**Children First:**

**Early Help Targeted Intervention Practice Guidance**

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# Introduction

The early help service within West Sussex is committed to providing a consistent and accessible family focussed service for children, young people and their families. In order to achieve a high-quality service, we will ensure the child/young person and their safety and well-being is kept at the centre of everything we do.

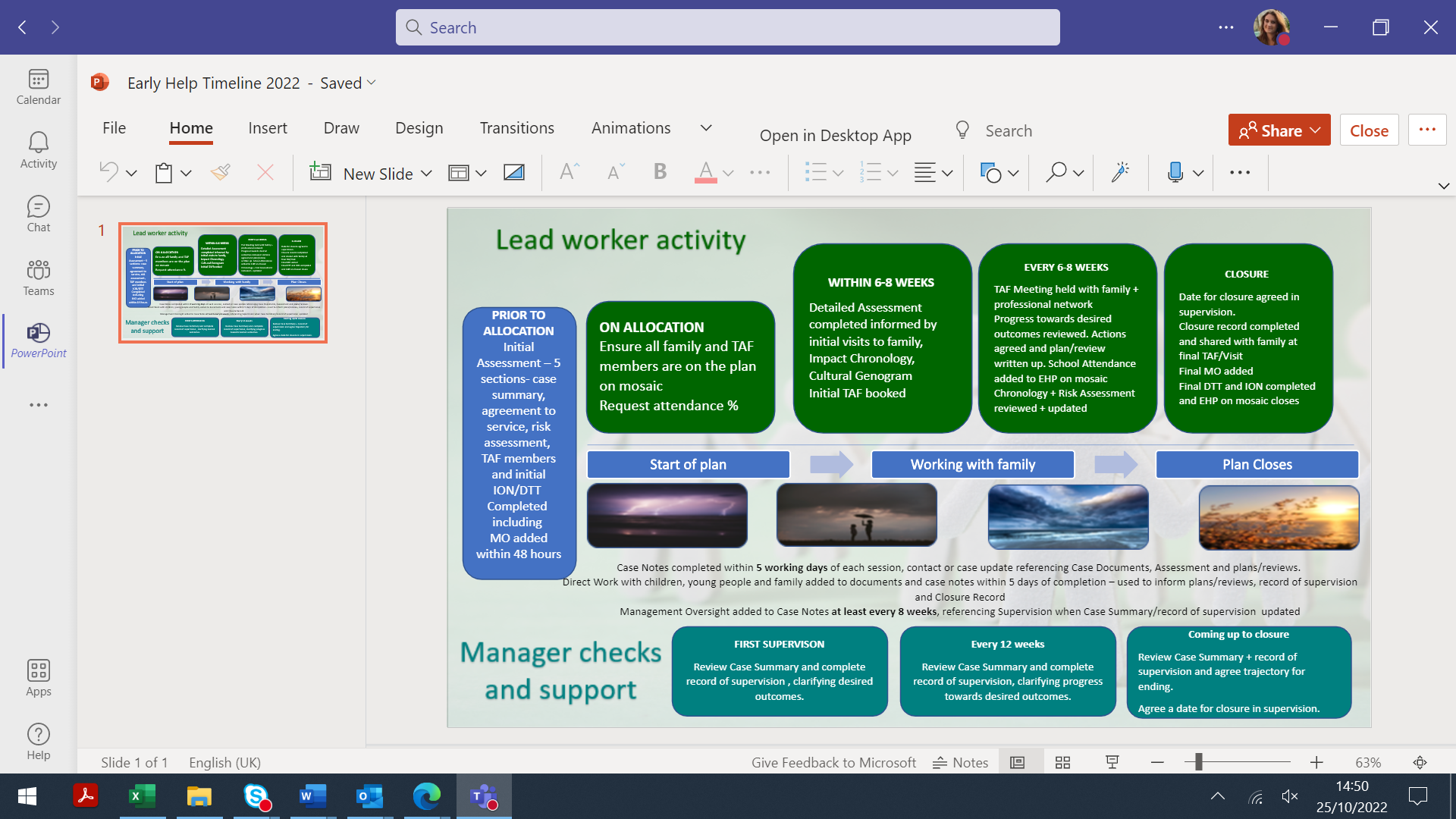
We will seek to meaningfully work alongside children and young people, considering he needs of siblings, parents or carers and the views of any wider family network including absent parents. Early help is a 0 – 25-year-old offer providing support on an early help plan (EHP) conducted through a whole family approach.

This document is for front line practitioners and their managers to support the delivery of targeted intervention using an early help plan (EHP). It sets out the practice standards expected of those working with children and families and offers a framework to support pract2ice and improve outcomes for children.

