



**E S S E X**  
**Safeguarding**  
**Children**  
**B O A R D**

# Effective Support for Children and Families in Essex

**Guidance for all practitioners in working together with children and families to provide early help, targeted and specialist support**

July 2017





# Contents

1. Introduction	4
2. A Vision for Effective Support for Children and Families in Essex	6
3. A Conceptual Model for Meeting Children and Families' Needs	8
4. Access to Services in Level 2 - Additional	13
5. Access to Services in Level 3 - Intensive	14
6. Access to Services in Level 4 - Specialist Children's Social Care	16
7. What Happens to a Children's Social Care Request	18
8. Consulting with Other Services, Schools and Settings	20
9. Effective Support Process Diagram	22
10. Indicators of Possible Need	23
11. Glossary	30
12. Useful web links	30
Documents and Services	30
Legislation	31
Guidance	31
13. Acknowledgements	31
14. Appendices	32
Appendix A: Early Help Plan / Team Around the Family (TAF)	32
Appendix B: Early Help Registration Form	36
Appendix C: Guidance for Professionals (Early Help Registrations)	37

# 1. Introduction

This guidance is for everyone who works with children and young people and their families in Essex. It is about the way we can all work together, share information, and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. There may be times when the needs of the family are such that intensive or specialist statutory intervention is required.

All children and young people will receive **Universal Services**, such as maternity services at birth; health visiting, school nursing and family support delivered from Family Hubs; school and youth services for older children. Universal Services seek, together with parents and families, to meet all the needs of children and young people so that they are happy, healthy and able to learn and develop securely. Universal services are provided as of right to all children, including those with additional and intensive needs.

However, some children, either because of their own additional needs or because of less advantageous circumstances, will need extra help to be healthy, safe and to achieve their potential. In Essex, we want to offer help and support to these children and their families at an early point, in a voluntary way that does not leave them feeling singled out as different.

A large amount of public money is invested in services for children and families in Essex. This guidance provides a way of working together so that we use that public money and staff resources more effectively to bring about positive changes for children and families. Early help may occur at any point in a child or young person's life and includes both interventions early in life as well as interventions early in the development of a problem. We seek to offer support early to help families solve problems or to reduce the impact of problems that have already emerged.



To do this we need to work together in an open way with the child and their family to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

In this guidance we have identified four levels of need: **Universal, Additional, Intensive and Specialist**. Services for children with additional and intensive needs are sometimes known as targeted services, such as behaviour support, additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services.

Children with **Additional** needs are best supported by those who already work with them, such as Family Hubs or schools, organising additional support with local partners as needed. When an agency are supporting these children, an **Early Help Plan** and a **Lead Professional** are helpful to share information and co-ordinate work alongside the child and family.

**Early Help Plans** can be developed using existing assessment and planning processes within agencies. For example, schools may choose to use a Special Education Needs (SEN) Support Plan. Alternatively, there is an **Early Help Plan** template at the back of this booklet, which any practitioner can use.

For children whose needs are **Intensive**, a co-ordinated multi-disciplinary approach is usually best, involving either an **Early Help Plan** or a **Shared Family Assessment (SFA)** and a **Lead Professional** to work closely with the child and family to ensure they receive all the support they require. Examples of intensive services are children's mental health services and Family Solutions.

**Specialist** services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care or Youth Offending Service.

By working together effectively with children that have additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

**Effective Support for children and families** is also relevant to staff working in other service areas such as adult mental health, community health, adult social care, housing and leisure.



## 2. A vision for effective support for children and families in Essex

In Essex, we all believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families.

By working together, we will develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises, towards effective intervention and support for children, young people and their families at an earlier stage.

We are committed to the following principles which inform the way we work with children and families:

- **Engage with families** by working alongside parents, children and young people and seeking their consent and agreement;
- **Work to families' strengths** – especially those of parents and carers and take the time to understand their needs fully. Parents tell us that they are motivated by having goals that reflect their family priorities;
- **Focus on preventing problems** before they occur and offer flexible responsive support when and where it is required;
- **Build the resilience** of parents, children, young people and communities to support each other;
- **Work together across the whole system** aligning our resources so we can best support families and do what needs to be done when it needs to be done;
- **Base all that we do on evidence** of both what is needed and of what works and be brave enough to stop things that are wrong;
- **Be clear and consistent about the outcomes** we expect, and judge what we do against them.

There are several factors that are essential to deliver effective early intervention:

### **An open, honest and transparent approach to supporting children and their families**

Parents are usually the best people to understand their child's needs; however, parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than parenting failure. Parents tell us that support works well when they are respected and listened to by practitioners.

In the majority of cases, it should be the decision of the parents when to ask for help or advice but there are occasions when practitioners may need to engage parents actively to help them to prevent problems from becoming more serious.

All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making.

It is important they acknowledge and respect the contribution of parents and other family members.

### **Earlier, solution-focused and evidence-based interventions**

It is important that any problems are identified early, so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

We will all work with families as soon as any difficulties become apparent, to help them to identify the things they want to change and the support they need.

The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

### **A multi-agency/disciplinary approach to assessment, support and intervention**

Safeguarding and promoting the welfare of children is the responsibility of everyone in Essex who works or has contact with children and their families.

The multi-agency/disciplinary approach ensures that children and families are understood and responded to in the round, so that they receive the right support and practical help in a co-ordinated way, when they need it.

Partners and professionals who work with children and their families should, usually with parental consent, consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

### **A confident workforce with a common core of knowledge and understanding about children's needs**

Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role.

We will support individuals and organisations in Essex to develop confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.



# 3. A conceptual model for meeting children and families' needs

The conceptual model and windscreen is a way of developing a shared understanding and explaining the Essex approach across all our services and partnerships, ensuring a consistent approach is applied by all practitioners and managers. The model illustrates how we will respond to the requirements of children and families across four levels of need (**Universal, Additional, Intensive and Specialist**).

