# Staffordshire’s Early Help AssessmentGuidance for Practitioners

# Introduction

**How is Early Help Provided for Children and Families in Staffordshire?**

Our Early Help offer puts the responsibility on all practitioners to identify emerging problems and potential unmet needs for individual children, young people and families, irrespective of whether they are providing services for children or for adults. Those who work mainly in universal services are best placed to identify children and/or their families that are at risk of poor outcomes. Alongside this is the use of local and county-wide intelligence to identify those who are more likely to be in need of Early Help, guiding both focus and resource for those who are less visible or who are isolated from services and/or supportive communities. We are clear that helping children and families as early as possible when issues first arise is a priority.

Children, young people and families that are most in need of support, receive support through a multi-agency service response through an Early Help Assessment. The emphasis on targeting Early Help resources for those children, young people and families that most need support is a key element of the Building Resilient Families and Communities (BRFC) programme. The same assessment process is utilised for all Early Help assessments in Staffordshire, including those supported under the BRFC programme. Nationally this programme is referred to as the ‘Troubled Families’ programme. Additional data collection is required for families eligible for support under the BRFC criteria.

**What is Staffordshire’s Early Help Assessment?**

The Staffordshire Early Help Assessment has been designed to be an easy to use guide for initiating and recording discussions with families where their children may have additional needs. It further provides a means of planning and reviewing interventions with families with clear goals for change. The Early Help Assessment should be undertaken jointly with families and the plan should clearly identify the part everyone will play to ensure that the additional needs of the child and young person are addressed and that the outcomes for that child and their family improve and are sustained. The Review forms encourage explicit review of areas identified for change and agreement about the level of change made and sustained.

The Staffordshire Early Help Assessment encourages a strength based approach to working with families, explicitly recognising family strengths as well as areas that need to change. It utilises the Family Star Plus – An Outcomes Star for Parents, designed by Triangle Consulting Social Enterprise.

**Any agency can use this assessment model.** Training is provided via the Staffordshire Safeguarding Children Board. Certain agencies commissioned by the Local Authority, (0-19 Contract, BRFC Providers) can additionally access the Family Star Plus on line facility provided by Triangle Consulting Enterprise as part of their contractual arrangements. Every Staffordshire school, via their Designated Safeguarding Lead has also been provided with one Family Star Plus Licence.

# Who Can Complete an Early Help Assessment with Families?

Any professional working with a family where there is a need to provide support for additional needs of the children can, with consent from the person/s holding parental responsibility, complete an Early Help Assessment and Plan with the family. An Early Help Assessment is an entirely voluntary arrangement with a family. Some young people will be able to provide informed consent in their own right.

If you are concerned that a child is suffering, or may be at risk of suffering significant harm, or if they have acute needs at Tier 3 or 4 of the Continuum of Need requiring a child in need social work intervention, please refer to First Response. [https://www.intra.staffordshire.gov.uk/services/Families-and-Communities/familiesfirst/Families-](https://www.intra.staffordshire.gov.uk/services/Families-and-Communities/familiesfirst/Families-First-Service-Areas/Specialist-Safeguarding/responsive-services/emergency-duty-service.aspx)  [First-Service-Areas/Specialist-Safeguarding/responsive-services/emergency-duty-service.aspx](https://www.intra.staffordshire.gov.uk/services/Families-and-Communities/familiesfirst/Families-First-Service-Areas/Specialist-Safeguarding/responsive-services/emergency-duty-service.aspx)

**When should I use an Early Help Assessment?**

[**Staffordshire’s Thre s hold Framew ork**](https://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/Section-1E-SSCB-Threshold-document.pdf)

Any practitioner working with a family where children with additional needs are identified can use the Early Help Assessment. The Early Help Assessment can be utilised where families present with needs at Tier 2 on the continuum of need (single service response), and should be used where families present with needs at T3 on the continuum of need.

**How to complete the Early Help Assessment with Families Gaining Consent/Who Can Give Consent**

Practitioners must always obtain consent from a child/ adult holding parental responsibility before the Early Help Assessment can start. A consent leaflet has been designed to support this conversation with families which clearly records their consent, or not, to the assessment and details which other agencies the family agrees to you sharing information with and between as part of the assessment.

A copy of the consent leaflet should be given to the family and retained in your agency records.

