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*** [***www.doncastersafeguardingchildren.co.uk***](http://www.doncastersafeguardingchildren.co.uk) ***for the current version.***

**For all enquiries where Early Help is needed contact**

**The Early Help Hub 01302 734110**

[**EarlyHelpHub@doncaster.gov**](mailto:EarlyHelpHub@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 on:**

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

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

**Email:** [**referral&responseteam@doncaster.gov.uk**](mailto:referral&responseteam@doncaster.gov.uk)

Introduction 4

Early help in Doncaster 4

Purpose of this document 5

Early help documents 5

Abbreviations and terminology 5

Key principles / what is early help? 6

Critical features of effective early help 6

Continuum of need 6

When is it early help? 7

Early identification of need 7

Examples of when to consider early help 7

Process of transferring an paper CAF/EHA to an e-Early Help Assessment 8

Early help pathway in Doncaster 9

Pathway to support children and families with ‘additional needs’ 9

Early Help Hub enquiry screening process 10

Early Help within the wider pathway of support for children in Doncaster 10

Early help infrastructure support 10

Early Help Hub 10

Early help infrastructure support 11

Early Help Hub 11

Locality based Early Help Coordinators 12

Your Early Help Coordinator Team 12

Early help online system: Early Help Module (EHM) 12

How to guides 13

Early help enquiry forms 13

Consent 13

Stronger Families 13

How is a family a Stronger Family? 13

Possible additional resources available for Stronger Families 13

Undertake an assessment 14

Completing an early help assessment 14

Framework for assessment 16

Taking on the role of the lead practitioner 17

The roles of a lead practitioner 17

Support available to you as a lead practitioner 17

Undertaking a team around the child / family (TAC/F) 17

What is a team around the child/family (TAC/F)? 17

Completing the family action plan 18

Review meetings 19

Early help closure 19

The decision to close a TAC/F 19

Early help and TAC/F FAQs 21

Appendices: forms 23

Early Help Hub Enquiry Form ENQ1\_FORM 24

Consent Statement CON2\_FORM 29

Stronger Families Eligibility Checklist SFEC4\_FORM 31

Early Help Assessment Form EHA3\_FORM 34

Team around the Child, Young Person and Family Meeting Record (Initial / Review) MTG5\_FORM 43

Family Action Plan FAC6\_FORM 46

Template GP Information sharing letter …………………………………..…..48

Closure Record CLO7\_FORM 49

# **Introduction**

## Early help in Doncaster

Early help is a simple concept; it is about changing our culture from an often late reaction to chronic and acute need and re-focussing our activities, along with our resources, on the root causes of social problems. By doing so, outcomes for children and families improve and costly statutory interventions are avoided.

The Children and Families Strategic Board (CFB) has defined early help as:

**‘The job of all public, private, voluntary and community services as well as citizens in Doncaster, is to prevent and intervene early with children, young people and families experiencing problems in order to prevent escalation of problems. This will deal with root causes, providing support at an early age and an early stage of problems emerging. We will do this by taking a whole family approach and intervening in a co-ordinated way.’**

In Doncaster we use the term early help as the umbrella term that describes our continuum of service response from universal/preventative services to where a team around the child/family is required. The early help assessment processes replace the Common Assessment Framework processes.

This approach supports agencies with their responsibilities under Section 10 of the Children Act 2004 as summarised in Working Together to Safeguard Children (2015):

*Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority’s relevant partners and such other persons or bodies working with children in the local authority’s area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority’s area, which includes protection from harm and neglect.*

Working Together also states that:

*The LSCB should publish a threshold document**that includes the process for the early help assessment and the type and level of early help services to be provided.*

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.doncastersafeguardingchildren.co.uk/DSCB/early_help.asp>.

## 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.

## 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.

If you are using the paper versions of forms from within this handbook they should be sent to the Early Help Hub ([earlyhelphub@doncaster.gov.uk](mailto:earlyhelphub@doncaster.gov.uk)) as the case progresses, to record work with the individual families and capture the ‘child’s journey’ and progress being made. It is expected that all practitioners should be using the electronic system and paper should only be in a minority of cases.

If you require further information, help or support refer to **pages 11 and 12** 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