In this model, all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level. We agree to actively work with children and families to prevent their needs escalating to a higher level. We will only request services at a higher level after we have

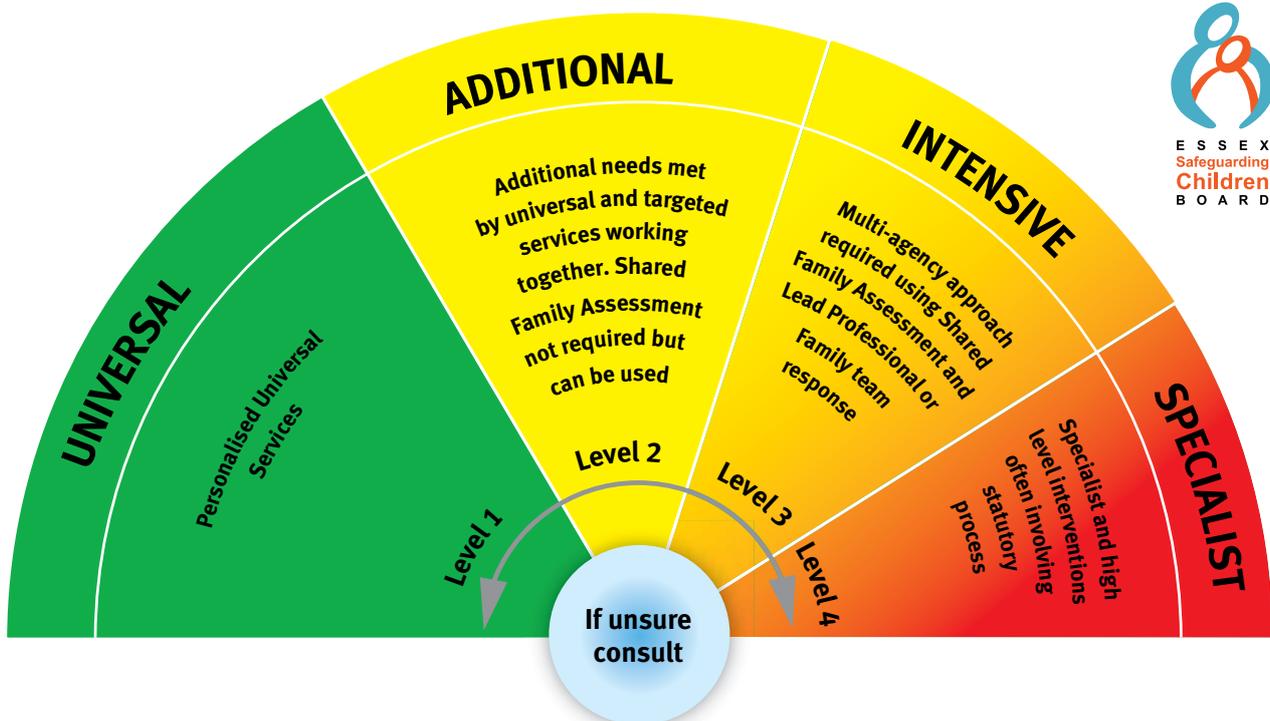
done everything possible to meet needs at the current level.

The Levels of Need table on pages 9 to 11, the Essex Effective Support Windscreen below and the more detailed indicators of need set out on pages 23 to 29, together illustrate how Early Help operates in Essex and clarifies the threshold between each level. This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Essex.

However, we recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.

## The Essex Effective Support Windscreen

Multi Agency Guidance: Working in partnership to help children and families improve their lives



*All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs.*

# Levels of need table

Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 1</b></p> <p><b>Universal</b></p> <p><b>Open access to provision</b></p>	<p>All children and families who live in the area have core needs such as parenting, health and education.</p>	<p>Early years, education, primary health care, maternity services, housing, community health care, youth centres, leisure services.</p> <p>Children are supported by their family and in universal services to meet all of their needs.</p>	<p>Children and young people make good progress in most areas of development.</p>
<p><b>Level 2</b></p> <p><b>Additional</b></p> <p><b>One or more services provide voluntary additional support to meet the child and family needs. This is co-ordinated by a service that knows the child/family best.</b></p> <p><b>An Early Help Plan and Team Around the Family meeting is helpful to bring the family and involved services together to share information and agree what would be helpful.</b></p> <p><b>Individual agency internal routes to access additional supports or to request external services</b></p>	<p>Children and families with additional needs who would benefit from or who require extra help to:</p> <ul style="list-style-type: none"> <li>• Improve education</li> <li>• Improve parenting and/or behaviour</li> <li>• Meet specific health or emotional needs of the child and/or parent</li> <li>• Improve their material situation</li> <li>• Respond to a short-term crisis such as bereavement, parental separation</li> </ul>	<p>Parenting support; commissioned early help services</p> <p>School holiday and short breaks provision for disabled children;</p> <p>Extra health support for family members; behavioural support;</p> <p>Housing support;</p> <p>Additional learning support; Special Education Needs (SEN) Support plan; help to find education and employment;</p> <p>Emotional Wellbeing Mental Health Service support to schools; Speech and Language Therapy; family hubs;</p> <p>Targeted youth work</p> <p>Services provided on a voluntary basis</p>	<p>The life chances of children and families are improved by offering early life and early help additional support.</p>

Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 3</b></p> <p><b>Intensive</b></p> <p><b>A multi-disciplinary / agency Team Around the Family (TAF), led by a Lead Professional, shares information and co-ordinates intensive services and support to meet the child and family needs.</b></p> <p><b>An Early Help Plan / Shared Family Assessment Family is necessary to set out how the family and involved services will work together to meet the child's needs.</b></p> <p><b>Individual agency internal routes to access intensive supports or Children &amp; Families Request for Support form (RFS) to access family solutions.</b></p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:</p> <ul style="list-style-type: none"> <li>• Have a disability resulting in complex needs</li> <li>• Exhibit anti-social or challenging behaviour</li> <li>• Suffer neglect or poor family relationships</li> <li>• Have poor engagement with key services such as school and health</li> <li>• Are not in education or work long-term</li> </ul>	<p>Because of the complexity of needs, especially around behaviour and parenting, a multi-disciplinary/agency co-ordinated plan developed with the family is needed, co-ordinated by a lead professional or family (key) worker.</p> <p>A wide range of services providing additional and intensive intervention might be involved in meeting the family's needs.</p> <p>Families needing substantial support to care for a disabled child.</p> <p>Services provided on a voluntary basis.</p>	<p>Vulnerable children and families likely to face impairment to their development and life chances will be supported by services to enable them to achieve.</p> <p>Issues will be prevented from escalating into safeguarding concerns requiring statutory intervention.</p>

Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 4 Specialist</b></p> <p><b>Children`s Social Care, Child Protection Care Proceedings, Youth Treatment Orders/ Custody Hospital in-patient</b></p> <p><b>Children &amp; Families Request for Support form (RFS)</b></p> <p><b>Statutory notifications to Youth Offending Service</b></p> <p><b>Statutory health assessments</b></p>	<ul style="list-style-type: none"> <li>• Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect</li> <li>• Children with significant impairment of function/learning and/or life limiting illness</li> <li>• Children whose parents and wider family are unable to care for them</li> <li>• Families involved in crime/misuse of drugs at a significant level</li> <li>• Families with significant mental or physical health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Children`s Social Care, Youth Offending Service</li> <li>• Criminal Justice system</li> <li>• Emotional Wellbeing and Mental Health Service</li> <li>• In patient and continuing health care</li> <li>• Fostering and residential care</li> <li>• Health care for children with life-limiting illness</li> <li>• Services for children with profound and enduring disability</li> </ul>	<p>Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.</p>





## 4. Access to services in Level 2 - Additional

Practitioners are expected to work together to meet the child or young person's additional needs and they may need to share information and engage with other services to do so.

Practitioners can access services at Level 2 **Additional**, using their own agency internal guidelines or by using specific forms/letters when requesting involvement of other additional need services. Parents should always sign to give consent to the referral and to information sharing. We should also ask young people who demonstrate Fraser competency, especially those aged over 15, to give their consent.

Where the problems or needs are more complex, practitioners should consider completing an **Early Help Plan (EHP)** with the family. An **Early Help Plan** is a tool to use with the family to discuss and record the needs, strengths, goals and views that they identify, leading to a plan to support them. There are many different types of early help planning tools. An early help template can be found at the back of this booklet. Alternatively, practitioners may choose to use or amend assessment and planning tools from within their own agency.

Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a **Team Around the Family** meeting, to share information and co-ordinate an **Early Help Plan** together.

A completed **Early Help Plan** remains the responsibility of the supporting agency/service to retain, in accordance with their own record keeping procedures.

A **Early Help Plan** should be registered on the shared database administered by the **Children & Families Hub**. Guidelines for registering an Early Help Plan can be found at the back of this document.

A copy of the completed **Early Help Plan** should be given to all family members that were involved, including children and young people (age and understanding permitting).

### **Children & Families Hub (C&F Hub)**

The Children & Families Hub will support practitioners and agencies to meet the needs of children, young people and families across all four levels of need. At levels 1, 2 & 3; information, advice and guidance is available to practitioners (and families) about services and support available as well as the opportunity to discuss the best course of action or signpost to available help.

A practitioner, child, young person or family member can directly access **The Effective Support Directory** by following this link <http://essexpartnership.org/content/directory-services> This directory provides a detailed list of a variety of **Additional** Level 2 services that are available in each quadrant. If, after seeking advice from their agency's safeguarding lead, practitioners require further advice and guidance from the Children & Families Hub, they can call **0345 6037627** and ask for the Consultation Line.

If a child is, or may be, suffering significant harm; a professional or public member should make a request to the Children & Families Hub for **Specialist** Children's Social Care support at Level 4. Guidance on how to make a request for support at this level can be found on page 16.

## 5. Access to services in Level 3 - Intensive

Prior to requesting services at level 3, **Intensive**, practitioners are expected to have worked together with the family to meet the **Additional** needs of the child and their family using an **Early Help Plan** and **Team Around the Family meetings**.

Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide; they should discuss this with the family and complete either an **Early Help Plan** or a **Children & Families Request for Support form (RFS)**. The **Early Help Plan** or **Children & Families Request for Support form** should be sent to the Children & Families Hub, who will triage the request and either provide advice and guidance to practitioners about continuing a **Team Around the Family** approach to providing **additional** level 2, or **Intensive** level 3 services, pass to the local **Family Solutions (FS)** team or identify an alternative level 3 service.

### Shared Family Assessment (SFA)

A **Shared Family Assessment** should be used when there are concerns and/or issues within a family that have not been resolved by additional support from universal services or by referral to another agency.

A **Shared Family Assessment** is used when a wider co-ordinated response with a lead professional and more intensive engagement with the family is needed to address issues at a significant level such as behaviour, parenting, developmental delay or other multi-faceted problems. Information from an **Early Help Plan** should be used in the **Shared Family Assessment**.

The **Family Solutions** teams will use the **Shared Family Assessment**, or build on an existing **Shared Family Assessment** as the tool for working with families to identify and record their needs, and the needs of each family member.

**Shared Family Assessment** is based on a best practice approach to engaging families. The approach used in assessing families makes them central to identifying their needs, supporting them to tell their own story in their own words

and being key to planning, implementing and sustaining the changes they need.

The purpose of a **Shared Family Assessment** is to produce a plan owned by the family which sets out what changes the family want to make, and what each family member and relevant practitioners will do to make and support the changes. Once a plan is developed, the lead professional/family (key) worker will work with the family and relevant services to implement and review the plan.

The completed **Shared Family Assessment** remains the responsibility of the assessing agency/service to retain in accordance with their own record keeping procedures. The **Shared Family Assessment** should be registered on the shared database administered by the **Children & Families Hub (C&F Hub)**. A copy of the completed **Shared Family Assessment** should be given to all family members that were involved, including children and young people (age and understanding permitting).

### Family Solutions (FS)

Out of the Essex Family prototypes, the national 'Troubled Families' programme and Whole Essex Community Budgets; partners across Essex helped develop **Family Solutions**, multi-disciplinary/agency family teams which will work with families with multiple needs intensively on a voluntary basis.

**Family Solutions** will work with families for up to a year, who have two or more of the following difficulties:

- Families with no member in work
- Families with significant non-school attendance (for whatever reason)
- Families with members involved in crime or anti-social behaviour
- Families affected by domestic abuse
- Families living with drug and alcohol misuse

- Families where children are in need and open to social care
- Families where children exhibit significant behavioural difficulties
- Families facing eviction or with significant rent arrears or neighbour disputes
- Families with one or more member of the household with (level 2) mental health needs

Family Solutions teams will have a range of professionals from different backgrounds who will provide the Key Worker/Lead Professional role and work with the family to help them find solutions to their needs.

Some children and family's needs will be such that a range of universal and other intensive services will work together with the family, identify a lead professional and arrange **Team Around the Family (TAF)** meetings with the family, to co-ordinate and review the plan of support.

