Shropshire Council Children's Services – Strengthening Families through Early Help

Early Help Family Hubs – Practice Standards

June 2019
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FOREWORD

'***Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.'***
Working Together Guidance 2018

High quality Early Help ensures that children and their families are offered the right support at the right time with the aim of preventing problems escalating.

This manual sets out standards that relate to good practice in Shropshire's Early Help Family Hubs. Adherence to the standards will play a vital role in helping to improve outcomes for vulnerable children. At the heart of this document is the commitment to work with children, young people and families, building on their existing strengths to enable them to better manage the risks and challenges they face.

Early Help staff and the job they do are valued as part of Shropshire Council's Children's Services and this manual will give them a clear framework for practice. This manual is not a stand-alone document and should be read in conjunction with other key policies and procedures. The manual does not cover every aspect of practice but aims to provide standards for the key areas of practice with children and families.

Contents

WHAT ARE PRACTICE STANDARDS?

The standards and practice matters contained in this manual should be viewed as part of an approach to ensure that services are delivered to an agreed quality. They do not stand alone but are an integral part of achieving service strategies and policies and meeting procedural and operational requirements.
There are three key drivers in any organisation for determining the way a service is delivered. These are having agreed standards, procedures, and policies.
The following definitions help show how these drivers are related and dependent on each other.

Standards: These are the rules that describe the (minimum) service or practice that can be expected by the service user. Most of them are legally set through government guidance and legislation or are based on evidence-based research. They are mandatory.

Procedures: These are the steps that describe the actions needed to deliver that service or practice – what, how, when, where and who. They are mandatory.

Policies: These provide the strategic context for shaping the standards and procedures and answer the question of why the service is delivered in a particular way and why the service is important.
The delivery of the policy requirements, as set out by Shropshire Council is the responsibility of all staff.

The standards in the manual are designed to improve consistency in practice across the county and to ensure a high-quality service provided to the vulnerable children and young people of Shropshire and their families.

SECTION ONE: MANAGEMENT OF PRACTICE
WHY THIS IS IMPORTANT?

'*The importance of effective leadership in local authorities' children's services cannot be underestimated.'*
(Joining the dots…. Effective leadership of children's services, OFSTED 2015)

The decisions and actions made by managers and practitioners will have a profound impact on the lives of those children and their families for whom they have a responsibility, whatever happens. They therefore must be undertaken with the greatest care and diligence to ensure the best possible outcomes for those children and their families.

Managers across the service, which includes the Head of Early Help, Early Help Team Managers, Early Help Area Leads and other programme leaders, have overall responsibility for ensuring that a good quality service is provided which includes the following:

- Ensuring a professional response from the initial contact to the closure of the case.
- Overseeing good quality decisions about the type of response to be given, and ensuring the skills, competences and capacities are in place for a quality service.
- Providing clear direction and setting priorities in the service.
- Ensuring the young person's voice is heard and fully considered when implementing the plan.
- Ensuring a 'Whole Family Approach' is adhered to.
- Ensuring effective plans improve outcomes for children and families.
- Ensuring plans have been shared with the family and other agencies who offer support to the family.
- Scrutinising cases to ensure good quality recording, analysis of need and formulation of good quality plans.
- Providing good quality supervision, including the opportunity for peer supervision, annual appraisals and well organised staff and team meetings.
- Making sure staff work within a supportive team culture, with good communications, and routine commitment to rigorous professional practice; and
- Demonstrating effective multiagency collaboration and working.

To provide a quality service, practitioners need to know what their managers expect of them and managers need to be assured that work has been carried out to an acceptable standard.

In a practitioner's absence, colleagues need to be able to access the records and know quickly what has been happening in a child's/family's life and how best to respond to any needs arising.

Managers are responsible for ensuring that there are systems in place to monitor and review the performance of staff, and provide support and professional development for practitioners,

so they can deliver the best possible service, as well as comply with service procedures and legal requirements and ensuring that persistent efforts are made to engage the most complex and resistant families.

Consistent scrutiny of practice makes explicit the service's expectations of each practitioner and enables the manager to provide evidenced feedback about good or acceptable practice, or to address unacceptable performance where it is identified.

This section is intended to assist managers in providing and evidencing consistent scrutiny, support, and supervision, and ensuring defensible decision-making. It will also help practitioners understand better what the manager can reasonably expect from them when evidencing their practice through accurate and up to date records.

STANDARDS: GENERAL MANAGEMENT/SCRUTINY

1.1. All managers will ensure that they adhere to the standards set out in this practice standards manual when carrying out their role.

1.2. There will be evidence in case records that Managers have scrutinised practice to ensure that decisions are made in the best interests of children, young people and their families. All decisions made by managers will be clearly recorded.

1.3. Managers will ensure all assessments and reports are of good quality and are completed in a timely manner.

1.4. Managers will ensure that thorough enquiries are undertaken that produce good quality assessments and analysis of needs, leading to well-argued and evidenced recommendations for actions to be taken.

1.5. Managers will aim to observe and give constructive feedback to front line practitioners on an annual basis to help them improve their practice.

'Managers must lead by example by taking a personal and visible interest in frontline delivery.' (Laming, 2009: 2.12)

Scrutiny of practice will be evidenced through case audit, supervision and observations. It is important that observation of practice is a constructive and learning activity for practitioners.

The service has identified a number of key requirements to assure ourselves that children and young people are kept safe, have their needs met and receive a quality service. Where the Early Help team are supporting a family at Tier 3 on the Threshold Document, these include the requirement for an allocated worker; that their needs are assessed and they each

have a whole family plan which meets those needs and that the plan is reviewed on a regular basis amongst other things.

The supervision record is a key management tool for planning and evidencing scrutiny. The manager is expected to use the relevant template, which has been designed to guide good quality supervision and decision-making. It must be used in every supervision session where the family's case is discussed and must include consideration of the following:

- The purpose of the practitioner's intervention with clear expectations. (Includes reviewing the effectiveness of the plan in improving outcomes).

- Guidance as to the course of action required if expectations cannot be met, and contingency plans in the event of no access visits, withdrawal of consent or non-engagement.

- Discussion about how the voice of the child and the family is influencing the work being undertaken and evidence that the child is being regularly seen and communicated with.

It is also essential to effective and visible management scrutiny that records contain evidence that they have been regularly audited and routinely read.

Any training or support needs he/she may have in order to complete the agreed actions to an acceptable standard.

KEY PRACTICE ISSUES:

Auditing

Team Managers are responsible for the auditing and scrutinising a family's case records during supervision to ensure that:

- The details held on the child and family file, are accurate and up to date.
- The chronology is up to date.
- Records are up to date and well written, with entries owned by the practitioner.
- Records must meet agreed standards of practice, e.g., regarding visits, seeing the child alone and recording the child's views.
- The family's most recent plan and review minutes are on record.
- All documents are located in the correct sections and in the correct order.
- In accordance with the Data Protection Act, only documents that are relevant to those members of the family on the consent form are retained, and they are not kept longer than the Act requires.