**CAF** common assessment framework (now superseded by the EHA)

**Child** refers to children and young people

**CSC** Children’s Social Care

**EHA** early help assessment (which has now replaced the CAF)

**EHCP** education health and care plan

**EHM** Early Help Module

**IAG** information, advice and guidance

**LP** lead practitioner

**LSCB** Local Safeguarding Children Board

**Parents** refers to parents, carers and others with parental responsibility

**R&R** CSC Referral and Response service

**SW** social worker

**TAC** team around the child

**TAF** team around the family

# **Key principles / what is early help?**

## 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).

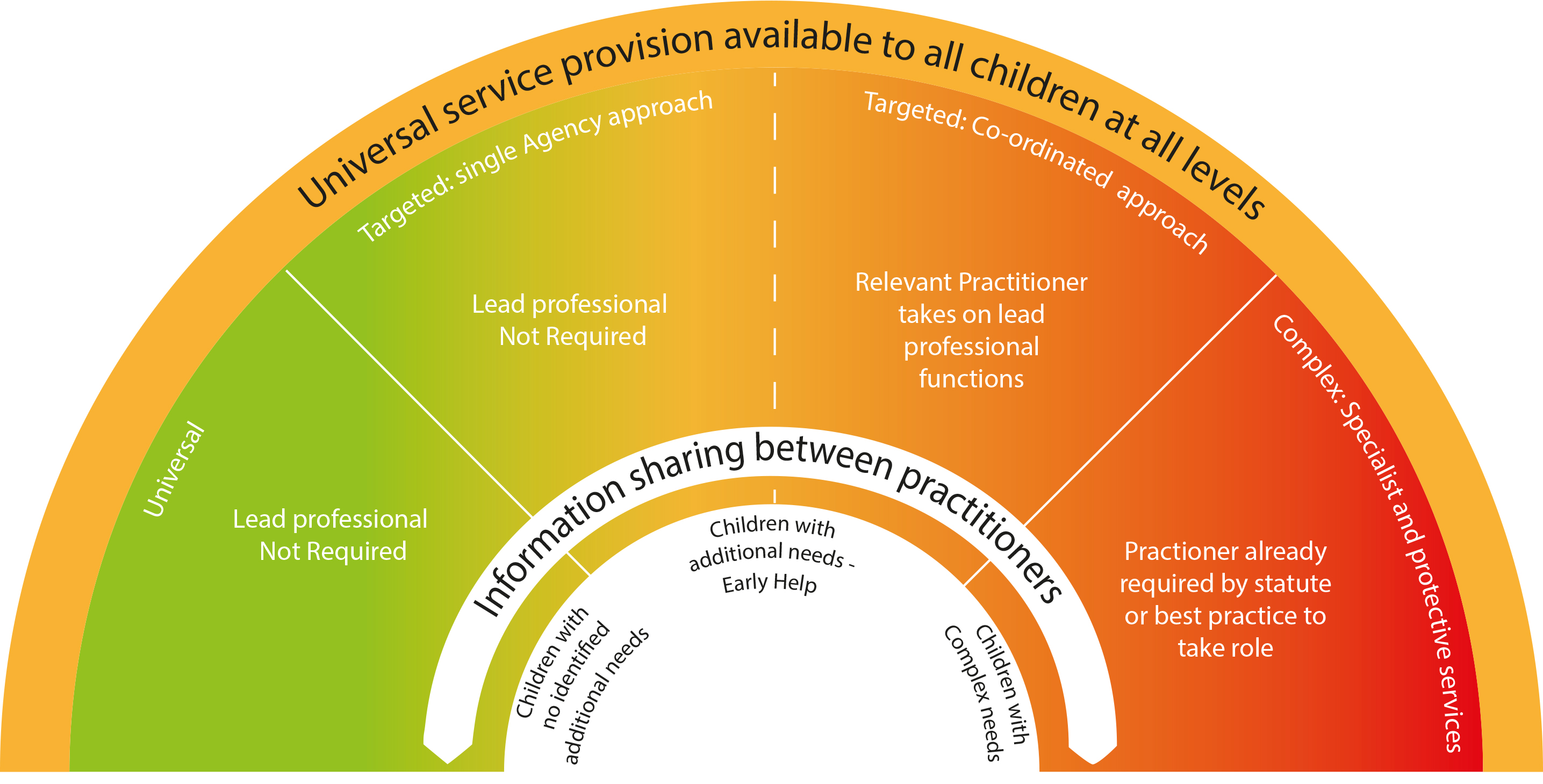
TAC/F is a shared assessment and planning framework which is in use by a variety of agencies across the borough and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and promote a co-ordinated multi agency response to meet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

**If you identify a child with additional 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.

Early help should be considered to support children with ‘additional needs’ as shown in the centre portion of the diagram. More details of what constitutes ‘additional needs’ can be found in Doncaster’s threshold document, which can be downloaded from this page of the LSCB website <http://www.doncastersafeguardingchildren.co.uk/DSCB/early_help.asp>.



## When is it early help?

### **Early identification of need**

The early help process has been designed to help practitioners explore needs at an early stage and then work with the child, their family and with other practitioners and agencies to meet these needs.

### 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.

# Process of transferring an 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 EHM system. 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 11.

1. Make an early help enquiry to the early help hub using form ENQ1\_FORM Attach your most recent assessment and TAC minutes to the enquiry
2. The hub will screen your enquiry for any further information and provide you with any information, advice and guidance you may require
3. The hub will create a **contact** on the EHM and open an **episode**
4. The hub 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**

## Pathway to support children and families with ‘additional needs’

**Hub triage, screen and respond with outcomes within 72 hours**

## Early Help Hub enquiry screening process

**Outcome decision made in 48 hour**

## Early Help within the wider pathway of support for children in Doncaster

# **Early help infrastructure support**

## Early Help Hub

The Early Help Hub has been established to improve communication, information sharing; and to support more effective delivery of services where there is a need for a multi-agency response.

The Early Help Hub 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 enquires forms to ensure an appropriate level of response for the child and family.

The team is available from 8.30am to 4.30pm, Monday to Friday, and telephone messages will be responded to within one working day.

Telephone: 01302 734110

Email: [earlyhelphub@doncaster.gov.uk](mailto:earlyhelphub@doncaster.gov.uk)

or

[earlyhelphub@gcsx.gov.uk](mailto:earlyhelphub@gcsx.gov.uk)

If you believe that an early help assessment (EHA) is needed, contact the Early Help Hub to discuss your concerns. After discussing your concerns, if it is agre

## Early help infrastructure support

### Early Help Hub

The Early Help Hub 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 Early Help Hub 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 enquires forms to ensure an appropriate level of response for the child and family.

The team is available from 8.30am to 4.30pm, Monday to Friday, and telephone messages will be responded to within one working day.