The **Children & Families Hub** will act as the entry point into **Family Solutions** and within the Children & Families Hub there will be experienced

early help practitioners who will triage the **Children & Families Request for Support form** and **Early Help Plan** to ensure that the appropriate level of support will be received for the child, young person and/or family.

**Family Solutions** offers support to families on a voluntary basis who are not likely to suffer significant harm, by finding solutions collaboratively as a family.

Arrangements have been developed between Children's Social Care (CSC) and **Family Solutions** to facilitate a consistent step down for support once high level specialist needs have been met. Likewise, where concerns arise about significant harm; Family Solutions or the lead professional should refer to Children's Social Care.

Likewise, support for families who have been through the Family Solutions programme and whose needs have reduced from **Intensive to Additional**, will continue to receive additional support from universal and/or relevant targeted services.



## 6. Access to services in Level 4 - Specialist children's Social Care

Children's Social Care (CSC) has a responsibility to **children in need** under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided. This includes children who have a long lasting and substantial disability, which limits their ability to carry out the tasks of daily living.

For children in need, a request to Children's Social Care is appropriate when more substantial interventions are needed: where a child's development is being **significantly impaired** because of the impact of complex parental mental ill health, learning disability or substance misuse, or very challenging behaviour in the home.

A social care request is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of Children's Social Care responsibility is **child protection**; that is where Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether **a child is suffering or is likely to suffer significant harm**. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There is no absolute criteria on which to rely upon when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic

abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a request to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm – **child protection**
- Is likely to suffer significant harm – **child protection**
- Has significant developmental or disability needs, which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parent) – **children in need**

When Children's Social Care undertakes a S.47 child protection enquiry, the **SET** (Southend, Essex and Thurrock) Safeguarding and Child Protection Procedures are followed.

Children's Social Care engagement with children in need is on a voluntary basis. Parents, or young people who are **Fraser Competent**, can refuse some or all such offers of assistance. Often, families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. An **Early Help Plan, Team Around the Family meetings** and **Shared Family Assessment** is a useful way of engaging children in need and their families on a voluntary basis and many problems can be resolved this way.

New requests for service and requests on closed cases should be made by completing the **Children & Families Request for Support form, (RFS)** attaching copies of the **Early Help Plan/Shared**

**Family Assessment** and emailing to the Children & Families Hub secure email address: [FOH@essex.gcsx.gov.uk](mailto:FOH@essex.gcsx.gov.uk). Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the request.

Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should, before they make a referral, consult with their own manager and/or designated safeguarding lead and, where they remain unsure, speak to a qualified social worker by contacting the **Children and Families Hub** on **0345 6037627** and asking for the **Consultation line**.

Completing an **Early Help Plan** or **Shared Family Assessment** should not delay the process if a professional is concerned that a child is, or may be, suffering **significant impairment** to their development or **significant harm**. In such cases, the professional should make a request to Essex County Council Children's Social Care Children & Families Hub by completing the **Children & Families Request for Support** form and emailing it to the secure email: [FOH@essex.gcsx.gov.uk](mailto:FOH@essex.gcsx.gov.uk).

**If a child is considered to be at IMMEDIATE risk of significant harm professionals should telephone the Children & Families Hub on 0345 6037627 and ask for the Priority Line.**

Additional information or concerns on open cases should be made to the allocated social worker (or in their absence the manager or the duty social worker of that team). If you are unsure who the social worker or team is, you can contact the Essex Customer Service Centre to find out or to pass on the information (03457 430 430).

The secure email address [FOH@essex.gcsx.gov.uk](mailto:FOH@essex.gcsx.gov.uk) is solely for receiving non-urgent requests and Children & Families Request for Support forms. (RFS) All other requests for information about children, the progress of requests or previous involvement should be submitted via the [Request for Information portal](#).



# 7. What happens to a request for support at Level 4 (Social care)

In the Children & Families Hub, specially trained Family Advisors, overseen by qualified Senior Social Workers, answer phone calls from members of the public and priority phone calls from professionals.

Advisers will respond to Level 1 and 2 queries from members of the public, give information and signpost to other more appropriate services. Calls on open cases are recorded on the child's electronic record and passed to the allocated worker to provide a response.

Where a public or priority call indicates a child is at immediate risk of significant harm, a **contact** record recommending a **referral** and **statutory assessment** is created on the Children & Families electronic record system and electronically transferred to the local **Assessment & Intervention Team** within an hour.

All other calls, faxes or emails into the Children & Families Hub on closed or unknown cases are temporarily recorded on the Children & Families electronic record system as **Early Help Triage Steps**. These are screened by Pathway Advisors according to the four levels of need set out in this document. Those which present as meeting the threshold for Level 3 services are sent to a Family Advisor for further enquiries to be made. The family advisor will gather further information from the family and relevant practitioners, and in consultation with a senior social worker, decide within five normal working days how the needs of the child and family can be best met. Those meeting the threshold for Level 4 services are permanently created as a contact and sent to a social worker for further enquiries.

Those **Early Help Triage Steps** which meet the threshold for Level 3 services are, with consent from parents, permanently recorded onto the Children & Families electronic system as contacts. Where the threshold for Level 3 services is not met

**AND** the parent did not consent to the Children & Families Request for Support form (RFS) being submitted to the Children & Families Hub, the **Early Help Triage Step** is not retained on the Children & Families electronic record system. Practitioners are expected to keep their own records of service requests made to the Children & Families Hub and the outcome of these.

Where a **Contact** is potentially a child in need request or a child protection referral, a social worker will gather further information from the family and relevant practitioners and decide within 24 hours on normal working days what action is necessary. Where the Senior Social Worker decides a statutory assessment is required, the contact is electronically passed to the local Children's Social Care Assessment & Intervention (A&I) Team recommending a referral.

Some **contacts** may be dealt with by advice regarding provision of **additional** support using an **Early Help Plan**, signposting or the provision of an immediate solution.

All **Contacts** will be seen by a Senior Social Worker within one working day to decide a course of action. These may be:

- No further action
- Advice and information given
- Recommendation to involved services to provide additional support through Team Around the Family and an Early Help Plan
- Signposted to other services
- Accepted as a referral and passed on to a social worker in the relevant local Assessment and Intervention team for an assessment
- Accepted as a referral for Family Solutions and passed on to a Family Solutions Team

The outcome of the request will be fed back to the referrer.