- Case supervisions are recorded under contact type ‘management supervision’ or in an ‘Early help Case Supervision form’, referenced by a case note.

Any action needed to address poorly maintained records must be discussed with the practitioner and steps to address this noted on the supervision file.

STANDARDS: SUPERVISION

1.6. All staff will have supervision contracts and annual appraisals in place that are being acted upon and progressed within agreed timescales.

‘Supervision is the cornerstone of all good social work practice’.
(Laming, 2003, Victoria Climbie Inquiry Report).

The purpose of supervision is to offer a *Managerial, Representative, Supportive and Developmental* element to practice.

Effective supervision is:

- **Regular and scheduled:** both parties need an opportunity to prepare for it.
- **Documented:** there needs to be a clear audit trail.
- **Supportive:** issues such as workload, stress, safety in dangerous situations and the emotional effect of difficult cases must be addressed.
- **Probing and challenging**: cases must be discussed in detail to ensure all issues have been covered and professional curiosity applied.
- **Non-adversarial**: a blame culture will lead to defensive behaviour and the cover up of omissions.
- **Skilled**: line managers need to be fully trained in supervision skills

KEY PRACTICE ISSUES

Managers should be familiar with and adhere to the **Targeted Early Help Supervision Guidance (Oct. 2019).** This guidance supports the overarching supervision policy for CSC; it does not replace it.

There must be a **supervision contract** between every member of staff and their manager.

Every manager has a duty of care to staff. This includes a requirement to ensure that they are safe within their work environment.

Staff have a professional responsibility to be accountable for their own conduct, development, and delivery of a high-quality service. This includes being prepared for supervision, bringing evidence of progress, seeking appropriate assistance when needed and using a range of learning opportunities.

Formal supervision for practitioners, which includes case discussion, professional development and personal support, will normally be held monthly. The frequency of supervision sessions will also be determined by the level of experience and the complexity of work being undertaken.

Annual Performance Appraisals

All Early Help staff must have an annual appraisal. This is an important opportunity to formally note achievements in the past twelve months and record any actions needed to address learning and development needs identified during ongoing supervision and case discussions. The appraisal will set goals for the coming year.

As part of preparation for this appraisal the manager will have directly observed the practice of the worker where relevant, (on a home visit where appropriate) and will provide constructive feedback and record this on the appraisal documentation.

Managing performance

Effective supervision and support, and holding practitioners to account, can substantially reduce the risk of poor or under- performance by practitioners. Where poor or under performance by the practitioner is identified, managers must seek support and guidance from their own line managers and their local human resources service.

Supervision records

There must be a record of the discussion completed for each family on the Early Help Family Practitioner's caseload every two months, as a minimum requirement. However, the level of discussion and recording will be dependent upon the complexity of the case and the professional judgement of the supervisor. The record must be located with the family's case records within five working days and a full Early Help Case Supervision form must be completed as a minimum once every four months. (Where non case holders (e.g., senior managers) discuss individual cases and make decisions this must be recorded on the family's case):

- It is good practice to remember that the child/YP/family being discussed may see the supervision record in the case recordings at some point in the future.

Wider supervision records around the practitioner's health and wellbeing, unrelated to case management, must be recorded using the Children's Services Supervision template and saved in the practitioner's electronic personnel file on SharePoint and a copy provided for the practitioner's own records.

STANDARDS: SERVICE CULTURE AND SUPPORT

1.7. All managers will lead their staff group and ensure that staff work in a professional environment that is conducive to delivering good professional practice.

This includes having a staff culture that brings support, constructive challenge, and professional rigor to daily practice.

All staff groups work best when there is a culture of mutual support, strong management and leadership, good communications and clarity in defining and acting on shared understandings of professional responsibilities, standards and expectations.

In addition, staff, need support from their managers that demonstrates commitment to their professional development and opportunities to innovate, that provides the practical means to work in a supportive physical environment, and gives protection so that the workload is manageable.

KEY PRACTICE ISSUES

Support

Managers will lead by example and set standards of behaviour, presentation and conduct that promotes good professional practice.

Managers will cultivate a staff atmosphere that is mutually supportive and draws on the professional strengths of all staff.

Managers will ensure that staff have manageable workloads.

Managers will provide good lines of communication, ensuring that important service policy and procedures are shared, understood, and acted upon.

Managers will provide regular supervision and meaningful annual appraisals that take account of the strengths and areas for improvement of staff and seek to ensure that the service continues to invest in staff's professional development.

Managers will ensure that the internal administrative and information sharing systems and arrangements support professional practice.

Managers will hold monthly team meetings and will distribute minutes of the meeting to all staff in attendance. An electronic folder must be set up to store all the relevant minutes.

Managers will ensure that all team members are based in their dedicated office space once a week, as a minimum, to benefit from the support of their colleagues and line manager.

Constructive challenge

Managers will monitor the quality of the service through regularly scrutinising practice and auditing case recording and take steps to rectify poor quality practice when it is identified.

Managers will look for opportunities to bring about improvements in practice, and support staff in delivering those improvements.

Professional rigor

Managers will keep up to date on research findings in practice and policy and guidance documents relevant to their area of work. They will routinely access research to support practice and other materials provided through practice development websites and publications.

Managers will ensure that all staff adhere to the standards of practice in the Practice Standards document, and that staff always conduct themselves in a professional manner in terms of their dress, language and behaviours.

SECTION TWO: VOICE OF THE CHILD
PRACTITIONER CONTACT WITH CHILDREN

'A key theme in the SCRs was ensuring a focus on children's needs and identifying vulnerable families. 'Hearing the voice of the child' is crucial but so too is hearing the voice of the immediate and wider family. Hearing children requires safe and trusting environments for children to be seen individually, speak freely, and be listened to. The voices of adolescents are of equal importance to those of younger children, but they may struggle to express their needs or feelings, or to engage effectively with services, and there are dangers of older adolescents falling between child and adult services. Importantly, children and young people may demonstrate 'silent' ways of telling about abuse and neglect through verbal and non-verbal emotional and behavioural changes and outbursts.'
(Pathways to harm/Pathways to protection May 2016)

WHY THIS IS IMPORTANT

• Most children, for whom Early Help has a responsibility, have had difficult experiences and need help from practitioners to improve their circumstances.

• Research shows that children want to be listened to and to be treated respectfully.

• Part of the practitioner's role is to build a relationship with the child/young person. This relationship is crucial to ensuring that planning for children, and practice, is centred on the child's needs, and takes account of their views and their understanding of their world.

