



St Helens Safeguarding Children Partnership

Multi Agency Early Help Standards & Criteria for Expected Practice

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St Helens Safeguarding Children Partnership Standards & Criteria

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Introduction

St Helens Multi Agency Early Help Standards & Criteria for Expected Practice have been developed by a multi-agency working group. The St Helens Multi Agency Early Help Standards & Criteria have been developed following review of best practice guidance and should not be considered in isolation. They should be reviewed in conjunction with St Helens Descriptions of Need (threshold document), along with other associated documents detailed below.

Early Help means to provide support to a child or young person and their family as soon as a difficulty emerges rather than waiting for crisis point. It also involves services working together and with the parents' permission, sharing information to help provide a tailored plan of support with agreed expectations and outcomes. We know intervening early is the right thing to do, as it can alleviate suffering, promote positive outcomes, can stop things getting worse and can be more cost effective than responding once things reach crisis point. If we deliver early help correctly, children, young people and families will be supported to grow and to have confidence in themselves and in the services there to support them. Effectively helping and supporting children, young people and families requires a commitment from all agencies involved to have the same core values, knowledge, skills and ability.

At times children and families may need support from a wide range of local organisations and agencies. Tailored support may be required from one agency that are providing a service to the child and family or in other situations from a collaboration of agencies.

In both instances the provision of early help support should be preceded by a robust assessment, whether that is a single or multi agency assessment, to determine the needs and strengths of the child and family. This early help assessment should pave the way for a plan that is SMART and promotes continuity of care and support should the child and family's level of need alter. Assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989. (Working Together 2018) ¹

Why is Early Help important?

There is robust evidence that adverse experiences in childhood lead to significant social and health problems in later life (1). Early Help is about providing the right help for children (unborn babies included) and families as soon as problems start to emerge, and whilst the evidence shows that the greatest impact can be made when the child is very young, problems can become evident throughout childhood and adolescence; effective Early Help is about prompt intervention as soon as it is needed. There is evidence to show that a child's experiences during the early years (including unborn) lays down a foundation for the whole of their life, which needs to be reflected in our strategy. Secure attachment, the ability to communicate and the development of language rich environments underpin a child's future development. If we get it right as soon as problems start to emerge, we can reduce the need for more specialised, costly interventions later on and more importantly, we can improve outcomes for children and young people.

What do we mean by Early Help?

Early Help is not just about completing an Early Help Assessment (EHAT). True Early Help is about a child and family receiving support prior to the need for Early Help Assessment. An example of effective Early Help, in early years, could be a nursery setting enquiring why a parent/carer is late picking up their child from nursery as opposed to implementing a financial sanction for late pick up. Such an approach can lead to an increased understanding of the families circumstances and support offered if required.

¹ [Working Together 2018](#)

Completion of an Early Help Assessment can however offer a way to understand better a families strengths, needs, who is the there to support them and think about if things do not change what impact this will have for the child and family. The Early Help Assessment is a standardised approach to assessing unborn, children and young people's needs for services. It is designed for children with additional and unmet needs and has been developed for practitioners in all agencies to enable them to share information and work more effectively together.

It is anticipated the Multi Agency Early Help Practice Standards² will address best practice in regard to Early Help, both when an Early Help Assessment is needed and when it is not.

Responding to children and young people in need of support St Helens Descriptions of Need

All agencies and organisations in St Helens operate within the levels (thresholds) for delivery of services, working collaboratively to identify needs and provide support as soon as a problem emerges. As the level of need increases, services become increasingly targeted and specialised. There are also some differences in the processes used.

To inform any assessments undertaken at any of the levels, professionals should take into account the vulnerability within the family, the parents'/carers' feelings about their situation, and the wishes and feelings of the children and young people.

The purpose of Descriptions of Need is:

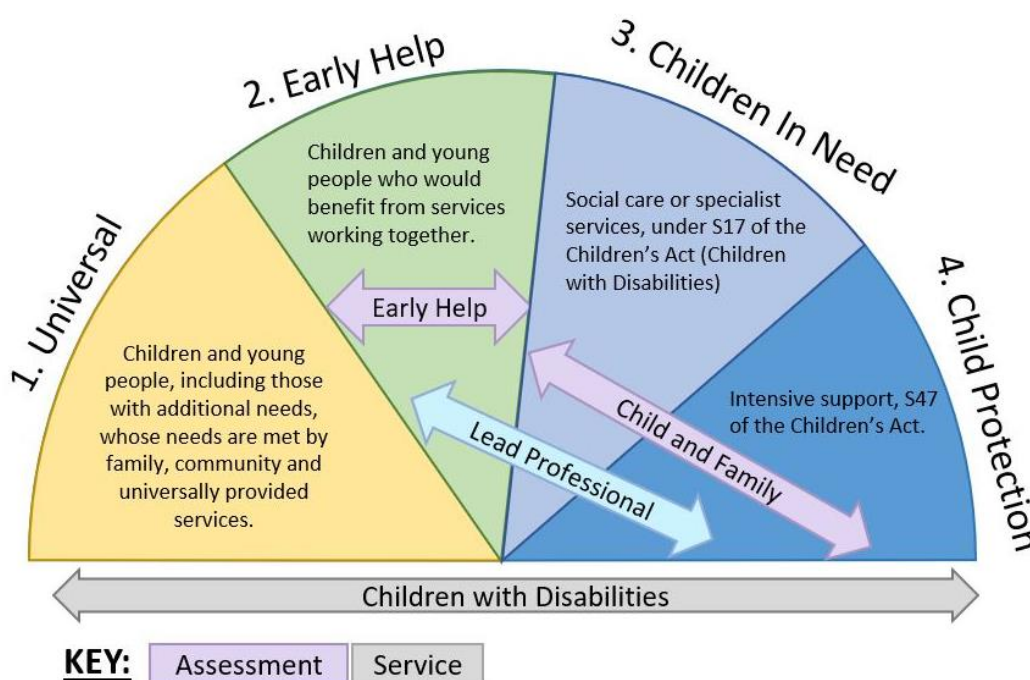
- To provide families and professionals with a practical understanding of the levels of need to support professional judgement and decision making.
- To help families and professionals to better understand the services and support available across the levels of need.
- To ensure both strengths and needs are assessed and action plans are formulated and agreed.
- To encourage more professionals to feel confident to offer help at the earliest opportunity and to work closely with other agencies.
- For families to feel supported so they are encouraged and enabled to find their own solutions and be proactive in engaging with services as required.

