

**Integrated Children Services**

**PRACTICE GUIDANCE –**

**HANDBOOK FOR EARLY HELP**

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| **Contents:** | **Page No.** |
| 1. Aim | **3** |
| 1. Principles | **3** |
| 1. Allocation and First Contact | **5** |
| 1. Early Help Assessment | **5** |
| 1. Principles underpinning a good assessment | **6** |
| 1. When should I complete an Early Help Assessment? | **7** |
| 1. Next Steps | **8** |
| 1. What does Lighter touch assessment involve? | **10** |
| 1. Step Down | **10** |
| 1. Case Recording Guidance | **13** |
| 1. Reviewing the Early Help Family Plan | **13** |
| 1. Ending Intensive work | **14** |
| 1. Management Oversight and Case Supervision | **14** |

|  |  |
| --- | --- |
| **Appendices:** | **Page No.** |
| 1. Resistant Families – Working with Refusal to Consent or Engage | **15** |
| 1. Integrated Children’s Services – Step Down Process Flowchart | **17** |
| 1. Integrated Children’s Services – Proportionate C&F to Step Down Flowchart | **18** |
| 1. Purposeful Casenotes | **19** |
| 1. Moving Forward Plan | **20** |

1. **Aim**

The Early Help handbook provides practice guidance to enable Early Help intensive unit workers to support families and children who require intervention at level three as defined by the Kent Support Level Guidance. [(Kent Support Level Guidance)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kscmp.org.uk%2F__data%2Fassets%2Fpdf_file%2F0004%2F109741%2FSupport-Levels-Guidance-Sheet-2020-Final.pdf&data=02%7C01%7CNicola.Green%40kent.gov.uk%7C64f3af5d794a449bb47c08d864560234%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637369667899939524&sdata=asaAZ8EpJe548kqJ8ZTg4dcbbmYxBCr0c8VGjzurdN8%3D&reserved=0)

Early Help means taking action to support a child, young person or their family early in the life of a problem or as soon as it emerges. It can be required at any stage in a child’s life from pre-birth to adulthood and applies equally to safeguarding or complex needs that the family cannot deal with or meet on their own.

Early Help support requires agencies to work together to ensure a child and their family receives support in a timely and responsive way, so that children are safeguarded, their educational, social and emotional needs are met, and outcomes are good.

Early Help reflects the widespread evidence base that it is better to identify and deal with problems early rather than respond when difficulties have emerged, when intervention can be less effective and often more expensive. Early Help assessments and intensive support is currently offered through the Early Help Units, whilst Open Access services provide universal, targeted and additional support.

1. **Principles**

The guiding principles of the work with families and children within Early Help Intensive Units are:

* Building on families existing resources with a culture of high aspiration and empathy.
* Building family wellbeing and resilience that leads to sustained change
* Listening to the voice of children, young people and families and using their voice to shape our support
* Joining up services to support families at the right time and in the right place, with a focus on reducing transitions



Request for Support



District worktray

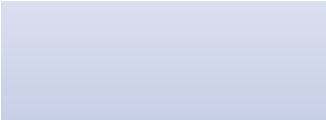


Confirm if any

additional

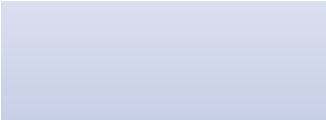
information needs to

be gathered



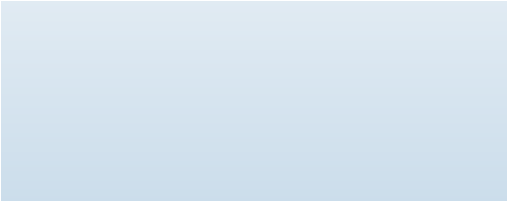
Level

2

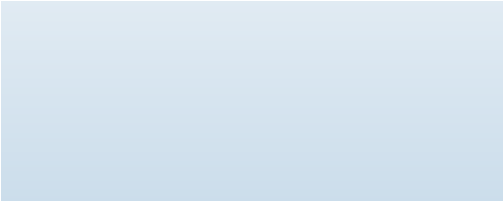


Level

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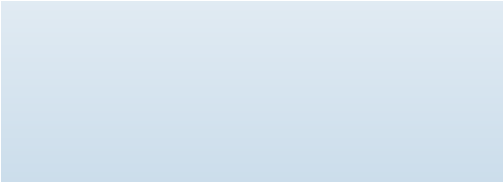


