

Early Help Practice Framework

Early Help in Dorset Council consists of the Early Help Hub and Early Help teams based in localities, across inclusion, SEND and early years as well as in discrete early help teams.

Throughout the document reference is made to the early help practitioner – this can be either an early help family worker, activity and parenting worker or family advisor.

1. Early Help Hub

1.1. The Early Help Hub sits in the front door and is an extension of Dorset Children's Advice and Duty Service. It has the following core functions:

- single point of contact where access to targeted early help support is co-ordinated, applying a consent-based approach to understand the presenting need to ensure that families receive the right level of support, as soon as a problem emerges
- provides additional functionality to the Multi-Agency Safeguarding Hub (MASH), ensuring that children and families receive support as soon as a need emerges
- provides a central coordination function for early help in Dorset to support better information sharing, lessen the duplication of work and increase partnership working to ensure that a family does not have to tell their story more than once

1.2. Within 48 hours of contact with the Early Help Hub, one of the following will be offered:

- Locality Early Help, which may include further assessment
- Support provided to the person seeking help and/or existing Lead Professional to initiate or review an Early Help Plan
- Signpost to service/intervention outside of the Early Help Hub (e.g. Voluntary Organisation). An Early Help Hub Adviser will offer to liaise if required.
- Advice and information provided about a wide range of services available for families requiring preventative or targeted help.

2. Locality Early Help (Level 3 Universal Partnership Plus Pan Dorset Continuum of Need)

2.1. The locality early help team offers intensive help, within a multi-agency framework to families where there are more complex needs.

2.2. The central objective of locality early help is to identify and prioritise families whose circumstances indicate that without targeted early help (Level 3 of Pan Dorset

Level of Need), their difficulties may worsen, and the children or young people may be 'in need' or at 'risk of significant harm'¹.

2.3. It is the family's choice whether to engage with this support.

2.4. The locality early help team will provide targeted early help to families for as long as it takes, with regularly 3 monthly reviews, where one or more of the following factors is impacting on the child or young person's wellbeing:

- Parental domestic abuse
- Parental mental ill-health
- Parental substance misuse
- Parents with learning disabilities/difficulties
- Family conflict
- Children at risk of exclusion or those who have already been excluded from school, including young people who are not in education employment and training, support to achieve positive attendance
- Children at risk of exploitation in the community
- Children with emotional well-being difficulties
- Children perpetrating domestic abuse against their parents
- Children who may have additional and complex learning needs
- Children who are carers

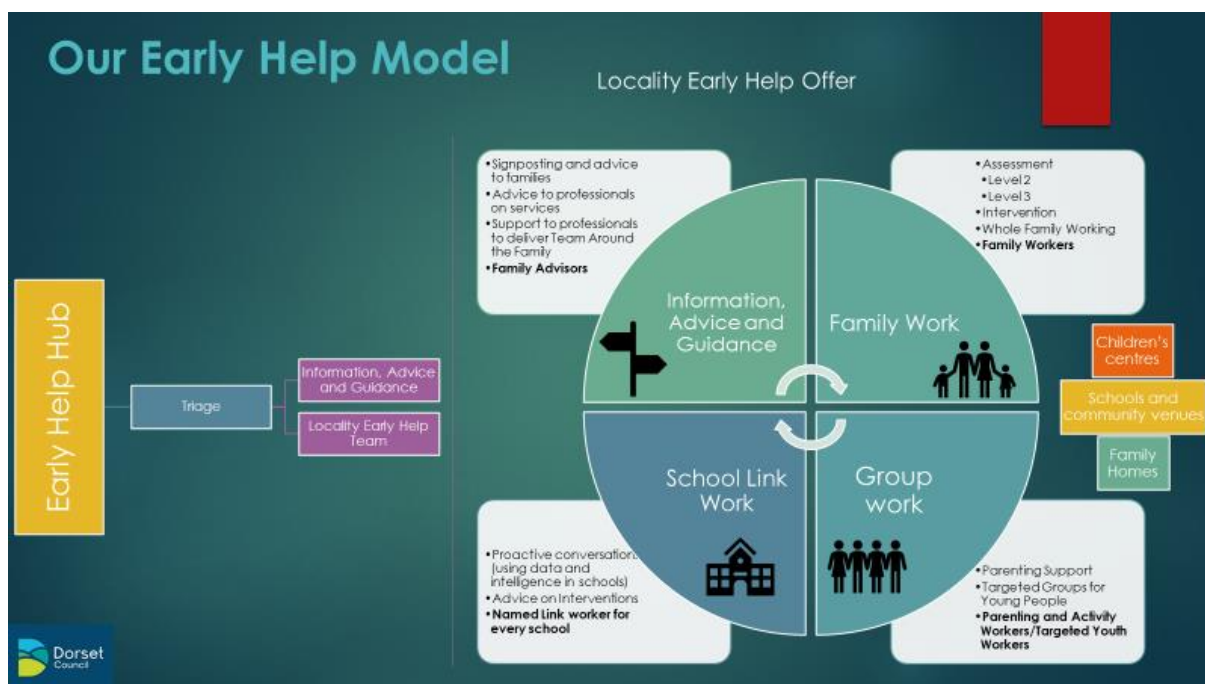
2.5. Where any of the above factors are acute or chronic and impairing the child or young person's health, development, or placing them at 'risk of significant harm', the family are likely to require a level four statutory social work service. In these circumstances and where there is existing early help intervention, the early help lead professional may co-work alongside an allocated social worker.