Telephone: 01302 734110

Email: [earlyhelphub@doncaster.gov.uk](mailto:earlyhelphub@doncaster.gov.uk)

Or

[Earlyhelphub@gcsx.gov.uk](mailto:Earlyhelphub@gcsx.gov.uk)

If you believe that an early help assessment (EHA) is needed, contact the Early Help Hub 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 enquiry and consent forms with the family.

The Early Help Hub 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
* 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 Early Help Hub 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)

Email: [referral&responseteam@doncaster.gov.uk](mailto:referral&responseteam@doncaster.gov.uk)

### Locality based Early Help Coordinators

Each locality has two 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 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.

### Your Early Help Coordinator Team

**North:**   
Natasha Abbott (07738 888 218) [natasha.abbott@doncaster.gov.uk](mailto:natasha.abbott@doncaster.gov.uk)  
Cheryl Duffield (07500835797) cheryl.duffield@doncaster.gov.uk

**East:**   
Carl Shillito (07747 008 255) [carl.shillito@doncaster.gov.uk](mailto:carl.shillito@doncaster.gov.uk)

Lindsey Swain (07717 320 478) lindsey.swain@doncaster.gov.uk

**South:**   
David Hamilton (07776 454 318) [david.hamilton@doncaster.gov.uk](mailto:david.hamilton@doncaster.gov.uk)

Rebecca Bewick (01302 825113) [rebecca.bewick@doncaster.gov.uk](mailto:rebecca.bewick@doncaster.gov.uk)

**Central:**  
Stephanie Armstrong (07970 226 004) [stephanie.armstrong@doncaster.gov.uk](mailto:stephanie.armstrong@doncaster.gov.uk)

Christian Brownless (07810 153 716) [christian.brownless@doncaster.gov.uk](mailto:christian.brownless@doncaster.gov.uk)

Emma McDonagh (01302 862682) [emma.mcdonagh@doncaster.gov.uk](mailto:emma.mcdonagh@doncaster.gov.uk)

**Early Help Coordinator Duty phone and email lines:**

Telephone: 01302 736250 Email: [earlyhelpcoordinator@doncaster.gov.uk](mailto:earlyhelpcoordinator@doncaster.gov.uk)

Lead practitioner support sessions take place across the four areas twice 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)

It is the vision in Doncaster that 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](mailto:esystems.cyps@dcstrust.co.uk)

# **How to guides**

All references to forms are hyperlinks to those forms, which are contained in the appendices at the end of this document.

## Early help enquiry forms

If you have identified a child that has additional unmet meet and would benefit from early help, complete the following forms with consent from the family and send to the Early Help Hub for screening:

* [Early Help Hub Enquiry Form ENQ1\_FORM](#_Early_Help_Hub_1)
* [Consent Statement CON2\_FORM](#_Consent_Statement_CON2_FORM_1).

## 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 the child and family. A consent form must be completed with the child and family before submitting an enquiry into the Early Help Hub.

Written consent should be gained from families to contact their GP to gather information during the Early Help Assessment process (see page 17).

## Stronger Families

[Stronger Families Eligibility Checklist SFEC4\_FORM](#_Stronger_Families_Eligibility_2)

### How is a family a Stronger Family?

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

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

Lead workers and their families who are eligible can benefit from extra resources and support, 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 MPACT programmes 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](mailto:StrongerFamiliesProgramme@doncaster.gcsx.gov.uk) and someone will get back to you on the details you provide to discuss the family with you.

## **Undertake an assessment**

[Early Help Assessment Form EHA3\_FORM](#_Early_Help_Assessment)

### Completing an early help assessment

The early help assessment form has been developed to build on the existing common assessment framework providing a clear template 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. If so, a referral to Children’s Social Care Referral and Response Service may be necessary.

When completing an EHA you must also complete a Stronger Families eligibility checklist.

When undertaking an 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 EHA conversation should:**



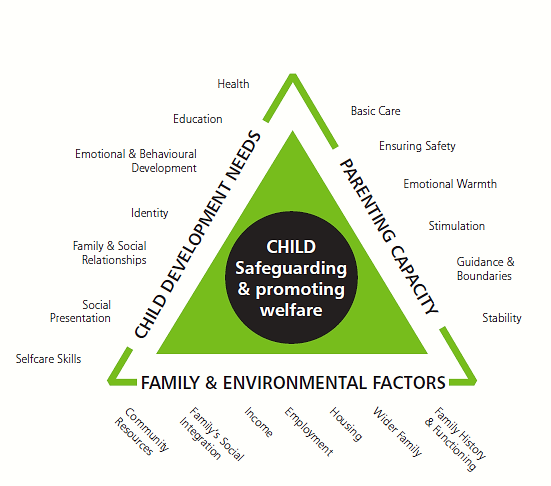
**What makes a good early help assessment:**



### 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 professional or allocated social worker to:

o Gain written consent

o Send the letter to the GP informing them of your involvement

o 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 professional or allocated social worker to:

o Contact the GP should they indicate they have information to share.

o Send invitations so GPs can contribute to any TAF/CIN meetings taking place.

o Send the GP a copy of the TAF/CIN minutes after every meeting.

The full procedures are attached below alongside corresponding letters to be sent to GPs.

The full procedures are available on DSCB website and by clicking: <http://www.dscb.co.uk/early-help-2>. A copy of the template GP letter is available in the appendices of this document (page 48) or on the DSCB website.

## Taking on the role of the lead practitioner

### The roles of a lead practitioner

During the screening process by the Early Help Hub, if there is a requirement for 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.

