**Early Help Assessment and Plan – Practice Guidance Notes**

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| **Principles and Disciplines of the Approach** | |
| **Taking a questioning approach to your assessment** | Signs of Wellbeing is a questioning (not an expert) approach designed to help families think their way into and through the assessment map and plan.  To help you explain the Signs of Wellbeing approach, and the assessment process, to the family there is a leaflet and family friendly assessment explanation saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Leaflets for Families\Signs of Wellbeing](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Leaflets%20for%20Families\Signs%20of%20Wellbeing) |
| **Working relationships are paramount** | We will work with families and their networks to develop a good relationship and have honest and respectful discussions of the worries and concerns. |
| **Be curious and don’t make assumptions** | We will be curious and think critically. We will adopt a culture of shared reflective practice and will always be willing to admit that we may be wrong. |
| **Don’t assume the position of being an expert in other people’s lives** | We will work with families to empower them to come up with their own solutions before imposing our own.  It is critical to robust safety planning, for us to involve the child and family’s support network as soon as possible in our work with them.  Right from the beginning of our work with the family, all workers should make sure that networks are identified and involved in our assessment and planning.  It is important that they understand what we are worried about and what we are wanting to achieve. We would like network members to be present whenever we meet with the family, be that at home or at any meetings.  We need to ask the network lots of questions to see if / how they have supported the family and what they have done to keep the child safe and well. We want to hear their ideas of what they think they could offer to support the child(ren) in the future, particularly at times when the problems are happening. This is important because the network will help to keep the child safe at times when we are not around, or the when the case is potentially closed.  Finding and involving networks is always challenging and parents will often be wary of involving others for a range of reasons. The Signs of Safety Network Finding Matrix provides workers with a practice tool to enable them to respond proactively and positively when parents raise challenges. For further support please see the below:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Network Finding Matrix](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Network%20Finding%20Matrix)  [S:\ChildServ\Signs of Safety Resources\Safety Circles](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Safety%20Circles)  It might be necessary to arrange a Family Group Conference (FGC) to support family networks. The process around FGC is similar to a Family Network meeting, but the difference is that FGCs are assisted by Independent FGC co-ordinators rather than the allocated early help worker. Before making a request for an FGC you need to have considered the following points:   * Have we considered a Family Network meeting first? If not, why not? * What added value will this bring to the outcomes for the case which are different to a Network meeting?   We want requests for Family Group Conferencing to be made only where other options have been explored first.  Criteria for Family Group Conferencing is saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Family Group Conferencing](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Family%20Group%20Conferencing) |
| **Language** | When communicating verbally with children, young people, families and professionals, we will always use clear language.  We will always record information using clear language so anyone reading the assessment, including the child, can understand what is written.  When other professionals are telling us about worries, we will ask them to use clear language to ensure they explain what they have seen, or heard, rather than meaning laden professional terminology i.e. avoiding terms such as ‘domestic abuse’ or ‘neglect’ without describing the exact behaviours and impact on the child.  We will capture the voice of the children and the adults involved, using their words, and making this clear by recording this in speech marks. |

| **Specific dimensions of the assessment** | | **What does good look like?** | **Further Resources** |
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| **Choose the assessment type** | | This should be based on the harm to the child and likelihood of future danger.   * Signs of Wellbeing – For all Early Help cases. * Signs of Safety - for all Child in Need and Child Protection Assessments. * Signs of Success – Children in our Care and Care Leavers |  |
| **Family and Network Details** | | | |
