



Liverpool
City Council

Liverpool's Early Help Practitioners Guide

Version 4: April 2020



Together we make a difference

Note: This document will be periodically refreshed. Please always ensure that you refer to the Liverpool City Council web site or the LSCP (Liverpool’s Safeguarding Children’s Partnership) web site to ensure you are using the most recent version.

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Foreword

This document provides a step by step guide for practitioners. The guide takes the practitioner through the different stages of early help support:

- gathering information
- completing an early help assessment
- analysing the information
- formulating a plan
- convening a Team Around the Family (TAF) meeting
- measuring the impact of support and interventions

It also provides important information on:

- what makes a good assessment
- The child’s daily lived experience
- EHAT check list and templates

The guide provides a lot of detailed information; however, the guide has also been designed so that practitioners can dip in and out of the guidance and use it as a reference tool. This guidance is not meant to replace the EHAT training and voice of the child training sessions. It is expected that practitioners will have attended these two training modules and be using this guidance in conjunction with their learning from the training. Training can be booked via Workforce Development on the Early Help Directory

As well as using this guide, practitioners can obtain guidance and support from the **EHAT Support Team** on **0151 233 5772** and the three **Locality Early Help Hubs**. Each hub contains a range of practitioners, including a Consultant Social Worker, whose role is to advise and support practitioners. The hubs contact details and locations are listed below:

- **North:** Clubmoor Children Centre, Utting Ave East, Liverpool L11 1DQ
Tel: 0151 233 3637
email: EHLNorth@liverpool.gov.uk
- **Central:** Clubmoor Children Centre, Utting Ave East, Liverpool L11 1DQ
Tel: 0151 233 5241
email: EHLCentral@liverpool.gov.uk
- **South:** Belle Vale Children’s Centre, Hedgefield Road, Belle Vale, Liverpool L25 2RW
Tel: 0151 233 4447

email: EHLHSouth@liverpool.gov.uk;

Also, remember the on-line **Early Help Directory** contains a wealth of information on the different organisations and services across the city that provide advice and support to families. Practitioners can search for services by post code or by service type. Click on the link to access the directory: <http://ehd.liverpool.gov.uk>

EHAT PRACTITIONER GUIDANCE

1. Introduction

Remember: every interaction you have with a family provides an opportunity to build confidence, self-esteem and resilience.

In Liverpool we are focused on developing **whole family assessments** that focus on the children's needs, but that also consider the needs of parents and carers and how these impact on their parenting capacity. By taking a strength-based approach, rooted in **Signs Of Safety** and providing support as soon as worries for a child or young person are identified, we can help to promote the safety and welfare of children and young people and enable them to achieve positive outcomes in the longer term.

The child and young person's daily lived experience is at the heart of all our work with families. This child centred approach will inform all our assessments and plans. This will ensure that we are responding to what our children and young people are telling us affects them and through this approach we will help families to achieve positive change.

Early Help is everyone's business and it is vital that practitioners working in universal services (education, health, housing etc.) are initiating early help assessments for any children and young people they are worried about, who live in families experiencing difficulties and who might:

- Be showing early signs of abuse and / or neglect
- Have a disability or health problems
- Have special educational needs
- Be taking on caring responsibilities within the family
- Be showing signs of engaging in anti-social behaviour, risk-taking or criminal behaviour
- Be exposed to domestic abuse
- Be exposed to parent/carer mental health difficulties
- Be exposed to problematic parental alcohol or drug misuse
- Be experiencing neglect of their basic and/or emotional needs

2. What makes a good assessment?

A good assessment should be concise, relevant, and free of jargon. It should cover why the assessment is being undertaken, what the worries are, what the strengths are and how these impacts on the child/young person's daily lived experience? It should conclude with an analysis of what is working well, what the worries are and what are we going to do next.

The quality of the information gathered during the assessment will have a direct impact on the quality and effectiveness of the plan that is produced. The purpose of completing an assessment is to create a clear plan that is targeted at providing interventions that will improve the daily life of the child.

This section will cover some overall assessment principles and guide you in how to go about completing a thorough assessment. More detailed guidance in the completion of the EHAT form is contained within section 3.

Strength Based Conversations

Assessments that are child centred and solution focused are the key to planning successful interventions that achieve long term positive change for children and young people. Signs of Safety promotes a model that seeks to balance risk assessment with a solution-focused approach. It is vital to identify protective factors as well as risk factors to create a comprehensive balanced assessment about what life is like for the child. A strength-based approach is about working in partnership and believing that ***all families have strengths*** and that these strengths can be used to help them to meet their goals. Focusing on what is working well enables us to help families to tackle their issues from a positive, strength-based perspective that encourages engagement and builds support plans around the family's strengths.