Speak to FD



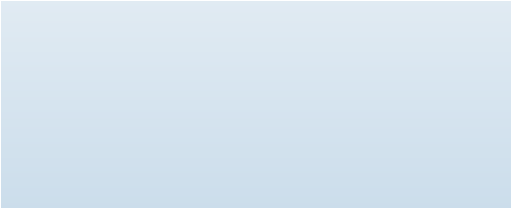
Decision regarding

district conversation



Communicate with

referrer using FD script



EH Unit

/

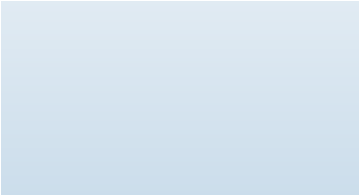
Adolescent EH

Unit allocation

&

best

practice phone call

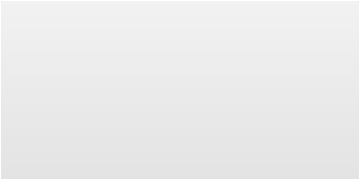


Advice

&

Guidance

Case Closure

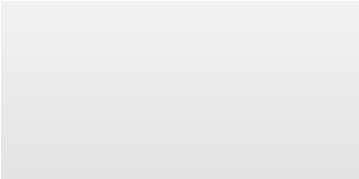


Light

-

touch EH

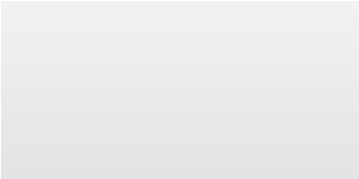
assessment



Intervention if

required beyond

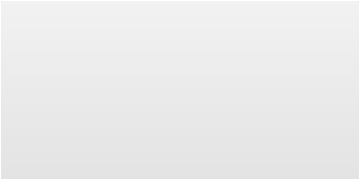
assessment



Moving Forward

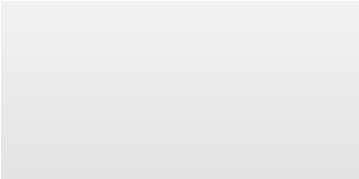
Plan

Case Closure



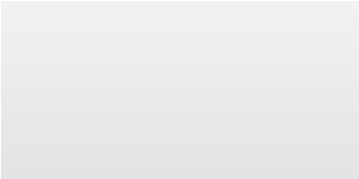
Full Family

Assessment



Plan

intervention

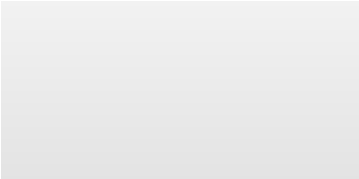


Review

(

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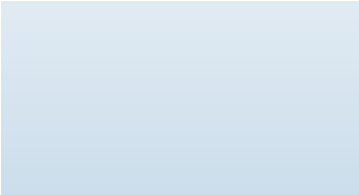
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Moving Forward

Plan

Case Closure



Proportionate

assessment

1. **Allocation and First Contact**

The Early Help Service Manager is responsible for ensuring that all requests for support are allocated to an Early Help worker within two working days of receipt within the district. Prior to allocation the Early Help Unit Lead will confirm if further information is required. If more information is gathered and the case is revised as meeting Level 2 (Kent Support Level Guidance) the referrer will be offered the same advice that is given by Front Door colleagues to remain consistent with Level 2 guidance. This decision and rational should be clearly recorded.

Once allocated the Early Help worker will review the Request for Support information and contact the referrer to gather any additional information. The Early Help Worker should contact the family within 10 working days of the Request for Support being received at the Front Door. The Early Help Worker should introduce themselves and the service, request permission to contact any other agencies supporting the family including early years settings, schools and health and make arrangements for suitable time, date and place to meet to undertake the assessment and agree the Early Help Family Plan. The following details should be clarified as part of the first contact:

* Family address
* Who lives in the family home, including DOBs
* Contact details for non-resident parents/carers
* Which schools/nurseries the children attend
* Any other professionals involved with family
* Family’s view on support needed (This information is important to confirm the need for EHA)

1. **Early Help Assessment**

In Kent, we want to use the Early Help Assessment to help ensure that children, young people and their families get the right help, at the right time. In order to intervene at the earliest point, and target help and support in a way that makes a difference to the lives of families, a good quality assessment and Early Help Family Plan is required.