When a **referral** is received in the local Assessment & Intervention team, it will usually be allocated to a social worker. There are occasions when the manager of the local Assessment & Intervention Team will decide to close a referral before an assessment is undertaken. This can be because new information about the referral is received or the team knows relevant information from their previous involvement with the child and family. When a referral is closed by the Assessment and Intervention Team, they will inform the referrer.

In most cases, a **single assessment** will be undertaken; this will include seeing the child alone (where age appropriate), meeting parents and discussing concerns and gathering current and historical information from all relevant professionals to form a judgment about needs and risks in order to develop a plan or agree further actions to support the child. The outcome may be:

- The provision of advice
- Referral to relevant provision
- A child in need plan
- Step down to Family Solutions
- Step down to involved services to provide additional support using a Team Around the Family and Early Help Plan
- No further action
- A s47 child protection investigation

With parental consent the outcome of the referral will be fed back to the referrer and to any agencies from whom information has been sought.

The single assessment usually takes 20 working days to complete and may lead to a **child in need plan** or, if the situation is complex, the single assessment will be extended to 45 working days to enable more

detailed information from other agencies and detailed exploration into family background and dynamics and the needs of the children.

Whenever there are **concerns a child has, or is likely to suffer significant harm**, a **section 47 child protection enquiry** is undertaken. This will involve liaison with police, health and other agencies and will include a **strategy discussion**, preferably through a meeting, to share full information, decide and plan the actions needed. An assessment of the child's circumstances, including risks and needs, is undertaken following the strategy meeting. This may lead to a decision that:

- There are no concerns
- A voluntary child in need plan will support the child and family
- Further statutory intervention, often through an **initial child protection conference**. If a child protection conference is required, this is usually within fifteen days of the strategy meeting.

If the conference agrees, a **child protection plan** is put in place. The child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant harm. Should the circumstances of the child/young person not improve or where further serious incidents occur, a decision may be made to apply to the court for **care proceedings**. The first step in this process is usually to have a legal planning meeting and issue parents with a formal **Public Law Outline (PLO) letter** stating what must improve to avoid care proceedings.

Once Children's Social Care and other specialist intervention has successfully reduced the level of need for the child or young person, **Universal** or targeted services will be expected to continue to support the child and family through the '**effective support**' processes described earlier in this booklet.

## 8. Consulting with other services, schools and settings

**Consultation** is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email.

Whenever consultation takes place, it is important that practitioners follow the principles of information sharing, parental consent and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency's procedures for information sharing.

If the consultation is external (between practitioners from different organisations) you should use the [Whole Essex Information Sharing Framework](#) to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should give consent to the consultation taking place and where appropriate, be given the opportunity to be involved.

### Principles of consultation:

- Should be open to all agencies who work with children, young people and their families
- Should take place when there is a clear benefit to the child or young person and their family
- An important tool in helping agencies and practitioners work together to achieve the best possible outcomes for children and young people
- A two-way process that demonstrates an acknowledgement of different but equally valid knowledge and expertise
- Be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of, give consent to, and be involved

in consultations and also be informed of outcomes and decisions taken as a result

- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family; however it is important that you have due regard for the principles of confidentiality and parental consent
- All consultations should be recorded to ensure clarity and allow you to evidence any decisions that have been made

A Team Around the Family approach to involve agencies working alongside children and families provides an opportunity for practitioners to share information and consult with each other.

### Children & Families Hub consultation

If you have concerns about a child and want an opportunity to talk these through with a social worker before deciding the best course of action, please contact the **Children & Families Hub** on **0345 6037627** and ask for the **Consultation line**.

### Consultation at levels 2 and 3 – Additional and Intensive

The Children & Families Hub also supports partners' Early Help activity at level 2 and 3. The Consultation Line social worker can provide information, advice and guidance about having difficult conversations, Early Help Plans, Team Around the Family meetings and additional external services available.

### All consultations with the Children & Families Hub must be recorded by the caller.

This is because the Children & Families Hub only creates records for children where a service request which meets the threshold for Level 3 or 4 services has been received **AND** the consent criteria is met.

If during a consultation it becomes clear that a child is at immediate risk of significant harm the caller will be transferred to the Priority Line and

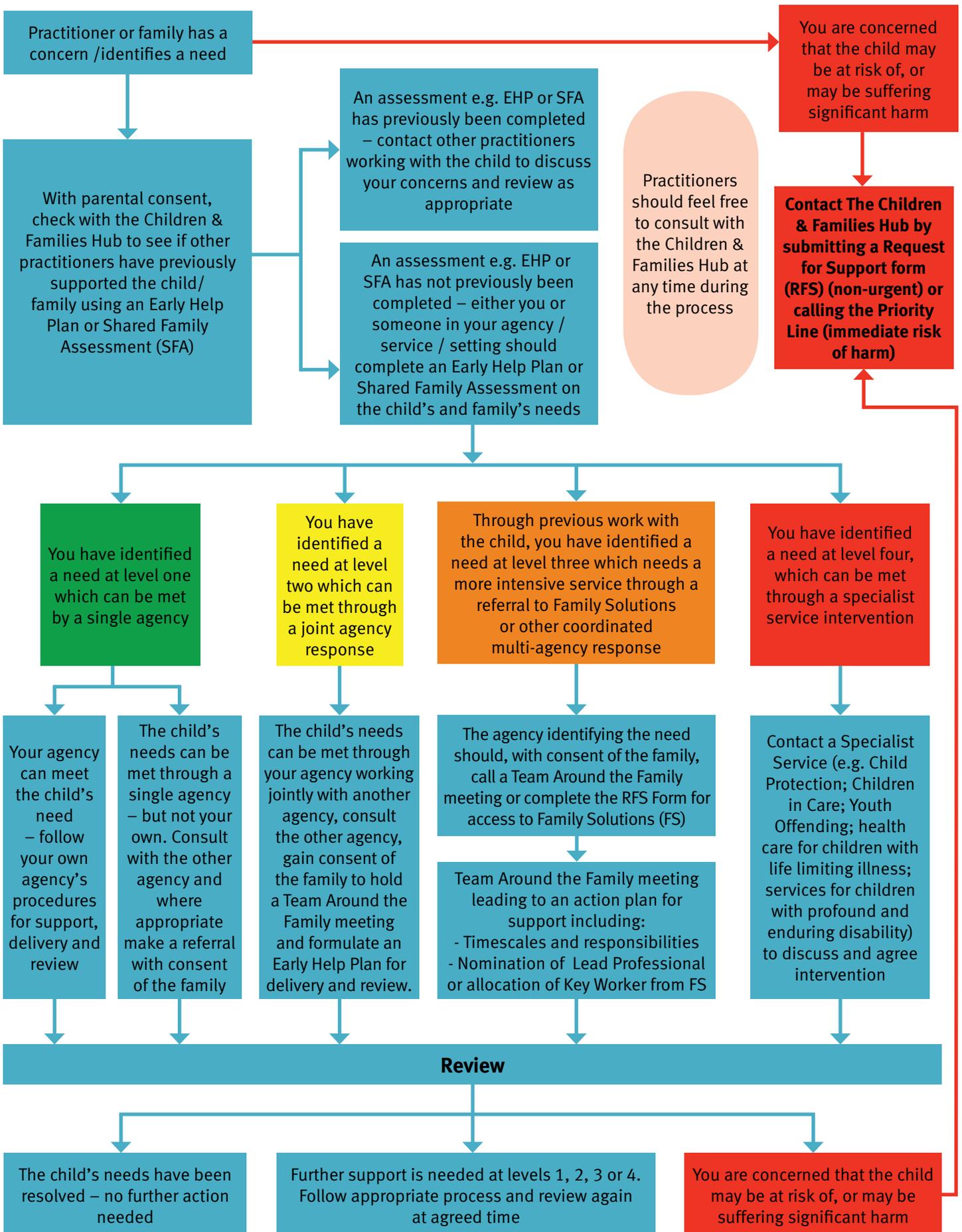
the process for accessing urgent Level 4 services will be followed.