Information Gathering

The quality of the information gathered during the Early Help assessment is crucial to ensure that the strengths and needs for the child and family are fully identified. These identified needs are directly correlated to the support plan that is created for the child and so ensuring a full and holistic assessment is completed is really important.

A good assessment will ensure that information is gathered by:

1. Speaking directly to the child(ren) about their worries and their needs
2. Having open conversations with their parents and carers about the reason for the assessment and the strengths and needs

3. Liaising with other practitioners working with the child and / or family who can add their unique perspective and additional information to support you in developing a more holistic assessment.

Assessments need to involve all the important people in the child and family's life including health, education, specialist services, adult services and friends and family who support the child in order to ensure that a full picture of the child's life is captured.

The child's lived experience

The focus of the Early Help assessment should always be on the needs of the child. The daily lived experiences of children and young people are central to our assessments and interventions. Gathering the children's wishes and feelings and their views about their own needs, their family's needs, the issues that are affecting them and their plans is essential to child-focused practice. This is not a 'one-off' exercise for the assessment but an ongoing critical component of our interventions. Children and young people's wishes and feelings should be routinely sought throughout the process and clearly recorded on the EHA, Action Plan and any Team Around the Family (TAF) Review paperwork. It is important that the practitioner understands, from the perspective of the child, whether the intervention is making any difference to their daily life and if anything needs to change to ensure that the child is getting the help they need. Section 3 provides further guidance on how to ensure the assessment captures the child's lived experience, wishes and feelings.

Interviewing parents and carers

In order to support families to achieve positive changes and improved outcomes for children and young people it is crucial that we involve parents and carers in their assessment. We need to listen to their views and explore the issues that are impacting on their parenting capacity so that we can support them to address their needs and ensure they are able to improve daily life for their children.

Parents and carers want professionals who will be open and honest with them about the worries but that first and foremost celebrate the existing strengths in the family. There are always strengths present in family circumstances and it is just as important to highlight these and build on them as it is to fully explore the worries.

Considering the needs of fathers and significant males is really important and an often overlooked aspect of children's daily lives. When undertaking an assessment it is crucially important that fathers and significant males are included in the work wherever possible. They may live with the child in the household or they may live elsewhere but continue to have contact with the child and be a regular part of their lives. They may be a significant protective factor for the child and be an essential part of the support plan, or they may be a worry and for example,

parental conflict/domestic abuse may mean that they are not able to be an active part of the assessment and support plan. These issues and relationships should be clearly considered and recorded in the EHAT.

Parents and carers will often be worried about the consequences of asking for help and talking about things that they are struggling with. Practitioners need to support and encourage parents and carers to talk openly about their lives in order to complete an assessment and action plan that will help the family to address their needs and meet the needs of the child. Practitioners need to be mindful of **disguised compliance** and adults trying to minimise worries about their family. It is important that practitioners maintain an attitude of **'healthy scepticism'** and **'respectful uncertainty'** when working with families to ensure the assessment accurately reflects the strengths and needs of the family and the daily life of the child.

Speaking to other partners – it's a multi-agency assessment!

All children and families exist within wider support systems, they will all have some involvement with other professionals and support networks. It is really important that assessments include both the family and friend support network and the professional network around the child. The EHAT is a multi-agency assessment and considers the needs of the child as a whole; no one professional will have all the information about every aspect of the child's life. Multi-agency support will include as a minimum for all families, GP, midwifery/ health visitor/ school health, dentist, nursery/ school /college. There may be adult services support in place for the parent/carer; Merseycare, Adults social care, Drug and Alcohol services, Domestic abuse services etc. There may be specialist services supporting the child and young person, CAMHS, YPAS, Advanced Solutions, SEND services, Fusion etc. Any relevant service that is working with the family should be contacted so that they can contribute to the assessment and support plan.

Impact Measurement: Scaling 1 - 10

Within the EHAT there are 6 domains considered, Health, Education, Emotional development/wellbeing & identity, Family & social relationships, Housing, Income & Employment and Presentation. Once the information for each domain has been gathered from the child, parent/carer and relevant multi-agency professionals the scaling measurement can be completed.

