time keeping, communication needs, education commitments, caring responsibilities etc. |
|  |

|  |
| --- |
| **SIGNS OF WELLBEING AND SUCCESS** |
| **What’s working well?**Write down what people think is working well in the family, what are the strengths? Remember to note who is saying what. |
| **Family’s views** |
|  |
| **Child/ren’s views** |
|  |
| **Other people’s views** |
|  |

|  |
| --- |
| **What are we worried about?**Write down what people are worried about, who is worried and what needs to change? Remember to note who is saying what. |
| **Family’s views** |
|  |
| **Child/ren’s views** |
|  |
| **Other people’s views** |
|  |
|  |
| ***Are any of these evident in your analysis of the family’s situation? If yes, please include in the plan.***  | ***Yes*** | ***No*** |
| * Are the family experiencing significant debt/rent arrears and/or parents/young people are not in education, training, or employment or adults in the household claiming out of work benefits
 |  |  |
| * Children’s school attendance below 90%
 |  |  |
| * Domestic abuse
 |  |  |
| * Substance misuse in the family
 |  |  |
| * Family members being involved in crime and anti-social behaviour
 |  |  |
| * Health issues (including physical health, mental health and emotional well-being)
 |  |  |
| * Disability or special educational needs
 |  |  |

|  |
| --- |
| **Signs of Well-being and Success**WHAT WOULD SUCCESS LOOK LIKE?If everything was going well, and the worries above were resolved, what would it look and feel like for the family. In other words, what outcomes are we trying to achieve and what would have changed and how?  |
| **Family’s views** |
|  |
| **Child/ren’s views** |
|  |
| **Other people’s views:** |
|  |
| **Success Goals** *(what are we hoping to achieve? E,g. Jane goes to school on time every day and her teachers say her attendance is really good)****:*** |
|  |
| **Success scale:** On a scale of 0 – 10, where 0 means that things are the worst they could be, and people are really worried and 10 means that the goals above have been achieved and nobody is worried, how would the people involved rate the situation?  |
| Image result for worry emoji | **WORRY 0 10 SUCCESS** | Image result for success emoji |
| **Name**  | **Scale** | **Reasons** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Action Plan**What do I need to do and what do other people need to do to help us achieve our success goals? |
| **Action*****Specific, Measurable, Attainable, Relevant, Timely***  | **Who** | **When** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Family Support Plan Review** | H:\LSCP\Logo\Logo (No White Background).png |
| This is a **joint plan**; the overall purpose is to support you. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Family** |  | **Address** |  |
| **Date plan started** |  |
|  |
| **Name of Lead Worker** |  | **Role** |  |
| **Agency** |  | **Contact Details** |  |

|  |  |
| --- | --- |
| **Level of need:** (see LSCB threshold guidance) |  |

|  |
| --- |
| **Who lives in the house?**  |
| **Name** | **Relationship** | **DoB** | **Gender** | **Ethnicity** | **Disability/****SEND** | **ID** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Who has Parental Responsibility?** |  |
| **Family languages** |  | **Interpreter required?** |  | **Religion** |  |

|  |
| --- |
| **Who else is important?**Visitors to the household, other family members or friends. |
| Name | Relationship | DoB | Gender | Ethnicity | Religion | Address | ID |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **Who else is involved or needs to know about this plan?** E.g. school teacher, health visitor or someone working with the family.  |
| Name  | Role | Contact details |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Everyone is different …is there anything we need to consider?**Outline individual factors e.g. culture/lifestyle, learning styles, maturity, finances, time keeping, communication needs, education commitments, caring responsibilities etc. |
|  |

|  |
| --- |
| **What’s changed since the last time we met?** |
| **Review of what’s working well**Write down what people think is working well in the family, what are the strengths? Remember to note who is saying what. |
| **Family’s views** |
|  |
| **Child/ren’s views** |
|  |
| **Other people’s views** |
|  |

|  |
| --- |
| **Review of what we are worried about**Write down what people are worried about, who is worried and what needs to change? Remember to note who is saying what. |
| **Family’s views** |
|  |
| **Child/ren’s views** |
|  |
| **Other people’s views** |
|  |
|  |
| ***Are any of these still a concern in relation to the family’s situation? If yes, please include in the plan.***  | ***Yes*** | ***No*** |
| * Are the family experiencing significant debt/rent arrears and/or parents/young people are not in education, training, or employment or adults in the household claiming out of work benefits
 |  |  |
| * Children’s school attendance below 90%
 |  |  |
| * Domestic abuse
 |  |  |
| * Substance misuse in the family
 |  |  |
| * Family members being involved in crime and anti-social behaviour
 |  |  |
| * Health issues (including physical health, mental health and emotional well-being)
 |  |  |
| * Disability or special educational needs
 |  |  |