2.6. The locality early help service is part of Dorset's Children's Services Directorate, overseen by the relevant Head of Locality. Operational practice is managed by a Service Manager within each locality and Team Managers with a lead for early help, inclusion, early years and SEND.

2.7. The service is delivered using the Early Help Framework (Assess, Plan, Do and Review) as a structured and purposeful way of supporting children, young people and families in Dorset.

¹ Children Act 1989

3. Dorset’s Model of Early Help



3.1. Dorset Council support for early help can be accessed via an *Early Help Involvement Request* and includes:

- Family workers who work directly with families, using a whole family, strength-based approach that supports the family to identify solutions to their difficulties and to become more confident and resilient in resolving them.
- Group Work offer which include evidence-based programmes such as Incredible Years™
- Both are accessed via and an early help assessment and plan
- Information, Advice and Guidance to families and professionals

2.9 The locality early help team also provides named link workers to early years settings and schools, to enable early identification of children and young people who might benefit from early help. To support this, they use data tools and information about children who are likely to be vulnerable.

4. Family Partnership (Level 2 Universal Plus Pan Dorset Continuum of Need)

4.1. The locality early help team will support the local community in providing Early Help to children and their families who may have additional needs. The role and function is to act as the conduit to broker a range of early help interventions available, from which a child and their family might benefit within each locality.

4.2. Examples of this work includes:

- Hold an overview of coordinated early help activity across all universal services, evidenced through quality assurance work

- Provide information, advice, and guidance to Early Help Practitioners to build professional capacity to work effectively with families and embed the Early Help Framework (Assess, Plan, Do and Review) as a structured and purposeful way of supporting children, young people and families in Dorset
- Upskill the universal workforce (i.e. schools, health, early years settings) by delivering early help and safeguarding training and facilitating multi-agency community of practice networks to share and disseminate learning and updates on statutory guidance
- Coordinate and facilitate multi-agency learning circles or problem-solving events to draw on capacity and expertise across the system, on behalf of a child, young person or family, or a cohort of children, parents or carers

5. Summary Locality Early Help Service Pathway and Process

5.1. Requests for Locality Early Help Service are managed through the Early Help Hub in ChAD. On receiving a request, an Early Help Hub Adviser will check **consent** has been obtained from the family to work with them and review the request. The Early Help Hub may:

- a) signpost the family to seek help from another early help service in the local community
- b) allocate the family to the relevant locality and recommend level 2 or level 3 work to support them

5.2. The Locality Early Help Service team manager will **allocate the family a lead worker** who they determine to have the right skill set and experience to meet the presenting need and who will best be able to build a relationship with the family to provide the help requested.

5.3. The worker will arrange to meet with the family to start the **Early Help Assessment** with them. The Early Help Assessment provides a framework from which to build a holistic picture of the family's circumstances, including areas of strength and resilience that already exist within the **family network**. What they and/or others are concerned about, what needs to change to achieve their goals and what help they need to make and sustain those changes. To support the assessment, the Family Worker will complete an Outcomes Star with the family.