The Early Help Assessment is part of Kent’s Early Help Strategy to provide help to families at the earliest point of identification, and to reduce the need for more specialist or statutory service interventions at a later stage.

The Early Help Strategy introduces a new streamlined assessment using Signs of Safety, a strength-based approach to work with children and families. Working Together 2018 states that for an assessment to be effective *“it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child’s wishes and feelings wherever possible: their age; family circumstances; the wider community context in which they are living.”* The models and approached as outlined in the Kent Practice Framework are also tools for the practitioner to employ with families. *(*[*Kent Practice Framework*](https://www.proceduresonline.com/kent/childcare/user_controlled_lcms_area/uploaded_files/KCC%20Practice%20Framework.pdf)*)*

**Remember! Not all assessments need to lead to a plan or intervention, it may be that your use of questions, support and guidance may be enough to enable the family to develop their own safety plan and network!**

1. **Principles underpinning a good assessment**

The basic principle of an effective assessment is the gathering and analysis of information, identifying strengths and worries, in order to generate a plan of action which focuses on achieving a positive outcome. This should be done in a collaborative way alongside the child and family with their full engagement. It is important when carrying out an Early Help Assessment to have a meaningful conversation with the child and their family to ensure action plans and decisions are fully informed and agreed with the child and parent/carer. This should include ensuring the child and family’s goals and wishes are directly included in the plan along with identified actions to address these goals.

**Strength-based assessments**

A good assessment should be flexible and perceptive of an individual’s situation and needs around the assessment process; follow a holistic and whole-person approach; and be professional, honest, open and approachable. A good quality assessment provides a holistic analysis of the family’s strengths and needs and is also:

* **Accurate** – The assessment provides an accurate and factual representation of the strengths and needs of the child and their family.
* **Clear** – The assessment is concise and understandable by all those involved, particularly the family and any professionals who may be involved, or who take responsibility for the case at a later stage.
* **Inclusive** – The assessment ensures that the child and their family are fully involved, and their voices are evident throughout.
* **Promotes equal opportunities** – The assessment is not biased and gives positive expression to the opinions and experiences of the child and their family without prejudice or discrimination.
* **Authentic** – The assessment is an accurate and evidence-based record of the discussion.
* **Professional** – The assessment is non-judgemental and follows organisational codes of practice for recording/writing public documents.
* **Solution-focused** – The assessment focuses on what the child and their family want to achieve and builds on their existing strengths.
* **Systemic** – The assessment focuses on the various systems within which the children or young people operate (home, setting/school, community, etc.).
* **Practical** – The assessment clearly identifies the strengths and needs of the child and their family and there is an appropriate Early Help Family Plan to address those needs, as well as information on what could happen if no action is taken.
* **Child Centred** – The child is seen and kept in focus throughout the assessment and that account always taken of the child’s perspective.

If at any point you are concerned about the safety or welfare of the child or young person, seek immediate advice at the end of the discussion using your organisation’s safeguarding procedures. Discussing difficult issues can be challenging for the child, family and practitioner.

The Early Help Assessment is a structured framework to record the conversation with a child and their parents/carers, family about circumstances, issues, risks, strengths and difficulties. The fundamental purpose is to identify and agree a SMART **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**imely plan focused on positive progress and impact on the future development and wellbeing of the child and the parental goals and family changes that will support and facilitate this.

What is of the utmost importance is the engagement of children and their parents/carers and family in the assessment process. The EHA must therefore lead to a shared understanding by the child, parents, family and practitioners of how the needs of the child will be met through the actions of the professionals, the actions of their parents/carers, and the actions of the child. Always remember to **“**Think father” even if non-resident, identify him, his whereabouts and his relationship with the child and family. It is essential that we can demonstrate an understanding of the child’s lived experiences.

