



Early Help Guidance [version 1]

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DOCUMENT PROFILE

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1. Diversity Statement

Practitioners working within the Early Help Approach delivering services to children, young people and families in Jersey should be able to work with people with disabilities and within diverse communities. The Early Help Approach will promote the value of equal opportunities and inclusion.

This means that practitioners will treat children, young people and their families with fairness, respect and dignity, regardless of race, ethnicity, disability, gender and sexual orientation, care of dependents, religious or political beliefs or unrelated criminal convictions and give consideration to their specific needs with regards to age and development.

For many practitioners in the children and young people's workforce in Jersey this is reflected in professional codes of conduct and we remain accountable through them and the requirements of our own agency/service.

2. Early Help Assessment – what research tells us:

Assessment works well when it is used as a way to gather information and empower children, young people, parents and carers to find their own solutions while recognising their strengths.

Research tells us:

How well you engage with the family determines the quality of the assessment.

Preparation and explanation are important. Think about:

- How to explain the purpose of the Early Help Assessment and why you think it will help;
- Finding a suitable place to meet with the child and family;
- Checking with the family regularly to make sure they continue to understand the process and share the information gathered;
- Sharing what has been written about them in the Early Help assessment process and invite their comments and contribution;
- Making sure you are open and honest with the child, young person and family.

The abilities families like in professionals they work with:

- Able to listen carefully;
- Being matter of fact;
- Being “human”;
- Friendly and supportive.

So Don't:

- Be bossy or patronising;
- Appear uncaring;
- Use big words that are unnecessary. i.e. that demonstrate power;
- Be hard to contact or not return calls.

3. For Early Help to be effective assessments should be:

- **Participative** – good assessors support children and their families to engage and share their views, wishes and feelings, assessment is a collaborative process
- **Solution focused in approach** - means families develop, building on strengths and work towards achieving goals
- **Accessible** – to everyone who needs to be involved – plain and straightforward language, using an interpreter if needed for example
- **Transparent** –be clear about the purpose of the assessment and what possible outcomes there might be, discussion should be open and honest. No hidden agendas.
- **Centred on the child/young person** – whatever their age or their developmental needs, the child/young person's view of the situation must be understood and their feelings considered
- **Inclusive** –recognising and work with the individual needs of children and young people and considering within this issues of age, gender, sexual orientation, culture, ethnicity and any special educational needs, disability.

4. Knowing the child/young person

We need to gain a “sense” of the child/ young person; this is often in addition to information on their strengths and needs. We need to have an understanding of the “lived experience” of the child. One way we can start to do this is to be able to describe a typical or average day for the child/young person.

We should also be able to describe what a child likes/dislikes, favourite things, their interests and friends, what makes them happy or sad and their dreams or ambitions.