5.4. When the **family goals** are agreed, the worker will arrange an **initial planning meeting** with the family and people from **partner agencies** that can help. Together, the family and the team around them will develop an **Early Help Plan**, which will set out the goals and who will be doing what and when to reach those goals. The family will always have written copies of the assessment and plans.

5.5. The worker will meet with the family and the team around the family regularly to **review** how the plan is progressing and what the **next actions** will be, until the family reaches its goals and/or feel able to manage their difficulties without the service. The frequency of visits to family members will differ according to need and should not be less than every 2 weeks. The child/ren should be seen alone and the plan should describe how often they will subsequently be seen alone. This will

be guided by robust management oversight and with a clear rationale that is evident in the supervision record.

6. Safeguarding Concerns

If at any time the child is experiencing significant harm or at risk of suffering significant harm, and for any children whose health and development is likely to be impaired without the provision of specialist services, the Lead Professional will contact ChAD and speak to a consultant social worker.

7. Step Up from Locality Early Help Service to Children's Social Care

7.1. If at any time the child or young person is at immediate risk of, or suffering from significant harm, contact must be made with a consultant social worker in ChAD immediately. If convened, the family worker will contribute to the strategy meetings to ensure that all information held is shared in a timely way.

7.2. If the worker thinks the family's difficulties are deteriorating over time and the team around the family become worried that the child or young person is 'in need' the family worker will alert the team manager who will consider **Step Up to Children's Social Care** via Locality Step Up/Step Down Meeting, for a social worker to join the Team around the Family for a particular piece of work.

7.3. The worker will always work transparently, talking to the family about any concerns and informing them of our actions, unless by doing so it would place the child or young person at further risk of harm.

8. Step Down from Children's Social Care to the Locality Early Help Service

8.1. When children's social care service has been helping a family to reduce the level of need and circumstances may have improved, it may be that the family no longer require a social work service. However, to embed the positive changes the family may need some continued help. With agreement, families who have a high level of need and want to continue to receive a service, can 'Step Down' to Locality Early Help. To 'Step down' the social worker will have confirmed the decision with family and professionals at a Child in Need Planning Meeting and attended the Locality Step Up/Step Down Meeting to ensure that the handover is managed well. Ongoing work will be delivered through the Early Help Plan rather than re-assessment.

8.2. 'Step Up' and 'Step Down' handovers between Locality Early Help Service and Children's Social Care will be coordinated via the Locality Step Up/Step Down Meeting, unless there is an immediate risk of harm and then contact will be made with ChAD.

8.3. Step Up and Step Down will not be subject to dispute or delay. Once the decision is made and a handover date is agreed at the Locality Step Up/Step Down Meeting, a handover meeting will take place with the family and will involve both the existing worker who is handing over to the new allocated worker. This will be followed by an ending letter to the family.

9. The Early Help Pathway – new request flowchart

ChAD receives and Early Help Request or as an outcome from a MASH Enquiry

Public Line

Professionals Line

With consent, Early Help identified as outcome of consultation with ChAD/EH Adviser. (If safeguarding needs identified, pass to CSW)

ChAD consultation with EH Family Worker.

ChAD consultation with CSW – With consent outcome Request for Early Help.

ChAD Early Help decision within 24 hours of receipt. Request for Early Help is opened on MOSAIC

With consent, level of need for EH is met and requires EH service.

Presenting level of need is higher than level 2/3 Early Help services. Safeguarding concerns identified

EH worker/ Manager completes Request for Early Help (a) Outcome Early Help Assessment: assign to Locality EH within 24 hours of receipt of request in ChAD. If Outcome Information and Advice – action recorded on consultation front page of EHIR

EH Family Worker/Manager reviews request & decides on most appropriate type of EH service to offer family.

Family or professional are re-directed to a Consultant Social Worker and MASH

Family or professional contacted & signposted to local EH service – non-engagement with Early Help Services is not a reason in itself to refer to CSC – if unsure discuss with line manager.

