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**Early Help Practice Guide**

**Multi-agency Guidance for**

**Early Help Practitioners**

***‘Early Help in Tower Hamlets will work in partnership with families and young people to overcome difficulties, and to build the resilience that will equip them to address challenges and seize opportunities in the future.’***

***Debbie Jones, Corporate Director of Children's Services***

**NOTE**

This Guidance will be amended and updated as Early Help practice develops. Practitioners are therefore reminded to refer to Early Help Service website for the most current version of the Guidance. Please go to to [www.towerhamlets.gov.uk/earlyhelp](http://www.towerhamlets.gov.uk/earlyhelp)

**EarlyHelp@towerhamlets.gov.uk**

If at any stage through Early Help you have any concerns that a child or young person is at risk of harm, you must follow your agency’s safeguarding procedure and make a referral to the Multi-Agency Safeguarding hub on:

Telephone: 0207 364 5006 (option 3) (available 8:30am – 5pm Monday to Friday)

Telephone: 0207 364 4079 (outside office hours)

Email:[***MASH@towerhamlets.gov.uk***](mailto:MASH@towerhamlets.gov.uk)

**Table of Contents**

[Part 1: Introduction to Early Help 5](#_Toc527524368)

[1.1 Introduction - The Practice Guide 5](#_Toc527524369)

[1.2 The Vision for Early Help 6](#_Toc527524370)

[1.3 The statutory framework for Early Help 7](#_Toc527524371)

[1.4 What we mean by Early Help 8](#_Toc527524372)

[1.5 Early Help is partnership and it is everyone’s responsibility 9](#_Toc527524373)

[Part 2: Understanding Levels of Need 11](#_Toc527524374)

[2.1 Safeguarding Children – A staged response 11](#_Toc527524375)

[2.2 A Continuum of Need 12](#_Toc527524376)

[2.3 Statutory Social Care Interventions 16](#_Toc527524377)

[2.4 Establishing the level of nee required 16](#_Toc527524378)

[2.5 Safeguarding Vulnerable Adults 17](#_Toc527524379)

[2.6 Domestic Abuse 18](#_Toc527524380)

[2.7 Equality and Diversity 19](#_Toc527524381)

[Part 3: Early Help Practice 20](#_Toc527524382)

[3.1 The model of Early Help delivery 20](#_Toc527524383)

[3.2 Single Point of Access (SPA) 22](#_Toc527524384)

[3.3 Early Help Hub (EHH) 22](#_Toc527524385)

[3.4 Early Help Enquiry Form 23](#_Toc527524386)

[3.5 The Early Help Coordinator 25](#_Toc527524387)

[3.6 The Early Help Practitioner 25](#_Toc527524388)

[3.7 The Role of the Lead Professional 26](#_Toc527524389)

[3.8 Early Help Hub and its role as the Lead Professional 27](#_Toc527524390)

[3.9 Supporting Stonger families (SSF) 27](#_Toc527524391)

[Part 4: Assessing For Need 29](#_Toc527524392)

[4.1 Consent 29](#_Toc527524393)

[4.2 The Early Help Assessment (EHA) 29](#_Toc527524394)

[4.3 The Assessment tool - EHA 30](#_Toc527524395)

[4.4 Principles of assessment 31](#_Toc527524396)

[4.5 Engaging with children, young people and their parents 31](#_Toc527524397)

[4.6 What is Whole Family Work? 32](#_Toc527524398)

[4.7 When to do an Early Help Assessment (EHA) 33](#_Toc527524399)

[4.8 Record Keeping 34](#_Toc527524400)

[4.9 Undertaking an EHA – Step by Step Process Guidance 35](#_Toc527524401)

[4.10 A good EHA conversation should 36](#_Toc527524402)

[4.11 The Steps for Early Help 37](#_Toc527524403)

[4.12 Stepping up and down from Social Care 40](#_Toc527524404)

[Part 5: Early Help Training and Workforce Development 42](#_Toc527524405)

[5.1 Training and Development 42](#_Toc527524406)

[Appendix 1 – Glossary 4](#_Toc527524408)5

# Part 1: Introduction to Early Help

## Introduction - The Practice Guide

This Early Help Practice Guide is intended to ensure that those who work with children, young people and families in need of Early Help are supported to do so at the earliest possible stage and to work with them in a coordinated manner to prevent their problems from reaching crisis point. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them, must take responsibility for identifying concerns, sharing information and taking prompt action. By working together, we can develop flexible support services that are responsive to children, young people and families’ needs and provide appropriate interventions when they are needed.

This document will support all those involved in the provision of effective Early Help and support for children, young people and families in Tower Hamlets. It will enable professionals to produce robust, child-focused plans and make effective case management decisions. It sets out the Early Help framework, practice tools and processes, operational roles and case management structures through to, and including, the processes for, Step-up and Step-down to and from specialist Children's Social Care services as well as the process for “case stepping” across to and from Social Care.

The guide provides information on the levels of need and gives examples of the factors that may indicate that a child, young person and their family have need of Early Help support. This guide should be read in conjunction with the Tower Hamlets LCSB threshold document.

The guide sets out how professionals can assess needs with children, young people and their families in partnership with all involved professionals so that positive change can be facilitated using a strength and growth-based model underpinned by solution focused and task-centred intervention.

It is important that all agencies and practitioners including those who work with parents/carers understand the needs of children, young people and families within their own context and realise that each situation is unique and specific to their circumstances. They should be aware of, and comply with, the published arrangements set out by local safeguarding procedures and should refer to their own safeguarding leads as appropriate.

This guide is intended as a working document and it will be updated as Early Help moves through the phases of development and as practice changes to meet the evolving needs of the community.

## The Vision for Early Help

Our vision for Early Help is that every family should get the right support at the right time to ensure that needs are addressed quickly; thus, preventing further escalation or crises; and ensuring that resources are put to the best possible use.

Tower Hamlets’ Children and Families Plan (2016 – 2019) highlights the strategic aims and priorities for all agencies working with children and young people across the Borough. Tower Hamlets Early Help strategy is integral to the delivery of the plan and it cuts across all the objectives agreed by the Children and Families Partnership. In addition to this the Children and Families Plan seeks to ensure that poor outcomes are prevented and escalation into statutory services is avoided through the provision of a robust Early Help service.

The objective of delivering Early Help is also set out in a number of other strategic plans and strategies that are focused on children and young people.

Our vision supports the delivery of the three cross-cutting priorities that are set out in our Children and Families Plan 2016 – 2019 which promote:

* Help at an early stage;
* Holistic support that is easy to access;
* Protecting and promoting the right of the child.

This approach will enable us to deliver our ambition for every child and young person in Tower Hamlets; that they should be able to:

* Reach their full potential
* Live well
* Play a part in freedoms;
* Be free from Harm.

Our vision for Early Help is also underpinned by five key objectives:

* The ***early identification*** of those vulnerable children and their families who are at the highest risk of poor outcomes and who would benefit from early support through the development of joint plans that address need;
* To ***empower families*** by building positive professional relationships with them and by making a clear, non-stigmatising offer of support that enables them to develop the capacity to resolve their problems and build resilience;
* To deliver Early Help through ***partnership*** and a dedicated workforce thus, enabling the development of a shared understanding, vision and professional practice around Early Help;
* To deliver ***improved outcomes*** for children and families through the provision of effective, evidence-based interventions and support that reduce the numbers of families referred to specialist services;
* To deliver high quality Early Help services that improve outcomes, have impact and make a positive difference to the lives of families. The ***performance*** and ***impact*** of Early Help services will be regularly measured and monitored.

This *Early Help Practice Guide* is intended to ensure that those who work with children, young people and families in need of Early Help are supported to do so at the earliest possible stage and to work with them in a coordinated manner to prevent their problems from reaching crisis point.

This *Guide* will support the promotion and delivery of the highest quality Early Help offer to children and families within the borough.

## The statutory framework for Early Help

There is a strong statutory framework and guidance that has been issued to support the delivery of Early Help. It clearly sets out how services and partners, regardless of sector, must work together to support vulnerable children and their families at the earliest opportunity. There is a broad range of legislation that underpins the work of Early Help (see appendix 1 for the list). In particular, duties accrue, but are not limited to, the following legislation and/or guidance:

* **The Children Act (1989 and 2004) and Working Together to Safeguard Children (2018)**:Under section 10 of the Children Act 2004, local authorities have a duty to promote inter-agency co-operation to improve the welfare of all children in the local authority area.

