



# St. Helens Council

## Multi Agency Think Family Procedure

### ***“Think Child, Think Adult, Think Family”***

The purpose of the Think Family guidance documents is to support agencies to work together to meet the assessed needs of children and families. To be read in conjunction with St Helens Multi agency Early Help Strategy 2016-2019.

#### **St Helens Continuum of Need**

This aim's to assist practitioners and managers in assessing and identifying an unborn, a child or young person's level of need, what type of services/resources may meet those needs and what processes to follow in moving from an assessment to a provision of services.

#### **Think Family Procedure**

This is a comprehensive procedural guide for managers and practitioners.

#### **Early Help Practitioner Toolkit**

This replaces the 'Think Family Catalogue of Templates'

This contains all the templates and updated processes required and referred to in the Think Family Procedure

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1	January 2012	
2	January 2017	Reviewed
3	September 2017	Updated
4	October 17	Updated
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# 1. Context

This document should be read in conjunction with the Early Help Toolkit, St Helens Multi agency Early Help Strategy and the St Helens Continuum of Need, all of which can be found at [www.sthelenslscb.org.uk](http://www.sthelenslscb.org.uk), St Helens Council website (Safeguarding page) and St Helens Guidebooks.

## 1.1 Introduction

The objective of services to children in need as stated in the United Nations Convention on the Rights of the Child is to strive to ensure that **all** children should:

- grow up healthily from conception to adulthood
- gain full advantage from education
- behave well and keep out of trouble with the law
- have a strong sense of personal identity and self-esteem
- be safe from harm
- acquire essential personal and social skills

This states the right to respect for the views of the child (Article 12). When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

These rights underpin all planning, development and delivery of services for children who have an additional need for support.

Following the Families at Risk Review, the “Think Family” approach was developed to improve the support offered to vulnerable children and adults within the same family. Individual needs are looked at in the context of the whole family, so those who use services are seen not just as individuals but as parents, carers or other family members.

Identification of children in need of support and delivering services to meet those needs is the responsibility of all agencies. Services in St Helens have been developed to ensure that children at Levels 2 and 3 of the St Helens Continuum of Need receive a planned and reviewed service from the agencies involved in their lives, as an improvement in children’s life chances is linked to early identification of difficulties, to clear assessment and to collaborative services which provide positive outcomes for children and families.

This approach is supported by the Early Help Assessment Tool (EHAT). The EHAT is a standardised approach to assessing unborn, children and young people’s needs for services. It is designed for children with additional and unmet needs and has been developed for practitioners in all agencies to enable them to share information and work more effectively together.

The Think Family Procedure has been developed to provide a philosophy and structure within which services to children and their families in need of early help and support in St Helens may be planned, delivered and reviewed by all agencies under the direction of the St Helens Local Safeguarding Children Board Policies and Procedures ([www.sthelenslscb.org.uk](http://www.sthelenslscb.org.uk))

## 2. Responding to children and young people in need of support

### 2.1 The Continuum of need

All agencies in St Helens operate within the St Helens Continuum of Need levels for delivery of services.

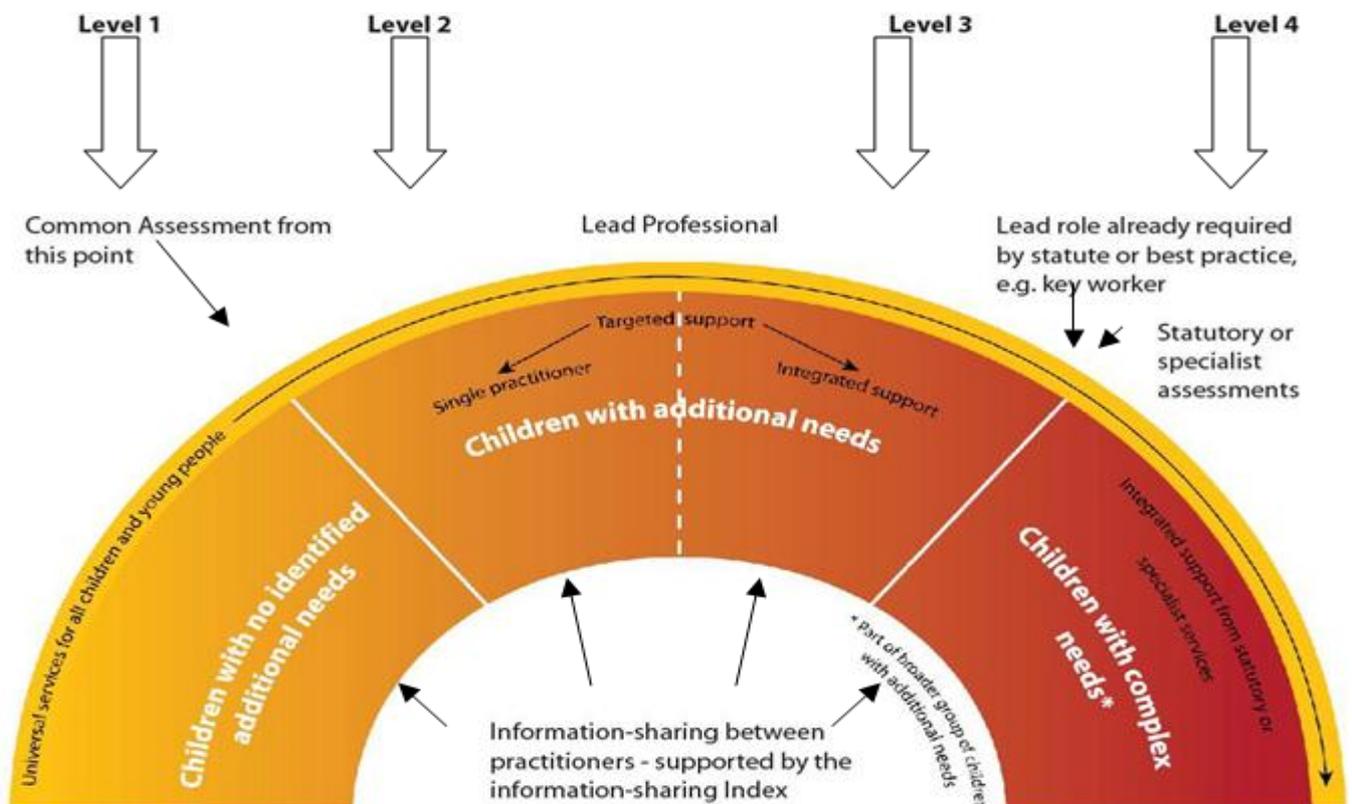
St Helens Continuum of Need identifies 4 levels for delivery of services. For a visual representation of these levels and guidance, please see the full document found on the LSCB Website, St Helens Council Website and St Helens Guidebooks. The Continuum of Need will be included in the Early Help Toolkit.