The scale is from 1 – 10 with 10 being the best situation for that child. The scaling should be completed with the family and a score agreed for each domain, it is important that the initial score accurately reflects the circumstances for the child as this is the base score from which progression will be measured throughout the intervention. Sometimes parents and carers will score too high or too low in comparison with the lead professional's judgement. This should trigger a discussion between the lead professional and the parent to reach an agreement on the score; ultimately professional judgement is needed to ensure the score is accurate and reflective of the needs for the child.

Each child in the family should be scaled individually as one child may have some unmet health needs and thus score 6, whereas their sibling may have all their health needs met and have no concerns and score 10.

Appendix 2 contains guidance on what aspects should be considered in each domain to help formulate the impact measurement score. This is not an exhaustive list and is designed to be a guide only.

Timescales

There are clear timescales for each stage of the early intervention process and it is really important that practitioners are mindful of these timescales and ensure they record or submit their documents via the delegation portal on time.

- EHAT to be completed within 28 working days
- Initial TAF to be held 10 working days after the EHAT is completed
- Review TAF to be held no longer than 3 months after the initial TAF
- The EHAT team should be notified within 48 hours when the decision to close the EHAT is made.

If the assessment, review and closure documents are not submitted on time and stored on the child's record then there is no clear understanding of the level of need for the child, what intervention is in place and whether or not it is making a positive difference to the child. This means that any worries about a child that are raised may not be communicated to the lead professional or may be considered as isolated events without the wider context of support and intervention that is in place for the child via Early Help. This is particularly important when thinking about case closures or non-engagement of parents; if there is drift and delay in notifying the EHAT support team of disengagement then valuable time is lost in considering whether the child needs intervention via statutory services.

3. The child's daily lived experience

“Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs.”

(Working Together 2018; 14.)

We often talk about the child's daily lived experience, what this means is that any assessment and intervention undertaken with a child and their family should focus on the key central question of **‘what is day to day life like for this child?’** The reason for completing any assessment will always be because there is a worry or a need for the child. It is critical that the assessment involves direct work with the child which explores with them their views on the reason for the assessment, what their daily life is like for them and what would they want to change about their daily life. This is the basis of developing the interventions that will make a positive difference for the child and help improve their outcomes.

The key element of the Early Help assessment is ensuring that it is child centred and that the views of the child are clearly gathered and recorded throughout the assessment. All children have a right to be heard and included in their assessments and we cannot know if we are making a positive difference to a child's daily life if we do not ask them. It is important that professionals consider how best to involve children and young people in the assessment process and who has the most appropriate relationship with the child or young person to undertake this task. Finding partner practitioners who have the closest connection with the child will form a key part of your assessment preparation.

Methods of gathering information from children and young people should be mindful of the individual child's age and level of understanding; consideration also needs to be given to the child's social and communication needs, and any racial, cultural or linguistic needs that may affect how the child's views are gathered. Adjustments should always be made to ensure that whatever the age or needs of the child we are responding to this and gathering their views appropriately.

All children have a voice: for pre-verbal or non-verbal children and babies, we can understand a lot about the child by directly observing their interaction with their parents/carers and form a view about the child's lived experience and what it means to live in that particular household. Try to put yourself in the child's shoes how would it feel to be a child/baby living in the household?

Direct work with children and young people

Key guidance to make our contact with children and young people meaningful:

Show you care, help them open up

Give your full attention to the child or young person and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.

Take your time, slow down

Respect pauses and don't interrupt the child – let them go at their own pace, don't be tempted to answer questions for them with what you think is happening. Recognise and respond to their body language. And remember that it may take several conversations for them to share what's happened to them.

Show you understand, reflect back

Make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.

Baker, H. et al (2019) Let children know you're listening: the importance of an adult's interpersonal skills in helping to improve the child's experiences of disclosure. London: NSPCC.

Within each section of the assessment the views of the child should be included so that we get a sense of how the child feels about each aspect of their life. They should be asked for their views about their health, education, emotional wellbeing, identity, family relationships, friendships, their home and their daily care and presentation. This needs to be completed in an age appropriate, child friendly manner that considers how best to help the child share their views.

It is important to speak to the child to help identify the safety networks for the family; who does the child see on a regular basis? Who helps them? Who helps parent/Carer? These questions help you to explore what protective factors there are for the child and helps you to start to build an idea of the safety network around the child.

Sometimes Early Help assessments are being completed because there are worries about difficult issues that are affecting the child's daily life. For example - domestic abuse, parental alcohol use or drug use, parental mental health needs or physical health needs. The key here is to explore with the child how they feel about these worries, what do they think about the issue? How does it affect them on a daily basis? Who do they talk to about their worries?

