Early Help
Practice Handbook

Multi-agency procedures for practitioners

This handbook is a ‘live’ document and will be amended as practice develops; therefore practitioners are reminded to refer to http://www.dscb.co.uk/early-help for the current version.

For Information, Advice and Guidance on Early Help contact
01302 734110
EarlyHelpHub@doncaster.gov.uk
Or
Early Help Coordinators 01302 736250
EarlyHelpCoordinator@doncaster.gov.uk

Note
If at any stage through early help you have any concerns that a child or young person is at risk of harm, you must follow your agency’s safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service through the online form to the One Front Door:

Telephone: 01302 737777 (available 8:30am – 5pm Monday to Friday)
Telephone: 01302 796000 (outside office hours)
Web Form: https://www.doncasterchildrenstrust.co.uk/worried-about-a-child
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Introduction

What is Early Help?

Early Help is a way of thinking and working together as services with families that have additional or more complex needs.

Early help can prevent problems from getting worse by providing support to families when a need is identified or as soon as a problem emerges. This can be at any point in a child’s life, from conception, through childhood and into adolescence. It can also prevent further problems arising by building resilience with families to find their own solutions in the future.

It should not be seen as a specific service, but any service, and crucially how services work collectively through tailored support packages for specific needs in individual families. Any service should therefore be seen as early help as it is the quality of the response to family’s needs rather than a specific service.

Who is responsible for delivering it?

The Children and Families Executive Board has defined Early Help as the job of all public, private, voluntary and community services as well as citizens in Doncaster by taking a whole family approach and intervening in a coordinated way.

The ‘Early Help offer’ is simply that a family can expect to have their needs identified and responded to with them through the support of any practitioner known to them and they trust to promote the wellbeing of their children.

This can be from any service who work with children, young people or adults, as well as services in the community.

Therefore all services and all practitioners including specialist services are responsible for delivering early help. Early help is based on needs of families not service thresholds. For example attendance support in schools, mental health services, substance misuse support etc. working with universal services, such as GP’s, Teachers or Health Visitors.

Critical features of effective early help

- Early identification and addressing of need. Child centred, focused on strengths as well as needs
- Voluntary, consent-based process with the family, empowering them to develop the capacity to resolve their own problems
- Simple, streamlined enquiry and assessment process
- Relationship with a trusted lead practitioner who can engage with the child and their family, and coordinate support
• Access for the family to a multi-disciplinary approach through a team around the child/family (TAC/F).
• Single Agency support through Single Agency Plan.

TAC/F is a shared assessment and planning framework which is in use by a variety of agencies across the borough and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and promote a co-ordinated multi agency response to meet these.

**If you identify a child with additional support needs**, as per the continuum of need and the threshold guidance referenced below, and your service is not able to meet those needs, **you must follow the early help pathway.**

**Continuum of need**

The diagram overleaf demonstrates the continuum of needs for children and families. This is the whole continuum of need from universal to statutory intervention.

Universal means a need that all children have, such as education, stimulation and play; or access to healthcare through their GP and universal Health Visiting. Children at the Universal level of need do not require additional support or services.

Level 2 Universal Plus means that a child has additional support needs but these could be met through one agency delivering more than their Universal offer.

Level 3 Partnership means that a child has additional support needs that can’t be met by one agency alone. Several agencies may be involved and family, children, Parents/Carers and professionals need to work together in a co-ordinated way to meet these needs.

Level 4 Safeguarding means that a child needs access to specialist statutory Social Care services.

Early Help should be undertaken to support children with additional support needs at Level 2 and 3 as shown in the centre two portions of the diagram.

More details of what constitutes ‘additional support needs’ can be found in Doncaster’s threshold document, which can be downloaded from this page of the DSCB website: [http://www.dscb.co.uk/early-help](http://www.dscb.co.uk/early-help)
Early identification of need

The Early Help process has been designed to help practitioners explore children and their family’s needs at an early stage; and then work with the child, their family and with other practitioners and agencies to meet these needs. More information about Early Help is available within the Working Together 2015; this is Government guidance that sets out clear what is expected from all professionals and organisations. Working Together 2015 can be accessed through the following link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

Doncaster Early Help Strategy sets out how organisations in Doncaster will work together to meet the needs of Children and their Families, it is available through Doncaster Safeguarding Children’s Board website at: http://www.dscb.co.uk/early-help

Early Help is identified in the two central sections of the Continuum of Need overleaf, the lower section is named Level 2 Universal Plus and the upper section is named Level 3 Partnership.

Level 2 Universal Plus means additional support needs have been identified; these can be met by one agency and does not require multi agency working. An Early Help Assessment and Team around the Child/Family meetings are
not required; however it is important the specific need is identified and a single agency plan is created and managed by the Lead Practitioner to ensure this need is addressed in a timely way.

Level 3 Partnership means that a multi-agency response is required to explore the family’s needs through Early Help Assessment and coordinated by the Lead Practitioner to meet these needs through a Family Action Plan.

Examples of when to consider Early Help

- The child’s needs are unclear, or broader than your service can address alone.
- A significant change or worrying feature in a child’s appearance, demeanour, behaviour or health has been observed.
- A significant event in a child’s life has occurred, or where there are worries about the parents or home.
- Where a child, parent or another practitioner has raised a concern or requested an assessment.
- Parental elements e.g. substance misuse, domestic violence, physical or mental health issues or criminality.
- Missing developmental milestones or making slower progress than expected in their learning.
- Health concerns including disability, physical or mental ill health, regularly missing medical appointments or a sudden change in the child’s health.
- Child presenting challenging or aggressive behaviours, misusing substances or committing offences.
- Undertaking caring responsibilities.
- Bereaved or experiencing family breakdown.
- Bullied or are bullies themselves.
- Disadvantage for reasons such as race, gender, sexuality, religious belief or disability.
- Homeless or being threatened with eviction and those living in temporary accommodation.
- Becoming a teenage mother / father or is the child of teenage parents.
- Not being ready to make the transition to post-16 services.
- Persistent absence from school or risk of permanent exclusion.

Purpose of this document

This document has been produced to guide front line practitioners and their managers in using Early Help to support children and families.

This handbook must be used in conjunction with the LSCB threshold guidance, which can be downloaded from this page of the LSCB website http://www.dscb.co.uk/early-help.
Early Help documents

This handbook provides guidance to support the completion of all documents relating to individual families and the recording of information, whether this is done directly onto the electronic Early Help Module (EHM) system when access is available, or when documents are used in paper version.

It is no longer acceptable for paper version of Early Help forms to be used. All Early Help should be recorded on the Early Help Module (EHM), an electronic case recording system that enables the ‘child’s journey’ and case progression to be recorded and accessible to all practitioners involved. This ensures good interagency communication.

If you require further information, help or support refer to page 10 of this handbook. All forms you will need while working with families are in the appendix of this document.

Note: You will notice some slight variations between the paper versions of forms and those that appear on EHM. This is because the electronic versions automatically pull through some data and we have removed these from the paper versions to reduce any duplication of work for you.