Most services to children and families will be delivered within Levels 1 and 2 of the Continuum of Need by single agency involvements. When an individual agency identifies needs that cannot be met by their service alone consent to refer to an appropriate service should be obtained from parents or carers. In most cases, service provision will still fall within Level 2 of the Continuum of Need.

Interventions with families under the Think Family Procedure will be at Levels 2 and 3 of the Continuum of Need.

Child Protection issues emerging at Level 4 of the Continuum of Need will be assessed and led by Social Care and will be managed within the Child Protection Procedure.

#### The Continuum of Need and process triggers



Please note the continuum of need and thresholds document is being updated – the common assessment has now been replaced by the Early Help Assessment Tool. Statutory assessments are undertaken at Level 3 and 4 on the continuum of need.

## 2.2 The System

Children and their families in need of early help, support and protection are the responsibility of all agencies in St Helens who work with children under the Children Act 1989 and Children Act 2004, with each agency delivering different elements of service to meet the needs of children and families.

Consultation should always take place with other agencies so that judgements benefit from as full an analysis as possible. This also needs to include the voice of children.

To help agencies identify and assess need, it is important that there is:-

A common method of assessing need, and

A common procedure for agencies to meet with a family and agree plans for delivery of co-ordinated services to children in need of support, which has equal status with child protection procedures.

When the protection of a child is not the issue, but a child's health and development would be impaired without the provision of services, a Family Action Meeting is the forum for **multi-agency** planning of services and the provision of family support. (Level 2 and 3 of the Continuum of Need)

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies as appropriate (for example, children's centre/school or family intervention projects), in particular any referring agency. The strategy discussion should be convened and led by local authority children's social care and those participating should be sufficiently senior and able, therefore, to contribute to the discussion of available information and to make decisions on behalf of their agencies. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether and if so, when to initiate Section 47 enquiries as well as how best to undertake them.

## 2.3 System Principles

Any agency can take responsibility for co-ordinating a response to emerging issues/concern about a unborn, child or young person through the Think Family Procedure.

The following common principles will therefore be applied:-

- All agencies should respond to any information-sharing request, satisfying themselves that consent has been obtained from the family for such information to be shared
- All agencies with information about a child must respond to a request to attend Family Action Meetings, attend with a written report or send a written report, in their absence, with apologies Parents/Carers and children will be fully informed and supported to participate in Family Action Meetings and services
- Unless there are very exceptional circumstances, meetings should not take place without the consent of parents and children of sufficient age and understanding. (See sections 2.3 and 5.1 for guidance if consent is withheld)
- The Early Help Assessment Tool will be used by all agencies to inform the meeting
- Children and families should not be subject to multiple assessments and planning activity by agencies, but should be supported to give their views and wishes.
- Agencies will work together to share information, knowledge, skills, resources and responsibility.

## 2.4 Starting the Early Help Process: (EHAT Recommendation and Step down)

In St Helens this may happen in three distinct ways:

- An agency may identify the need for initiating the process following discussions with parent/carer. They should obtain consent and start the Early Help Assessment and begin to coordinate the plan of support.
- On receipt of a contact/referral, the practitioners at the Front Door Team during screening may recommend that the family require intervention and support at Level 2 on St Helens Continuum of Need. They will discuss with the agency best placed to assume the lead professional role along with the parent/carers consent and recommend that the EHAT process is initiated. The Partnership Coordinator is then notified by the team to enable tracking of the request to ensure this is progressed and also to offer support and guidance to the agency. It may be that due to the complexities of the Level 2 plan recommended by the Front Door that the case requires an Early Help Worker to coordinate the plan. The Front Door Team manager will liaise with the Early Help Team Manager.
- Following a Children and Families Assessment conducted by a Social Worker within the social care teams, where the recommendation is that the family require ongoing multi-agency support at Level 2, the case would be **Stepped Down** to the agreed lead agency to continue to coordinate this support using the Early Help Assessment Tool. Family Action Meetings will continue until outcomes are met. The EHAT can be closed once it is evidenced that outcomes have been achieved for the unborn, child and family. The family will then continue to receive universal services.
- In any of these incidences, the lead agency/Social Worker may decide following the assessment that as part of the Family Action plan the child/ family would benefit from a Family Intervention Worker. See 4.3 Level 2 Support Panel on referral process.

## 2.5 Consent and Information-Sharing

Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for their private and family life, their home and their correspondence. Workers who have access to information about children and families must therefore treat any information confidentially.

This article applies to children who are classified as in need of support under Section 17 Children Act 1989.

The consent of parents and young people of sufficient age and understanding is therefore required for agencies to share information or to hold a Family Action Meeting.

It is accepted that in some police interventions it will not always be possible to obtain written consent before making a request to Social Care for a service.

Consent will be obtained by agencies at the earliest opportunity. All professionals in St Helens will make families aware that, in order to provide appropriate services, agencies need to share information about the needs of the families.

In obtaining consent, parents, carers and young people should be given an explanation about the issues/concerns the agency has and information about the duties and responsibilities of agencies towards children in need of support or protection. Consent should be reviewed regularly by all agencies involved to ensure parents/carers fully understand the processes.

The **Think Family Multi agency consent** form should be used to record consent to information-sharing. The consent statement on the Early Help Assessment Tool system should be updated after

this to include all agencies who are supporting the family.

