

Guidance for completing a Family Early Help Assessment

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Version Control

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Introduction

The Early Help Assessment (EHA) for Children and Young People is one of the elements of integrated frontline service delivery. Along with the Social Care Single Assessment it is also a key feature in Working Together to Safeguard Children (2018).

The EHA is a shared assessment for use across all children's services in Derby City and Derbyshire. It aims to help the early identification of children and young people's emerging needs where a child and family would benefit from co-ordinated support from more than one agency (e.g. education, health, housing, and police) help to promote coordinated service provision to meet them. The assessment is a family based assessment; this means that each child's needs / strengths can be captured within one assessment.

The aim is to help children and their families by:

- Encouraging and promoting practitioners to understand children and their family within their own, unique context.
- Recognising the importance of early and outcome focussed planning in interventions.
- Aiding relationship building in our practice and acknowledging that relationships can be an agent for change.
- Helping us articulate why we are intervening in children's lives to children themselves, their families and to other involved practitioners.
- Promoting sustained improvements to the quality of the lives of children and their families.
- Engaging the child, young person and/or parents/carers and support them to participate in and take responsibility for their contribution to a collaborative assessment.
- Listening to the voice of the child /young person, taking into account their wishes and feelings wherever possible, and include considerations of their age, family circumstances and wider community context in which they are living. This should be recorded throughout the assessment process.
- Supporting the child, young people and parent / carer to adopt a self-determining, solution focused approach.
- Ensuring accessibility for all concerned, including the efficient use of time and access to the means needed to undertake an assessment (e.g. equipment, interpreter);
- Being transparent with families so that the purpose of the assessment is clear, the discussion is open and honest and there is no hidden agenda.

If an early help assessment is refused, practitioners should consider how the needs of the child might be met. If at any time you are concerned about the safety or welfare of a child you should make a referral to children's Social Care following [Derby & Derbyshire Safeguarding Children Partnership procedures](#). Lack of consent should not prevent practitioners meeting if the child's welfare needs are evident and the criteria for Social Care are not met.

Agencies and practitioners must refer to the [Derby City and Derbyshire Thresholds Document](#) to help them in their decision making about thresholds for early help services and Local Authority Children's Social Care. All children and families with an early help assessment, including those supported via a Team Around the Family process, must be kept under constant review.

If at any time during the course of the assessment or Team Around the Family process, there are concerns that a child has been harmed or abused, or is at risk of being harmed and abused, you must follow the [DSSCP's safeguarding children procedures and make a referral to Children's Social Care](#).

Support for undertaking an Early Help Assessment

If you need to discuss any aspect of the Early Help Assessment or need support and advice to enable you to take forward the assessment, you can ask for help from:

In Derby via an Early Help Advisor:

Locality	Areas covered	Contact Details
Locality 1/5	Derwent, Chaddesden, Spondon, Oakwood, Mackworth, Allestree and Darley	01332 640723 or 641074
Locality 2	Sinfin, Alvaston, Boulton, Chellaston, Osmaston and Allenton	01332 641028 or 715625
Locality 3/4	Balgreaves, Littleover, Mickleover, Normanton and Abbey	01332 642848

You can also contact the Children's Services Professional Consultation which offers advice, the opportunity to explore ways of engaging with children and families in early help and whether thresholds for Social Care or MAT services have been met. The service is available between 10am and 1pm on 07812 300329.

In Derbyshire via the [Early Help Teams](#).

Early Help Assessment Training

Early Help Assessment training is available.

You can find out more about this for Derby City & Derbyshire on the [DDSCP Website Training Page](#)

Derby Early Help Pre-Assessment

Practitioners working with Derby children **do not need to complete an Early Help Pre-assessment** prior to commencing the EHA. The early help pre-assessment has been designed to identify and document low level needs and to request services as part of the early help offer to schools.

In cases where there are only low level needs the early help pre-assessment single agency action plan, or an agency action plan, must be completed and reviewed as appropriate. The form can also be used to request services as part of the Derby City Council early help offer to schools. This must be done with the consent of the family.

Commencing an Early Help Assessment

This guidance outlines the early help assessment process which is encompassed within 6 sections and includes guidance about the team around the family (TAF). It aims to help practitioners to effectively complete the assessment and accompanying action plan.

Where there are emerging needs and the child or parent are likely to require co-ordinated support from a range of early help services, or where there are concerns for a child's well-being or a child's needs are not clear, not known or not being met, practitioners should take the necessary steps to progress an early help assessment.

Any practitioner working with a child may undertake the early help assessment or undertake the role of the lead practitioner e.g. a family support worker, midwife, health visitor, school nurse or teacher. Staff in other agencies should support the early help assessment process and where appropriate act as the lead practitioner.

Section 1: Reasons and understanding about your assessment

Information sharing

Effective information sharing is a key element of the early help process and is vital in promoting children's well-being and keeping them safe from harm. When information is pulled together from the family and agencies a clearer picture can be obtained about the child and family's needs, strengths, what the emerging concerns are or if there are and serious/complex needs or child protection concerns which need to be escalated to Children's Social Care.

The early help assessment is a voluntary assessment and should be a positive supportive process for the child and their family. Its use must be discussed with the child and /or their parents/carers and their consent obtained before the assessment is started.

In addition to this the practitioner completing the early help assessment should:

- Explain how the information gathered in the assessment will be used and shared within their organisation to support them, along with where a copy of the Privacy Notice can be found or where needed provide a hard copy.
- Agree which agencies or individuals can be contacted to share information with to help complete the assessment.
- Explain that that in some circumstances e.g. where there are complex/serious concerns or child protection concerns, information will be shared with Children's Social Care.
- Ensure that a record is kept of decisions and reasons for sharing or not sharing information.

The Early Help Assessment and Team Around the Family (TAF) document, if completed, must form part of the child's records within the agency. Practitioners should always refer to their agency information sharing policy and the [DDSCP's Information Sharing Guidance](#). If information needs to be shared with the local authority the privacy statement on the assessment and TAF form should be applied.

Who is completing this assessment?