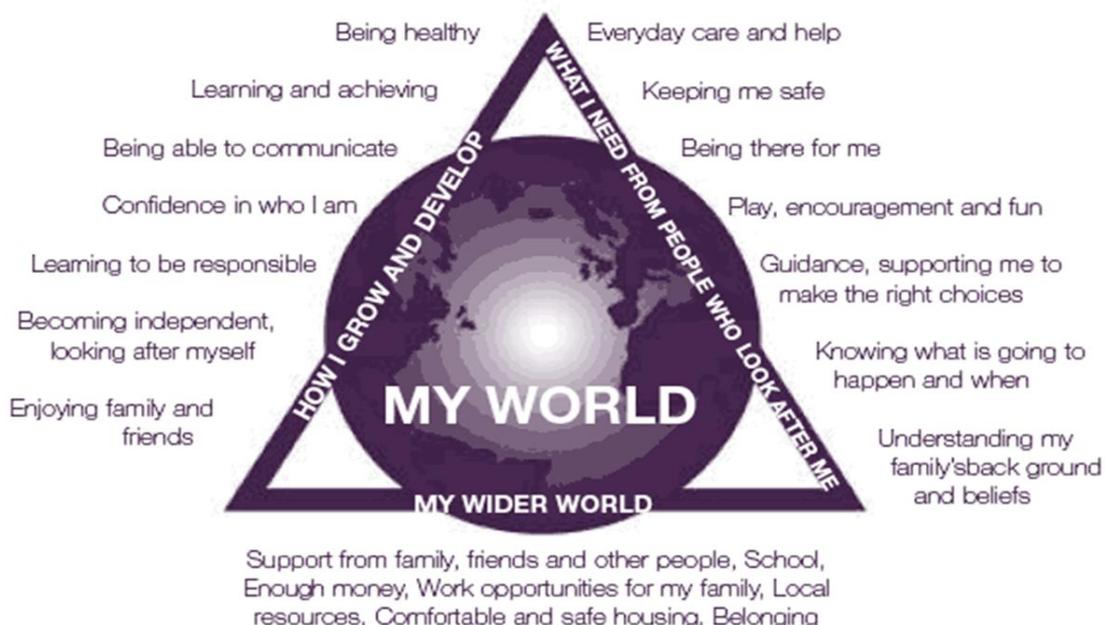
We should also include the needs of a child/ young person that may be associated with complex health needs/disability or special educational needs.

The “Day in the life” section of the assessment is useful for this. It allows a chance to explore the child's daily experience. Useful triggers for this are found below

- What happens in the morning – Who gets them ready for the day? Do they struggle to get up? Does anyone check they are up? Anything to eat in the morning?
- Who brings them to school/nursery? Are they expected to make their own way to school? Is this age appropriate in terms of distance/road safety?
- Do they present as tired/hungry at school? If they are at home is their age appropriate supervision?
- Do they get lunch? Do they have friends?
- Who collects them from school/Nursery – predictable? If they make their own way home – age appropriate?
- What happens in the evening or during the day in holidays– what does the child/young person do? Are they supervised appropriately for their age?
- Are they expected to care for themselves? Is food provided?
- Play – where can this happen and what kind of activity is it
- Who is at home in the evenings
- What is the bedtime routine?

5. Unmet need

The Early Help Assessment encourages practitioners to consider the needs of the of the child or young person in 3 areas as shown below



6. Exploring each assessment domain

The following questions are offered as support to help **explore** each area of a child, young person's development. It is for you to decide their relevance, age and developmental appropriateness and this **is not intended as a list to work through**. Some answers to these questions may come from **observations** of and **conversation/interaction** with the child, young person and family as well as **information** from other practitioners.

How I grow and develop	What I need from the people who look after me
<ul style="list-style-type: none"> ❖ Good general health? ❖ Immunisations and developmental checks up to date? ❖ Reached appropriate developmental milestones ❖ Making good progress in nursery/school? ❖ Educational level appropriate for their age? ❖ Child's opinion on their progress? ❖ Disability or Special educational needs – how does this impact on the child? ❖ Able to communicate effectively ❖ Any concerns regarding development? ❖ Access when needed to GP, Dentist, Optician - Registered? ❖ Hearing and Vision checked? ❖ Regular meals – nutritious diet – over/underweight ❖ School absences due to illness/sickness ❖ Physically active ❖ Able to look after own basic care needs? ❖ Are they gaining independence? ❖ Able to access information on sexual health services ❖ Smoking/Alcohol use? ❖ Good mental health? ❖ Happy and positive? ❖ Happy to attend nursery/school ❖ Attendance good? ❖ Any difficulties in reading or writing? ❖ Excluded/Suspended? ❖ Play, socialise and maintain friendships? 	<ul style="list-style-type: none"> ❖ Warm affectionate relationship with parents/carers/siblings ❖ Physical needs met – adequate food/drink/clothing? ❖ Home well maintained and warm ❖ Routines around mealtimes/mornings/bedtimes? ❖ Support for learning and attendance at school? ❖ Access to activities/friends ❖ Clear and consistent boundaries and guidance ❖ Parental substance or alcohol misuse? Impact on child? ❖ Domestic abuse? Impact on child? ❖ If child has a disability/complex health needs – what extra care is needed/provided and how are parents managing? ❖ If parent/carers have health issues/mental health issues/disability – do they impact on parenting capacity? ❖ Is the child a young carer and what impact does this have? ❖ If parents/carers in employment how are the young person supervised? ❖ Is parent's income sufficient for family's needs? ❖ Financial issues/debt? ❖ Parents need support with basic skill development, employment, and training? ❖ Parent in prison? What impact does this have?