# What is an Early Help Plan?

An early help plan is a tool to use with a family to discuss and record their views, needs, strengths and identified goals in one plan of support. It is used when there is more than one service working alongside a child and family. The involved services form a team around the family, to share information and work together to co-ordinate the EHP. Plans are led by family support staff when the child’s needs require a targeted response at level 3. The aim is to improve outcomes and build resilience for the child and family and to prevent escalation. Early help family support staff will undertake a whole family assessment where they will work directly with each member of a family to address all the issues impacting on family stability.

An Early Help Plan on a Page



# Which Children and Families?

Children and Families typically requiring a targeted intervention tend to feature the following:

* Multiple complex issues that impact on the children and family stability
* Entrenched or inter-generational patterns of behaviour
* Issues that affect the whole family
* A history of children social care (CSC) intervention or police involvement
* A coordinated multiagency approach is required
* Risk of escalating to level 4 intervention including risk of family breakdown

Families will need to meet 3 or more of the supporting families criteria and these need to be recorded on the early help identification of need tool (ION):

* Getting a good education
* Good early years development
* Improved mental and physical health
* Promoting recovery and reducing harm from substance misuse
* Improved family relationships
* Children safe from abuse and exploitation
* Crime prevention and tackling crime
* Safe from domestic abuse
* Secure Housing
* Financial Stability

# Initiating an Early Help Plan

Having sought agreement with the family to initiate a new EHP (see duty guidance), the initiator will ‘start a new case’ on mosaic within 2 working days of outcome decision by the integrated front door (IFD) or multi agency safeguarding hub (MASH). In order to do this, the following information will be added or checked for accuracy if already recorded:

* Personal details for each family member- name, date of birth, address, ethnicity etc
* Personal identification numbers i.e: mosaic number, NHS number, unique education number etc.
* Relationships within the family
* Languages spoken, education, employment, training status, GP details, disabilities

On initiation it is important the children are linked on Mosaic to the whole family, absent parents, unborn children and significant others from the wider family network. It is important that the worker initiating the plan has the correct details for the family, correct spellings of family names and adds the school information for all school aged children.

Management oversight must be added by the hub duty manager within 2 working days of the plan being created. Allocation meetings will be held weekly however children and families can be allocated outside of this meeting if required.

# Early Help Initial Assessment (IA)

All EHP’s must have an early help initial assessment (IA) which includes the initial case summary, this should be completed within 15 working days of the plan initiation. As detailed above if the family are being referred by the IFD the IA will have been partially populated with the referral information. If the family are being stepped across from children social care the IA will be partially populated with information from the panel discussion.

* The Early Help Initial Assessment contains 4 mandatory tabs:
* Early Help Initial Case Summary
* Early Help Identification of Needs DTT
* Early Help Agreement for Service
* Early Help Risk Assessment

In addition there is an optional tab for “TAF Members” which should be completed at the same time.

The early help IA is part of the early activity and is formed from the triage information, early contact with the family and referrer and/or step across discussion. It should be used to help the worker and family understand the reason why the EHP has been opened. Using a strength-based approach the assessment will outline:

* Brief overview of history
* Reason for referral / involvement
* Current family and home situation – details of the family structure, including parents/carers, child or other significant adults who live or who do not live in the family home
* What will be the impact on the children if nothing changes?
* Desired outcomes (what will it look like for the plan to close successfully) and initial actions to be undertaken.

# Starting an Early Help Intervention

When allocated a family on an EHP, the worker should familiarise themselves with the information on the plan and relevant information held on any other systems, including Holistix.  There will be an early discussion between the manager and worker, to explore what the presenting issues are, review the family history, consider any risks and plan the approach to starting work with the family.  Consideration should be given to what supporting families outcomes are present for the family and how these could be baselined. This discussion and information should be used to begin the detailed assessment.

**Initial plan activity and early engagement**:

* The duty team manager will finalise the initial assessment with information already known – will be started by IFD or step across admin and some information will have already been populated ready for duty team manager to review and add to. This should be finalised within 15 days of initiation.
* As part of the IA the early help identification of needs DTT to be completed, aligning the families plan and desired outcomes to the supporting families criteria.
* Review history, upload previous chronologies from holistix if available.
* Check the details we hold such as name spellings, dates of birth, schools, confirm who else lives in family home, if possible start a cultural genogram.
* Get to know the family, spend the first 6 weeks getting to know them and understand how they function, gathering information to help inform your detailed assessment and family plan. See as many family members as possible, including all children to seek the voice of the child
* Consider what initial actions or quick wins could benefit the family while in the assessment phase
* When possible seek to access multiple rooms in the house to observe home conditions, and child’s living environment

The worker should contact the family to introduce themselves and explain the service and their role. The first contact is an opportunity to revisit and review the verbal agreement to work with early help. It will be an opportunity to address any initial worries and agree a visit. The first contact should be completed within 5 working days and recorded as a case note.  The worker should contact all other professionals who are supporting and engaging with the family and any of the children, explaining their role and the support they are providing the family. During the first 6 weeks after allocation the worker should be arranging the first TAF meeting with the family and all relevant professionals.