Abbreviations and terminology

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAF</td>
<td>common assessment framework (now superseded by the EHA)</td>
</tr>
<tr>
<td>Child</td>
<td>refers to children and young people</td>
</tr>
<tr>
<td>CSC</td>
<td>Children’s Social Care</td>
</tr>
<tr>
<td>EHA</td>
<td>early help assessment (which has now replaced the CAF)</td>
</tr>
<tr>
<td>EHCP</td>
<td>education health and care plan</td>
</tr>
<tr>
<td>EHM</td>
<td>Early Help Module</td>
</tr>
<tr>
<td>FAP/EHP</td>
<td>Family Action Plan/Early Help Plan</td>
</tr>
<tr>
<td>IAG</td>
<td>information, advice and guidance</td>
</tr>
<tr>
<td>LP</td>
<td>lead practitioner</td>
</tr>
<tr>
<td>LSCB</td>
<td>Local Safeguarding Children Board</td>
</tr>
<tr>
<td>Parents</td>
<td>refers to parents, carers and others with parental responsibility</td>
</tr>
<tr>
<td>R&amp;R</td>
<td>CSC Referral and Response service</td>
</tr>
<tr>
<td>SW</td>
<td>social worker</td>
</tr>
<tr>
<td>SOS</td>
<td>Signs of Safety</td>
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<tr>
<td>TAC</td>
<td>team around the child</td>
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<tr>
<td>TAF</td>
<td>team around the family</td>
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Process of transferring a paper CAF/EHA to an e-Early Help Assessment

If you are currently a Lead Practitioner for a child and you are using a completely paper based system, this child needs to be transferred onto the Early Help Module system (EHM). To access the case you will need to have access to EHM. If you currently do not have access you must undertake EHM training, information on page 14, bookable on www.engagedoncaster.co.uk

1. Make an online Early Help enquiry also sending the consent form by email.
2. Early Help enquiry staff will screen your enquiry for any further information and provide you with any information, advice and guidance you may require
3. Early Help enquiry staff will create a **contact** on the EHM and open an **episode**
4. They will then inform you of the new episode and you can now use the EHM rather than paper process for the child
5. If you require support in uploading paper documents to the EHM then contact an Early Help Coordinator for support.
Early Help Pathway in Doncaster

Early Help Process Flowchart

Professional worried about child / unmet need

**NOT safeguarding**

Call Early Help Hub for professional consultation – IAG if required

Complete online form to the ‘One Front Door’
Complete on line form and consent (CON2_FORM) form with family (online form submits automatically, **Consent Form to be sent the same day**)

EH Enquiry staff triage, screen and respond with outcome within 72 hours

See separate Early Help enquiry screening process diagram

Referrer informed of outcome of enquiry

<table>
<thead>
<tr>
<th>CAF / EHA or SW already in place – join existing pathway</th>
<th>Single agency response for specific piece of work</th>
<th>Progress to EHA / multi-agency response</th>
<th>No further action / Info and advice</th>
<th>Escalated to Referral and Response service</th>
</tr>
</thead>
</table>

Lead Professional identified and informed

LP accesses single agency pathway and completes identified piece of work

LP accesses pathway for child on EHM and, building on information and analysis provided by Hub. Completes EHA (EHA3_FORM) and Stronger Families

LP convenes TAC/F with appropriate professionals and family to develop co-ordinated plan, recorded on family action plan (FAC6_FORM)

TAC/F review minimum every 6 weeks to review plan

Closure and impact assessment – needs met or escalation (CL07_FORM)

Updated September 2017

Early Help Coordinator support available through these stages
Early Help Enquiry Screening Process

Online form / and emailed Consent

Online referral delivered to inbox and Referrer emails consent form - auto-response sent

Initial screening decision made within 24 hours

Screening Completed
Full screening including, but not limited to:
- Full systems check, social care and early help history
- Anti-social behaviour
- School information
- Contact with professionals, child and family
- Analysis of information

Authorisation of outcome and decision made in 48

- EHA or SW already in place - join
- Single agency response for specific piece of work
- Progress to EHA / multi-agency response
- No further action
- Escalate to R&R
Early Help infrastructure support

One Front door

Early Help Enquiry ‘One Front Door’

The Early Help enquiry through the One Front Door (EHOFD) has been established to improve communication, information sharing; and to support more effective delivery of services where there is a need for multi-agency response.

The EHOFD is a multi-disciplinary team with two main functions:

1. Providing information, advice and guidance to professionals who have queries about children who made need a coordinated early help response.
2. Screening all early help enquiries forms to ensure an appropriate level of response for the child and family.

The team is available from 8.30am to 5.00pm, Monday to Friday, and telephone messages will be responded to within one working day.

IAG Telephone: 01302 734110
Email:早helpub@doncaster.gov.uk Or Earlyhelphub@gcsx.gov.uk
If you believe that an early help assessment (EHA) or single agency support is needed, contact the EHOGFD to discuss your concerns. After discussing your concerns, if it is agreed this is a case for early help, you will be asked to complete an online enquiry form and email a consent form which you have with the family.

The EHOFD will assess the case and inform you of the action required. This could be:

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

The EHOFD does not replace the existing ‘front door’ arrangements for children’s social care in Doncaster. If at any stage you have any concerns that a child is at risk of harm you must follow your agency’s safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:

Telephone: 01302 737777 (available 8:30am – 5pm Monday to Friday)
Telephone: 01302 796000 (outside office hours)
During this telephone call you will be asked to follow up by completing an online referral form the same day.

https://www.doncasterchildrenstrust.co.uk/worried-about-a-child

**Locality based Early Help Coordinators**

Each locality has two or more Early Help Coordinators, who champion Early Help. Their main function is to champion Early Help and to improve confidence and skills of staff across agencies and services to embed the Early Help arrangements through quality local delivery. They can support you with:

- Supporting professionals taking on the role of lead practitioner
- Supporting professionals undertaking an Early Help Assessment
- Supporting professionals with arranging a TAC/F
- Support with any EHM issues.

**Early Help Coordinator Duty phone and email lines:**
Telephone: 01302 736250 Email: earlyhelpcoordinator@doncaster.gov.uk

Lead practitioner support sessions take place across the four areas weekly in a range of venues. To book on, please contact your Early Help Coordinator on the above numbers.
Early Help online system: Early Help Module (EHM)

All Early Help support will be captured and coordinated through the online case management system, known as Early Help Module or EHM.

If you need access to EHM and/or training to use the system, contact the eSystems team.

Telephone: 01302 737688
Email: esystems.cyps@dcstrust.co.uk

How to guides

Consent

The Early Help Assessment and TAC/F is a voluntary process and consent from the child and family is required before the information is shared outside your agency.

Consent to share information must be discussed with and signed consent gained from the family before submitting an Early Help enquiry. Once signed consent has been gained the online form can be completed and the consent form emailed to earlyhelphub@doncaster.gov.uk.

Written consent should be gained from families to contact their GP to gather information during the Early Help Assessment process (see page 23).

Stronger Families - How is a family a Stronger Family?

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

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

Possible additional resources available for Stronger Families

Stronger Families checklists are embedded with Early help Assessment; Early Help Plan; and Single Agency forms on the Early Help Module (EHM). It is important to identify if a child or family member meet two or more of the Stronger Family strands as they will become eligible for extra resources and help for example:
Workers can access the innovation pot held by each Communities Area Manager: these are small amounts of funds to help overcome barriers and issues that families experience.

Stronger Families funds some additional EWO posts to provide more intensive support to families around school attendance.

Stronger Families joint funds the Moving On Together for families experiencing issues around alcohol and substance misuse.

Workers can seek extra capacity if appropriate from Communities’ Services officers in supporting families as part of the whole family action plan.

Access to family passes for DCLT leisure services across the borough.

Specialist DWP employment advisors to help families explore options for getting into work or on to a support programme towards work.

Stronger Families is coordinated in localities by the Communities Area Teams. To let them know about a family who you think are eligible after you have checked the criteria, please send their details and yours to StrongerFamiliesProgramme@doncaster.gcsx.gov.uk and someone will get back to you on the details you provide to discuss the family with you.

Universal Local Offer for SEND:

Doncaster’s local offer provides information for children and young people with special educational needs (SEND) and their parents or carers in a single place. Including leisure activities and transport support.

http://www.doncasterchildrenandfamilies.info/thelocaloffer.html

Together Information Exchange

All children with disabilities, including special educational needs are able to access the universal short breaks offer, they do not need a lead practitioner or early help assessment to do so. However Lead Practitioners should support families to access the universal short breaks offer as part of their family plan.

To access the universal short breaks offer families must be registered with the Together Information Exchange (TIE). Doncaster's voluntary register of children and young people with a disability. The register is administrated by the short breaks team, which enables them to support families to access the local offer including holiday activities.