Level 3 – Level of need met for Universal Partnership Plus Request for EH is completed and EH Assessment sent to Locality

Level 2 -Level of need met for Universal Plus. Plan agreed with professional regarding TAF/ Lead Professional

EH Locality Manager allocates to Early Help Practitioner within 24 hours of receipt of Early Help Request.

Locality EH manager allocates family an Early Help Worker.

Alternatively, request passed to Locality to support partners with TAF co-ordination

Visit to family to start EH assessment within 5 days of receipt of Request for Early Help from ChAD. EH assessment completed within 20 days of receipt of Request for Early Help from ChAD

Early Help Worker arranges introductory visit & starts undertaking EH assessment (with minimum 2 weekly visiting during this period)

Following the EH assessment the family no longer need or want an Early Help Service

Following the EH assessment the family request further EH support

Initial EH TAF meeting held within 10 days of completion of assessment

EH Worker arranges initial TAF meeting, inviting family & relevant partner agencies to form a team around the family

If at any time the family's situation deteriorates and the child needs statutory social work assessment, EH worker can request a social worker to join the Team around the Child for a particular piece of work.

The EH plan is put into place, the EH Worker visits the family regularly (minimum every 10 working days) & partners keep the family and each other updated on progress

Family receive a copy of the EH assessment and plan within 5 days of initial EH TAF meeting

EH Worker arranges review TAF meetings (every 6 weeks minimum) to measure progress and update the plan

Every 6 weeks an EH TAF review meeting takes place, where the timeframe for reaching goals should be discussed.

The family reach their goals and no longer need or want Early Help, an ending meeting is held; the case is closed, and closure letter is sent to the family and partners are informed. (Episode closed on Mosaic)

Early Help aims to help families within 6 - 12 month period with reviews every 3 months.

10. Allocation to a Locality Early Help Worker

10.1. All new requests to Locality Early Help will be allocated to an Early Help practitioner within 48 hours of receipt. The manager will allocate according to the knowledge, skills, and capacity of the worker. The manager will record a case allocation note and include:

- The number of children or young people in the family and a summary of their need(s) as they are known at the point of request.
- Timescales for the Early Help practitioner to (a) initial conversation/visit with the family (b) completion of the Early Help Assessment (c) first team around the family planning meeting (d) review with a manager.

11. Introductory conversation with the family

The allocated Early Help practitioner will contact the family as soon as possible to arrange an introductory visit, no later than 5 days from request (or as directed by the manager). The purpose of the introductory visit is to explain the service, what it does, how it works and start building a relationship with the child and family, obtain written consent and start the Early Help Assessment.

12. Early Help Assessment

12.1. An Early Help Assessment will be undertaken with every family allocated to the Locality Early Help Service unless it is a step down from Social Care. Where families are stepping down from Children's Social Care and transition to an Early Help Plan a proposed plan will be prepared by the Social Worker as part of the 'Step Down' plan.

12.2. The Early Help practitioner will lead the assessment by meeting with all the significant family members to listen to their experiences, discuss the difficulties and help them think about possible solutions. With the consent of the family, the Early Help practitioner will also contact other agencies e.g. the child's school, to further inform the assessment and to become involved in a team around the family, to put a plan of help in place.

12.3. The purpose of the Early Help Assessment is to help the family identify:

- who is in their own family and community network?
- what are the strengths that already exist?
- what they and/or others are concerned about
- what needs to change and what are their goals
- what help they need to achieve their goals and sustain the changes

12.4. The Early Help practitioner will write up the Early Help assessment and have had it authorised by a team manager, no later than 20 days of the referral. The Early Help assessment record will be shared with the parents/carers and child or young person where they are old enough to do so.

13. Initial Planning Meeting & Early Help Plan

13.1. Once the child/family goals and the help that is needed to reach these goals are identified, the Early Help practitioner will arrange an initial planning meeting with the family and relevant partners (Team Around Family), to develop the Early Help Plan. The purpose of the Early Help Plan is to agree:

- what needs to happen (actions)
- who needs to be involved in helping (team around the family)?
- when actions need to be done (timescales)
- identify how everyone will know whether the situation is changing, and goals are being met (measuring outcomes)
- how frequently the Early Help practitioner and partners needs to visit to facilitate the plan (visits)
- when the plan should be reviewed by the team around the family (review)

14. Early Help family worker visits and contact with families

14.1. The first visit must be conducted within 5 working days of the allocation and allocations should happen within 48 hours of the referral. Consent should be obtained in writing where possible during the first visit and an Early Help Assessment should begin to be formulated.