1. **When should I complete an Early Help Assessment?**

Here are some examples of situations when you may want to consider completing an assessment. This is not an exhaustive list, but gives you examples of things to consider:

* A child or young person, their parent/carer, or a practitioner is worried that the needs of a child are not being met.
* Someone in the family or social network is experiencing issues (such as substance abuse/misuse, violence, physical or mental health problems, crime) that might impact on the child but are not so significant that the child is at risk.
* There is a concerning change in a child’s appearance, demeanour or behaviour. This could be due to a significant family event, for example, bereavement, family breakdown, or worries at home such as additional caring responsibilities.
* A child is repeatedly missing medical appointments for example immunisations, optical or dental care.
* A child is missing developmental milestones or making slower progress than expected at an early year setting, school or college.
* A child is persistently late from or absent from attending an early year setting, school or college.
* A child that is at risk of repeated fixed term or permanent exclusions.
* A child is experiencing physical or emotional ill health or disability.
* A child is presenting with challenging or aggressive behaviours, is suspected of abusing/misusing substances or committing offences.
* A child is being bullied or is a bully themselves.
* A child is experiencing other disadvantages for reasons such as race, gender, sexuality, religious belief, or disability.
* A child is homeless, being threatened with eviction, or living in temporary accommodation.
* A young person is becoming a parent.
* A young person is at risk of not being ready to make a successful transition.

1. **Next Steps**

There should be a clear link between the assessment information gathered, the family’s goals, and the Early Help Family plan. The plan should be written in a language that is understandable and ownership of the plan must be given to the child and their family. Actions need to be **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**imely (SMART). It is good practice – and a way of empowering a family – to give actions to individual family members.

**The purpose of the Early Help Assessment is not to make a child and/or family dependent on a professional and/or a service intervention, it is to empower the child, family members and services to achieve positive outcomes for themselves.**

1. **Consent**

The EHA is completed **with the consent** of the child and their parents/carers. We seek to engage the parents/carers regardless of the age of the child. If parental engagement goes against their wishes, we factor this into our assessment and take it into account when determining the support, the child requires and undertaking a risk assessment.

**What happens if Consent is refused?**

An initial lack of cooperation may be resolved within a short space of time. In a few instances practitioners in all agencies will come across families who prove to be reluctant, resistant and sometimes angry or hostile to their repeated efforts to engage with them. In extreme cases there can be intimidation, abuse, threats of violence and actual violence. In other cases, they may appear to engage with practitioners, but only superficially and with no real commitment on their part. The adults may also be focused on their own needs which can divert practitioners from a focus on the child. If this arises, practitioners must seek advice from their manager or designated person to explicitly identify in a timely manner whether this parental behaviour is having a detrimental impact on the child/young person and together consider if other action might be necessary. The behaviour may prevent or restrict opportunities to assess and observe the child in their own home. It may also restrict other sources of information from other practitioners or family members. It is important to explicitly work out and record what areas of assessment are difficult to achieve and why. The presence of violence or intimidation needs to be included in any assessment of risk to the child living in such an environment.

In these circumstances, the practitioner should deploy a **respectfully persistent** approach to engage the family (***see appendix 1***). Insufficient engagement and co-operation of a parent/carer that impacts on the welfare of the child should be explicitly analysed to identify whether a referral should be made to the front door. Safeguarding procedures should be followed without delay if a child/young person is at risk of harm or likely risk of harm should no action be taken.

1. **Proportionate Assessment**

The assessment must be proportionate, which means that the assessment is only as intrusive as it needs to be to establish an accurate picture of the needs of the child/family. This will involve:

* both hearing and understanding the initial presenting problem
* not taking this at ‘face value’ (professional curiosity)
* ensuring any underlying needs and complicating factors are also explored and the impact understood.
* Needs may well differ in their breadth and depth, meaning additional exploration of underlying needs may be required.

The aim of carrying out assessment proportionately is to ensure that assessment is not overly burdensome and recognises the child/family strengths.