Section 11 of the Children Act, 2004 places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. The statutory guidance sets out how partners must work together to protect vulnerable children and young people.

* **Keeping children safe in education for schools and colleges – guidance from 3 September 2018**: This statutory guidance sets out how the governing bodies of maintained schools and colleges, the proprietors of independent schools and non-maintained special schools including academy trusts and the management committees of pupil referral units should ensure that mechanisms are in place to ensure that staff in schools discharge their responsibilities.

* **The Children and Families Act (2014)**:Section 19 of the Act places a duty on the local authority to have due regard to the views, wishes and feelings of children, their parents/carers and young people; ensuring that they participate in decision making; the provision of information and support; and are supported to achieve the best possible educational and other outcomes.
* **The Special Educational Needs and Disability Code of Practice 0-25**:Promotes Early Help for children with special educational needs. It requires universal and specialist agencies to work together, using a whole-family approach, to assess, plan and deliver support to meet the educational, health and social needs of children with Special Educational Needs and Disabilities.

## What we mean by Early Help

Our understanding of Early Help is built upon seminal publications[[1]](#footnote-1) which all made a compelling case for Early Help and prevention. Early Help therefore means providing support to children, and their families, at any point in a child's life, including the prenatal stages and up to the age of 25 years (for those with learning difficulties and or disabilities) as soon as needs emerge that do not meet the threshold for specialist, statutory, services such as those provided by Children’s Social Care.

Early Help includes:

* Universal services - that all children and families can access like General Practitioners, early years settings and schools; and
* Targeted services – for children and families that have multiple needs which require a multi-agency intervention.

Our approach to Early Help is founded on the belief that if addressed early enough the emergent needs of children and their families can be prevented from escalating. We have therefore developed a clear and co-ordinated pathway (see page 21) for accessing Early Help that will support children who have a variety of needs or risk factors including:

* **Educational needs**: Children at risk of missing education; children with poor attendance; children not in education, training or employment; children at risk of exclusion; children with SEND who do not meet the threshold of an EHCHP; children with a learning difficulty or disability;
* **Exploitation**: Children at risk of sexual exploitation; children at risk of gang involvement; children at risk of modern slavery, trafficking, and the national referral mechanism;
* **Violence or abuse:** Children at risk of domestic abuse/violence; children at risk of serious youth violence; children at risk of Female Genital Mutilation (FGM);
* **Radicalisation**: Children at risk of radicalisation
* **Early abuse or neglect**: Children and young people at risk of suffering early abuse or neglect; children and young people at risk of suffering delayed physical development; children and young people at risk of suffering delayed cognitive development;
* **Health**: Children at risk of substance misuse/abuse; children at risk of sexual health issues; risk of teenage pregnancy
* **Emotional wellbeing/mental health**: Children at risk of self-harm or suicide; children at risk from bereavement;
* **Crime/antisocial behaviour**: Children at risk of involvement in crime and/or anti-social behaviour; children with socially unacceptable behaviours; children at risk due to parental financial difficulties/debtsT0we
* **Homelessness**: Children at risk of homelessness; children at risk from family breakdown;
* **Other issues**: Children at risk of other issues which have necessitated a referral to Early Help e.g. concerns about Young Carers; privately fostered child(ren); risk of honour based violence

## Early Help is partnership and it is everyone’s responsibility

Early Help is not a single service or agency responsibility or activity. Early Help is most effective when delivered in collaboration with partners who have an interest in providing early support to vulnerable children and families. It is the responsibility of everyone that works with children and families to support the identification of emergent problems and potential unmet needs so that Early Help can be provided at the earliest opportunity.

Our Early Help partners include, amongst others, schools, General Practitioners, Health Visitors, the Police, the Fire Service, Day Care Providers, Community and Voluntary Sector Organisations and, in the council, Children’s Services and Adult Social Care, to name but a few. Professionals in these types of services are often best placed to identify children and families who may be at risk of poor outcomes.

Significant amounts of Early Help work are already being delivered by our partners and across council services. It is important that we work together to create a more coherent and cohesive approach to engaging with children and families by building on the existing good practice.

# Part 2: Understanding Levels of Need

## Safeguarding Children – A staged response

Academic research is consistent in underlining the harm to children from delayed intervention and emphasising that professional action to meet the needs of these children as early as possible can be critical to their future. By working together, we are able to develop flexible support services that are responsive to children and families’ needs and provide the right level of intervention at the right time. This approach is reliant on local agencies working in partnership to:

* Identify children and families who would benefit from Early Help
* Undertake an assessment of the need for Early Help; and
* Provide targeted Early Help interventions based on the assessed needs of a child and their family in order to significantly improve outcomes for the child.

Children and families may have different levels of need at different times in their lives across a range of issues. Having an approach which recognises this, ensures that Early Help support will be appropriate, proportionate and at the lowest level of intervention.

The staged response to ensuring that Early Help is available to all children, young people and their families with additional needs (e.g. educational, social or emotional needs or those arising from a disability), supports children/young people from the very early stages when support is needed and it focusses on what parents and local communities can offer within their own resources.

A four stage model of intervention is used as a way of identifying need:

Level 1 – Universal/Universal Plus

Level 2 - Targeted Early Help Service,

Level 3 - Child in Need and

Level 4 - Child Protection

This provides the foundation for effective integrated working. The use of a Staged response enables services to plan to meet the needs of individual children and young people. This process should assist in clearly setting out what support is available, at what level and when it should be offered. It should also allow for earlier intervention by changing the way services are provided, using our integrated process to ensure we have effective ways of identifying children, young people and families at increased risk and in need of Early Help support.

A Diagram of the Tower Hamlets Continuum of need based on the Tower Hamlets Threshold Guidance. 



## A Continuum of Need

**Figure 1 – LB Tower Hamlets Continuum of Need**

The needs of children and families rarely fit into neat categories hence in Tower Hamlets, Early Help is seen as part of a continuum of help and support that children, young people and families can access. The diagram in figure 1, above, shows the continuum of need and the broad service offer for children, young people and their families which has been aligned to the LSCB thresholds. The continuum ranges from universal services, which can be accessed by any child, young person or their family who have no identified needs (such those services provided in Children's Centres and Youth Centres); to specialist children's services which require a statutory, Single Assessment, for children and young people with multiple additional needs that are in need of statutory support. Their needs often change over time. These can be understood by referring to the London Continuum Levels of Need descriptors, which are understood and used universally.

**LEVEL 1 – UNIVERSAL SERVICES:** Universal services are the agencies that deliver an enabling and protective approach to improving outcomes for children, young people and their families. Agencies providing universal services include: all point of access NHS services, Schools, Nurseries, Registered Child Minders, Leisure Centres, employment services (Workpath), Libraries, Youth and Estate services.

Any Child, young person and/or their family may access and utilise services delivered at this level (Universal services).

**UNIVERSAL PLUS:** There may be times, if a parent or professional has a concern about a child or young person, when some additional, differentiated or specific support and assistance is needed and can be offered through sign posting within universal provisions.

In this way, any emerging additional needs can be isolated and addressed and will often yield positive outcomes with timely and targeted intervention derived from an integrated response.

Ordinarily, if this support involves an Early Help Practitioner, the timeframe for the intervention would be 6 - 12 weeks. An Early Help Assessment (EHA) will need to be raised at this stage by the professional requesting the additional universal plus intervention.

Communication across universal services should ensure the right support is available for families to stop any escalation of presenting issues.

**LEVEL 2 - TARGETED EARLY HELP SERVICES:** This level of support and intervention is required when children, young people and families have additional needs that may be more intensive and/or complex than those that can normally be accommodated within good quality universal and universal plus services.

In such situations, an EHA will be in place if the family are already accessing Universal Plus services; if not, one should be initiated in order that the needs of the whole family can be assessed. Furthermore, Team around the Family (TAF) processes should commence at this point if support is required from more than one professional service. As a part of this process the team must appoint a Lead Professional (LP) to provide a consistent link for the family, ideally this should be a person with whom the family have a trusting relationship.

The needs identified via the EHA and the TAF process will precipitate targeted and specific support and intervention to prevent identified difficulties from escalating and having a serious negative impact on children, young people and their families; as well as building resilience to enable families to manage any future problems more effectively.

Targeted support for children, young people and families is likely to include interventions which vary in terms of intensity, complexity and time span. Sometimes specific support may be required in a range of areas or maybe only in one area but at a more intensive level.