14.2. We recognise that some families may need several visits to fully engage and assessments may then not be achieved within the required 20 days after allocation. However, this is the standard we are working to achieve for as many of our families as possible. Whilst undertaking the Early Help Assessment, the number of visits should be determined by the needs of the family members and agreed with a manager

14.3. After the initial planning meeting, Early Help practitioner visits should not be less than every 2 weeks. The Early Help practitioner should arrange visits in advance, negotiating and agreeing frequency and location with the child/family. Visits may be undertaken outside of the family home in different setting such as school.

14.4. Where confidential discussions are to be held, these must not take in public spaces in for reasons of confidentiality. Visits must be planned and purposeful, focused on progressing the Early Help Plan.

15. Reviewing the Plan

15.1. The Early Help Assessment should be completed within 15 days of the first (successful) visit, 20 days after allocation. The Early Help Assessment and progress of the plan should be routinely reviewed with the family at every visit. Formal Review Meetings should be held at a minimum of every 6 weeks. The Early Help practitioner should organise these meetings in advance, with the relevant family members and team around them. The length of time an Early Help practitioner will be working with a family will vary according to the need and complexity.

16. Ending work with families – Case Closure or Transition to Community

16.1. The length of time an Early Help practitioner will be working with a family will vary according to the need and complexity and should not exceed 6 months. When the family feel the situation has improved, have reached their goals and/or they no longer want or need Locality Early Help, the Early Help practitioner will discuss with their team manager in supervision and arrange an ending meeting with the family and the team around the family. At the ending meeting it should be agreed with the family which partner agency might undertake the role of lead practitioner in a universal service and continue with the Early Help Plan, offer single agency support or what to do if the positive changes are not sustained after locality early help is no longer involved. The meeting can act as a goodbye visit and should be followed by a closure letter which includes the final plan and closure.

17. Withdrawal of consent

17.1. Where families choose to end their relationship with the Locality Early Help Service, but the originating concerns continue to exist, the Early Help practitioner should discuss with a team manager in supervision. Consideration should be given as to whether the family's withdrawal is worrying enough to initiate a referral to Children's Social Care for a social work assessment. Ending the relationship is not in itself a reason to request a social work service.

17.2. A team manager will close the case record on Mosaic when the case recordings are completed to a good standard.

18. Recording Practice

18.1. The Early Help practitioner and team manager should record all actions, observations, analysis, and decisions on Mosaic. Visits should be recorded as an Early Help Visit workflow within 24 hours. All cases records must contain the following records:

- Early Help Request (including written consent) & allocation notes
- genogram and ecomap (or equivalent) of the family network
- EH assessment
- EH plan and updates
- Outcome Star to measure distanced travelled
- a brief chronology of significant events
- up to date case summary
- case note records of visits & actions taken
- minutes of initial and review planning meetings
- correspondence with the family
- uploaded direct work undertaken with the child, young person and family
- referrals to other agencies made on behalf of the family
- handover and closure summaries
- supervision notes & management oversight

19. Feedback from families

19.1. Throughout the course of working with a family, the Early Help practitioner will routinely seek **feedback from the family** about whether the help being provided is working well and ways practice could be improved. At the ending visit/meeting the Early Help practitioner will provide the family with the opportunity to give feedback. Feedback will also be sought as part of the Quality Assurance Framework.

20. Supervision, Management Oversight

20.1. Team manager should have oversight throughout the time the family is receiving a service. Oversight will always be provided at the following critical points:

- Allocation
- Following the introductory visit
- Completion of the Early Help assessment
- Following the Initial Planning Meeting and completion of the first plan
- Following the Review Planning Meetings and updating the plan
- Transfers
- Closure

20.2. Team managers will provide **individual supervision** to Early Help practitioners no less than every 4 weeks and may be more frequent depending on the experience of the Early Help practitioner and the complexity of the work. **Group supervision** will be held no less than 8 weekly and facilitated by a team manager or Grade 20 Family Worker.