A copy of the Early Help Consent is provided alongside this guidance

It is a requirement to gain consent from an adult with parental responsibility for a child/ young person (unless the young person is of sufficient age and understanding to provide full consent in their own right), and from children & young people. Practitioners must use their professional judgement to decide when and in what circumstances to accept consent from a young person without parental consent. Case law has determined that a child can make informed judgements around matters of consent when they are assessed to have capacity.

The family are partners in effective early help, and securing their early involvement is an important factor. Further information on information sharing can be found on the SSCB website.

**[SSCB Information Sharing Guidance](https://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/section-1J---information-sharing-guidance.pdf)**

# What happens if Consent is refused?

If consent to carry out an Early Help Assessment is refused, it cannot be undertaken. In these circumstances, the practitioner should deploy a respectfully persistent approach to engage the family. Practitioners will need to consider the risks presented to children and young people and refer to the SSCB Threshold model to support decision making. Your agency’s safeguarding procedures should be followed without delay if a child/young person is considered to be at risk of harm or likely risk of harm should no action be taken.

# What happens if consent is withdrawn half way through the Assessment?

In most cases, the Early Help process will stop, unless there is a statutory obligation to continue working with the family. The Lead Worker should document the reason for closing the EHA/ plan and inform the TAF members.

If a child/young person is thought to be left at risk as a result of this decision, safeguarding procedures should be followed without delay.

# Providers Commissioned by Staffordshire County Council

Where the Early Help Assessment has been completed by a Provider Commissioned by Staffordshire County Council, a copy of the Early Help Assessment/Plans, once concluded, should be shared with the Local Authority.

# Providers not Commissioned by Staffordshire County Council

In order to support the SSCB partner agencies to understand the level and need for early help in the County, all agencies completing Early Help Assessments will be asked to provide data regarding their work in this area to SSCB as part of quarterly return.

[**SSCB Early Help Performance Framework**](https://www.staffsscb.org.uk/Professionals/Thresholds-and-CAF/Thresholds-and-Early-Help.aspx)

# How do I keep the Early Help Assessment information confidential?

All records must be stored securely in line with your agency’s retention policy. Only information which is relevant should be shared and children/young people and their parent/carers can ask for information shared to be limited. This option is detailed in the Early Help Consent Leaflet.

Information should only be shared with the informed consent of the child/ young person, or their parent/carer. The exception would be if the information gathered led to concern that the child/young person was at risk of significant harm, at which point a referral to First Response should be made.

# The Practice and Processes for Completing Staffordshire’s Early Help AssessmentThe Role of the Lead Professional/Key Worker

The Lead Professional/Keyworker will lead the Early Help Assessment with the family. They are responsible for;

* Gaining consent to work with the family and to share information with other agencies.
* Completing the Early Help Assessment with the family.
* Gathering the views of other family members, agencies, in line with the consents gained from the family.
* Convening the initial Team around the Family Meeting (TAF) and recording the agreed plan.
* Convening the Review Team around the Family meetings and recording the revised plan or agreement and reason for case closure.
* Sharing copies of the Early Help Assessments and Plans with the family and TAF Members.

# Can the Lead professional / Keyworker change?

Yes, when it is no longer appropriate or necessary for the practitioner holding this role to be involved in the team. This should be discussed sufficiently early enough at the TAF to support the family with this transition.

# The Role of Team Around the Family (TAF) Members

The TAF Members will be agreed by the family. They may be other professional agency representatives or practitioners from the Third Sector. They are responsible for;

* Contributing the Early Help Assessment.
* Attending the Initial and Review TAF Meetings to form the Early Help Plan.
* Undertaking any actions identified as their role within the Early Help Plan.

# The Role of Agency Managers

Each agency will have line management arrangements in place. In line with those arrangements, the Manager of the Lead professional/Key Worker completing the Early Help Assessment should;

* Sign the assessment and make any comments/recommendations they feel are required where practitioners are not working more autonomously (e.g. school nurses).
* The progress of the Early Help Plan should be shared by the Lead Professional with their line manager at the point of each review to ensure management oversight is retained and ensure that any families whose needs are such that escalation is required to statutory services are identified at the earliest possible opportunity.

**Timescales Suggested for Completing and Reviewing the Early Help Assessment *(these timescales are mandatory for Staffordshire County Council Local Support Teams and some Staffordshire County Council commissioned providers).***

A timely response to families agreeing to support via the early help Assessment is recognised as an important part of effective practice.