# Visits and Risk Assessments

Workers are expected to visit all of the family, including all children one to one or in sibling groups, ensuring we have met, heard and observed each child. Children should be seen frequently and worked with directly but at a **minimum seen monthly**. Visits will be purposeful and contribute to the overall direction of the family plan. Use the home visit case note recording headings to guide you. These headings should be used in the case note and not uploaded as a separate document See [appendix A](#_Appendix_A_):

* Who did you see?
* Purpose of visit and activity in relation to plan
* What did you observe?
* Voice of Child: (Including does the child feel safe)
* Parents view
* Worker Analysis
* Actions and next steps

Prior to visiting a family, a risk assessment will be started in the initial assessment. This will be reviewed when the worker has met the family. Workers must consider a range of factors relating to the child, young person, family, and the environment such as previous history, substance misuse, domestic abuse, to mobile phone signal or access to the property. Risk assessments are live documents and should be updated when the risk changes or there is new relevant information. Workers are required to understand and work to the lone working and buddy policy.

**Visits**

All families should be seen at least fortnightly. All children should be seen at least monthly.

All families are likely to be worked with more intensively at the start of their intervention. Throughout the life of the plan we should work with families according to their needs and at a pace that progresses the plan with purpose.

We expect Level 3+ families will be worked with more intensively; seen at least weekly and in some cases multiple times in a week or need longer visit periods.

Have a clear plan and purpose for each visit, identify the tools you will want to use.

Find out how a child wants to engage, location, on own or with siblings.

Work should be undertaken with all family members ensuring each child within the family at least once per month

Use the headings as prompts for your recording and consider imbedding information into Assessments, Reviews or Closures at these stages of the plan.

# The Voice of the Child and Their Involvement – [West Sussex Practice Guidance](https://www.proceduresonline.com/westsussex/cs/local_resources.html)

In everything we do, there must be clear and immediately accessible information held within our recording systems about the child/young person. This includes their wellbeing, their views, and details of when they have been seen and the circumstances in which they were seen. We should aim to be open, curious and creative in how we learn to understand the lived experience of each child. Key to this is always asking ‘what is life like for them and can we describe what it is like to be in their shoes?’ We will continue to do this at key stages and throughout the life of the plan.

The child and young person’s views must be actively sought and recorded. Workers must seek to establish the views of the child/young person on their own without influence of parents. Workers should use age appropriate tools to help elicit the views of the children.

The worker must discuss with the child, subject to age and understanding, why they and their family are receiving support, what their plan is and what we are we doing to help them. The worker needs to ensure that the views and wishes of the child/young person are present throughout the life of the plan and that they underpin the work that is agreed and undertaken.

All age appropriate children can and should be encouraged to attend the TAF meetings to share their views. If the child is unable or unwilling to attend, the worker must take the voice of the child to the meeting and feedback the outcomes of the meeting to them where safe and appropriate to do so.

Where there is a non-mobile/nonverbal baby or child with communication difficulties, the worker must seek alternative means of communication to understand what life is like for them. Workers should comment on the nonverbal behaviours and observations on the interaction between the child and parent.

Workers are encouraged to use the mind of my own (MOMO) for recording the voice of young people where age and ability appropriate. At the first meeting the worker will show the young person how the app can be used (includes planning and setting up visits; recording visits and discussions; and getting feedback) and agree with the young person how they would like to use it. The worker can use the app to prepare a young person for a TAF by capturing their views which can either be shared in person or via the worker. MOMO enables the young person to keep in touch with a worker, share their views, feelings, worries and good news at any time.

When recording the voice of the child on mosaic there are several ways this can be captured:

* Photos or scanned activities can be uploaded to sibing group case documents, with a case note to provide an overview of the session.
* Embedded into assessments, reviews and closures.
* Recorded as case note under early help visit or early help tool completed.

# Engaging with Parents and Carers

All parents and carers will be treated fairly and with respect and dignity. At the first meeting, workers are required to seek agreement from the family to share and process their information in order to offer them support through the early help plan. Where a family does not agree or identifies specific areas of where they would not like contact records should reflect this to ensure information is not shared indiscriminately. Where there are separated parents, parents with parental responsibility (PR) should be invited to be part of the family plan where safe and possible. If a parent does not wish to be part of a plan this should be recorded. Safety needs to be considered in terms of who is contacted, and this should be explored with a line manager.

Parents, carers and absent parents must be actively encouraged and enabled to contribute to their family assessment and plan. All plans should be co-produced with the family, child, or young person. Each family member will be supported to express their views and wishes. This may include anyone who is seen to have a significant role in the child or young person’s life. Efforts must be made to remove barriers which prevent absent parents or children from contributing to their family’s plan or care effectively. Workers must ensure that families are connected to appropriate services in a timely way and this is represented in the delivery plan. Again, safety needs to be considered in terms of who is contacted, and this should be explored with your line manager.

