

Early Help Practice Guidance

Update March 2020



Providing early help is more effective in promoting the welfare of children than reacting later. Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Working Together to Safeguard Children,
HM Government, July 2018

Introduction

This document aims to provide guidance to the whole range of practitioners working with and supporting vulnerable children, young people and families in Gloucestershire. Early help is a key element of safeguarding and as such is everyone's responsibility. While at times it may involve referrals to other agencies, at its heart it is about providing support by practitioners who have an existing, trusted relationship with the child, young person or family in order to intervene early and prevent problems from escalating.

This document should be read in conjunction with the [Levels of Intervention Guidance](#) issued by the Gloucestershire Safeguarding Children Partnership and the [Gloucestershire Guidance Booklet](#) for Practitioners Worker with Children and Young people (0-25 yrs) with Additional Needs including Special Educational Needs and Disabilities

What is Early Help?

‘Early Help’ is an umbrella term that describes the work of many agencies engaged with children and families including health services, schools, learning providers, local authorities, voluntary sector, children and family centres, police, housing providers and many others. We are all engaged to a greater or lesser extent in work that seeks to avert a problem developing and preventing difficulties from escalating or the deterioration of circumstances which could adversely affect children, young people and families.

There is a large body of evidence on the impact of adverse childhood experiences (ACEs) on the health and well-being of children and young people that can persist into adulthood. The more adversity a child experiences the more likely it is to impact upon their mental and physical health. This underlines the importance of Early Help, particularly through developing positive relationships with trusted adults, which has been shown to build resilience and mitigate the impact of ACEs on child and adolescent development. It also stresses the importance of whole-family working in Early Help in order to understand and address ACEs in adults that may impact on their capacity to care for their children.

Early Help is also about focusing on how we can help people to do things for themselves and build

on strengths within families. If we can get this right early on, at the right time, we get the opportunity to help people with areas of their life they may be struggling with, which sets people up for a better long-term future. It is also about providing support at any and every stage of a child’s life: pre-birth, during pregnancy, childhood and/or early adulthood.

Early Help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse. Early Help contributes to Inclusive Practice through recognising and meeting children’s individual needs and so ensures all children can participate fully in their learning and communities.

Effective Early Help relies upon local organisations and agencies working together to:

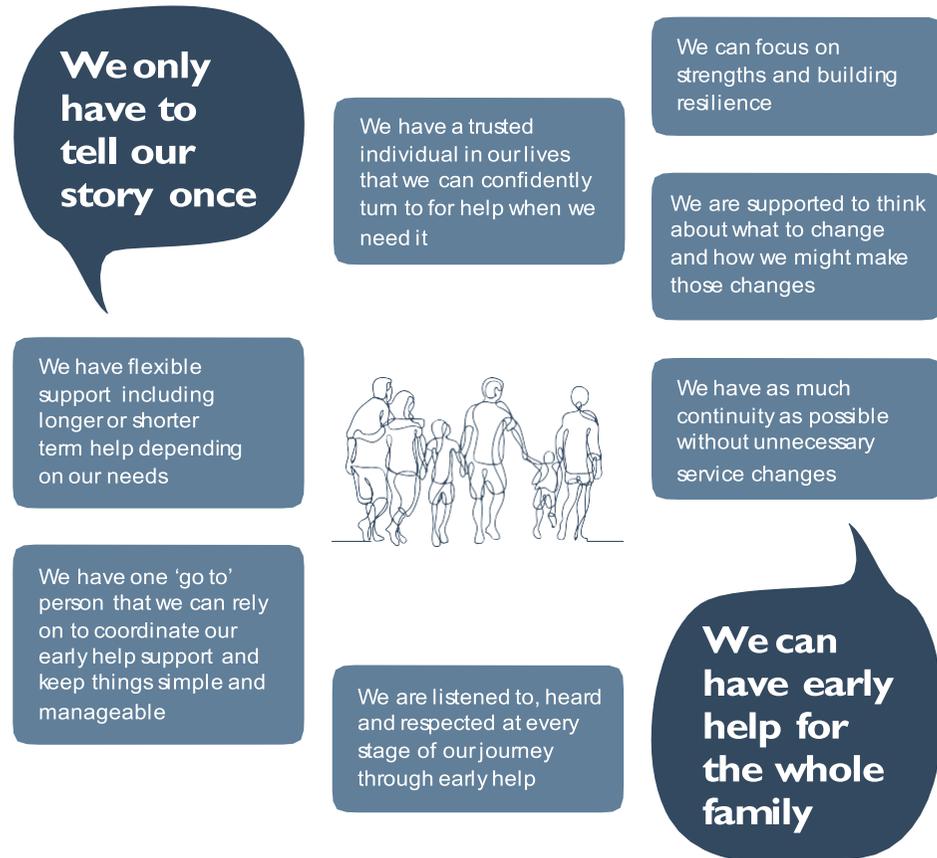
- identify children and families who would benefit from Early Help
- undertake an assessment of the need for Early Help
- provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child’

Providing Early Help is more effective in promoting the welfare of children than reacting later.

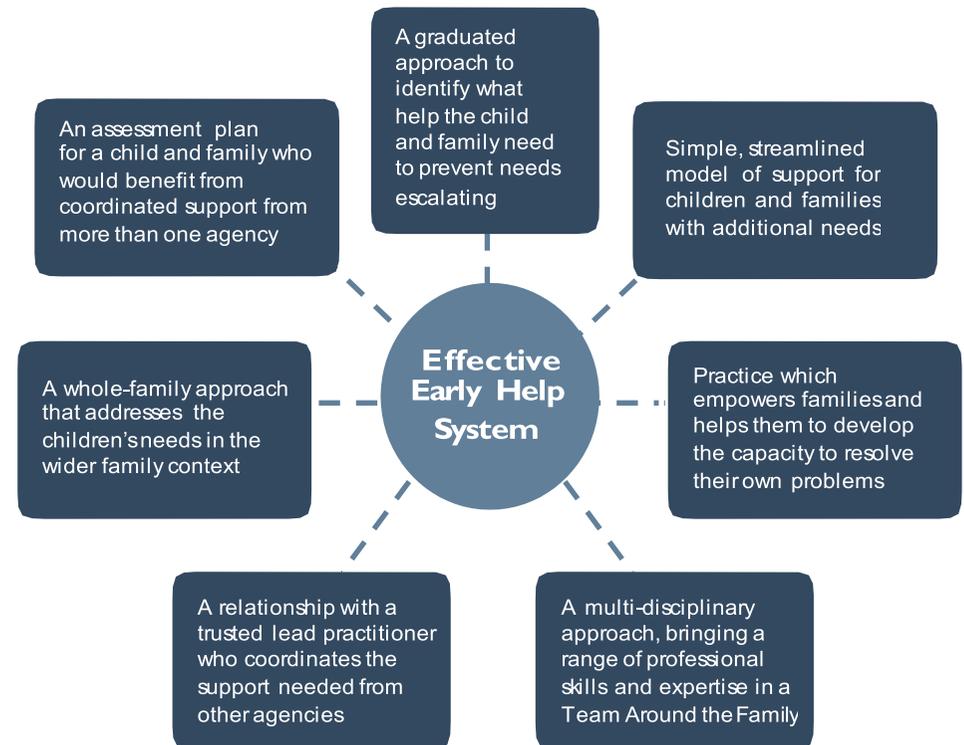
Working Together (HM Government, 2018)