It is important that the family are involved in the assessment as well as the development and review of any plans. All family members should be asked to contribute to the

assessment, including those not living in the household. It is important that that fathers and male carers are involved in the assessment. Remember to note those who haven't been involved and if not, why not.

What are the reasons for starting this assessment?

As the practitioner commencing the assessment, you should outline clearly and succinctly the reason for undertaking the early help assessment.

Section 2: Your family household

You must ensure each family member's details are recorded within this section. It is important to capture information on other significant family or friends living in the household or elsewhere; ensure these details are correct, particularly dates of birth and the spelling of names, and include specific details on gender, ethnicity, disability and religion. It may be helpful to complete a genogram (family tree) with the family, particularly as this is a useful tool to engage a family. See appendix 4.

Ascertaining who has parental responsibility for each child should be recorded. In general all birth mothers and most fathers have legal rights and responsibilities as a parent; this is known as parental responsibility. For more information on this please see www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility.

Communication needs

You will need to consider the communication needs of the child and their family to ensure they are able to fully participate in the assessment. Each individual agency should follow their own guidance for use of interpreters. You may wish to refer to the [Derby Good Practice Guide for Interpreting in Safeguarding Meetings/Visits](#). It is important that you plan and prepare to address these needs.

Other things to consider regarding the assessment

You should also consider other things which may impact on your ability to be able to effectively undertake and complete the assessment. This could include availability of children, parents/carers and other relevant family members to contribute to the assessment. In particular this will help to ensure that fathers and male carers are involved in the assessment. You may also wish to undertake a risk assessment detailing any concerns in relation to the assessment; for example domestic abuse, substance misuse, aggressive pets or access issues. This information can be shared with other agencies who are working with the family.

Section 3: Your family support and history

Services working with you and your family now and relevant previous agency involvement

As part of the assessment you are gathering information about agencies working with the family and who is in receipt of the services, this includes the details of the universal and other services. Agencies should include GP for the child/ren and the parents/carers, primary health nurses such as a midwife, school nurse or health visitor, nursery/school/college or other education provider, family support services such as a children's centre or voluntary sector agencies, any specialist services for each child such as any specialist health services, Child and Adolescent Mental Health Services (CAMHS) or Youth

Offending Services (YOS), housing agencies and any 'adult services' such as substance, mental health, learning disability or Probation services.

In order to complete the early help assessment you will want to contact these services to contribute to the assessment and action planning.

It is also important to identify whether there have been any other previous agency involvement and assessments undertaken with the family in order to gain a better understanding of the needs of the child / young person and their family. This can include a previous early help assessment. To find out if an early help assessment has been completed, please contact the following:

- Derby City via your relevant Locality Single Point of Access (SPA) Clerk
 - **Locality 1 & 5:** 01332 641324 or email vcm1and5@derby.gov.uk (via secure email only)
 - **Locality 2:** 01332 641011 or email vcm2@derby.gov.uk (via secure email only)
 - **Locality 3 & 4:** 01332 641148 or email vcm3and4@derby.gov.uk (via secure email only)
 - The Light House (Integrated Disabled Children's Service): 01332 256990 or email VCM-IDCS@derby.gov.uk (via secure email only)
- Derbyshire via Call Derbyshire: 01629 533190 or via the [Early Help Teams](#)

Other assessments and or interventions that may have been completed include health or development reviews, education and learning assessments, speech and language assessment, OT assessment, social care single assessment (which may result in a child in need plan or a child protection plan), mental health and /or psychological assessment, drug and/or alcohol assessment/treatment, assessment relating to offending or anti-social behaviour i.e. ONSET or ASSET, Safelives DASH risk identification checklist (which may have included presentation at a multi-agency risk assessment conference (MARAC), Domestic Violence Risk Identification Matrix (DVRIM), Graded Care Profile (GCP) for neglect, CRE risk assessment or housing/homelessness assessment.

It is important that you incorporate any current or previous agency involvement and any other assessments within Section 4: Your family's history, profile and story. This will help to contribute towards developing a holistic perspective of the child and their family.

Section 4: Your family's profile and story

Significant events and their impact

You can use this section to explain any significant family events and their impact on each family member; this might include a new baby, bereavement, separation/divorce, redundancy or experience of abuse, neglect or violence. Completing this section will help to support understanding of the child and family's current situation. A chronology can help you to organise and understand these events in the context of the child's life. You can find a sample chronology in appendix 1.

Key Safety Issues

If appropriate, has your family received information about:

These questions have been compiled from lessons learned from serious case reviews.

The information below identifies key messages for families about safety issues, highlights points for consideration and where you can obtain additional information. The guidance also provides guidance about where you can seek additional safety advice as well as support and resources for families you are working with.

Some questions are only relevant to families with babies and younger children or where parents have drug and/or alcohol issues. If these questions aren't relevant, please respond N/A. In all cases fire and home safety issues should be considered and relevant advice or support considered as part of the assessment process.

- **Working smoke alarms on each floor of the property**

Key message: The easiest way to protect your family and home from fire is a smoke alarm.

- ✓ You are twice as likely to die in a fire if you do not have a smoke alarm that works.
- ✓ There should be a smoke alarm on every level of the family home.
- ✓ Test batteries in smoke alarms every week.
- ✓ If your smoke alarm is not working, immediately replace the battery or smoke alarm.

- **Fire escape plans to ensure the children and family could escape safely**

Are the parents / family happy that in the case of a fire they could all escape safely? How? Do they have an escape plan?

Key Message: Having a fire escape plan could save the lives of your family.

- ✓ Plan together as a family; make sure the children know what to do and make sure the children are the first to leave the property.
- ✓ Remember children are unlikely to be woken up by a fire alarm.
- ✓ Ensure the escape route is practical so it can be carried out.

A safe and well visit can be requested for advice about fire safety that is specific to the home and the people who live there. It includes a family fire escape plan in the event of a fire, smoke alarm fitting if necessary and provision of additional safety equipment if needed. This service is free, however you will need to go through a number of risk based qualifying criteria questions to access this. Referrals to see if you are eligible for a free home safety check can be made via:

- Chesterfield, Bolsover and North East Derbyshire - 01246 223 500
- Derby City and South Derbyshire - 01332 291 134
- Erewash and Amber Valley - 0115 932 6832
- High Peak and Derbyshire Dales - 01298 22620

For further information about fire prevention and safety in the home and what to do in an emergency, see the [Derbyshire Fire and Rescue Service](#) website. The Derbyshire Fire and Rescue Service also have a Facebook and Twitter page that parents can link to via social media.

