

## **Early Help**

Assessment Plan and Review

Guidance for Professionals

April 2017

# Contents

	<b>Page</b>
1. Early Identification and Registration	3
2. Assessment and Plan	4
3. Review	6
4. Addressing Issues, transferring the Co-ordinator and closing a Plan	7
5. Requesting support from the Early Help Service	7
6. Appendix 1 – Examples of completed paperwork	8
7. Appendix 2 – Early Help Process Flowchart	13

Please note that electronic versions of the all of the below documents can be found on the Together for Children website (<http://www.togetherforchildren.org>) by following the links. If advice is required to support the completion of the documents contact [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk)

## Step 1

### Early Identification and Registration

The first step in the Early Help process is for practitioners to recognise there are additional unmet needs for the child/family. If those needs can be met by the service already involved eg: school, children's centre or by one or two professionals, an early help assessment may not be required. The case could be managed within universal provision and reviewed as identified needs are met or change.

During Step 1 if needs are identified that cannot be met by current service provision; an Early Help assessment can assist in ensuring a co-ordinated response to meet needs. At this point, if you are unsure of the process or would welcome advice regarding your case, the Early Help Advice and Allocations Team (EHAAT) will be happy to support with any questions or queries. It is important that the Early Help approach is explained to the child/family and consent obtained. You must then complete the Early Help registration form and forward it directly to the EHAAT at [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk). **The parent/carer must sign the form to confirm that they have consented to both Early Help support and sharing of relevant information with other professionals.**

**Registration forms which are not signed (by both parent and professional) will not be actioned, and will be returned to you.**

The family must also be issued with a **Privacy Notice** explaining how information will be shared.

Someone from the EHAAT will contact you via email or phone within two working days to let you know if the family is currently open to services (eg current Early Help, CIN or CP) and to discuss next steps. **You are advised not to begin the assessment process before feedback.** The feedback will normally consist one of three things:

- a) If there is an open Early Help Plan, Child in Need Plan or Child Protection Plan, EHAAT will inform the current Key Worker that new concerns have been raised. You will be put in touch with that Key Worker and it is likely that you will be invited to join the existing Team around the Family. **Do not move to Step 2.**
- b) If EHAAT considers the issues for the family require a coordinated approach (and they are not open to an existing plan), you will be advised to complete an Early Help Assessment and subsequent Plan. (You can still be supported to do this if you are unfamiliar with the processes – please ask during your feedback). **Move to Step 2.**
- c) If EHAAT considers the issues for the family are below the safeguarding threshold but are complex, then support, intervention, and/or guidance will be provided by the Early Help Service. They will help you complete an Early Help Assessment and Plan and, if required, interventions as part of the plan. **Move to Step 2.**

The Registration Form will be used to open a contact on our electronic data base. We will follow up the action you have taken in about four weeks' time (approximately half a term for education settings).

# Step 2

## Assessment and Plan

### Assessment

The assessment and plan have been designed to help you to gain a better understanding of the strengths and needs of the family as a whole. Remember at all times to “Think Family”, but always to act in the best interests of the child/children. It is best practice to gather information from services already involved with the family to help populate the assessment document. The assessment should be a joint process and help may be sought from other services such as Health, education settings and the family members themselves. **If you experience difficulty getting the information you need from other agencies, please contact EHAAT for support – 0191 561 4084.**

Some sections may not be relevant to the family. Where they do not apply, it is not necessary to complete every section of the assessment. Include as much information as you can about each child in the family and each individual family member living in the household. The more information you gather, the easier it will be to identify the family’s needs and thus subsequently plan to meet those needs.

*Note: The Plan fields of each section should be completed during the Family Support Meeting if actions(s) are required following assessment.*

During or following assessment you may uncover further issues within the household that were previously unknown. If this is the case then other local support services could be asked to join the Team Around the Family.

The Assessment should take no longer than three weeks to complete as Early Help Assessments for families with low level needs should not be complex. Whilst completing the assessment, appropriate interventions should still be offered or provided to meet any identified need. Do not wait to complete your assessment if work could usefully be done immediately.