What does effective early help feel like for children and families?



What does effective early help feel like for practitioners?



Role of the Local Authority in Early Help

Under section 10 of the Children Act 2004 local authorities have a responsibility to promote inter-agency co-operation to improve the welfare of all children. Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of children and families. Multi-agency Community Safety Partnerships (CSP's) in each District will bring together agencies working with vulnerable families to provide a focus on safeguarding and early help. These partnerships will be supported by the local Early Help Partnership Managers and have the following core aims:

- To support and develop effective joint working between local agencies in order that children and young people are safeguarded and that help is provided at the earliest opportunity
- To develop a shared understanding of local needs, priorities, and the effectiveness of services in improving outcomes for vulnerable children, young people and families and take action as a locality to address these
- To identify local opportunities to collaborate, share resources and improve coordination of support so that children, young people and families receive help at the right time and to prevent escalation and requirement for higher level services

In addition a range of information, advice, guidance and support is available to practitioners through the Family Information Service, GlosFamilies Directory, Families First, Education and Inclusion Service, Early Years Service and the Special Educational Needs and Disability Information Advice and Support Service (SENDIASS). More detail on this is provided under Section 4 below.

Principles of Early Help

- Early Help is best provided by someone who has an existing trusted relationship with a child or young person
- seeing the child, young person or family first, not the difficulty
- Early Help should support children, young people and families to address needs at the lowest possible level and prevent them from escalating
- children and family feeling listened to and enabled to be part of the solution
- a joined-up approach that helps the whole family now and into the future
- a reduction in the multiple times families are asked for the same information.

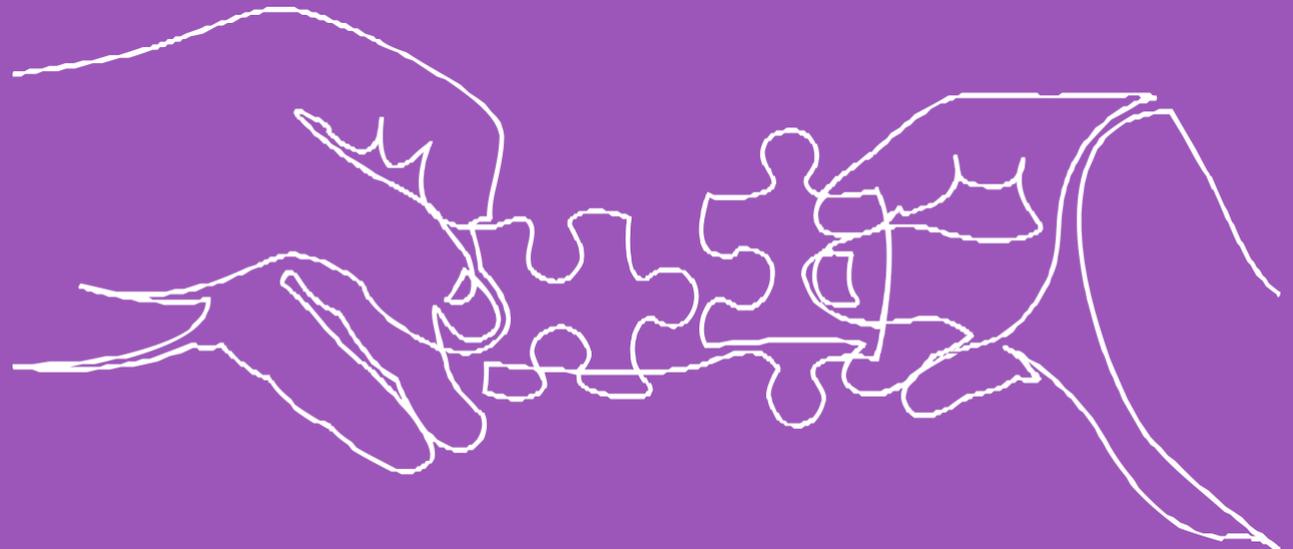


“ All staff should be aware of the early help process, and understand their role in it. This includes identifying emerging problems, liaising with the designated safeguarding lead, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an early help assessment.

Keeping Children Safe in Education, Statutory Guidance for Schools and Colleges, DfE, Oct 2019

A Graduated Approach

Enabling the right level of intervention and support when needed.