If you are identified as the lead practitioner it is your role to:

* 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.

### 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 12.

## Undertaking a team around the child / family (TAC/F)

[Team around the Child, Young Person and Family Meeting Record (Initial / Review) MTG5\_FORM](#_Team_around_the)

### 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**

[Family Action Plan FAC6\_FORM](#_Family_Action_Plan)

Developing, delivering and co-ordinating services is done with the child and their parents through the TAC/F meeting, and a clear multi-agency plan.

The family action plan is for those cases requiring a multi-agency response following the completion of the early help assessment. It should be completed during or immediately following a TAC/F meeting. 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

[Team around the Child, Young Person and Family Meeting Record (Initial / Review) MTG5\_FORM](#_Team_around_the)

The TAC/F plan should be reviewed on a regular basis. Therefore, meetings should be held at least 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

[Closure Record CLO7\_FORM](#_Closure_Record_CLO7_FORM)

### The decision to close a 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 should be documented by completing the [Closure Record CLO7\_FORM](#_Closure_Record_CLO7_FORM).

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

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

**Child’s views**: please record comments made by the child. If they are competent and have requested closure this should be clearly stated, together with any reasons given.

**Parents’ views:** please 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.

The closures of all cases are sent to the Early Help Hub through the system. The managers within DMBC and DSCT will authorise closures from their teams. The partnership closures will be authorised by the Early Help Coordinators.

# **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 under 16 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 the Early Help Hub. 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.

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**

## Early Help Hub Enquiry Form ENQ1\_FORM

|  |  |  |
| --- | --- | --- |
| client_logo  **Early Help Hub Enquiry Form** | | |
| **Main Contact Telephone Number(s) for the family** | **Home:** |  |
| **Mobile:** |  |
| **Work:** |  |

**Children / Young People and Parent Carer Details**

*Please state the relationship to each other*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Relationship and Name** | **DOB** | **Gender** | **Ethnicity & First Language** | **Pleas tick child / children you have concerns about** | **Address** | **Parental Responsibility** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Are the any disabilities within the household / family? If yes, please give details of person and disability** | | | | | | |
| **Is an interpreter required? If yes, please give details of person requiring interpreter** | | | | | | |

**Consent**

|  |  |  |
| --- | --- | --- |
| **Name of Child / Young Person** | **Is the Child / Young Person aware of the enquiry?** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
| **Name of Parent / Carer** | **Is the Parent / Carer aware of the enquiry?** | |
|  | **Yes  No** | |
|  | **Yes  No** | |
| **Has written consent been obtained from all children / young people or parent / carers to make enquiry?** | **Yes  No** | ***If yes, please attach consent form for each individual child / young person / parent / carer*** |
| **If no consent, why?** | | |
|  | | |

**Person / Organisation Requesting Enquiry**

|  |  |
| --- | --- |
| **Date & time of enquiry** |  |
| **Contact name & job title** |  |
| **Organisation Address** |  |
| **Telephone number / email** |  |
| **Does the person with to remain anonymous?** |  |

**School / Nursery Details**

**Are any of the children/young people concerned currently attending school / nursery?**  **Yes  No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If yes, Child / Young Person’s Name** | **School / Nursery Name and Address** | **School / Nursery Contact & Role** | **School Year** | **Is the child / young person on the SEN register?** | **Latest school attendance figure? %** |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |
|  |  |  |  | **Yes  No** |  |

**Presenting Issues**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child / Young Person’s or Parent / Carer’s Name** | **Low Level Neglect** | **Behaviour** | **Parenting** | **Anti-Social Behaviour** | **CSE** | **Domestic Abuse** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Enquiry**

|  |
| --- |
| **Risk** - What are you worried about? *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Resilience** – What are the protective factors? / What’s going well? *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Resistance** – Are parents / carers complying with enquiries and willing to access help? *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Child’s Voice –** what does the child or young person say and wants to change to improve their life? *Please state the relevant child / young person’s name next to where information is in relation to that individual.* |
| **Parents Views -** *Please state the relevant parent / carers name next to where information is in relation to that individual.* |
| **Brief details of any relevant work previously provided?** (include any early intervention, social care, school, health parenting courses, counselling and service interventions) *Please state the relevant child / young person’s / parent / carers name next to where information is in relation to that individual.* |
| **Analysis** – How can risk be managed / alleviated for the child or young person - *Please state the relevant child / young person’s name next to where information is in relation to that individual.* |

**Other agencies currently working with the family**

Is there any other agency known to be working with the family? Please specify

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency** | **Workers Name** | **Role** | | **Contact Details** | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
|  |  |  | |  | |
| **Has an Early Help Assessment been completed for any child / young person in the family?** | | **Yes  No** | | | |
| **If yes, please state all children / young people’s names where the assessment has been carried out.** | |  | **By whom:** | | **Date:** |
| **Has a Single Assessment been completed for any child / young person in the family?** | | **Yes  No** | | | |
| **If yes, please state all children / young people’s names where the assessment has been carried out.** | |  | **By whom:** | | **Date:** |

**Does the family meet the ‘Stronger Family’ criteria?**

Doncaster’s Stronger Families Programme is based on 6 family themes of which families must meet two to be eligible for the support available under the programme. These family themes are:

|  |  |
| --- | --- |
| Families involved in crime and Anti-social behavior | Yes / No / Don’t Know |
| Families where children do not attend school regularly | Yes / No / Don’t Know |
| Families who need help early | Yes / No / Don’t Know |
| Families affected by health issues | Yes / No / Don’t Know |
| Families who are affected by domestic violence and abuse | Yes / No / Don’t Know |
| Families who have adults claiming out of work benefits, are at risk of financial exclusion or where young people are at risk of worklessness | Yes / No / Don’t Know |