• Building a relationship with a child requires regular contact, where the child is physically seen, not only in times of crisis but also at times when the child's life is relatively calm and undisturbed.

• Some groups of children and young people find it difficult to communicate and rely on the practitioner to help them do this.

• An Ofsted analysis of 67 serious case reviews was completed that focused on the importance of listening to the voice of the child. There are five main messages regarding the voice of the child. In too many cases:

1. The child was not seen frequently enough by the professionals involved or was not asked about their views and feelings.

2. Agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute.

3. Parents and carers prevented professionals from seeing and listening to the child.

4. Practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child.

5. Agencies did not interpret their findings well enough to protect the child. *The voice of the child: learning lessons from serious case reviews (Ofsted, April 2011)*

STANDARDS

2.1. All children and young people for whom the Early Help Family Hub has a responsibility will have regular contact with and be physically seen by practitioners, within specified timescales, and the visits will be recorded in their case records which will be up to date.

2.2. Practitioners will listen to the voice of the child and it will be central to all plans and work that is undertaken.

2.3. Contact/visits with children and young people will be purposeful and responsive to their needs.

VISITS

The purpose of a visit is to:

- Ensure the welfare of the child/YP
- Address specific issues that have arisen
- Complete direct work with the child
- Assess the home environment
- Inform planning for the child and the family

Before a visit takes place, the practitioner should wherever possible agree a time and place for the visit to occur that is agreed by the parent/carer and if possible, by the child. The visit should be purposeful. Points to consider include:

- Check accuracy of current data held about the child and the family or carer
- Plan what specific issues are to be covered in the visit
- Be clear about the purpose of the visit
- Be clear about what to do if the appointment is not kept

During all visits the practitioner should:

- See the child/young person alone wherever possible and respond to any concerns that they raise
- Ask the child/young person how they feel and for their views about their life

- Observe relationships
- Be observant to health, welfare, religious, racial, cultural, linguistic, educational, social and leisure needs – are they being met?
- Prepare for the next review with the child/young person
- Consider how to capture the child's/young person's contributions and feelings
- Note any significant events / changes to the plan

Recording the visit

Quality of recording:

- Description must be short with emphasis on analysis of the visit
- State clearly where own opinion is given and what prompted the opinion
- Be mindful of the purpose of the recording
- Be mindful of the potential audience for the recording (child, young person, families, inspectors and other professionals)
- Include the child's views and perceptions and their actual words
- Include observations of young children – non-verbal
- Evidence the child's journey / story

Frequency of visits:

The initial home visit should take place within 2 weeks of allocation; however, the family should be contacted within 5 working days to introduce the worker and arrange the visit.

Children should be physically seen at a minimum of every four weeks this **does not** include any virtual contacts. This will ensure that there is a clear overview of the circumstances of the child and that the worker is building an effective relationship. There may be a number of reasons that practitioners are visiting children at a frequency significantly more than 'minimum requirements', this will include (but not limited to):

- Developing a new relationship with a child/YP
- Sustaining a relationship with a child/YP
- Direct work with children and young people
- Support around therapeutic interventions with a child/YP
- When the role of the child's parents is changing, when the child's needs have changed, or when there are concerns about the circumstances of the child/YP.
- The child or carer may also ask for a visit at any time. Wherever possible these visits should be facilitated.

As with all interventions with children, their views will need to be considered when discussing, negotiating, and agreeing the visiting frequency with them.

The practitioner must:

- Be a good listener
- Make time for the child/YP
- Be on time for visits
- Do their best to get to know the child/YP
- Be able to explain things clearly with no jargon
- Be aware of the feelings of the child/YP
- Be observant of the child's behaviour and development
- Ask where the child/YP wants to talk, when they want to talk and what they want to say
- Treat children and young people like an individual
- Show respect for the wishes of children and young people
- Give space when children/YP need it without questioning it

Making contact meaningful: Practitioner contact with children is not just about fulfilling work related requirements. To be a meaningful experience for the child it must be undertaken with thought and sensitivity. The following points are relevant to children and young people in the Early Help Service.

Ensuring time to see children and young people alone: It is good practice wherever possible to see children and young people alone. This does not always have to be specifically planned but should allow enough time and feel safe enough for the child/YP to engage in communication about their circumstances, any issues and concerns that they have and how they feel about the involvement of Early Help. Most importantly of all, children want to speak and expect to be heard. Time to see children alone can be approached creatively; it doesn't have to feel contrived or obvious, especially with children who are only just getting to know their practitioner. Practitioners should familiarise themselves with direct work tools and other play materials, which are appropriate to the child's age, understanding and preferences.

It is not appropriate to say a child or baby is too young to have a voice. For very young children and babies, a practitioner can understand a lot about the child by directly observing their interaction with their parents/carers. A practitioner can form a view about the child's lived experience and what it means to live in that particular household. The practitioner needs to think about the parenting capacity and how this may be affected and what this means for the child/baby in terms of their behaviour/development.

Virtual contact with a child or young person can be used to support an intervention if appropriate but must not replace the minimum requirement for physical visits.

Establishing good relationships with children and young people

- **Building respect and trust:** Being trustworthy and being respectful have been key 'rules' which children themselves have suggested for practitioners. This means practitioners turning up when they say they will, being on time and not cancelling visits at the last minute. It also means being respectful and not speaking down to, or belittling, children.

- **Prioritising time with children:** Time spent with children during visits, whether alone or shared with other people needs to be protected. Avoid the agenda and focus of your visits being 'hijacked' by other people. Be proactive in planning and agreeing with carers how time will be given to meeting with them and gathering information about the child as part of any visits.

- **Contact does not just mean visits:** Be creative about contact between visits. It is a good opportunity to establish interest and involvement. A lot of children appreciate getting personal letters, e-mails, phone calls and texts. Take care to safeguard your own contact details if these need to be confidential. Also make sure that these quick contacts are evidenced in case recording. Try to remember key events for children and mark them with an e-mail, phone call or text.

- **Being clear about confidentiality and information sharing:** Dependent upon age and stages of development, it is important to talk about when you can keep things private and when you cannot. Consultation with children shows that they themselves see safety as important, and most children will understand the need to share information in order to keep them safe.

- **Difficulties engaging with children:** Many children will have family and personal histories which give rise to attachment needs and this may make it difficult for them to establish trust and engagement with practitioners. Other strategies include giving a clear message that your interest and involvement do not depend upon them engaging with you and let them dictate the pace of your relationship.

- **Keeping children informed:** Visits to children are an important opportunity to share information about their plan, key events, and changes. Do not wait to be asked, as children do not always feel that this is allowed, and practitioners may need to give a consistent message that it is okay to ask questions. Plan what information should be shared and how to do this.