All practitioners who are completing Early Help assessments should attend Voice of the Child training which is available for practitioners via the Early Help Directory. This training will provide practitioners with a range of tools for children of various ages and understanding, to help practitioners have conversations with children and young people to explore their views and daily lived experience. If practitioners need advice and support in how to explore specific issues with a child or young person they are assessing they can also contact the Early Help Support Team or the relevant Early Help Hub to seek advice and guidance.

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

4. Effective analysis – what is the information telling us?

Information gathering through speaking to parents and carers, children and multi-agency professionals is really important in ensuring that we complete a holistic and thorough assessment of the child's daily life. However, it is equally important to ensure that there is a robust analysis when considering the needs of the child. Why is this happening? What impact does it have? How can we address these needs? What outcomes are we hoping to achieve?

The focus of the assessment is always **what does this mean for the child?** Is this something that acts as a protective factor and strengthens the existing safety for a child? Or is this something that contributes to a need for the child?

The assessment conclusion should contain an analysis of what worries have been identified for the child/young person, what protective factors have been identified and what actions and interventions are needed to help the child and young person achieve positive actions. This should state clearly what outcome we are hoping to achieve through our interventions.

The protective factors are the positive strengths and safety measures that exist within the family already. These need to be highlighted and celebrated within the analysis because they are as much a part of the child's daily life as the worries are. These protective factors are the basis of the child's safety and security within their home environment. These should be considered first in the conclusion.

The worries will be identified in the needs of the assessment; the analysis will clearly state what we are worried about, why we are worried and what impact this worry has on the child's daily life.

The key component of the analysis is to consider an overview of the strengths and needs identified and to consider what does this mean for this child and their daily lived experience.

The planned interventions/Next Steps should be targeted at addressing the identified worries. The needs identified in the assessment should all be included in the immediate next steps section. For example, if outstanding immunisations have been identified as a need, then there should be a corresponding action within the immediate next steps.

Should concerns emerge during the information gathering and assessment process that indicate there **are or may be emerging Level of Need 4** concerns then the lead professional will alert their manager and follow their agencies safeguarding procedures, professionals will need to consider if a MARF needs to be completed. The Early Help Hub consultant social workers are available to provide a case consultation service to partner agencies. This might be when an agency are unsure about the next steps to take with a case or when support is needed in relation to the level of need <https://ehd.liverpool.gov.uk/kb5/liverpool/fsd/advice.page?id=xphK5Ke8bZ0>

5. Completing the EHAT

This section is a guide to the completion of the EHAT form itself, it is designed to help you complete each aspect of the EHAT in full and to understand what should be considered in each section. This section should be used in conjunction with the assessment principals outlined in section 2-4 to help you to complete a thorough assessment that is child centred and fully considers the needs of the child and family.

Before you begin your EHAT you should gather the basic details for the family (names, D.O.B's, addresses) and you should then contact the Early Help Support Officers to check if an EHAT is already open or if the family is open to Liverpool Children's Services. If there is no current involvement then you should proceed with the EHAT process, **if there is already current involvement** then you will be able to ask the Early Help Support Officers for the lead professionals contact details so that you can ensure you are included in the family's support plan and you will not need to complete an EHAT.

Delegation portal

For all external agencies who do not have access to the Liquid Logic Early Help Module, all early help assessments and TAF paperwork from Monday 4th November 2019 are required to be submitted via the new delegation portal. The delegation portal enables the EHAT support team to delegate forms from within liquid logic children's system to external agencies who do not access the system directly. The benefits of using the portal is it provides a secure mechanism of submitting sensitive information recorded within the EHAT documentation and it also provides an accurate record of information on the child's liquid logic record.

The portal enables external providers to record the required information within the early help assessment and team around the family meeting templates directly into the portal and will reduce the requirement to type up the paperwork and email via PDF to the EHAT team. The portal functionality also enables the lead professional to save a PDF version of the completed form prior to submission.

The portal provides the facility to send alerts to the appropriate lead professional via an email notification this includes notification of new delegated forms, confirmation receipt, pending due date and notification of overdue forms. See Appendix 4 for the EHAT process flowchart.

The Agreement:

To gain consent for the EHAT to take place the practitioner should explain the 'agreement' between the family and the practitioner. It is important that you take the time to explain how information will be shared and stored (e.g. submitted securely via the portal). Consent at the outset is now written, as opposed to verbal, and without signed consent the assessment cannot proceed so it's important to spend time explaining the agreement and the EHAT process to the family at the outset. This agreement provides consent for you to gather information and share information with other professionals. The agreement also clearly informs the family what steps will be taken if there are any safeguarding concerns identified for the child.