**If at any point during the Assessment you uncover any safeguarding issues, ring the Integrated Contact and Referral Team (Safeguarding Team) immediately for advice on 0191 561 7007. Do not wait until you have finished the assessment. You may then be asked to make an immediate safeguarding referral.**

**See Appendix 1: Example 1 - Completed section of the Early Help Assessment**

### Family Support Meeting (multi-agency)

Once relevant information is gathered to inform your assessment, a family support meeting of professionals with the family should be arranged. This should be held in a venue where family members feel comfortable. Educational settings make good meeting venues, however not all families have good relationships with school, therefore other venues should be considered such as Children’s Centres, Community associations, the family home etc. The assessment will inform the meeting as to what needs to be discussed and assist in prioritising any needs - **the family must always agree to any actions to be taken and remain central to this process.**

## The Plan

The Plan is on the same document as the Early Help Assessment. It is not necessary to complete every section of the Plan, as some will not be relevant to the family. Please clearly identify who will be responsible (person's name, job title, agency and contact details) for each action and ensure you have entered agreed timescales.

## Scoring

To allow a clear and consistent approach to addressing issues and to monitor progress, each section of the plan should receive a score. Scoring should be completed using the **Plan and Review Scoring Guidance**. If there are no issues the '🚫 - No Issues' option should be selected. Scoring ranges from 1 (worst) to 5 (best). Priority should be given to the lowest scoring issues (those scoring of between 1 and 3). Those issues scoring 4 or 5 at this stage indicate that there has previously been an issue which is now on course to being resolved, therefore further intervention at this stage will most probably not be required.

In some instances work / progress may have occurred between the Assessment beginning and the Family Support Meeting taking place. In these instances retrospective scoring can be applied meaning the family can be scored as of the beginning of the Assessment. The progress made by the family will be recording during the first Review meeting, for example: If the children are not registered with a doctor at the beginning of Assessment (scoring 1) but subsequently all of the children are registered at a doctors by the time Family Support Meeting has taken place (scoring 5), the first score (1) should be recorded on the Plan. When the first review meeting takes place the progress relating to the children being registered with a doctor will be recorded and a score of 5 will be applied.

**See Appendix 1: Example 2 - Completed section of the Early Help Assessment and Plan**

## Early Help Progress Monitoring Tool

Once all sections have been addressed and scoring has been determined, input the scores into the **Progress Monitoring Tool**. This allows professionals and families to see easily the overall progress made during the course of the Plan by updating the same document at the end of each review.

At the end of the meeting the Team Around the Family must decide who will be best placed to lead the Plan. The Early Help Co-ordinator is generally the professional with whom the family has most contact. However, the family must be consulted in respect of this.

**See Appendix 1: Example 3 - Early Help Progress Monitoring Tool following completion of Assessment and Plan**

**Once agreed and signed off, the completed Assessment & Plan and the Early Help Progress Monitoring Tool must be sent (electronically if possible) to [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk).** If not received within six weeks of registration, EHAAT will contact you. The family and all professionals involved in the Team Around the Family must also be sent a copy of the Plan within five working days of the meeting. The assessment and plan should be signed off by the family and Early help Co-ordinator and, where appropriate, by the co-ordinator's line-manager.

## Early Help Tracking Form

If there are any changes that will impact on progress of the assessment and plan (e.g. stepping up to Statutory Social Worker level from Early Help or the family withdraws / refuses to engage in the process) complete the Early Help Tracking Form (electronically if possible) and send to [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk).

## Step 3

### Review

The Early Help Co-ordinator is responsible for inviting the family and the Team Around the Family to review meetings and to ensure the completed review paperwork is circulated to the family and the Team Around the Family within 5 working days. This paperwork must also be forwarded to the EHAAT mailbox.

**The First Review should take place approximately six weeks after the initial meeting and about every six weeks thereafter.** It is unacceptable to leave a gap of more than three months between reviews.

The Review is to ensure families are receiving the support they require and to assess progress towards the goals set in the plan. Each section of the review should be discussed to assess progress on previously identified issues and to ensure any new issues are identified and actions to address these issues are agreed.

### Scoring

As per the plan, each section of the review should be assessed, but scoring should only be applied to new or existing issues (i.e. sections without issues do not require discussion or score). Scoring should be completed using the **Plan and Review Scoring Guidance**. Scoring ranges from 1 (worst) to 5 (best) so that progress is recognised by scores increasing over time (although there may be instances where scores reduce due to certain circumstances e.g. instances of domestic violence may be disclosed by family members following two review meetings).

**See Appendix 1: Example 4 - Completed section of Review**

### Early Help Progress Monitoring Tool

Once all relevant sections have been discussed and scoring has been allocated, input the scores into the **Progress Monitoring Tool** (this should be the Early Help Progress Monitoring Tool submitted to EHAAT with the Plan). This allows professionals and families to see easily the overall progress made since the beginning of the plan and since the last review.