The views and wishes of children and parents/carers will influence our work and be recorded in all circumstances. Workers must be able to demonstrate that these are used to contribute to the families outcomes within the early help action plan.

# Culture and Language

Early help seeks to remove barriers to accessing help with workers being culturally competent and aware of the differing needs of a diverse community. This means that workers can understand, communicate, and effectively interact with people across diverse cultures. To do this they need to be aware of their own world view, any cultural differences and be open to gaining knowledge of different cultural practices and views. Lack of cultural understanding should not be a barrier to having open and where necessary challenging discussions with families.

The 4 key components for cultural competency are:

* Awareness of own world view and bias
* Reactions to difference
* Attitude, knowledge of different cultures
* Cross cultural skills

When working with a family where language is a barrier, the worker should engage the services available for translation and interpreting and not use children.

# Social GRACES and Cultural Genograms

One of the core values underpinning our work is a sense of social justice. We need tangible tools to fight against prejudice, to acknowledge difference and privilege, and to redistribute power. The social graces is one of the tools which can help us to achieve this.

John Burnham and colleagues developed the acronym 'social graces' to represent aspects of difference in beliefs, power and lifestyle, visible and invisible, voiced and unvoiced, to which we might pay attention to in our work with children, young people and adults. The social GRACES stands for:

Every family’s early help plan must have a cultural genogram uploaded to sibling group documents within 8 weeks of allocation. This tool should complement and inform the family’s detailed assessment. A genogram is a pictorial display of a person's relationships and connections. These can be with family, friends, professionals and people from their present and their past. The “cultural” element relates to the person’s values, beliefs and social GRACES. Workers should develop cultural genograms in collaboration with families over 1-3 session and must use symbols (with a key) and language that is both meaningful and clear to the family. The cultural genogram can be added to and amended throughout the life of the plan as new information emerges or the network changes.

# Recording

Recording must provide an accurate account of the worker’s interactions with the family and should be made within three working days of each visit. Recording must include every event or interaction that is considered noteworthy to reflect the work being undertaken with the family. This includes: all visits, meetings, case relevant phone calls, text and emails to family members and other professionals.

* **Emails** should be reduced to include key elements relating to the family. Long signatures and detail regarding other matters must be removed, including internal matters relating to Early Help, for example debates over allocation. If the email is lengthy, the worker can move the detail to a word document to embed in the correspondence file, referencing the key elements in the case notes.
* **Telephone calls** will also reflect the key elements of the conversation relating to the family and will include detail of who the conversation was with.
* **Text messages** must be recorded if they are relevant to the plan, they can be recorded verbatim or in the context of a narrative where appropriate
* **Face to Face visits** will be recorded under set headings; see para 14.

All case work recording should be stored on mosaic and no other separate family files stored elsewhere. Non embedded documents such as signed documents, toolkits (such as Neglect Toolkit and CE Toolkit) and photos of activities undertaken with children and adults can be uploaded into the relevant file listed.

Safeguarding issues or urgent information must be discussed immediately with the workers line manager or an identified manager and be recorded on the system within 24 hours and referred through to the appropriate team immediately. A copy of the referral will be held on the mosaic system.

Mangers must ensure all case work supervision (formal and informal) discussions and decisions are recorded within five working days on mosaic either within case notes, embedded within episodes (such as assessments or reviews) or within a case supervision record ( CSR. )

All records must provide a clear and consistent account of events and activities undertaken by the practitioner and include management analysis, risk, decisions and actions. Workers are encouraged to be proportionate when recording, finding the balance can be challenging but notes should provide the reader with the key observations, activity and issues that are clear but succinct.

All EHPs should include an impact chronology that records all significant events, referrals and concerning observations of the child / young person and the family. The chronology should be used as an analytical tool in supervision to enable workers to understand the impact of the changes in the life of a child /young person as well as the accumulative risks, strengths and progress.

# Case Summary

The purpose of the case summary is to provide a snapshot of information that will enable any manager or duty worker to quickly establish the issues for the child. It will include an overview of the plan, its progress, and any improvements or outcomes required. The initial case summary is part of the initial assessment and will form part of the early discussion between worker and manager on allocation. It will be reviewed and updated by the worker every 3 months. Some information will not change in the summary, but essential updates will include any escalation, key issues arising, or progress made.

The initial case summary is completed within the early help initial assessment and includes:

* Brief overview of history
* Reason for referral / involvement
* Current family and home situation – details of the family structure, including parents/carers, child or other significant adults who live or who do not live in the family home
* What will be the impact on the children if nothing changes?