TIE members receive:

- Access to the afterschool and weekend clubs funded by the short breaks service
- The holiday activity timetable run by the short breaks service which disabled children can book onto during the school holidays
- A free TIE membership card to receive discounts at various places including Yorkshire Wildlife Park, The Dome Leisure Centre, Vue Cinema and much more
• Regular information either through the post or via email alerts on events and holiday activities taking place

The TIE registration form is on EHM and ICS for practitioners to complete on behalf of families.

Families can also apply directly themselves:

Application forms to join TIE are available from the Short Breaks team by –

• Calling us on - 01302 862332 to request one
• Emailing us at – aiminghighbusinessunit@doncaster.gov.uk
• Message us through our facebook page - www.facebook.com/Together-Information-Exchange

Targeted Support for SEND

Targeted support can be:

1. Daytime care in the homes of disabled children or elsewhere.
2. Overnight care in the homes of disabled children or elsewhere
3. Educational or leisure activities for disabled children outside their homes.
4. Services available to assist carers in the evenings, at weekends and during the school holidays.

Eligibility:

• The child or young person will have special educational needs and/or disability regardless of whether the child is at SEN Support managed by the setting or has a Statement of SEN or an Education Health Care Plan issued by the Local Authority
• Children and young people whose need cannot be met by universal provision
• Family are in receipt of disability living allowance
• Needs of the whole family assessed by their named Lead Practitioner using the early help assessment (EHA) or social care child and family assessment
• The EHA of C&F identifies that the child or young person has high support needs and taking into account family context targeted short breaks are necessary to meet their needs.

Access:

Prior to a referral to Short Breaks, you may want one of the team to attend your Team Around the Family to discuss options.

• Lead Practitioner can refer the child or young person to short breaks via the EHM system.
• In the first instance the child’s paperwork will be reviewed and if considered to be an appropriate referral then the short breaks team will undertake a Resource Allocation System (RAS) to assess levels of need within the household and potential funding required to meet this need.

• Where the EHA has indicated a range of family needs, including the need for a short break the family should continue to receive an early help service as described in the early help handbook. When the families wider needs are meet:

  ➢ If the child continues to require multi agency support to meet their needs this should continue an EHA or C&F however reviews can move from 6 weekly to yearly in line with their EHCP.
  ➢ Where the family’s needs are met and significantly reduced by the delivery of a short breaks service the pathway should be ‘stepped down’ from a C&F to EHA and EHA to a single agency response, with a named lead practitioner and the short breaks package is reviewed at the child’s SEN/EHCP review. It is expected at single agency the lead practitioner will be the SENCo or health visitor.

Please note the Short Breaks team will be happy to discuss any child’s needs with you as Lead Practitioner and attend Team Around the Family meetings.

Contact:

• Calling us on - 01302 862332 to request one
• Emailing us at - aiminghighbusinessunit@doncaster.gov.uk

Using Tools to explore the Child and Family Needs:

The Signs Of Safety approach and Outcome Star tools are embedded with the Early Help Assessment; Early Help Plan; and Single Agency forms on the Early Help Module (EHM). The Young Carers toolkit is embedded in the Early Help Assessment to be accessed when this applies to the family situation. The Neglect toolkit gives practitioners a structure for understanding the extent and impact of Neglect experienced by a child so they can make informed decisions about the Threshold of Need to ensure these needs are managed by the appropriate service (see page 20).

Signs of Safety:

Signs of Safety is a strengths based; solution focused; and safety-organised approach to working with children and their families. It was developed in Australia in the 1980’s by Social Workers Australia by Andrew Turnell and Steve Edwards. The approach has spread world-wide and is now being embedded in Doncaster.
The approach is centred around building meaningful partnerships with the child, parents and colleagues; identifying the parent and child as the expert in the difficulty and solution. A key feature of the approach is the use of simple and jargon free language so everyone can clearly understand what is happening and what needs to happen.

Case Mapping identifies ‘What We Are Worried About’; ‘What Is Working Well’ and ‘What Needs to Happen Next’. The family situation is scored from 0 to 10; 0 being so worried the child can’t remain in the family home and 10 being everyone agrees things are so good the family don’t need any more help.

The use of Danger Statements helps the parent to fully understand what the worries are; why these things are worries; and what will happen if the situation doesn’t change for the better. Safety Goals help parents to understand what better will look like, so they know what changes they need to make and can plan how to achieve this. Parents develop their Safety Network of family and friends to help them make and sustain changes; and children know who their Safety People are so they can get help if they need this.

The approach uses practical tools to ensure the voice of the child is clearly heard; such as 3 Houses (House of Worries; House of Good Things and House of Dreams); and Fairy and Wizard. Words and Pictures is a tool used with parents to help them to tell the story of the family situation to their child through a few pictures; it helps parents to understand and accept the impact of the situation on their child and generates motivation for change.

Training to develop understanding of the Signs of Safety approach is booked through www.engagedoncaster.co.uk

**Outcome Star:**
The Outcomes Star is a unique tool for supporting and measuring change when working with families. The practitioner and family use the ‘Outcome Star’ tool together to explore and measure their level of functioning over a range of areas of need; these are the Early Help Assessment areas. These scores inform the Early Help Plan. The Outcome Star tool is embedded within the Early Hep Assessment and Plan; Team Around the Child/Family record; and Single Agency Planning and Monitoring. The ‘My Star’ captures the voice of the child by exploring their lived experiences; needs; and wishes. The Outcome Star is reviewed with family and child every three months this helps keep everyone focused on the changes needed; generates motivation and resilience; and enables the family and practitioner to track progress. The stars build over each other to map progress made. Outcome Star training is booked through www.engagedoncaster.co.uk
Young Carers Toolkit:
The Young Carers toolkit is embedded within the Early Help Assessment form; it can be accessed when it appears the children may be Young Carers. The tool is a child-friendly approach to exploring their unique family situation to help practitioners gain the child’s voice about what they enjoy and what upsets or worries them about being a Young Carer. This enables the practitioner to tailor bespoke support for the family.

Neglect Toolkit:
Neglect is defined as persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Triggers and symptoms of Neglect can be identified through Early Help; understanding and addressing the causes of Neglect can prevent cases deteriorating to the point where Social Care involvement is necessary.

The Neglect toolkit uses the Graded Care Profile to explore how well a child’s needs are met from ‘All Child’s Needs Met’ through to ‘Essential Needs Entirely Unmet’ over the four areas of Physical; Safety; Love; and Esteem Needs.

The Neglect toolkit enables practitioners to understand the extent and impact of Neglect experienced by a child; enabling them to make informed decisions about the Threshold of Need; and develop a plan to meet these needs. Any practitioner who knows the family and is concerned Neglect may be present can use the toolkit; parents should be aware of your concerns and have consented to the tool being used. If practitioners are not able to visit the family home they need to work in partnership with practitioners that can. Outcomes should be shared with the parent so they develop solutions to meet needs; and be recorded onto the Early Help Module as a document. If the tool demonstrates significant Neglect concerns it should accompany a referral into Children’s Social Care.

The Graded Care profile was adapted from the work of Dr Polnay and Dr Srivastava from Bedfordshire and Luton Community NHS Trust and is used nationally. Neglect training is booked through www.engagedoncaster.co.uk and the DSCB Neglect Strategy is available on the Doncaster Children’s Safeguarding Board website at http://www.dscb.co.uk/neglect. The Neglect Strategy and Tool kit are available on Doncaster Safeguarding Children Board at http://www.dscb.co.uk/neglect.
Developing a Single Agency Plan
Using the information gathered and analysed by Early Help enquiry staff during the screening process, complete the Single Agency Plan on the Early Help Module (EHM). This will identify ‘What we are Worried about?’; ‘What is Working Well?’; and ‘What Needs to Happen Next?’. Scale the current situation from 0-10 (0 being so poor we would be worried about the children remaining at home; and 10 being so good there is no need for any additional support) using information gained through the Outcome Star Family activities. The Single Agency Plan must be SMART (Specific, Measurable, Achievable, Realistic and Time-limited). Training is available in the Signs of Safety approach, Outcome Star; and Assessment and Plans, booking via www.engagedoncaster.co.uk

Completing an Early Help Assessment

The Early Help Assessment (EHA) form uses the assessment framework (page 25) from the previous Common Assessment it provides a clear structure to facilitate a meaningful assessment with the participation of the child and their parents.