If, following a consultation, a practitioner wishes to submit a Request for Services (RFS) form, they should follow the process outlined within this document for accessing Level 3 or 4 services.

At any time during the **Early Help Plan** or **Shared Family Assessment** process, it is important that practitioners feel they can ask for help and advice and draw on the expertise of other practitioners. All practitioners and services, schools and settings, working with families should feel able to consult with one another at any time before deciding on a course of action or way forward.



# 9. Effective support process diagram



# 10. Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of

support needed. Holding a Team Around the Family meeting and completing an Early Help Plan or Shared Family Assessment is a helpful way to share information and gain an understanding of the child and family needs. The indicators are a guide and not a pre-determined level of response.

**Level 1 - UNIVERSAL:** Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

## Health

- Physically well
- Nutritious diet
- Adequate hygiene & dress
- Developmental & health checks/ immunisations up to date
- Developmental milestones & motor skills appropriate
- Sexual activity age-appropriate
- Good mental health

## Emotional Development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

## Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

## Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

## Family and Social Relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships

## Learning

- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life

## Basic care, ensuring safety and protection

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm

## Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures stable relationships

## Guidance, boundaries and stimulation

- Ensure the child can develop a sense of right and wrong
- Child/young person accesses leisure facilities as appropriate to age and interests

## Family functioning and well-being

- Good relationships within family, including when parents are separated

## Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

## Social and community including education

- They have friendships and are able to access local services and amenities
- Family feels part of the community

**Level 2 - ADDITIONAL NEEDS:** Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for specialist services.

### **Health**

- Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight
- Missing immunisations/checks
- Child is continually slow in reaching developmental milestones
- Minor concerns re: diet, hygiene, clothing
- Dental problems untreated / decay
- Missing routine and non-routine health appointments
- Concerns about developmental progress: e.g. bedwetting/soiling; speech impediment
- Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- Standard risk of child sexual exploitation identified using the Child Sexual Exploitation (CSE) risk and vulnerabilities assessment

### **Emotional Development**

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others / Has few or no friends

### **Behavioural Development**

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from Emotional Well Being and Mental Health Services
- One-off / occasional short period missing from home

### **Identity and Self-Esteem**

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/appearance e.g. in appropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying

### **Family and Social Relationships**

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Low levels of parental conflict / infrequent incidents of domestic dispute
- Unresolved issues arising from parents' separation, step-parenting or bereavement
- Occasional low level domestic abuse
- Children affected by parental imprisonment

### **Self-care skills and independence**

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age-appropriate self-care skills

### **Learning**

- Have some identified specific learning needs with targeted support and / or Special Education Needs and disabilities - Education, Health and Care Plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality / pattern of regular school absences
- Not always engaged in play / learning, e.g. poor concentration
- No access to books / toys
- Some fixed term exclusions

### **Basic care, ensuring safety and protection**

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to GP or unplanned care settings eg Emergency Department
- Parent/carer stresses starting to affect ability to ensure child's safety

### **Emotional warmth and stability**

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Starting to show difficulties with attachments

### **Family functioning and well-being**

- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family
- Adopted

### **Guidance, boundaries and stimulation**

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone, e.g. watching television