## Consent Statement CON2\_FORM

**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**    **Family Consent Record** | | |
| Child / Young Person’s Name: |  | |
| Consent Dates |  | |
| Privacy Notice Issued? *(If no, please action this as soon as possible)* | Yes  No | |
| 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* | This is mandatory to be completed if consent not sought | |
| 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: If you are completing this as a paper version and not electronic you should send a copy to Early Help Hub along with the enquiry form.**

## Stronger Families Eligibility Checklist SFEC4\_FORM

**Stronger Families Eligibility Checklist *(This form can be completed as a separate document for Stronger Families however must be completed by all lead practitioners as part of the Early Help Assessment)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Board**  **EHM**  **Tel:**  **Fax:**  **Stronger Families Eligibility Checklist** | | | | |
| Family Name: |  | | Given Names |  |
| Approx. DOB |  | | Gender |  |
| Ethnicity |  | | Primary Language |  |
| Primary Address |  | | Telephone |  |
| Mobile |  |
| **Stronger Families Eligibility Checklist** | | | | |
| **Stronger Families: Phase 1** | | | | |
| Was this person previously included within the Phase 1 cohort of families? | |  | | |
| **Stronger Families: Phase 2 Eligibility Criteria** | | | | |
| **1.Parents and Children involved in crime of antisocial behaviour** | | | | |
| 1.1 A child who has committed a proven offence in the previous 12 months | | **No  Yes – A child has committed a proven offence** | | |
| 1.2 An adult or child who has received an antisocial behaviour intervention (or equivalent local measure) in the last 12 months | | **No  Yes – Received an anti-social intervention** | | |
| 1.3 An adult with parenting responsibilities who is on licence or supervision in the community following release from prison | | **No  Yes – An adult on PR is on licence or supervision** | | |
| **2.Children who have not been attending school regularly** | | | | |
| 2.1 Unauthorised absence over the last consecutive school term | | **No  Yes – Unauthorised absence over the last 3 consecutive terms** | | |
| 2.2 A child who has received at least 3 fixed term exclusions over the last 3 consecutive school terms | | **No  Yes – A child has had 3 or more FTE’s over the last 3 consecutive terms** | | |
| 2.3 A child who has been permanently excluded from school over the last 3 consecutive school terms | | **No  Yes – Permanently excluded over the last 3 consecutive terms** | | |
| 2.4 A child who is in alternative provision for behavioural problems | | **No  Yes – In alternative provision for behavioural problems** | | |
| 2.5 A child who is neither registered with a school or educated otherwise | | **No  Yes – Neither registered with a school or educated otherwise** | | |
| **3.Children who need help** | | | | |
| 3.1 A family who is entitled to access ‘Two Year Old Entitlement’ and are not taking up the free childcare place for their child | | **No  Yes – Family are entitled but not taking up the free childcare place** | | |
| 3.2 Under 5’s not taking up nursery and do not have alternative provision in place | | **No  Yes – Not taking up nursery and does not have alterative provision in place** | | |
| 3.3 A Child in Need under Section 17 of the Children’s Act | | **No  Yes – Child in Need under S17** | | |
| 3.4 A child who has been re-referred to Early Help Triage | | **No  Yes – Child re-referred to Early Help Triage** | | |
| 3.5 A child who is subject to a Child Protection Plan | | **No  Yes – Subject to a CP Plan** | | |
| **4.Adult out of work or at risk of financial exclusion or young people at risk of workless-ness** | | | | |
| 4.1 An adult in receipt of out of work benefits | | **No  Yes – Adult in receipt of out of work benefits** | | |
| 4.2 A young person who is about to leave compulsory education who has low / no predicted qualifications | | **No  Yes – About to leave compulsory education with low/no predicted qualifications** | | |
| 4.3 A child or young person who is not in education, employment or training | | **No  Yes – Not in education, employment or training** | | |
| **5.Families affected by domestic abuse** | | | | |
| 5.1 A young person or adult known to local services as having experienced, currently experienced or at risk of experiencing domestic violence or abuse | | **No  Yes – Experienced, currently experiencing or at risk of experiencing** | | |
| 5.2 A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months | | **No  Yes – An incident in the last 12 months** | | |
| 5.3 The family has been subject to a police call out in the past 12 months | | **No  Yes – Subject to Police call out in past 12 months** | | |
| **6.Parents and children with a range of health problems** | | | | |
| 6.1 A child or adult with parental responsibilities with emotional well-being or mental health issues | | **No  Yes – Emotional well-being or mental health issues** | | |
| 6.2 A child or adult with parental responsibilities with drug, alcohol or substance misuse issues | | **No  Yes – Drug, alcohol or substance misuse issues** | | |
| 6.3 An obese child / young person in the family | | **No  Yes – An obese child / young person in the family** | | |

**NOTE: If you are completing this as a paper version and not electronic you should send a copy of the assessment to The Early Help Hub.**