1. Person Undertaking the Assessment:

Your Details: It is important that the practitioner who identified the need for the family to access additional support and agreed with the family to complete an EHAT, provides their full details here. This practitioner is the person responsible for completing the assessment and is the lead professional. (It may be identified after the assessment is completed and the initial Team Around the Family meeting is held that another professional is best placed to be the Lead Professional. In these circumstances the EHAT support officers should be contacted and provided with the details of the new Lead professional).

Date assessment started: this will be the date that you obtained written consent from the family for the EHAT to proceed. You should then spend time with the family completing the information required in Section 2 'some basic details about you and your family'.

EHA Reference No: This is the liquid logic ID for the child being assessed; where there are multiple children in a family being assessed then the liquid logic ID number for the youngest child is used.

Date Assessment Completed: This is the date that the EHAT assessment and initial EHAT action plan has been completed by you and the family.

2. Some basic details about you and your family:

This section should identify all of the people living at the home address i.e. the child for whom the EHAT was initiated, their parents / carers; any siblings, and any significant others. It should be noted that not all of those listed will require additional support but that they will form part of the assessment process i.e. all children and siblings should be spoken to as part of the assessment process to identify their views and any support that they may need.

- **Parent/carer:** It is important to ensure that this basic information is accurate and complete. In particular, you should ensure that the address details are correct. The Lead Professional should also ensure that the names of the parents / carers are their legal names i.e. those on their birth certificate and specify their relationship to the child.

- **Child's details:** this section is for all the children who are being assessed as part of this EHAT. Each child whose needs are being considered should be detailed in the section. Please note that + symbol is used to add additional lines, this means you can expand the section as much as needed so that all the children being assessed can be listed.
- **Siblings and other people at this address:** The practitioner is also responsible for identifying all other siblings and adults who live at this address and how they relate to the person/young person for whom the assessment has been started. These are people who live in the household but are not the subject of the assessment, e.g. an adult sibling or other family member.
- **Additional Caring Responsibilities:** This section is used to identify if any of the children in the household are living in formal or informal kinship care arrangements. You should ask the parent if they are caring for someone else's child, if yes, then you should record if there is a court order in place.
- **Details of any other parent/carer/adult with parental responsibility not living at this address:** If a parent does not live at the child's address, then their details should be gathered here, again taking the time to check names and addresses are correct, and identify if they have parental responsibility and / or will be contributing to assessment process. It is important that we gather some understanding on the involvement of parents who don't live with their child(ren) and in cases where parental responsibility is shared then, wherever possible, the non-resident parent should be involved in the assessment. If they have not been included in the assessment you must state why in the section provided.
- **Significant others:** There is also space to include details of 'significant others' who do not live at the address such as other siblings or other sources of support to the family such as a grandparent or wider family members. In particular, we are looking for people to be listed here who have significant contact with the family and / or are involved in care of the children. Again, their relationship to the child(ren) should be made clear
- **Other services supporting your family:** This section details the services who are already working with the family and specify if it is the whole family and / or a particular member(s) who is being supported. You should remember to include school, nursery, health visitor, GP etc. Gathering this multi-agency information at the outset of the EHAT will assist you in completing the assessment as you will have the contact details for the professional network supporting the child and family.

3. Strengths and Needs:

- **Who was present at the assessment:** Where possible all family members should be included in the assessment, ensuring that the voice of the child and family are clearly captured. You should list the names and roles of all the people who participated in the assessment including yourself in this section.
- **Reason for the assessment:** this section should make it very clear why the assessment is being completed. This is about being clear

about what prompted the assessment and should include what you and the family are most concerned about. You should specify what the worries were that have led to the assessment being completed.

This section should also consider the family history and any relevant background information. This could be previous EHAT or Children's Services support, significant life events such as separation, divorce, bereavement, domestic abuse, police incidents, home moves, change in circumstances such as new partners, new siblings. You should also look to include as much information as possible about the important things that have happened to the family as these events are likely to have had an impact on the current needs of the child and family.

- **Voice of each child: it is important that you include all children and young people in the household.** The voice of **each child** in the family should be recorded and it should be clearly shown in this section which views are attributed to which child. You should follow the guidance detailed in section 3 of this document and make use of the range of tools provided during the Voice of the Child training, to support the child to express their thoughts and feeling. Always use their exact words in the assessments. For very young children you should include any observations of their presentation, play and interactions with their key family members.