The options if consent is withheld are:

- The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information-sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the child's records.
- For another agency familiar with the child and family to make the approach about information-sharing to the family.
- No information-sharing should take place.
- The Early Help Assessment tool consent record should be updated to record the details of what has been offered to the family and that this was denied by parent/carer/young person.

Every effort should be made by agencies working with the family to gain consent for information-sharing. A failure to obtain consent to share information should always be discussed with the practitioner's supervisor and/or manager and subsequent decision-making should be recorded on the child's record.

Agencies should work within the St Helens Information-Sharing Protocols and their own agency procedures on information-sharing.

**Practice Note:**

**When consent is withheld for consultation, referral to another agency or holding a meeting, the agency with the concern should make a decision about the level of risk to the welfare of the child in not sharing information, making the request for service or holding the meeting. The practitioner should speak to their manager and they may need to consult with Social Care.**

**The Think Family Multi agency consent form can be found in the Early Help Toolkit.**

### 3. Common Processes

#### 3.1 Single View

Single View is an electronic gateway, which enables professionals to obtain a holistic view of a child without having to search multiple systems. It allows them to confirm basic demographic details, identify if an unborn, child or young person is known to other professionals, whether an Early Help Assessment has been completed, whether a Lead Professional has been identified or whether a child is allocated to a social worker.

#### 3.2 The Early Help Assessment Tool

The Early Help Assessment Tool (EHAT) introduces a framework for assessment by all agencies prior to the involvement of Children's Social Care. The EHAT is one of the many national changes introduced in the Children Act 2004, and plays a major part in improving services to an unborn, children, young people and families in order to improve the following outcomes for children and young people:

- being healthy
- staying safe
- enjoying and achieving

- making a positive contribution
- achieving economic wellbeing.

The Early Help Assessment Tool (EHAT) is a standardised approach to assessing an unborn, children and young people's needs for services. It aims to help all those whose work brings them into contact with children and families to identify children with additional needs and intervene much earlier to help them. Research shows that 'low level' needs that do not meet the criteria for statutory intervention often remain unaddressed, as no one takes responsibility for identifying and co-ordinating services. The needs of the unborn, children and young people in this situation can escalate. The Children Act 2004 seeks to ensure earlier intervention and an improvement in the co-ordination of services.

The Early Help Assessment tool is an electronic system which consists of:

- A common process for understanding and articulating the range of needs of an unborn, child or young person, their parents or carers.
- A common format to help practitioners record the findings from the assessment in a systematic way, which will evidence the analysis of need while being understandable to parents, carers and practitioners from other agencies.
- Common format for sharing assessment information with other agencies as appropriate, with the consent of the young person, parent or carer.

The principles underlying the approach to the Early Help Assessment are that it:

- Is undertaken with consent, and therefore needs to be built around partnership and co-operation;
- Looks at the whole child, not just the policy focus and statutory obligations of a particular service;
- Takes account of strengths as well as needs and understands the role of parents/carers and a wide range of family and environmental factors on child development;
- Is simple to use and geared towards the practical delivery of support to children, young people and their family members;
- Is empowering for families, completed in partnership with children and families at all stages, where possible enabling them to take the lead, and ensuring they have a copy of all the relevant documentation;
- Enables and encourages information held by agencies to follow the child, e.g. as they get older, change schools or move house, subject to controls to protect confidentiality;
- Is a tool to support practice; is not used mechanistically or when it adds little value; and supports and enhances ongoing and effective communication within and between agencies. Communication should not end once an Early Help Assessment has been initiated.

**Practice Note:**

**The Early Help Assessment is an initial assessment tool. Additional resources to aid the assessment process can be found in the Early Help toolkit**

**Before an EHAT is started you should search the Single View system to check if a record already exists.**

**Contact should be made with the 'coordinator' of that episode to discuss. If no record you can create the record and start the process**

### 3.3 The Lead Professional

When an unborn, children, young people and families are assessed as having additional support needs, they may require a co-ordinated approach from more than one professional in order for those

needs to be met effectively.

If several professionals are involved in the provision of support to an unborn, child/young person within a single agency or there is a need for multi-agency involvement, the support needs to be co-ordinated by one professional. **At this point, a Lead Professional should be identified and will assume the co-ordination of the support being provided by services to the family.** A Family Action Meeting will be convened and a Family Action Plan must be agreed, recorded and circulated to all involved, including the parent/carer and child. (if age appropriate).

### **Role of the Lead Professional**

It is the responsibility of the Lead Professional to:

- Arrange date/time/venue of meetings by telephone and standard follow-up letter.
- Ensure a professional is identified to chair the meeting.
- Act as the central point of contact for the family.
- With colleagues and the family, identify gaps in service delivery and ensure where possible these needs are addressed.
- Ensure that service delivery is not duplicated.
- Ensure EHAT documentation is updated where necessary and/or modify Family Action Plan as appropriate.
- To ensure there is a robust and effective plan in place to avoid drift.

### **Criteria for identifying the Lead Professional**

A Lead Professional is identified from among the group of practitioners working with the unborn, child, young person or family. They are chosen through a process of discussion and agreement between those practitioners who are involved and in consultation with the family.

Potential short-term interventions should not prohibit the practitioner from assuming the Lead Professional role.

Practice suggests that it is important to have clear criteria for choosing Lead Professionals and a clear process to facilitate this. Disagreements or confusion are less likely when these are in place.

Criteria should include:

- What are the predominant needs of the unborn, child or family?
- Which agency has main responsibility for addressing the unborn, child or family's needs.
- Statutory responsibility. Social Care will always be the Lead Professional in statutory cases (Children Act 1989).
- Does anyone have an ongoing relationship with the child or young person?
- Who would the family prefer as their central point of contact?

### **Taking the lead role in cases involving children with complex needs**

#### **All children in need of support:**

Any relevant practitioner can be the Lead Professional for any other child in need of support. Where social care remain involved in ongoing assessment or commissioning of services, it will be appropriate for the social worker to assume the Lead Professional role.

When the social worker is the Lead Professional during the assessment phase and the case is to remain open beyond the initial phase, the social worker will maintain the Lead Professional role.

**Child Protection case:**

The named social worker (the key worker) is responsible for acting as the Lead Professional for the inter-agency work with any child subject to a Child Protection Plan.