* Referral date/date family consent to an Early Help Assessment is day 1.
* Respond to and allocate referral in 5 working days.
* Complete the Early Help Assessment in 30 working days from the day of referral. This includes approval by the appropriate line manager where applicable.
* Convene the Initial Plan TAF meeting in 35 working days from referral.
* Convene Review Plan TAF meeting at 8 weekly interval following the Initial TAF Meeting.

# Undertaking the Assessment

Staffordshire’s Early Help Assessment utilises the Family Star Plus to work with families to identify what their strengths are, what they are worried about and what needs to change.

# Completing the Family Star Assessment

Detailed guidance for completing the Family Star Assessment is available via this user guide. [Family Star Plus User Guide](https://www.staffsscb.org.uk/Professionals/Thresholds-and-CAF/Thresholds-and-Early-Help.aspx)

The Family Star Plus helps families and practitioners to consider how a family are meeting their children’s needs and any adult issues which may be inhibiting effective parenting by considering ten areas of life;

1. Physical Health
2. Your Well-Being
3. Meeting Emotional Needs
4. Keeping Your Children Safe
5. Social Networks
6. Education and Learning
7. Boundaries and Behaviour
8. Family Routine
9. Home and Money
10. Progress to Work

When completing the Early Help Assessment please refer to the prompts at Appendix 1 to ensure due consideration has been given to the full range of factors that may impact on the nature of the early help / intervention required. It is not intended that you work through every question but use it as a reference point to identify areas that might be applicable to the child / young person / family been considered in the assessment.

For each core area there is a 10 point scale that measures the parents’ relationship with any difficulties they or their children are experiencing in this area, and where they are on the steps towards addressing these difficulties.

1. Stuck
2. Accepting Help
3. Trying
4. Finding What Works
5. Effective Parenting

All the scales refer to ‘you’ (this means the parent). Where you are working with a two parent family ‘you’ means both parents. If one parent has difficulties in one of the Star areas, choose the number for that parent so that this feeds into the support/action plan. You may choose to mark the number for both parents separately but the lowest score should be used for support and action planning. Differences of view should be recorded on the assessment and may themselves identify an area where support would be helpful. For agencies using the Outcome Star on-line or reporting otherwise on start outcomes, always record the lower score on your reporting system.

The family may have several children and only one of them may be evidencing unmet needs while the others are doing well. Throughout the Early Help Assessment, discuss and record the needs of all the children, identifying those where there are needs which need support.

For each of the ten areas of assessment, and any other areas considered, the practitioner should reach a conclusion with the family about;

1. What are the positives (what is going well)?
2. What are the worries?
3. What needs to change?

This should inform a summary analysis which will be used to agree next steps with the family.

# Populating the rest of the Early Help Assessment Form

* The front page details the date the assessment was started and completed, the name of the Lead professional and matters pertaining to consent.
* Details of all the children in the family should be recorded where indicated, including ethnicity codes.

# Ethnicity Codes (Page 1 Child and Young Person Form)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian / Asian British** | **Black / Black British** | **Other** |
| A1 White British | B1 White & Black Caribbean | C1Asian - Indian | D1 Black - Caribbean | E1Chinese |
| A2 White Irish | B2 White & Black African | C2 Asian - Pakistani | D2 African | E2 Other ethnic background |
| A3 Traveller of IrishHeritage | B3 White & Asian | C3 Asian - Bangladeshi | D3 Other Black background | R Prefer not to say |
| A4 White Gypsy/ Roma | B4 Other mixed background | C4 Other Asian background |  |  |

* Details of family members and everyone who lives in the home should be recorded. It is good practice to complete a genogram with the family to support completing this area of the form.
* Details of which professionals are involved in supporting the family should be ascertained at an early stage and consent (or not) to speak to them as part of the assessment gained. Information gathered from them should be recorded where indicted on the assessment document.
* Reason for the referral should detail who asked for support for the family and why and should extend to any details already held by the agency about the family in terms of previous interventions.
* Family history as provided by the family and involved professionals should be recorded where indicated. Past needs are a helpful indicator of future needs and may identify early any patterns of behavior that will require support.
* There is a space on the assessment to identify any Young Carers or children living in private fostering situations. All children identified as being fostered under private arrangements must be referred to the Local Authority. Guidance for working with young carers is detailed in the hyperlink below.

# [SSCB Young Carers and Private Fostering Guidance](https://www.staffsscb.org.uk/Professionals/Procedures/Procedures.aspx)

# Recording and Agreeing the Outcome of the Early Help Assessment

Possible outcomes from an Early Help Assessment should be agreed with the family and recorded. Parents/carers and children should be invited to sign the assessment and add their comment

In some organisations for example Families First Local Support Teams, The Lead Professionals’ / Key Workers’ line manager should also sign the assessment and provide their comments and recommendations.