St Helens Description of Need identifies 4 levels for delivery of services. For a visual representation of these levels and guidance, please see the full document found on the SCP Website and St Helens Council Website.

Most families needs will be met via universal services. There will be children and families whose needs fall under level 2 of the Descriptions of need and a smaller cohorts needs being level 3 or 4.

² https://sthelensscb.proceduresonline.com/files/early_help_ch_yp_fam.pdf

Summary of the Four Levels of Need



Descriptions of Need³

Parent and carers were consulted during the update of the St Helens Descriptions of Need. Feedback was that families found the above colour way as more positive, than use of the traditional red, amber and green.

What is Think Family?

In order to support families to make changes that are helpful and long lasting we need to work with all members of the family. By understanding and recognising that the needs and desired outcomes of each person in the family affect each other, we are more likely to affect sustainable change. Working across agencies, to improve joined up working, the provision of high quality and responsive services which meets the needs of children, young people, adults with care and support needs and families.

Family means different things to different people. We know that different communities and cultures consider family in different ways and this is not static. The understanding of family changes, develops and is often affected by external circumstances and environments. Therefore, it is important to explore with individuals what family means to them, and the individuals who make up their family (including blood relatives, extended family or community members).

When working with someone to understand their needs and wishes, it will also be important to understand their family support networks, considering whether other family members are able to provide the appropriate care the person needs, and what the impact of these arrangements might be for both the carer and the cared for. Family members may have their own care or health needs or need support to carry out their caring role.

³ <http://moderngov.sthelens.gov.uk/documents/s92970/Appendix%201.pdf>

Evidence shows that traditional approaches alone cannot make the difference therefore a joined-up approach that helps both children and young people and adults is needed to support what is already in place. Many services are already working within a 'Think Family' approach and we want to ensure that this is embedded in all services.

This whole family approach will be important, to support the family, whether is in the context of a formal plan or not. In addition to inclusion of all family members, consultation should always take place with other agencies for a full analysis as possible.

To help agencies identify and assess need, it is important that there is:-

- A common method of assessing need.
- A common procedure for agencies to meet with a family and agree plans for delivery of co-ordinated services to children in need of support, which has equal status with child protection procedures.

Signs of Wellbeing

St. Helens has adopted the Signs of Safety model as its practice framework. In St. Helens we use "**Signs of Wellbeing**" to describe our work and practice within Early Help and Think Family Procedures.

Our Early Help professionals across the St. Helens Partnership will use the Signs of Wellbeing language, this includes '**Worry Statements**' to describe the worries and 'Wellbeing Goals' to explain what the early help worker needs to see to know that the children are safe and well.

Signs of Wellbeing is a way of working with children and their families which uses strengths-based techniques to focus on building safety and support with families and their support networks to embed positive change. Signs of Wellbeing has three key principles:

- Establishing constructive working relationships/ partnerships between professionals and family members and between professionals themselves.
- Engaging in critical thinking and maintaining a position of enquiry.
- Staying grounded in everyday work of supporting children and families and creating safety.

The **Signs of Wellbeing** approach is designed to create a shared focus and understanding among all professionals but particularly the child and family, in understanding and responding to needs. It enables everyone to think their way into and through the worries and what's working well for the child and family by using a shared approach and language. It provides tools that enable us to capture and take account of the child's voice and their every day lived experience.

Signs of Wellbeing considers: What we are worried about

Anything that is happening or has happened in the past which is harmful/worrying or damaging to the child. Any complicating factors that are making it harder to deal with the worries.

What is working well

Things that the family and other people in the child's life have done in the past to keep them safe and support their wellbeing when the things we are worried about have happened.

Who has been helping and what they have been doing to sort out the worries?

What needs to happen

What the professionals supporting the family need to see happening in order to be satisfied that the child is safe and well.

The next steps that need to be taken to address the worries and make sure the child will be safe and well in the future.

All of our assessments include:

A Worry Statement which sets out who is worried, what they are worried about and what is likely to happen if nothing changes.

A Wellbeing Goal which explains what everyone involved needs to see happening to be sure that the worries have been addressed and to be satisfied that the child is safe and well.

To help families achieve their wellbeing goals we will:

Work with them to identify a support network to who can help to address the worries and support the child, this will usually include extended family members, friends and other important people in the child's life.

Work with them to develop a wellbeing plan, this will set out the next steps and explain what needs to happen if the worries arise again.

Work with children and young people to understand what they are worried about and what they want to happen so that this is incorporated into their wellbeing plan.

Family Network Meetings

Using 'Signs of Wellbeing' methodology we will develop and embed Family Network Meetings

A Family Network Meeting puts the family at the heart of decision making and solutions to improve children's lives. The family network is not just the grandparents, aunts and uncles but the whole network around the family – everyone who can potentially offer support to the family.

It could be neighbours or friends of the family or people who do not live close to the family who might be able to offer support by a telephone call or a check-in text.