This includes children, young people and parents who fall under SEND, in line with The Special Educational Needs and Disability (SEND) Code of Practice 0-25 (2014). It requires universal and specialist agencies to work together, using a whole-family approach to assess, plan and deliver support to meet the educational, health and social needs of children, young people and parents with SEND and additional needs, where their needs can be met outside statutory intervention under s17 of the Children Act 1989. Furthermore, for parents with additional needs, Early Help provides integrated coordination, planning, assessment and sharing of information between agencies and the families. It enables emotional and practical support to be delivered to assist them with their parenting responsibilities as well as self-help options and information to understand the developmental needs of their child.

Agencies providing Early Help targeted services include Children’S Centres, CAMHS, Behaviour and Attendance Service, Children with Disabilities short breaks Team, Specialist Schools, Medical Specialists, Parental Engagement Service, Education Psychology Service, Parents Advice Centre and Alternative Education providers.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Level 1** | **Level 1** | **Level 2** |
|  | **Universal** | **Universal +** |  |
| **Level of Need** | Children with no additional needs, children’s whose developmental needs can be met through universal services, | Children with low level additional needs that are likely to be short-term but which are not being met. | * There is a specific concern but the child, additional needs are not clear, or are not fully known, or are not being met. * Child with additional needs that requires multiagency intervention |
| **Level of Need** | As above | It is your professional judgement as to whether a single agency referral or coordinated multi-agency support is appropriate for the child or family. If in doubt contact the Early Help Hub for advice | It is your professional judgement as to whether a single agency referral or coordinated multi-agency support is appropriate for the child or family. If in doubt contact the Early Help |
| **How do you assess need?** | The organisation/setting will be expected have their own method for assessing universal need. The Early Help Service will work with organisation/setting to support a review of their EHA processes to ensure that there is a consistent approach to assessing need. | Early Help Enquiry Form 1 | Early Help Assessment |
| **How do you access this stage of intervention** | At this level services are ‘open access’ or ‘universal’ meaning that they are generally available to all children and young people.  Universal services are those such as schools, leisure centres, GP surgeries, youth centres, children centres etc. and are accessible without either a referral or an assessment. | At this level services can only be accessed with consent:   1. Obtain consent from the parent or carer to share their information 2. Complete the Early Help Enquiry Form 1 referral form and submit as directed on the form’. | At this level:   1. Obtain consent from the parent or carer to share their information 2. Complete an EHA 3. Bring together a Team Around the Family (TAF) to identify a lead professional and agree a support plan with clear objectives, outcomes, timescales and understanding |
| **Who is responsible for providing support at this stage?** | Universal services such as schools, leisure centres, GP surgeries, youth centres, children centres etc. | Universal services working with one other service, for example, a Children Centre, a school, a youth centres, Day Care, Early Help Hub etc. | Universal and targeted services working together to form a Team Around the Family. The lead professional will be identified from the Team Around the Family |
| **Where do I get support/**  **advice?** | [http://www.localoffertowerhamlets.co.uk/ Tower Hamlets Family Information Service 020 7364 6495](http://www.localoffertowerhamlets.co.uk/Tower%20Hamlets%20Family%20Information%20Service%20020%207364%206495) | Single Point of Contact/Early Help Hub 020 7364 5006 | Single Point of Contact/Early Help Hub 020 7364 5006 (Option 2) |

**Fig 2 – Summery of the Level of need and identification of support for child/family at Level 1 and 2**

**LEVEL 3 - CHILD IN NEED:** This applies to children, young people and families with complex additional unmet needs that require a Child in Need Assessment.

Children, young people and families with this level of need may be in an environment that is harmful and having a significant adverse impact. It is very likely they are already displaying a tendency towards having poor outcomes and need specialist and statutory support to address their needs.

In many instances, children, young people and families are referred to Early Help by Children’s Social Care after they Step a case down from Child in Need. Often, Level 2 and 3 professional partners work together as part of the plan to Step a case down towards the end of statutory intervention. Where there has been a decision that children do not meet the threshold for a statutory Child in Need plan, Early Help Services will be called upon to support the children, young people and families, where there is a need for services other than those universally available. In these cases there may be a number of complex needs to be addressed.

There are clear protocols which professionals need to follow to Step across, Step down or Step up a case to ensure that a cohesive, transparent transfer can be achieved for children, young people, families and professionals.

**LEVEL 4 - CHILD PROTECTION:** This is when children, young people and families are experiencing significant harm, with many unmet multiple and complex needs, or where there are extra-familial threats which make children and young people vulnerable to abuse by others. In such circumstances, the family may not be able to protect the child and/or young person and are sometimes the reason why statutory interventions, such as child protection, or legal intervention for court orders to protect children and young people become necessary.

It is likely such children, young people and families will have been involved with Level 2 and 3 services which have not precipitated sufficient improvement to allay concerns and reduce risk and harm, meaning that statutory intervention is the only possible way to safeguard and protect with the potential to bring about positive change.

## Statutory Social Care Interventions

Children, young people and families engaged with statutory Social Care services are subject to a Child In Need (CIN), Child Protection (CP) or Children Looked After (CLA) plan which is systematically reviewed by an allocated social worker and, in many cases, an independent reviewing officer.

Any Level 2 intervention should be incorporated into the above plans, outlining the specific role of the Early Help Practitioner. In Level 3 and 4 cases, the Social Worker will always be the Lead Professional. Only when a case is stepped down will an Early Help Practitioner assume the lead role.

## Establishing the level of need required

When the levels of suspected concerns relate to safeguarding and protection, the threshold for Level 3 or 4 are likely to apply, and if an identified family does not engage with the Early Help Practitioner in an assessment of their needs and/or engage with identified interventions, then consideration should be given to escalating the case to Level 3 or 4.

Some of the hardest decisions for practitioners to make will be around families who they consider to be ‘borderline’ cases; for example Level 2/3 where there is some evidence to support the need for statutory intervention.

The decision around threshold for interventions is often difficult and will require professional liaison with the Multi-Agency Safeguarding Hub (MASH). The welfare and safety of children and their families is paramount and this should be at the forefront of determining the outcome of referrals and assessments. Different perceptions relating to the level of risk will exist and professional, as well as public, challenge is expected as part of good quality service delivery.

Differences of opinion should be discussed in a respectful and productive manner being mindful of the following;

* Seek to reach accord within the shortest possible timescales
* Respond professionally to challenges and questions
* Be curious not critical
* Challenge should be evidence based and solution focussed
* Be persistent and keep asking questions
* Always keep a written record of actions and decisions taken

(Full details of the Escalation of Professional Concerns Guidance can be found in Appendix 2 of the LBTH Multi-Agency Safeguarding Thresholds Guidance).

If professionals have concerns about the safety or welfare of a child or young person, they can approach a number of specialists for guidance, including an Early Help Hub or MASH practitioner, or a Designated Child Protection (CP) Officer based within their workplace/team. If concerns are significant and immediate, the police should be called on 999. All services and agencies must follow safeguarding processes and make an appropriate referral in line with the London Safeguarding board (LSCB) procedures, where they are concerned about the risk of significant harm to a child, young person or vulnerable adult.

Professionals have a statutory duty to inform parents and/or carers when there is a need to share concerns with Children’s and/or Adult Social Care or any other agency. This duty is only superseded if there are legitimate concerns that by sharing such information, a child or adult may be placed at an increased risk of significant harm. Again, such decisions should be made with the Designated CP Officer and should also be immediately recorded on the appropriate database. Referrals are likely to be declined where parents have not been informed and there is no evidence to support increased risk of harm.

## Safeguarding Vulnerable Adults

Whilst our work primarily focuses on children, we may also come into contact with parents, carers or family members about whom we have concerns. Any person who is 18 years or older that may be at risk of abuse or neglect and who has any kind of disability, frailty or illness will be seen as a vulnerable adult. This can be someone with:

* mental health problem
* learning disability
* physical disability
* sensory impairment
* general health problem
* frailty, for example an older person
* Substance Misuse

*Any adult who receives care from any other person or persons, for example carers, family, friends, social workers, district nurses, staff at day centres, residential, nursing or other supported living care staff, can be potentially seen as at risk of abuse or neglect.*

The Local Authority has similar duties in investigating concerns about vulnerable adults as they do with investigating concerns about child welfare.

Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

* Safe and able to protect themselves from abuse and neglect;
* Treated fairly and with dignity and respect;
* Protected when they need to be;
* Able easily to get the support, protection and services that they need

**The aims of Adult Safeguarding are to:**

* Stop abuse or neglect wherever possible;
* Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
* Safeguard adults in a way that supports them in making choices and having control about how they want to live;
* Promote an approach that concentrates on improving life for the adults concerned;
* Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
* Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
* Address what has caused the abuse.

If you have concerns about the abuse of a vulnerable adult liaise with your line manager or the Designated CP officer in their absence about contacting Adult Services at:

The First Response team, Tel: 020 7364 5005

Email: [Adultcare@towerhamlets.gov.uk](mailto:Adultcare@towerhamlets.gov.uk)

## Domestic Abuse

Section 120 of the Adoption and Children Act 2002 extends the legal definition of ‘significant harm' to children to include the harm caused by witnessing or overhearing abuse of another, especially in a context of domestic violence.

Adults may also be placed at risk of significant, even fatal harm, from domestic abuse.

LBTH has a comprehensive Domestic Violence Protocol which should be utilised where there is evidence or concern about Domestic Abuse.

**Telephone advice and information:** the team provides a telephone duty line (0800 279 5434/ 0207-364-4986) for both professionals and members of the public from Monday-Friday, 9am to 5pm for the discussion of domestic abuse incidents, cases and issues.

The team have a generic email: [domestic.violence@towerhamlets.gov.uk](mailto:domestic.violence@towerhamlets.gov.uk) where referrals can be made to.

<http://towernet/staff_services/businessareas/tower_hamlets_homes/A-Z_service_procedures/D/domestic_violence/>

## Equality and Diversity

The Equality Act 2010, places a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the child, young person and their family and the process of assessment. No child/young person or group of children/young people or families must be treated any less favourably than others in being able to access effective services which meet their particular needs.

In your work as an Early Help Practitioner in Tower Hamlets, you will have the opportunity of working with individuals and families and other professionals from many different ethnic, racial, and cultural backgrounds as well as abilities. Working in such a diverse community can be challenging but equally interesting, stimulating and rewarding.

**As a service provider we:**

* Promote equality of opportunity and eliminate discrimination in the planning and delivery of our services in terms of age, disability, ethnicity, gender, sexual orientation, gender-reassignment, marriage and civil partnership, religion or belief, pregnancy and maternity, health and income status
* Promote good relations between communities and address negative stereotyping of any groups
* Ensure that all residents have equal opportunity to participate in the democratic process
* Tackle harassment relating to a person’s age, , disability, ethnicity, gender, sexual orientation, gender-reassignment, marriage and civil partnership, religion or belief, pregnancy and maternity, health and income status

The Local Authority policies relating to Equality and Diversity are available at the following link: <http://towernet/Intranet/staff_services/hr__workforce_development/equality_and_diversity.aspx>

# Part 3: Early Help Practice

*In Early Help, universal and targeted services work together to reduce or prevent specific problems from escalating or becoming entrenched and to prevent the need for statutory interventions. This requires all Early Help services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.*

## The model of Early Help delivery

Everyone who comes into contact with children and young people has a role to play in identifying welfare and safeguarding concerns. Taking prompt action to share these concerns and to intervene is a community responsibility. This includes all professionals such as teachers, nursery staff, children’s centres’ staff, Employment Advisors, doctors and health workers, housing support officers, police and probation officers, family support services, social workers and voluntary and community run organisations. The Early Help model is therefore one that shares the responsibility across the whole local authority area and is inclusive of all family members.

Early Help in Tower Hamlets is to be developed upon a relationship-based model of intervention which is reliant upon a number of essential factors: meaning that agencies and practitioners need to:

* Identify children, young people and families likely to benefit from Early Help
* Undertake EHA’s (EHA) to identify need
* Enable targeted Early Help interventions
* Engage with whole families and work to their strengths.
* Work WITH families, colleagues and partner agencies avoiding where possible doing TO or FOR and never doing ‘Nothing’ where action is needed.
* Focus on preventing problems and building resilience.
* Be clear and consistent about the expected outcomes.
* Be brave enough to stop things that are not working.
* Work together to significantly improve outcomes for the whole family not just the child or adult.
* Identify a trusted lead professional who can coordinate the support from other agencies.
* Take a holistic approach that addresses the children's needs in the wider family context to help identify underlying issues and strengths across the family.
* Implement simple, streamlined referral and assessment processes.
* Use appropriate challenge with Families, colleagues and partner agencies.
* Convene regular multi-agency meetings with the family included and at the centre

A flow diagram describing the pathway for practitioners  

**Figure 3 – Early Help Pathway**

## Single Point of Access (SPA)

Telephone Enquires

There is now a dedicated, single point of Access phone line for the public and external partners to contact us about children and young people; the Children Services Hotline. The number is: **020 7364 5006** and it operates 9am-5pm Monday-Friday (an emergency number operates outside of these times).

The phone number has 4 options, with the 4th being the option to hold and automatic transfer to the Family Information Service. The options are:

1. School admissions, Appeals or Exclusions
2. Guidance and access to Early Help
3. Concerns about a child or a child protection issue
4. General Enquiries and Information

## Early Help Hub (EHH)

Calls to option 2 of the Children Services Hotline are directed through to the Early Help Hub (EHH). The Hub was established over 18 months ago in response to both the criticisms of uncoordinated Early Help support and the acknowledgement of the valuable Early Help resources in the borough.

The primary role of the hub is to provide a single point of access for the public, and all those working with children, young people and their families within the local community and across the authority. The aim of the hub is to improve communication and information sharing across the authority, including internal and external partners and to support more effective delivery of services where there is a need for multi-agency response. The EHH has four main functions:

1. Providing information, advice and guidance to the public and professionals who have queries about children who may need a coordinated Early Help response.
2. Screening Early Help enquires to ensure an appropriate level of response for children, young people and their families which include those cases referred across or redirected from children’s social care.
3. Where necessary, the exception rather than the rule, undertaking direct work with families to assess need before identifying the most appropriate lead-professional who can carry out the EHA, co-ordinate the family action plan.
4. Support practitioners to complete assessments and convene TAC/F meetings.

Upon enquiry the EHH practitioner should assess the case and inform you of the action required. This could be:

* If an EHA has already been completed or there is an existing TAC/F, you will be asked to share your information and join the TAC/F
* Single agency response for a specific piece of work – Lead Professional identified
* EHA required – Lead Professional identified
* No further action
* Escalation to Children’s Social Care if this case is already known to them or the information gathered during screening indicates escalation is required.

The Practitioner will also

* Offer Advice/Guidance
* Create an enquiry/contact record
* Triage requests for services (which may include contact with families as well as other professionals)
* Allocate enquires/contacts to the most appropriate service (internal and external services and agencies)
* Inform the referrer of the outcome of the request by email or letter

The EHH only undertakes triage or discusses cases with consent however anyone can make a general enquiry and ask for advice without consent, as long no names are given.

The EHH does not replace the existing ‘Safeguarding Arrangements’ for Children’s Social Care in Tower Hamlets. If at any stage you have any concerns that a child is at risk of harm you must follow your agency’s safeguarding procedure and make a referral to the Multi Agency Safe Guarding Hub.

## Early Help Enquiry Form

To compliment a single point of access, a generic Early Help Enquiry Form will be used across the Early Help Services to ensure that enquires/concerns are directed to the right service at the point of contact. This is in order to ensure that children, Young people and their families receive the help they need at the earliest possible opportunity.

The form is primarily a screening tool which collects the basic demographic information of all family members alongside the initial identified concerns from which an appropriate service or services will be identified. It will be completed following an enquiry from a member of the public; a family member self-referring themselves for support or from a professional making contact on behalf of a family with consent; except where an enquiry is anonymous and/or where consent is overridden.

It is anticipated that all internal agencies and external partners will use the enquiry form as a screening tool in the future and that this will be used in conjunction with the EHA (EHA). External agencies may be able to use the Early Help Enquiry Form to gain access to support for families in need of universal services and for advice and guidance through the Early Help Hub however, the **EHA will remain the main source of referral to targeted Level 2 Early Help Services**.

The Early Help Enquiry Form can be found online at <https://bit.ly/2C2VMT1>

Image of the Early Help Universal screening process document

**Figure 4 – Early Help Universal Screening Process**

For internal agencies using the Early Intervention System (EIS), where the enquiry form will be a frontloading document for a contact, there will be a facility whereby upon completion of the form, the enquiry will be automatically directed to the appropriate service based on presenting need.