If at any point there is concern that a child is suffering, or might be suffering significant harm the children should be immediately referred to social work services via First Response. This may happen at any point of the assessment and parental consent is not required if you think that informing the family may place the child at risk of harm. The family should be advised of any such referral where you do not think this will place the child at risk of harm. Where you are unsure you should seek advice from your Agency Safeguarding Lead.

Possible outcomes from an Early Help Assessment are;

* Convene a TAF and complete an Initial Early Help Plan
* Signpost to other services
* Refer to Children’s Social Care
* No further action

**Convening the Initial Team around the Family Meeting and Completing the Initial Early Help Plan**

The current Keyworker Convenes the Initial TAF Meeting. They are also responsible for participants reading and signing the Multi Agency Meeting Confidentiality Agreement.

A copy of this Confidentiality Agreement should be retained on the agencies records and is appended to this guidance.

**What happens at the Early Help (TAC/F) meeting?**

The family and professionals meet and discuss the information that was shared and captured by the Early Help Assessment. The current Outcome Star scores are used to support a shared agreement about areas where support is required. Everyone agrees what actions they are able to undertake in order to start meeting the needs of the child and family. This is recorded on the Early Help Action Plan and all attendees should have a copy.

The actions agreed should be SMART and have a named person responsible for each action and a proposed timescale. Parents, children/young people should have clear actions for which they are responsible.

Early Help meetings are also the appropriate place to decide when to close an Early Help Plan.

Future dates for meetings should be agreed at Early Help meetings, to ensure that pace is maintained and drift and delay are avoided.

**The Review Early Help Plan TAF Meeting**

The review meeting should consider the progress made against each of the agreed actions and should review with the family progress made. The Outcome Star areas of assessment should be rescored.

Following discussion a new Action Plan should be completed where it is agreed support via a TAF and an early help Plan should continue.

When an Early Help review TAF Meeting identifies that the actions are completed and the family’s needs are considered to be sufficiently met, the TAF members will agree with the family that the EH Plan and intervention can be closed.

If the needs of the child/young person and the family increase, the TAF can also make the decision to seek further support:

If other agencies need to be involved, then these should be approached by the Lead Worker.

If the complexity of the issues for the family requires intensive support, then the Lead Worker should contact the local Family Intervention Programme (FIP) Team.

If there are safeguarding concerns then the child / family should be referred immediately to First Response.

**Frequently Asked Questions**

**Should an Early Help Assessment be used to record concerns about Special Educational Needs?**

Educational settings may choose to use an EHA to record interventions and record progress as part of the graduated response, but there is no requirement to do this if a suitable alternative is in place.

Educational settings are responsible for requesting the involvement of SEN Support Services, for example Educational Psychology Service, Autism Outreach Team, Hearing Impairment Team, Visual Impairment Team etc. Such requests should be made directly to the services required, in line with eligibility criteria and established procedures.

If an assessment for an Education, Health and Care Plan is indicated, the request should be made using the appropriate form and sent to the Single Point of Access. If an Early Help Assessment had been undertaken with a family then this should be submitted as evidence to support the application. As the EHA becomes more widely used, there will be a transition so that the EHA will provide the basis for the EHCP request, with supplementary information.

**Transition**

**What happens when a child moves from one setting to another, e.g. primary to secondary school or Early Years setting to primary school?**

If the Early Help Assessment and Plan is OPEN it should move to the new setting with the child/ family/adult’s consent. This would then require a change of Lead Worker. If this is a planned move then the Lead Worker can manage this by inviting a professional from the new setting to the Early Help Plan TAF Review Meeting prior to the move.

**How do I know if a child / young person already have an Early Help Assessment / Plan?**

In most circumstances a family should be able to advise you if a Lead Professional and TAF are already working with them. You can also contact First Response to ask if the family is open to the Local Support Team, the FIP or a BRFC Accredited Provider.

**Can I complete an Early Help Assessment if there are issues with a Child’s school attendance?**

If a family gives consent, then yes- an Early Help Assessment or similar assessment can be completed by a school to support the child/ young person & their parents/ carers to improve school attendance.