20.3. Quality assurance and learning process is in place through the Dorset Quality Assurance Framework.

DORSET CHILDREN'S SOCIAL CARE

Practice Standards Early Help

- ✓ **Consent:** The Locality Early Help service will be undertaken in **partnership** with the child and family, with their **explicit consent** and full **participation**. Consent to an Early Help service must be obtained in the ChAD. The Early Help practitioner will follow this up by carefully explaining the purpose of the Early Help assessment and service, keeping the family **informed** throughout working with them not just at the assessment stage. It is expected that Locality Early Help Service will obtain written consent at the first visit.
- ✓ **Family history:** The family history allows us to understand the child's past and current experience and helps predict the future. As the first step in the assessment process the family worker should review previous history, starting or updating a **chronology**, which should continue to be routinely updated and explore with the family as part of the assessment.
- ✓ **Clear timeframes:** All new Requests for Early Help will be allocated to an Early Help family worker within 48 hours of receipt. Timescales for the Early Help practitioner to make contact via initial conversation/visit with the family (no later than 5 days), completion of the Early Help Assessment (written up no later than 20 days), first team around the family planning meeting and case review with a manager will be set by the team manager.
- ✓ **Planning the assessment:** The Early Help practitioner will **plan** how they intend to carry out the assessment, including identifying the **focus**, when, where and how the assessment will be conducted. Who will need to be spoken to, what information will need to be gathered, any additional considerations (e.g. communication aids, interpreters) and what resources will be needed?
- ✓ **Recording:** The recording of information on the family record will be **clear and concise** and clearly describe the child's experience show the journey of the child.
- ✓ **Enough information to form a conclusion:** To arrive at a well-balanced conclusion, the Early Help practitioner must ensure they draw information from a range of sources and ensure clear, detailed records are kept.
- ✓ **Keeping an open mind:** To ensure the correct action plan is put in place and there maybe multiple perspectives. An overriding principle is that the **strengths of families** as well as concerns will be assessed and used to **support and safeguard** children.
- ✓ **Information for families about what we do and how:** From the outset families will be well informed about the role of Locality Early Help Services and how we can elicit positive changes to help families. There will be transparency with each family in order to develop relationships of trust.
- ✓ **Language:** The use of **child-friendly language** when working with a child/young person is essential. Clear explanations for families that are easy to understand

with a **transparent** approach is paramount to keeping everyone well informed throughout the process and keeping a family engaged.

- ✓ **Empathy and understanding, Non-judgemental approach:** The families we work with are always treated with respect and understanding. The Early Help practitioner will be open-minded and **non-judgmental** in their approach when working with families to ensure **trusting, quality relationships are built** and maintained.
- ✓ **Listening and reflecting:** The child (depending on age and understanding) and the family will know why we are involved and will be actively involved in any work, they are able to contribute to the work and have their **views and voice clearly visible** in the assessment and plan. Feedback will be obtained and used to improve professional practice and **service offer**. Appropriate communication methods are used with children and families.
- ✓ **Conflict resolution:** The Early Help practitioner will work with the family to develop an action plan to resolve any conflict in the family. This will be a **collaborative practice** which seeks active involvement from the family in creating possible solutions and showing resilience to succeed.
- ✓ **Clear expectations:** The Early Help practitioner will be clear why we are involved through a **shared agreement** of what Locality Early Help Service involvement is trying to change for the family, with regular conversations to progress.
- ✓ **Hearing the voice of the child:** Understanding the **perspective, feelings and wishes of the child** is central to the assessment. The voice of the child will be listened to and used to help inform and influence an agreed plan. The child will be spoken to in their first language and where possible on their own. Age appropriate methods will be used to ensure the voice of each child is heard.
- ✓ **Multi-agency working:** A **consultation with other professionals** previously or currently involved will help to inform the assessment of a child/ren. Collaboration with other practitioners to request and **share appropriate information**.
- ✓ **Constructive challenge:** Where appropriate Early Help practitioners will **challenge families** to improve their current situation.
- ✓ **Good communication:** Early Help practitioners will ensure that they **meet with families regularly** (minimum fortnightly), working in partnership with them to gather information. At all times there will be a **focus on allowing families to understand and participate in the Early Help process**. Information gathered will be shared regularly in team meetings and with the necessary people to ensure the needs of the child are met. **Families will be kept informed** of actions, new information and each aspect of the assessment and support plan in a timely manner.
- ✓ **Length of intervention: – person centred.** The length of time an Early Help practitioner will work with a family will be **proportionate to the needs and**

complexity of each child. However, this is unlikely to exceed 6 months and may in many instances be **between 3- 6 months**.