High quality assessments are:

• Child and family centred
• Evidence based – founded on critical analysis of information gathered
• Outcomes focused
• Holistic in approach, looking at the strengths and needs of all family members
• Carried out in partnership with the family and other professionals working with them
• Clear about actions to be taken, by whom and by when, and how this will be reviewed with the family
• Undertaken with the consent of the child and their family.

If parents and/or the child do not consent to an Early Help Assessment, then the lead practitioner should make a judgement as to whether, without help, the needs of the child will escalate to a level likely to cause significant harm. If so, a referral to Children’s Social Care Referral and Response Service may be necessary.

When undertaking an Early Help Assessment (EHA) with a family, remember:

• Complete the EHA in discussion with the child and parents
• Use ‘user friendly’ language avoiding professional jargon and acronyms
• Focus on strengths as well as needs – if there is no problem in an area of the EHA, record what is going well
• Identify issues
• Agree actions with parents – one action may be to convene a TAC/F.
A good assessment conversation should:

- Build on effective engagement and communication
- Lead to a better understanding of strengths and needs, and what can be done to help
- Not be too formal or a big event
- Fully involve the child or young person and their family
- Cover relevant areas but look beyond the surface

A good Early Help Assessment should:

- Using an approach that is:
  - Empowering
  - Accessible
  - Developmental
  - Transparent

  Leading to:

  An assessment that is:
  - Focused on strengths as well as needs
    - Valid and accurate
  - Clear and uses appropriate language
    - Inclusive
    - Unbiased
    - Authentic
    - Professional
    - Solution focused
    - Practical
  - Evidence based, with opinion recorded as such
Framework for assessment

The assessment framework involves gathering and analysing information in three domains:

- Child development needs
- Parenting capacity
- The impact of the wider family and environmental factors on parenting capacity and children.

The assessment framework focuses on areas of strength and need. Whilst the headings in the EHA differ slightly from those illustrated below, all are covered in the assessment.
Notifying GPs where a child is the subject of an Early Help Assessment (EHA), Team around the Family (TAF)

GP services are a crucial partner to protective and early help services, as such the information they hold is vital to any assessment and care planning process. Following the Serious Case Review (SCR) for Child A it has been agreed by DSCB that all Lead Practitioners should adhere to this guidance:

An agreed process to ensure GPs are informed when children are supported by Child in Need or Early Help Assessment and Team around the Child/Family meetings. It is the responsibility of the Lead Practitioner or allocated social worker to:

- Gain written consent
- Send the letter to the GP informing them of your involvement
- Record the receipt from the GP in case records

There is a clear method by which the GPS will inform and feedback into the Child in Need or Early Help Assessment and Team around the Child/Family meetings. It is the responsibility of the Lead Practitioner or allocated social worker to:

- Contact the GP should they indicate they have information to share.
- Send invitations so GPs can contribute to any TAF/CIN meetings taking place.
- Send the GP a copy of the TAF/CIN minutes after every meeting.

The full procedures are available on DSCB website and by clicking: [http://www.dscb.co.uk/early-help](http://www.dscb.co.uk/early-help). A copy of the template GP letter is available in the appendices of this document (page 50) or on the DSCB website.
Taking on the role of the lead practitioner

The roles of a lead practitioner

During the screening process by Early Help enquiry staff, if there is a requirement for a Single Agency response or an EHA, a lead practitioner will be identified. This may be the professional who made the initial enquiry or another professional identified by the family / hub as the best person to take this role.

Level 2 Universal Plus - Single Agency Lead Practitioner will:
- Identify the families specific support needs using Signs of Safety approach
- Develop the Single Agency Plan on EHM
- Closure completion on EHM
- Step up via the online form to the ‘One Front Door’ to Level 3 Partnership as required.

Level 3 Partnership - Coordinated Approach Lead Practitioner will:
- Act as a single point of contact for the child and parents so the family are kept well informed and can discuss their progress and any concerns with one person that they can trust
- Undertake the Early Help Assessment and lead the subsequent process with the family
- Act as a single point of contact for other professionals to report back to
- Co-ordinate the delivery of actions agreed in the TAC/F and ensure that the package of support is regularly reviewed and monitored
- Reduce any overlap and inconsistency in the services received
- Support the child and family to ensure that a careful ‘handover’ takes place if it becomes more appropriate for someone else to be the lead practitioner.
- Ensure all Early Help is recorded on EHM.

Support available to you as a lead practitioner

Early Help Coordinators are available in each locality to support you through the process. Contact details can be found on page 27. The Role of The Lead Practitioner training is bookable through www.engagedoncaster.co.uk
Undertaking a Team around the Child / Family (TAC/F)

What is a team around the child/family (TAC/F)?

TAC/F is a shared assessment and planning framework which is in use by a variety of agencies across the borough and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and promote a co-ordinated multi agency response to meet these.

The TAC/F brings together a range of different practitioners to support the family following the early help assessment. If you think, as lead practitioner, a TAC/F meeting may be appropriate, identify the people who should be invited, through the assessment process and in discussion with the family. This may include friends and relatives of the family and voluntary agencies as well as professionals.

You should involve families in TAC/F meetings. The meeting should be planned carefully, and the lead practitioner should consider who and how many people should be at the meeting. Some families will be comfortable with bigger groups and some may find the presence of a large number of practitioners threatening or undermining. The aim should be to keep the TAC/F meeting as small as possible while meeting the family’s needs. Note parental preferences for date, time and venue of TAC/F meeting if appropriate.

Work should be undertaken with the children and parents to help them engage in a meaningful way, for example being supported by family friends, just coming for a part of the meeting, or through writing down their feelings or drawing a picture.

If a practitioner cannot attend a meeting it is important to find out what assessment information they have and what support they can offer the family; this can then be discussed with the family at, or outside the meeting.

The members of the TAC/F take joint responsibility to develop and deliver a package of solution focused support to meet the needs identified through the Early Help Assessment.

Each practitioner in the TAC/F is responsible and accountable to their home agency for the services they deliver to children and their families. They are also jointly responsible for:

- Developing and delivering the family action plan
- Delivering the activities they agreed to carry out
- Keeping the other members of the team informed about progress in their area of responsibility, providing reports promptly and attending meetings
- Contributing to recording the child's plan, chairing meetings and taking on other tasks as necessary
- Supporting the lead practitioner by providing information, offering guidance and advice
- Contributing actively and positively to solving problems or resolving difficulties
- Ensuring that if the child is not present, the meeting remains child focused and their views are included.

**Completing the Family Action Plan and Single Agency Plan**

Developing; delivering; and co-ordinating services is undertaken with the child and their parents through the TAC/F meeting, and a clear multi-agency plan. Level 2 Universal Plus -Single Agency help is planned and monitored through the Single Agency Plan and review process.

The Family Action Plan is for those cases requiring Level 3 Partnership multi-agency response following the completion of the early help assessment. It should be completed at the end of the Early help Assessment and reviewed through the TAC/F meetings. All participants in the TAC/F, including parents and the young person, should be given a copy of the Early Help Assessment and Family Action Plan.

The Family Action Plan is a key document for the family and practitioners involved; it will state what action is to take place and who will carry out that action. Children and parents can have actions to carry out as well as other service providers. It is important that these are realistic targets and support the needs that have been identified. Children and parents need to be involved and to understand the family action plan.