In addition to the above, please check if anyone in the family uses paraffin based skin products.

- **Paraffin based skin products**

Key message: Skin products which contain paraffin, such as white soft paraffin, white soft paraffin plus 50% liquid paraffin and emulsifying ointment, present an increased fire risk and lead to an increased risk of clothing, medical dressings or bed clothes to catch fire.

- ✓ When using paraffin based skin products don't smoke, use naked flames (or be near people who are smoking or using naked flames); or go near anything that may cause a fire,
- ✓ Change clothing and bedding regularly - preferably daily - because paraffin based skin products soak into fabric and can become a fire hazard.
- ✓ The risk is greater when they are applied to large areas of the body, or when dressings or clothing become soaked.

For more information see [GOV.UK: Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients](#).

- **Safe sleep arrangements**

Key Message: Safe sleep practice reduces the risk of cot death in babies and infants.

- ✓ The Department of Health advises against bed sharing and recommends that babies sleep in their own cot in the parents' room for the first 6 months. If parents find this difficult to follow, they should be encouraged to speak with their Midwife or Health Visitor.
- ✓ Babies should always be placed to sleep on their backs, on a flat surface and in the feet to the foot of the cot position. The mattress should not be elevated and the use of pillows should be discouraged.
- ✓ Never put a baby to sleep or sleep with a baby on a sofa, armchair or settee.
- ✓ Babies should be in the same room as the parent(s) during the day and night.
- ✓ If a baby is given a dummy at sleep times, it should be used at every sleep time until the age of six months.
- ✓ Babies and infants should never be left to sleep for long periods in car seats; once a journey is complete they should be taken out of the car seat.
- ✓ Check that the family have had a safe sleep assessment completed by the Midwife or Health Visitor. If an assessment has not taken place and the baby is less than 6 months, refer to the Midwife (if the baby is less than 10 days old) or Health Visitor (if the baby is over 10 days old).
- ✓ To avoid overheating babies and young children should have their outdoor clothing and hats removed once they are moved indoors.
- ✓ Discuss and check safe sleep arrangements at each visit, ask "where did your child wake up?"
- ✓ Remember that children under the age of 6 years should not sleep in cabin or bunk beds or share these with siblings or friends.

See DDSCP's Guidance to support safe sleeping practices in babies and infants, located in the DDSCP's Safeguarding Children procedures [Document Library](#) and CDOP Safe Sleep Alert. Please also see [Unicef The Co-Sleeping and SIDS: A Guide for Health Professionals](#) and the [Lullaby Trust](#) website.

- **Don't shake your baby advice**

Key message: It is very dangerous to shake a baby; it can cause serious injury or death.

- ✓ Parents or carers may shake a baby in a moment of anger or frustration, especially if the baby cries a lot.
- ✓ Always protect a baby's head, even in an emergency, i.e. if the baby appears to have stopped breathing don't shake it. In these situations Doctors advise stimulating the baby and seek medical help as a matter of urgency via 999. Always pick the baby up ensuring the head and neck is well supported.

- ✓ Check that families with babies under 6 months have seen the "Shaking your baby is just not the deal" DVD and leaflet; if they haven't refer to Midwifery or Health Visiting services.

See DDSCP's Guidance on Prevention of Non Accidental Head Injury located in the DDSCP's Safeguarding Children procedures [Document Library](#). To support discussions with parents, practitioners can access the Crying Baby: "Shaking your baby is just not the deal" film clip. There is also an accompanying leaflet which you can also find in the procedures [Document Library](#).

- **Home safety, including nappy sacks and button batteries**

Key message: Every year more than two million children under the age of 15 are taken to A & E following an accident in and around the home. More are treated by their GP and by parents and carers. Most of these accidents are preventable through increased awareness, improvements in the home environment and better product safety.

- ✓ Is the home and garden environment as safe as it could be? Consider the child's age and development.
- ✓ Have the family got any necessary safety equipment i.e. stair gates or fire guards?

General safety advice:

- ✓ Children should be supervised at all times particularly around ponds, baths and open water.
- ✓ Children should be looked after by a responsible carer and should not be left unsupervised with casual friends or acquaintances.
- ✓ Keep floors free of toys and obstructions that can be tripped over.
- ✓ Always use a securely fitted safety harness in a pram, pushchair or highchair.
- ✓ Never leave babies unattended on raised surfaces.
- ✓ Always keep nappy sacks and other plastic bags or wrapping away from babies and young children.
- ✓ Keep medicines, cleaning products/dishwasher tablets and chemicals in their original containers and out of sight and reach of children, preferably in a locked cupboard.
- ✓ Choose toys appropriate to the age of the child.
- ✓ Ensure any household items, cards and toys with button batteries have a lockable battery compartment. Seek immediate medical attention if there are any concerns about a child swallowing a button battery.
- ✓ Keep matches and lighters out of sight and reach of children.
- ✓ Keep small children out of the kitchen whenever possible.
- ✓ Never leave children unsupervised with a dog.
- ✓ Large items of furniture should be secured to the wall.

The [Royal Society for the Prevention of Accidents](#) website has a wide range of child home safety information and advice.

5. SAFETY ISSUE: Safe storage of harmful substances

Key message: If a child swallows Methadone, other medication, drugs or alcohol they could be seriously harmed or die.

- ✓ Lock all human or animal medications / drugs / alcohol / e-cigarettes away from children; don't keep Methadone in the fridge.
- ✓ Before getting rid of empty Methadone bottles, rinse them with water.

- ✓ Teach children not to eat or drink anything that is unfamiliar.
- ✓ Do not ever give children another person's medication.
- ✓ Needles and injecting equipment must be stored safely.
- ✓ Take old and unwanted medicines to a pharmacy.