## Early Help Assessment Form EHA3\_FORM

**Early Help Assessment Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Board**  **EHM**  **Early Help Assessment Framework for Children, Young People and Families**  ***Please draw all children/young people that this Assessment relates to with their relationship to each other and to their parents/carers (e.g. brother, half-sister, mother, step father etc…). This is not a traditional genogram, but should be used to understand relationships for the purpose of connecting case files on the EHM only.*** | | | | | | |
|  | | | | | | |
| Date Early Help Assessment Completed: | | |  | | | |
| **Details of person(s) undertaking this assessment** | | | | | | |
| Name | | |  | | | |
| Role | | |  | | | |
| Organisation | | |  | | | |
| Address | | |  | | | |
| Contact Telephone Number | | |  | | | |
| Email Address | | |  | | | |
| Name of Lead Practitioner (where applicable) | | |  | | | |
| What has led to you conducting this assessment | | |  | | | |
| Were you advised to complete this assessment by the Children’s Assessment Service | | |  | | | |
| People present or involved in the assessment | | |  | | | |
| **Confirm that you have seen the infant, child or young person during this assessment** | | | | | | |
| **Name of Child / Young Person** | | | **Date Seen** | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| **Additional Information** | | | | | | |
| **Child / Young Person’s First Language** | | | | | | |
| **Name of Child / Young Person** | | | **First Language** | | | **Is an interpreter or signer required?** |
|  | | |  | | | **Yes  No** |
|  | | |  | | | **Yes  No** |
|  | | |  | | | **Yes  No** |
|  | | |  | | | **Yes  No** |
| Parent’s First language | | |  | | | **Yes  No** |
| **Early Help Assessment**  *Consider each of the elements, the extent they are appropriate in the circumstances. You do not need to provide extensive detail on every element, but must show you’ve considered all elements. Please do not leave any section blank, enter ‘information not available’. Wherever possible base comments on evidence not just opinion and indicate what your evidence is. Any differences of view should be recorded. Ensure you detail strengths as well as areas of need or concern.* | | | | | | |
| **Development of unborn baby, infant, child or young person** | | | | | | |
| **Health**  *- Please record this information for all relevant children / young people and state their name next to information related to them.*  (include general health, physical development, mental wellbeing, speech, language and communication) | | | | | | |
| Health | | |  | | | |
| Parents View | | |  | | | |
| Child/Young Person View | | |  | | | |
| Additional need identified? | | |  | | | |
| **Emotional and Social Development** *- Please record this information for all relevant children / young people and state their name next to information related to them.* | | | | | | |
| Emotional and Social Development | | |  | | | |
| Parent View | | |  | | | |
| Child / Young Persons View | | |  | | | |
| Additional need identified? | | |  | | | |
| **Behavioural Development -** *Please record this information for all relevant children / young people and state their name next to information related to them.* | | | | | | |
| Behavioural Development | | |  | | | |
| Parent View | | |  | | | |
| Child / Young Person’s View | | |  | | | |
| Additional need identified? | | |  | | | |
| **Identity -** *Please record this information for all relevant children / young people and state their name next to information related to them.* | | | | | | |
| Identity | | |  | | | |
| Parents View | | |  | | | |
| Child/ Young Person View | | |  | | | |
| Additional need identified | | |  | | | |
| **Family and social relationships -** *Please record this information for all relevant children / young people and state their name next to information related to them.* | | | | | | |
| Family and social relationships | | |  | | | |
| Parents View | | |  | | | |
| Child / Young Person View | | |  | | | |
| Additional need identified? | | |  | | | |
| **Self-care skills and independence -** *Please record this information for all relevant children / young people and state their name next to information related to them.* | | | | | | |
| Self-care skills and independence | | |  | | | |
| Parents View | | |  | | | |
| Child / Young Person View | | |  | | | |
| Additional need identified? | | |  | | | |
| **Learning -** *Please record this information for all relevant children / young people and state their name next to information related to them.* | | | | | | |
| Learning | | |  | | | |
| Parents View | | |  | | | |
| Child / Young Person View | | |  | | | |
| Additional need identified? | | |  | | | |
| 1. **Parents and Carers** | | | | | | |
| **Basic care ensuring safety and protection**  *(Include the extent to which all relevant children or young people’s physical needs are met and they are protected from harm or danger, including self-harm. Please state the relevant children / young person’s name next to any information relating to that individual)* | | |  | | | |
| **Emotional warmth and stability** *(Include the stability of the family environment and consistency in relationships giving the children or young people a sense of being valued. Please state the relevant children / young person’s name next to any information relating to that individual)* | | |  | | | |
| **Guidance, boundaries and stimulation**  *(Include enabling the children or young people to regulate their behaviour and emotions. Providing opportunities for learning and stimulation, appropriate encouragement and promoting social opportunities. Please state the relevant children / young person’s name next to any information relating to that individual)* | | |  | | | |
| 1. **Family and Environment** | | | | | | |
| **Family history, functioning and well-being**  *(The impact of family situations and experiences on the child or young person, routines, culture, experience of abuse, parent/carers physical/mental health, substance use/abuse, and level of interest in the child or young person.)* | | |  | | | |
| **Wider Family**  *(Relationships, networks, level of support, roles and responsibilities for all children / young people who this assessment is relevant for by stating their name next to where information is in relation to them.)* | | |  | | | |
| **Housing, employment and finance**  *(Include the living arrangements and environment, access to appropriate amenities, any financial pressure for all children / young people who this assessment is relevant for by stating their name next to where information is in relation to them.)* | | |  | | | |
| **Social and community elements and resources**  *(The child or young person’s school and neighbourhood and its impact on them, include details of facilities and services for all children / young people who this assessment is relevant for by stating their name next to where information is in relation to them)* | | |  | | | |
| 1. **Conclusions, Solutions and Actions** | | | | | | |
| **What are your conclusions?**  *(Give a summary of the findings from the common assessment identifying strengths and needs for all children / young people who this assessment is relevant for by stating their name next to where information is in relation to them)* | | |  | | | |
| **What needs to change?**  *(Detail the outcomes, solutions and goals that are to be achieved to address the needs identified for all children / young people who this assessment is relevant for by stating their name next to where information is in relation to them)* | | | | | | |
| **Name of Child / Young Person** | **What needs to change?** | | | | **Are all of the five ‘Every Child Matters’ outcomes being achieved?** | |
|  |  | | | | **Yes  No** | |
|  |  | | | | **Yes  No** | |
|  |  | | | | **Yes  No** | |
|  |  | | | | **Yes  No** | |
| **What are we worried about?** *Please write the relevant child / young person’s name next to each concern that is relevant to them.* | | | **What is going well?** *Please write the relevant child / young person’s name next to each factor that is relevant to them.* | | | |
|  | | |  | | | |
| **Outcomes From Early Help Assessment**  *Please chose a suggested outcome from the below options for each of the children / young people*  **1: No Further Action Required**  **2: Call Team around the Child / Young Person Meeting**  **3: Referral to C&YP Social Care**  **4: Needs met by assessing agency or assessing agency and one other agency**  *This stage will be completed in the agreeing contributions stage in the EHM electronic system.* | | | | | | |
| **Name of Child / Young Person** | | **Suggested Outcome** | | **Reason for these suggested outcomes** | | |
|  | |  | |  | | |
|  | |  | |  | | |
|  | |  | |  | | |
|  | |  | |  | | |
| **How will you know when things have improved?** *Please state the child / young person’s name next to any information relevant to that individual.* | |  | | | | |
| **Which services will be invited to be part of the Team around the Child / Family and contribute to the Family Action Plan?**  *On the EHM electronic system this will be the agreeing contributions stage.* | | | | | | |
|  | | | | | | |
| **Agreed Review Date** | |  | | | | |
| **Please complete the Stronger Families Eligibility Checklist – This is a mandatory requirement** | | | | | | |