1. **What does a lighter touch assessment involve?**

If a lighter touch assessment is indicated, this will be guided by the Early Help Unit Lead as part of their management oversight, as outlined in the [ICS Supervision Policy](https://kentchildcare.proceduresonline.com/pdfs/ics_supervision_policy.pdf) also see [ICS Supervision Practice Guidance](https://kentchildcare.proceduresonline.com/pdfs/sup_prac_guidance.pdf)

The assessment should include:

* All Early Help Assessment sections to be completed concisely to outline the strengths and worries
* An expectation that children are seen, and views are incorporated into the assessment
* One worry statement to be developed with the family
* The Early Help Family Plan details any interventions and referrals required. All referrals to be made immediately and followed up to ensure that service is in place prior to closure wherever possible.
* A robust Moving Forward plan is developed based on the Early Help Family Plan

1. **Step downs**

This guidance should be read in conjunction with the County Step Down guidance and should be shared across Integrated Children’s Services.

* The Early Help (EH) Unit Lead and Children’s Social Work (CSW) Team Manager should systematically plan and discuss all step downs on a weekly basis. There should also be the opportunity to review and update previous step-down cases and to make decisions if cases need to be stepped up to Children’s Social Work Teams (CSWT) or there are worries around disengagement/drift. All discussions should be recorded as a case note on both EHM and Liberi. The recording format should be:
* Decision
* Rationale
* Next Steps
* The social worker and the intended early help worker should have a pre planning discussion as to how the transition conversation is managed jointly between staff members. Joint visits should be seen as planning meetings that are critical to promote engagement, understand expectations, build the plan and develop contingency measures. Therefore, both workers need to arrive with a clear idea of how they will manage the conversation with the child/young person and family. Non-resident parents and carers should also be considered prior to the visit and how they will be engaged. Ideally, they should take place face to face, but can be undertaken virtually if need be and appropriate to the case.
* The joint conversation or visit with the child/young person and family should take place with the social worker and the early help worker before the case steps down on the
* system. This is to factor in any changes agreed with the child/young person and family and to support engagement.
* During the visit/conversation, there should be a focus on the agreed plan for early help going forward that outlines the details and expected length of intervention with the family. This needs to be focused and structured so that the child/young person and family knows what to expect and has an idea of what EH involvement will include. The plan should be strengths based, co-produced and include the voice of the child/young person and family as much as possible. It should also provide clarity, via a contingency plan, about how potential incidences of concern will be managed, including the possibility of the case being stepped back up to CSWTs. All joint visits should be recorded on Liberi and EHM by the social worker and Early Help worker.
* Any incidences that occur at the joint visit that could alter or affect the decision to step down need to be evidenced, and the rationale for continuing to proceed or cancel needs to be demonstrated as a joint discussion and decision between the UL and CSW Team manager. This should be recorded on both systems.
* Wherever possible, the Early Help assessment should utilise the Child and Family assessment (C&F) and the co-produced plan, in order to speed up the time to intervention and reduce duplication. This will need to be clearly identified and marked in the EH assessment by the worker. There may be occasions where this is not possible or appropriate. In these cases, a rationale should be evidenced through the discussion with the Team Manager and Unit Lead, and as part of case direction.
* It is possible for some C&Fs and the Early Help assessment to be completed at the same time where it is clear that the case can step directly down to Early Help. Where it is logistically possible, aligned teams and approaches can assist with the responsiveness of both services. More in depth guidance is provided on the next page.
* Children and young people should be seen within ten working days of the step down. Any step-down allocations when workers are on annual leave or off sick must factor in this requirement so that the child, young person and/or family are not left without a visit following step down.
* Contingency planning should include detailed risk management and clarity on when Early Help need to trigger a case conversation with the Team Manager. A decision should then be made (and recorded on both systems) whether the case will remain with EH or escalate back to CSWS.
* There should be communication with partners that the plan is stepping down and their views sought to inform the development of the plan.

For Step Down discussions the following headings must be used and recorded in the **Step-Down form in Liberi** in the tab “**For completion following Transfer meeting”.**

**1. What we are worried about / Needs**

**2. Agreed plan** This should include: -

The Role and function of Early Help

The intended outcomes and the key focus

Any engagement strategies

The agreed number of sessions and what they pertain to e.g. 3 x sessions on anger management and the expected length of time that EH will be involved

Method of delivery

Role of other agencies and any referrals to other agencies in place

**3. Contingency plan (**Specific Plan required should worries escalate)

This should be very specific and discussed with the family at the joint visit/conversations.