| **Family and Network Details** | | The people identified in this section should be detailed in the Personal Details Tab under the Relationships Section – they should also be reflected in the genogram and/or eco map.  The below bullets are the fields on EHM within this section of the Assessment, you should make sure that all the people in the child’s support network are included within these fields.   * Who would the child say are the most important people in their life? * Who would the parents say are the people around them that help and support them? * Who are the most important professionals involved with the child and family?   The frequency of network meetings should be reflected in the timeline (this is in the what needs to happen section) and it is good practice that all meetings held include the family and network. | Finding and involving networks is always challenging and parents will often be wary of involving others for a range of reasons. The Signs of Safety Network Finding Matrix provides workers with a practice tool to enable them to respond proactively and positively when parents raise challenges. For further support please see the below:  [S:\ChildServ\Signs of Safety Resources\Network Finding Matrix](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Network%20Finding%20Matrix)  [S:\ChildServ\Signs of Safety Resources\Safety Circles](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Safety%20Circles) |
| **Communication Needs/**  **Language** | | Ensure that you provide enough information for the reader to understand whether there are any additional needs that should be taken into account, e.g.:   * like those arising from English not being their first language (do they need an interpreter?); * or if a child has learning difficulties and might use Makaton. * If a child is disabled, is there a need for wheelchair access at home and when they are out in the community? |  |
| **Genograms/Eco Maps** | | Genograms and eco maps give a clear picture of who is in the child’s life, who is important to them, who keeps them safe and who poses a risk to them.  Every case will have a full genogram; this will be saved as an attachment in the general ‘Documents Tab’ on the child’s record under the category ‘Genogram.’  The genogram or eco map should reflect all the people who are recorded in the family and network details section.  The genogram should include all the people who are referenced in the assessment and make it clear who lives in the child’s household, denoted by putting a circle around them. The genogram should identify significant dates i.e. births and separation (including divorce).  If you are referring to anyone in your assessment, particularly in relation to the worries, make sure they are reflected in your genogram/ ecomap. | Guidance on creating genograms is saved here:  [S:\ChildServ\Signs of Safety Resources\Genograms](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Genograms) |
| **Assessment Details** | | | |
| **Assessment details** | | In creating your plan for the assessment consider the following issues:  What is the purpose / reason for the assessment? What do you want to achieve in undertaking this assessment and any subsequent plan?   * Where did the referral come from (who is worried?) * To complete the assessment who needs to be involved, seen, spoken to - where, when, how, and how often? * Detail the professionals that have contributed to this assessment.   How will you get consent for any further enquiries you need? |  |
| **Worries and What’s Working Well** | | | |
| This section is about the main body of evidence within your report not your hypothesis.  The worries should be informed by a full detailed chronology which is recorded on the chronology tab on EHM. Chronology Guidance is saved here [S:\ChildServ\Signs of Safety Resources\Chronology Guidance](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Chronology%20Guidance)  On some more complex cases, the worries section may be informed by a ‘Harm Matrix’. This is a tool designed to help the worker analyse a lot of information in order to bring greater clarity to the reasons why people are worried. Completing this will help to establish what evidence you have of the wellbeing concerns, rather than assessing risk based on anxiety.  This tool helps to identify what evidence we have, and what evidence we need to try and find out so that we can consider this within our assessment.  A PDF version of the harm matrix with prompts and questions, as well as a blank word template is saved here [S:\ChildServ\Signs of Safety Resources\Harm Matrix](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Harm%20Matrix) | | | |
| **What are we worried about?**  **HARM/ Wellbeing concerns** | | Your evidence within this field should be informed by a full detailed chronology (on the chronology tab) and your harm analysis matrix if you have completed one.  You should clearly describe the following information, but if you don’t have this yet then this is the information you should try and find out in your assessment:   * Who is the adult you have worries about? * What are the harmful or damaging behaviours people have seen / heard about? * How often have these behaviours happened? * How bad (severity) have these behaviours been? * How has the behaviour affected the child? * Write the past worrying behaviour in clear language the child/young person and the parents/carers would understand without minimising the seriousness of the concerns.   Wherever possible use the words of the child/young person and the parents/carers to describe the concerns.  **Within this section also detail:**  **What was the first event** in the family’s life that resulted in Children’s Services involvement with the family - what was the impact of that event on the child? When was the first time that:   1. Children’s services were involved 2. Other agencies or LA’s were involved 3. When would the child/ family/ network say this started.   **What was the worst event?**   1. Known to children’s services? 2. Known to other agencies or LA’s 3. What would the child/ family/ network say was the worst event?   **What was the most recent event?** in the family’s life that Children’s Services are worried about and what was the impact of that event on the child?   1. What is the most recent event known to children’s services? 2. Known to other agencies or LA’s 3. What would the child/ family/ network say was the most recent event? |  |