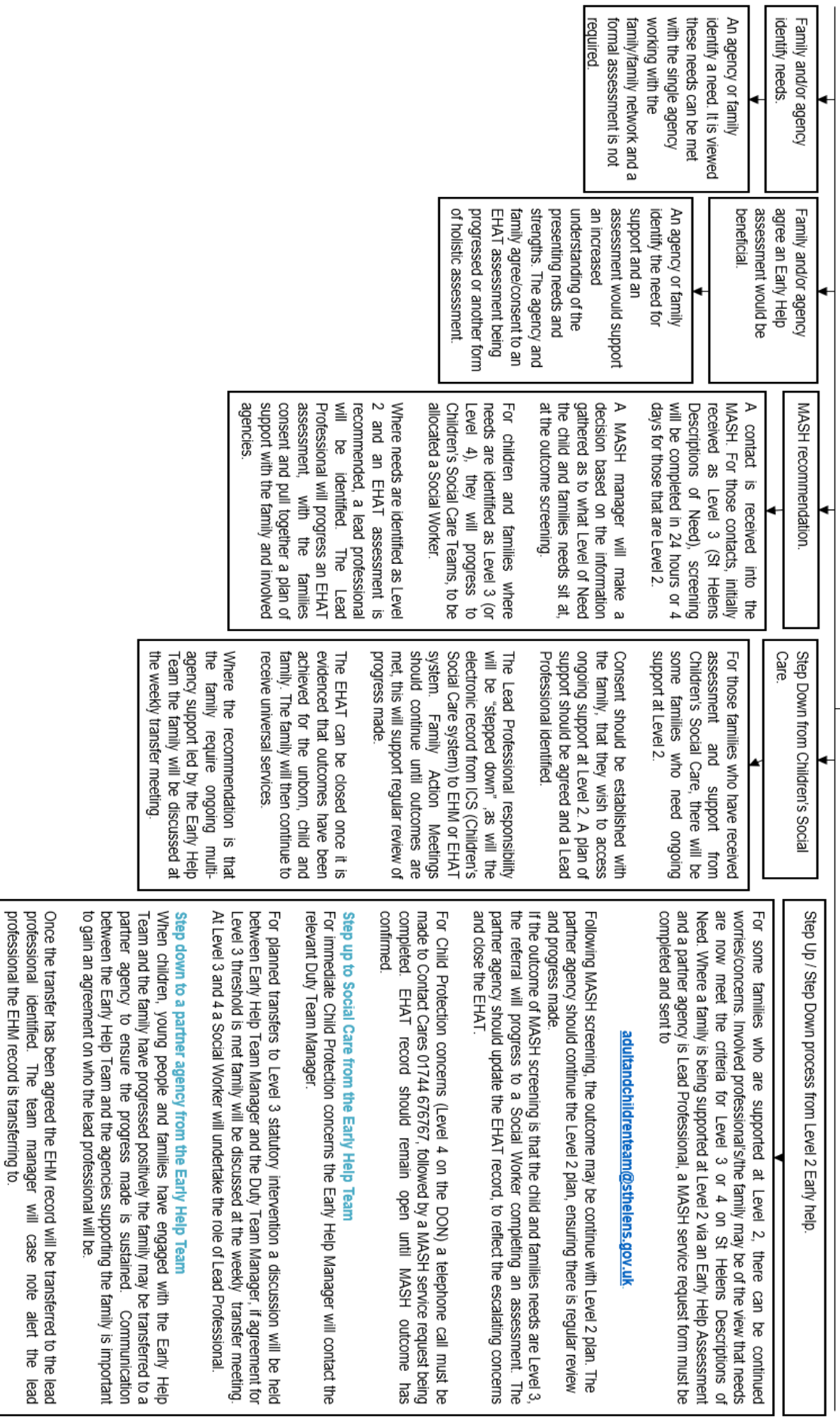
The goal of the meeting is for the family and the network to come up with the solutions and to work out how workers and other professionals can support them to deliver that change.

A family network meeting is arranged at the earliest point and is attended by the people who are naturally connected to the child and their family and are to play active parts in the child's wellbeing plan.

What does this mean in practice?

We have identified below different ways Early Help support can be offered/ or started. The below should not be viewed as the exclusive forms of Early Help support.

Early Help Practice Standards / Think Family Procedures Flow Chart



Consent and Information-Sharing

Detailed below are best practice guidance and the associated legislation in respect of obtaining of consent and sharing information at Early Help.

Standard	Criteria
<p>1 Multi-Agency Standards obtaining consent and information sharing.</p> <p>Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for their private and family life, their home and their correspondence. Workers who have access to information about children and families must therefore treat any information confidentially.</p> <p>This article applies to children who are classified as in need of support under Section 17 Children Act 1989. The consent of parents/carers and young people of sufficient age and understanding is therefore required for agencies to share information or to hold a Family Action Meeting.</p> <p>It is accepted that in some police interventions it will not always be possible to obtain written consent before making a request to Social Care for a service.</p>	<p>Agencies undertaking early help should ensure consent is gained at the earliest opportunity. You should ensure families are made aware that, in order to provide appropriate services and support, agencies need to share information with other involved professional's.</p> <p>In obtaining consent, parents, carers and young people should be given an explanation about the issues/concerns the agency has and information about the duties and responsibilities of agencies towards children in need of support or protection.</p> <p>Consent should be regularly reviewed by all agencies involved to ensure parents/carers fully understand processes and continue to provide their consent.</p> <p>Practitioners should use the St Helens Multi-Agency Consent Form to record consent to information-sharing. The consent statement on the EHM system should be updated after this to include all agencies who are supporting the family.</p> <p>Update of the consent statement on the EHM system, will allow the identified professionals to access, read and record on the child's file.</p> <p>The options if consent is withheld are:</p> <ul style="list-style-type: none"> ▪ The combination of the concerns and the refusal to consent to enquiries being made may result in increased worries ie child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the child's records. ▪ Consideration should be given to another agency, familiar with the child and family, to make an approach about information sharing to the family. ▪ The Early Help Assessment tool consent record should be updated to record the details of what has been offered to the family and that this was denied by parent/carer/young person. <p>Every effort should be made by agencies working with the family to gain consent for information-sharing. A failure to obtain consent to share</p>

	<p>information should always be discussed with the practitioner's supervisor and/or manager and subsequent decision-making should be recorded on the child's record.</p> <p>Agencies should work within the St Helens Information Sharing Protocols and their own agency procedures on information-sharing.</p>
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Early Help Assessment

To intervene at the earliest point, and target support in a way that makes a difference to the lives of children and families, a good quality assessment and plan is required. There are a number of different assessment tools which can be used when working with families. However, the Early Help Assessment is a nationally recognised, holistic assessment tool. Considering the needs and strengths of the child, family and wider community resources. The Early Help Assessment incorporates Signs of Wellbeing, a strengths-based approach to working with children and families.

Any practitioner in universal or targeted services can complete an assessment with the child, young person and family. An Early Help Assessment should be completed with consent from the young person or family. You may consider completing an Early Help Assessment when there are worries about the progress or wellbeing of a child or young person, if needs are not clear or they are not being met or when needs are wider than your service can address as a single agency. When starting an Early Help Assessment, it is important to check if there is already an Early Help Assessment in place for the family to ensure agencies are working together and we are not duplicating support already underway.

The Early Help Assessment provides a consistent approach, using common language and a holistic assessment of the child and family's needs. The child and family should be involved with the assessment and encouraged to work in partnership with professionals to achieve their goals. The assessment enables the practitioner to assess, plan and review a package of support to meet the child's identified needs, share information in the Family Action meeting and respond appropriately to identify when needs are escalating.

