

Early Help Assessment



The process to complete an Early Help Assessment can be described in four stages.

- **Identify Needs** - When any agency i.e. Health Visitor, Teacher, Youth Offending Worker or Childrens Centre staff, working with a child, young person or their family, identifies a need that they cannot meet on their own – they should consider an Early Help Assessment to widen the level of support available to the family. This requires the consent of the parent or carer of the young person involved. If in doubt staff can use the 'Pre- assessment checklist' to measure the level of need and whether the family would benefit from a Team Around The Family (TAF) to address the issues that are causing them to feel concerned. They check to clarify whether there is an Early Help Assessment already in place. This is done by contacting Cumbria Safeguarding Hub where all Early Help Assessments are registered.
- **Assess The Needs** - If the family give consent an Early Help Assessment Form can be downloaded from the Cumbria LSCB and Cumbria County Council website and the staff identifying the concern will complete as much as they can with the parent and young person. Recent changes have created the document as a whole Family assessment – meaning that all children will be considered as well as details about parents and carers to create a more holistic assessment and then plan for each as part of the Family assessment. This assessment is registered with the Central Registration Point in Cumbria Safeguarding Hub.
- **Integrated assessment into a Plan** - The agency identifying the concern calls a Team Around the Family (TAF) meeting. This should include key agencies identified by both themselves and the family. It may initially be only a few people – growing as more needs are identified and therefore other services are required. The meeting should have the family as central to the proceedings whilst also driving forward the need to put a plan in place to bring about change and support each family member. The partly completed assessment is shared. At the end of the first meeting other agencies can have been identified to add to the assessment, deliver services and one agency will have been identified to be the Coordinator of the assessment. An Action Plan should be in place with clear outcomes set, who will be responsible for each action and when it will be reviewed. The Coordinator will hold the Early Help Assessment and any updates sent by other members of the TAF will be added by them.
- **Review progress** - The review is essential to ensure that all partners in the TAF are delivering the services that were agreed in the plan, but also that the family are continuing to cooperate to bring about the change necessary as agreed at the initial meeting. The first reviews will ensure that the assessment is complete and that all concerns have an action to bring about change. The situation should be reviewed until it is felt that all outcomes set at the beginning have been met and the plan is no longer necessary.
- **Step Up/Step Down** - if during this process the family either withdraw consent and therefore the process ends or there is no significant improvement a referral into Cumbria Safeguarding Hub should be considered. This would be done using a Single Contact Form. If this becomes necessary this process is referred to as Step Up and the Early Help Assessment closes. The assessment will be viewed by the Childrens Social Care staff involved. The TAF will become members of any Core group in any Childrens Social Care process. Similarly when the level of concern has reduced to the point where Childrens Social Care are closing a case, they will agree at the final meeting that the Previous Early Help Assessment should be re-opened. This is referred to as Step Down. Any actions still in place on their plan will transfer to an Early Help Action Plan and the TAF will be reconvened. This ensures that families leaving this statutory process have continued levels of support for a period of time.

Case Study

Lynsey is 14 and moved to Millom from The Midlands when her father left the army. She has a brother David aged 10 and a sister Amy aged 8 years old. Initially Lynsey settled well at school – however in the last year her performance and attendance has deteriorated and at parents evening her form tutor asked to speak to her mother. Linda, Lynsey's mother, said that she was also finding Lynsey difficult. Her husband suffers from frequent bouts of depression which was the reason for him leaving the army. Linda is Bipolar and relies on her husband to take care of the children when she can't. This is happening more frequently since their move. Lynsey has been staying out at night at weekends, sometimes until midnight and they suspect that she is drinking and going into Barrow with a group of young people in an older boys car. She feels that she is losing control over her behaviour. As well as this the other two children are beginning to 'play up'. Amy is bed wetting and they are struggling to work out why. She described David as being better – more withdrawn than anything else – but can suddenly lash out at his sister and this annoys her husband.

Mr Green, year head, asked if she would like some help to look at possible sources of support. Linda agreed and felt that her husband would too.

School met with Lynsey's parents and completed the basic details for the Early Help Assessment. Amy and David's School completed their assessment. Lynsey shared some information for her part of the assessment – but was not happy about this. They called a TAF and invited the school attended by David and Amy and the Children's Centre. Both parents attended and Lynsey was invited but didn't attend. The other school completed the assessment on the other two children and brought it to the meeting.

The plan put together for the family included – referral to the school nurse for advice regarding Amy's bedwetting, attendance at the after school activities at the Children's Centre for both David and Amy with a view to some 1:1 work with one of the centre's staff if they are identified as needing some additional time, Parenting workshop for Ian and Linda on how to set boundaries, attendance at the Friday night youth club for Lynsey – but also referral to Young Carers who offer a Youth Service for young people whose parents have a psychiatric illness. The year tutor agreed to be Coordinator as everybody believed that she and Lynsey have a good relationship. When asked – Lynsey agreed. Both parents measured family life as 5 out of 10 – with 10 being good.

At the first review the original TAF members attended as well as Linda's Mental Health worker – at Linda's request, Young Carers and the School Nurse and the Youth Worker. Lynsey came for part of it. Linda reported that the situation had improved slightly. Lynsey has engaged with the Friday Night Youth Club and is going out fortnightly with Young Carers. Linda was still finding Lynsey behaviour difficult to handle but reported that things were a bit better as she was not spending as much time out at weekends. The school nurse was working with them on Amy's bed wetting. David and Amy were attending the after school sessions at the Children's Centre. David was also seeing one of their staff for an individual session on building confidence and also on anger management. Lynsey measured family life as 5 out of 10 – her parents felt things were improving and measured at 7. The Children's Centre reported that David and Amy spoke positively about changes at home

The TAF remained in place for 18 months – meeting less regularly as time went on. At the final meeting Amy had stopped bed wetting and was attending the Junior Youth Club. David was attending the Boys Friday football arranged by the Youth Service. Ian and Linda go to parenting workshops and felt that they had gained some skills. They still found parenting a struggle when they were both ill – however felt that they had identified a support network they could call on. Both of the younger children were attending the Young Carers activities. Lynsey was preparing for GCSE's and although anxious and sometimes challenging her parents felt more able to deal with the issues as they arose. They all measured Family life at 8 out of 10.