If any member of the family are known to drug and alcohol services, check they have received safe storage advice and support; this may include the provision of a safe storage box for those prescribed Methadone or any similar medication. If they haven't received support, advice or a safe storage box, liaise with the appropriate substance misuse service. See [Derby Drug and Alcohol Recovery Service](#) website and the [Derbyshire Recovery Partnership](#) website.

There are three useful Keep Safe leaflets about alcohol, Methadone/medication/drugs/ alcohol and injecting equipment. These are located DDSCP's Safeguarding Children procedures [Document Library](#).

Child and family, profile and story

This section covers three domains:

1. Child's lived experience and story
2. Parents and carers story and how they look after the children
3. Family, home, community and support networks

You should explore areas around your immediate concerns so as to look behind the presenting issues and come up with a more holistic view. Wherever possible you should base the discussion on evidence not just opinion, and indicate what your evidence is. You may wish to use an engagement or assessment tool to help you with this. Tools can help you to effectively listen and hear children perspectives so that their views can be taken into account. A child and family friendly Early Help Assessment triangle and an Early Help Assessment triangle are allocated in appendices 2 and 3.

You may already have access to assessment tools that are specific to your area of work, however there are other are more general tools which can be used by any agency.

Examples of these include:

- Genograms (a family tree) and ecomaps (a map of family and support networks and relationships). You can find examples of these in appendices 4 and 5
- Development or learning assessments
- [Safelives DASH risk identification checklist](#) (RIC) for domestic violence or to assess the risk to children the domestic violence risk identification matrix (DVRIM)
- [Graded care profile for neglect](#)
- [CRE Risk Assessment Toolkit](#)
- [Brook Traffic Light Tool](#) to identify and respond appropriately to sexual behaviours
- [Contextual safeguarding network](#) tools

Child's/Children's lived experience and story

Within this section consider what life is like for each unborn/baby/child / young person in the family. Consider the child or young person's health, physical development, learning and behavioural development, emotional and social development, identity, self-esteem and family & social relationships. Remember to include consideration of gender, race, culture, identity, special needs, disability issues (whether diagnosed or not) or if the child is a young carer. Strengths and needs of each individual child / young person should be

identified. It is essential that the child's narrative or understanding of their situation and life is articulated in this section. With younger children, babies or unborn babies the child's story should be based on the presenting family issues. Useful tools to ascertain the child's perspective, wishes and feelings will help you to complete this section. Be creative.

Parents and carers story and how they look after the children

This section is to consider how well parents / carers are able to support their child / ren's development and respond appropriately to their needs. The assessment is to consider basic care, guidance and boundaries, emotional warmth and stability whilst ensuring safety. It is important to identify both strengths and needs of the parents / carers ability to look after the child / ren. Note any past or current parenting programme attendance and consider the impact on how the parent/carer is able to look after the children now.

Consider if either parent has health issues, a physical disability or learning needs / disability that may impact on parenting. If they are a carer of a disabled child they may require a carer's assessment.

Ensure you have taken into account domestic abuse, parental mental health and substance misuse / dependency and the impact of these on the parents / carers ability to parent, as well as the impact on each child or young person.

Family, home, community and support networks

This section is to consider the impact of wider family and environmental elements on the children's development and on the ability of the parents / carers to look after the children. The following are to be considered: family history and relationships, wider family, cultural diversity, housing, finances and useful resources available in the community. Ensure you note strengths and needs. An ecomap may be a useful tool to help you to complete this section. See appendix 4.

Section 5: Summary and analysis

This is the section where you should reflect on your assessment, and what the understanding is and analysis of the emerging needs for the child or children. The impacts on the child or children now and in the future should be included in your analysis and you will need to reflect on what needs to remain the same, or change, and why.

Part of this process should also include the child and their parents/carers views on what needs to change, and why, as well as what needs to stay the same, and why. Differences of opinion with the family views will need to be reflected upon and taken into account within your summary and analysis.

This section is key as it will help you to begin to formulate an action plan with the family and other agencies.

What is working well for this child or children and their family?

It is important that the analysis recognises what is working well. Family strengths should be recognised and built upon.

What are you and the family worried about? Are there any concerns and risks?

What is the impact or potential impact of these on the child or children? What might happen if we didn't do anything?

Worries / concerns / risks should be clearly recorded and the impact (or possible impact) of these on the child and their family. It is important that there is consideration of what the impact might be on the child and their family if the situation was left and no action taken. Differences of opinion with the family's views need to be explored, reflected on and taken into account.

What needs to change? How will we know that things are better for this child or children and their family?

Being clear about what needs to change and how the child, family and practitioners will know when things are better (the desired outcome achieved) will help ensure that progress, or the lack of progress can be identified and drift avoided.

The analysis of the child and family situation is complex and discussions with your line manager and team may help you to reflect on what is or might be happening. Ensuring your assessment is evidence based and considers learning from serious case reviews will help you analyse the information and form a professional view. It may also be helpful to refer to the DDSCP Thresholds document located in the DDSCPs safeguarding children procedures [Document Library](#). This will support you in your decision making about the levels of support and interventions required.

As part of your analysis ensure you record how the child's voice was captured and what changed or improved as a result of listening to their wishes and feelings.

Your discussions with your manager should also help you identify your learning and training needs and help to agree what actions are needed to address these. Consider what training is offered within your organisation that you might be able to access. Also remember the DDSCP provide a broad range of multi-agency safeguarding training courses.

Section 6: Identified actions from the Early Help Assessment

Identified actions from the Early Help Assessment

Having undertaken the early help assessment there will be immediate identified actions to put in place. At this point you will decide whether these actions can be delivered by you and the family without requiring any other agency involvement or if a Team around the Family (TAF) meeting needs arranging. Please record these actions in this section.

It is important that your action plan is SMART:

- Specific – target a specific area for improvement
- Measurable – quantify or at least suggest an indicator of progress
- Assignable – specify who will do it
- Realistic – state what results can realistically be achieved, given available resources
- Timely – specify when the result(s) can be achieved

The action plan layout will support you in your SMART planning. Your plan must be outcome focused, this means that the intervention should benefit and make a difference to the child and/or their family. The plan should be personal to the child and their family and be based on priorities they have identified.