**Review meetings**

The Family Action Plan plan should be reviewed on a regular basis, therefore Team Around the Child/Family (TAC/F) meetings should be held about every six weeks.

The purpose of the review meeting is to:
- Monitor progress
- Confirm that actions in the family action plan have been completed (if not, why not?)
- Identify and address new worries or concerns
- Celebrate successes.
The lead practitioner must ensure the plan is updated and includes parents’ and child’s views.

**Early Help Closure - The decision to close a Team Around Child/Family (TAC/F)**

A TAC/F may no longer be appropriate for a number of reasons, including:
- All identified needs met
- Issues have been resolved
- Universal services now meeting all identified needs
- Family has requested closure or withdrawn consent for TAC/F
- TAC/F is no longer viable e.g. family moved out the area
- Children’s Social Care taking on full responsibility for the case.

Closure forms for both Level 2 Universal Plus -Single Agency and Level 3 Partnership Early Help Assessments should be documented by completing the Closure Record on EHM and should contain information about:

**Outcome Star:** Update the Outcome Stars with Child and Parents/Carers to provide information about the areas of progress at point of closure.

**Reason for closure:** Record all factors relating to the decision to close the TAC/F.

**Effectiveness of plan:** Summarise how issues and needs have been addressed and/or resolved through the TAC/F process under the three dimensions

**Child’s views:** Record comments made by the child and observations of them to inform about the readiness for closure. It is essential the child’s views are explored, understood and recorded in the closure form; this can be verbally expressed or observations made my lead practitioner about the child’s experiences and interactions, identifying any progress made, barriers experienced, current needs and wishes.

**Parents’ views:** Record the comments made by parents. If they have explicitly requested closure or withdrawn consent this should be clearly stated, together with any reasons given. Identify their understanding of their child’s needs, any progress made, barriers experienced and their current needs and wishes.

**Professionals' views:** What work has been undertaken, what has been successful and what is the impact for the child and family? What were the barriers, how successfully where they overcome, what is the readiness for closure; and what are the current needs of the family?

The closures of all cases are sent to Early Help enquiry staff through EHM. Managers within DSCT will authorise closures from their teams. Partnership closures will be authorised by the Early Help Coordinators.
Step Up from Early Help to Social Care

For immediate safeguarding concerns please following DCST Safeguarding Procedures http://www.doncasterchildrenstrust.co.uk/worried-about-a-child

1. If the Lead Practitioner is assessing or working with a child and it appears that the issues for the child have escalated as such that the child is likely to ‘suffer significant harm’ or ‘child in need’ thresholds have been met the Lead Practitioner is to consult with their Safeguarding Lead or Line Manager to clarify the facts of the case and the risk to the child in conjunction with the threshold document following DCST Safeguarding procedures

2. If it is agreed to step up the case to CSC, a ‘Referral’ e-form is to be completed and it is the responsibility of the Lead Practitioner to detail the areas for concern and email consent, the latest early help assessment (dated within the last six months) the Early Help Plan showing all interventions completed with the family and the latest Tac/F minutes to Referral & Response

3. If the Referral & Response authorise the step up, R&R are to allocating to the locality CSC team and advise the Lead Practitioner that they will be invited by the Social Worker to attend and participate in Strategy Meeting, CIN Meeting or Core Group and to close the case in EHM. If the R&R do not believe the case meets Social Care thresholds the Lead Practitioner is to be informed and the case is to remain open in EHM

Note: Referral e-form can be found at https://www.doncasterchildrenstrust.co.uk/worried-about-a-child
Case Closing at C&F Assessment: Step Down to Early Help

1. Where a Social Worker carries out a C&F Assessment and the case is not meeting statutory requirements it is responsibility of the allocated case worker to identify an early help support plan for the family as part of carrying out the multi-agency checks and reviewing the assessment → if it is felt that no early help support plan is needed for the family, the allocated case worker is to write a rationale within the C&F assessment demonstrating that step down has been considered but not required.

2. The allocated case worker is to work with the family to assess who is best placed to coordinate the agreed early help support plan; whether this is a multi or single agency approach and to obtain consent

3. The allocated case worker is to liaise with the identified Lead Practitioner and family to discuss the next steps and ensure the plan of support is documented in the C&F assessment

4. The allocated case worker is to outcome the C&F Assessment as ‘Step Down to Early Help’ and complete the step down form detailing the plan for early help support and the identified Lead Practitioner attaching the C&F Assessment and referral. On completion of the step down form transfer to the Team Manager for authorisation
NB If any information is sensitive in the assessment or referral it is the allocated case workers responsibility to redact the information as required as this could be accessed by multi-agency professionals within the Early Help system once transferred

5. CSC Team Manager to review the ‘Step Down to Early Help’ form, supporting documents and ensure consent has been obtained. The attached C&F assessment and step down form should detail a clear early help support plan and the Lead Practitioner

6. If the allocated case worker has identified that the case is to be stepped down to a Lead Practitioner as Early Help (not PAFSS) the Team Manager is to authorise the step down form and transfer to the ‘Early Help Team Manager’ work tray → on receipt of the step down form the Early Help Manager is to outcome the step down form as ‘Start Early Help Episode’, allocate to the identified Lead Practitioner and save the attached C&F assessment and referral in EHM

7. The case is now open in EHM for the agreed continued early help support to be carried out by the allocated Lead Practitioner → If multi-agency support is required a Early Help Assessment is to be completed in EHM; referencing the C&F Assessment to ensure the family is
not subject to another assessment if the one carried out by Social Care is reflective of the family's current situation and dated within the last six months. It is the role of identified Lead Practitioner to complete the presenting issues, stronger family's criteria and summarise the conclusions, solutions, action and outcome section to inform the Early Help plan. The TAC/F and Early Help Plan is to be initiated within 15 working days to ensure a continuum of support. If single-agency support is required the Early Help Plan is to be initiated within 15 working days of transfer to ensure a continuum of support.

8. Once the level of need has been reduced and the outcomes have been achieved the pathway needs to be closed. The Lead Practitioner is to complete the Closure Form.

9. The Early Help Coordinator or PAFSS Manager is to review the closure before authorising, ensuring that all outcomes have been achieved. If the case has been identified as a Stronger Family a progress assessment is to be completed to evidence that all outcomes which were identified as the Stronger Family criteria have been achieved. If a SF Outcome cannot be evidenced e.g. Worklessness, the Early Help Coordinator or PAFSS Manager is to liaise with the Outcome Monitoring Officer and agree to transfer the case. The Outcome Monitoring Officer will then progress and monitor the case until the final outcome(s) have been achieved.

Case Closing at CIN or CP: Step Down to Early Help

1. Where the CSC Team Manager and allocated Case Worker determines that a child no longer requires Social Care intervention a final CIN meeting or Core Group is to take place.

2. As part of the final CIN meeting / Core Group a continued early help support plan is to be agreed with the family and consent to be obtained. A lead practitioner should be identified from the existing Team around the Family who have been working with the children and parents while the case has been known to CSC. Once the multi-agency or single-agency early help support plan is agreed the new lead practitioner is to ensure there is no breakdown in services. If it is felt that no early help support plan is needed for the family, the allocated case worker is to write a rationale within the CIN / CP Plan demonstrating that step down has been considered but not required.

3. After the CIN meeting / Core group has taken place the allocated case worker is to ensure the child has an up to date C&F assessment which is dated within the last 6 months and the CIN / CP Plan is updated with a clear...
plan of the agreed continued early help support and the identified Lead Practitioner

4. On completion of the CIN or CP plan an outcome of ‘Step Down to Early Help’ is to be selected whether this is for multi or single agency early help support. A ‘Step Down to Early Help’ form is to be completed, detailing the plan for support and the identified Lead Practitioner. The latest C&F assessment and CIN or CP plan are to be attached to the step down form to ensure the identified lead practitioner has a good understanding of the family’s needs and the plan of early help support required. Once complete transfer the step down form to the Team Manager for authorisation;

NB: If any information is sensitive in the latest assessment it is the allocated case workers responsibility to redact the information as required as this could be accessed by a range of multi-agency practitioners within the Early Help system once transferred.