4. Strengths and Needs section 2: Remember to consider the factors below but to also celebrate the positive and protective factors in each domain as well

- **Health:** This section should include consideration of the needs for each child included in the assessment and any health needs impacting on their parent or carer. This section should include information from health professionals about the child and/or parental needs (health visitor/school health/ GP). The purpose is to identify any outstanding health needs which may need following up and to identify the parent/carer's capacity to meet these needs. Consideration can be given to healthy eating, lifestyle and general physical wellbeing. Any disability needs should be specified alongside how these needs are being supported or how further support to meet the need will be progressed.
- **Education:** This section should consider the education needs for each child included in the assessment. The information from each relevant nursery, school or college establishment should be included in this section. Consideration of the child's attendance, punctuality, presentation & behavioural needs, engagement in learning, attainment and peer relationships should be included. Where there is a very young child who is not yet in formal education there should be consideration given to how their learning and development is being supported by the parent/carer (do they have sensory toys? Do they engage in play? Do they access sessions at the Children's Centre). The parent/carer's engagement and relationship with school should be considered here also; does the child complete homework? Is the parent/carer supportive of school and education in general?
- **Emotional Development/Wellbeing & identity:** This section should consider the emotional presentation of each child included in the

assessment. Consideration should be given to the child's emotional and behavioural presentation; are there any mental health needs? Are there any worries about the wellbeing of the child? Do they seem withdrawn/angry/upset/sad/frustrated on a regular basis? Are there any needs in relation to their identity and sense of belonging? Are there any issues for the child in terms of substance misuse that impact on their emotional wellbeing? Any worries about bullying? Consideration should also be given to factors such as domestic abuse, parental mental health or trauma, grief and loss that may be impacting on the child's emotional wellbeing. Consider how the parent/carer emotionally responds to the child and the impact of this. Ensure that any protective factors and resilience factors for the child are highlighted here as well, for example, do they have a close and supportive relationship with their parent/carer? Are they able to openly talk about any worries and seek help? Do they access any therapeutic support to help them work through their feelings?

- **Family & Social Relationships:** This section should consider the family history, who the child lives with, any significant changes to their care and living arrangements. Has there been a divorce or separation that has impacted on the child? Any loss or bereavement impacting on the family or child? Are family relationships safe and stable? Are there any worries about family relationships and interactions? Who is the wider friend and family network? Are they a source of help and support to the family? Are there any worries about anti-social behaviour or criminality? Does the child have a good friend support network or are there worries about their friendship groups?
- **Housing, Income & Employment:** This section should detail any worries or positives about the home environment, is the home rented or owned? Is there a housing association involved? Any concerns about the family income, rent arrears, significant debt issues or benefit advice and support needed? Does the parent/carer work or do they want to be supported to seek employment? How do these issues impact on the child-do they present a positive and protective factor or do they contribute to worries about neglect? Does the child have their own bedroom/shared bedroom? Do they have everything they need e.g. a bed, clean bedding, clothes etc.
- **Presentation:** Does the child have age appropriate self-care skills? Does the parent/carer support the child at the right level of independence for their age? Are there concerns about hygiene, social presentation, their understanding of social relationships and interactions? Are there any neglect worries related to the child's presentation and any interventions needed?

NB: What's working well/ What needs to change

After each section you will log the protective factors (strengths) in what is working well and the need and what action needs to be taken in the 'what needs to change section'. You may have no needs for some sections. This is ok and you should simply record in this box that there have been no needs identified. Or you may have several needs for one domain. This is also ok and each need should be specified and an action created to address the identified need.

NB: Scaling

Each domain has its own scale and this should be scored for each individual child. A guide to scoring is detailed in Appendix 2. This is the baseline measurement that indicates the impact on the child for each domain from 1 – 10 with 10 being the best. These impact scores are then recorded in the next section of the assessment and will pull through to the initial TAF as the starting point for the family. The aim of the EHAT is to help the family move up the scale.

5. Conclusions, solutions and actions:

- **What is the assessment telling us:** This is the section for you to record the analysis of the information you have gathered in the main body of the assessment? As detailed in Section 4 of this document the analysis should state what worries have been identified for the child/young person, what protective factors have been identified and what actions and interventions are needed to help the child and young person achieve positive actions. This should state clearly what outcome you are hoping to achieve through the interventions.
- **Immediate next steps:** This section is the outline plan for the child and the basis of discussion at the initial TAF meeting. These actions should correspond to the needs identified in the main body of the assessment. The desired outcome is what we want that action to achieve for the child in the long term, please see the example below. This outline plan will pull through and form the initial plan to be discussed in the first TAF meeting at which stage additional actions can be added as needed.