**Child Looked After:**

The named social worker is the Lead Professional for those children looked after. They may also have a key worker in the home/school who provides day-to-day support. The social worker will link with both the child and the key worker in delivering an effective monitoring/co-ordination role.

**Care leaver:**

The personal adviser or the child's social worker is the Lead Professional.

Where care leavers remain looked after ('eligible children'), they should usually have a social worker who, where appropriate, will assume the personal adviser role. Roles and responsibilities will be allocated between them, but the lead statutory accountability will lie with the social worker.

Where care leavers have left care before their 18<sup>th</sup> birthday ('relevant children'), the Lead Professional will usually be a personal adviser who may be attached to a specialist leaving care service. The personal adviser must participate in assessment, planning, intervention and review of the young person's needs and maintain their pathway plan.

**Adoption cases:**

For children for whom adoption is the plan, the child's social worker is the Lead Professional.

**Children with special education needs:**

The Special Educational Needs Co-ordinator may, where appropriate, be the Lead Professional. Where these special needs require input from a range of professionals outside the school setting or a high degree of family support is required, it may be appropriate for someone else to take on the lead role.

**Child with complex disabilities or complex health needs:**

Where the child or family have a key worker, they are the Lead Professional. Key worker models are increasingly in place for children with severe and complex disabilities or health needs, as recommended by the Children's National Service Framework.

Key workers tend to be deployed in one or two ways: (i) as a 'non-designated' key worker, in which they carry out the key worker functions alongside the practitioner role for which they are employed or (ii) as a 'designated' key worker in which they are employed and paid specifically to carry out a key worker role. Both roles deliver the functions of the Lead Professional.

Where a key working service is not in place, or where the level of support required is less intense, another practitioner should be appointed to take on the Lead Professional, functions for a disabled or seriously ill child.

**Child with mental health needs:**

If a child/young person is referred to or is receiving support from a specialist mental health service and the key worker meets the criteria for identifying the Lead Professional, they should then assume

this role.

### **Child involved with youth justice services:**

For children on court orders including community and custodial sentences, or bail support packages, the local Youth Offending Service (YOS) will allocate a YOS supervising officer. For young people in custody, the supervising officer oversees the management of the case as a whole, linking in with the key worker/personal officer in the establishment and local partners. The YOS supervising officer in such situations may be the Lead Professional, but where the child is looked after, a child in need, or on a child protection plan, the Lead Professional would be the Children's Social Care (CSC) social worker. Cases open to CSC should not be automatically closed by CSC when a child goes into custody, without joint agreement between the YOS and CSC. Some children may be involved with the YOS on a short term basis (eg prevention, voluntary support, community resolution, youth caution, youth conditional caution) usually ranging from 4 weeks to 3 months. In those situations, the supervising officer may instigate or contribute to the Think Family procedure, but is unlikely to become the Lead Professional given the short period of involvement. If it is agreed that the YOS supervising officer should be the Lead Professional for a family, this must be with the support of other relevant mainstream agencies involved. In all situations where a YOS is involved, it has been agreed locally that the risk assessment tools approved by the Youth Justice Board (currently Asset-Plus or Rapid Assessment) can be used instead of completing an Early Help Assessment Tool (EHAT).

### **3.4 Conflict resolution**

Wherever possible, practitioners should endeavour to resolve any disputes about who should assume the Lead Professional role within the multi-agency group outside of the family action meeting.

If there is no agreement, this will need to be resolved at management level between partner agencies, to agree a strategic approach.

It is not always practical to expect individual practitioners to be able to resolve difficult issues or draw together practitioners from other agencies without an effective management, supervisory, conflict resolution and accountability structure around them.

This could place undue pressure on those individuals and could also result in continuing fragmentation and inability to deliver co-ordinated action for children, young people and families.

Remember that Lead Professionals can change over time as the needs of the child or young person change.

The successful delivery of a Lead Professional role is dependent on having a broad, cross-agency management framework in place which sets out:

- The line of accountability from the Lead Professional, through line management in their own agency, through co-ordinated arrangements in the LSCB, ultimately, to the Director of Children and Young People's Services.
- Escalation/resolution processes for overcoming difficult issues and ensuring that Lead Professional support is put in place quickly. Professionals/practitioners need to be aware within their own agency/organisation of the agreed escalation procedure.

#### **Practice Note:**

**See updated Multi Agency Escalation Procedure in the Toolkit for advice and format to share issues raised regarding the Think Family process that may include resistance to assuming the Lead Professional role.**

## 4 Think Family - The Procedure

### 4.1 Consultation

Agencies providing services to an unborn, child or young person within universal services will seek additional support from within their organisation or from a partner when a specific problem is identified, e.g. hygiene issues, lateness in school attendance.

Permission to share information will be obtained by the consulting agency from the parent/carer and child when a consultation with another agency is needed.

Consultation may be a single telephone call or contact between a number of professionals.

Consultation may lead to the initiating an Early Help Assessment (EHA) or the need to review and update an existing EHA. It may lead to the lowering of concern, provision of services, or the decision to call a Family Action Meeting. Responsibility remains with the agency seeking the consultation to generate an EHA, if appropriate, or call a Family Action Meeting, unless the child is already being reviewed within the Think Family Procedure.

Seeking a consultation is not a referral to any other agency and responsibility for the case remains with the agency seeking the consultation.

### 4.2 Consultation Outcomes

When a worker from any agency identifies a concern about an unborn, child, young person or family, they must form the professional judgement within their normal management arrangements about whether the child is at risk of significant harm. If it is thought that an unborn, child or young person is in need of protection and the risk is not one manageable outside of the child protection system, an immediate referral must be made to the Contact Centre (01744 676600) Social Care and/or the police.

If it is thought that the unborn, child or young person is in need of services under S17 of the Children Act 1989, the consent of the family should be obtained to discuss their needs with other agencies that may be able to provide services. A referral must be made to the Contact Centre (01744 676600) to request support from social care.