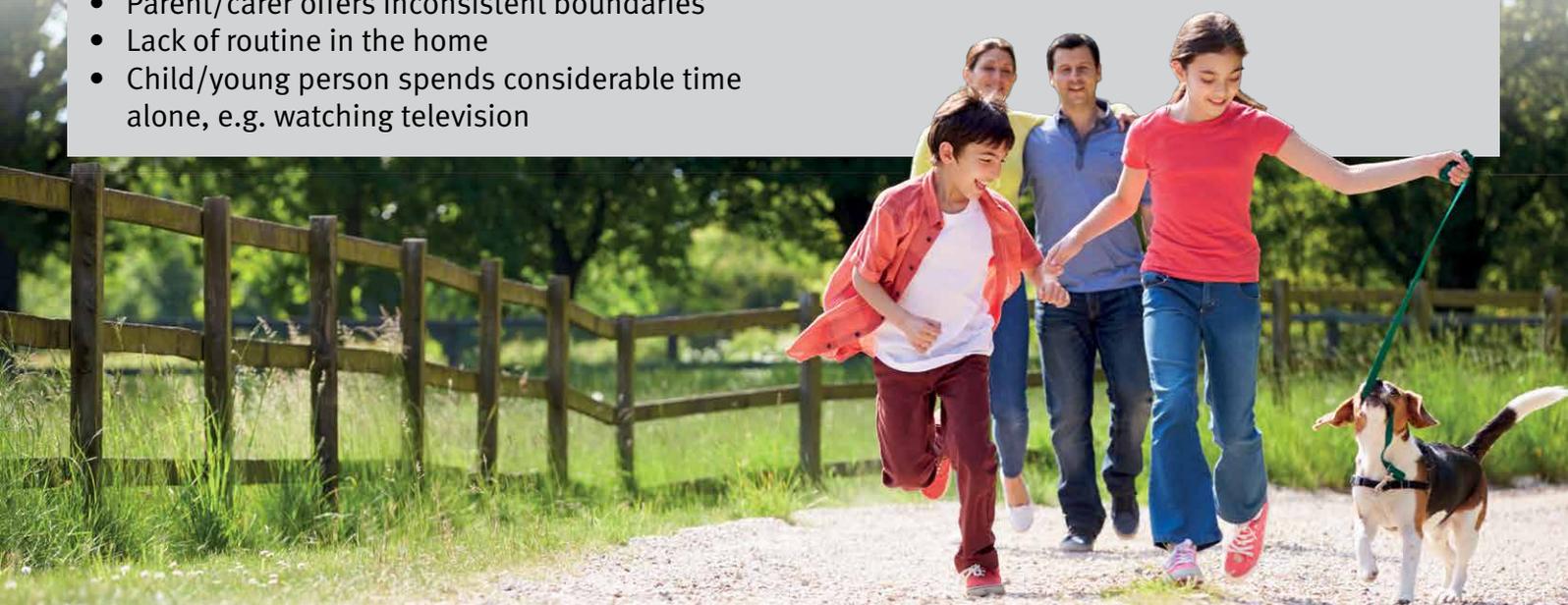
- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime

### **Housing, work and income**

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt problems
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debts/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in Education, Employment or Training post-16

### **Social and community including education**

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities



**Level 3 - INTENSIVE:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan or Shared Family Assessment and a Lead Professional to co-ordinate multi-agency support. Family Solutions can support at this level and access is through the Children & Families Hub using a Request for Support form (RFS).

### **Health**

- Child has some chronic/recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming
- Standard risk Child Sexual Exploitation with multiple vulnerabilities or medium risk of child sexual exploitation identified using the CSE risk and vulnerabilities assessment

### **Emotional Development**

- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

### **Behavioural Development**

- Persistent disruptive/challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences/re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Repeated short incidents of missing from home (less than 3 incidents in 90 days)

### **Identity and Self-Esteem**

- Presentation (including hygiene) significantly impacts on all relationships
- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Alienates self from others

### **Family and Social Relationships**

- Relationships with carers characterised by unpredictability
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

### **Self-care skills and independence**

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him/herself in danger

### **Learning**

- Consistently poor nursery/school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)

### **Basic care, ensuring safety and protection**

- Parent/carer is failing to provide adequate care
- Parents have found it difficult to care for previous child/young person
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse significantly affect care of child/young person
- Non-compliance of parents/carers with services
- Child/young person may be subject to neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of Modern Slavery and/or Human Trafficking but parents are accessing support and services

**Guidance, boundaries and stimulation**

- Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement
- Child/young person behaves in anti-social way in the neighbourhood

**Housing, work and income**

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse

**Family functioning and well-being**

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays regular physical violence towards parents



**Level 4 - SPECIALIST:** Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Professional, commonly in a non-statutory role. At times statutory intervention may be required.

### **Health**

- Child/young person has severe/chronic health problems
- Failure to thrive/faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- High risk of child sexual exploitation or actual abuse known to be happening

### **Emotional Development**

- Puts self or others in danger e.g. missing from home inappropriate relationships
- Severe emotional/behavioural challenges
- Puts self or others at risk through aggressive behaviour

### **Behavioural Development**

- Persistent disruptive/challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and/or family breakdown
- Regular and persistent offending and re-offending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions

### **Identity and Self-Esteem**

- Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
- Child/young person likely to put self at risk
- Evident mental health needs
- Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria
- Young person involved / closely associating with gangs

### **Family and Social Relationships**

- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent/carer; family no longer want to care for - or have abandoned –child / young person
- Periods accommodated by local authority
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

### **Learning**

- No school placement due to parental neglect
- Child/young person is out of school due to parental neglect

### **Other indicators**

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refugee / asylum seeker
- Privately fostered
- Abusing other children
- Young sex offenders
- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit/ prison
- Trafficked child with no family support or protection
- Forced criminality, forced labour

### **Basic care, ensuring safety and protection**

- Parent / carers mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children

- Instability and violence in the home continually
- Parents / carers involved in violent or serious crime, or crime against children
- Parents/carers own needs mean they are unable to keep child / young person safe
- Severe disability – child / young person relies totally on other people to meet care needs
- Chronic and serious domestic abuse involving child/young person
- Disclosure from parent of abuse to child / young person
- Suspected/evidence of fabricated or induced illness
- Young person at risk of Female Genital Mutilation and other harmful traditional/ cultural practices, Forced Marriage or Honour Based Abuse with family who lack willingness to protect
- Medium risk of Child Sexual Exploitation and parents/carers lack willingness to protect

#### **Emotional warmth and stability**

- Parent's own emotional experiences impacting on their ability to meet child/young person's needs
- Child has no-one to care for him/her
- Requesting young child be accommodated by local authority

#### **Guidance, boundaries and stimulation**

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)
- Missing from home for long periods of time

#### **Family functioning and well-being**

- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

#### **Housing, work and income**

- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child



# 11. Glossary

A&I	Assessment and Intervention Team
CSC	Children's Social Care
C&F Hub	Children & Families Hub
EHTS	Early Help Triage Step
EHP	Early Help Plan
EWMHS	Emotional Wellbeing and Mental Health Service
Family Hub	Point of access for pre-birth to 19 services
FGM	Female Genital Mutilation
FM	Forced marriage
HBA	Honour Based Abuse
RFS	Children & Families Request for Support form
SFA	Shared Family Assessment
TAF	Team Around the Family