The case summary must be reviewed and updated by the worker every three months to provide a current snapshot of the progress the family are making towards desired outcomes and against the supporting families criteria. This can completed within the review episode. The worker will update the following sections:

* What has happened in the last 3 months?
* What difference is the plan making for the child? If things are not improving - why?
* What is the plan for the next three months?
* Progress against supporting families outcomes and DTT

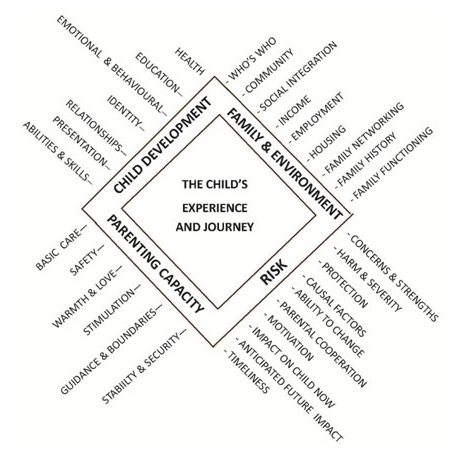
There is a section for responsible ranager comments which must be completed before the review is saved as final.

# Detailed Assessment

Detailed assessments must be completed within 6 weeks of allocation. Where there is a delay in producing the assessment, this must be discussed with a line manager and reasons clearly outlined in case notes. It is important to consider that case management recording should not include personal information or issue relating to the worker. Further assessments can and should be made when there is a change of circumstances or worker and when a plan has been open for 12 months to early help.

Detailed assessments will be completed using the common assessment diamond (pictured below). They will reflect the needs and strengths of the child, the family, and the environment they live in. Assessments must include the risks to the child and an analysis of the concerns and worries that will inform the delivery plan and desired outcomes.

Assessments should be proportionate to the needs and complexity of the family, written in language the family understand and lend focus to the aspects of the families lives there are most relevant to the plan and reaching their desired outcomes. It is good enough to use bullet points and to state if some information has not been able to be gathered (and why).



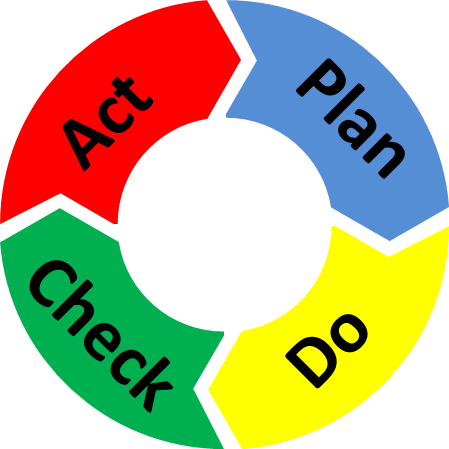
Within assessments there must be:

* Clearly identified recording of the voice of the child for all children within the family
* Clear evidence of the parental views including any significant people in the child’s life, including level of co-operation and willingness to engage
* The absent parent must be part of the assessment wherever possible and must always be considered throughout the work undertaken. If an absent parent refuses to be included in the assessment process or there are reasons why it is not felt appropriate that they must be included, for example they pose a risk, this must also be recorded.
* Clear evidence of multi-agency contribution from all partners
* Identification of the strengths of what is working well and the potential risks, of what we are worried about and to develop safety goals and plan around what needs to happen in the next steps. This should include a clear analysis and rationale that can inform the plan and next steps.
* The assessment must be produced in partnership with the child/young person, family and the team around the family. This should be communicated in a way that all family members can understand.
* The health assessment is now embedded within the detailed assessment.

On completion of the assessment workers can request management oversight through mosaic prior to sharing the assessment with parents/carers and the child/young person where age appropriate. Families should be given the opportunity to add comments and have shared ownership of their own assessment. Before a detailed assessment can be saved as final, timely and analytical management oversight must be provided. This will be recorded within the assessment itself and should ensure we understand the family, their history, needs and strengths and sets out the focus for their plan going forward. It is particularly important to ensure the lead worker has analysed the information and developed hypothesis that will inform the intervention with the family.

# Planning and Team Around the Family (TAF) Meetings

The early help action plan and the review are the tools we use to empower the family and the professional network to plan, do, check act and progress towards the family’s desired outcomes. It is the shared responsibility of the lead Worker, family and TAF members to take actions, complete these, review the impact they have and take further actions to move the plan forward.



An early help family action plan must be produced in the first 6 to 8 weeks. The plan aims to ensure that all members of the TAF understand the worries, what’s working well and what the identified outcomes are. Having a shared understanding of the desired outcomes for the plan is critical to ensuring we are prioritising intervention, staying focused and working with purpose.

Outcomes need to be SMART (Specific, Measurable, Attainable, Realistic, Timely). The plan must have clear baselines and established timescales.

