

# The Early Help Process



## Case Allocation

- Allocation email sent to worker with line manager and EH Business Support copied
- (Excel) Caseload Tracking Sheet updated – manager allocates points based on presenting risks/needs
- Manager records initial actions for worker to address in Manager's Decision, stating also if CAF required
- Manager adds CAF Support Plan for cases transferring from CIN Outcome meeting or SGCP step-down

## First Contact

- Worker to check previous service history/chronology on CareFirst and any warning markers
- Worker to read/check previous assessment or plan (CAF/CIN/Other) and the reasons for referral
- Telephone contact to be made as soon as practicable but within max of 2 working days from allocation
- Personal contact to be made within max of 5 working days from allocation
- First contacts might include a joint visit with the referrer or outgoing/closing social worker
- Failure to contact the family within 2 working days leads to an escalation process set out in the Practice Guidance

## First Visit

- Adhere fully to the Lone Working Policy
- Complete Consent Form – return for admin checks/scanning
- Complete Medical Information Form – return for admin checks/scanning
- Undertake tour/check of home, include child/ren's sleeping arrangements
- Start CAF process where assessment is required

## Common Assessment Framework (CAF)

### The 'good' assessment:

- is completed within timescales
- is a continuing process, not a single event
- sets and agrees conditions on confidentiality
- is based on an understanding of family history
- recognises/builds on strengths of family
- is led by evidence – clear, jargon-free
- includes voice of the child
- engages co-parents, especially fathers
- fully considers cultural issues/barriers
- involves key agencies involved with family

**GOOD assessments** are analytical, focusing on patterns (not events), explanations (not behaviours), do not allow the views of adults to dominate and are able to identify risks and protective factors. They are not 'hurried' or incomplete, descriptive, static or 'start again' without understanding the family history. They are not deficit based – 'a list of what is wrong' – nor do they avoid or fail to record the views of all relevant family members and the key agencies already working with the family.

The CAF should be used to update the family's chronology and this should be updated further throughout the course of case intervention up to closure. Chronologies are a key tool to inform decision-making.

- Completed 20 working days from allocation.
- Line managers may direct a re-assessment where there is new evidence of need or risk.
- CAF to be sent to the E number of a line or duty manager for QA and authorisation.
- The existing CAF should also be reviewed at the 6-month stage.
- The CAF process may be supported by a range of more topic-specific measurement and scaling tools.

## Team Around the Family (TAF) & CAF Support Plan

- First TAF meeting should be 25 working days from the allocation date
- TAF review meetings should take place every 6 weeks (8 weeks max) or more frequently if needs escalate
- TAF meeting minutes/actions should be shared with the family and agencies 15 working days from the TAF date

### 'Good' CAF Support Plans:

- read as a stand-alone document
- are written in plain language
- show that needs and risks are well understood and named
- show what it will look like when the need is met or risk reduced
- detail what the family is going to do to make the desired changes
- detail what each professional agency is doing to help the family
- include details of how each goal will be evaluated
- timeliness and actions are proportionate to the needs/risks
- include SMART actions

**CASE RECORDING** to be updated to CareFirst within 2 working days from contact or information received. Observations should be factual, concise and detail the advice and intervention being delivered. Case recording relating to the management of risk should be recorded as soon as practicable and shared with a line or duty manager to agree next steps. **CHILD SEEN** records to be updated when child is directly observed. See specific guidance on responding to Contact/CCN records, missing episodes, CSE risks and domestic abuse incidents.

**VOICE OF THE CHILD** - children to be seen alone and regularly. Practitioners to be mindful of disguised compliance and over-emphasis/attention to the parental voice. Collecting the child's views is not an end in itself – interpretation of findings in the context of whole-family assessment is vital.

**SUPERVISION** is part of the intervention and should occur monthly – (Word) record returned to staff in 10 working days, updated to CareFirst and authorised in 20 working days. (Word) document to be signed and dated by both parties.

### Supervision should:

- promote reflection/hypotheses
- illustrate defensible decisions
- set clear timescales for actions
- consider if plans/interventions are effective
- identify/affirm good practice
- constructively challenge poor practice
- consider wellbeing and developments needs