If a school decides to refer to the Local Authority for Statutory Action regarding irregular attendance or late arrival, then an assessment and plan could be used to evidence what has been tried to improve persistent absence or lateness, prior to the referral. However, please refer to Staffordshire County Council Guidance for schools on statutory action for further information and what is required in order to proceed with statutory action.

# What if I have more questions about how to use Staffordshire’s Early Help Assessment?

# Please contact First Response using this link; [First Response - Staffordshire County Council](https://www.staffordshire.gov.uk/health/childrenandfamilycare/childprotection/First-Response/First-Response.aspx)

# Is training available in how to use Staffordshire’s Early Help Assessment? [SSCB early Help Training Pages](https://www.staffsscb.org.uk/Training/Course-Information/Course-Information.aspx)

# Early Help Assessment Toolkit Appendix 1

[**SSCB Thresholds Framework**](https://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/Section-1E-SSCB-Threshold-document.pdf)

# Appendix 2

Outcome Star User Guide Hyperlink (To be included following consultation).

# Appendix 3

**Factors about the Family**

When completing the Assessment please refer to the following prompts to ensure due consideration has been given to the full range of factors that may impact on the nature of the early help / intervention required. It is not intended that you work through every question but use it as a reference point to identify areas that might be applicable to the child/young person and family in question.

# About the family

|  |  |
| --- | --- |
| **Physical Health:*** Do members of the family have enough healthy food, sleep and exercise?
* Is the family registered with a GP and a dentist?
* Have all children undergone routine health checks/immunisations etc.?
* Are children encouraged to take responsibility for their health and develop self-care skills at a level that is appropriate to age/learning ability?
* Are children reaching their developmental
 | **Family Well-Being:*** How do the adults describe their overall wellbeing?
* How do the adults in the family cope with difficulties, or with stress and tension?
* Are there, or have there been domestic tensions between the adults in the family?
* If there are any difficulties are these being managed e.g. therapeutic interventions, medication etc.?
* Do the adults in the family use alcohol or non- prescribed medication to help them to ‘cope’?
 |
| **Meeting Emotional Needs:*** Is the child/children’s emotional wellbeing good?
* Is the parent/carer able to respond well to their child’s emotional needs?
* Is there a positive relationship between parent/carer and their child/ children?
* Do children receive the attention, positive feedback, encouragement and support they need to develop positive attachments and resilience?
* Does the child/young person have caring responsibilities for a family member?
 | **Keeping Children Safe:*** Is the family aware of important safety issues and do they take appropriate action to reduce risk?
* Does the family discuss safety issues that are appropriate and teach children appropriate responses e.g. bullying, alcohol, stranger danger, internet etc.?
* Are there any safety issues at present e.g. inappropriate relationships/visitors to the home, missing episodes, substance misuse, violence etc.?
* Are there appropriate childcare/supervision arrangements in place?
 |
| **Social Networks:*** Does the family have a wider support network e.g. friends, neighbours, extended family?
* Does the family have access to cultural or community services that are important to them?
* Are there or have there been any issues in terms of harassment, bullying etc.?
* Do children within the family spend time with peers/friends and if so are those peers/friends
 | **Education & Learning:*** Does the family prioritise learning, play, reading, early development and other stimulation for babies/young children
* Does the family prioritise/support secondary/further education, employment and training for older children
* Does the family encourage positive aspirations for the future?
* Are children of school age attending regularly?
 |
| **Boundaries & Behaviour:*** Does the family have firm and fair boundaries in place,
* Are these consistently applied and are they working?
* Are parents able to manage any difficult behaviour appropriately?
* Does the family model positive behaviour e.g. being considerate to others and/or moderating aggressive behaviour?
* Are there any current concerns around behaviour?
 | **Family Routine:*** Does the family have regular meal and sleep patterns e.g. getting up at regular times?
* Does the family get to where they need to be during the day?
* Does an appropriate level of cleaning and grocery shopping feature in the family’s routine to ensure that basic care needs are met?
* Does the family take part in positive activities together?
 |
| **Home and Money:*** Is the home environment safe and does it promote good health i.e. is it clean, warm, appropriate clothing provided etc.?
* Is the family able to successfully manage their finances so that all basic needs are met/bills paid?
* Are there any debts or financial issues that are worrying the family?
* If the family requires additional support to manage their finances is this in place?
 | **Progress to Work:*** Are there adults/young people in the family dependent on workless benefits?
* Are adults/ young people preparing returning to work, accessing training, work experience, volunteering, job hunting?
* How many years have the adults/ young person been available for work?
 |