**Joint Proportionate C&F and EH assessment**

This section is specific to cases that come in to CSWS duty inbox and there is a view by the duty team manager that the case is likely to require a proportionate C&F leading to an immediate step down. In these cases, the social worker and the early help worker work together to gather the information required for the proportionate C&F and the EH assessment e.g. agency checks. The social worker will identify the tasks that they must undertake as part of their statutory role ( e.g. seeing the children) but there may be tasks that the EH worker can undertake that would speed up the assessment process and ensure that all the information required for the EH assessment is simultaneously collected. This then means that Early Help will not duplicate the conversations with the children, young person and family and other agencies but will copy and paste the information of the C&F into the EH assessment. It is possible for these assessments to be achieved in ten days.

The process is as follows:

* Potential cases that “could be” EH or SCS agreed with Unit Lead and Team Manager and joint visit agreed.
* Duty team SW and duty? EH worker plan firstvisit and how they will collectively support the gaining of information for the C&F assessment and the EHPS assessment. Statutory guidelines must still apply.
* Visit with children, young person and/or family completed and feedback to Unit Lead/ Team Manager as to which service is best placed to provide support.
* If case is not suitable for EH at this time, the joint information gathering will not be completed and the C&F will proceed. A co-produced plan will be developed as per normal step-down guidance.
* If a proportionate C&F is required with agreement that the case will then Step Down to Early Help, joint information gathering will proceed and both assessments will be completed with ten days. Once complete, case can step immediately across.
* At step down, no joint visit will be required.
* Information gained as part of the process including the co-produced plan will be immediately transferred into the EH assessment and authorised so that direct work can swiftly take place.

**See Appendix 2** (Flowchart for Step Down Process) **and Appendix 3** (Flowchart for Proportionate C&F to Step Down)

1. **Case recording guidance**

Case recording needs to be clear, concise and understandable to a person reading it who does not have prior knowledge of the case.

Practitioners may find the following bullet points a useful structure for recording meetings with children and their families.

1. **Aim of meeting/event**
2. **Who was present?**
3. **Main discussion points - Set the scene**
4. **Observations**
5. **Reflections and analysis**
6. **Actions/next steps**

Case recording is a routine good habit, the list below details expectations of what “good case recording” needs to feature:

* children’s views, wishes and feelings
* Parents /carers views and wishes are fully sought and recorded
* language that is understandable and not discriminatory, labelling or blaming (the people being written about are entitled to see their records)
* emails should **not** be copied and paste into contact records. Contents should be summarised and if appropriate the email attached as a document.

***See appendix 4 and*** [***Case Recording***](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkentchildcare.proceduresonline.com%2Fchapters%2Fg_recording_guide.html%3Fzoom_highlight%3Dcase%2Brecording&data=02%7C01%7CNicola.Green%40kent.gov.uk%7C64f3af5d794a449bb47c08d864560234%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C637369667899949515&sdata=BxJ1re07gqbuRnp3wtO80NQlE2Mh97naKoC3A8d1lPk%3D&reserved=0)

1. **Reviewing the Early Help Family Plan**

The Early Help Family Plan must be reviewed at least every **6 weeks** ensuring the family and other partner agencies supporting the plan are involved and discuss progress and issues, any changes in circumstances and agree next steps. They will formally evidence the progress and sustainability of change and any impact it is having on the family. The family’s views must be recorded, and the Early Help Worker must ensure the family receive a copy of the review form. Subsequent reviews should follow the same approach.

1. **Ending Intensive Work**

As the aim of Early Help is to promote resilience, not reliance, Early Help Workers and families should be seeking to end intensive casework as soon as the outcomes have been achieved and there is confidence that the progress can be sustained. At the final review Early Help Workers must discuss next steps with the family and agree what needs to happen when the case works ends. This will form the content of the Moving Forward Plan (***See appendix 5***) which is shared with the family to enable progress to be sustained and to enable their own capacity to resolve any future difficulties. The Moving Forward plan must also be shared with any partner agencies who continue to be involved with the family to ensure a continuum of support.

1. **Management Oversight and Case Supervision**

See Integrated Children Services Supervision Practice Guidance.