The TAF brings together a range of different practitioners to support the family. The purpose is to bring people together, often with specialist knowledge or expertise, to work out how best to work together to help support the family. The actions within the plan should be shared between the TAF members, family and lead worker and are not solely the responsibility of the lead worker. It’s critical that families know what is in their plan, what they are working towards and have opportunities to have sight of the early help action plan and review.

The family and child or young person are critical members of the TAF. It is important to engage with them throughout the process. Our families are our main source of knowledge and expertise, we must use this information to shape their plan and empower them to make the identified changes. All support activities and tasks must be completed in the agreed timescales as indicated within the plan or an explanation as to why this has not happened recorded in the case notes or subsequent plan.

Evidence of the support provided to the family and actions undertaken need to be fully recorded. The early help action plan and review must be co-produced with the family and the team around the family, so that they reflect what all family members and professionals are worried about. This will create shared investment and ownership in achieving the goals and positive outcomes. Workers should test the families understanding of the plan and put in bottom lines that include contingency and safety planning.

All agencies involved must have the opportunity to have access to the Plan through the lead worker. When agencies are assigned an action on the plan, they are accountable for completing that action. Actions and outcomes will be monitored in each TAF meeting. The lead professional who is holding the EHP is responsible for driving and coordinating the plan forward to meet the desired outcomes in a timely way. There may be a need to hold a family network meeting, see guidance on TriX.

# Early Help Review

The monitoring and review of the progress of a family’s plan must be timely and regular. At a minimum it should be every 6 to 8 weeks however it can be be more frequent if required. Accommodating all members in arranging TAFs is important but should not significantly delay timescales. Workers can use virtual TAF meetings to enable TAF members to attend however if necessary or unavoidable the TAF can be managed without some members however all members should always be kept updated and informed.

Within the review, the voice of the child and family must be evident, and they must be afforded the opportunity to comment on whether the support being offered is effective for them.

The workers manager is responsible for actively supporting the plans progress and ensuring the quality of work. They will do this through direct work, observations, case supervision and reflection, audits or responding to issues if they arise. If a family is struggling to make progress or move forward with the plan it must be reviewed and adjusted in order to be within the scope of what the family and professionals can achieve. This may involve manager attending/supporting TAFs or visits to help the worker progress.

A record of the review and changes to the delivery plan must be shared with the family by the worker within ten working days of the review. All other agencies involved, must be able to access the review via mosaic or the lead worker. The review and progress will be used to complete the distance travelled tool following each TAF meeting.

# Management Oversight

Management oversight is a routine function for all line managers. It is an expectation that case work oversight is recorded clearly and includes what was considered and why, what evidence supports decisions and that the impact on the child, young person or family has been considered. It is important that all risk factors are reviewed and that we routinely consider ‘what life is like’ for the child or young person. Workers and line managers should be professionally curious and explore, test and challenge hypothesis.

Oversight should be recorded at the minimum of 8 weekly intervals. Oversight is identified in records of supervison, case summaries and by using the management oversight/decision drop down in mosaic case notes, therefore use this drop when recording any over within case notes. Oversight should be given:

* In the first 2 working days of an EHP being created/stepped across as part of the initial assessment .
* Upon allocation.
* Review Case Summaries, at least every 3 months
* Case Supervision Records, at least every 3 months or if a there is a significant event
* When safeguarding concerns are raised/prior to referral to the IFD.
* Oversight is embedded on all initial assessments, detailed assessment, early help action plan and closure.
* Should be added to case notes where there is non/dis-engagement or consent withdrawn.

Oversight should be clear and succinct and proportionate.

# Case Supervision Records

The record of supervision provides a framework, underpinned by Kolb’s reflective cylce, within which workers and managers can understand family’s progress and any barriers to change, hypothesise and collaboratively plan next steps.

CSR’s should be completed for each family every 3 months (every 90 working days) or if there is a significant event. Workers and managers should agree together which CSRs will be brought to each 1-1 supervision and it is the workers responsibility to prepare an update and summary in the following sections:

* Date chronology last completed
* Date case summary last updated
* Date of last recorded visit
* What has happened in the last 3 months?
* Child's voice / lived experience
* Actions from last supervision
* Progress towards desired outcomes

Within the supervision the worker and manager will use Kolbs reflective cycle to discuss the family and the plan, complete the reflection and analysis and set out next actions, next steps and timescales.

# Safeguarding and Escalation – See full safeguarding policy

Safeguarding children is everyone’s responsibility and early help takes very seriously its responsibilities to safeguard and promote the welfare of children and young people. The safeguarding policy sets out how we will deliver this commitment by working together and ensuring robust arrangements are in place to identify, assess and support those children and young people who are suffering, or at risk of suffering harm. This safeguarding policy is fully in line with the pan Sussex child protection and safeguarding procedures. If you think a child or young person is at **immediate risk of harm**, you must treat this as an emergency and call 999 to report your concerns to the Police immediately.