Is a Team Around the Family (TAF) meeting needed?

This will help you to reflect on the needs of the child and their family and your identified actions. Where there needs to be co-ordinated multi-agency support a Team around the family meeting should take place. This should be included in your action plan.

Name of Lead Practitioner, agency and contact details

The practitioner completing the early help assessment does not automatically become the lead practitioner, but is responsible for organising the first TAF where the lead practitioner is identified. The lead practitioner could be anyone working with the child / young person and family. The lead practitioner is responsible for coordinating provision and acting as a single point of contact in providing integrated Early Help services. The lead practitioner is not accountable for the actions of other practitioners, or services within the TAF.

Child/young person's views / parents/carers views on the identified actions

Each child / young person and parents / carers should be asked to comment on the identified actions from the early help assessment.

Date early help assessment and plan completed

It is important that the date is noted as this will help to ensure that actions are taken forward in a timely way support provision of services and ensure drift is minimised.

Date the above plan will be reviewed

Where the decision has been made that a TAF isn't required, the action plan in the early help assessment must be reviewed to ensure that actions have been completed and the child's needs have been met and outcomes improved. Where needs remain unmet and /or additional needs /concerns arise, it is important that you discuss the case with your line manager, seeking advice where appropriate, and reflect on what is or might be happening. You should also refer to the [DDSCP Thresholds document](#) as this will support you in your decision making about the levels of support and interventions.

Where multi-agency co-ordinated support is needed a Team Around the Family (TAF) meeting should be held within 2 to 4 weeks of the completion of the early help assessment. The initial TAF meeting should be used to review the progress of the action plan in the early help assessment and used as the basis for the development of a multi-agency plan.

Information sharing

The assessment aims to support good practice in information sharing about the needs of the families as part of Early Help services. Opportunity must be given to the parent or young person to share and discuss the content of the assessment, and where appropriate a copy given.

Once the assessment has been undertaken the parent / carer or young person will be required to sign the document to ensure they understand how the information will be stored and with whom it will be shared.

If emerging needs are identified by the completion of the early help assessment and it is likely that services are needed from other agencies, then the assessment and action plan can, with the consent of the family, be submitted to the agencies requesting their input. This document must form part of the child's file within your agency. If information needs to be shared with the Local Authority, the privacy statement on the early help assessment should be applied.

Remember if at any point within the early help assessment process serious/complex needs or child protection concerns are identified a referral to Children’s Social Care should be made, to support the referral a copy of the early help assessment should be shared with Social Care. See DDSCP’s safeguarding children procedures, [Making a referral to Social Care](#).

The monitoring of early help assessments in Derbyshire and Derby will be undertaken as part of the formal quality assurance arrangements which exist within the respective council structures.

Team Around the Family (TAF) Meeting

The team around the family (TAF) is a model of multi agency service provision. The TAF meeting will bring together a range of different practitioners from across both adults and children's services, along with the family, in order to offer appropriate support via a multi agency action plan. This should usually be within 2- 4 weeks of completing the early help assessment.

TAF members are jointly responsible for developing and delivering a package of solution focused support to meet needs of the family identified through the early help assessment.

TAF members should:

- Ensure that children / family members are prepared and supported to attend a TAF meeting – for most children and families this will be a new experience.
- Ensure where a child or family member is not able to attend that their views are incorporated throughout the meeting.
- Be responsible for delivering the actions they have agreed to carry out as part of the action plan;
- Support the lead professional by keeping them informed, attend TAF meetings, and offer guidance and advice;
- Contribute to chairing and minute taking of TAF meetings.

Should parents / carers not attend the TAF meeting, it will continue and the action plan will be reviewed. Parents / carers should be informed of the discussion and given details of the updated action plan as soon as possible after the meeting by the lead professional.

TAF Paperwork to be completed

TAF paperwork is separate from the early help assessment document. It is used to record who was present at the TAF meeting, discussions and agreement of a multi-agency action plan.

Review notes

The identified actions from the early help assessment should be reviewed at the TAF as they will help form the basis of the multi agency action plan.

The child and the family's comments about the services received should be noted in this section, including what was good, did it help or make a difference and what needs to be improved.

Team around the family action plan

You will need to complete the action plan in partnership with the child / young person and their family. The plan will be a key vehicle through which families, children / young people understand what needs to be changed and how the early help services will work together to make a difference to the child and/or their family. The practice principle is the action plan is written for the family and reviewed, by TAF meetings, in a timely manner this will usually be 6 weekly interval's but can be earlier or later depending on the needs of the family.

The plan should be written clearly in a family friendly language and be clear what needs to be achieved in order to make the necessary changes identified by you and the family. It

must use SMART principles (Specific, Measurable, Assignable, Realistic and Timely) and be outcome focused.

Similar to the action plan developed in the early help assessment TAF Plans need to be SMART. For all TAF action plans:

- Ensure you have addressed the current reason for involvement;
- Ensure actions are achievable, specific and measurable;
- Ensure actions have timescales;
- Encourage what is working well;
- Include the families ideas in order to effect what needs to change;
- Draw on the key people who need to take action (this may include family and friends);
- Be updated and reviewed;
- Be given to the family and practitioners involved.

At each TAF meeting a review of the previous action plan must be undertaken considering what has worked well and what has not been achieved. Any actions either not achieved or not reaching their intended outcomes, should be reviewed. All additional or amended actions must be incorporated into the updated action plan.

There is opportunity to record the child / young person and families views throughout the TAF meeting and develop further action plans, if deemed necessary. Future action plans should recognise and encourage good practice already identified.

What might happen if this plan is not followed?

It is essential that you record on the action plan what might happen if the action plan is not followed. This highlights the importance of taking forward the actions on the plan.

Can the assessment/TAF be closed?

YES - Should all actions be achieved it can be agreed for the assessment to be closed, with no further TAF meetings taking place. Ensure children / young people and families are aware of any continued support after the early help assessment is closed. This can include on-going support from nurseries, schools, voluntary sector services or universal health services. **A discussion needs to take place with the practitioner's line manager and agreement reached for case closure.**

NO - Agree a review date with the family and TAF members. Remember to maintain good communications with family and professional group. Advice and support can be sought via the professional group or other networks. Access to case supervision can also promote effective safe working practices.