| **What are we worried about?**  **Complicating Factors** | | Who or what is making the problem harder to deal with?  There is a tendency to record every complication, challenge and difficulty facing the family, but this will tend to overwhelm professionals and family alike. Use your best professional analysis and judgement to think carefully about the key complicating factors that will make it more difficult to address the wellbeing concerns.  Complicating factors can include:  • Insufficient income  • Employment Issues  • Problematic relationships with extended family, friends and community  • Isolation  • Mental Ill Health  • Bad experiences with and/or fear of professionals  • Poor communication between professionals  • Too many professionals involved in the case  • Asylum status  • Absent parent (e.g. in hospital or prison)  • Sexuality    List any critical issues that seem directly connected to the concerns that are currently unclear. |  |
| **What’s working well section** | | What’s working well is the engine room of the Signs of Safety/Wellbeing/Success approach in engaging and energising families. It involves detailed inquiry and careful, forensic attention being given to everything that is working in the child and family’s life.  Frequently, when professionals document strengths they tend to focus on professional priorities such as attending meetings and services. While these things have some significance, the strengths, resources and exceptions that have most value are the everyday actions, behaviours, people and plans that directly enhance and support the family and the child’s life.  Building plans to address the past concerns, that make best sense to the family and child, depends on the professionals bringing compassionate and rigorous focus to everything that's working well, both in the child’s home and broader life, to form a foundation of what is already working well which the plan can be built on.  The professionals build the detail of strengths and existing safety by asking as many questions as possible related directly to the concerns. Focusing on what is working not only provides the foundation for planning, it also builds hope, trust and collaboration between the professionals and family members. Exploring what’s working involves questioning to enable the family to think themselves into and through their difficulties.  This is the section that helps to identify what the family/carers are doing about the worries and who is helping them (strengths) and the times when the worry has been present and the child has been kept safe (safety). | A guide to using solution focused questions and other resources, with ideas for questions, are available here.  [S:\ChildServ\Signs of Safety Resources\Questions Advice](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Questions%20Advice) |
| **What’s working well**  **(The middle column)**  **The engine room of safety planning!** | | The worker uses a questioning approach to help the family to identify what is working well, so that this can be included in the plan. We can build on this to help keep the child safe and support their wellbeing – types of questions include:  **Exception questions** – to help parents/ carers/ young people identify when the problem has been managed (even  just a little bit) and why? How could that be part of the plan/solution to the problem now?  **Miracle questions** – to help young people/ families think about what it will look like when the problem is sorted. What are we doing now to help us to get there? What are the things we think we need to do to get to that place?  **Coping questions** – when has the parent/child/young person/carer faced problems and dealt with them in the past? What was different then that could help now?  **Relationship questions** – from another person’s point of view, like what would the teacher say are the best aspects  about this young person?  Finding the positives enable the worker to honour the family members and in doing so engage them in a meaningful way, which creates hope and a foundation on which it is possible to talk about the hard things. In “what’s working well” workers are particularly looking for strengths and existing safety that are meaningful in terms of the worries. | A guide to using solution focused questions and other resources, with ideas for questions, are available here.  [S:\ChildServ\Signs of Safety Resources\Questions Advice](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Questions%20Advice) |