#### **Practice Note:**

**Section 17 Children and Families Assessment is a statutory assessment undertaken by social workers when families are identified as having complex family support needs which are having a detrimental impact on the child/ren's welfare.**

**Section 47 enquiry/investigation is an investigation involving the Police and Social Care when an allegation of abuse has been made against a child/young person and when a child/young person is considered to be at risk, or likely to be at risk, of suffering significant harm.**

The outcome of the consultation may be:

- A discussion between the consulting agencies as issues/concerns may require continuation of single agency provision only.

- Agreement between the agencies about the actions they will pursue within their own agencies to provide additional services.
- A professional view that the unborn/child/young person may benefit from an Early Help Assessment.
- Referral to another agency for service provision to the family as a simple single agency response. If an Early Help Assessment has been initiated, this action will be documented on the EHA Action Plan.
- Agreement to convene a Family Action Meeting if issues/concerns at this level are assessed to be such that a Family Action Plan is required to co-ordinate multi-agency activity and identify a Lead Professional.
- Referral to People's Services via the Contact Centre (01744) 676600 for a Section 47 enquiry to be undertaken if the concerns reach the threshold of significant harm.

### 4.3 Level 2 Support Panel

St Helens Level 2 Support Panel has been developed to address the need for a more seamless route to services, for families assessed as in need at level 2 on the continuum need. This could be from a single or multi-agency request for specific intervention at Level 2, for example allocation of a Family Intervention Worker. The aim of the panel is for key agencies to work together to determine from the assessed need what service/s would be most appropriate to meet each presented family to meet their desired outcomes and coordinate the timely referral and allocation of the required service/s.

Any agency can request a case be discussed at the panel as long as the family have given written consent. This could be due to the lead professional feeling they need further support with the Level 2 plan and requesting further services to address the support needs identified.

The panel operates on a discussion basis. Summaries of the identified needs and service will be read out by the Partnership Coordinator and then the chair will facilitate the solution focused discussion and decision making by the panel.

Following panel, the agency requesting the discussion will be offered feedback with the outcomes, recommendation and actions agreed. The Partnership Coordinator will offer support and guidance to the lead agency along with tracking the case to ensure there is a plan in place.

If a Family Intervention Worker is allocated then the Early Help Team will allocate the most appropriate worker who will liaise with the lead professional to discuss the plan.

There is an expectation that there will be an active Early Help Assessment episode which will detail this plan.

Cases allocated to Family Intervention Workers will be reviewed at panel after three months to ensure the plan is progressing and assess the need for further intervention from the Intervention Worker.

The service request forms for panel can be found in the Early Help Toolkit.

**Practice Note:**

**All agencies should ensure the accurate and timely recording of concerns and consultations. Agencies should attempt to use the case note function on the child's EHAT record, if already open, or agencies own internal recording methods.**

### 4.4 Early Help Pre-Assessment Checklist

The Early Help pre-assessment checklist can be used by practitioners as an aid in deciding whether a full Early Help Assessment is appropriate. This can be found on the electronic EHAT system.

## 4.5 Early Help Assessment

When issues/concerns about an unborn, child or young person's welfare continue despite services being provided by agencies or if the unborn/child/young person and family have complex needs requiring a multi-agency plan for provision of services, an Early Help Assessment will be completed.

The Early Help Assessment process should be triggered at Level 2 of the Continuum of Need. It may identify the need for additional support services for a child or young person. If a Family Action Meeting is convened at Level 2 on the Continuum of Need, the Early Help Assessment will inform that meeting.

The implementation of this process for all agencies and the avoidance of duplication of assessment activity would be assisted if the Early Help Assessment were adopted by all agencies as their foundation assessment document.

## 4.6 Early Help Assessment Action Plan

If an Early Help Assessment is completed, the author/Coordinator may identify several actions that will be recorded on the Early Help Assessment Action Plan at its conclusion. These actions may not require a Family Action Meeting but will need to be reviewed in accordance with the section relating to timescales (page 19)

If the Early Help Assessment is completed and used to inform a Family Action Meeting, the recommendations from that meeting will be documented on the Family Action Plan.

## 4.7 Early Help Assessment Action Plan Review

If, following the completion of an Early Help Assessment, actions are identified that require minimal, perhaps single agency intervention only, a Family Action Meeting may not be required. In this instance there is a requirement of the author/coordinator of the assessment to continue to review the EHA Action Plan whilst the EHA episode remains active, in accordance with timescales set out in 6.1. Whilst the review does not require a formal meeting, the family should be included and be fully aware and have contributed to any decisions made regarding its modification.

### **Practice Note:**

**The review of the Early Help Assessment Action Plan should be documented on the EHA Action Plan Review which is a function on the electronic system. A copy will be retained for the child's EHA records and a copy should be provided to parents/carers.**

**If it becomes necessary to convene a Family Action Meeting, the EHA Action Plan will be superseded by the Family Action Plan.**

## 4.8 Family Action Meeting (Level 2/3)

A Family Action Meeting can be convened:

- Following the completion of an Early Help Assessment and there being an identified need to co-ordinate the activity of several professionals or agencies.
- When consultation between professionals within a single agency concludes that the complexity of the family's needs requires a multi-professional plan needing a Lead Professional to co-ordinate activity (Level 2) or when several agencies conclude that the complexity of the family's needs requires a detailed multi-agency plan (Level 3) but where concerns have not reached the threshold for involvement at Level 4 of the Continuum of Need.

- When the consent of parents and children of sufficient age and understanding has been obtained for a Family Action Meeting to take place.

All professionals invited to the Family Action Meeting are required to complete a report for invited professionals for a Family Action Meeting. If unable to attend, a representative should be identified to attend the meeting with the completed report. If this is not possible, the report should be forwarded with apologies to the chair of the meeting to share with those present at the meeting.

The agency with the initial concerns and/or who completed the Early Help Assessment will be responsible for convening the meeting. If the issue are being addressed by the completion of a Children and Families Assessment (social care) and the family are allocated within Social Care at Level 3, the social worker will act as Lead Professional.

Whoever arranges the meeting will arrange the invitations and the venue and will be responsible for identifying a Chair for the meeting. They will also be responsible for ensuring that the Family Action Plan agreed at the meeting is circulated in accordance with timescales. However, another agency may agree to facilitate the meeting if the agency with the initial concerns does not have the resources to do this.