Those using the enquiry form will be able to utilise some of the information from the form to support their Outcome Based Accountability measures which is likely to include: number of enquires made, reasons for enquiry etc. This data can be used to identify what services are required to meet the needs of the community and is crucial to ensuring that families in Tower Hamlets have access to the right Early Help services and interventions. The form is compliant with the Strengthening Stronger Families criteria and will therefore support that programme.

## The Early Help Coordinator

The Early Help Coordinators will support plan and co-ordinate Early Help services in Tower Hamlets. They will provide advice and guidance to Early Help practitioners and their managers around the Early Help Assessment process, attendance at multi-agency meetings and offer information and advice on best practice and how to engage with families. It is expected that they will:

* Take overall responsibility for coordinating family support work and strategic delivery.
* Offer information, advice and support to children, young people and their families;
* Provide guidance about the EHA process.
* Support the coordination of the Early Help offer and the development of partnership working.
* Make sure that Early Help services are clear about the services on offer and that they understand their roles and responsibilities.
* Plan, deliver and evaluate strategic Early Help Intervention to children, young people and families with complex needs in the community which includes working with local organisations and agencies to ensure there is a clear understanding of the collective needs of children locally and to support the commissioning effective services.
* Make sure Early Help services are in place to manage and reduce the risk of harm in order to prevent children and young people entering the care system.
* Deliver training and develop resources for all Early Help Practitioners to enable their work to be informed and progressive.
* Ensure that children, young people and families and those working with them are able to access the full range of Early Help services and interventions.
* Manage and assist staff to deliver direct support to children, young people and families with complex needs.

## The Early Help Practitioner

The Early Help Practitioner role has several different aspects and these may vary depending on the work you do with the child, young person or family. However, generic responsibilities are:

* Working with the whole family, and ensuring all services working with families work effectively together to co-ordinate the support they provide.
* To carry assessment of need through using the EHA, working with the children, young people and families strengths to come up with an action plan.
* To focus on improving outcomes for our most vulnerable families, reducing the risk of harm posed and preventing the need for statutory social care intervention, where it is possible to do so.
* To provide intensive services and planned interventions to families in crisis as part of agreed plans for children.
* To support families, young people and children to access a range of services.
* To commit to multi-agency training in order to develop knowledge and skills to fulfil the practitioner responsibility of identifying symptoms and triggers of abuse and neglect as well as keeping updated in respect of new and emerging threats to children, young people and their families.

## The Role of the Lead Professional

A Lead Professional will be identified as soon as there is a requirement for an EHA. The decision of who should take the Lead Professional role should be made on a case by case basis and informed by the children, young people and families. It could be the practitioner who has initiated the assessment, or any practitioner working with the child, family or young person, though someone trusted by the family is the preferred option. A decision around this can be made at any TAC/TAF meetings that take place if it is not appropriate to do so at the initial assessment.

This role is primarily one of coordinating the agencies and practitioners who are working with the children, young people and families to meet their needs. The Lead Professional arranges TAF/TAC/FGC (what is FGC?) meetings and reviews, chairing them as appropriate.

The Lead Professional can change during the support process if necessary i.e. if they leave the role or other needs have been identified that makes another practitioner more suited to taking the lead. The EHA details will need to be updated to reflect this change.

If you are identified as the Lead Professional it is your role to:

* Act as a single point of contact for children, young people and their families so they are kept well informed and can discuss their progress and any concerns with one person.
* Undertake the EHA and lead the subsequent process with children, young people and families.
* Act as a single point of contact for other professionals
* Co-ordinate the delivery of actions agreed in the TAC/F and ensure that the package of support is regularly reviewed and monitored
* Reduce any overlap and inconsistency in the services received
* Support children, young people and their families to ensure that a careful ‘handover’ takes place if it becomes more appropriate for someone else to be the Lead Professional.

## Early Help Hub and its role as the Lead Professional

The Early Help Hub would not normally take on the role of Lead professional. When cases are being stepped down from Social Care – the normal course of action in line with the LBTH step down procedures would be that the social worker would hold a TAC/TAF and following this meeting a lead professional would be identified. In exceptional circumstances where a lead professional cannot be identified, the case would be handed to the Early Help Hub and they will assist in organising the first TAC/TAF, where the lead professional would be decided with the professionals involved and the family.

Where cases have been redirected from social case, either if an assessment has or has not taken place, if the social worker is not able to identify a lead professional, the case will be sent to the Early Help Hub, they will organise a TAC/TAF or a professional meeting, at which the lead professional would be decided with the professionals involved and the family.

## Supporting Stronger families (SSF)

How are stronger families identified?

The criteria for families to be eligible for the programme have been widened by the Government to include the following strands:

1. Parents and children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness (NEET).
5. Families affected by domestic violence and abuse.
6. Parents and children with a range of health problems.

It is important to identify if a child or family member meet two or more of the Supporting Stronger Family strands so that we can ensure that they receive the right support in line with the government ‘Troubled Family Agenda’.

Once a family has been identified as eligible under the SSF criteria above, the following 4 conditions need to be met in order to evidence that appropriate support has been identified and to see what progress families have made in resolving their difficulties:

1) There will have been an assessment that takes into account the needs of the whole family;

2) There is an action plan that takes account of all (relevant) family members;

3) There is a lead worker for the family that is recognised by the family and other professionals involved with the family; and

4) The objectives in the family action plan are aligned to those in the area’s Troubled Families Outcomes plan.

# Part 4: Assessing For Need

## Consent

The EHA and TAF are voluntary processes and consent from the child and family is required before the information is shared outside your agency unless it relates to a statutory duty/requirement such as attendance at school.

Consent to share information must be discussed with the family before submitting an enquiry into the Early Help Hub. The family should be given a copy of the Privacy Notice to ensure they know how their data will be used. Once signed consent has been gained, the online Enquiry Form can be completed and the signed consent form emailed to the Early Help Hub mailbox.

If parents and/or the child do not consent to an EHA, then the Lead Professional should make a judgement as to whether, without help, the needs of the child will escalate to a level likely to cause significant harm. If so, a referral to the Multi Agency Safe Guarding Hub may be necessary.

## The Early Help Assessment (EHA)

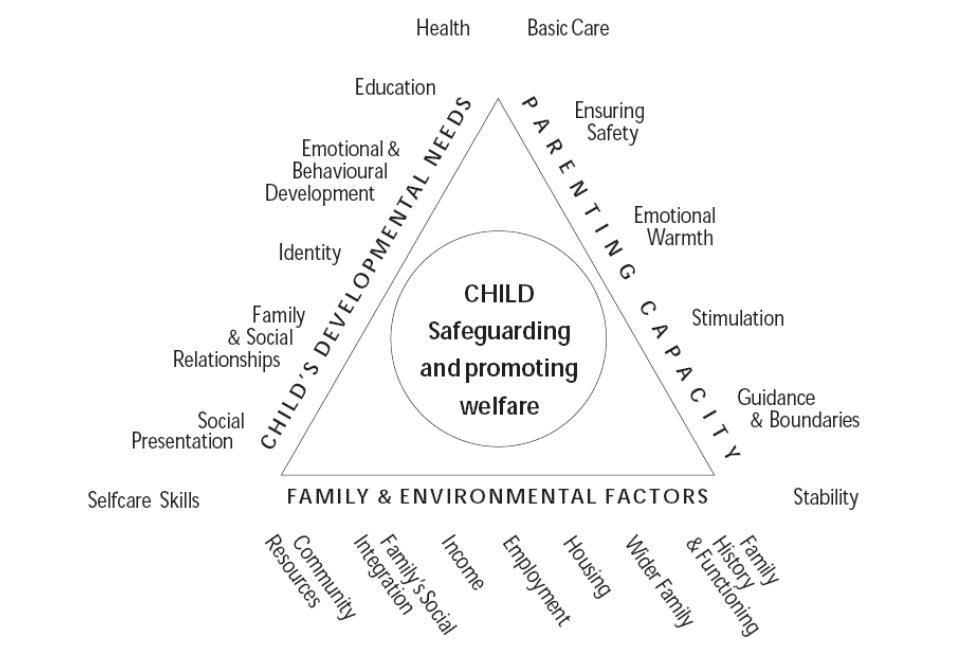
Children, young people and families should be able to access the right services at the right time in the right environment. Families should be placed at the heart of everything we do. Work must be inclusive, integrated, coordinated with duplication of assessment and intervention avoided as this is detrimental to families and costly to services.