If the Early Help Assessment Action Plan identifies the need to signpost an unborn/child/young person to other agencies, it is important that any request for service made is followed up to ensure the services are being provided. Dependent on the number of other professionals to whom the author signposts, it may be appropriate to convene a Family Action Meeting. The need for a Family Action Meeting will be considered at the time of the drafting of the Early Help Assessment Action Plan and should include the views of family members and other involved professionals.⁴

The Lead Professional	
Standard	Criteria
2	<p>When children (including unborn), young people and families are assessed as having additional support needs, they may require a co-ordinated approach from more than one service for those needs to be met effectively.</p> <p>Criteria for identifying the Lead Professional A Lead Professional is identified from among the group of practitioners working with the unborn, child, young person, or family. They are chosen through a process of discussion and agreement</p>

⁴ Assessment Guidance

<p>If several professionals are involved in the provision of support to an unborn, child/young person, the support needs to be co-ordinated to ensure effectiveness. When there are multiple professionals involved a Lead Professional should be identified and will assume the co-ordination of the support being provided by services to the family.</p> <p>A Family Action Meeting will be convened, and a Family Action Plan must be agreed, recorded and circulated to all involved, including the parent/carer and child (if age/developmentally appropriate).</p>	<p>between those practitioners who are involved and in consultation with the family.</p> <p>Potential short-term interventions should not prohibit the practitioner from assuming the Lead Professional role. The priority should be to bring together the worries, families strengths and start to formulate a plan with the child and family, bringing in additional services as required.</p> <p>Disagreements or confusion are less likely when these is clear criteria in place, for the role of the lead professional and other involved professionals.</p> <p>Criteria you should consider are:</p> <ul style="list-style-type: none"> ▪ What are the predominant needs of the unborn, child or family? ▪ Which agency has main responsibility for addressing the unborn, child or family's needs for example midwifery, health, education. ▪ Statutory responsibility. Social Care will always be the Lead Professional in statutory cases (Children Act 1989). ▪ Does anyone have an ongoing or a strong working relationship with the child or young person? ▪ Who would the family prefer as their central point of contact? <p>Who should take the lead role?</p> <p>All agencies should have identified staff who can complete the role of Lead Professional at Level 2 on the Descriptions of Need.</p> <p>*Definitions of Lead Professional, in respect of the different Levels of the Descriptions of Need, are detailed within the appendices.</p>
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Standardised Early Help Assessment Tools		
	Standard	Criteria
3	<p>The Early Help Assessment Tool (EHAT) is a streamlined assessment using a Signs of Safety, strength-based approach to work with children and families.</p> <p>It plays a major part in improving services to an unborn, children, young</p>	<p>Single View</p> <p>Prior to starting an EHAT assessment, practitioners should search Single View, the electronic gateway to the EHM/EHAT system.</p> <p>Single View will enable you to obtain a holistic view of a child without having to search multiple systems. It allows the practitioner to confirm basic demographic details, identify if an unborn, child or young person and/or their family is known to other professionals, whether an Early Help Assessment has been completed, whether a Lead Professional has been identified or whether a child is allocated to a Social Worker.</p>

<p>people and families in order to improve the following outcomes for children and young people:</p> <ul style="list-style-type: none"> ▪ being healthy ▪ staying safe ▪ enjoying and achieving ▪ making a positive contribution ▪ achieving economic wellbeing. <p>Research shows that 'low level' needs that do not meet the criteria for statutory intervention often remain unaddressed, as no one takes responsibility for identifying and co-ordinating services. The needs of the unborn, children and young people in this situation can escalate.</p>	<p>Single View can be used as the gateway to the EHM/EHAT system, which is used to record early assessments and plans.</p> <p>The Early Help Assessment Tool (EHAT) Working Together 2018 states that for an assessment to be effective: -</p> <ul style="list-style-type: none"> • It should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. • It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living. <p>Early Help Pre-Assessment Checklist The Early Help pre-assessment checklist is designed to identify and document low level needs or help practitioners to decide if an Early Help Assessment (EHAT) is needed along with actions to be taken</p> <p>The pre-assessment checklist is not compulsory but can be used to aid the decision-making process and to trigger an Early Help Assessment. It is not intended to be used directly with the family or to be shared with other agencies, but can be to aid discussion ie why you feel you need to progress to completing an EHAT assessment.</p>
	<p>Early Help Assessment Action Plan If an Early Help Assessment is completed, the author/coordinator may identify several actions that will be recorded on the Early Help Assessment Action Plan. These actions may not require a Family Action Meeting, if support is being offered by a single agency, but will need to be reviewed on regular basis, once a month and thereafter three-monthly.</p> <p>If the Early Help Assessment is completed and used to inform a Family Action Meeting, the recommendations from that meeting will be documented on the Family Action Plan.</p>
<p>Graded Care Profile 2 (GCP2) Services must ensure that practitioners and managers are aware of the Graded Care Profile 2 (GCP2) tool and have received training in its use.</p> <p>Neglect is the ongoing failure to meet a child's basic needs and is the</p>	<p>Graded Care Profile 2 (GCP2) A Grade Care Profile 2 can be completed as stand-alone assessment tool to inform next steps.</p> <p>It is called Graded Care Profile 2 (GCP2) because different aspects of family life are 'graded' on a scale of 1 to 5.</p> <p>Questions are broken down into 4 areas:</p> <ul style="list-style-type: none"> ▪ Physical - such as quality of food, clothes and health. ▪ Safety - such as how safe the home is and if the child knows about things like road safety. ▪ Emotional - such as the relationship between the carer and

	<p>most common form of child abuse. Graded Care Profile 2 (GCP2) is a NSPCC validated tool that helps professionals measure the quality of care being given to children and where there are concerns that they might be being neglected.</p>	<p>child.</p> <ul style="list-style-type: none"> ▪ Developmental - such as if a child is encouraged to learn and if they are praised for doing something good. <p>In the comments section of the GCP2 you will need to provide a rationale for the scores and how conclusions have been reached (be it through discussion, observation etc). Good practice suggests that a GCP2 should be completed with the parent/carer, child and involve multi agency contributions. The GCP2 can be found under “forms” in the EHAT system and must be completed within 30 days of start date.</p> <p>All GCP2s completed will need to be reviewed within the agreed timescales.⁵</p>
	<p>Pre-Birth Assessment (Early Help)</p> <p>If there is a need for co-ordinated multi-agency support in order to promote the welfare and meet the additional needs of an unborn child an Early Help Pre-birth assessment should be completed.</p> <p>Research and experience indicate that very young babies are extremely vulnerable, and that work carried out in the antenatal period to assess risk and to plan intervention will help to minimise emerging concerns.</p> <p>Antenatal assessment is a valuable opportunity to develop a proactive multi-agency approach to families where there is an identified risk of harm. Working Together (2018) specifically identifies the needs of the unborn child.</p>	<p>Pre-Birth Assessment (Early Help)</p> <p>Pre-Birth Assessment at Level 2 on the DON can be completed by any partner agency. The Pre-Birth Assessment at Level 2 should include the family and all involved professionals. The assessment should provide a clear understanding of how a parent/ carer will be able to meet their child’s needs and what supports they will need in place to do this.</p> <p>Timescales for completing a pre-birth within the Early Help Assessment will extend from 30 days to 45 days.</p> <p>Either during the course of the EHAT assessment, or at its conclusion it may be evident that the parent/carer is not able to meet their child’s needs at Level 2 on the DON, even with support. A referral to Children’s Social Care for a Pre-Birth Assessment must always be completed if there is a reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth.</p> <p>The Pan Merseyside Pre-Birth Protocol provides further guidance.⁶</p>