Action	Area	Who	By When	Desired Outcome	Invite to TAF Meeting
Rosie will attend school every day on time	Education	Ms Jones (mum)	Daily during term time	Rosie will be on time and attending school regularly. Her attendance will improve and she will settle better in class every morning. This will help her to feel more settled in school and help her educational progress in the longer term.	Yes

- **Conclusions:** there is now space to include any further information that you feel is appropriate in the box 'is there any additional information you would like to add that is not captured elsewhere'. You should also include the parent(s) / carer(s) comments on the assessment and what has been discussed and agreed, as well as the children's comments and views on the assessment and EHAT action plan.
- **Suggested Outcomes:** options include '**close the EHAT**' as the family don't need further support and / or just a single agency response; if the only identified need for the child relates to one agency and that agency can address the need directly, then there is no need for a multi-agency response.
'progress to TAF meeting', should only be used for families who will require a co-ordinated, multi-agency response given the complexity of the issues they face.
- **Tick any of the following that are relevant:** finally you should tick any of the boxes that affect the child and family's circumstances.

6. Team around the family - planning and reviews

The focus of building a supportive relationship with the child and family and completing the assessment is to ensure that a plan is created that is targeted towards addressing the needs of the child and improving their outcomes in health, education, emotional wellbeing, relationships and presentation. The plan is the key document that allows practitioners to evidence whether life is improving for the child or whether the worries remain the same or have increased.

A Team around the Family (TAF) meeting is a multi-disciplinary team made up of family members, wider support networks and professionals, and is established on a case-by-case basis to support the family. The TAF is the multi-agency group set up after a family's needs have been assessed and brings together practitioners from a range of different services to provide tailored support for the family.

Good quality planning prevents drift, ensures the children's best interests are kept under constant review, and ensures the focus of intervention remains on achieving positive outcomes for the child. Involving children and young people as well as their parents/carers in identifying and prioritising the actions needed is good practice. This gives the family ownership of their plan and means that they are more likely to make and sustain positive changes in the longer term.

Without a good quality plan, we are not able to support families to achieve change, we cannot measure progress made and equally we cannot measure deterioration in circumstances for a child. Planning is the key component to outcomes for our children and young people. All plans need to consider both the immediate actions needed, short term and long-term needs of the child or young person. These need to be explicitly stated in the plan with clear measurable outcomes and specific timescales.

Gathering the child's views and daily lived experience should not be limited to just the assessment process. Children and young people should be heard (and their views recorded) at every stage of the process from the assessment to the initial TAF meetings through to the review meetings and closure of the EHAT. This means that at each TAF meeting the child should be invited (where appropriate) so that they can actively participate in their plan. If it is not appropriate or the child does not want to attend then the child's views on the plan and progress made should be gathered and shared with everybody during the meeting.

Parent/carer attendance at TAF meetings

The family should always be invited to the TAF meetings and advised when and where the meeting is taking place with at least 10 days' notice. Adjustments should be made to support parents/carers to attend the meetings; this may include sourcing accessible venues or adjusting times or meetings due to child care or work commitments.

On some occasions the professionals who are part of the TAF, may decide to go ahead with the meeting without the family. This relates to families who struggle to remain engaged in the process. In these circumstances the plan can be reviewed and a discussion about engagement can take place between the professionals. At this stage professionals should consider the impact of the lack of engagement on the child/ren, and what the next steps should be. In the spirit of openness, the family should be advised that the meeting will be going ahead and the Lead Professional should share the concerns about engagement with the parent/carer and talk to them about the next steps

Key principals of the TAF plan

- It is child focused; the plan is designed to support the child's needs and to deliver positive outcomes for the child.
- A parent may have needs included on the plan however; this is for the express purpose of improving life for the child.
- The family should be present at the TAF meeting, wherever possible to discuss the effectiveness of the plan.
- The child wherever appropriate should attend the TAF meeting to share their views on the plan.
- The child's welfare is everyone's responsibility. To achieve this all involved agencies must work together in partnership to ensure the progress of the plan.
- At every review the plan should be considered from the perspective of whether it is helping to effect positive change for the child and improve their outcomes.