|  |
| --- |
| **Signs of Success**Have things changed since we last agreed goals?If everything was going well, and the worries above were resolved, what would it look and feel like for the family. In other words, what outcomes are we trying to achieve and what would have changed and how?  |
| **Family’s view:** |
|  |
| **Other people’s views:** |
|  |
| **Success Goals** *(what are we hoping to achieve? E,g. Jane goes to school on time every day and her teachers say her attendance is really good)****:*** |
|  |
| **Success scale:** On a scale of 0 – 10, where 0 means that things are the worst they could be, and people are really worried and 10 means that the goals above have been achieved and nobody is worried, how would the people involved rate the situation?  |
| Image result for worry emoji | **WORRY 0 10 SUCCESS** | Image result for success emoji |
| **Name**  | **Scale** | **Reasons and changes since last scaling** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Action Plan**What was agreed in the last plan (add new rows as necessary) |
| **Action*****Specific, Measurable, Attainable, Relevant, Timely*** | **Who** | **When** |
|  |  |  |
| Progress made: |

|  |
| --- |
| Any other actions as a result of this review |
| **Action*****Specific, Measurable, Attainable, Relevant, Timely*** | **Who** | **When** |
|  |  |  |

Using the Early Help Assessment and plan with children, young people and families is the best way to work with them to help make improvements and prevent things from getting worse. Before responding to a presenting issue by rushing to make a referral to a specialist agency, make sure you have listened to the parent/young person to get a full understanding of their circumstances. Then, agree with the family what the main priorities are and how you work towards achieving these.

Only at this point, will you know whether specialist services are needed and what you want them to do. Review and if necessary adapt your action plan to make sure it is making a difference and to keep the family motivated in achieving changes.

**Being child - centred and working with the family**

• Make sure that the child/parent’s views and opinions are sought and recorded.

• Make sure that you consider the age and stage of the child’s development to make sure that language and actions are appropriate and also to inform your expectations and concerns.

• Keep the family involved and informed.

**Understanding needs fully through assessment**

• Make sure that you get a whole picture of the child, including the strengths and difficulties.

• Work with the family to draw a genogram (see appendix 1)

• Consider working with the family to building a timeline (see appendix 2)

• To get the full picture, we sometimes have to ask difficult questions, be prepared for this and think about the best way of doing it so as to keep the family on board.

• Make sure that you avoid delay or drift as Early Help depends on putting the right help in place as soon as possible. Families will also get fed up if the process drags on.

**Understanding the Early Help information and what to do about it**

• Consider all the information gathered during the assessment.

• Look for any gaps and discrepancies and how you will resolve these.

• Discuss the information with the family and agree what it means, (including strengths and needs) and how it impacts on them.

• Make decisions with the family about what changes are needed.

**Use Smart Action Planning to make Early Help a useful process**

• Identify specific goals and actions that are relevant to the changes you are trying to achieve and avoid wish lists or vague statements.

• Make sure the actions you have identified can be measured for progress.

• Set realistic timescales for actions and changes.

• Set dates to review progress and adapt plan if needed

• Know when you will have achieved your goals and you have come to the end of the process.

• Use scaling to help understand people’s perspectives – if someone rates the situation a ’4’ what is it that is shaping their thinking, what needs to happen to move up to a ‘5’ and what will be different next time. Scaling is really useful in charting progress (or where things have gotten worse) and is a starting point for a quality conversation about what needs to happen to help things change.

**Information sharing**

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children’s social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child’s safety or welfare.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. To ensure effective safeguarding arrangements:

• all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency; and with others who may be involved in a child’s life

• all practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe.

• Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding and promote the wellbeing of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has/has not been given the information and why.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

• all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as ‘special category personal data’

• where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains ‘safeguarding of children and individuals at risk’ as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent.

**The Lead Practitioner**

The lead practitioner will co-ordinate everyone involved in the Early Help assessment and plan. Everyone involved will work collaboratively as a team, so the lead practitioner is not expected to do everything themselves, but it is important that there is one person with responsible for gathering people together to review progress but it is up to the individuals to deliver on their agreed actions. If you experience any difficulty in carrying out the role of Lead Practitioner you should discuss this with your manager who can offer help and advice, including speaking to the managers of other members of the ‘Team around the Family’ and if necessary using the professional dispute resolution procedures if required.

**Team Around the Family (TAF)**

The purpose of a Team around the family meeting is to bring together different agencies into one meeting where there are concerns about a child or a family. It is a meeting between the family and different professionals to find support and help for a family when an early help assessment is required. During the meeting, the information gathered for the assessment and any further information available will be shared and an “Action Plan” will be agreed between everyone involved.

The meeting will be convened and chaired by the lead practitioner, however the meeting should only go ahead with the full permission of the parent/s and where possible they should be involved in the planning of the meeting, for example; who they think should attend, where it takes place and when.

The child/ren should also be fully involved in the meeting process where this is age-appropriate. There’s no hard and fast rule to this, as one child at the age of ten might be able to understand what’s happening, compared to another child of the same age who might not. The general rule though is that nursery age children and young primary age children would not ordinarily be too involved, but someone should gain their views wishes and feelings.

It should be agreed at the start of the meeting who will record the agreed minutes; this should not be the person chairing, and all professionals involved should take notes of their own actions, and be prepared to take turns in producing the agreed minutes of a meeting to be circulated to everyone involved.