NB Additional sections to be added

* ECHP assessment guidance
* Step Down best practice following recommendations of EH Step Down Audit

**APPENDIX 1**

**Resistant Families – Working with Refusal to Consent or Engage**

Some families will refuse to consent or co-operate when early help is suggested. Sometimes verbal consent will be given (as a result of a Safeguarding referral) and then withdrawn when a professional or practitioner attempts to engage the family. Other families, where there have been no safeguarding concerns raised, will refuse offers of early help and may be suspicious of professionals’ intentions.

* If the family has come to you through a referral from another agency, contact the referrer if the family refuse to engage. They may have a better relationship with the family and can support you with a warm handover/joint visit.
* If you are attempting to contact a family by telephone, make attempts at different times of the day and on different days. Record these attempts on the family file. Check the number you have and look for an alternative in your records or on the referral if there is no response.
* If you have an address and have not been able to make contact by telephone, you might consider calling at the property to leave an invitation to the family to make contact. The invitation should be an offer of support and include contact details of a named individual.

**Resistant Families – Working with Disguised Compliance**

Disguised compliance, resistance and denial are common features of families with early help needs. Apparent resistance may be the result of fear, stigma, shame, denial, ambivalence, or the parent’s lack of confidence in their ability to change or lack of insight into their parenting capability and the impact on their children.

* Indicators of disguised compliance can include: a lack of measurable progress at reviews, despite apparent effort and co-operation from parents; parental agreement to change but not completing agreed actions to achieve it; change occurring due to the efforts of other agencies rather than the parents; inconsistency in the areas where change is achieved with parents opting to work with some professionals and not others or on some actions and not others; children’s views differing significantly from that of the parents.
* Look out for missed appointments; exaggerated co-operation and compliance; attempts to minimise professionals’ concerns or denial of the impact of the lived experience of the child; aggressive or threatening behaviour when challenged; unjustified claims of progress being made or actions carried out and a refusal to discuss key issues whilst focussing on others that have less or no impact for the child.
* Some parents may be resistant to the involvement of professionals, rather than resistant to change, particularly where they feel professionals are excising power over them instead of working with them in a supportive manner. Consider the professional relationship with parents and ensure parents feel respected and avoid judgmental language or assertions about their behaviours or motivation.
* Be alert to the risk of collusion with parents. Where parents appear co-operative, remain open to hearing the voice of the child throughout the process and always measure parents’ assertions there has been progress against the child’s lived experience. See and speak to the child regularly.
* Ensure there is *evidence* of improvement through the use of assessment tools and do not rely solely on the parents’ views to measure success. Cross check against the evidence, maintain ‘respectful uncertainty’ and check what parents say with other professionals.
* Without good evidence, do not be over-optimistic about progress. Share information with other professionals regularly and check on their view of progress made to challenge your assumptions.
* Challenge your approach with the family through supervision. With your supervisor, hypothesise about possible underlying issues that parents may not want to face, consider evidence carefully and reflect on the quality of parental engagement and motivation to change when progress is not being achieved.
* Where parents are openly hostile or aggressive, consider risk to the worker and discuss in supervision the strategies needed to overcome this. Re-evaluate risk to the worker and the child regularly.