5. CSC Team Manager to review the ‘step down to early help’ form, supporting documents and ensure consent has been obtained. The attached plan and step down form should detail a clear early help support plan and the Lead Practitioner

6. If the allocated case worker has identified that the case is to be stepped down to a Lead Practitioner as Early Help (not PAFSS) the Team Manager is to authorise the step down form and transfer to the ‘Early Help Team Manager’ work tray

→ on receipt of the step down form the Early Help Manager is to outcome the step down form as ‘Start Early Help Episode’, allocate to the identified Lead Practitioner and save the attached C&F assessment and plan in EHM

7. The case is now open in EHM for the agreed continued early help support to be carried out by the allocated Lead Practitioner

→ If multi-agency support is required a Early Help Assessment is to be created in EHM; referencing the C&F Assessment to ensure the family is not subject to another assessment if the one carried out by Social Care is reflective of the families current situation and dated within the last six months. It is the role of identified Lead Practitioner to complete the presenting issues, stronger family’s criteria and summarise the conclusions, solutions, action and outcome section to inform the Early Help plan. The TAC/F and Early Help Plan is to be initiated within 15 working days to ensure a continuum of support.

→ If single-agency support is required the Early Help Plan is to be initiated within 15 working days of transfer to ensure a continuum of support

8. Once the level of need has been reduced and the outcomes have been achieved the pathway needs to be closed. The Lead Practitioner is to complete the Closure Form

9. The Early Help Coordinator or PAFSS Manager is to review the closure before authorising, ensuring that all outcomes have been achieved. If the case has been identified as a Stronger Family a progress assessment is to be
completed to evidence that all outcomes which were identified as the Stronger Family criteria have been achieved. If a SF Outcome cannot be evidenced e.g. Worklessness, the Early Help Coordinator or PAFSS Manager is to liaise with the Outcome Monitoring Officer and agree to transfer the case. The Outcome Monitoring Officer will then progress and monitor the case until the final outcome(s) have been achieved.

Transfer the role of Lead Practitioner

1. Where it is deemed appropriate to transfer the role of lead practitioner coordinating work through Early Help, then a new lead practitioner should be identified from the existing Team around the Family. Transfer of lead practitioner should only be considered if the existing lead practitioner is no longer involved in delivering a service as part of the family plan or the family have requested this. It is not considered good practice to transfer lead practitioner for example just for workers annual leave as the remaining TAC practitioners are still involved and are able to update on work progressed on their return. In the event that concerns arise during periods of LP absence then any practitioner within the TAC are responsible to protect a child and refer to CSC through their own safeguarding arrangements. In the event that there is to be a transfer of Lead Practitioner a final TAC/F meeting is to take place with the family and all professionals involved to agree a continued early help support plan. Once the multi-agency or single-agency early help plan is agreed the lead practitioner is to be identified to ensure there is no breakdown in services.

2. The TAC/F minutes are to be updated to reflect all interventions which have been completed, a rationale as to why the case is to be transferred with details of who the case has been transferred to. The agreed support plan is to be documented within the Early Help Plan and that all actions are completed with an end date.

3. It is the responsibility of the existing Lead Practitioner to ensure the Early Help assessment is reflective of the family’s current situation and dated within the last six months and that all case notes and case summaries are up to date before the case transfer takes place.

4. Before the case transfer is completed it is the Team Managers / Safeguarding Leads responsibility to oversee that all documentation is up to date and reflective and to record managers rationale for transfer in general notes.

5. Case transfer form to be complete detailing rationale for the transfer and to record new Lead Practitioner. Once complete this will transfer the case and the new Lead Practitioner will be allocated the case.
6. Once the level of need has been reduced and the outcomes have been achieved the pathway needs to be closed. The Lead Practitioner is to complete the Closure Form.

7. The Early Help Coordinator or PAFSS Manager is to review the closure before authorising, ensuring that all outcomes have been achieved. If the case has been identified as a Stronger Family a progress assessment is to be completed to evidence that all outcomes which were identified as the Stronger Family criteria have been achieved. If a SF Outcome cannot be evidenced e.g. Worklessness, the Early Help Coordinator or PAFSS Manager is to liaise with the Outcome Monitoring Officer and agree to transfer the case. The Outcome Monitoring Officer will then progress and monitor the case until the final outcome(s) have been achieved.

**Early help and TAC/F FAQs**

**If I do an early help assessment, do I have to be lead practitioner?**

You will be the lead practitioner until the first meeting, and then discussion should take place with the child and family as to who is best placed to take this role on an on-going basis. There is a range of criteria that can help inform the decision, based on the predominant needs of the child or family; the wishes of the child or family; or a previous or potential on-going relationship with the child. The other professionals will have an important contribution to make in delivering their agreed actions.

**Can I fill in an early help assessment and share it with the family later?**

No. The early help assessment should always be filled in with the child and/or family.

**What do I do if a family won’t agree to the process?**

Continue to support the child and family from within your own agency, and continue to discuss the benefits of accessing support via a TAC/F. Assess the risk to the child, and if you believe there is risk of significant harm, make a safeguarding referral and inform the family you are doing so.

**Can a child under16 consent to TAC/F without their parents’ agreement?**

Yes, if you judge them to be competent and believe they understand what they are agreeing to and the implications for them and/or their family. This does not extend to all information they might share about adults.

**Can I handwrite the early help assessment?**
Yes. However those with access to the electronic Early Help Module will be required to record this information on the system. We recognise that not all staff or agencies have access to the EHM, in this case a paper form is to be completed and sent to Early Help enquiry staff. Access and training for the EHM can be arranged through the eSystems team on:

**Telephone:** 01302 737688  
**Email:** [esystems.cyps@dcstrust.co.uk](mailto:esystems.cyps@dcstrust.co.uk)  
**Address:** eSystems Team  
Floor 4  
Civic Office  
Waterdale  
Doncaster  
DN1 3BU

**How long does the TAC/F process last for?**

There is no limit on the length of time a child can be part of the TAC/F process. The key principle is that the process should support the child to meet their needs and achieve their potential. As long as the process is reviewed regularly and appropriate services are being provided then TAC/F can continue indefinitely until the child reaches 18 years of age. It is good practice to review the early help assessment for cases that remain open over one year.

However professionals within the TAC/F need to assess the impact of the support to the family and come to a view whether the actions being taken are having a positive impact on the child. This should inform decisions whether the risks are at a level which may require statutory social care intervention, or TAC/F can step down to single agency response alongside universal services. Decisions should always be taken in the interests of individual children.

**Is the lead practitioner responsible for delivery of services?**

Each professional remains accountable for their practice. If a service is agreed but isn't delivered then the agency that agreed to provide the service is accountable. The lead practitioner is responsible for coordination, not delivery of another service, but should take responsibility for raising concerns with their own line manager in such circumstances.
Appendices: forms
**Consent Statement Form (CON 2)**

**Consent Statement**

The Early Help Assessment and TAC/F is a voluntary process and consent from the Child, Young Person and Family is required before the information in this assessment is shared outside of your agency.