- **Following up issues and questions:** Do not make promises you cannot keep and do not give answers that you are not sure of. If possible, try to find out information or get answers during the visit, for example quick calls to managers or parents for issues of consent, or checks on information if these can be done quickly. If this cannot be done straight away agree a time to contact them and keep to this even if you still do not

have the answer. Reliability and trust are more important than always having the answer straight away. Also be honest if something cannot be done or answered and try to explain the reasons as clearly as possible, including steps to enable complaints or contacts with other people who may be able to help or explain.

Taking care of yourself when visiting children:

- **Importance of safe caring practice:** It is always important to be aware of safe caring practice and professional boundaries in relation to seeing children alone. If there are known issues or risks, or heightened concerns for any other reasons, strategies for managing them should be discussed and recorded as part of supervision. The same is true of contacts with children and young people that could potentially result in conflict or aggression. Agree and record strategies for making sure that these are safe for you and other people. Work with your manager to ensure the risk assessments for staff safety are undertaken where necessary.

- **Personal contact details:** Home and personal mobile telephone numbers, email addresses and home addresses must not be disclosed. Do not allow access by children or other service users to your personal social networking sites and check that your personal security settings are fully maintained and regularly updated.

- **Time and workload management:** Where visits to children need to be combined with other tasks or commitments – for example, wider family support, be clear about setting aside time with the child as part of this.

Guidance re involving children in plan reviews and Family meetings

Start planning for the review meeting approximately four weeks ahead of time, including the child and family in the process.
Discuss age-appropriate ways to participate in the review during visits.
Ensure that the child or young person's views are sought and responded to regarding the venue of the planned review.

Manage the meeting so that people can contribute at different times in the meeting to keep the numbers down, and ensure the meeting is not too daunting for the child.

Try to make sure that the review meeting is not simply a 'professionals' discussion where the child sits and listens.

Avoid meeting in a formal boardroom setting wherever possible.

Help children to use other methods to share their stories, for example drawings, letters, scrapbooks, audio or video recordings, and other media.

Where English is not the child's first language, or the child has complex communication needs because of a disability, make use of translation arrangements and specialist communication equipment/systems to ensure that children can participate fully in their reviews.

Planning for reviews also needs to take account of other aspects of diversity and identity (including different faith, culture, ethnicity and sexuality).

Despite every effort some children and young people may still refuse to participate. In these circumstances it is essential to look at other ways whereby their views can be included such as agreeing for someone else that they trust to share their views and wishes about issues being discussed.

In such circumstances, look at opportunities to use other forms of communication that do not require the child to attend e.g., using DVDs, video clips (including mobile phone), telephone calls or emails.

The child doesn't have to be in the room to be involved.

SECTION THREE: RFIS/REQUESTS FOR INTERVENTION

STANDARDS

3.1 All RFIs into the Early Help Family Hub will be appropriately scrutinised in line with the threshold document and have a timely decision made about next steps.

To ensure that drift and delay is minimised for families at the emergence of a problem, the early help manager will review all cases that come into the Hub inbox/worktray within five working days.

A consent form signed by at least one parent is required to be submitted with the RFI. Consent should also be collected from any child aged 13 or above (where they meet the 'Fraser guidelines' and are considered 'Gillick competent'), who is being supported directly. Young people have the right to support and confidentiality, without the knowledge of their parents.

It is important that practitioners have a clear understanding of what tasks they are being asked to consider in their work with children and families, but not be limited by these. For that reason, the allocation of a case will always be preceded by a discussion. This will ensure there is clarity about the issues and expectations. This is also an opportunity to consider the capacity of the practitioner at the point of allocation.

If consent to work with the family is withdrawn, or the family do not engage (refer to Engaging Families Guidance), the Early Help manager will consider the needs of the child and the impact of the decision to withdraw consent. The decision to escalate to Compass will be considered on every case where consent is denied or withdrawn.

Where the decision is made not to escalate to Compass, the Early Help Family Support Worker will ensure the referrer and wider professional network has been informed that the Early Help Service are no longer involved with the family.

The Early Help manager will ensure that all referrers are contacted to prior to the commencement of any intervention with the family and will always inform referrers if the work is unable to progress.

Where the Early Help manager decides that a request for intervention does not meet the threshold for targeted Early Help or that it is appropriate to pass the RFI to an external agency, there will be a discussion with the relevant professional and the referrer will be informed of the decision within 2 weeks. This decision will be recorded against the family's case on the case management recording system.

SECTION FOUR: ASSESSMENT OF CHILDREN, YOUNG PEOPLE AND FAMILIES.

WHY THIS IS IMPORTANT

If we are to help vulnerable children and young people and provide a caring and nurturing environment for them to be able to grow and develop, we need to fully understand their levels of vulnerability and need.

A good quality assessment is central to this understanding of what is happening to a child and family, and to informing decisions about action to be taken or services to be provided. An assessment is also an intervention and the process of assessment may create change and lead to help from the extended family and/or the provision of services.

The assessment has a particular contribution to make to a holistic understanding of a child's needs, taking account of other professional assessments from health and education colleagues and other professionals who know the child and family.

STANDARDS

4.1 All children and young people for whom the Early Help Family Hub has a responsibility will have a good quality whole family Early Help assessment and analysis of their needs on their record that is produced within the required timescales.

4.2 All children and young people for whom the Early Help Family Hub has a responsibility will have an up-to-date chronology.

The assessment and continuing analysis of need and strengths will be shown not just in reports but also in the planning processes and recording to provide a rounded view of a child/young person and their family. A good assessment will include the child's history, current behaviours and view of the world, and indications of what the future holds. It will clearly outline the strengths and needs of the child and the family.

Good quality assessments will show evidence that they:

- Are child centered and rooted in child development,
- Are contextual in their approach (an understanding of the child is located within the context of the family, community and culture, including past relationships),
- Take account of a child's religious, cultural or racial background,
- Involve working with children and their families,
- Take account of individual and family strengths as well as identify difficulties,
- Identify needs and strengths,
- Have included all significant figures who live in the household and considered absent parents. Where a parent is not included in the assessment there should be a detailed recording explaining the reason for this,

- Have considered separated families, including private legal proceedings,
- Take account of parent's own childhood experiences and the impact that this may have on their own parenting capacity, experience and knowledge of support services,
- Are interagency in their approach and the provision of services,
- Are a continuing process, not a single event,
- Separate out facts from opinions,
- Are carried out in parallel with other actions and provide a service,
- Are grounded in evidence-based knowledge.

In Shropshire an assessment will be submitted to the Early Help Family Hub team as part of the RFI. It is the responsibility of the allocated Early Help Family Support Worker to review the assessment with the family prior to the first Family Meeting, which should be convened within six weeks of the case being allocated. The assessment will need to be reviewed at a minimum of every six months and this will be updated on the assessment document recorded on the case management recording system.