Practitioners referring families for Early Help support will need to complete an EHA to determine the need(s) of each member of the family. An EHA plan is then produced which sets out how the presenting needs are to be addressed and the services required to implement this.

Both the EHA and the plan should be coordinated by an identified Lead Professional and reviewed regularly. Where families self-refer for Early Help support into the Early Help Hub an Early Help Practitioner may be appointed to undertake an EHA, to draw up a plan and to identify a Lead Professional for ongoing support.

To enable professionals to better understand what is happening for children, young people and families, the Government developed the Assessment Framework which fits well with the EHA. This framework comprises of three major areas and the factors that are incorporated in each of these areas.

The EHA is a simple way to help identify needs of children and families and make a plan to meet those needs. It is designed to be a shared tool which can be used by all agencies involved in delivering Early Help. It is a standardised approach so that all children and families have the same experience of exploring their needs, strengths and challenges. The EHA can also be used as a tool to help children and families ‘stepping down’ from social care including those being reunified with parents/carers.



**Figure 5: Department of Health’s Framework for the Assessment of Children in Need and their Families**

The EHA is based on the Assessment Framework (figure 2) which is used as the Department of Health’s Assessment model for assessing children in need of support and their families. It provides a clear structure to facilitate a meaningful assessment with the participation of the child and their parents.

When completing an EHA you must also complete a Stronger Families Eligibility Checklist which is used to identify families who fall under the government’s Troubled Families Programme. All families accessing or requiring Early Help Support are likely to meet at least two of the SSF criteria.

## The Assessment Tool - EHA

* Provides an easy to use assessment tool that is common across services;
* Provides an assessment structure that is family focussed:
* Provides a framework whereby all strengths and needs are considered
* Ensures that interventions are evidenced based
* Facilitates early intervention
* Informs whether further specialist assessments are necessary
* Provides information for onward referral
* Reduces the number of duplicate assessments
* Promotes joint working across services.

## Principles of assessment

Child/young person-centred – the views of the child or young person should be included and they should be kept at the centre of assessment to ensure their needs are met.

Transparent – work with families should be honest and open. The purpose of the assessment should be clear to all.

Not discriminatory – personal information should always be dealt with in a sensitive and non-discriminatory manner.

Consensual – the informed consent of the child/young person and/or parents/ carers should always be obtained, unless to do so places the child/young person at risk of significant harm; in which case safeguarding procedures should be followed (for further information see later sections.)

TOWER Compliant – Local Authority Core values; Together, Open, Willingness, Excellence and Respect

Benefits – An EHA is needed to help practitioners and the family to work together to identify needs. As a result of its common use and layout, a holistic view of strengths and needs can be taken. This structure also supports the sharing of information (where appropriate) across services. Most services now recognise that the EHA can meet both their assessment and referral information requirements. Having a common assessment (EHA) significantly reduces the number of different referral forms in use, aiding consistency and promoting a shared understanding.

## Engaging with children, young people and their parents

The EHA is an entirely voluntary, consensual process and an assessment cannot be undertaken unless the child, young person and/or their parent agree to participate.

Before undertaking an EHA you should discuss your reasons for doing so with the child or young person and their parent or carer. The child/young person should be involved in such discussions where it is considered that they are of sufficient age and understanding. Two leaflets, one for parents and carers, the other for young people are available which provide them with an easy to understand outline of the EHA process.

The child/young person’s response to the reasons for assessment and intervention should be recorded. Where the response of the parent/carer differs, both views should be recorded separately. (The Tower Hamlets EHA form includes a section where these details can be recorded).

The child/young person and their parent/carer should be involved throughout the assessment and assessment review process. Once the EHA is completed the views of the child/young person and their parent/carer should be obtained in respect of outcome of the assessment and the proposed action plan. These views should be recorded in the Conclusions and Actions section.

If an EHA is refused by the family you will need to consider whether your concerns are sufficient to justify a safeguarding/child protection referral. In these circumstances you may wish to discuss your concerns with your Safeguarding lead or seek advice from MASH or EHH. If the family do not wish to participate in an assessment or will not consent to the assessment being shared or actioned upon completion, it may be appropriate for you to complete or use the EHA for a statutory service without their involvement or consent. Whilst it is good practice to work in partnership and to gain consent of the family there are legal frameworks that allow for not having this e.g. the sharing of information to prevent harm or serious crime. If you consider that discussions about an EHA with the family would place a child/young person at risk you should use follow the local safeguarding/child protection procedures instead.

## What is Whole Family Work?

Whole family working is not a new concept and there is already a considerable focus on whole family approaches in some services. The duty placed on local authorities to consider the impact on family members and their support network, makes it essential to learn from these approaches and develop them further.

A vital aspect in considering an individual’s wellbeing is the context in which they live, their domestic and family relationships and the importance of achieving a balance between their wellbeing and that of any family.

Tower Hamlets is in the process of developing a family focused approach to assessment*. Whole family assessments provide the opportunity to bring together individual assessments to provide an overview of family strengths, risks, relationships and needs*.[[2]](#footnote-2)

The provisions for young carers included in the Care Act 2014 are intended to link with provisions in the Children and Families Act 2014. This is to provide a clear framework for local authorities to take a whole-family approach to assessing and supporting adults and young carers and delivering support in a coordinated way. It requires local authorities to adopt a whole system, whole council, whole-family approach, coordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children.

‘The intention of the whole-family approach is for local authorities to take a holistic

view of the person’s needs and to identify how the adult’s needs for care and support impact on family members or others in their support network.’[[3]](#footnote-3)

The aims of whole family approach include:

* Identifying families and prioritising those with the highest need to provide the right support at the earliest opportunity;
* As far as possible address the range of needs within a family through accurate identification and co-ordination of a family wide response;
* Strengthen the capacity of family members to provide care and support to each other.

As a minimum a whole family approach requires an understanding of the key ‘family’ structure and composition as well as being alert to wider family issues that may have a bearing on the overall well-being of the family as well as any specific individuals an agency is working with.

Services that take a whole family approach can benefit from establishing how the needs of other family members affect their principal ‘client’ and how meeting those needs might benefit their client.

Surveying the family context may give rise to specific actions to address wider needs. This can include working with other agencies to identify, refer and plan how the needs of family members can be met. This may require co-ordination of activity by a range of providers.

It is essential that the family is engaged in, and consents to, any intervention that seeks to meet wider family needs, as a key objective of the approach involves enabling families to find and implement their own solutions when appropriate.

The whole family approach in Tower Hamlets will mean that the Early Help practitioner will:

1. Carry out a whole family assessment which may result in a TAF, if required.
2. Agree a Lead Professional
3. An action plan of meeting the needs of the family are agreed with family input and agreement/contract agreed
4. TAF arranged to finalise plan and agreements with other agencies/partners with family.
5. Actions initiated
6. Agreed regularly reviews meeting to review progress and update contract/action plan
7. TAF review
8. Family stepped down to universal service.

## When to do an Early Help Assessment (EHA)

An EHA should be undertaken when you are concerned that a child or young person will not make adequate progress without additional support or access to services.

The EHA supports early intervention to prevent things reaching a crisis point. It has been designed for use when:

* You are concerned about how well a child is progressing or they or their parent has raised a concern with you;
* The needs are unclear, or broader than your service can address;
* Or when an assessment would help identify the needs and could engage other services to help meet them.

It is not necessary to do an EHA for every child: children, who are progressing well or have needs that are clear, and have already been identified and are being met, do not need one however it is important that all children are included in the family assessment.

Having completed the EHA, you should plan with the child/young person and parent/carer how best to meet to meet the needs identified. Wherever appropriate, parents/families/carers should be helped and supported to meet those needs from within their own resources. In other cases the EHA may help identify what other support or service could be provided by your own agency to meet these needs “in house”. However, in some cases you may need to share the information (with the consent of the child/young person and parent/carer) with another agency in order to explore accessing additional support.

If you are worried that a child may have been harmed or may be at risk of harm you should follow your agency’s safeguarding/child protection procedures without delay. Similarly you should do this if, during the course of completing an EHA, information comes to light that indicates a child may have been harmed or be at risk of harm. The EHA can be used to support children and young people between 0–19 years, including unborn babies and can also be used with consent up to the age of 24 where a young person has a learning difficulty or disability.