### Doncaster Safeguarding Children Board

**Children and Young People's Services**

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**Family Consent Record**

<table>
<thead>
<tr>
<th>Child / Young Person’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent Dates</td>
<td></td>
</tr>
<tr>
<td>Privacy Notice Issued? <em>(If no, please action this as soon as possible)</em></td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Consent Decision**

☐ Child / Young Person can make his/her own decisions and has agreed to the Early Help Assessment

☐ One Parent has Agreed to the Early Help Assessment

☐ Both parents have agreed to the Early Help Assessment

☐ Child / Young Person’s & Parents have agreed to the Early Help Assessment

☐ Parent (s) have NOT agreed to the Early Help Assessment

☐ Neither child / young person nor parents have agreed to the Early Help Assessment

☐ No consent sought or answered in time (open case without consent as an emergency)

☐ Informed consent

**If proceeding with enquiry without consent please specify the reason for**

This is mandatory to be completed if consent not sought

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Updated September 2017
**Related Person(s) deciding on the consent**

**Other Person(s) Deciding on Consent**

**Further Details**

**Consent Restrictions**

Consent given for ALL departments and user  ☐ Yes  ☐ No

**Comments**

**Signatures of Consent**

I agree to the Early Help Assessment taking place.

I understand that the information that is relevant for my child’s / my needs will be recorded and securely stored as a paper or electronic file.

I agree that this assessment can be shared with other professionals in order to help provide and co-ordinate support to my family.

Name: Parent / Carer / Child / YP

Signed: Parent / Carer / Child / YP

Name: Practitioner

Signed: Practitioner

Date:

*Note: You should send a copy to Early Help enquiry staff in addition to the Electronic Enquiry Form.*
## Single Agency Plan Form

### Doncaster Safeguarding Children Board

<table>
<thead>
<tr>
<th>Single Agency Plan</th>
<th>Doncaster Safeguarding Children Board</th>
</tr>
</thead>
</table>

#### EHM
- **Tel:**
- **Fax:**

### Single Agency Plan

#### Name of Child:
- **Family Name:**
- **Given Names:**
- **Actual DOB:**
- **Gender:**
- **Ethnicity:**
- **Primary Language:**
- **Primary Address:**
- **Telephone:**
- **Mobile:**

#### Name of Sibling:
- **Family Name:**
- **Given Names:**
- **Actual DOB:**
- **Gender:**
- **Ethnicity:**
- **Primary Language:**
- **Primary Address:**
- **Telephone:**

### Single Agency Plan (Pathway Stage)

#### Type of Plan

#### Date of this Plan

#### Date this Plan was last Reviewed

### Presenting issues

#### Presenting issues

#### Primary Presenting Issue

### Signs of Safety

#### What are we worried about?

#### What is going well?

#### What needs to Happen?

#### Safety Scale Rating (0-10)
## Current Plan

<table>
<thead>
<tr>
<th>Presenting issue</th>
<th>What do we want things to look like / Safety Goals</th>
<th>Stronger Families Criteria</th>
<th>Next Steps / Actions</th>
<th>By Who?</th>
<th>By When?</th>
<th>Outcome Achieved?</th>
<th>Date Completed?</th>
</tr>
</thead>
</table>

### Overall Level of Need

### Outcome Star Review

**Type of Star**

**Attachments**

### Single Agency Plan (Pathway Stage)

<table>
<thead>
<tr>
<th>Type of Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of this Plan</td>
</tr>
<tr>
<td>Date this Plan was last Reviewed</td>
</tr>
</tbody>
</table>

### Presenting issues

**Presenting issues**

**Primary Presenting Issue**

### Signs of Safety

<table>
<thead>
<tr>
<th>What are we worried about?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is going well?</td>
</tr>
<tr>
<td>What needs to Happen?</td>
</tr>
</tbody>
</table>

**Safety Scale Rating (0-10)**

### Current Plan

<table>
<thead>
<tr>
<th>Presenting issue</th>
<th>What do we want things to look like / Safety Goals</th>
<th>Stronger Families Criteria</th>
<th>Next Steps / Actions</th>
<th>By Who?</th>
<th>By When?</th>
<th>Outcome Achieved?</th>
<th>Date Completed?</th>
</tr>
</thead>
</table>

### Overall Level of Need

### Outcome Star Review

**Type of Star**

**Attachments**

---

**Note:** While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:

Tel: 01302 737777 (available 8:30am – 5pm Monday to Friday)

Tel: 01302 796000 (outside office hours)

Email: childrenassessmentservice@doncaster.gcsx.gov.uk
**Early Help Assessment Form**

**Doncaster Safeguarding Children Board**

**Tel:**
**Fax:**

**Early Help Assessment**

**Details of**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual DOB</td>
<td>Gender</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Primary Language</td>
</tr>
<tr>
<td>Primary Address</td>
<td>Telephone (Mobile Phone)</td>
</tr>
<tr>
<td></td>
<td>Mobile</td>
</tr>
</tbody>
</table>

**Early Help Assessment**

**Assessment Information**

<table>
<thead>
<tr>
<th>Date Early Help Assessment Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Practitioner</td>
</tr>
<tr>
<td>Role</td>
</tr>
<tr>
<td>Contact telephone number</td>
</tr>
<tr>
<td>Email address</td>
</tr>
</tbody>
</table>

**Presenting Issue/s**

<table>
<thead>
<tr>
<th>Presenting Issue/s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Primary Presenting Issue**

**Agencies working with the infant, child or young person and family**

<table>
<thead>
<tr>
<th>Type</th>
<th>Person / Department / Organisation</th>
<th>Start Date</th>
<th>End Date</th>
<th>Contact No</th>
<th>Social Care</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ No

Has the infant, child or young person been seen during this assessment?

Other Initial information gather, including check with key agencies

**Young Carer**
Do you provide care or additional support to any member of your family?

### Outcomes Star

<table>
<thead>
<tr>
<th>Type of Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Help Assessment</td>
</tr>
</tbody>
</table>

#### Early Help Assessment: Guidance

1. **Development of unborn baby, infant, child or young person**

   **Health**
   (include general health, physical development, mental wellbeing, speech, language and communication)

<table>
<thead>
<tr>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents View</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child/Young Person View</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

   6.1 A child or an adult with parental responsibilities with emotional wellbeing or mental health issues

   6.2 A child or an adult with parental responsibilities with drug, alcohol or substance misuse issues

   6.3 The family has issues with their physical health and/or wellbeing

   6.4 An obese child or young person in the family

### Emotional and Social Development

<table>
<thead>
<tr>
<th>Emotional and Social Development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents View</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Child/Young Person View</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Level of Need</td>
</tr>
<tr>
<td><strong>Behavioural Development</strong></td>
</tr>
<tr>
<td>Behavioural Development</td>
</tr>
<tr>
<td>Parents View</td>
</tr>
<tr>
<td>Child/Young Person View</td>
</tr>
<tr>
<td>Level of Need</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
</tr>
<tr>
<td>Identity</td>
</tr>
<tr>
<td>Parents View</td>
</tr>
<tr>
<td>Child/ Young Person View</td>
</tr>
<tr>
<td>Level of Need</td>
</tr>
<tr>
<td><strong>Family and social relationships</strong></td>
</tr>
<tr>
<td>Family and social relationships</td>
</tr>
<tr>
<td>Parents View</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td><strong>Child/Young Person View</strong></td>
</tr>
<tr>
<td><strong>Level of Need</strong></td>
</tr>
<tr>
<td><strong>Self care skills and independence</strong></td>
</tr>
<tr>
<td><strong>Self care skills and independence</strong></td>
</tr>
<tr>
<td>Parents View</td>
</tr>
<tr>
<td>Child/Young Person View</td>
</tr>
<tr>
<td><strong>Level of Need</strong></td>
</tr>
<tr>
<td><strong>Learning</strong></td>
</tr>
<tr>
<td>Learning</td>
</tr>
<tr>
<td>Parents View</td>
</tr>
<tr>
<td>Child/Young Person View</td>
</tr>
<tr>
<td><strong>Level of Need</strong></td>
</tr>
<tr>
<td><strong>2.1 Unauthorised absence over the last 3 consecutive school terms</strong></td>
</tr>
<tr>
<td>2.2</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>2.3</td>
</tr>
<tr>
<td>2.4</td>
</tr>
</tbody>
</table>