# 12. Useful weblinks

<b>Documents and Services</b>	<b>Hyperlink to document</b>
Children & Families Request for Services (RFS) Form	<a href="http://essexpartnership.org/content/how-request-support">http://essexpartnership.org/content/how-request-support</a>
Effective Support for Children with Disabilities and their families in Essex	<a href="http://www.essexlocaloffer.org.uk/content/children-and-young-people-disabilities-service">http://www.essexlocaloffer.org.uk/content/children-and-young-people-disabilities-service</a>
Whole Essex Information Sharing Framework	<a href="https://weisf.essex.gov.uk/Pages/default.aspx">https://weisf.essex.gov.uk/Pages/default.aspx</a>
Essex Shared Family Assessment Guidance which includes: <ul style="list-style-type: none"><li>• Consent Form</li><li>• Family Operations Request for Services Form</li><li>• Shared Family Assessment</li></ul>	<a href="http://www.essex.gov.uk/familysolutions">www.essex.gov.uk/familysolutions</a>
Family Solutions	<a href="http://www.essex.gov.uk/familysolutions">www.essex.gov.uk/familysolutions</a>
SET Safeguarding and Child Protection Procedures	<a href="http://www.escb.co.uk">www.escb.co.uk</a>
Effective Support Directory	<a href="http://essexpartnership.org/content/directory-services">http://essexpartnership.org/content/directory-services</a>
SET CSE Toolbox (includes the risk and vulnerabilities assessment)	<a href="http://cse-toolbox.uk/">http://cse-toolbox.uk/</a>

Website	Content	Link
Essex Safeguarding Children's Board	<ul style="list-style-type: none"> <li>• Information and resources related to safeguarding and promoting the welfare of children</li> <li>• Details of learning and development opportunities</li> </ul>	<a href="http://www.escb.co.uk">www.escb.co.uk</a>
Integrated Working	<ul style="list-style-type: none"> <li>• Information, news and learning for education professionals</li> <li>• E-learning and information portal for practitioners</li> </ul>	<a href="https://ecclms.co.uk/goecclms.asp">https://ecclms.co.uk/goecclms.asp</a>
Essex Schools info link	<ul style="list-style-type: none"> <li>• Information specifically for schools</li> </ul>	<a href="http://schools.essex.gov.uk/pupils/Safeguarding/Pages/Safeguarding.aspx">http://schools.essex.gov.uk/pupils/Safeguarding/Pages/Safeguarding.aspx</a>

## Legislation

[The Children Act 1989](#)

[The Children Act 2004](#)

[Education Act 2002](#)

[Data Protection Act 1998](#)

## Guidance

[Fraser Competence](#)

[Information Sharing guidance](#)

# 13. Acknowledgements

**The Review of Assessment, Referral and Access to Services** commenced in January 2012 and involved large scale consultation with partners working to support families in Essex. The outcomes of the review has informed this guidance document and the members of the multi-agency project group (which included representatives from Schools, GPs, Health, Police, Adult Services and Children's Social Care) are particularly acknowledged for their contributions and support.

## EssexFamily

The learning from the work of the EssexFamily prototypes between 2011 and 2013, including Essex Family Tendring, Colchester, Harlow, Basildon, and Castlepoint and Rochford has also informed this guidance document.

# 14. Appendix A: Early Help Plan / Team Around Family

Family Name(s)	Date	Venue	Chair

Family Composition	What is their role?	Contact details?	Did they attend?

<b>Details of Lead Professional :</b>

Professionals invited	What is their role?	Contact details?	Did they attend?	Did they provide a report?

**What are we worried about?**

**What is going well? What has worked before?**

**What needs to change?**

**What are the next steps and who is going to do them?**

**View of the child/young person**

**Please record on a scale of 0 to 10 the family and TAF members view of the current situation for the child/ren with 0 being children at risk of significant harm and 10 being child/ren provided with stable and consistent care and accessing universal services.**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

<b>Next Steps/Further Action</b>	<b>By Who?</b>	<b>By When?</b>

**I/We agree this information is an accurate summary of my/our family's situation and agree with the family plan.**

<b>Review or Close?</b>	<b>Review Date/Time:</b>	<b>Venue:</b>
<b>Has a new Lead Professionals been appointed? Yes/No</b>	<b>Details of Lead Professional:</b>	

<b>Name of family member(s)</b>	<b>Signature(s)</b>	<b>Date</b>

<b>Name of Professional supporting the family</b>	<b>Signature(s)</b>	<b>Date</b>

# Appendix B: Early Help Registration Form

Please complete the information below:

Early Help Registration Form	
Date of Registration	
Person Registering the Shared Family Assessment / Early Help Plan / Team around the family meeting	
Date Completed	
Organisation Registering	
Email Address	
Telephone No	
Written Consent Obtained	
Date Consent Obtained	

Family Details		
Date of Birth	Forename	Surname

Email the form to [registration.earlyhelp@essex.gov.uk](mailto:registration.earlyhelp@essex.gov.uk) or [registration.earlyhelp@essex.gcsx.gov.uk](mailto:registration.earlyhelp@essex.gcsx.gov.uk)

Please ensure the document is password protected (if not sent via gcsx email) and that you have the password available when contacted by telephone.

If you have any queries please call the Children and Families Hub on 0345 6037627.

# Appendix C: Guidance for Professionals (Early Help Registrations)

## **Registering a Shared Family Assessment (SFA), Early Help Plan (EHP) and / or Team around the Family (TAF)**

### **Registering via Email**

1. Registration can ONLY take place via e-mail.
2. Complete the Registration form and password-protect it. Please ensure that the Family have consented to share this information (password protection is not necessary if sent from gcsx email).
3. Email the Registration form to [registration.earlyhelp@essex.gov.uk](mailto:registration.earlyhelp@essex.gov.uk) or [registration.earlyhelp@essex.gcsx.gov.uk](mailto:registration.earlyhelp@essex.gcsx.gov.uk) from a business/organisation email that has contact details for the person registering the form.
4. A Family Adviser will then contact the organisation by telephone to gain the password (not necessary if sent from gcsx email to the early help gcsx email).

### **Checking that an Early Help Registration has been received**

1. For Requests for Information please use the Portal mentioning that this is an enquiry regarding a SFA : [www.essex.gov.uk/FamilyOpsEnquiries](http://www.essex.gov.uk/FamilyOpsEnquiries)
2. A Family Adviser will respond to the request for information via e-mail to the enquirer.





This information is issued by:  
**Essex Safeguarding Children Board.**

Contact us:  
**escb@essex.gov.uk**  
**www.escb.co.uk**  
**0333 013 8936**

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Essex, CM1 1JZ

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