| **Existing Wellbeing** | | Provide the behavioural detail about times when the worries have been present and who has done what to keep the child safe when this has been happening. Older children may have done something to keep themselves safe.  Example questions could be:   * Tell me about a time when you felt angry but you somehow managed to stay calm. How did you do that? * Think back to a time when you went to take drugs, but you did something first to make sure your baby would be safe and well cared for. What did you do? * There have been times when you say you haven’t felt like getting out of bed in the morning, but you somehow managed to get the children breakfast, dressed and safely to school. Who or what helped you to achieve that? * You say that your friends wanted you to skip school but you didn’t and you still came. How did you achieve that? | Advice on creating best safety and strength questions is saved here:  [S:\ChildServ\Signs of Safety Resources\Questions Advice](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Questions%20Advice) |
| **Existing Strengths** | | Provide the evidence about what people have already been doing to try and address the worries.  People, behaviour and actions that positively contribute to a child’s wellbeing, health and development and plans that parents/carers/the young person commit to about how the worries will be addressed.  Strengths are the things that are working well for the child, or in the family, and could possibly be translated to future success.  For example, “the child has a strong and supportive relationship with the head teacher at school” would be a strength but not necessarily something that is contributing to the young person’s success although, with planning, it could do so in the future.  • Tell me the best ways you have managed as parents?  • What is helping make this worry better right now?  • If we asked school what would they say is the best thing about ‘insert child’s name’?  • What is the thing you are most proud about?  • What are the most impressive things you have seen ‘insert child’s name’ do?  • What are the most impressive things you have seen the adults around the child doing? | Advice on creating best safety and strength questions is saved here:  [S:\ChildServ\Signs of Safety Resources\Questions Advice](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Questions%20Advice) |
| **Direct work with the child/young person** | | | |
| **Direct work with the child/young person** | | Please detail the direct work you have completed with the child under this section as per the prompts on the system.  Any direct work that evidences the child’s voice should be saved in the ‘document’ tab of the **assessment** using the appropriate ‘Direct Work with Child Category’ See guidance at [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Child Engagement Tools - Templates and Guidance](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Child%20Engagement%20Tools%20-%20Templates%20and%20Guidance) | Guidance and templates for using My Three Houses and Wizards and Fairies are saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Child Engagement Tools - Templates and Guidance](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Child%20Engagement%20Tools%20-%20Templates%20and%20Guidance)  Early Help Workers are also encouraged to use other direct work tools, where they are more appropriate for the child and would better encourage them to engage. |
| **Child, Family and Network’s Experience** | | | |
| **The Child’s Voice -**  **The child’s experience** | In every instance where the child is old enough, the early help worker should meet with and interview the child/young person to understand their experience of their life. Where a child is too young to interview, or they suffer from a disability that makes this impossible, the early help worker should always meet and observe the child and should interview at least one person other than the child’s immediate carers, someone that is close to the child and knows them well.  The interview(s) should focus on the child’s worries, what’s working well and good in their life, their wishes and what they want to happen about any problems. The My Three Houses tool is designed to assist the worker to have these conversations. The early help worker should allow the child to talk about their life as widely as they want to in these areas and should focus on the issues that have brought Children’s Services into the family’s life.  Most often the best way to engage and build a connection with a child is getting them to speak about what is good in their life which is usually where a worker should start. Where a child is unwilling to talk about worries and the worker is finding significant difficulty in this area after they have engaged the child, they should be ready to set aside asking about problems and worries.  By focusing instead on the child’s wishes (through asking for instance about their ‘House of Dreams’, life after a magic wand has been waved or life after a miracle has happened) it will not only provide information of what the child wants, it will also usually provide considerable insight into how worried the child is about their life now and what they are worried about.  