**See Appendix 1: Example 5 - Early Help Progress Monitoring Tool following completion of Review**

There are four potential outcomes from a typical Review Meeting:

- a) Safeguarding or child protection concern identified. Child will be referred to Children's Social Care. **If at any point during the review process you uncover any safeguarding issues or lack of progress that poses risk, ring the Integrated Contact and Referral Team immediately for advice on 0191 561 7007.**
- b) Current or revised plan to continue
- c) Family refusing to engage, no safeguarding concerns identified. Attempts have made and recorded by agencies, still unable to engage family. Plan to be closed.
- d) All outcomes completed. Plan to be closed.

**EHAAT must be informed if the Plan is being stepped up or closed or if there is a change to the Early Help Co-ordinator using the Tracking Form.**

**After the meeting (i.e. within five working days) the minutes, review and updated Early Help Progress Monitoring Tool must be circulated to the Team, shared with the family and forwarded to**

**[EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk)**

# Next Steps

## After 3 Review meetings / 6 Months

The average life of an Early Help Plan is expected to be no longer than 6 months unless there is a specific issue and/or reason that requires further or longer term intervention (e.g. school attendance or learning disability). A minimum of 3 review meetings should have been convened within the 6 month period. If there is a requirement to keep the plan open after 6 months, discussions should take place as to whether further support is required (e.g. additional support from the Early Help Service or escalation to Children's Social Care).

## Addressing issues, transferring Co-ordinator and closing a Plan

An issue attaining a score of 4 or 5 (as per the **Plan and Review Scoring Guidance**) indicates that significant and sustained progress has been achieved with the family on this issue. In cases where the professional is no longer required to be involved within the Team Around the Family (unless they are involved to address other outstanding issues) that professional may leave the Team Around the Family by agreement with all parties. If the professional leaving the Team Around the Family is the current Early Help Co-ordinator, the role should be transferred to another professional. The transfer of role should take into account the views of the family and the professionals involved (in most cases the new co-ordinator this will be the professional who now has the most contact with the family).

There may also be instances where the role of Co-ordinator would be better placed with another professional, even if the current Co-ordinator is remaining within the Team Around the Family. As above, this should be discussed and agreed with the family and other Team Around the Family members during the Review meeting.

An Early Help Plan can only be closed once all issues have been addressed. At the final review, all issues should have scores of either 4 or 5.

## Early Help Tracking Form

If there are any changes that impact significantly on the plan (e.g. stepping up to Statutory Social Worker level from Early Help or the family withdraw / refuse to engage in the process) complete the Early Help Tracking Form (electronically if possible) and send to [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk).

## Requesting support from the Early Help Outreach Service

If extra capacity is required from Early Help Outreach Support the Early Help Co-ordinator should complete the **Outreach Support Request Form** and submit it to [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk).

# Appendix 1

## Appendix 1: Example 1 - Completed section of the Early Help Assessment:

### 2a) Health inclusive of general, emotional and social development – Consider:

Physical and emotional development, nourishment, activity, any conditions or impairments, immunisations, developmental checks and milestones, hospital admissions, mental health and/or emotional issues which impact on each child’s development and understanding (speech and language), any medical appointments, any children in receipt of disability living allowance.

Assessment						
<p><b>Josh</b> – Josh presents with age appropriate physical development and there are no concerns relating to Josh’s general health. However, Josh does experience emotional difficulties following his parents’ separation resulting in challenging behaviours and visible distress.</p> <p><b>Charlotte</b> – Health visitor information state that following Charlotte’s two year check there are no health related issues. Carol (Mother) also has not health concerns for Charlotte, however is struggling currently with sleep routines resulting in the children being over-tired, impacting on family functioning.</p>						
Strengths and Needs						
<p><b>Josh</b> – Josh has good general health and no additional needs have been identified. Carol is aware of Josh’s emotional difficulties and acknowledges that additional support from therapeutic services would be of benefit to the family in meeting Josh’s needs. Josh would like things to be better and is willing to engage in any support available to him.</p> <p><b>Charlotte</b> – Charlotte presents with age-appropriate physical and emotional development. No additional health needs have been identified, however it would appear that her inability to sleep to a routine is impacting on family functioning.</p> <p>Carol supports both Josh and Charlotte to attend all health related appointments eg dentist. The family is registered with a GP. All immunisations are up to date.</p>						
Plan - To be completed during team around the family meeting if actions(s) are required following assessment						
Needs	Actions		People responsible	Outcomes		Completion date
Score	1	2	3	4	5	★ - No Issues

The Plan sub-section is not completed at this stage

## Appendix 1: Example 2 - Completed section of the Early Help Assessment and Plan:

### 2a) Health inclusive of general, emotional and social development – Consider:

Physical and emotional development, nourishment, activity, any conditions or impairments, immunisations, developmental checks and milestones, hospital admissions, mental health and/or emotional issues which impact on each child's development and understanding (speech and language), any medical appointments, any children in receipt of disability living allowance.