The meeting will be chaired by a member of staff with experience of chairing meetings from the initial agency raising the concerns, unless another agency has agreed to facilitate the meeting (see Toolkit for guidance on chairing meetings).

Meeting participants will share information documented within their Report for a Family Action Meeting and relevant to the dimensions and domains of the Assessment Framework outlined in the Early Help Assessment Tool.

During the meeting, agencies may consider the level of need to meet the threshold for Social Care intervention due to further concerns. Discussions with the family should take place and with consent, Social Care will be informed of this outcome by the Lead Professional. The service request form should be used and sent via the Contact Centre as above detailing the concerns and reasons for the decision.

Parents and children who are subjects of a Family Action Meeting will be given written information about the meeting by the agency convening the meeting. They will be invited, prepared and supported by that agency to attend the meeting or offered an advocacy service to represent their views.

The group should agree a date to review the plan. If, during the meeting, agreement cannot be reached regarding the plan, the Lead Professional should refer to their manager who should make efforts to assist with resolution.

**Practice Note:**

**The setting of goals and timescales within the plan are vital if the case is to be monitored appropriately. If progress is not made, then the meeting should always consider if a higher Level has been reached. See Toolkit for the Family Action Meeting checklist, Report for a Family Action Meeting and Invitation letter/**

## **4.9 Family Action Plan**

The Family Action Meeting will agree a Family Action Plan to meet the unborn, child, young person and family's assessed needs that clearly states:

- The overall objectives of the plan
- The services to be provided and what their purpose is
- Responsibilities for each aspect of the Plan
- Identify the Lead Professional who will circulate the plans, arrange meetings, monitor progress and arrange reviews
- The timescales for provision
- Review arrangements

The Family Action Plan ensures:

- that all children and young people have clearly stated objectives for them to gain maximum life chance, benefits from education opportunities, healthcare and social care
- that there is a strategy for achieving these outcomes.
- that consideration is given to factors which protect children from emotional, physical, sexual abuse and neglect.

**A contingency plan will be agreed in case a plan is not actioned or does not result in improvement. This will be recorded on the Family Action Plan.**

The Family Action Plan should be recorded on the child's Early Help Assessment Tool episode. The overall plan and focus of the intervention should be recorded as a case summary. This can then be viewed by the agencies on the consent, who have access to the record. Copies of the plan should be circulated to the child/ren/young person, family in accordance with timescales set out in

#### **4.10 Family Action Plan Review Meeting**

The Family Action Review Meeting will be convened by the agency with Lead Professional responsibility. For timescales, (see pg.19)

At each review, progress against the action points of the Family Action Plan will be monitored in terms of the outcomes achieved. The meeting will agree any modifications needed to the Plan and will set the date for the next review meeting. The meeting may also consider the change of the Lead Professional if appropriate.

Whilst minutes are not essential, a short summary of the discussion had at the meeting should be documented on the Family Action Plan along with the action points detailing who is responsible, by when and how will this will be achieved.

When the review concludes that:

- the outcomes specified in the Plan have been achieved
- the Family Action Plan is no longer required
- satisfactory arrangements for the continuing promotion and safeguarding of the child's welfare are in place, the Plan will no longer be applicable and no further review meetings will be arranged.

#### **Practice Note:**

**Family Action Plans and the review of the Family Action Plan should be drafted in accordance with the Early Help Assessment Tool. Plans should be documented carefully, removing the need for formal minutes. The substance of what is discussed should be contained within the reports presented to the meeting by invited professionals.**

**After each Family Action Meeting, whether initial or review, the details of the meeting along with the plan should be inputted to the child's EHAT record and a case note added to record that the meeting took place.**

## 4.11 Significant Harm Concerns

The Think Family and Child Protection systems are co-terminus, so it is expected that children's needs can be reclassified in the light of changing circumstances.

When information received identifies risk of significant harm, this information should be shared immediately with People's Services through the Contact Centre (01744) 676600. This information shared should be documented on the St Helens Children and Young Peoples Service Request Form (see Toolkit).

### **Practice Note:**

**It is essential that if a Child Protection concern is identified, there is no delay in sharing the information with the Contact Centre Advisor; Tel. (01744) 676600**

**The fact that an Early Help Assessment may not have been completed should not delay referral (see St Helens Safeguarding Procedures for further guidance).**

## 5. Family Action Meetings Guidance

### 5.1 Introduction

Family Action Meetings can be called by any agency to co-ordinate a response from a number of agencies at Level 2 of the St Helens Continuum of Need. If concerns arise about an unborn/child/young person or family who are already involved with an agency which is operating in a multi-agency forum, e.g. YOS or Connexions, multi-agency meetings should be held under the Think Family Procedures to avoid the family being subjected to multiple meetings.

Concerns emerging at Level 3 and 4 of the Continuum of Need should be referred to Social Care and must be taken to involve any existing Lead Professional in the amendment of an existing Family Action Plan. Any change of Lead Professional should be clearly documented at this meeting and the family involved in the decision-making. As stated, Social Care will always be identified as the Lead Professional if statutory involvement is agreed.

The permission of the family is required for the convening of a Family Action Meeting. If consent is withheld, it may be helpful to consider whether another professional involved with the family may be better placed to approach the family for consent. In exceptional circumstances and if professionals perceive it to be in the best interests of the unborn/child/young person, a meeting may go ahead without consent. Advice must, however, be sought from supervisor/manager and the decision recorded on the child's EHAT record. It may also be necessary, in the absence of consent, for the Lead Professional to review the information to decide whether a referral to Social Care is necessary for Section 17 or 47 enquiries to be initiated. Use the St Helens Continuum of Need as a guide.

It is the responsibility of the professional organising the meeting to/ or request that the most appropriate agency ascertain the wishes and feelings of the unborn/child/young person. This could be what life is like for them? Do they understand the process? Check this understanding at all times. Every effort should be made to facilitate the child/young person in attending the meeting, if appropriate. It should be explained to the young person that they may only be invited for part of the meeting and they must be given the reasons for this. (See Toolkit for standard invite letter to the child/young person)

## 5.2 Chairing Meetings

The role of the chairperson in any meeting is vital to ensure the integrity, rigour and fairness of the meeting. **The Lead Professional may not always be the most appropriate person to chair a Family Action Meeting.** The meeting can be chaired by any member of the reviewing group if they feel comfortable and able to do so, or the lead may request support from an experienced colleague or manager.