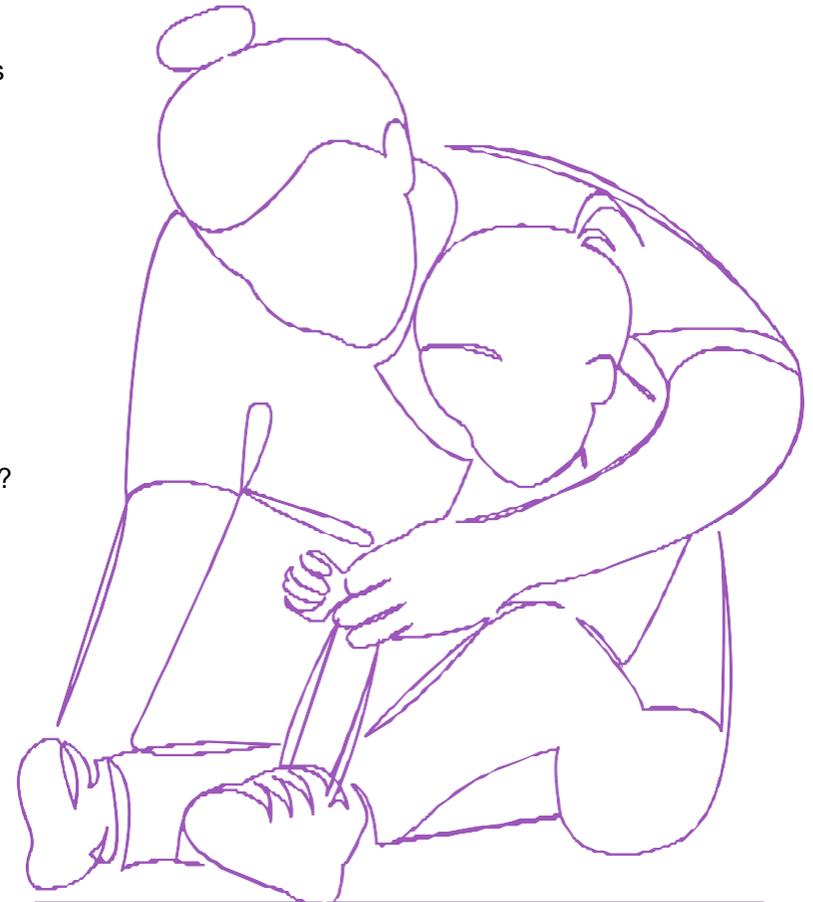


Applying a graduated approach

Applying a graduated approach is about providing the right level of support at the right time. If more or different support is needed, it builds on the support already in place and from the understanding of what has worked/ not worked in the past.

This includes:

- 3 Helping people to help themselves - providing accessible information, advice and support
- 3 Understanding the person and being able to apply a person-centred approach
- 3 Identifying additional needs early
- 3 Using holistic assessment to understand needs and strengths of the whole family that might not be known already
- 3 Being committed to work in partnership with all agencies
- 3 Being transparent about decision making
- 3 Listening to parents and carers and involving them as fully as possible
- 3 Communicating with parents and carers
- 3 Setting SMART outcomes
 - Specific
 - Measurable
 - Agreed
 - Realistic
 - Timed
- 3 Agreeing a plan of action and review date
- 3 Involving other practitioners and agencies as needed
 - Sharing information with consent
- 3 Being clear about everyone's role
 - Identifying the Lead Practitioner
- 3 Reviewing progress
 - Are outcomes being met?
 - If not, why not?
 - What needs to change?
 - Do we have all the information we need?



What is The Graduated Pathway?

In Gloucestershire, we are committed to working together and in partnership with all agencies providing services to children, young people and their families. The Graduated Pathway of Early Help and Targeted Support is our Early Help assessment and planning process which provides an integrated and holistic framework to support all practitioners working with children, young people and families. This applies to the whole range of needs including:

- Educational
- Social or emotional and/or disability
- Wider family and environmental

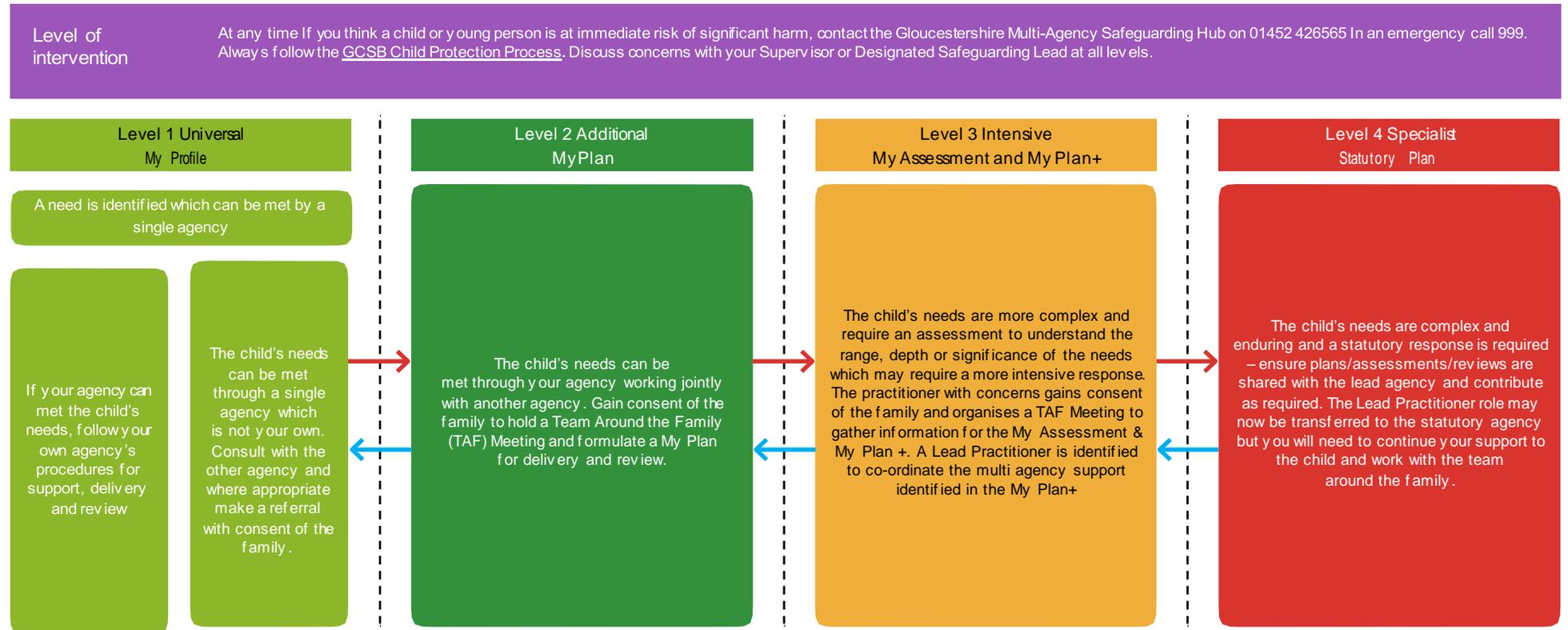
The Graduated Pathway supports a whole-family approach and is based on a simple Assess, Plan, Do, Review cycle and has graduated responses which can be used as in the diagram.