**A review may be used where an EHA already exists for a family.**

## Record Keeping

The records that you keep provide the basis of evidencing your intervention; they must be central to the process of assessment, decision making, service planning and delivery. They should focus on:

* Needs of the whole family
* The quality of the interaction between the child and their parents or carers
* The wishes and feelings of the child
* Work that has been undertaken
* Why work has been undertaken
* Projected outcomes of the work that has been undertaken as agreed in advance with the parents and carers
* Records must be evidenced based and unambiguous
* The timelines that the work was/is to be undertaken in.
* Records must be up to date, purposeful, legible and written in a timely way.
* Compliant with The General Data Protection Act 2018 with recourse to storage and information sharing, the Human Rights Act and the UN Convention of Children’s rights; giving due consideration on information sharing on a ‘need to know basis’.

The client files and records are there to enable the Early Help Practitioner to carry out their duties in an efficient and effective manner. They also provide an opportunity to capture the type of work that is undertaken by the family support practitioners, to evidence what interventions work and to support payment by results under the SSF programme which currently funds the delivery of the new Early Help offer.

Families have a legal right to access their case files, which includes access to case recordings and you have a duty to ensure that you regularly share your views and recordings with the family directly.

When completing case recordings, it is important that information is recorded accurately, in a respectful and sensitive way, with due regard being given to the language used. Where there are recording difficulties or incidents of concern, it is important to ensure that there is an appropriate balance between recording and analysing events in a way that is both respectful, yet provides an honest account of the situation. Recordings should be factual and professional views recorded as such; assessments of risk cannot be speculative and must be evidence based. Issues or concerns may increase or decrease in a cumulative way. You must share any difficulties or concerns that you have identified with the family. This gives the family the opportunity to address any potential issues. You may only withhold concerns that you have about a child or family members if there are significant concerns that by sharing such information you would place someone at risk or you would disrupt any on-going criminal investigation.

When recording information it is also important to record the strengths and resources available within the family as it is on these strengths that progress and development can be built to help the adults make the situation safer and more fulfilling for their children.

There will be instances when you are not clear about the picture of needs within any given family, which we refer to as “grey areas”. With grey areas, the task is to find

out more information so that you can work out if it is an area of strength, vulnerability, or whether it is an area of concern.

In these instances it is important to speak with your line manager/supervisor so that they can help you work out how to clarify the matter.

It is critical to remember that you are not alone in your work. Your line manager and the wider Early Help Service support structures are there to help and support you.

## Undertaking an EHA – Summary and Step by Step Process Guidance

The EHA form has been developed to build on the previous Common Assessment Framework (CAF) and provides a clear template to facilitate a meaningful assessment with the full participation of the child and their parents/carers, taking into account their wishes and feelings. Good quality assessments consider the needs of the whole family, are solution focussed, transparent and empower families to lead on the decision making. An inclusive assessment tool requires unbiased, simple language underpinned by a flexible and strengths based approach:

The EHA should also aim to ensure that services are co-ordinated for the child and family and not delivered in a piecemeal way. This will avoid duplication and repetition for families.

## EHA conversation

A good EHA conversation should help to establish and build on existing relationships, build on existing information, leading to a better understanding of a family’s need, their strengths and what support is needed.

Take into consideration the needs of the whole family

Build on existing information and avoid repetition

Build on effective engagement and communication

Fully involve the child or young person and their family

Not be too formal or a big event -

Cover relevant areas but look beyond the surface

Lead to better understanding of strengths and needs, and what can be done to help

## The Steps for Early Help

**Step 1: Safeguarding**

Check for safeguarding concern: Is there a safeguarding issue? You may want to consult the Tower Hamlets Thresholds document for more information. If yes, seek advice from/Contact MASH for advice on 0207 364 5601.

If no, continue to Step 2.

**Step 2: Gain consent**

You should always get consent from the child's parent or carer before starting an EHA and, where appropriate, the child/young person if they are over 16/18 or are Gillick competent. When completing your EHA, please indicate that you have received consent; this is the last section at the back of the EHA. You will need to have the signature of at least at least one parents/carers involved and or the child/young person themselves.

If you require further advice around consent and EHA, please contact the Early Help Hub on 0207 364 5006 (Option 2). They can also tell you if an EHA already exists for the child, family or young person. If an EHA exists, check when it was completed. If this is over 6 months old consider completing a new EHA. If within 6 months, you can review the EHA by use of the EHA review document.

Further information on consent from the Department for Education Information Sharing: How to seek consent (HM Government, 2008) is available here and there is some further information given above.

**Step 3: Start the EHA**

Consider what kind of response the child, family or young person you are working with needs. Can your organisation manage the emerging needs “in house” (single agency) or are further agencies needed to do so (multi-agency). If you feel a multi-agency approach is best, you may need to arrange a Team Around the Family Meeting (TAF) to plan a response and decide on the Lead Professional.

**Step 4: The EHA**

Complete the online EHA considering the needs of the whole family. Training is regularly available for using the system and from October, the only way to complete an EHA will be on the EHA system; hardcopy assessments will no longer be accepted and will not be uploaded to the system.

**Step 5: Review**

The next step in the EHA is to regularly review the action plan to see what has

changed for a child or family.

You should review the plan at least every 6-12 weeks to:

* Ensure the needs you identified have been met and if not, why not
* Celebrate the success of any actions carried out
* Identify any new needs that have emerged and establish whether the situation has improved or got worse for the child or family
* Check the family has fully engaged with the process throughout? If not, review the case and contact the Early Help co-ordinator for any additional support around family engagement that might be available.
* Revisit consent with the family
* Check if the case and the needs previously identified should be escalated? If yes, seek advice from/contact the MASH on 0207 364 5601.

**DON’T FORGET TO UPDATE THE REVIEW SCORES ON THE EHA.**

**The review can be used to assess new referrals where an EHA already exists however, it is good practice for full assessments to be undertaken where a family’s circumstances have changed significantly and/or where the EHA is over 6 months old.**

**Figure 4 - Early Help Practicitioners week by week guide to assessment and Intervention**

## Stepping up and down from Social Care

Children should have their needs met by universal services wherever possible, but it is recognised that some families need additional help for their children and some families require statutory intervention to keep their children safe and well looked after. This is never a static process, situations change and as a result so does need and risk. Practitioners need to understand this and to understand that children may ‘step up ‘and need more services and/or ‘step down’ as interventions have impact and needs and risk changes as a consequence.

Children’s Social Care and Early Help services do not want to be involved in family life unnecessarily. Therefore putting in place robust exit plans/step down arrangements are essential in our work with children and families in order that families are fully supported and to prevent further family breakdown/escalation of CSC involvement.

Step-down and Step-Up process  Flowchart to support Tower Hamlets Threshold Guidance.

**Figure 6 – LB Tower Hamlets Step up and Step down Process**

**Stepping up**

At each stage, before considering a higher stage of intervention, practitioners and Lead Professionals should consider what are the unmet needs of the child, young person and/or their family; what have we tried so far, what more can we do within existing resources, what has been the impact, what evidence do we have that we cannot bring about any further positive changes and that a higher level or intervention is needed?

**Stepping Down**

Consider the required changes that enable children, young people and their families to build resilience such that their needs can be met within universal provision. Wherever possible a successful intervention should result in stepping down to Level 2 universal services.

**Re-directing a case**

Where a case is going, or has gone, through a screening stage with the Multi-Agency Safeguarding Hub or an assessment has taken place with the Assessment and Intervention team and does not meet statutory threshold, the cases will be redirected in to Early Help and follow the standard process and pathway.

# Part 5: Early Help Training and Workforce Development

## Training and Development

The Early Help Training and Workforce Development Programme is linked closely to the Tower Hamlets Safeguarding Children’s Board multi-agency training and development plan. Multi-agency training is a requirement for all Early Help and statutory services under the Working Together to procedures (2018). Training should cover how to identify and respond early to the needs of all vulnerable children; including unborn children, babies, older children, young carers, disabled children and those who are in secure settings.

It is designed to strengthen family support capacity across the partnership, building a multi-skilled workforce equipped to identify and support families with a range of issues.