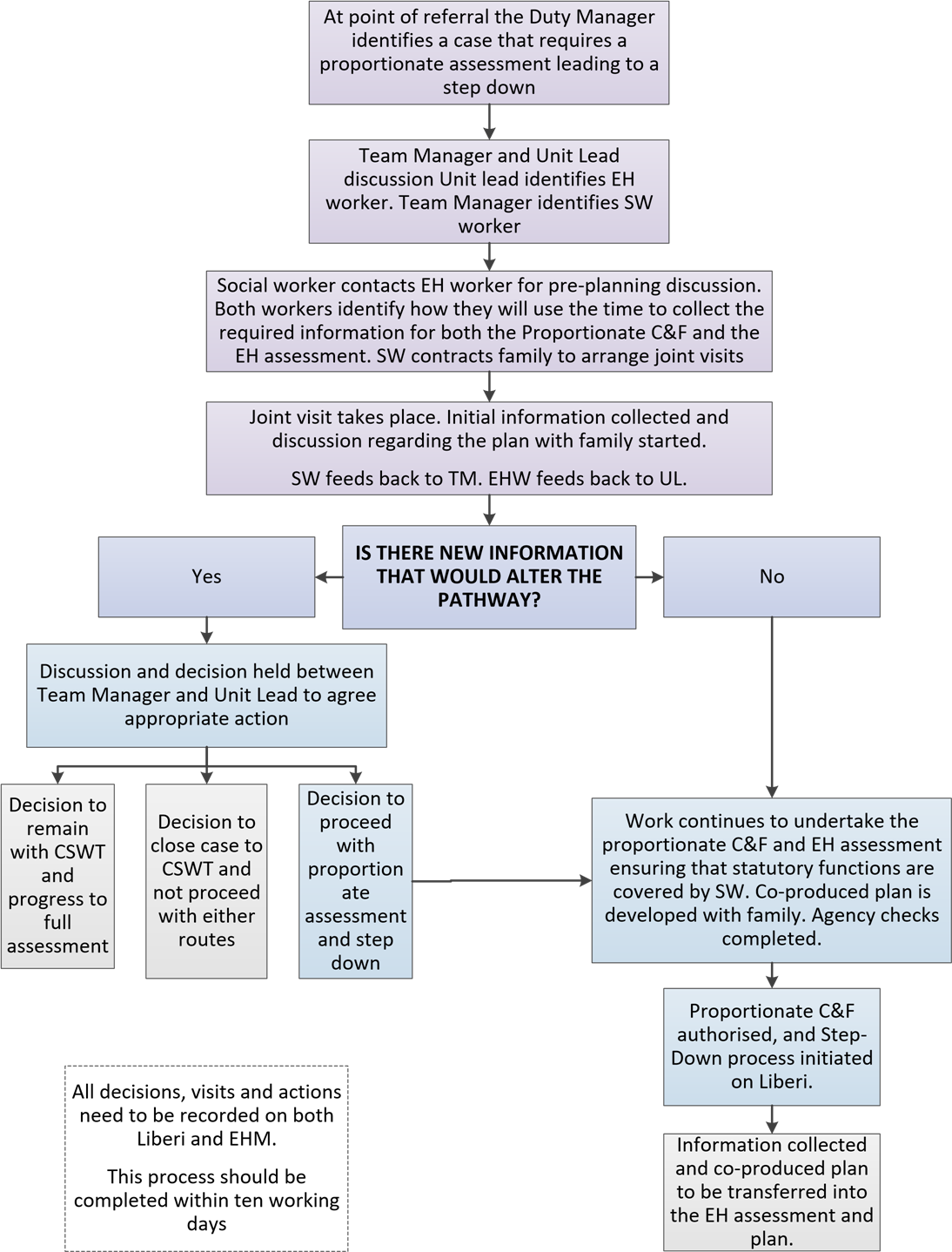
**APPENDIX 2**

**Integrated Children’s Services Step Down Process**



**APPENDIX 3**

**Integrated Children’s Services Proportionate C&F to Step Down**

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**APPENDIX 4**

**Reason for CONTACT:**

Identify the **AIM** and **PURPOSE** of the home visit.

Is the **AIM** of the home visit **LINKED** to the **PLAN**?

**DETAILED NOTES:**

Who was present, seen and where?

Was the **CHILD SEEN**, seen **ALONE** and if not, why not?

**WISHES** and **FEELINGS** obtained.

What did you **DISCUSS** and **OBSERVE** in the home visit?

Progress of the **PLAN**

**ANALYSIS:**

This is the “making sense of” or drawing out the “meaning” of all the information available for the child or young person and their family.

The critical thinking involved in analysis enables you to move beyond a list of issues to examine the interaction between them, and y cumulative effect and the protective factors and determine the risks and needs to be addressed.

**ACTIONS:**

What A**CTION** is to be taken?

By **WHOM**, by **WHEN** and **HOW** is this to be **MEASURED**.

Any changes to the agreed plan?

|  |
| --- |
| **Moving Forward plan**  Who and what do we have in place to support us |
| **What were the wellbeing goals that we agreed to work towards?**  . |
| **What have you done to work towards achieving these goals?** |
| **What support is available to our family going forward?**  **Family/friends support:**  **School support:**  **Community support including open access** |
| **What else do us as a family need to do – next steps** |
| **What is our plan if things don’t go the way we expected** |