It is important to capture the views of children and young people through use of the [My Progress Chart](#).

A graduated approach - enabling the right level of intervention and support when needed:



Early Help Pathway



If you need help with the Graduated Pathway (My Plan, My Plan+, EHCP), want to know how to coordinate a Team Around the Family /Child, or need to understand the role of the Lead Practitioner please contact the Early Help co-ordinators in your locality.

Cheltenham	01452 328160	cheltenhamearlyhelp@gloucestershire.gov.uk
Cotswolds	01452 328101	cotswoldsearlyhelp@gloucestershire.gov.uk
Forest of Dean	01452 328048	forestofdeaneearlyhelp@gloucestershire.gov.uk
Gloucester	01452 328076	gloucesterearlyhelp@gloucestershire.gov.uk
Stroud	01452 328130	stroudearlyhelp@gloucestershire.gov.uk
Tewkesbury	01452 328251	tewkesburyearlyhelp@gloucestershire.gov.uk

Arrow key

Level of need reduced

Greater need identified

Early Help Pathway

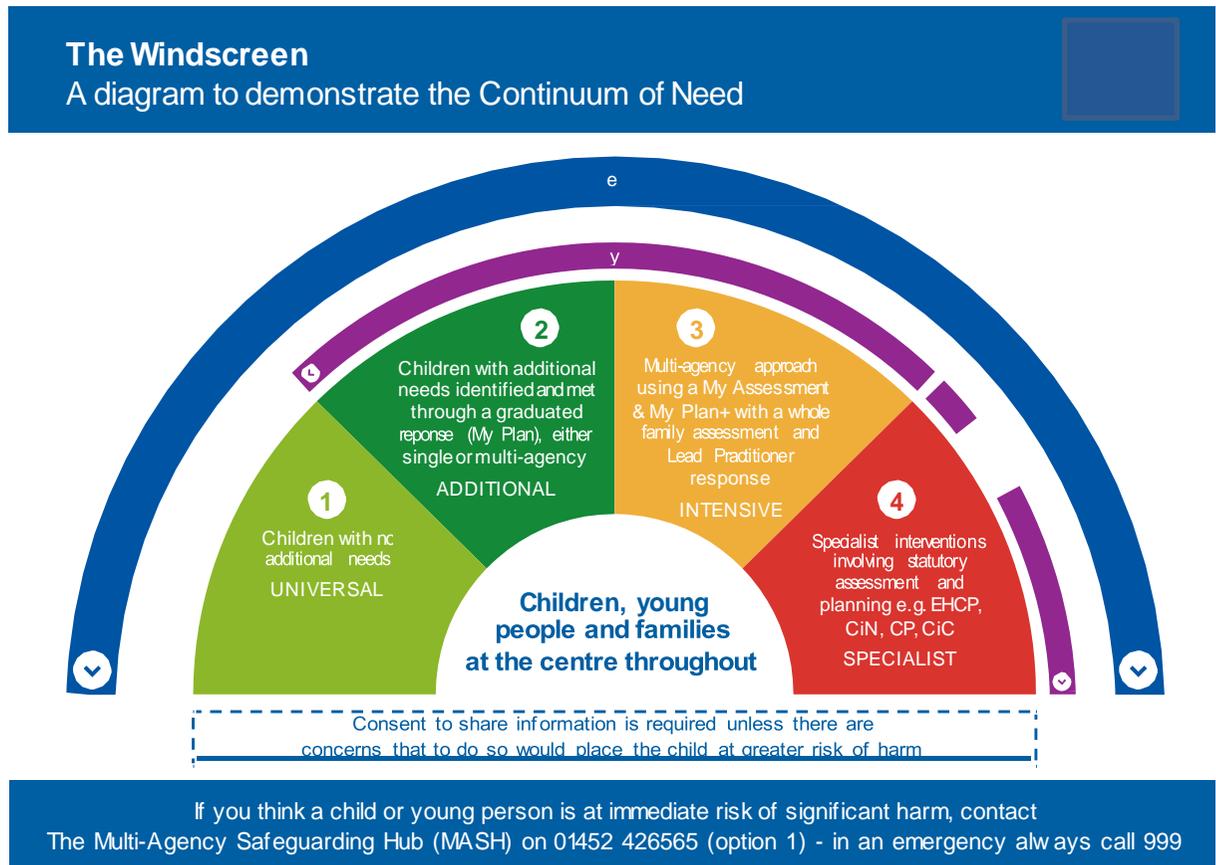
	Level 1 Universal	Level 2 Additional	Level 3 Intensive	Level 4 Specialist
Definition	A child with no identified additional needs or needs that can be met by a single agency.	The child's needs can be met through your agency working jointly with another agency.	The child's needs are more complex and require an assessment to understand the range, depth or significance of the needs which may require a more intensive response.	The child's needs are complex and enduring and a statutory response is required.
Which Plan should be used?	<u>My Profile</u> (or similar)	<u>My Plan</u>	<u>My Plan + (including a My Assessment)</u>	For example, Education Health and Care Plan, Child in Need Plan, Child Protection Plan.
What you will need to do to support the child/young person and their family	<ul style="list-style-type: none"> If your agency can meet the child's needs, follow your own agency's procedures for support, delivery and review. If your agency is unable to meet the child's needs consult with the appropriate agency that could meet the need and where appropriate make a referral with consent of the family. 	<ul style="list-style-type: none"> Contact Early Help Advice, Guidance and Support Teams and ask if a My Plan has been registered for the child by a different agency. If yes, contact the Lead Practitioner and discuss your concerns. If no, discuss the needs with the child and their family and gain their consent to start a My Plan. Identify goals to be achieved and actions to achieve these goals in the My Plan. Take action identified in the My Plan to meet the needs of the child and their family. Keep clear records of the My Plan and register your My Plan with Early Help Advice, Guidance and Support Teams. Monitor and regularly review progress made through Review Team Around the Family meetings. 	<ul style="list-style-type: none"> Contact Early Help Advice, Guidance and Support Teams and ask if a My Plan or My Plan+ has been registered for the child by a different agency. If yes, contact the Lead Practitioner and discuss your concerns and engage in the TAF. If no, discuss the needs with the child and their family and gain their consent to start a My Assessment & My Plan+. Consider a TAF meeting to gather information for the My Assessment. Hold a TAF meeting to share the agreed assessment and inform the My Plan+. Identify a Lead Practitioner (this may not be the person who wrote the assessment). Take action to meet the needs of the child and their family. Regularly review progress through TAF meetings. 	<ul style="list-style-type: none"> Where social care are the specialist support they will become the Lead Practitioner – ensure you have shared any assessments, plans or reviews and where agreed, continue to work with the Multi-Agency Team to support meeting the identified needs. Where an Education, Health and Care Plan is in place, the SENDCo will become the Lead Practitioner and continue to follow a Level 3 response to contribute towards statutory annual reviews.
Who can help you if you need it?	<ul style="list-style-type: none"> Glossaries directory of services. Local Offer. Family Information Service. 	<ul style="list-style-type: none"> Early Help Coordinator, Families First. Early Help Advisor, Early Years SEN. Outcomes Coordinator, Education Inclusion Service. 	<ul style="list-style-type: none"> As level 1 and 2 plus. Community Social Worker. Education Services, e.g. EP, ATS, EIS Youth Support Service. Children and Young People's Service. 	<ul style="list-style-type: none"> Social Worker SEND Team
What should happen if level of need decreases?	<ul style="list-style-type: none"> Discuss with the child and their family. No further additional support required. 	<ul style="list-style-type: none"> Discuss with the child and their family At review TAF Meeting agree when needs have been met. Close My Plan and Inform your Early Help Advice, Guidance and Support Teams. 	<ul style="list-style-type: none"> Discuss with the child and their family and review progress through a review TAF meeting. If needs are fully met, agree whether plan to be closed. If needs can be met at Level 2 agree Lead Practitioner and follow steps for a Level 2 response. Inform your Early Help Advice, Guidance and Support Teams. 	<ul style="list-style-type: none"> Discuss with the child and their family and the team around family to identify a Lead Practitioner. Follow steps for Level 3 using any existing up to date assessments and addressing any outstanding needs on statutory plans.
What should happen if level of need increases?	<ul style="list-style-type: none"> Discuss with the child and their family. Contact Early Help Advice, Guidance and Support Teams and ask if a My Plan has been registered for the child If yes, contact the Lead Practitioner to discuss your concerns. If no, create a My Plan and if a multi agency response is required arrange a TAF meeting inviting relevant agencies that may need to be involved. 	<ul style="list-style-type: none"> Discuss with the child and their family. Organise a Review TAF meeting and identify who will lead on the My Assessment. Follow steps for a Level 3 response to meeting the needs. 	<ul style="list-style-type: none"> If progress is not being made, review and update the assessment and plan, access additional Early Help resources and review consent. Consider who else may need to be involved. If the level of risk to the child is increasing and relate to social care needs discuss with your safeguarding lead or contact your Community Social Worker for advice on whether the level of risk requires a Level 4 response. If yes, with consent complete a MARF. If it is an increasing health need discuss further with the Lead Health Professional If it is an increasing educational need that may require a Level 4 response discuss further with the Lead Educational Professional and follow guidance for application for an Education, Health and Care Plan. 	<p>At any time If you think a child or young person is at immediate risk of significant harm, contact the Gloucestershire Multi-Agency Safeguarding Hub on 01452 426565</p> <p>In an emergency call 999. Always follow the GCSB Child Protection Process</p> <p>Discuss concerns with your Supervisor or Designated Safeguarding Lead at all levels</p>