In Derby the completed assessment/TAF can be submitted to the weekly Vulnerable Children's Meeting (VCM) if:

- a complex package of support is needed, or;
- services are required from a Multi Agency Team (MAT);
- or a none urgent referral to Social Care is required.

This can be done by the practitioner who completed the assessment or the Lead Practitioner with the explicit consent of the family. Requests should be made via the Single Point of Access Clerk in the relevant locality or if the child has a significant disability, the assessment and plan should be sent to The Lighthouse Single Point of Access Clerk, (see contact details on page 6).

In Derbyshire the completed assessment/TAF can be submitted to Starting Point if:

- a complex package of support is needed, or;
- services are required from an Early Help Team).

This can be done by the practitioner who completed the assessment or the Lead Practitioner with the explicit consent of the family.

Remember this document must form part of the child's file within your agency and if information needs to be shared with the Local Authority the privacy statement on the TAF document should be applied.

Where there are any differences of opinion in the professional group and these should be resolved using the [DDSCP's escalation policy](#).

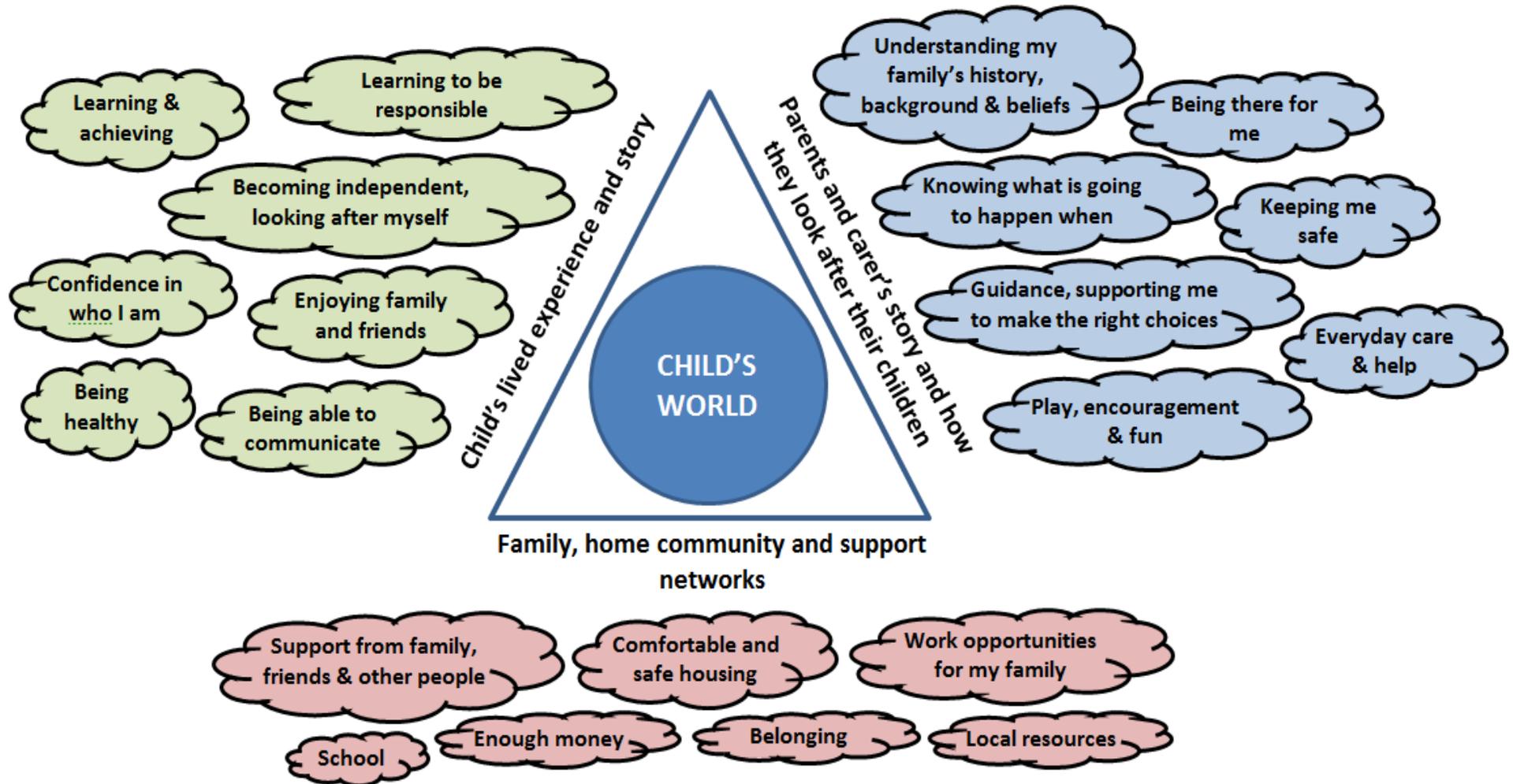
Appendix 1: Chronology of significant events/incidents

Child/young person's name:

Date of birth:

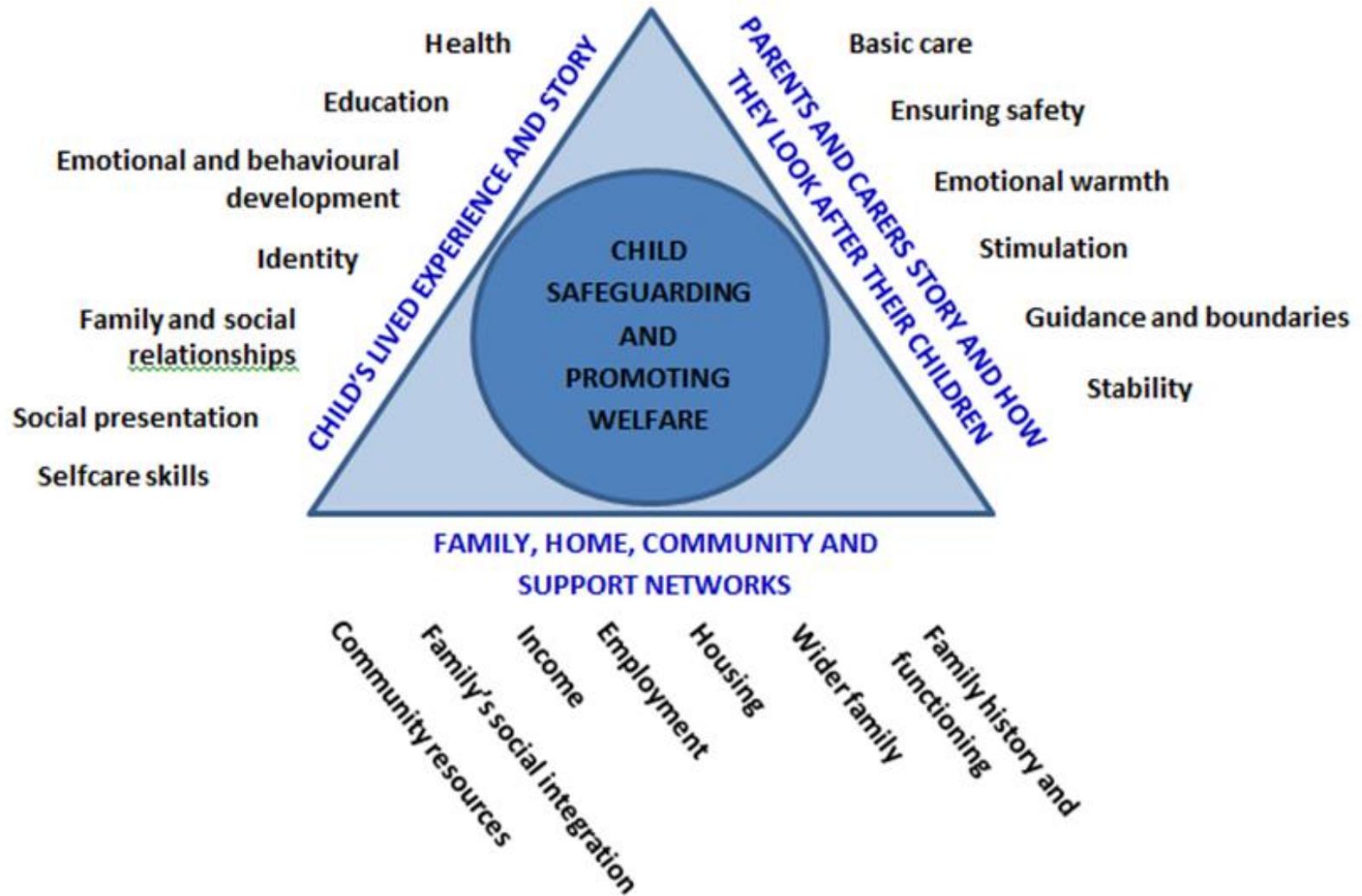
Date	Incident/event/report	Source/evidence	Action/s taken	Outcome	Recorded by (name, signature and date)

Appendix 2: Child and Family Friendly Early Help Assessment Triangle



Based on [My World Triangle](#), Scottish Government Getting it right for every child

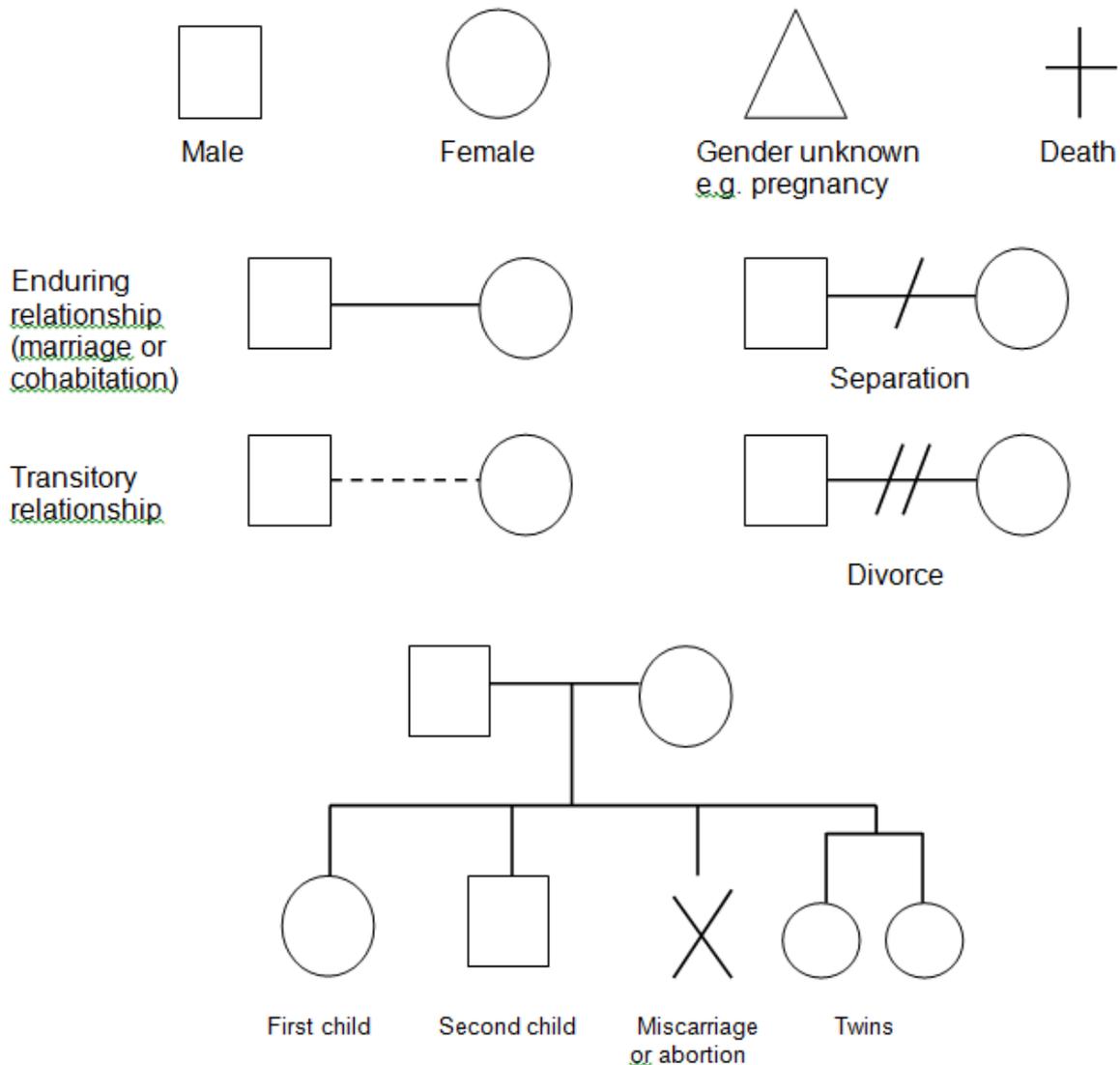
Appendix 3: Early Help Assessment Triangle