Any direct work that evidences the child’s voice should be saved in the ‘document’ tab of the **assessment** using the appropriate ‘Direct Work with Child Category’ See guidance at [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Child Engagement Tools - Templates and Guidance](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Child%20Engagement%20Tools%20-%20Templates%20and%20Guidance)  It is imperative that any direct work completed with the child is reflected within the main assessment, we want the child’s voice to be identified. Where possible use the child’s own words with speech marks to make this clear. | | Guidance and templates for using My Three Houses and Wizards and Fairies are saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Child Engagement Tools - Templates and Guidance](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Child%20Engagement%20Tools%20-%20Templates%20and%20Guidance)  Early help workers are also encouraged to use other direct work tools where they are more appropriate for the child and would better encourage them to engage. |
| **The Child’s Voice -**  **Their biggest issues and what they want to happen** | Make sure you use the exact words of the child or young person. As well as describing the best aspects generally, explore and describe specifically what the child likes best about their family life, their parents/carers and times when they and their parents/ family have dealt with difficulties and challenges. | | It may be appropriate to use the Safety House Tool to help children articulate what they want to happen. Guidance and templates are available [here](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Child%20Engagement%20Tools%20-%20Templates%20and%20Guidance\The%20Safety%20House). |
| **Parental (carers) experience** | | It is vital at all stages of the assessment to ensure you gather information about the parents/carers experience in relation to the reasons for your involvement i.e. understanding what has been happening to make them worried, what they have been doing to try and address the worries (what's working well) and what they want to happen / what are the outcomes they are wanting to achieve for their child/family (what needs to happen / wellbeing goals).  It is also important to capture within the plan, the steps that parents/carers say they will take to address the worries and keep the child safe.  Within the table identify:   * Name and relationship to the child. * What are they most worried about in the child’s life? (including the child’s wellbeing, safety, success, health and development) * What do they say are the best things about their life, their family, their child and their care of the child? * What do they say are the best things about the parents’ lives and their care of their child? * What do they think needs to happen to address the concerns identified for the child? |  |
| **Key Family Members and Support Networks’ Experience.** | | What are the views of key family members and members of the support network? This section should include the views of all the important people you have listed in the family and network details field.  Within the table identify:   * Name and relationship. * What are they most worried about in the child’s life? (including the child’s wellbeing, safety, success, health and development) * What do they say are the best things about the parents’ lives and their care of their child? * What do they think needs to happen to address the concerns identified for the child? |  |
| **Analysis and Judgement** | | | |
| **Analysis and Judgement section** | | The professionals need to analyse the information they have gathered and formulate the critical worry statements to identify the core issues in the situation that need to be addressed. There might be up to three such statements, on occasion a fourth is needed but this is rare. Once worry statements are written these need to be matched with a directly related wellbeing goal and wellbeing scale.  Assessment always involve three steps: information gathering, analysis and judgement. Assessment is never complete without explicit judgement, so the scaling process always needs to be completed, whether professionals feel they have enough information to make a judgement or not.  Signs of Wellbeing uses a straightforward 0 to 10 scaling device to enable everyone involved in the situation, professionals, parents, children and support people to offer their judgement of the situation. | Guidance on developing and using Safety/ Wellbeing Scales is saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\R&C Guides for Practitioners](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\R&C%20Guides%20for%20Practitioners)  See safety scale guide – process is the same for wellbeing scale) |