**Note 1: If you are completing this as a paper version and not electronic you should send a copy of the assessment to The Early Help Hub.**

**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:** [**referral&responseteam@doncaster.gov.uk**](mailto:referral&responseteam@doncaster.gov.uk)

## 

## Team around the Child, Young Person and Family Meeting Record (Initial / Review) MTG5\_FORM

**Team around the Child, Young Person and Family Meeting Record (Initial / Review)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Board**  **EHM**  **Tel:**  **Fax:**  **Early Help Assessment – Team Around the Child, Young Person and Family Meeting Record**  ***Please draw all children/young people that this Assessment relates to with their relationship to each other and to their parents/carers (e.g. brother, half-sister, mother, step father etc…). This is not a traditional genogram, but should be used to understand relationships for the purpose of connecting case files on the EHM only.*** | | | | | | | | |
|  | | | | | | | | |
| Lead Practitioner: | |  | | | | | | |
| **Meeting Details** | | | | | | | | |
| Meeting Type | | | Initial  Review | | | | | |
| Meeting Date | | |  | | | | | |
| Meeting Duration | | |  | | | | | |
| Meeting Location | | |  | | | | | |
| Attendees | Role | | | Consulted | Invited | | Attended | Chair |
|  |  | | | Yes  No | Yes  No | | Yes  No | Yes  No |
|  |  | | | Yes  No | Yes  No | | Yes  No | Yes  No |
|  |  | | | Yes  No | Yes  No | | Yes  No | Yes  No |
|  |  | | | Yes  No | Yes  No | | Yes  No | Yes  No |
|  |  | | | Yes  No | Yes  No | | Yes  No | Yes  No |
|  |  | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| Current Lead Professional To reassign this role complete the case transfer process | | | | |  | | | |
| **Meeting Outcomes** | | | | | | | | |
| Strengths and Needs Current situation – (Assessment Information / Progress since the Assessment or Last Meeting) | | | | | |  | | |
| Parents’ / Carers’ Views of the Current Situation and Actions Agreed  Are things getting better? | | | | | |  | | |
| Children / Young People’s Views of the Current Situation and Actions Agreed  Are things getting better?  *(Please record all children / young peoples views who this assessment is relevant for and state their name next to their individual views.)* | | | | | |  | | |

**Note 1: If you are completing this as a paper version and not electronic you should send a copy of the assessment to the Early Help Hub.**

**Note 2: 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:** [**referral&responseteam@doncaster.gov.uk**](mailto:referral&responseteam@doncaster.gov.uk)



**Doncaster Safeguarding Children Board**

**Mary Woollett Centre**

**Danum Road**

**Doncaster**

**DN4 5HF**

**T: 01302 734214**

**E:** [**dscb@dcstrust.co.uk**](mailto:dscb@dcstrust.co.uk)

Date:

Dear,

I would like to inform you that (name of child/ren) (DOB) is now subject to a Child & Family Assessment under Child in Need (CIN), Section 17 of the Children Act 2004.

I am the allocated Social Worker 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.

If the outcome of the Child and Family Assessment recommends continued involvement of Doncaster Children’s Services Trust, I will make contact with you to provide further details, subject to receipt of the declaration below.

I have attached a copy of the signed consent from parents/carers for your records.