<ul style="list-style-type: none"> ❖ Aware of danger and able to keep themselves safe? ❖ Self harming or risk of self harm? ❖ Express feelings appropriately, able to self- regulate appropriately ❖ What activities, clubs does the child/young person go to? ❖ Interest, hobbies and skills? ❖ What are their aspirations – any recognition for achievements? ❖ Is the young person in education, employment or training? ❖ Are there barriers to a young person achieving their aspirations? 	<p style="color: #4F81BD; margin-top: 0;">Family and Community</p> <ul style="list-style-type: none"> ❖ Wider support for the family? Include extended family and community. ❖ Family linked into to any community activities or support groups ❖ Is there a good relationship with neighbours? ❖ Any barriers to the family enjoying activities together? ❖ Bereavement, separation and loss in the family? How the family adjusted? ❖ Family members involved in Anti-Social Behaviour in the community? ❖ Child/young person at risk of harm in the community?
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7. Working Together – Team around the child and family¹

The **Team around the Child and Family meeting** should include appropriate practitioners, ensuring there is no duplication of roles and that families are not overwhelmed. Keep the meeting as small as possible.

- When identifying who needs to be there, ensure practitioners invited have a **clear role** in supporting the family.
- **Prepare** the child/young person and family for what to expect at the meeting – more will be achieved this way.
- Ask if the family want to bring someone to **support** – meetings with professionals can be daunting.
- Ensure the family know the **role** of each practitioner invited and so understand why they are there.

¹ For Team around the child and family meeting checklist go to **Appendix 1 Team around the child and family meeting checklist**

- Make sure you promote the **participation** of the family at the meeting and the participation of the practitioners invited.
- Make sure you focus on the development of an **action** plan and set a date for reviewing the plan.

8. Identifying the Lead Worker

The Lead Worker should be identified in consultation with the family. The decision can be made by considering the following factors:

- Positive working relationship with the family
- Involved in a significant piece of work with the family
- Choice of family

However, it is also recognised there may be good reasons why the Lead Worker role may be undertaken by a practitioner is not the first choice of the family. For example, issues such as availability of worker may need to be considered.

It is suggested that there is some discussion between those practitioners invited to the Team around the Child and Family Meeting before the meeting to understand who may be able to undertake the Lead Worker role. Often it will be very clear who is best placed to be the Lead Worker and the family may have already expressed a view as to who they would want.

It is expected that agencies will be supportive of practitioners who undertake the Lead Worker role and the engagement of services in this will be monitored to ensure shared participation.

Main tasks of the Lead Worker

To:

- Act as a single point of contact for the child/young person and family and practitioners involved in the Team Around the Child and Family Plan
- Co-ordinate the delivery of actions agreed by those involved
- Complete and circulate the Team around the Child and Family Action Plan within seven working days of the meeting
- Reduce any overlap and inconsistency in services offered to the family

Skills of the Lead Worker

Skills

- Able to chair effective, inclusive meetings focused on outcomes through agreed actions
- Able to communicate effectively with children, young people, parents and carers
- Able to use clear and accessible language to describe goals and actions within the plan
- Able to use solution focused and problem solving approaches in work with families and other practitioners

9. Workforce Requirements

Common skills and knowledge

It is suggested that workers should be qualified to a minimum of level 3 [equivalent to NVQ level 3] in an area related to work with children and young people to ensure a common knowledge of areas such as:

- [Child development](#)
- [Communication and engagement](#)
- [Safeguarding and promoting the welfare of children and young people](#)

In addition it is expected that all practitioners engaged in working with children and young people have attended [Safeguarding Training](#) that is commensurate with their role and responsibilities and this is updated in line with the requirements of the Safeguarding Partnership Board Training Strategy.