Our aim is to support the Early Help Workforce to be:

* ambitious for every child and young person to reach their full potential
* confident in their role
* open, transparent and non-judgemental
* excellent in their practice
* committed to partnership and integrated working
* dedicated to keeping children and young people safe

The multi-agency Early Help Training Programme is available across the Children & Families Partnership and reflects the needs of Early Help Practitioners, Managers and Supervisors. The programme will contribute to the induction and continuing professional development of Social Workers and other statutory partners to ensure a continuum of support for families from universal Level 1 to statutory Level 4 interventions.

The Early Help Training programme will:

* Be open and accessible to all practitioners and staff who work with Tower Hamlets children, young people and their families regardless of their role, status or organisation
* Promote interagency collaboration essential to the ethos of Early Help
* Be multi-agency to encourage networking and to identify and support possible TAC/F (Team Around the Child/Family) members
* Be underpinned by whole family working and restorative practices

The Early Help Workforce Development Plan will provide core training to ensure a consistent approach helping practitioners to take a whole family approach, to identify the key issues and to understand when and how to intervene successfully within the Tower Hamlets Safeguarding Thresholds Guidance.

The Early Help Core Training programme is delivered throughout the year and includes the following whole day and half day courses:

* Electronic EHA System Training (EHA)
* Early Help Practice and Assessment Skills
* Integrated Working for Managers
* Taking a Lead – Roles and Responsibilities of the Lead Professional
* Engaging Families and Managing Difficult Conversations

Training includes;

* Guidance on the EHA (EHA)
* Whole Family Assessments
* Relationship Based Practice – Restorative Practice
* The Role of the Lead Professional
* Person centred approaches and outcomes focussed action planning
* Guidance on how to engage families in order to ensure optimum outcomes for children

The Early Help workforce and wider Children and Families Partnership will be further supported through multi-agency engagement, communication and network opportunities to include:

* Working With Families Seminars
* Network events for practitioners
* Families Matter Newsletter
* Listening Circles

The Early Help Workforce Development programme will be further developed following completion of the Early Help Workforce Skills Audit taking place in June

For further information or to book onto training contact:

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# Appendix 1 – Glossary

**Child in Need**

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

• he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority

• his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or

• he/she is disabled

**Child Protection**

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

**Child Protection Conference**

A Child Protection Conferences are convened where children are considered to be at risk of Significant Harm.

**Early Help**

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.

Effective Early Help relies upon local agencies working together to:

• identify children and families who would benefit from Early Help;

• undertake an assessment of the need for Early Help; and

• provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children

**EHA (EHA)**

An assessment tool that offers a basis for early identification of children and young people’s additional needs, the sharing of this information between organisations and the coordination of service provision. Where it is considered a child or young person may have additional needs, with the consent of the child, young person and their parents/carers, practitioners undertake an EHA.

The EHA should be used to engage with the child, young person and their family to effectively identify needs, strengths and possible solutions working in partnership with both the family and other services. The assessment should identify what help the child and family require and decide how best to support them, preventing needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The EHA needs to be proportionate to risk and informed by research and by the historical context and significant events for each case.

**Education Health and Care Plan (EHC)**

From September 2014, Government reforms mean that everyone aged 0 to 25 with SEN (who has been through the statutory assessment process) could have a single plan setting out all the support they will receive from education, health and social care and who is responsible for each part of the plan. This EHC Plan will replace the Statement of Special Educational Needs.

**Lead Professional**

Where children receive multiple services, requiring support from more than one professional or practitioner, a Lead Professional should be identified.

The Lead Professional acts as a single point of contact that the child or young person and their family can trust, and who is able to support them in making choices and in navigating pathways to support.

The Lead Professional should co-ordinate services from differing agencies, ensuring children receive appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered.

A Lead Professional can be any adult who works with and supports a child, young person or their family. A lead professional can be from any agency or setting. The most important selection criteria is that they are best placed to coordinate provision to meet the child and family’s needs, and have a good relationship with them.

In relation to Child Protection Plans, the Lead Professional is the Social Worker.

**Protective Factors**

The positive factors in a child or young person’s life. These could include strong family ties; appropriate and supported accommodation; good attendance at school/college/work; positive peer relationships.

**Section 17**

Under Section 17(1) of the Children Act 1989, local authorities have a general duty to safeguard and promote the welfare of children within their area who are In Need; and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.

For this reason, the term ‘Section 17’ is often used as a shorthand way of describing the statutory authority for providing services to Children in Need who are not Looked After.

**Section 47 Enquiry**

If there are reasonable grounds to suspect that a child is suffering or is likely to suffer Significant Harm, a Section 47 Enquiry and Core Assessment are initiated. This normally occurs after an Initial Assessment and a Strategy Discussion. Section 47 Enquiries are usually conducted by a social worker, jointly with the Police, and must be completed within 15 days of a Strategy Discussion.

Where concerns are substantiated and the child is judged to be at continued risk of Significant Harm, a Child Protection Conference should be convened.

**SENCo**

Special Educational Needs Coordinator who has responsibility for co-ordinating provision for children with SEN.

**Special Educational Needs (SEN)**

According to the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2014):

*‘A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.*

*A child of compulsory school age or a young person has a learning difficulty or disability if he or she:*

*• has a significantly greater difficulty in learning than the majority of others of the same age, or*

*• has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions’*

Where a SEN is identified, early years providers, schools and colleges will put additional and different evidence-based interventions in place. These should be provided as part of a graduated approach, which includes regular review of the progress made and adaptations to the support provided as required.

**Special Educational Needs Support Plan**

The new code of practice refers to an SEN support plan which documents the nature and level of provision for pupils identified with SEN in place and its impact. Schools can determine their own approach to record keeping but will be expected to show evidence of this support over time. The plan should be reviewed on a regular basis and include the views of the pupil and parents. Plans for the use of support should relate to a clear set of expected outcomes, which will support pupils to achieve their potential and make a successful transition to adulthood. Progress towards these outcomes should be tracked and reviewed regularly, at least termly.

**Support Plan**

The support plan can be any multi-agency plan that is developed in response to need identified following an assessment. This may be the EHA (CAF) or SEN assessment. The support plan sets out who will do what and when, and review dates. Plans must be outcome focussed and be reviewed every 12 weeks or termly for SEN support plans.

**Team Around the Family (TAF)**

Team Around the Family is a model of service provision in which a range of different practitioners come together to help and support an individual child and their family. Parents, carers, children and young people are involved in discussions and decisions about every aspect of their additional needs, planning outcomes and making provision to meet those outcomes. Practitioners must take steps to ensure that parents and young people are actively supported in contributing to assessments, planning and reviewing the support offered.

The model does not imply a multi-disciplinary team that is located together or who work together all the time; rather, it suggests a group of professionals working together only when needed to help one particular child. In this sense, the team can be described as a ‘virtual’ team; in practice, practitioners will find themselves working with a range of different colleagues at different times to support different children.

The model is based on the ethos that such flexibility is essential if services for children are to be able to meet the diverse needs of each and every child. Team

Around the Family places the emphasis firmly on the needs of the child or young person and their family rather than on organisations or service providers.

**Threshold Criteria**

The term Threshold Criteria is used in relation to Care Proceedings brought by the local authority under section 31 of the Children Act 1989 if there is concern that the child concerned is suffering or is likely to suffer Significant Harm attributable to the care being given to the child, or likely to be given if an Order were not made, not being what it would be reasonable to expect a parent to give, or the child being beyond parental control.

**Vulnerability**

The risk that a young person might be harmed in some way, either through their own behaviour or because of the actions or omissions of other

1. These key publications reinforce the case for early help:

   a) The Field Review (2010) - *The Foundation Years: preventing poor children becoming poor adults*

   *The report of the Independent Review on Poverty and Life Chances*

   b) The Marmot Review (2010*) ‘Fair Society, Healthy Lives’*

   c) The Allen Review (2011) *Early Intervention: The Next Steps An Independent Report to Her Majesty’s Government*

   d) The Munro Review (2011) of *Child Protection: Final Report A child-centred system* Professor Eileen Munro

   e) The Tickell (2011) *Review of the Early Years Foundation Stage*

   f) Ofsted (2015) Thematic Review – *‘Early Help: Whose responsibility?’* [↑](#footnote-ref-1)
2. DoE - The use of whole family assessment to identify the needs of families with multiple problems 2010 [↑](#footnote-ref-2)
3. Paragraph 6.65 Care and Support Statutory Guidance. Issued under the Care Act. DH 2014 [↑](#footnote-ref-3)