⁵ [GCP2](#)

⁶ https://sthelenscb.proceduresonline.com/files/pan_mersey_pre_birth.pdf

Obtaining the child or young person's views

	Standard	Criteria
4	<p>When initiating early help support, it is important that children and young people are supported to understand what is happening and their views should influence the assessment and plan. The relationship between the people helping them to do this is a crucial element. It should be someone the child trusts.</p>	<p>Practitioners should ensure every effort is made to understand the child or young persons lived experience. Use of direct work tools, standardised measuring tools, observation skills and drawing on what has worked well before, will support practitioners to gather the child or young person's wishes and feelings.</p> <p>For example, it could be in the form of:</p> <ul style="list-style-type: none"> ▪ Observing the child in their home, nursery or school environment. ▪ Use of standardised measuring tools such as Ages and Stages or Strengths and Difficulties Questionnaires. ▪ Drawings- whilst talking to children, get them to draw a picture of what you are talking about. ▪ It would be important to note down the discussion that accompanied the drawing. ▪ Stories - use a blank story board to help the child tell sections of their story. ▪ Written views - use blank speech or thought bubbles or a story template. ▪ Use of symbols/PECS/Makaton/Widgets. ▪ Use of toys to represent family members, use play ▪ Worksheets on thoughts and feelings. ▪ Play games, be childlike and age/ability appropriate. <p>Importantly, check over what you have heard from the child, with the child.</p> <p>There are several tools to help capture the voice of the child these are included appendices.</p> <p>The frequency of contact with a child/young person by the Lead Professional should be a minimum of 28 days (4 weeks). The child/young person should be spoken to alone in an environment they feel safe in. This could be at home or in school.</p>