If you have any child protection or safeguarding concerns, in the first instance discuss these concerns with a manager and review against the continuum of need to establish if a referral to CSC is required. All child protection issues must be brought to the attention of management as soon as possible and, in most cases this should be immediately. In no circumstances should this be longer than 24 hours. If you have doubts about making a referral and are unable to consult your own line manager another manager or designated Safeguarding Lead for further advice or emergency duty team (EDT) if out of hours.

Early help staff must ensure that they have a good understanding and awareness of adult safeguarding and know what to do if they have a concern. Adult safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

If you think a crime is in progress or life is at risk contact the emergency services on 999 to report your concerns to the Police immediately. If you have any adult safeguarding concerns, in the first instance discuss these with your line manager to establish if a referral to adult Services is required. All adult safeguarding issues need to be brought to the attention of management as soon as possible, in most cases this should be immediately. In no circumstances should this be longer than 24 hours. If you have doubts about making a referral and are unable to consult your own line manager seek the advice of any integrated leadership team member.

Appendix B features specific guidance relating to neglect and domestic abuse, please see the documents of TriX for child exploitation and contextual safeguarding to support practice.

# Non/Dis-engagement/Consent Withdrawn

There are some occasions when we are unable to engage families with support or engagement is not consistent. Families or individuals may choose to dis-engage or withdraw consent for support. Lead workers must make every effort to work with all family members by being persistent and creative. This approach is critical if there are multiple risk factors. Where engagement is difficult the lead worker must consult the referrer or other professionals who know the family, seeking introduction or creative ideas to engage.

If engagement remains challenging the lead worker must consult their line manager for guidance on next steps. Line managers must consider all risk factors, review social care and early help history and consider the impact on children if the plan were to close. If the family were stepped down from CSC the manager should review the step across detail, the bottom lines and if concerned discuss with a senior manager to take view on whether closure or escalation is appropriate. The decision and rational and reflection on the impact on the child must be evident.

**Non/Dis-engagement/Consent withdrawn oversight recording should address the following**:

* Current family situation: background and history to include chronology/case summary/CSR
* Progress on plan/outstanding actions
* Current threshold/risk: Does withdrawal of support increase the risk? Are the children safe? Can the family needs being met by a different or universal service? Do we need to make a referral/escalation? Are professionals aware and can they offer? What will the family situation look like for each child if the plan closes?
* Are there protective factors or other services/professionals involved that reduce the risk/worries?
* Is there a current safety/what if plan? Is it tried and tested? Do the family, children and network know the safety plan and how to access support if needed?
* Working Well: Family and child strengths, family network
* Analysis: Have we explored all hypothesis available and considered the impact on the children if the plan closes
* Decisions: Clearly record which manager made the decision to close the plan, what was the rationale. Closure record to be completed on mosaic for all plans where there has been direct work from early help

**Non/Dis-engagement/Consent withdrawn, before closing**:

* Have we tried everything to engage including phone calls, text messages and written to the family?
* Have we explored routes to engage with other professionals e.g. joint visits, meetings at school or nursery?
* Have we completed an un-announced visit?
* Have we discussed with other professionals and understood the worries they have?
* If the family disengage worker and manager need to consider the impact on the children.
* All risks need to be considered – does this change the risk level and require escalation?
* Decision reached, why and by who needs to be clearly recorded as oversight. See consent withdrawn management oversight guidance.

# Endings, step down and closure

Ending our work with a child and family is a critical part of the family’s journey and needs to be managed in a way that is supportive to all involved. This sometimes means preparing other professionals as well as the child and family. Many of the families we work with have not experienced positive endings or experience anxiety about their plans ending so it is critical this is a planned and well managed stage of the EHP. Lead workers should discuss their plans for ending with a family in supervision and can consider creative ways to support both parents and children to celebrate progress made at the end of an intervention. This can include writing letters, cards, sharing wellbeing plans, enjoying a fun final activity together and taking time to reflect with a family.

At the final TAF it is important that all involved understand why early help support is ending and the progress that has been made. Workers are encouraged to spend time with each member of the family to reflect and celebrate on progress as well as ensuring the family understand what to do if problems arise. This is also a good opportunity to contingency plan with the family and professional network and ensure any safety plans, what if plans and wellbeing plans are in place and working.

A closure record must be completed on mosaic – this can be initiated from the detailed assessment, early help action plan or the review episodes. The closure record outlines the initial concerns that led to the plan, the desired outcomes and the summary of the work completed along with family feedback.

When a lead professional ends their work with a child and family, they must in all cases obtain management oversight. The closure record can be sent to managers through mosaic prior to sharing with the family and/or once the voices of the family have been captured. The manager and worker must consider risk factors and possible impact on children when the plan closes.