| **Worry**  **statement** | | The crucial problems for the child, that are believed likely to happen in the future if nothing in their situation changes. Critical Worry Statements should:  • Explain who is worried  • Summarise what has happened to make them worry (harm / behaviours that pose a risk)  • Explain why; how this is likely to harm/impact on the child if nothing changes (this can include theoretical / expert knowledge about what can happen to a child’s health / development based on the evidence of what has happened)  • Clearly and behaviourally describe what the professionals are worried will happen in the child’s future if nothing changes. • • The professionals should draw on and incorporate what the child/ren and parents/carers have told them, always using the child’s and any parent/carer’s words wherever possible.  • Be written in language understandable for the child and parent/carer, while still capturing the seriousness that the professionals, parent/carer or child see in the situation.  • Be clearly informed by the actual past concerns and the child and the adult behaviour believed to be contributing to those concerns. The behavioural focus ensures professionals and carers keep their worry statements behaviourally grounded rather than written out of anxious worst fears.  • Worry statements take into consideration the information and views of other agencies and should be agreed as a true reflection of their concerns. | Guidance on developing Critical Worry Statements and Wellbeing Goals is saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\R&C Guides for Practitioners](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\R&C%20Guides%20for%20Practitioners) |
| **Wellbeing**  **Goals** | | The behaviours and actions that children’s services need to see to be satisfied the worries for the child are addressed.  **Goals:**  • Clearly describe what the child/ carer/ professionals needs to see to know the critical worry will be addressed  • Must be paired with a critical worry statement  • Start with a positive statement about what the professionals see that makes them believe the child, parents and carers can address the critical worries.  • Avoid saying how the critical worries will be addressed, wherever possible leaving this detail to carers, child and their support networks.  • The wellbeing goal should have a clear link to the critical worry statement. Set out what the future would look like for you not to have a worry and feel that the child is safe. | Guidance on developing Critical Worry Statements and Wellbeing Goals is saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\R&C Guides for Practitioners](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\R&C%20Guides%20for%20Practitioners) |
| **Wellbeing**  **Scale** | | A unique wellbeing scale should be created, matched with each worry statement and wellbeing goal.   * The 0 and 10 end points of the scale need to be clearly connected to the worry statement and wellbeing goal in line with each identified worry. * 10 is linked to the wellbeing goal, so it shows you that your desired wellbeing/outcome has been reached. * 0 is in relation to your worry statement, there is no evidence of wellbeing and if nothing changes the child is certain to get harmed or harmed again. * The scale clearly measures the current progress of the child(ren) and family in relation to the worry. * As a solution focused approach start with the definition of 10 and what everyone is aiming to achieve, before defining the 0 of what we are trying to avoid. In this way everyone has a clear way of understanding, measuring and discussing the seriousness of the problems and what progress has been made. * Each case will most likely have multiple sets of specific worries, goals and scales. Alongside these, it is important to be able to assess overall progress in each case which requires the creation of an overall progress scale*.*   For each Worry Statement and Wellbeing Goal pairing you ask a scaling question.  On a scale of 0-10 where;  10 means the child is safe and well (as described in the wellbeing goal) and we no longer need to be worried and can close the case and 0 means that the child is not safe (in relation to the Worry Statement) and is certain to get harmed or harmed again where would you rate the situation?   * Provide all the reasons that bring you up to this number? * What keeps you at this number? * What are your ideas for what needs to happen/change for you to rate just a bit higher?   You need to detail the scaling for all the critical people involved, provide their name and role in relation in to the child (e.g. grandmother, teacher), give at least three reasons for their rationale and be clear what they need to see happening to make things better for the child. | Guidance on developing and using Safety/ Wellbeing Scales is saved here:  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\R&C Guides for Practitioners](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\R&C%20Guides%20for%20Practitioners)  (See safety scale guide – process is the same for wellbeing scale) |
| **What Needs to Happen?** | | | |
| **Bottom Lines** | | Professionals will almost always have bottom line requirements in early help cases, this will usually depend on the seriousness of the worry statements.  Bottom lines are the non-negotiables and so practitioners should make sure that they don’t put unrealistic expectations on the family which could set them up to fail.  Parents, carers, young people and support people need to know what the bottom line requirements are.  Professionals should carefully think through the bottom lines they require, keeping these requirements to an absolute minimum by ensuring they are clearly linked to the direct care and improved outcomes/quality of life for the child/young person. |  |