Family Action Meeting and Review

	Standard	Criteria
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<p>5</p>	<p>Family Action Meeting and Review</p> <p>A Family Action Meeting should be convened when the outcome of an Early Help Assessment requires multi-agency intervention.</p> <p>A Family Action Meeting is a meeting between the child, young person, their family, the family's support network and practitioners who are working with the family. The purpose of the meeting is to share information and create a solution focused plan that will support the needs of the child and their family. The meeting provides an opportunity to consider how appropriate, effective, and timely the plan is progressing. The focus of the meeting is to build on the strengths identified in the Early Help Assessment whilst addressing the current worries.</p> <p>The Family Action Meeting is an opportunity for families to work together with professionals to gain confidence and skills to develop their family/friend networks to ensure future support is effective and sustainable.</p>	<p>Family Action Meeting and Review</p> <p>The lead professional will convene and chair the Family Action Meeting, they will also be responsible for ensuring the Family Action Plan agreed at the meeting is circulated to family and professionals in accordance with timescales.</p> <p>A meeting attendee should identified to take notes, which will formulate the Family Action Plan. Its best practice that the note taker should not be the chair of the meeting, but instead another meeting attendee.</p> <p>Parents and children should be prepared and supported in the meeting. They should be supported to understand the meeting process and the roles of each practitioner attending, they should be asked who they would like to attend the meeting. It is essential the voice of the child is captured during the meeting or have their wishes and feelings represented if they do not wish to attend or are too young to attend. There are a number of tools to help capture the voice of the child these are included in the appendices.</p> <p>All professionals invited to the Family Action Meeting are required to complete a report for invited professionals for a Family Action Meeting. If unable to attend, a representative should be identified to attend the meeting with the completed report. If this is not possible, the report should be forwarded with apologies to the chair of the meeting to share with those present at the meeting.</p> <p>A date for the next review, time and place should be agreed at the meeting to ensure the plan does not drift.</p> <p>At each review, impact, and progress against the action points of the Family Action Plan will be monitored in terms of the outcomes achieved. The meeting will agree any modifications needed to the plan and will set the date for the next review meeting. The meeting may also consider the change of the Lead Professional if appropriate.</p> <p>During the meeting, meeting attendees should consider the Level of Need, utilising St Helens Description of Need. Where the needs are identified as continuing to be Level 2, the Family Action Plan should continue.</p>
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		<p>Where needs are assessed as having escalated beyond Level 2, a referral should be made to Children’s Social Care, via the Contact Centre. Discussions with the family should take place and with consent, a referral will be completed to Social Care. The service request form should be used and sent via Contact Cares detailing the concerns and reasons for the decision.</p> <p>A decision to convene a Family Action Meeting should be clearly recorded on the child/young person’s EHAT episode. The Family Action Meeting will take place within 15 working days of the date this decision was made. Any exceptions to this should be clearly recorded on the child’s EHAT episode.</p> <p>See appendices Chairing Meetings Checklist.</p> <p>Family Action Plan</p> <p>There should be a clear link between the assessment information gathered and the plan. The plan should be SMART – specific, measurable, agreed, realistic and within timescales. It should clearly state who is going to do what and when, including things the family can do to help themselves.</p> <p>The plan will include:</p> <ul style="list-style-type: none"> • Worry statements and wellbeing goals • Bottom lines and contingency plan • Scaling Questions <p>When the review concludes that:</p> <ul style="list-style-type: none"> • the outcomes specified in the Plan have been achieved • the Family Action Plan is no longer required <p>The EHAT closure checklist should be completed and the EHAT record closed.</p> <p>The Family Action Plan should be circulated to all parties who do not have access to the EHAT system within 10 working days of the Family Action Meeting.</p> <p>The Family Action Plan should be reviewed within one month of the initial Family Action Meeting and thereafter a maximum of three months.</p> <p>Any modified Family Action Plan generated from a Family Action Review Meeting should be circulated to those unable to access the electronic EHAT system within 15 days of the Meeting.</p>
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		<p>Chairing Meetings</p> <p>The role of the Chair Person is to ensure that there is a well-coordinated plan with agreed actions. It is important that this practitioner has a good relationship with the child and their family and is best placed to support them in taking the lead and implementing and coordinating the plan. The Lead Professional may not always be the most appropriate person to chair a Family Action Meeting. The meeting can be chaired by any member of the reviewing group if they feel comfortable and able to do so, or the lead may request support from an experienced colleague or manager.</p> <p>The Chair should:</p> <ul style="list-style-type: none"> ▪ Facilitate the exchange of information and the inclusion of all those attending the meeting ▪ Facilitate the participation of parents, carers, children and young people, whether or not they attend, ensuring their views are obtained again as may differ over time. ▪ Ensure the meeting follows the agenda and that the meeting keeps to time. ▪ Help members to interpret the information and focus on the relevant issues. ▪ Manage any conflict and facilitate discussion of opposing views. ▪ Encourage clear, jargon-free communication and challenge the evidential base of any judgements given. ▪ Summarise regularly to ensure all involved are aware of what is happening. <p>The Chair should have an understanding of Think Family Procedures, knowledge of the Safeguarding Procedures and St Helens Descriptions of Need</p> <hr/> <p>Meeting Agenda</p> <p>Introductions</p> <ul style="list-style-type: none"> ▪ Ask people to state their name, agency, and their involvement with the family. Remember that family members may not be used to
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		<p>introducing themselves and you may have to help with this.</p> <ul style="list-style-type: none"> ▪ Clarify the purpose and intent of the meeting. ▪ Check family details – involve family members in this (dates of birth or names may be wrongly recorded on files). <p>Helpful statements to make when chairing a meeting</p> <ul style="list-style-type: none"> ▪ Confidentiality: ‘Parents and young people have given their permission for information about them to be shared at this meeting, for the purpose of ensuring that their children’s needs are met. Participants should remember that this information should not be shared outside of this meeting unless there are concerns about the safety of a child, or to support access to service provision on the family’s behalf.’ ▪ Organisation: ‘Everyone will have the opportunity to speak at the meeting and it is my role as Chair to ensure this happens. To do this, I will ask everyone in turn for their comments, including parents and young people. To make sure everyone is heard, I ask that everyone listens to others and that all remarks are addressed to me. ‘ <p>Do not allow personal criticism. This is less likely if all information is communicated through the Chair. Clarify the role of any advocate who is attending the meeting.</p> <hr/> <p>Information-Sharing</p> <ul style="list-style-type: none"> ▪ Professionals should be asked to summarise their reports or information, starting with the professional who has completed the Early Help Assessment. Ask them to explain technical terms or jargon so that everyone fully understands. ▪ Check parent’s view of information given by professionals after each contribution. Parents find it easier to contribute to meetings if the Chair keeps eye contact with them, establishes some rapport by meeting them before the meeting and keeps them involved in the process. It helps to
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		<p>ask open-ended questions such as “What is your view on.....?” “How do you feel about that?”</p> <ul style="list-style-type: none"> ▪ Take information about each child/adult separately – the issues may be different. <hr/> <p>Summary</p> <ul style="list-style-type: none"> ▪ Summarise information, pointing out strengths and areas of concern, and identify what it is essential to address and what would be desirable. Use the Signs of Safety format – What is working well? What are we worried about? What needs to happen? ▪ Clarify that the agreed level of concern is appropriate, given the information shared. If necessary, recommend a referral is made to Social Care. ▪ Agree the most appropriate agency to assume the Lead Professional role. ▪ Summarise the discussion by formulating recommendations which will need to be implemented within identified timescales and transferred following the meeting to a Family Action Plan on the electronic EHAT and shared with the family/agencies who do not access the EHAT within 10 days of the initial meeting. <hr/> <p>Meeting recommendations</p> <ul style="list-style-type: none"> ▪ Facilitate the construction of a realistic plan bringing together the needs and the available resources. ▪ Check with parents what help is acceptable – there is no point identifying services parents will not accept but be clear if a refusal to accept services means additional risk to the child. ▪ Remember to include and engage the children/young people right until the end of the process. ▪ Include services that are available in the plan and who is to provide them ▪ Identify and report the need for unavailable services where they affect the plan. ▪ A review date should be set one month after the initial meeting and thereafter a maximum of three-monthly, dependent on the family’s
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		<p>circumstances. Time and venue must be confirmed.</p> <ul style="list-style-type: none"> ▪ Identify who will be involved in the review meeting. ▪ Agreement should be reached regarding a change of Lead Professional, if appropriate. ▪ Any professional disagreement in this regard should be discussed outside the meeting and reference should be made to the Lead Professional criteria. If agreement cannot be reached, the Lead Professional should consult with their manager and, if necessary, refer to Multi-agency Resolution Policy Resolution Guidance
		<p>Attendance</p> <p>Representatives from all agencies who have contact with the unborn/child/young person will be invited to the meetings if appropriate, along with any other agency working directly with the family or who may be able to offer a service to the family.</p> <p>Parents/carers and young people of sufficient age and understanding should be encouraged to attend with the support from the most appropriate agency and be engaged in the Think Family process by the agency convening the meeting who will discuss the issues with them, provide written information and prepare the family for the meeting. Where the family cannot attend the meeting, consent should be sought for the meeting to go ahead in their absence. The family will receive the minutes of the meeting, plan and face-to-face feedback.</p> <p>Consideration should be given to the timing of the meeting to facilitate the attendance of family members. Childcare facilities need to be considered where necessary.</p> <p>Venue</p> <p>Ideally, the venue should be familiar to the family and able to provide comfortable, family-friendly surroundings.</p> <p>Consideration should be given to the accessibility of the venue for all those family members invited to attend.</p>
		<p>Advocates and Family Networks</p> <p>A positive partnership between parents and agencies is a fundamental principle underpinning</p>

		<p>the successful promotion of children’s welfare and the protection of children. However, parents or carers may need independent support, information and advice to be able to participate fully from an informed position, particularly where there is a divergence of views. Children and families will be treated equally and without discrimination. This is regardless of the individuals ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in their being discriminated against. This includes equal access to services.</p> <p>Accommodation should be made in meetings for parents/carers and children to be accompanied by an advocate if they choose to have this support or need independent support because of their vulnerability or having additional needs. An advocate can be a family member, friend, volunteer or a professional.</p> <p>The goal of advocacy in the child in need process is:</p> <ul style="list-style-type: none"> ▪ To empower parents and children to participate in the process from an informed position. ▪ To promote good communication between parents, children and professionals.
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Agreed partnership standards for virtual and hybrid meetings.		
	Standard	Criteria
6	Multi-Agency Standards For Online Meetings (Microsoft Teams / Zoom / Mitel MiCollab)	<ul style="list-style-type: none"> • Participants of virtual/hybrid meetings should ensure all meeting attendees are given opportunity to contribute to the meeting, whether they are in the meeting in person/or virtually. • Engagement in a virtual/or hybrid meeting will require the same high standards as if you were attending in person. • All participants should keep their camera’s on unless connectivity issues arise. • Microphones will be muted unless you are speaking. • The raise hand function should be used if you have a question or additional relevant information for the meeting. • Virtual attendance at a meeting should be facilitated in an area where you will not be disturbed. • Meeting participants should not take calls during the meeting. • Engagement in the meeting should be the focus, as opposed to other activities.