Yours sincerely

(Name and signature)

Social Worker

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

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 FAC6\_FORM

**Family Action Plan**

|  |
| --- |
| ***(Insert names of all family members for whom this plan is supporting)*** |

**Date of this plan ……………**

**Date TAC/F started ……………**

**Date Plan was last reviewed ……………**

|  |  |
| --- | --- |
| **Name of the lead practitioner** |  |
| **Contact email & telephone number** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Child / Young Person** | **What needs to happen?** | **Actions** | **Who will do it?** | **By When?** | **How will we know it has made a difference?** | **Date Action Completed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **What are we worried about?** *Please write the relevant child / young person’s name next to each concern that is relevant to them.* | **What is going well?** *Please write the relevant child / young person’s name next to each factor that is relevant to them.* |
|  |  |

|  |  |
| --- | --- |
| **Overall level of need** *(Please tick one for each child or young person)* | |
| **Name of Child / Young Person** | **Level of need** |
|  | **Universal  Additional Needs  Complex** |
|  | **Universal  Additional Needs  Complex** |
|  | **Universal  Additional Needs  Complex** |
|  | **Universal  Additional Needs  Complex** |

**I have contributed to, and agreed the content of this plan:**

**Child / Young Person’s signature Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent‘s / Carer’s Signature Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lead Professional Signature Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:** [**referral&responseteam@doncaster.gov.uk**](mailto:referral&responseteam@doncaster.gov.uk)

## Closure Record CLO7\_FORM

**Closure Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Doncaster Safeguarding Children Board**  **EHM**  **Tel:**  **Fax:**  **Closure Record** | | | | | |
| Please list all children / young people who this closure record relates to: | | | | | |
|  | | | | | |
| Lead Practitioner Name: | | |  | | |
| Start Date of Closure | | |  | | |
| **Reason for Closure** | | | | | |
| Reason – *Please write child / young person’s name next to the relevant reason in relation to their closure.* | | | Development of baby, child or young person – Behavioural Development  Development of baby, child or young person – Emotional & Social development  Development of baby, child or young person – Family & social relationships  Development of baby, child or young person – Health  Development of baby, child or young person – Identity  Development of baby, child or young person – Learning  Development of baby, child or young person – Self-care & independence  Family and Environment – Family History & Well-being  Family and Environment – Housing, Employment and Finance  Family and Environment – Social & community elements  Family and Environment – Support for parents  Family and Environment – Wider Family  Parents and Carers – Basic Care, Safety & Protection  Parents and Carers – Emotional Warmth & Stability  Parents and Carers – Guidance, Boundaries & Stimulation | | |
| **End Reason**  *Please choose the relevant end reason for each child / young person from the reasons given below.*  1: All needs have been met,  2: Child / Young Person Deceased  3: Family Disengaged  4: Moved to another LA  5: Referred to single agency  6: Service requested unavailable  7: Step up to Referral &Response  8: Step down to Stronger Families for monitoring sustainability where applicable | | | | | |
| **Name of Child / Young Person** | | | **End Reason** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Details of work carried out** | | | | | |
| **Name of Child / Young Person** | | | **Details of work carried out** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **How effective has the Family Plan been, in improving life for this child / young person and family?** *Relate the comments to the things we were worried about.*  *Be child / young person focussed, and detail the impact on the child / young person.*  *Give evidence of why you believe the goals of the TAC have been achieved.*  *Use this opportunity for professional reflection: What made greatest difference?*  *On reflection, what could have gone better? If this plan is for more than one child please include names of all children / young people along with relevant comments with regards to the above question.* | | | | | |
| **Professional View** | | | | | |
|  | | | | | |
| **Parent (s) / Carer (s) Views** *Use their own words, pictures and stories, What things made the biggest different?**What could have gone better?**Relate comments to the things we were worried about and to individual children / young people by stating their names where necessary.* | | | | | |
| **Parent (s) / Carer (s) Views** | | | | | |
|  | | | | | |
| **How effective has the Family Plan been for you as a Child / Young Person been in improving your life?** *Use their own words, pictures and stories, What things made the biggest different? What could have gone better? Relate comments to the things we were worried about.* | | | | | |
| **Name of Child / Young Person** | | | **Child / Young Person’s View** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Success Rating**  Please rate the success of the work undertaken with the Child / Young Person & / or Family on a scale of **1 –5**, **1** being most successful and **5** being least successful | | | | | |
| **Name of Child / Young Person** | | | **Success Rating** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Vulnerability Level**  Current Vulnerability Level given your knowledge of the child / young person  Please rate the child / young person’s well-being on a scale of 1 -4  **1:Universal 2:Additional Needs 3:Complex/Safeguarding 4:Deceased** | | | | | |
| **Name** | | | **Current Vulnerability Level** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Current Level of Vulnerability *(for use by Stronger Families)***  *Please indicate the level of vulnerability using one of the below options.*  **1: Intensive 2: Light 3: Superlight** | | | | | |
| **Name** | | | **Current Vulnerability Level** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Deceased?** | | | | | |
| **Name of Child / Young Person** | | | **Date of Death** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **Other Information** | | | | | |
| Other Details | | |  | | |
| **Recorded Feedback** | | | | | |
| The completed Episode should be discussed with the child / young person and their parent / carers. | | | | | |
| Person | Discussed | If no, why and when will this be done? | | Given | If no, why and when will this be done? |
|  | Yes  No |  | | Yes  No |  |
|  | Yes  No |  | | Yes  No |  |
|  | Yes  No |  | | Yes  No |  |
|  | Yes  No |  | | Yes  No |  |

**Note 1: If you are completing this as a paper version and not electronic you should send a copy of the assessment to the Early Help Hub.**

**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:** [**referral&responseteam@doncaster.gov.uk**](mailto:referral&responseteam@doncaster.gov.uk)