ASSESSMENTS

Preparation – gathering information and history

Practitioners will ensure they **gather the details of the family network** and household members who may not be on the RFI. Ensure that the names are spelt correctly and recorded correctly on the electronic case file with correct dates of birth. Details of schools, GPs, health visitors and any other professionals involved with the child and carer/s must be gathered. Diligence during the information gathering stage will ensure that gaps in information and inconsistencies are avoided.

When undertaking an assessment or during any involvement with a family it is crucially important that fathers and significant men are included in the work. This might be where their behaviour is a significant risk factor, for example in domestic violence or where they are absent from the family home. It is essential that these men have support and an opportunity to change this behaviour in a way that their children need. There is a requirement for sensitivity in this area, particularly when children have little contact with their fathers.

Practitioners must check for and read any **past records**.

- Practitioners must refer to any **chronology,** which must be kept up to date. Chronologies must include key events relating to the child, not every telephone call etc. (A chronology is not simply a cut and paste of case records). Being able to refer to a previous history of key events is particularly important in cases where there are repeat requests for intervention.

- Within the assessment practitioners will ensure that they refer adequately to **information included in the original RFI**. For example, in cases of domestic abuse

where the parent is minimising concerns by the time the Early Help Assessment is undertaken.

- Parents should be **encouraged** to give consent to liaise with key partner agencies in particular schools and health professionals. Where parents/carers refuse to give consent either to liaise with key professionals or to complete an assessment, the practitioner should consult with the Early Help team manager. The manager will decide about whether the level of concern warrants information sharing without parental consent or whether the case should be escalated to Compass. Where a manager overrides the need for parental consent to share information, the justification for this should be clearly recorded on the record of the child.

- Repeat RFIs and previous case closure due to dis-engagement of the family should be considered. This can help to identify a child who continues to be at risk of significant harm.

- Assessments must take place as part of a home visit and should not be carried out virtually.

Planning and undertaking the initial home visit

- Practitioners must ensure that the arrangements for their visit does not place any person at further risk, for example where there are issues of domestic violence. Practitioners must think seriously about the implications of planning their visit where there is a perpetrator, or alleged perpetrator, in the house.

- Practitioners must seek parental permission before undertaking an Early Help Assessment. Parents must be asked for permission to share/seek information with other agencies.

- Where other children have been located in the house, they must be added to the essential information held on record. Consideration must be given to any unborn child in the household.

- Practitioners must also ask about domestic abuse even if it is not part of the presenting information.

- Practitioners must ask about worklessness in the household and about school attendance.

- Practitioners must ensure that fathers/ key carers are included within the assessment process. Key findings of Serious Case Reviews (Brandon, 2009) revealed a lack of evidence of fathers being included in assessments or consulted regarding their children.

- The completed Assessment should be shared with the relevant family members (including the child/YP) to agree the content of the Assessment.

KEY PRACTICE ISSUES FOR ALL ASSESSMENTS

Authoritative practice

The quality of the interaction with families on behalf of children by Early Help practitioners is a determinant in achieving the best outcomes. Shropshire Council requires that staff are always mindful that their primary aim is to improve outcomes for children, young people and their families.

Authoritative practice is that which intervenes on behalf of the child with official authority.

It requires practitioners to:

- Avoid the tendency to believe what they are told but to always question and have professional curiosity.
- Take all plans seriously and work towards them.
- Hold a tight grip on intervention, being purposeful in their work.
- Clarify and check all family members and significant others, including those who do not live with the child.
- Be tenacious and exercise respectful uncertainty in examining and challenging adults' accounts of situations.
- Practice in a way that makes demands on parents, and objectively measures their progress in reducing risks and meeting the needs of their children.
- Make every attempt to engage families using a range of approaches.

The place of description and analysis in assessments

Too often, a practitioner's assessments are limited to accounts of activities and actions, and description of what happened in a child's life. What needs to be more evident is the practitioner's reflective record of **why** particular actions and behaviours occur, **how** these matters impact on a child's world or their development, and **what** interventions need to be made in the child's interests, or what is the expected outcome of an intervention. In undertaking the assessment, practitioners should establish what the needs of the child are.

For an Early Help Assessment to be effective, the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and all family members who live with the child and where possible those that have regular contact with the child.

If the parents and/or the child do not consent to an Early Help Assessment, then the practitioners should make a judgement with the Early Help manager as to whether, without help, the needs of the child will escalate. If so, there should be a discussion with their manager about whether a RFI into social care is necessary, and all professionals involved should be notified that targeted Early Help will not be supporting the family.

Practitioners must ensure they have undertaken an analysis of both **need** and **strength** in their work with children and families.

Multi-agency information gathering in assessment

'The centrality of information sharing to effective child safeguarding cannot be stressed enough. Of the 66 serious case review reports reviewed in depth, there was only one where information sharing was not specifically mentioned. All others identified issues ranging from direct failure to identify risk or protect the child to simply identifying information sharing as an area for improvement. In contrast, in over ten years of analysing serious case reviews, we have not come across a single case where a child has been killed or harmed because a professional has shared information.'
(Pathways to harm/Pathways to protection May 2016)

There can still be real problems with professional and organisational boundaries getting in the way of joint working and information sharing. **Working Together to Safeguard Children 2018** sets out sound principles and procedures for collaborative working. All professionals working with a child should understand their responsibilities in order to achieve the positive outcomes that keep children safe and complement the support that other professionals may be providing.

- Practitioners often report having limited opportunities to meet with other agencies and professionals to discuss what they do, thresholds, and good practice. There is a need to build strong links with other agencies at both practitioner and manager level to improve relationships and the quality and relevance of RFIs. The building of strong professional networks is central to the work undertaken in the Early Help Family Hubs.

- For families in need of longer-term support due to complex family support issues, practitioners need to have knowledge of community services so that they can refer and signpost families to alternative support. Supporting families to access local support services may prevent re-RFIs and an escalation of concerns in the future. Practitioners should refer to the Shropshire Family Information Service directory for up-to-date information on services available.

Interagency communication and joint visiting

- All agencies must work together to ensure that the welfare of the child is maintained with clear lines of communication and joint working where appropriate. Where there is the presence of a contributing factor relating to another agency, joint visiting should be considered.

- If you are worried about a visit think about other professionals who may be able to assist in engaging the family such as the police community support officer or health visitor.

Incorporating issues of equality and diversity within assessment

Practitioners must ensure that they address issues of race, language, culture, religion, sexuality and disability within the assessment and in their work with families. Findings from Serious Case Reviews (Ofsted, 2009) have highlighted that this area was not covered well in the way in which professionals worked with the families.