		<ul style="list-style-type: none"> • Where you are in a room which is not fully sound proofed, headphones should be worn. • Where you are working from home you should use a corporate background or blur the background.
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Transitions		
	Standard	Criteria
7	Children and young people experience many transitions in their lives from birth, transition from nursery to school and school to college. Or transitions or moves could be from one primary school to another, as an example. Agencies should ensure that any identified support needs, continue to be supported, during periods of transition.	<ul style="list-style-type: none"> • When a child/young person and their family have been subject to a support plan or interventions to meet their needs they would have built up a trusting relationship with the lead agency who has been coordinating the support plan. • Therefore, when they transition to the next provision it is important that agencies (with consent) ensure that the plan is shared. • Transfer of information can take many forms for example transfer of the EHAT record, a joint meeting, the agency own assessment tool or direct observations of the child/or family. • This sharing of information will avoid any gaps in provision and ensure the child and family continue to make positive changes.

Case Transfer (authority/temporary accommodation/cross-border)		
	Standard	Criteria
8	When a family, who are in receipt of early help, moves to another Local Authority, reference should be made to the Northwest Children in Need Moving across Local Authority Boundaries Procedure.	<p>Consideration should be given as to the families support needs, when they have moved home/area. A plan should be drafted to meet these need, which may include referrals to the receiving authority/services to reflect the families support needs and strengths.</p> <p>Professionals are responsible for transferring their own agencies records to the respective agencies in the receiving authority.</p> <p>When/if a family transfers into alternative/temporary accommodation (moves house) locally, the Lead Professional or another agency involved with the family should ensure they have the updated household details (who lives at the new property). This should be updated on the EHAT record.</p> <p>If agencies have concerns in relation to adults who reside at the household then they should be</p>

		<p>enquiring with the family, the nature of the relationship and contact with the children/young person.</p> <p>Professionals working with the family should follow their own safeguarding procedures if concerns are raised. Any decisions should be recorded on the child's EHAT record.</p> <p>nw_proto_moving_la_boundaries.pdf (proceduresonline.com)</p>
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Disagreement/Challenge leading to Resolution

	Standard	Criteria
9	<p>There may be occasions whereby there is disagreement or challenge between services working with a family.</p> <p>A number of local and national reviews of incidents involving children and families have found that the policies and protocols that exist are not always appropriately used. This may be down to practitioner's confidence, knowledge or awareness of the use of the processes.</p> <p>However, not challenging or resolving disputes at an early stage can create drift or delay in services and support being offered to a family and may indeed cause the issues to escalate.</p> <p>Professional challenge should not be viewed as criticism, instead we should see this as an opportunity to reflect on our decision-making and procedures, to improve and strengthen practice moving forward.</p>	<ul style="list-style-type: none"> • Where there is disagreement practitioners need to be proactive in addressing the differences, considering solutions to the disagreement. These discussions should take place outside of the Family Action Meeting, to avoid detracting from planning for the child and/or family. • All services need to be aware of how to resolve these issues in the right time, in the right way with the right people. The multi-agency resolution process sets out how this should be done and it can be found here: Resolution Guidance • Professionals should feel confident to challenge drift and delay, as well as key decisions regarding safeguarding practices between agencies. <p>Using the procedures at the right time should assist with the following areas:</p> <ul style="list-style-type: none"> • Encouraging professional curiosity. • Avoiding professional disputes that put the child at risk or obscure the focus from the child. • Resolving any difficulties within and between agencies quickly and openly. • Identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures. • Resolution of the issues raised should be sought within the shortest possible timescale to ensure the child's safety and

		<p>best interests are safeguarded. However, if a child is thought to be at risk of immediate harm, professional judgement should be used as to which stage is initiated.</p> <ul style="list-style-type: none"> • Training on the use of the resolution processes can be accessed via the SCP website: Training booking⁷
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Resources available to support early help work

	Standard	Criteria
10	<p>Level 2 Panel St Helens Level 2 Panel has been developed to address the need for a more seamless route to services, for families assessed as in need at Level 2 on the St Helens Descriptions of Need. The aim of the panel is for key agencies to work together to determine what service/s would be most appropriate to meet the family’s needs and coordinate the timely referral and allocation of the required resources and service/s.</p>	<p>Level 2 Panel (L2 Panel) Practitioners offering early help support may make a request to L2 Panel, to seek advice and support to progress the Level 2 plan and/or to request further services to address the support needs identified. Consent should be given from the identified family prior to presentation at L2 Panel.</p> <p>As well as advice and support agencies can request direct family support for families they are working with, which is delivered by the named commissioned family support service Home Start via L2 Panel.</p> <p>The panel operates on a discussion basis, using the Signs of Wellbeing model. The agency making the request to panel will be given feedback with the outcomes, recommendation and actions agreed. The Partnership Coordinator will offer support and guidance to the lead agency, along with tracking the case to ensure there is a plan in place.</p> <p>Where services or resources are allocated via Level 2 Panel, the initial referral will be reviewed at Level 2 Panel after three months to ensure the plan is progressing and to assess the need for further support.</p> <p>The request form for Level 2 Panel can be located on the EHM system.</p>
	<p>PATCH funding From April 2022 PATCH funding will replace the Families First Funding. The referral form will be electronic on the EHAT system.</p>	<p>PATCH funding To apply for PATCH funding:</p> <ul style="list-style-type: none"> ▪ The family must have current and active Early Help Assessment and Plan ▪ The family must meet the Families First (Supporting Families) criteria

⁷ [Training link](#)