### 2. Parents and Carers

<table>
<thead>
<tr>
<th>Basic care ensuring safety and protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional warmth and stability</td>
</tr>
<tr>
<td>Guidance, boundaries and stimulation</td>
</tr>
</tbody>
</table>

#### 1. A child who has committed a proven offence in the previous 12 months

#### 1.2 An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months

#### 1.3 An adult with parenting responsibilities who is on licence or supervision in the community following release from prison

#### 1.4 A warning letter about breach of tenancy conditions for nuisance or anti-social behaviour at any state of possessions proceedings

#### 1.5 Environmental Health interventions to tackle complaints of domestic noise nuisance

### 3. Family and Environment

<table>
<thead>
<tr>
<th>Family history, functioning and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 A family who is entitled to access the ‘Two Year Old Entitlement’ and are not taking up the free childcare place for their child</td>
</tr>
<tr>
<td>3.2</td>
</tr>
<tr>
<td>3.3</td>
</tr>
<tr>
<td>3.4</td>
</tr>
<tr>
<td>3.5</td>
</tr>
<tr>
<td>3.6</td>
</tr>
<tr>
<td>4.1</td>
</tr>
<tr>
<td>4.2</td>
</tr>
<tr>
<td>4.3</td>
</tr>
<tr>
<td>4.4</td>
</tr>
<tr>
<td>4.5</td>
</tr>
<tr>
<td>5.1</td>
</tr>
<tr>
<td>5.2</td>
</tr>
<tr>
<td>5.3</td>
</tr>
<tr>
<td><strong>Wider family</strong></td>
</tr>
<tr>
<td><strong>Housing, employment and finance</strong></td>
</tr>
</tbody>
</table>
### Stronger Families Eligibility

#### Stronger Families: Guidance

#### Stronger Families: Phase 1

Was this person previously included within the Phase 1 cohort of families?

---

### Conclusions & Solutions

What are we worried about

What is working well

What need to happen

Safety Scale Rating

#### Vulnerability Level

Overall vulnerability level

### Actions

Agreed review date

### Whole Family Action Plan

Whole Family Action Plan

<table>
<thead>
<tr>
<th>Presenting Issue</th>
<th>What do we want things to look like?/Safety goals</th>
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### Suggested Outcomes

Suggested Outcomes

☐ Call Team around the Child meeting

☐ Step Up to Children’s Social Care

☐ Single Agency

☐ Continue with Universal Services

Reasons for these Suggested Outcomes

### Manager Rationale

Manager Rationale

Defined Standard

### Attachments (0)

---

Note: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:

**Tel:** 01302 737777 (available 8:30am – 5pm Monday to Friday)

**Tel:** 01302 796000 (outside office hours)

**Email:** childrenassessmentservice@doncaster.gcsx.gov.uk
### Meeting Minutes Record

#### Details of
<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Ethnicity</td>
<td>Primary Language</td>
</tr>
<tr>
<td>Primary Address</td>
<td>Telephone</td>
</tr>
<tr>
<td>Address</td>
<td>Mobile</td>
</tr>
</tbody>
</table>

#### Child Details

#### Parental Responsibility Details
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
</table>

#### Meeting Details

#### Meeting Minutes

- What are we worried about
- What is working well
- What needs to happen
- Safety Scale Rating
- Please give a reason
- Parents’ / Carers’ Views of the current situation and actions agreed
- Child/Young Person’s view of the current situation and actions agreed
- Is neglect a current factor for this child

#### Outcomes

---

**Note:** While working with individual families if at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection
concerns then you must follow your agencies safeguarding procedure and make a referral to Children's Social Care Referral and Response Service on:

Tel: 01302 737777 (available 8:30am – 5pm Monday to Friday)
Tel: 01302 796000 (outside office hours)
Email: childrenassessmentservice@doncaster.gcsx.gov.uk
Date:

Dear,

I would like to inform you that [name of child] and [dob] is now subject to an Early Help Assessment, (EHA). This assessment was completed on date and the family are now supported at Team Around the Child process (TAC).

I am the Lead Practitioner for the family and would appreciate your acknowledgement of this letter by signing the declaration at the bottom and posting it back to me please at the above address. If you have any information that you feel may be relevant for me to know, please indicate below and I will make contact with you.

I have attached a copy of the signed consent for your records.

Yours sincerely

[Name]
[Signature]
[Title]

---------------------------------------------------------------------------------------------------------------------

This is a declaration of any information to be shared is to be returned to the above address.

I (Name of GP) declare that I have received this letter in acknowledgement of the above named child and have shared relevant information.

I do / do not hold relevant information in respect to this child or family at this time.

Please contact the GP for all relevant information sharing

Telephone:

Email: .................................................................
**Family Action Plan**

---

**Doncaster Safeguarding Children Board**

---

**Early Help Plan**

**Details of**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual DOB</td>
<td>Gender</td>
</tr>
<tr>
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<td>Primary Language</td>
</tr>
<tr>
<td>Primary Address</td>
<td>Telephone</td>
</tr>
<tr>
<td></td>
<td>Mobile</td>
</tr>
</tbody>
</table>

---

**Early Help Plan**

**Type of Plan**

**Date of this Plan**

**Date of Previous Plan**

---

**Presenting Issue**

**Presenting Issue/s**

**Primary Presenting Issue**

---

**Current Plan**

**Whole Family Action Plan**

<table>
<thead>
<tr>
<th>Presenting Issue</th>
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<th>Next Steps / Action</th>
<th>By Who?</th>
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</tr>
</thead>
</table>

---

**Overall Level of Need**

**Suggested Outcome**

---

**Outcome Star**

**Outcome Star Review**

**Type of Star**

---

**Attachments (0)**

---
Note 1: The plan needs to be reviewed at least once every 6 weeks
Note 2: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:
Tel: 01302 737777 (available 8:30am – 5pm Monday to Friday)
Tel: 01302 796000 (outside office hours)
Email: childrenassessmentservice@doncaster.gcsx.gov.uk
**Episode Record**

**Details of**
- Family Name
- Given Names
- Actual DOB
- Gender
- Ethnicity
- Primary Language
- Primary Address
- Telephone
- Mobile

**Outcomes Star**
- Type of Star

**Closure Record**

**Closure Start Date Details**
- Start Date of Episode
- Date Closure Record Started

**Closure End Date Details**
- End Date of Episode

**Closure Issues**
- Presenting Issue/s
- Primary Preventing Issue

**Closure Analysis**
- End Reason
- In your professional view, how effective has the family plan been in improving life for this child / young person and family
- Parents / Carers Views
- How effective has the Family Plan been for the child / young person in improving their life
- What are the next steps that need to be / are being taken for this child / family
- Success Rating
- Rationale for Success Rating Chosen

**Final Stronger Families Eligibility Checklist**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Parents and children involved in crime or antis-social behaviour</td>
</tr>
<tr>
<td></td>
<td>Give Reasons</td>
</tr>
<tr>
<td>2.</td>
<td>Children who have not been attending school regularly</td>
</tr>
<tr>
<td></td>
<td>Give Reasons</td>
</tr>
</tbody>
</table>
3. Children who need help

Give Reasons

4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness

Give Reasons

5. Families affected by Domestic Abuse

Give Reasons

6. Parents and children with a range of health issues

Give Reasons

Has the Area FIO been informed

<table>
<thead>
<tr>
<th>Overall Level of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Manager Authorisation

Managers Rationale

Attachments (0)

Recorded Feedback

The completed Episode should be discussed with the child/young person and their parents/carers

<table>
<thead>
<tr>
<th>Person</th>
<th>Discussed</th>
<th>If no, when</th>
<th>Given</th>
<th>If no, when</th>
</tr>
</thead>
</table>

Note: While working with individual families at any stage through Early Help you have any concerns that a child / young person is at risk and there are child protection concerns then you must follow your agencies safeguarding procedure and make a referral to Children’s Social Care Referral and Response Service on:

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