Safeguarding Children whose Parents have Complex Problems

'Factors related to drug and alcohol misuse, domestic violence, mental illness and learning difficulties were often not properly taken into account in assessing risk and considering the impact on the child. Agencies were found to be particularly poor at addressing the impact of chronic neglect on children and intervening at an early stage to prevent problems from escalating' ***(Learning lessons from Serious Case Reviews (2009) p22).***

Domestic Abuse - Routine enquiry for all women

At every first contact with a woman **on her own** (i.e., not accompanied by any adult) practitioners must routinely ask a direct question about her experiences, if any, of domestic abuse regardless of whether there are indications, in the RFI or otherwise, that abuse is suspected.

It is known that a routine enquiry about domestic abuse to all women using a service has several advantages: it uncovers hidden violence and abuse, women report that they want to be asked, many will not disclose unless asked directly.

Information about specialist services must then be passed on to the woman and given to her at a time when the alleged perpetrator is not present. This discussion must be recorded.

(Men and abuse within same sex relationships: whilst men are not normally as vulnerable as women in abusive relationships, practitioners must also bear in mind the possibility of a male

partner being a victim, or the existence of abuse between same sex partners, and the impact that witnessing this will have on children.)

Mental health problems

In many cases more serious parental mental illness could adversely affect a child's developmental needs. However, it is essential to assess the implications of parental mental illness for each child in the family.

Where parents have known, or suspected mental health issues consider liaising with the specialist mental health services. Plan how you should visit this family. **Remain focused on the impact on child whilst other agencies will focus on supporting the adult's mental health.**

Alcohol and drug misuse

Where parents have known or suspected drug or alcohol problems they must be assessed in the same way as other parents whose personal difficulties are contributing to poor parenting. The possibility of substance misuse must be considered in all cases and practitioners must also be mindful of the impact the degree and context of the misuse has on the risk to the child.

Lessons from Serious Case Reviews, and other research, when undertaking assessments.

It is important for practitioners to draw on current research findings, outcomes of recent Serious Case Reviews as well as key theories in assessing and planning for children and young people they are working with.
Key findings from Serious Case Reviews (Brandon, 2009) have highlighted the **repeated theme of children not being seen or heard** and being 'lost'. There is often insufficient focus on the needs of the child with many of the children having a long complex history of concerns some of which dated back to birth **(Ofsted, 2009; p24).**

Practitioners need appropriate support and training to ensure that as far as possible they **put themselves in the place of the child or young person.** They need to be able to notice signs of distress in children of all ages, but particularly amongst very young children who are not able to voice concerns **(Laming 2009: 3.1).**

Practitioners must ensure children and young people are consulted and that siblings are spoken to. The timing of the visit is important, and that the child is at home and not at school, or a baby is awake when you visit. Is the child being kept out of sight? Will different communication methods be used for children who are unable to speak because of disability or trauma?

It is the responsibility of the practitioners to satisfy themselves that they have seen a healthy child. **The needs, feelings and safety of the child should be kept 'in mind': adopt professional curiosity.**

It is important to consider neglect issues within your assessment, but not to the exclusion of consideration of other potential risks to the child. The assessment should encompass issues of harm as well as need.

Importance of the home visit:

Practitioners should not undertake home visits without being clear about the purpose of the visit, the information to be gathered, and the steps to be taken if no one is at home.

• As part of the home visit practitioners must check the general condition of the household.
• If as a staff member you live in an area of the family you are going to visit you need to discuss the appropriateness of this with your team manager.
• Relevant risk assessments need to be undertaken on visits where it may be considered a practitioner would face additional risks.
• Ensure efforts not to be judgmental do not become a failure to exercise professional judgment.

Over optimism and disguised compliance when undertaking assessments.

Working with parents and carers who have complex problems can be a difficult issue and practitioners need to adopt **'professional curiosity'.** Looking for evidence of behaviour and verifying parents/carers' accounts through multi agency information sharing and using open questioning within the assessment can help guard against being misled by accepting the parent's version of events at face value. Contemporary research, findings of SCR and the Laming report have highlighted the emerging concepts of 'disguised compliance' and 'over optimism' in practice
.
"They [the parents] become clever at diverting attention away from what has happened to the child. People who work in this field have to recognise this in their evidence gathering. They have to be sceptical; they have to be streetwise; they have to be courageous." (Laming 2009)

Disguised compliance can be defined as those with parental responsibility who fail to admit to their lack of commitment to change and work subversively to undermine the process. Superficial cooperation be a front for concealing abuse.
Examples of disguised compliance may include cleaning the house before a visit, school attendance improving in the days leading up to a review, or parents presenting for a clinic appointment the day before a home visit.

Where families are hostile or hard to engage practitioners must ensure they do not develop **low expectations** of what can be achieved (Laming, 2009:23). Hostile behaviour is often a

distraction technique. Sometimes getting through the door feels like a major achievement with little energy left to use the time with the child.

If as a practitioner, you became fearful during a visit you should discuss this with your manager. **Think how a child or young person may feel in this situation.** Being 'seen' does not mean a child is safe. Ask yourself: 'what's it like to be this child?' Ensure also that you ask them this when you see them on their own.

You are the professional. Be confident in your responsibility to challenge if you believe it is in the child's best interests.

Importance of Supervision

If any practitioner feels uncomfortable or unhappy working with a family, they must consult immediately with their supervisor. The practitioner and their manager should record safety issues so that other professionals are alerted, and a multi-agency meeting convened if necessary.
Managers should encourage staff to express feelings of discomfort and promote good reflective practice.

SECTION FIVE: PLANNING FOR CHILDREN, YOUNG PEOPLE AND FAMILIES:

WHY THIS IS IMPORTANT

Good quality planning for children and their families starts from the initial contact. Effective intervention at an early stage can ensure children's needs are addressed promptly, and potentially reduce the necessity for more intensive interventions by the local authority later in their lives.

Good quality planning prevents drift, ensures the children's best interests are kept under constant review, and ensures the most effective use of the practitioner's time and of local authority resources.

The development and completion of formal plans for families, and the ongoing planning and review process, are essential parts of a practitioner's work with children and their families.

STANDARDS

5.1 All children, young people and families, who have been assessed and accepted on to case load, will have a multi-agency plan in place that describes the actions needed, who is responsible for completing the actions (with a timescale) and what the desired outcome is.

5.2 Arrangements will be in place for reviewing progress against the plan within timescales, and for updating the plan as required.

5.3 Authoritative action will be taken when the plan is not improving outcomes for a child or young person.

Planning for children starts from the very first point of RFI and continues throughout the assessment process. Planning is a fluid process. Plans need to be reviewed regularly and changed to suit changing needs. Practitioners need to take authoritative action when it is highlighted that the plan for the family is not delivering an improvement in outcomes.