**Chairing a TAF meeting**

If you have the responsibility for planning, chairing, conducting or managing successful meetings, these practical tips will help you:

* Check the meeting room in advance
It is always advisable to arrive 15 minutes ahead of the meeting start time to ensure the meeting room, layout of furniture(are there enough chairs?), lighting and temperature are all conducive to an effective meeting.
* Manage the time and maintain the scheduled meeting timings
Being disciplined to start the meeting on time regardless of attendance will help you conduct the meeting, run to time and encourage meeting participants to arrive promptly at future meetings. Keeping track of the time during the meeting (or delegating the task to another participant) and ensuring your meeting finishes on time will add to the meeting efficiency and encourage future attendance of the meetings you conduct.
* Assign/clarify roles and responsibilities
The Early Help assessment and plan document provide an agenda template and should be used for recording the meeting; at the start of the meeting agree who will minute the meeting; capturing the key discussion topics, decisions made and the agreed action points with the support of the chairperson. It can help to establish ground rule for the meeting and for everyone to have an opportunity to introduce themselves and the role they are in and what their remit is. This can be achieved through simple light-hearted ice breaker exercise, and if children and young people are attending they may wish to lead this part as it can help them with the formality of a meeting.
* Encourage and manage meeting participant contributions
Encouraging and stimulating meeting participant discussion is critical to the successful implementation of any decision taken. This can mean ensuring that everyone, especially children, young people and family members have the opportunity to be heard by drawing out the quieter, more reflective participants; whilst managing and minimizing the louder, more vocal participants and constructively resolving any conflict that arises within the meeting. (The time allowed at the beginning of a meeting for participants to get to know each and set ground rules is vital to help this and should be revisited at every meeting).
* Summarise key decisions and actions agreed
As chair, periodically summarising what has been discussed so far around a specific agenda item will help clarify and focus the meeting participants, enabling them to make a clear decision and clarify what needs to be recorded before the meeting moves on. Ensuring that action points have been captured during the meeting, will enable time at the end of the meeting to look back and summarise the agreed decisions/actions and undertake the process of then identifying those who will take responsibility for achieving each of the action items within an agreed timeframe.
* Review the effectiveness of the meeting
Asking meeting participants to review the meeting effectiveness and how effective you have been at chairing the meeting can enhance future meetings as well as give you some great personal feedback and insights. Simply reviewing and asking ‘what did we do that worked well’ and ‘what could we do differently next time’ can draw out some helpful insights and learning.
* Follow up and review the agreed action points
Follow up meetings are just as important as the initial meeting itself. It is vital to ensure continued commitment from those who need to be involved to attend. The first point of any consecutive meeting that you chair should be to ask those responsible to report back on their progress from the previous meeting, stimulating action, responsibility and commitment, and encouraging resolution of challenges in achievement of the action points prior to the next scheduled meeting.

***Appendix 1***

**Guidance on drawing a genogram**

A genogram is a way of representing a family tree and relationships within the family.

The following symbols are used to represent the gender of family members

Male Female Gender unknown

If a family member is deceased, this is indicated by placing a cross through

Their symbol:

Enduring relationships, such as marriage and cohabitation, are illustrated by a single unbroken line:

Transitory relationships are illustrated by a single broken line:

Separation is shown by a single short diagonal line across the relationship line:

Divorce is shown by two short diagonal lines across the relationship line:

When there are a number of children from the same relationship the eldest child is placed on the furthest left, followed by the second eldest and so on, with the youngest child appearing on the right.

Mary Alan David

3-6-07 5-9-11 12-2-16

Twins are indicated by two symbols coming from a single 'stalk'

A miscarriage or abortion is indicated by a diagonal cross. In the genogram the miscarriage or abortions should be placed in the diagram in the same order as other children. So for example if a couple had a daughter, Mary, followed by a miscarriage, followed by a son David, their genogram would look like this:

 Mary David

The family members who are part of the same household are indicated by a dotted line which is placed around the household member

**When family relationships are complicated, it is especially important to clearly show family groups.**

Make sure that dates of birth and names are clearly written under the symbols.

Completing a genogram can identify intergenerational patterns within families.

***Appendix 2***

**Creating a family timeline**

Get a long piece of paper. The length should be proportional to the amount of family information to be collected, so you may need to be prepared to make it a little longer as you go along. Draw a horizontal line from left to right and on the left start with the date the first child was born.

Progress across the page adding significant events with approximate dates to the timeline

This should include any events and changes in the circumstances of the child and family that they deem to be significant, or potentially significant, for the child- a significant events is anything that has a positive or negative **impact** on the child. It does not have to happen directly to the child but can be any change in circumstances or events that have, or may have, consequences for the child, for example:

 Started Infant school maternal grandmother died Started secondary school

 2011 2013 2016 Moms new partner

 Father lost job Bullied Moves in

 2011 Father new job 2015 2018

 2012

Born 2007

 2009 2012 2012 2015 2017 2019

Started nursery Moved house Moved school Braces fitted Parents separated Self harm discovered

 2018

 Moved home living with mom