The closure record must also include the families plan going forward, any agreed contingences and what to do if they get into difficulty in the future. The follow actions must take place:

* + If there is agreement to step across the early help plan to a single agency partner, then the next steps need to be clearly recorded.
  + The exit plan must be agreed with the family and have management oversight.
  + Families need to reach “10 – Working Well” for each worry identified at the start of the plan.
  + The supporting families criteria (Early Help Identification of Needs DTT) and evidence of outcomes against the baselines will be clearly recorded and all evidence documents uploaded. Lead workers should use guidance embedded within mosaic and support from their manager to accurately complete the early help identification of needs DTT.
  + The school attendance of all school age children within the family should be recorded.
  + A minimum of two reviews must be recorded over the course of the plan to make it eligible for a claim.

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**Appendices:**

[Appendix A – Home Visit Recording](#_Appendix_A_)

[Appendix B – Neglect, Domestic Abuse](#_Appendix_B_–)

**Other Early Help Practice Guidance Documents:**

Early Help Plan Template Guides and Examples

Integrated Front Door Early Help Practice Guidance

Step Across Guidance

Hub Duty and Allocation Guidance

Enabling Families Practice Guidance

**Children Service’s Guidance on TriX:**

Safeguarding Policy

Continuum of Need – Threshold Guidance

Supervision Policy

Child Exploitation

Lone Working

Voice of the Child

Chronology guidance

Translation Services

Family Network Meetings

Adult safeguarding

<https://sussexsafeguardingadults.procedures.org.uk/ykoss/sussex-safeguarding-adults-policy/sussex-safeguarding-adults-policy>

# Appendix A Home Visit Recording Headings

**Who did you see?**

(record who was present, include all significant family members and children/young person)

**Purpose of visit and activity in relation to plan**

(what was the purpose of your visit, how does this support the plan)

**What did you observe?**

(give an insight into the lived experience, family members behaviours and interactions, home conditions)

**Voice of Child: (Including does the child feel safe)**

(did you see the child on their own, record their voice using “ XX”, be clear which child if more than one. For a non-verbal child describe how they presented)

**Parents view:**

(what did they say, did they engage)

**Worker Analysis**

(be curious, what are the significant facts, what are your opinions, what conclusions have you drawn)

**Actions and next steps**

(what are your decisions, what’s the rationale, be SMART with your actions)

# Appendix B – Neglect and Domestic Abuse

**Neglect**

Where a worker is worried about or identifies indicators of neglect, they must refer to the WSSCP neglect strategy (matrix embedded) and partnership toolkit.

<https://www.westsussexscp.org.uk/resources-and-tools-to-support-workers-in-identifying-and-tackling-neglect>

The worker will complete the neglect toolkit, review the outcomes with their line manager and/or seek support from their neglect champion where required; this will be reflected in the plan. The worker will update the Identification of Need and/or Distance Travelled tool to reflect the worries.

The Neglect Toolkit includes:

* Day in My Life tool
* Impact Chronology
* What do we know now? Analysis and Next Steps template

Next steps will be SMART to ensure that the child(ren) does not experience drift and delay and where the concerns require a Level 4 response the worker will seek management oversight and make a referral to MASH attaching the Neglect Toolkit.

**Domestic Abuse, Stalking, Harassment and ‘Honour’- based violence (DASH)**

The purpose of the DASH risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC) meeting in order to manage their risk.

If you are concerned to about the risk to an adult the link provides access to the DASH tool and guidance –

<http://www.safelives.org.uk/sites/default/files/resources/Dash%20without%20guidance.pdf>.

If you are worried about the risk an adult from domestic abuse or sexual violence please contact: Worth Service on -  [DomesticAbuseServicesCentral@westsussex.gov.uk](mailto:DomesticAbuseServicesCentral@westsussex.gov.uk) or 03302228181

If you are worried about the risk to an child or children please follow safeguarding process and refer to MASH: [mash@westsussex.gov.uk](mailto:mash@westsussex.gov.uk)

**Multi Agency Risk Assessment Conference (MARAC)**

The MARAC process combines up to date risk information and assessment of the victim and children’s needs to provide a risk management plan and access to appropriate services for all those involved in a domestic violence case: victim, children and perpetrator. The aims of the MARAC are:

* To share information to increase the safety, health and wellbeing of victims, both adults and their children,
* To determine whether the perpetrator poses a significant risk to any particular individual or to the general community,
* To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm/death,
* To reduce repeat victimisation,
* To improve agency accountability; and Improve support for staff involved in high-risk DV cases.

The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.  There are 5 MARACs in West Sussex, 4 locality based and MARAC plus for multi repeat cases and those needing a strategic overview. Each MARAC is held once a month.

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| **Review / Contacts / References** |  |
| Document title: | Dedicated Schools Team Practice Guidance |
| Date approved: | 1.12.2022 |
| Approving body: | Policy & Practice Group |
| Last review date: |  |
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| Document owner: | Head of Service Claire Hayes |
| Lead contact / author: | Charlene Hornsey |