From the outset, all planning must consider the longer-term needs of the child, not just the immediate presenting problem.

All plans for a family must be based on a comprehensive assessment of need and strength that includes an analysis of previous history. The type of intervention required will determine the type of plan decided upon.

The practitioner, with their line manager, is responsible for coordinating and completing the plan with the family's agreement**.** The Lead Professional holds case management responsibility in respect of the family and their children's day–to-day and long-term planning

needs. Any plan must demonstrate evidence of active participation in the plan by the child – where of sufficient age and understanding - and their parents or carers.

PLANS

An Early Help Plan is based on an assessment. The plan identifies the assessed needs, the services to meet those needs and sets the framework for the services provided to the child and family to enable the desired goals and outcomes to be achieved. The aim of the plan is to provide targeted and time limited intervention to improve the outcomes of the child/young person and their family.

The principles of the plan are:

- The child is the primary client, and their needs are paramount.
- The plan is underpinned by a thorough assessment of need and strength.
- The family should always be present at the Family Meeting to discuss the effectiveness of the plan.
- The child's welfare is everyone's responsibility. To achieve all agencies must work together in partnership to ensure the progress of the plan.

Initial recommendations to inform a plan, should be recorded against the case on EHM withing 5 days of allocation, and a full plan should be in place in time for review and discussion at the first Family Meeting.

Family Meetings (previously Early Help Partnership Meetings)

A Family Meeting should take place when an assessment identifies the need for a multi-agency response. It provides the opportunity to discuss how additional needs can be met.

The main functions are:

- To bring together children, young people, parents and practitioners.
- To provide a small, individualised team for the family.
- To ensure that the needs of parents/carers are recognised and that their central role in meeting the needs of the child/young person is acknowledged.
- To allow the child and family to have a 'voice' in the process.
- To review the progress of the plan that is in place for the child/YP/family

General guidance

Appropriate venues should be booked for the Family Meeting that will allow the child and family to feel comfortable, virtual meetings can be considered if appropriate and if the family agree. This should be discussed in advance of the meeting. The initial Family Meeting should take place within six weeks of the case being allocated to an Early Help Family Support

Worker. Family review meetings will be completed within three months or sooner dependent upon the needs of the child and family, and the plan should be reviewed and updated as part of this meeting. When reviews and meetings do not take place within the required timescales, the relevant line manager must account for the delay by putting clear management oversight on the record of the child. The manager should outline clearly what action needs to be taken to bring the reviews/meetings up to date.

The attendance list must be maintained. The invitee list must be reviewed, and consideration given to whether anyone else should be invited including other family members or friends or other professionals.

There should be discussion, review and challenge on the progress of agreed actions in the plan, which needs to include the thoughts, wishes and feelings of members of the family. Authoritative action must be agreed where the plan is not delivering improvement in the outcomes of the child/YP. If the level of risk/need has escalated, the review should consider whether a RFI into social care is necessary. The plan should be updated as needed. Any written information provided by professionals not at the meeting must be shared. In addition, updates to the plan must be noted and issues identified that cannot be resolved.

Parents and children/young people should participate in the meeting.

A date should be set for the next Family Meeting.

After the Family Meeting – the practitioner must update the plan within five working days and circulate the updated plan to the family, child/ren and key professionals within two weeks. The updated plan must be recorded on the case management recording system and have oversight from the Early Help manager.

If there are any identified issues that were not able to be resolved at the meeting, or if it was agreed that the case should be escalated, this should be raised with the Early Help manager.

Any newly proposed invitees should be contacted and invited to the next meeting.

When the **decision to close the case** is reached the work undertaken and areas addressed should be recorded in a closure assessment. This should give the reasons for the closure and include the views of the professionals involved, and the views, wishes and feelings of the child/young person and their parent/carers. The agreement to close should be gained from the Early Help manager.
There needs to be a structured exit plan, which the family know about, understand and agree.
Feedback from the family should be captured in the case closure summary.

To ensure quality of recording, the practitioner must check that all actions have allocated responsibilities and action by dates. They should be mindful of the purpose of the recording

and mindful of the potential audience for the recording (young people, families, inspectors etc.)

Key discussions at the meeting can be recorded using bullet points, ensuring that significant events, areas of disagreement are recorded with a level of detail to appropriately reflect the discussion held.

SECTION SIX: RECORDING AND REPORT WRITING

WHY THIS IS IMPORTANT

Records are an essential account of a child's/young person's life during the time that the local authority is involved. The records are used to help understand a child's circumstances and needs, to progress work with the child/YP and family members, and to share information about the child/YP and family with colleagues.

Recording is therefore an integral part of the service for children, young people and their families. It is an essential component of gathering information, analysis and decision-making and a means by which staff can justify, explain, and be accountable for their actions.

Recording is not an end product in itself. It is an important part of the professional process of capturing information that underpins the practitioner's work. It should be concise and clear, so that children and families can understand what is going on when they access their files.

Case records are an essential source of evidence for investigations and enquiries and may also be disclosed in court proceedings.

'Over the last 25 years, inadequate case records have often been cited as a major factor in cases with tragic outcomes.'
Recording with Care (1999).

Records and reports are a live record of a child's/young person's life. Accurately maintaining a child's records is also an extension of professional practice, capturing a range of activities, demonstrating work activity, and being used as a communication tool between colleagues within the office and across services.

As adults, people may wish to look at their records. This could be many years, even decades after their involvement with children's services, and so the record can often be their only link to their early life and family experiences. It is vital that people can look back and feel that they experienced a professional service which has accurately and fairly recorded its work with them and their families.

STANDARDS (Records)

6.1 All children and young people for whom the Early Help Family Hubs has a responsibility will have records within which management and practitioner activity and the child and family's key life events are properly recorded.

6.2 For families open at Tier 3 records will include an accurate and up to date contact details, chronology, assessment, plan (and review), and accurate and up to date case records.

6.3 All non-engagement must be clearly recorded (refer to Engaging Families Guidance).

6.4 Practitioners and managers will take responsibility for managing and recording their workload on the case management recording system.

Recording

Practitioners must reflect on their contact with the child/YP and family. They must review and reflect on the information they gather and from this, they can plan services to meet need, and improve outcomes for the child/YP. Managers must review a practitioner's recording through supervision and audits to ensure that the content is reflective and analytical.

Case records must be kept up to date and recorded **within five working days of visits or events occurring**.

Records may be viewed by the child/YP at any time and must conform to the eight principles set out in the Data Protection Act.