The Chair should:

- Facilitate the exchange of information and the inclusion of all those attending the meeting.
- Facilitate the participation of parents, carers, children and young people, whether or not they attend, ensuring their views are obtained again as may differ over time.
- Ensure the meeting follows the agenda and that the meeting keeps to time.
- Help members to interpret the information and focus on the relevant issues.
- Manage any conflict and facilitate discussion of opposing views.
- Encourage clear, jargon-free communication and challenge the evidential base of any judgements given.
- Summarise regularly to ensure all involved are aware of what is happening.

The Chair should have an understanding of Think Family issues, knowledge of the Safeguarding Procedures and Continuum of Need

## 5.3 Meeting Agenda

### Introductions

- Ask people to state their name, agency, and their involvement with the family. Remember that family members may not be used to introducing themselves and you may have to help with this.
- Clarify the purpose and intent of the meeting.
- Check family details – involve family members in this (dates of birth or names may be wrongly recorded on files).

### Helpful statements to make when chairing a meeting

- Confidentiality:  
'Parents and young people have given their permission for information about them to be shared at this meeting, for the purpose of ensuring that their children's needs are met. Participants should remember that this information should not be shared outside of this meeting unless there are concerns about the safety of a child, or to support access to service provision on the families behalf.'
- Organisation:  
'Everyone will have the opportunity to speak at the meeting and it is my role as Chair to ensure this happens. To do this, I will ask everyone in turn for their comments, including parents and young people. To make sure everyone is heard, I ask that everyone listens to others and that all remarks are addressed to me.'

Do not allow personal criticism. This is less likely if all information is communicated through the Chair. Clarify the role of any advocate or supporter who is attending the meeting.

### Information-Sharing

- Professionals should be asked to summarise their reports or information, starting with the professional who has completed the Early Help Assessment. Ask them to explain technical terms

- or jargon so that everyone fully understands.
- Check parent's view of information given by professionals after each contribution. Parents find it easier to contribute to meetings if the Chair keeps eye contact with them, establishes some rapport by meeting them before the meeting and keeps them involved in the process. It helps to ask open-ended questions such as 'What is your view on.....?' "How do you feel about that?"
- Take information about each child/adult separately – the issues may be different.

## **Summary**

- Summarise information, pointing out strengths and areas of concern, and identify what it is essential to address and what would be desirable. Use the Signs of Safety format – What is working well? What are we worried about? What needs to happen?
- Clarify that the agreed level of concern is appropriate, given the information shared. If necessary, recommend a referral is made to Social Care.
- Agree the most appropriate agency to assume the Lead Professional role.
- Summarise the discussion by formulating recommendations which will need to be implemented within identified timescales and transferred following the meeting to a Family Action Plan on the electronic EHAT, and shared with the family/agencies who do not access the EHAT within 10 days of the initial meeting.

## **Meeting recommendations**

- Facilitate the construction of a realistic plan bringing together the needs and the available resources.
- Check with parents what help is acceptable – there is no point identifying services parents will not accept, but be clear if a refusal to accept services means additional risk to the child.
- Remember to include an engage the children/young people right until the end of the process.
- Include services that are available in the plan and who is to provide them
- Identify and report the need for unavailable services where they affect the plan.
- A review date should be set one month after the initial meeting and thereafter a maximum of three-monthly, dependent on the family's circumstances. Time and venue must be confirmed.
- Identify who will be involved in the Review Meeting.
- Agreement should be reached regarding a change of Lead Professional, if appropriate.
- Any professional disagreement in this regard should be discussed outside the meeting and reference should be made to the Lead Professional criteria. If agreement cannot be reached, the Lead Professional should consult with their manager and, if necessary, refer to the Escalation Procedure.

## **5.4 Attendance**

Representatives from all agencies who have contact with the unborn/child/young person will be invited to the meetings if appropriate, along with any other agency working directly with the family or who may be able to offer a service to the family.

Parents/carers and young people of sufficient age and understanding should be encouraged to attend with the support from the most appropriate agency, and be engaged in the Think Family process by the agency convening the meeting who will discuss the issues with them, provide written information and prepare the family for the meeting. The family should be informed that the meeting might, in exceptional circumstances, go ahead in their absence (see 4.1.2) but that they will still receive the minutes of the meeting, any Plan drafted and face-to-face feedback.

Consideration should be given to the timing of the meeting to facilitate the attendance of family members. Childcare facilities need to be considered where necessary.

## **5.5 Venue**

Ideally, the venue should be familiar to the family and able to provide comfortable, family-friendly surroundings.

Consideration should be given to the accessibility of the venue for all those family members invited to attend.

## **5.6 Supporters and Advocates**

A positive partnership between parents and agencies is a fundamental principle underpinning the successful promotion of children's welfare and the protection of children. However, parents may need independent support, information and advice to be able to participate fully in the system processes from an informed position, particularly where there is a divergence of views. Parents will be treated equally and without discrimination. This is regardless of the individual's ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in their being discriminated against.

Accommodation should be made in meetings for parents/carers and children to be accompanied by an advocate or supporter if they choose to have this support or need independent support because of their vulnerability or having additional needs.

An advocate is generally someone employed by an advocacy organisation or a specialist solicitor without personal involvement with the service user.

A supporter will have an informal relationship with the service user such as friend, relative, member of self-help group. The role of the child's advocate is distinct from that of the parent's advocate as they each represent the views of their own client.

The goal of advocacy in the child in need process is:

- To empower parents and children to participate in the process from an informed position.
- To promote good communication between parents, children and professionals.

## **5.7 Obtaining the child or young person's views**

When meetings take place it is important that children and young people are supported to understand what is happening, to get their thoughts together and to put their views across. The relationship between the people helping them to do this is a crucial element. It should be someone the child trusts.