Early Help Approach training

Whilst it is not essential that workers complete Early Help and Team around the Child and Family training [[The Early Help Approach](#)] before undertaking an Early Help assessment it is advised.

[Early Help Approach](#) training is on offer to the children and young people's workforce in Jersey. It covers:

- [the tools and process within the Early Help Approach](#)
- [the role of the Lead Worker](#)
- [useful information about working with families](#)
- [support for practitioners engaged in the process](#)

This is aimed at frontline practitioners and their managers who will be involved in supporting or undertaking Early Help Assessments and the Lead Worker role.

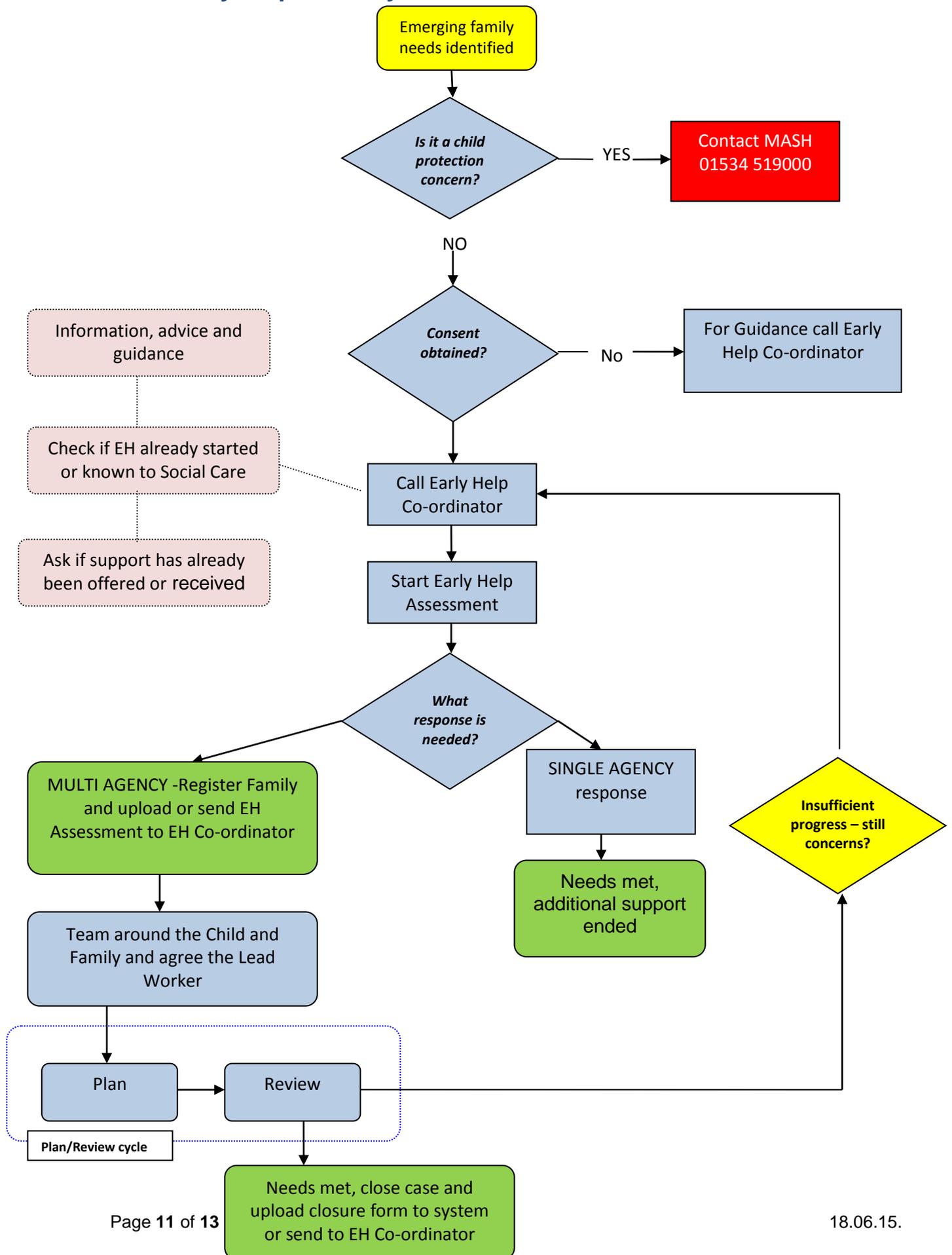
In addition briefing materials are available [HERE](#) for people who need to know about the Early Help Approach but may not be directly involved. This may be suitable for teachers within schools and settings, some staff in services that work with adults and some community and voluntary services.