Personal data must be:
Fairly and lawfully processed

- For a clearly defined, legitimate and limited purpose
- Adequate, relevant and not excessive
- Accurate and where necessary kept up to date
- Kept no longer than necessary
- Processed in accordance with the data subject's rights
- Stored with appropriate technical and organisational security
- Not transferred to a country outside the European Economic Area without adequate protection.

Chronologies

A chronology is an important document for understanding the case history and identifying key events over the child and young person's life. It should be started as soon as a case is opened.
If the case has stepped down from Social Care and there is an existing chronology on LCS this should be referenced within the Early Help chronology.

A chronology is a succinct summary of **significant** events and changes in a child's/YP's life from birth. It is not simply a list of tasks undertaken. Nor is it a cut and paste of running records. It is part of the child and family assessment process, and its primary function is to record and organise key factual information into the order in which the events happened.

A chronology should help practitioners to:

- Identify potential risk of harm to the child
- Understand a child's background
- Identify and prioritise needs.

A chronology should be used as an analytical tool to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person's developmental progress. Professional judgment is required to decide on the relevance of an event for a particular child or family.

Maintaining an ongoing chronology provides a sequential story of significant events in a child's history. Poorly maintained or absent chronologies lead to gaps in the child's/YP's life history.

A chronology does not replace the case record that the practitioner keeps of contact with the child, their family and other agencies. It is a summary and is not the place for a detailed account of the child's/YP's life – that information should be recorded elsewhere in the case records.

When a case is transferred the newly allocated practitioner must be able to understand the circumstances and needs of the child/YP as quickly and easily as possible so that a seamless service can be provided.

When a case is closed, it can rarely be assumed that there will be no further involvement Therefore important information about the nature of the involvement and the reasons for closure must be readily available so that a newly allocated practitioner can gain information about the previous involvement quickly if the case is re- opened.

- No case to be closed or transferred without the chronology being up to date.

- No case to be closed or transferred without a current assessment and plan being included in the case records.

- No file to be closed without a full closure summary and discussion with an Early Help manager.

KEY PRACTICE ISSUES IN CASE RECORDING

Child centred recording

- It is a good discipline to remember that the child/YP may read the recording at some future date. This will help ensure that records are honest, balanced, and respectful.

- Records must reflect the complexity of the child's/YP's life, and the interventions of key people in their life.

- Records must address what actions are being taken to meet and address the child`s identified needs.

- Records must state wherever possible the purpose of the contact with the child, e.g., visit, direct work, assessment etc., **and must indicate on which occasions the child was seen alone, what views were expressed by the child/YP and how the child's voice was fully considered in implementing the plan.**

- Supervision records must adhere to the T.E.H. guidance document and must incorporate the voice of the child.

- When important decisions are made about a child/YP, who was present must be recorded, as must who have stated what, and whether there was agreement in respect of the practitioner's analysis, understanding and assessment.

- Records must show that all household members:
  - Have been consulted and;
  - Have been informed of decisions and plans and;
  - Include their views about proposals, decisions and plans.

Legal and policy requirements

- Practitioners must pay particular attention to matters of confidentiality and the permissions needed to share information, and to planning for giving access to the information held in records.

- Practitioners must record, where appropriate, that consent has been given for information about a family to be shared and keep signed copies of consent on file.

- All handwritten notes whether loose leaf or in notebook format must be always kept securely and not left unattended for non-authorised personnel to view.

Multi-agency working

- It is vital that we co-ordinate activities between different agencies and ensure accountability. When professionals from different agencies pass information to each other or agree action points there needs to be a shared understanding of the nature and implication of the information and any actions which have been agreed.

- To ensure consistency, it is expected that all professional meetings be minuted and shared with all those involved and that a copy is attached to the child or young person's electronic record. Where information regarding safeguarding or risk is shared, whether it requires specific action to be undertaken by either party, there needs to be a joint understanding of the nature of that communication and what actions are to be taken/not taken by each agency involved. The information and any planned action by whom must be logged onto the child or young person's electronic record.

Presentation and content

- A child, young person or their family may wish to read their records, sometimes many years later in their lives. It is important that their records are of high quality to give confidence that the child's important life issues were dealt with to the highest quality standards.

- Recording must be free of grammatical and spelling errors.
- Practitioners must ensure their recording makes sense, and that the same child and correct gender is referred to throughout.

- Records must clearly differentiate between observed fact, reported fact and interpretation / opinion.

- It is important when using professional language, shorthand terms or initials, to describe what they mean.

- Chronologies are important ways of capturing activity in a concise and straightforward way and must be kept up to date.

- Comments and disputes regarding other professionals must not appear in a child's case records.

Recording as part of case management

A family's case record is a practice tool that helps answer the basic questions:

- What is this child/YP's story – their history and their current life?
- Why is Early Help involved with this family?
- What is it doing to help?
- What difference is it making?
- What does the future hold for this child/YP?

In some cases, the wider targeted Early Help team may be supporting families at levels of need other than Tier 3. In these instances, the requirement for a Whole Family Assessment, Plan and Chronology may not be a necessity, the Team Manager will ensure that appropriate standards are applied to any case recording.

SECTION SEVEN: CASE CLOSURES

When a family no longer requires the same level of support and a practitioner is closing their case, they should reflect on the significant progress of the whole family against all their needs, which should be recorded as part of the Exit Plan and shared with the family. A good exit plan will evidence that significant and sustained progress has been made and that this is celebrated with the family.

Closure of the case should be discussed and agreed with the supervising manager. It should then be planned with the family, allowing time to reflect so that their progress is recognised and valued. Time should be allowed to address any concerns and ensure that the family feel confident in the decision and understand where they can access further future support if required. Once agreed the case should be closed/stepped down on EHM within 4 weeks.

Summary of Standards; timescales

Contact	**Timescales (minimum)**
Initial contact with the family following allocation	5 working days
Initial contact with multi-agency support network	5 working days following contact with the family
Initial home visit	2 weeks
Child/YP to be physically visited and seen	Every 4 weeks
Parenting team initial contact	
Parenting team – initial contact with referrer	5 working days
Parenting team – initial contact with parent	5 working days following contact with the referrer
Family Meetings	
Initial Family Meeting	6 weeks from allocation
Subsequent Family Meetings	Every 3 months
Assessments	
Review of assessment	Every 6 months
Plans	
Initial recommendations recorded against the case	5 working days
Initial plan in place	First Family Meeting
Review of plan	Every 3 months
Plan updated on EHM	5 working days following Family Meeting
Case records	
All case recording – including case notes	5 working days of visit/event occurring
Chronology in place for all open episodes	For first family meeting
Case supervision	
Supervision record for each family on case load	Every 2 months
Full Case Supervision record form completed	Every 4 months
Supervision record recorded against case notes	5 working days
Case Closure	
Once closure/step down has been agreed with manager, all notes updated and closure/step down process complete on EHM	4 weeks