GSCP Levels of Intervention

The levels of intervention guidance is intended to provide practitioners with guidance about making decisions according to the level of need. It aims to make sure that the appropriate level of support will be put in place to ensure that a child or young person's needs are met in a robust and timely way. Levels of intervention act as a guide to professional decision making and are there to make sure that children, young people and families are able to access the right support to increase life chances and keep children and young people safe.

Children and families have different levels of need at different times across a range of problems. Having a graduated approach ensures that support will be proportionate and at the lowest level of intervention. Children might also have a range of needs across different levels. It is important to take all needs into consideration when determining the type of support that might be required and the professionals who should be involved.

The levels of Intervention Windscreen complements and sits alongside the Early Help Pathway.



Useful links

[My Plan](#)

For more detail please see the [Graduated Pathway Flowchart](#)

[My Assessment/My Plan+](#)

[My Progress Chart](#)

[Information sharing and consent](#)

[Neglect Toolkit](#)

“ Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN.... If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.

SEND Code of Practice 2014

Meeting Needs

Meeting needs at the right level must be inclusive, involving parents or carers, children and young people, relevant professionals and support services, which allows practitioners to make informed and proportionate responses to need.

In the Gloucestershire levels of intervention model, there are four stages: Universal, Additional, Intensive and Specialist. Each stage provides for a solution-focused approach to meeting needs at the earliest opportunity, with the most appropriate and least intrusive level of intervention. It is a graduated evidence based approach - all relevant approaches at the lower stages have been tried before involving services that provide a more intensive approach.

Our staged approach is designed around:

- Stages 1-3 Early help pathway
- Stage 4 Specialist interventions involving statutory assessment and planning (including Education Health and Care Plan, Child in Need Plan, Child in Care Plan, Child Protection)

Support and advice for practitioners



“ I feel everyone was very understanding and very supportive of the situation. I think people got to know our family and wanted us to do well.

“ Things are a lot better, I have better coping strategies [and] know where to go for help.

Quotes from children and young people regarding services they have received.

Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0-25 years) with Additional Needs including Special Educational Needs and Disabilities



Support and advice for Early Help (Levels 1-3)

The Family Information Service and the Glos Families Directory provides a wide range of advice and guidance as well as information on resources including family support and advice, education, childcare and activities. In addition the Local Offer is a central source of information on services for children and young people aged 0-25 with Special Educational Needs and Disabilities (SEND) and their families. Finally it provides a central point of reference for practitioners containing resources to support direct work with families.

Children, young people and families with additional needs will be supported through the use of the Graduated Pathway of Early Help and support. Early Help Coordinators and Community Social Workers offer advice, guidance and support directly to schools and other agencies.

Direct support to individual children and their families can be provided by Families First, Children and Family Centres and the Youth Support Team.

More information can be found on the [Glos Families Directory](#).

For Early Help advice, guidance and support contact the teams below.