- ✓ **Information for families about what we do and how:** From the outset families will **be well informed** about the role of Locality Early Help Service and how we can elicit positive changes to help families. There will be transparency with each family in order to **develop relationships of trust**. Families will be treated with respect and honesty and kept informed throughout any involvement.
- ✓ **Handover streamlined:** When the work comes to an end on occasions it will be appropriate for families to be supported by other universal services. This will be done with **good communication and where possible joint visits/meetings**. Consent for this step down will be **reaffirmed**.

Performance Framework – to be developed

WHAT DO WE NEED TO KNOW?	WHAT INFORMATION WILL TELL US THIS?
<p>How many requests were received requiring Early Help?</p> <p>Who is making the request? (<i>Source of request by agency or family</i>).</p> <p>What was the decision about the request? (<i>Open to Locality Early Help Service/Duty Work for TAF/Re-direct to CSC/Advice & Signpost</i>).</p> <p>Reason for request for Early Help Services?</p> <p>Has the family been known to the Locality Early Help Service previously in the last 12 months? (<i>Re-referrals</i>)</p> <p>How timely is the Locality Early Help Service initial response to referrals? (<i>Allocated within 24 hours of receipt of contact, following 24 hours in the Early Help Hub</i>)</p> <p>Who is the child & family's allocated Locality Early Help Service Practitioner?</p> <p>Time taken for families to be seen by Locality Early Help Service Practitioner (<i>Introductory visit within 5 days of referral</i>).</p> <p>Time taken to complete the EH assessment and draft the initial EH plan (<i>Assessment within 20 days of referral</i>).</p> <p>Do children & families receive a copy of the assessment & plan?</p> <p>Time taken to hold initial Early Help Planning meeting (<i>within 10 days of the completion of the assessment, within 30 days of the referral</i>)</p>	<p>KPI: Number of Requests for Early Help received.</p> <p>KPI: Source of contacts.</p> <p>KPI: Outcome of requests.</p> <p>KPI: Contacts categorised by criteria.</p> <p>KPI: Repeat requests within 12 months.</p> <p>KPI: Contacts - time received compared to time episode started on Mosaic.</p> <p>KPI: Caseloads of each worker</p> <p>KPI: Contact to date of first visit.</p> <p>KPI: Completion dates of assessments.</p> <p>AUDIT: Service user & partner feedback</p> <p>KPI: Date of initial meeting</p>
<p>Are the children being visited regularly? (<i>Minimum every 2 weeks</i>).</p>	<p>KPI: Date of last visit (within 2 weeks).</p>
<p>Length of time the Locality Early Help Service is working with the family. (<i>Max 6 months</i>)</p> <p>Has the Early Help Plan been reviewed regularly? (<i>Min every 6 weeks</i>)</p> <p>Is there multi-agency involvement in the Early Help review meetings?</p>	<p>KPI: Length of time open.</p> <p>KPI: Dates of last review meeting.</p> <p>KPI: Attendance at review meetings.</p>
<p>What is the throughput of the cases in the Locality Early Help Service?</p> <p>What is the demography of open cases?</p> <p>Is there evidence of regular management oversight? (<i>Minimum of 1 supervision note per month</i>).</p>	<p>KPI: Open episodes per month & closures.</p> <p>KPI: Contacts & open cases by age, ethnicity & gender compared to CSC data & local population.</p> <p>KPI: Date of last supervision case note.</p>
<p>Did the intervention improve outcomes?</p>	<p>KPI: Scale measured at assessment, review meetings & closure stages using Outcome Star.</p>
<p>Are children & families satisfied with the service they received?</p>	<p>AUDIT & Service user & partner feedback</p>
<p>For requests for Universal Plus</p>	
<p>No of families supported by partner lead professional via TAF</p>	<p>KPI: No of families</p>