Assessment						
<p><b>Josh</b> – Josh presents with age appropriate physical development and there are no concerns relating to Josh's general health. However, Josh does experience emotional difficulties following his parents' separation resulting in challenging behaviours and visible distress.</p> <p><b>Charlotte</b> – Health visitor information state that following Charlotte's two year check there are no health related issues. Carol (Mother) also has not health concerns for Charlotte, however is struggling currently with sleep routines resulting in the children being over-tired, impacting on family functioning.</p>						
Strengths and Needs						
<p><b>Josh</b> – Josh has good general health and no additional needs have been identified. Carol is aware of Josh's emotional difficulties and acknowledges that additional support from therapeutic services would be of benefit to the family in meeting Josh's needs. Josh would like things to be better and is willing to engage in any support available to him.</p> <p><b>Charlotte</b> – Charlotte presents with age-appropriate physical and emotional development. No additional health needs have been identified, however it would appear that her inability to sleep to a routine is impacting on family functioning.</p> <p>Carol supports both Josh and Charlotte to attend all health related appointments eg dentist. The family is registered with a GP. All immunisations are up to date.</p>						
Plan - To be completed during team around the family meeting if actions(s) are required following assessment						
Needs	Actions	People responsible	Outcomes	Completion date		
Josh is struggling emotionally and would benefit from therapeutic interventions to ensure his emotional difficulties are considered and addressed	Referral to be made to Lifecycle Service by 4.11.16	Mary Smith Early Help Co-ordinator	Improvement in Josh's emotional health, wellbeing and behaviour. Josh reports feeling less distressed. School reports better behaviour.	9.12.16		
Charlotte requires a structured sleep routine to help support her to cope with the demands of nursery days and improve family functioning.	Referral to be made to Early Help Service by 4.11.16 Worker to be identified by 5.11.16 Home visit to be arranged w/c 5.11.16 Advice and support to be given in the home	Mary Smith Early Help Co-ordinator	Sleep routine implemented. Charlotte has structured sleep and sleeps through the night. Mum reports settled nights as a result.	9.12.16		
Score	1	2	3	4	5	★ - No Issues

The Plan sub-section is completed during or following the Family Support Meeting

## Appendix 1: Example 3 - Early Help Progress Monitoring Tool following completion of Assessment and Plan:

<b>Family name and/or case file reference in Liquid Logic</b>		Wilkinson	
		ABCDEFGF	
<b>Main address of family</b>		21 Front Street, Sunderland	
<b>Details of family</b>	<b>Last name</b>	<b>First name</b>	<b>DOB / expected delivery date</b>
	Wilkinson	Carol	01.09.1985
	Wilkinson	Josh	15.08.2003
	Wilkinson	Charlotte	10.01.2012

Compare overall progress by inserting the scoring from the plan and each review. <b>The average life of an Early Help Plan is expected to be no longer than 6 months</b> unless there is an issue that takes a longer period of time to monitor (e.g. school attendance). A minimum of 3 review meetings should have been convened within the 6 month period. If there is a requirement to keep the plan open after 6 months, discussions should take place as to whether further support is required (e.g. support from the Early Help Service or escalation to Children's Social care).			<b>Plan Score</b>	<b>Review 1 Score</b>	<b>Review 2 Score</b>	<b>Review 3 Score</b>	<b>Review 4 Score</b>	<b>Review 5 Score</b>	<b>Review 6 Score</b>
<b>Family and Environment</b>	1a	Family, parenting and household relationships							
	1b	Accommodation							
	1c	Income and finance	2						
	1d	Domestic incidents							
<b>Children (unborns, infants and young persons)</b>	2a	Health	2						
	2b	ASB and offending behaviour							
	2c	Drug and alcohol use							
	2d	Progress and attitude towards education and learning	1						
	2e	Participation in education	2						
	2f	Young people leaving education and NEET							
<b>Adults (Parents, Carers and Significant Others)</b>	3a	Health							
	3b	ASB and offending behaviour							
	3c	Drug and alcohol use							
	3d	Learning and education							
	3e	Employment status	2						
<b>Date of plan / each review:</b>			04/11/16						
<b>Early Help Co-ordinator for plan / each review:</b>			Mrs Smith (teacher)						