Cheltenham	01452 328160	cheltenhamearlyhelp@gloucestershire.gov.uk
Cotswolds	01452 328101	cotswoldsearlyhelp@gloucestershire.gov.uk
Forest of Dean	01452 328048	forestofdeanearlyhelp@gloucestershire.gov.uk
Gloucester	01452 328076	gloucesterearlyhelp@gloucestershire.gov.uk
Stroud	01452 328130	stroudearlyhelp@gloucestershire.gov.uk
Tewkesbury	01452 328251	tewkesburyearlyhelp@gloucestershire.gov.uk

Family Group Conferencing

A Family Group Conference (FGC) brings together family and friends to make decisions and plans for the care, protection and support of a child/young person in your family.

Who to contact:

Telephone **01242 532353**

E-mail fgc@gloucestershire.gov.uk

Triple P Parenting

Triple P suggests simple routines and small changes that can make a big difference to your family. It helps you understand the way your family works and uses the things you already say, think, feel and do in new ways.

Who to contact:

Telephone **01452 427362**

E-mail earlyhelp@gloucestershire.gov.uk

Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) Gloucestershire

SENDIASS Gloucestershire provides information, advice and support on matters relating to children and young people with special educational needs and disabilities (SEND).

Who to contact:

Telephone **01452 389345**

E-mail sendiass@carersgloucestershire.org.uk

www.sendiassglos.org.uk

Facebook – **Sendiass Gloucestershire**

The Early Years Service

The aim is to improve outcomes and reduce inequalities for all children aged 0-5 years.

Who to contact:

Telephone **01452 427224**

E-mail eyservice@gloucestershire.gov.uk

eybusinesssupport@gloucestershire.gov.uk



Level One - Universal

Children or young person (CYP) with no identified additional needs or needs that can be met by universal services

Good Practice

Practitioners should always seek to discuss their concerns with the child's family (and if appropriate, directly with the young person) to let them know what is going on and how you are trying to help. You will need consent to share information to access support. Families may also be able to explain, assist or resolve the issues themselves.

What you will need to do to support the child/ young person and their family.

- If your agency can meet the child's needs, follow your own agency's procedures for support, delivery and review
- If your agency is unable to meet the child's needs consult with the appropriate agency that could meet the need and where appropriate make a referral with consent of the family.

Who can help?

- Glosfamilies directory of services
- Local Offer
- Family Information Service
- Barnardo's and the Gardeners Lane and Oakwood Federation who provide a targeted family support service from their Children and Family Centres for families where there are children 0-11.

What should happen if the level of need decreases?

- Discuss with the child and their family.
- No further additional support required.

What should happen if the level of need increases?

- Discuss with the child and their family.
- Contact Families First and ask if a My Plan has been registered for the child.
- If yes, contact the Lead Practitioner to discuss your concerns.
- If no, create a My Plan and if a multi agency response is required arrange a TAF meeting inviting relevant agencies that may need to be involved.



Consent

What are the rules for consent and sharing information?

Before support is undertaken around any aspect of the Graduated Pathway, informed consent will need to be gained from the young person and family. Informed consent means the young person and family are able to fully understand the reasons for consent. There is a consent form on the Information for Practitioners section of Families Information Service website.

The consent form needs to be explained to the parents/young person and then signed by them to show that they consent to information being shared. It is important to revisit the consent during the course of your work particularly if new services and organisations start to work with the child, young person or family. It is important that the families and young people you are working with understand what is on the consent form and what they are agreeing to when they sign it.

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These Early Help Assessments... should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

Working Together 2018

Level Two - Additional

The child's needs can be met through your agency working jointly with another agency. Gain consent of the family to hold a Team Around the Family (TAF) Meeting and formulate a My Plan for delivery and review. **The Lead Practitioner** will coordinate the support.



What is the role and responsibilities of the Lead Practitioner?

Any professional can be a lead practitioner and should co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family. This may change over the lifetime of the plan.

- The Lead Practitioner should seek consent from the young person and family to develop a graduated, multi agency response. A My Plan or My Assessment & MyPlan+ will be required to provide a holistic, family centred understanding of need. This can also help educational settings to build up a picture of need and support that can be used in the Education, Health and Care Plan (EHCP). If the needs require a multi-agency response, a Team Around the Child/Family meeting should be convened.
- Identifying that a child or young person has additional needs does not necessarily mean that you will become the lead practitioner. There may already be a holistic plan of support in place, or the Team Around the Child/Family meeting (including parent/carer) will agree on the person best placed to support the family. As a Lead Practitioner, you will be responsible for the co-ordination of a multi-agency response. This does not mean that you need to do everything but you will be the main point of contact. Other members of the team around the child/family can take notes, organise the meeting and take away actions as part of the multi agency plan of support (My Plan or My Plan+)

If the family or young person will not consent to share information using an Early Help Assessment or withdraws consent for early help, you will continue to support the needs of the child or young person and their family through ordinarily available provision and personalised services. This will provide future opportunities to engage them with additional support and also to continue monitoring for safeguarding concerns.



“ The (TAC) meeting went well and we felt that we were listened to. Also our child’s voice has been heard.

Parent, Gloucestershire Guidance Booklet SEND 2016

Who should be involved in the Team Around the Child/Family meeting (TAC/TAF)?

- It is vital that children, young people and their families are at the heart of any conversations and subsequent support offered. Team Around the Child/Family meetings should be as welcoming and inclusive as possible – practitioners avoiding jargon and being prepared to listen as well as contribute. The multi agency My Plan/My Plan+ should be developed with the child and family so that they have ownership of the plan.
- All partner agencies involved in supporting the child, young person or family should have the opportunity to contribute to the multi agency Team Around the Child/Family meeting. Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.
- If advice and guidance is required around managing the risks within the family and/or escalating need, you can ask a Community Social Worker to attend the Team Around the Child/Family meeting. Support will be provided to the Team around the child/family group to assess and manage the risk for the child and family, or to escalate concerns where it is decided to refer into Children’s Social Care for specialist support.
- Continue to review the plan that is in place for the child, young person and family. If progress isn’t being made then refer to the multi agency flowchart.



Level Three - Intensive

The child's needs are more complex and require an assessment to understand the range, depth or significance of the needs which may require a more intensive response.

At level 3 the lead practitioner has assessed that a child or young person is not achieving outcomes with the support of the Team Around the Family or that their needs cannot be reasonably met through normally resourced local mainstream provision despite increased personalisation of service provision.