	<ul style="list-style-type: none"> ▪ When requesting funding it should be confirmed that there are no alternate sources of funding ▪ Funding will be considered on a case by case basis at Level 2 Panel or by the Partnership Team ▪ Impact of the intervention (funding) must be recorded on the Early Help System in case notes or family action meeting minutes.
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Advice and Support

Standard	Criteria
11	<p>Partnership Co-ordinators</p> <p>The Partnership Co-ordinators support partners throughout the entire early help process from the point of identification of worries, to the closure of the episode.</p> <p>Help, information, advice, support and training is provided for practitioners from Partnership Co-ordinators The range of support can include:</p> <ul style="list-style-type: none"> • Advice on individual cases, helping professionals talk through some of their concerns and worries with clear actions to help move the case forward • Up-to-date information on local services • Name and contact details of relevant partner organisations • Briefing sessions to staff in schools and other settings • Direct support to a practitioner in completing an Early Help Assessment for the first time with a family • Attendance at and modelling of the chairing of Family Action meetings • Multi-Agency Training to support partners to ensure they feel equipped with understanding, confidence, knowledge, skills and experience to provide the right Early Help to children, young people and their families • Workshops to offer support and assistance to initiate, progress or close records on the electronic EHAT system. <p>Safeguarding Children in Education Co-ordinator</p> <p>The Safeguarding Children in Education Coordinator is based in the Safeguarding Unit and is independent to Children’s Social Care.</p>

		<p>The role of the Safeguarding Children in Education Co-ordinator is to:</p> <ul style="list-style-type: none"> • Offer safeguarding advice and support to schools (via phone/email) regarding individual cases or whole school systems • To support schools with case mapping (Sign of Safety) to identify appropriate support plans for children/young people and families • To deliver safeguarding training for education staff • To support schools in working with partner agencies • To be an education representative within the Safeguarding Children Partnership <p>Systems Support</p> <p>The system support team are available to offer advice and guidance to users of the EHAT system, the team can be contacted on 01744 676007 or by email SystemSupportServiceDesk@sthelens.gov.uk.</p> <p>Monthly workshops are offered across the borough, the workshops are learner directed and are designed to offer support and assistance to initiate progress or close records on the electronic EHAT system. The workshops are attended by a member of the Systems Support team to offer technical advice and Partnership Coordinators to offer practice guidance.</p>
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Definition of Lead Professional

Children in Need of support:

Any relevant practitioner can be the Lead Professional for any child in need of support at Level 2. Where social care remains involved in ongoing assessment or commissioning of services, it will be appropriate for the social worker to assume the Lead Professional role (Duty Team Level 3). When the social worker is the Lead Professional during the assessment phase and the case is to remain open beyond the initial phase, the social worker will maintain the Lead Professional role (Assessment Team Level 3).

Child Protection Plan:

The named social worker is responsible for acting as the Lead Professional for the inter-agency work with any child subject to a Child Protection Plan.

Child Looked After:

Children who are Looked After will also have an Independent Reviewing Officer (IRO). The IRO will ensure that the needs of the child are being met and will hold the social worker/multi agency group to account where there are concerns identified.

Private Fostering:

The named social worker is the Lead Professional for those children who are privately fostered.

Care Leaver:

The personal adviser or the child's social worker is the Lead Professional. Once a young person reaches the age of 18 the Personal Adviser will take the lead role.

Children who are Adopted:

For children for whom adoption is the plan, the child's social worker is the Lead Professional.

Children with Special Education Needs/Disability: <https://www.sthelens.gov.uk/schools-education/sen-the-local-offer>

Early Years⁸: The guidance in the SEND Code of Practice ensures that all children's needs are identified at the earliest possible stage. This is a joint approach between Education, Health and Social care. In early years children's needs might be identified by a Health Visitor, Nursery setting, or hospital consultant. Typically, the Lead Professional would be the Health Visitor or Nursery. The Lead professional would follow the Graduated Approach and complete referrals for assessment and support to Early Help, Targeted or Specialist services depending on their age and levels of need. The STAR document is a useful tool to explore relevant services and supports the Lead Professional in making the timeliest referrals for support and assessment. If assessment and support is required at a specialist level and requiring a multi-disciplinary team approach a referral to the Bridge Centre is required, and they may become the Lead Professional. During this time SEND reviews / FAM's will be organised and chaired by the Bridge Centre.

School Age Children: In most cases if the child is in a full-time education then the school's SENCO is best placed to become the child's lead professional, however, there are circumstances where other professionals might take the role, such as school pastoral staff or School Nurse.

⁸ <https://www.sthelens.gov.uk/send/0-4-years-early-years/early-years-graduated-approach>

Children with Disabilities Team: Where a child has identified needs requiring support from the Children with Disabilities Team the social worker will be the Lead Professional if the child is open at Child in Need (CIN), Child Protection (CP) or is a Child We Look After.

Appendices

North West Children in Need Moving across Local Authority Boundaries Procedure
[nw_proto_moving_la_boundaries.pdf \(proceduresonline.com\)](#)

SOS

Voice of Child direct work tools.....hyper link needed

Centers for Disease Control and Prevention. Violence Prevention. Adverse Childhood
<https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html?>

[Hyperlink to safeguarding website](#)

[Merit and MARAC](#)

<https://www.sthelens.gov.uk/send/0-4-years-early-years/early-years-graduated-approach>

[Training link](#)

GCP2 Tools: [GCP2](#)

Pan Mersey Pre-Birth: https://sthelensscb.proceduresonline.com/files/pan_mersey_pre_birth.pdf

Assessment Guidance

Descriptions of Need: <http://moderngov.sthelens.gov.uk/documents/s92970/Appendix%201.pdf>

Working Together: [Working Together 2018](#)

Multi-Agency Early Help Strategy:

https://sthelensscb.proceduresonline.com/files/early_help_ch_yp_fam.pdf

Key terminology

Terminology	Definition
Criteria	A way to demonstrate compliance with the standard
CIN	Child in Need
CSC	Children's Social Care
DON	St Helens Descriptions of Need
EHM	Early Help Module (the electronic system for recording Early Help)
EHAT	Early Help Assessment (EHAT)
FAM	Family Action Meeting
GCP2	Grade Care Profile 2
SMART	Specific, Measurable, Achievable, Relevant and Time-based goals
S of S	Signs of Safety (see S of S glossary link below for full list of S of S terminology) Signs of Wellbeing for Early Help
ICS	Integrated Care System (Children's Social Care recording system)