| **Timeline** | | Frequency of network meetings should be reflected in the timeline and it is good practice that all meetings held include the family and network.  **Before you can create a timeline** - You first need to have written your Worry Statement/s with clearly linked Wellbeing Goals that demonstrate that your intervention has been a success – this will normally have happened at the assessment stage.  You need a worry statement with clearly linked wellbeing goals along with a scaling question to enable professionals and the family to make a judgement about how effective the plan has been.  **What is a timeline? -** It is like having a calendar that tells everyone what tasks need to be done, who needs to do them, by what date and what changes this can bring about as a result of achieving the desired outcomes of each task.  **Why do we need a timeline?**   * The timeline helps professionals to stay focused on the tasks that need to be completed and by when. We know that this can help to minimise case drift and delay in planning for children. * It also gives a calendar to the parents/carers/ network/child so that they have a clear understanding of what the professionals expect from them and what they can expect from the professionals.   **What stages are contained in a timeline?**  There are three key stages to effective safety planning; the timeline for the case should encompass all three stages.   * Preparation phase * Safety Planning stage * Monitoring stage   **Preparation Phase -** Details how the worker will prepare themselves and other professionals to commence Safety Planning, so that they can then prepare the child, parents/carers, wider family and network. e.g.:   * Draft **worry statements** (so you are clear what the future risk(s) to the child(ren) are) * Draft **wellbeing goal** (so you are clear what the outcomes are that you are trying to achieve that will show you the child is safe, not the steps to achieve this) * Draft **scaling question** (clearly linked to your worry statement and paired wellbeing goal) to measure how successful the plan is working and keeping the child safe. * Consider if you have any **Bottom Lines** i.e. non negotiables to achieve wellbeing/safety. * Drafting your **timeline** so that you have a vision of the steps needed to achieve the goal and the timescales for this. The timeline should be shared with the child/family/network as soon as possible (and signed off by the manager) before commencing the work to ensure clear expectations and accountability.   (NB while the worry statement and wellbeing goals will have been completed initially, further work may be required if the situation has changed or there is new information, and where this is required it should be captured in the timeline).  **Wellbeing Planning Stage**   * Building an informed **Support Network** so that people understand the worries and goals, so that they can help to create and be part of support and safety planning arrangements ([***Safety Circles***](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Safety%20Circles)*,* [***Network finding Matrix***](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Network%20Finding%20Matrix)may be helpful tools to use in this process). * Within this stage it may be appropriate in some cases to work with parents to create the **Words and Pictures** explanation for the child(ren) so they understand how things have got to where they are now. * Please refer to the safety planning roadmap to consider what other elements of safety planning may be required.   [S:\ChildServ\Signs of Safety Resources\Safety Planning](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Safety%20Planning)  **Monitoring stage**   * Sets out how everyone will monitor that the plan is still working prior to case closure * This is often a stage that is missed out or is of an insufficient length to truly test out that the plan is working. This is one of the reasons why we often get repeat referrals.   **What goes into a timeline on EHM?**   |  |  |  |  | | --- | --- | --- | --- | | **Week** | **Task** | **Meetings and Monitoring** | **Changes** | |  |  |  |  |   **Week/Date** - Top tip, don’t start with the date…!   * Decide what tasks need to be completed first * Then work out how long you think each task is likely to take (keep in mind the child’s timescales) * Then work backward to create a detailed timeline for all the actions, tasks (for both the professionals, child/ young person, family and network) and meetings required to meet the goals by the anticipated completion date. Write this in weeks (i.e. Week 1 – commencing 1st October 2020)   **Task**   * The tasks that need to be completed to achieve the goal so that the case can safely close, or if the child is out of the home then how long it will take to achieve reunification. * Please refer to the [***Safety Planning Road Map***](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Safety%20Planning) which gives an overview of the critical tasks to achieve effective safety planning.   **Meeting and Monitoring**   * What meetings the family and network need to have to create and monitor the plan * Which of the above meetings the professionals will attend * What statutory meetings the agency will hold to monitor and review the planning * When visits will take place   **Change / Outcomes**   * What changes would you see (measurements of quality rather than compliance) to assess progress toward the desired goal * Contact arrangements (start with existing contact arrangements at the top of the column and provide a vision of how these will increase/change if things go well – explain who, frequency, duration, supervision, where and travel arrangements). See [**here**](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Timeline%20and%20Trajectory)for an example of a timeline. | See here for an example of a timeline  [\\Redclev.net\CorpDept\ChildServ\Signs of Safety Resources\Timeline and Trajectory](file:///\\Redclev.net\CorpDept\ChildServ\Signs%20of%20Safety%20Resources\Timeline%20and%20Trajectory)  A copy of the safety planning roadmap is saved here  [S:\ChildServ\Signs of Safety Resources\Safety Planning](file:///S:\ChildServ\Signs%20of%20Safety%20Resources\Safety%20Planning) |