When you have concerns that the support provided by the Team Around the Family is not enabling progress contact the Early Help Coordinator (or SEN contact or Safeguarding service as appropriate). The Early Help Coordinator will work with the lead practitioner to identify the most appropriate and proportionate next steps. They will be able to:

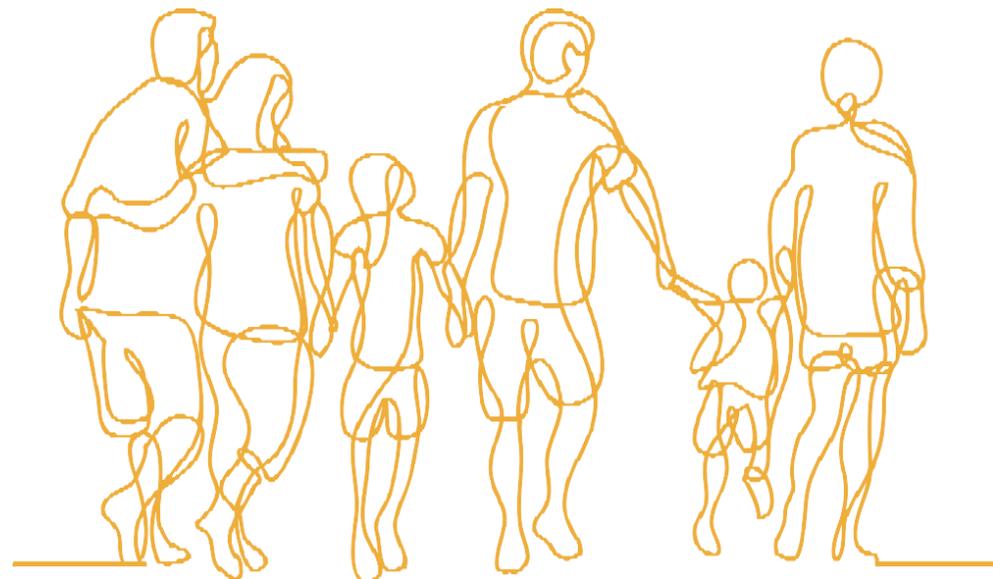
1. Attend the review TAF meeting
2. Review the current support plan with the Team Around the Family and make recommendations according to the needs of the family
3. Make a decision with the lead practitioner and Team Around the Family as to the best course of action based on the needs of the child, young person and their family and support them to access appropriate services which can include services directly delivered or commissioned by the Local Authority



The Early Help Assessment is a tool to engage with the child, young person and their family to effectively identify needs, strengths and possible solutions working in partnership with both the family and other services. The Early Help Assessment needs to be, proportionate to risk, and informed by research and by the historical context and significant events for each case. **It is not a referral form!**

- Please find links to the My Assessment form on the reverse of the Graduated Pathway of Early Help document.

Once you have assessed needs and strengths with the family, the Early Help Assessment can be shared with the services that you think need to be involved to meet the needs of the child, young person and their family. By doing this the family do not have to repeat their story more than once and the services you have identified have a clear understanding of how they can be of help.



If the level decreases

- Discuss with the child and their family and review progress through a review TAF meeting.
- If needs are fully met, agree whether plan to be closed.
- If needs can be met at Level 2 agree Lead Practitioner and follow steps for a Level 2 response.
- Inform your Families First Team.

If the level increases

- If progress is not being made, review and update the assessment and plan, access additional Early Help resources and review consent.
- Consider who else may need to be involved.
- If the level of risk to the child is increasing and relate to social care needs discuss with your safeguarding lead or contact your Community Social Worker for advice on whether the level of risk requires a Level 4 response. If yes, with consent complete a MARF.
- If it is an increasing health need discuss further with the Lead Health Professional.
- If it is an increasing educational need that may require a Level 4 response discuss further with the Lead Educational Professional and follow guidance for application for an Education, Health and Care Plan.

Level Four - Specialist

The child's needs are complex and enduring and a statutory response is required.

If during the course of work with a child or young person it is assessed that progress is not being made or the level of need is increasing then the practitioner should have a discussion with their safeguarding lead or contact the community social worker for advice. If the decision is that a Level 4 (Specialist) response is required the practitioner should complete a multi-agency referral form (MARF) and submit this to the MASH.

When making a safeguarding referral to MASH the Lead Practitioner is responsible for providing relevant documentation which will normally include Early Help My Plans, My Assessments & My Plan+, genogram, latest Team Around the Family review meeting minutes, tools completed which provide evidence of an increase in the level of risk (e.g CSE Screening Tool, Neglect Toolkit, Disability screening tool) which will be used to help inform the screening against the levels of intervention.

Practitioners should always seek consent from parents (or those who hold parental responsibility) or the young person, as appropriate, prior to making contact with MASH unless where seeking consent would place the child at increased risk of significant harm. If consent is not sought or provided, the rationale for this should be recorded on the MARF.

Outcomes of the contact to MASH include:

- Advice is given to the practitioner to follow up and no referral accepted.
- Referrer requested to obtain consent.
- An Early Help My Plan or My Assessment & My Plan+ is needed. If there is an existing plan, advice will be given as to how this can be enhanced to ensure the family is supported. The Early Help Coordinator or Community Social Worker in your local Families First team or duty worker in the Disabled Children's Team will be informed so that support can be offered to the Lead Practitioner based in the community.
- A Single Assessment is needed. The child, young person and their family will remain open to Early Help lead practitioner and any service provided should continue while the Single Assessment is carried out by a social worker to determine risk and if it has met the threshold for social care intervention. Communication between the lead practitioner and the social worker will be vital to ensure the appropriate service provision is maintained.
- An immediate emergency response involving social care professionals.

Outcomes of a Single Assessment undertaken by a social worker include:

- The child and family needs a statutory intervention and a social worker is allocated and a plan is developed to meet the need – this might be a Child in Need Plan or Child Protection Plan.
- In rare occasions, emergency protective action may be taken and the child becomes Looked After either in the short term or longer term.
- Ongoing social work service is not required and advice is given on:
 - how to provide support through universal services or a single agency (Levels 1 and 2) or
 - how to develop a multi-agency Early Help My Plan+ (Level 3) informed by needs identified through the Single Assessment. The Early Help Coordinator or Community Social Worker in your local Families First team will be informed so that support/advice can be offered to the Lead Practitioner.

Stepping down from social care intervention?