## Appendix 1: Example 4 - Completed section of a Review:

### 2) Children (unborn, infants and young people) all children in the household

#### 2a) Health inclusive of general, emotional and social development

Were any issues relating to the above identified during the Early Help Assessment?		Yes	No	Are there any new issues relating to the above?		Yes	No				
If the answer to either of the above is 'Yes' review and record discussions, views and progress											
<p><b>Josh</b> – Josh has attended his appointment at the Life Cycle Service and has been allocated a therapist Matt Brown. Matt will work with Josh, offering an initial six week programme.</p> <p><b>Charlotte</b> – Charlotte required structured sleep routines which have now been implemented. Carol (Mother) is working well with Val Jones, Early Years Worker based in the Children's Centre, and both Mum and nursery have stated that Charlotte presents as much happier in herself, engaging better in activities. There are still periods of unsettlement and it is early days for the routines to be embedded. Mum states that she now has four out of seven undisturbed nights.</p>											
Needs	Actions	People responsible	Outcomes	Completion Date							
<p><b>Josh</b> – Josh continues to struggle emotionally and needs to engage in interventions to further support his emotional difficulties.</p> <p><b>Charlotte</b> – further support for Mum and Charlotte is still required with sleep routines to ensure they are sustained.</p>	<p>Josh to attend weekly appointments commencing 12.12.16 with Matt Brown at Life Cycle Service for six weeks.</p> <p>Mum to continue with nightly sleep strategies and update Val on progress weekly.</p>	<p>Josh Carol (Mother) Matt Brown</p> <p>Val Jones Carol (Mother)</p>	<p>Josh is less distressed Evidenced improvements to Josh's emotional health, wellbeing and behaviour.</p> <p>Sleep routines established and sustained. Weekly visits no longer required from EH Worker.</p>	<p>20.01.17</p> <p>20.01.17</p>							
<b>Previous Score*</b>				<b>Current Review Score*</b>							
1	2	3	4	5	☆	1	2	3	4	5	☆

\* Scoring is based on most concerning issue (which in this example is Josh's situation).

## Appendix 1: Example 5 - Early Help Progress Monitoring Tool following completion of Review:

<b>Family name and/or case file reference in Liquid Logic</b>		Wilkinson	
		ABCDEFGF	
<b>Main address of family</b>		21 Front Street, Sunderland	
<b>Details of family</b>	<b>Last name</b>	<b>First name</b>	<b>DOB / expected delivery date</b>
	Wilkinson	Carol	01.09.1985
	Wilkinson	Josh	15.08.2003
	Wilkinson	Charlotte	10.01.2012