If you are unsure which training may be suitable for you please discuss with your manager.

Don't forget to contact the Early Help Co-ordinator if you are thinking of starting an Early Help Assessment

Email earlyhelp@gov.ie

10. Early Help Pathway



11. Appendix 1 Team around the child and family meeting checklist

Team around the Child and Family checklist for Chair and members.

1. Welcome and Introductions

Chair to meet the family and considering their preference either bring them into the meeting or arrange for them to be already in the room. – remember “family most important”.

Introductions – chair first, round table, apologies etc.

2. Housekeeping

- Members to point out any jargon used – ensure shared understanding of language
- Mobile phones off/silent/vibrate
- Location of toilets
- What to do if fire alarm
- Break if the family need it

3. Explanation of Process and Purpose of Meeting

“The purpose of this meeting is to construct a Team around the child/ren and family plan and we expect meeting members to make suggestions to this plan and contribute in the form of actions/services, which will be reviewed in review meetings as needed. We are here to listen to the views of [child/ren/family] and work together to put a supportive plan in place.”

- Planned for the meeting to take no longer than 1 hour
- Will ask participants who is already involved in supporting the family
- Will look at strengths identified from the Early Help Assessment and any identified at the meeting
- Will look at needs identified in the Early Help Assessment and any identified at the meeting
- Will draw up Action Plan – Goal/outcome focus
- Will identify the Lead Worker

4. Confidentiality statement

“We are all here for the purpose of co-coordinating the support for child/young person/family about to be discussed. The child/ren/parents/carers have agreed to share information about them for this purpose. I would remind people that information remains confidential to this meeting. If the family have chosen not to be present then the completed TAC/F plan will be shared with them. As with all our work with children/young people and families the confidentiality of information is not absolute and if there were concerns that a child/young person may be at risk of significant harm we would seek to share relevant

information with appropriate services. Where appropriate we would seek to inform the family of this.”

5. Ask who is or has been involved in supporting the family

- This is not a full discussion as this will take place in the needs section

6. Strengths

- Outline the strengths from the Early Help Assessment and then ask the child/family and others around the table

7. Needs

Outline the needs for the Early help Assessment and then ask the child/family and others around the table

8. Work together to identify the intended outcomes/goals – remember family at the centre. Goals and aims need to be owned by them.

- Identify actions to achieve those goals
- Remember small steps to achieving goal/outcome
- Working collaboratively in the group
- Suggestions and thoughts welcome
- Make sure child/family have at least one action

9. Check that everything has been covered and check family are happy with the TAC/F plan and all understand what is to happen

10. Identify a Lead Worker

- Make sure contact details are on the form and that child/family have them

11. Parental/young person consent given to circulate the plan

- Circulate TAC/F plan within 7 working days, this included the parents/carers and child/young person as appropriate

12. Close the meeting and set a review date if needed

13. Thank all for attending