Based on the Assessment Framework, [Assessment of Children in Need and their Families](#) (2000) Department of Health

Appendix 3: Genograms

Genogram symbols



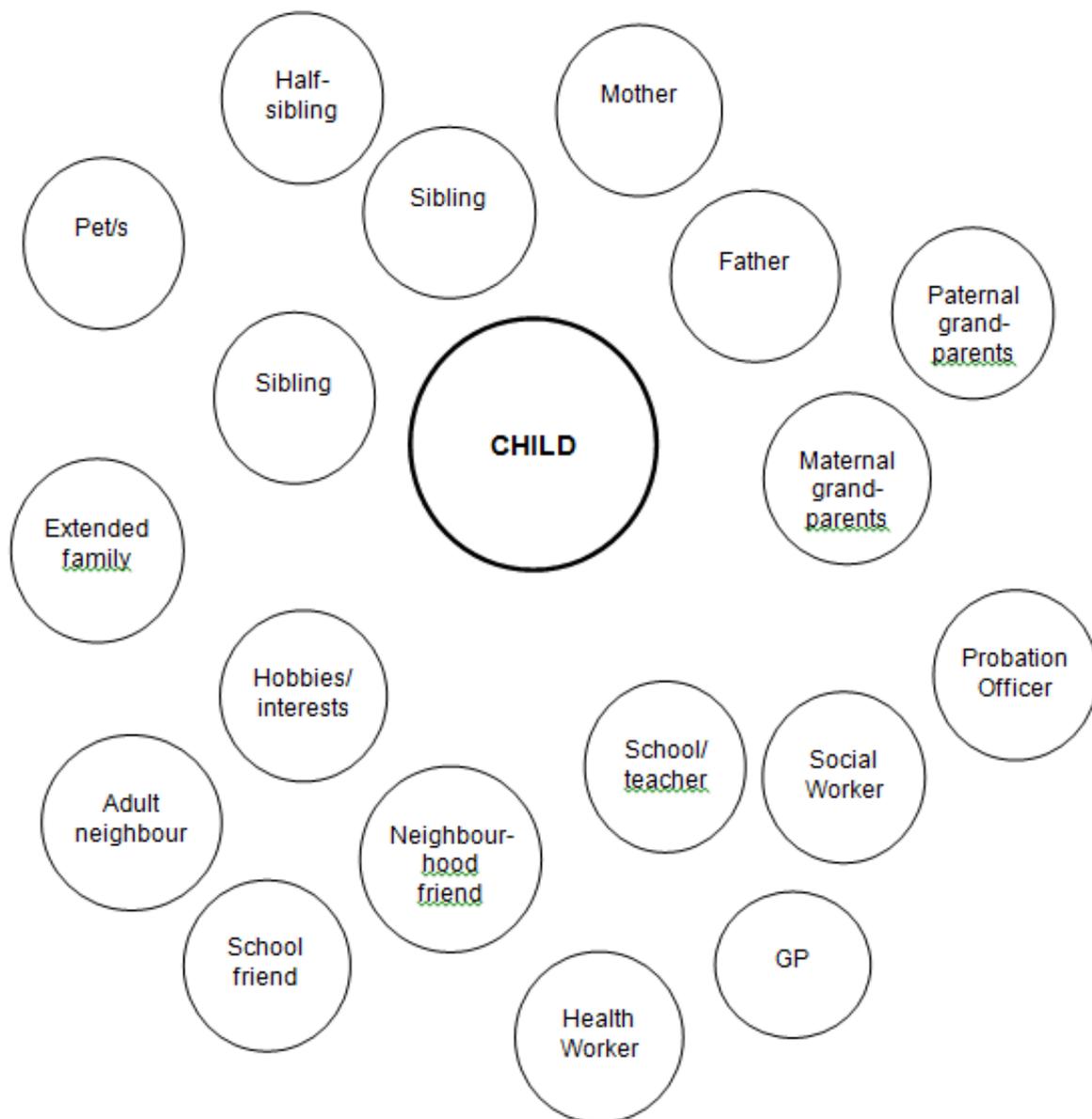
A dotted line should be drawn around the people who currently live in the same house.

Compiling a genogram

A genogram or family tree covering three or more generations may be compiled using these symbols. Other relatives in addition to parents and children can be involved in compiling the genogram. More than one session may be needed if the exercise is used to discuss the family's history in detail and to enter significant dates and other information. Working on a genogram also provides the practitioner with an opportunity to observe family relationships, for example how open family members are with each other, how well they respond to each other's needs, how flexible they are and how much they know about each other.

[Assessing Children in Need and their Families: Practice Guidance](#) (2000) Department of Health

Appendix 4: Ecomaps



- Place child or couple of family in central circle
- Identify important people of organisations and draw circles as needed
- Draw lines between circulate where connections exist
- Use different type of lines to indicate the nature of the link or relationship

————— = strong
 - - - - - = weak
 = stressful

[Assessing Children in Need and their Families: Practice Guidance](#) (2000) Department of Health