Obtaining their views will be about knowing the child well in order to know the best way to work with them. Support is available to practitioners through the Voice of the Child Practice leads Group, but for example it could be in the form of:

- Drawings- whilst talking to children, get them to draw a picture of what you are talking about. It would be important to note down the discussion that accompanied the drawing.
- Stories - Use a blank story board to help the child tell sections of their story
- Written views - Use blank speech or thought bubbles or a story template
- Use of symbols/PECS/Makaton/Widgets
- Use of toys to represent family members, use play
- Worksheets on thoughts and feelings
- Play games, be childlike and age/ability appropriate

Importantly, check over what you have heard from the child, with the child.

## **5.8 User Surveys (Children, Young People, Parents and Carers)**

User Surveys consists of 2 documents available to practitioners to record with parents/carers or children and young people their experience of the Think Family process and its impact. Guidance found in the practitioners Toolkit.

## **6. Timescales**

### **6.1 Early Help Assessment Tool:**

If it is agreed that an Early Help Assessment may benefit an unborn/child/young person, the assessment should be completed within 20 working days of the decision to undertake the assessment. All decision-making should be clearly recorded. The EHAT will auto populate the date the assessment needs to be completed for reference.

This timescale is a maximum regionally agreed timescale. If it is agreed that a child would benefit from an Early Help Assessment, best practice would encourage the conversation to be held as soon as is reasonably possible after the decision is made.

If the Early Help Assessment Action Plan identifies the need to signpost an unborn/child/young person to other agencies, it is important that any request for service made is followed up to ensure the services are being provided. Dependent on the number of other professionals to whom the author signposts, it may be appropriate to convene a Family Action Meeting. Requests for services made to other agencies should be followed up within a month of them being made. The need for a Family Action Meeting will be considered at the time of the drafting of the Early Help Assessment Action Plan by the episode coordinator.

### **6.2 Early Help Assessment Action Plan Review:**

In the absence of a Family Action Meeting being convened following assessment, the author will document their review of the EHA Action Plan on the electronic system. This review will take place one month after completion of the EHA and thereafter three-monthly.

If a Family Action Meeting is called within the review period, the Family Action Plan will supersede the EHA Action Plan.

### **6.3 Family Action Meeting:**

A decision to convene a Family Action Meeting should be clearly recorded on the child/young person's EHAT episode. The Family Action Meeting will take place within 15 working days of the date this decision was made. Any exceptions to this should be clearly recorded on the child's EHAT episode.

### **6.4 Family Action Plan:**

The Family Action Plan should be circulated to all parties who do not have access to the EHAT system within 10 working days of the Family Action Meeting.

The Family Action Plan should be reviewed within one month of the initial Family Action Meeting and thereafter a maximum of three months.

Any modified Family Action Plan generated from a Family Action Review Meeting should be

circulated to those unable to access the electronic EHAT system within 15 days of the Meeting.

## **6.5 Frequency of contact with an unborn/child/young person subject to the Think Family Procedure:**

The frequency of contact with a child/young person by the Lead Professional should be a minimum of 42 days (6 weeks).

Social Care: a child should be seen within these timescales at home and spoken to.

Other agencies/organisations: contact may take place within these timescales in school, clinic, Children Centre, etc.

### **Practice Note:**

**Best practice would encourage and promote the child being seen within the home environment and recorded as a case note on the child/Young Persons EHAT record.**

## **7. Monitoring the Think Family System**

The Early Help Assessment Tool will be audited via the EHAT User group. This is a multi-agency group who meet to review how practitioners apply the system to meet the needs of practitioners and families in St Helens, audit a sample of nominated records with a view to improve the standard of recording, assessments and plans held on EHAT.

The author/episode coordinator of the child's record will receive recommendations from the auditor in relation to meeting the basic audit requirements. The key themes and findings from the audits will be offered as feedback to the LSCB and consideration for further training may be needed.

## **8. Complaints, Compliments and the Escalation Process**

Complaints should be recorded and investigated using the procedures of the agency identified in the complaint.

**There is a complaint form for children and young people (see Early Help toolkit)**

Complaints about the process of the meeting should be investigated using the procedures of the agency chairing the meeting.

The Escalation Procedure should be referred to if there is professional disagreement about a child or young person's vulnerability or the transfer of the Lead Professional role. Guidance regarding this process can be found in the Practitioner Toolkit.

Examples of multi-agency good practise will be highlighted to the LSCB case review group.

## **9. Case Transfer (Authority/temporary accommodation/cross-border)**

When a family, who are the subject of Think Family Procedure, moves to another Local Authority, reference should be made to the Regional EHA/CAF cross-border protocol and Regional children and young people in need of support cross-border protocol. (See Early Help Toolkit)

Professionals are responsible for transferring their own agencies records to their own agency in the receiving authority.

When/if a family transfers into alternative/temporary accommodation (moves house) locally, the Lead Professional or another agency involved with the family should ensure they have the updated household details (who lives at the new property). This should be updated on the EHAT record.

If agencies have concerns in relation to adults who reside at the household then they should be enquiring with the family, the nature of the relationship and contact with the children/young person. Professionals working with the family should follow their own safeguarding procedures if concerns are raised. Any decisions should be recorded on the child's EHAT record

**Practice Note:**

**Please see the Regional Cross-Border Protocol. Good practice encourages permission from family to be sought before information is shared. In the absence of consent, the child/young person's welfare and proportionality must remain the paramount considerations.**

## 10. Transitions

Children and Young People experience many transitions in their lives from birth. This could be from play groups, to nursery, schools and college.

When a Child/Young Person and their family have been subject to a support plan or interventions to meet their needs via the Early Help Assessment Process they have built up a trusting relationship with the lead agency who has been coordinating their support plan. When children and young people make the transition to their next provision it is important that agencies (with consent) ensure that the plan is shared and that the EHAT record is also transferred to the next agency. This will avoid any gaps in provision and ensure the family continue to make positive changes.

For example, a child in year 6 has an EHAT in place in primary school due to challenging behaviours and parents are struggling to manage his behaviours at home. There are some other difficulties outside of school and an EHAT has ensured a coordinated approach to improve outcomes. This would need to be considered in the transition information to secondary school and were the support plan needs to continue the EHAT records transferred to the secondary school to progress.