| **Who is involved in the plan?** | | |  |  |  |  | | --- | --- | --- | --- | | **Name and role** | **How often will they see the child** | **What are the specific tasks for this person?** | **Network Lead** | |  |  |  |  |   This section should include all the people who are part of the safety/support network – they should be included in the family and network field, listed on the personal details tab and included on the genogram. This shouldn’t just be a list of professionals. Involving non-professionals will ensure that the plan can continue if and when Children’s Services and other agencies are no longer involved.  The network lead is the person who makes sure the task is complete. This should not be a professional – it should be someone the family has identified, from their naturally connected network, to review the effectiveness of the plan and ensure that tasks are being completed. |  |
| **Plan rules** | | The plan rules will address each concerning behaviour in turn. Moving from what is working well onto stressors and triggers for red flag or emergency events. And consider who will do what when problems arise.  The plan rules should include the contingency that is in place, the steps others will take, if the original safety plan does not work.   * What will the parent/carers do if the child’s own safety plan doesn’t work? * What is the safety network going to do if the parent/carer’s plan doesn’t work? * What is the local authority and partner’s contingency plan if the above does not work?  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Key issues arising from worry statement** | **Existing wellbeing/ what s working well** | **Stressors and Triggers** | **Indicators danger is emerging or present (red flags)** | **Who will do what when problems arise?** | | Neglect – parent’s lack of supervision and care of the children | When Mum takes her prescribed medication she is able to function well, stay alert and care appropriately for the children. | There are periods of time when Mum is prone to be depressed and not coping e.g.  1) Anniversary of when she lost her first child (May)  2) Times when partner is away working and she is left alone with the children.  3) When she forgets to take her medication | Mum not allowing people into the property.  When Mum doesn’t answer phone calls or texts.  When she doesn’t collect her proscription.  When the curtains are still closed mid-morning. | If Aunty Susan sees any of the red flags she will use her spare key and go into the house to check the children are okay.  If Aunty Susan is unwell, she will phone Uncle Bob up to use his spare key and he will go round. (contingency)  If anyone thinks Mum isn’t coping they will either stay with her and make sure the children are okay or they are happy to have Mum and the children stay with them until she gets better. |   *NB - Each Key issue should be included on a separate row within the plan.* |  |
| **Recording and Demonstrating the Plan** | | * How will the family demonstrate the use of the plan? * How is it kept up to date and who is responsible for it? |  |
| **Assessment Outcomes** | | | |
| The outcome of the assessment is one of the following options:   |  |  | | --- | --- | | https://llogicehmlive.redclev.net:13010/images/checkTick.gif | Progress to Team around the Family Meeting | | https://llogicehmlive.redclev.net:13010/images/checkBlank.gif | Continue with Existing Process | | https://llogicehmlive.redclev.net:13010/images/checkBlank.gif | EHA Episode Completed | | https://llogicehmlive.redclev.net:13010/images/checkBlank.gif | Early Help Plan |   Please provide a summary of the reasons for the suggested outcome. | | | |
| **Manager’s Authorisation** | | | |
| * Based on the analysis and plan in place, is the recommendation the appropriate course of action to ensure the safety and wellbeing of the child? * Name of Manager authorising this Assessment   *The fields within this section must be completed by the manager/ Prevention Lead, explaining why they support the analysis of the early help worker. Where the manager’s view is different to the worker it is recommended that a Signs of Wellbeing Collaborative Case File Audit takes place.*  *T*he manager must be satisfied with the quality of the assessment in relation to these assessment guidance notes, before providing their authorisation. | | | |
| **Attachments** | | | |
| **Direct Work** - Ensure that any direct work with children informing the assessment is uploaded as an attachment to the assessment.  **Genograms and Eco Maps** *-* Every case will have a full genogram; this will be saved as an attachment in the **general ‘Documents Tab’** on the child’s record under the category ‘Genogram.’ | | | |