Initial TAF

The Early Help assessment will be the starting point of the initial plan for a child. The outline plan (immediate next steps) provides the basis for the initial TAF meeting. These actions will have been identified from the analysis of strengths and needs within the family. The initial TAF meeting will be held 10 days after completion of the Early Help Assessment.

When professionals are unable to attend the TAF meeting they are expected to provide a written update in advance of the meeting. The template can be found in Appendix 3 of this document.

At the initial TAF:

- The plan will be reviewed and progress recorded. The plan is the central document for measuring progress and at every TAF meeting, professionals should consider the impact of the plan in improving outcomes for the child.
- Any additional actions will be added to the plan
- Any change to the lead professional will be discussed and agreed in the meeting
- Any significant events since the completion of the assessment will be noted.
- A summary of the meeting discussion will be recorded by the lead professional; any issues that were raised but could not be resolved are noted in the record of the meeting.
- The date of the review TAF meeting will be set or the TAF will close if professionals and the family are in agreement that the issues have been addressed and no further meetings are required.
- The views of the child and family will be considered in relation to the effectiveness of the plan. It is important that professionals understand if the circumstances for the child are improving, directly from the child.

- Professionals should take action when they identify that the plan is not delivering improvements for the child. Professionals may need to consider whether the case needs to step up to social care if appropriate. Advice can be sought from the EHAT support Team or Early Help Hubs if professionals are unsure of what next steps are needed.

TAF Reviews

TAF Reviews will be held at intervals of no longer than 12 weeks. Higher frequency reviews may be needed for children where there are emerging worries for their welfare so that there is no drift and delay and to ensure that they receive the correct level of intervention. It would also be expected that a TAF review will be held sooner if there is a significant event for the child or if there are concerns that the plan is not supporting positive outcomes for the child/young person.

At the review TAF:

- The plan will be reviewed and progress recorded. The plan is the central document for measuring progress and at every TAF meeting, professionals should consider the impact of the plan in improving outcomes for the child.
- Any additional actions will be added to the plan
- Any change to the lead professional will be discussed and agreed in the meeting
- Any significant events since the completion of the assessment will be noted.
- A summary of the meeting discussion will be recorded by the lead professional; any issues that were raised but could not be resolved are noted in the record of the meeting.
- The views of the child and family will be considered in relation to the effectiveness of the plan. It is important that professionals understand if the circumstances for the child are improving, directly from the child.
- Professionals should take action when they identify that the plan is not delivering improvements for the child. Professionals may need to consider whether the case needs to step up to social care if appropriate. Advice can be sought from the EHAT support Team or Early Help Hubs if professionals are unsure of what next steps are needed.
- The date of the review TAF meeting will be set or the TAF will close - if all professionals and family are in agreement that the issues have been addressed and no further meetings are required.

Roles and responsibilities

The lead professional is the central point of contact for the family and professionals so to ensure that we are effectively working together to support the child, it is crucial that the lead professional's details held on the child's file are accurate.

The lead professional **is responsible** for completing the assessment and convening the initial and review TAF meetings and ensuring the paperwork is submitted. During the course of working with the child and family the lead professional may change, for example the child may change school and the lead professional may transition to a practitioner in the child's new education setting. It is very important that the EHAT support team are advised **within 48 hours** of any decisions to change the lead professional.

The lead professional **is not responsible** for all the actions on the plan; individual agencies and practitioners are responsible for working with the family to progress the actions attributed to them on the plan. If they have difficulties in engaging the family or completing their actions it is the practitioner's responsibility to liaise with the lead professional and/or to report on their progress at the next TAF meeting.

What to do if things aren't going to plan?

There are times, despite your best efforts, when progress is not achieved and there are worries that the plan is not helping to improve life for the child. This might be because you are worried the parent/carer is not engaged with the plan, or because professionals are not engaging to help progress the plan for the child. Practitioners should contact the EHAT support team at the earliest opportunity to talk through your case with the EHAT Support Officers in the first instance. The EHAT Support Officers can provide practical advice and support to mediate with other professionals or help to identify other services that may be able to help improve outcomes for the child.

Sometimes you may be worried that a child may need a referral to Children's Services but you may be unsure about whether the worries meet level of need four. In the first instance you should follow your own agencies safeguarding procedures and seek advice from your line manager/supervisor. The Level of Need document (linked in this document) provides a helpful tool to formulate the level of need for the child. The Early Help Hubs each have a consultant social worker who can be contacted for advice and guidance when practitioners continue to be uncertain about the level of need and what next steps are needed to help the child or young person.