'Step down' from Children's Social Care takes place either as an outcome of the Single Assessment or following on-going social care involvement (through being in the care of the Local Authority, Child Protection or Child in Need) because the needs have been met and/or the risks to the child have decreased.

When a decision has been made that a child or young person is no longer in need of social work or other specialist intervention ('step down') a review meeting should identify the Lead Practitioner and agree the on-going plan. Weekly meetings are held in each locality, chaired by the Safeguarding Head of Service in order to plan for families to be transferred from social care to early help. These meetings, which usually involve Safeguarding and Assessment team managers, Families First managers and Children and Family Centre managers, are run consistently across the County in line with the agreed protocol which can be accessed [here](#).

The team around the family should continue to offer co-ordinated support and the lead practitioner role can be assumed by the most suitable practitioner. This will ensure that the child, young person and their family will benefit from a period of co-ordinated support from across the partnership at this stage in their journey.

When a decision has been made that a child is no longer in need of social work intervention, but an ongoing level of support is required and the family and child have given consent to continued support and for information to be shared, then a transfer will be made to Early Help using the step down process referred to below.

Plans to step down and transfer a child/young person and their family to Early Help should be discussed by the social worker with the family at the end of a Single Assessment or agreed at a Child in Need review meeting. Steps should be taken to identify a lead practitioner from an agency already involved with the family or the relevant practitioner if a single agency response is the outcome of the assessment.

How we support children and their families in stepping down from a Child in Need (CiN) Plan

A decision to transfer a child from an existing CiN plan to a multi agency Early Help My Plan+ should be discussed and agreed at a CiN review meeting when planning the withdrawal of Level 4 interventions.

This meeting should identify a new Lead Practitioner and agree the ongoing plan to ensure the identified needs for support are met through an early help offer.

The plan will be agreed as part of the final CiN meeting and will be passed on by the social worker to the identified Lead Practitioner together with a copy of the single assessment.

The Early Help Lead Practitioner will need to review the support plan at six weekly intervals which will enable the Lead Practitioner, with the child and family to make a decision to continue with the support at Early Help Level 3 or further step down to Level 2.

Where a disabled child's needs are met through the provision of support services such as short breaks, the child will remain open to the Lead Practitioner in the community or the Disabled Children and Young People's Service for 6 monthly reviews.

When the child's circumstances are satisfactory at the review then the child and family will be encouraged to continue to receive support through targeted or universal services.

Learning and Development

Training

What further help and support is there to develop my skills around supporting children, young people and their families?

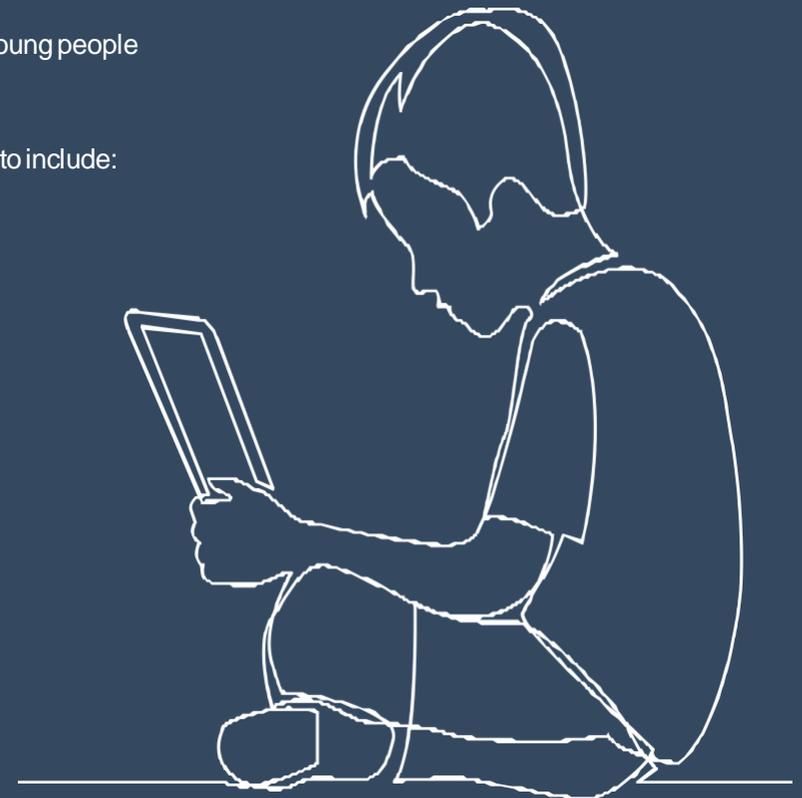
There is a regular programme of training to develop skills around all aspects of supporting children, young people and their families through the Graduated Pathway of Early Help and Support.

The following Early Help training workshops are available at locations in Gloucester and Cheltenham to include:

- The Graduated Pathway of Early Help & Support
- Outcomes Focused Planning & Creative Ways of Meeting Needs
- Chronologies/Genograms & Assessment/Analysis
- Listening to Children
- Team around the Child/Family
- Neglect training

If you wish to see more information about The Graduated Pathway training modules please visit;

The [Glos Families Directory website](#)



Glossary

Child in Need

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled

Child Protection

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Early Help Assessment

An assessment tool that offers a basis for early identification of children and young peoples additional needs, the sharing of this information between organisations and the coordination of service provision. Where it is considered a child or young person may have additional needs, with the consent of the child, young person and their parents/carers, practitioners undertake an Early Help Assessment.

Education Health and Care Plan (EHC)

From September 2014, Government reforms mean that everyone aged 0 to 25 with SEN (who has been through the statutory assessment process) could have a single plan setting out all the support they will receive from education, health and social care and who is responsible for each part for the plan. This EHC Plan will replace the statement of Special Educational Needs.

Special Educational Needs (SEN)

According to the Special Educational Needs and Disability Code of Practice: 0-25 years (2014):

‘A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions’

Myth-busting guide to information sharing

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing.

Data protection legislation is a barrier to sharing information

No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

Consent is always needed to share personal information

No – you do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

Personal information collected by one organisation/agency cannot be disclosed to another

No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information

No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

IT Systems are often a barrier to effective information sharing

No – IT systems, such as the Child Protection Information Sharing project (CP-IS), can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.



Early Help Practice Guidance

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Gloucestershire
COUNTY COUNCIL