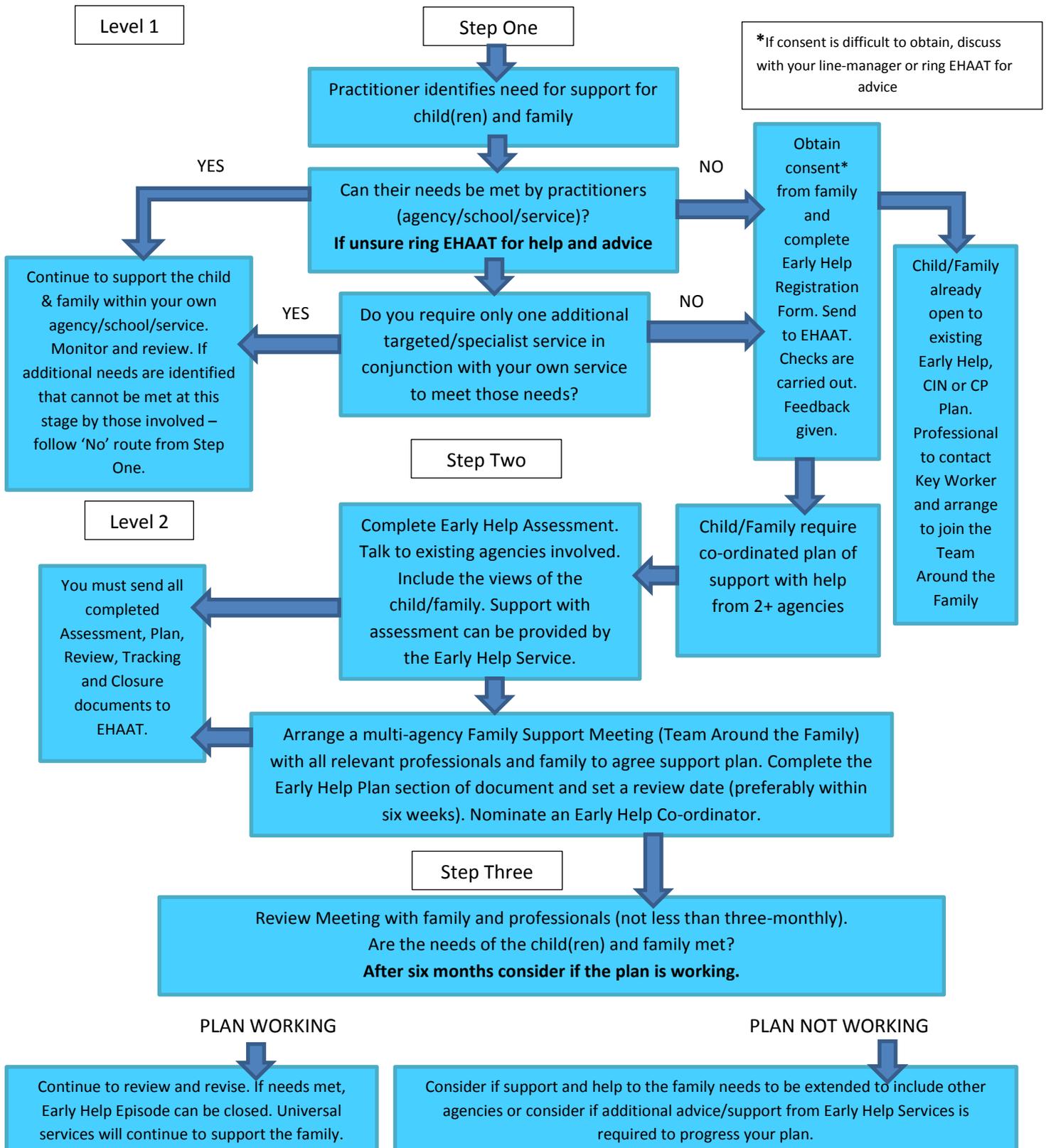
Compare overall progress by inserting the scoring from the plan and each review. <b>The average life of an Early Help Plan is expected to be no longer than 6 months</b> unless there is an issue that takes a longer period of time to monitor (e.g. school attendance). A minimum of 3 review meetings should have been convened within the 6 month period. If there is a requirement to keep the plan open after 6 months, discussions should take place as to whether further support is required (e.g. support from the Early Help Service or escalation to Children's Social care).			<b>Plan Score</b>	<b>Review 1 Score</b>	<b>Review 2 Score</b>	<b>Review 3 Score</b>	<b>Review 4 Score</b>	<b>Review 5 Score</b>	<b>Review 6 Score</b>
<b>Family and Environment</b>	1a	Family, parenting and household relationships							
	1b	Accommodation							
	1c	Income and finance	2	2					
	1d	Domestic incidents							
<b>Children (unborns, infants and young persons)</b>	2a	Health	2	3					
	2b	ASB and offending behaviour							
	2c	Drug and alcohol use							
	2d	Progress and attitude towards education and learning	1	3					
	2e	Participation in education	2	4					
	2f	Young people leaving education and NEET							
<b>Adults (Parents, Carers and Significant Others)</b>	3a	Health							
	3b	ASB and offending behaviour							
	3c	Drug and alcohol use							
	3d	Learning and education							
	3e	Employment status	2	2					
<b>Date of plan / each review:</b>			04/11/16	09/12/16					
<b>Early Help Co-ordinator for plan / each review:</b>			Mrs Smith (teacher)	Mrs Smith (teacher)					

# Appendix 2 – Early Help Process

Contact the Early Help Advice and Allocations Team (EHAAT) for help and support at any time on:

Telephone: 0191561 4084

E-mail: [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk)



Where **safeguarding** concerns exist for a child, or professionals are concerned about a lack of change in a family following a review, they should refer to the Threshold Guidance and speak to the Integrated Contact and Referral Team for advice and support from a Social Worker on 0191 561 7007