



# Early Help Assessment Guidance for External Partners of Cumberland Council

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This guidance document has been developed to support practitioners external to Cumberland Council with the Early Help Assessment process to ensure a high-quality, timely service to children, young people and their families.

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## **Abbreviations:**

- EHA** Early Help Assessment.
- TAF** Team Around the Family.
- EHAO** Early Help Area Officer.
- CCASS** Cumberland Children’s Advice Support Service.

## **You can find further information to support your practice at:**

**[Early Help | Cumberland Safeguarding Children Partnership](#)**

**[How to support Children and Families through Early Help Assessment - Signs of Wellbeing](#)**

**[Early Help Champions Network](#)**

**[Early Help - Quality Assurance](#)**

## Our Vision

As part of the **Cumberland Family Help and Prevention Strategy (Children and Families) 2024 - 2027** we will work in partnership with you, to ensure we deliver innovative, inclusive and compassionate services that nurture the growth, development and well-being of every child. We believe in creating a community where every child receives the right support at the right time through collaborative partnership working.

## Our Early Help Practice Model in Cumberland.

Children, young people and their families are at the centre of everything we do. Signs of Wellbeing is a relationship, strengths-based and solution focused approach that underpins our work, building meaningful and respectful relationships with our children, young people and families. Working this way across agencies will bring a clear and a consistent approach.

## Why we have developed this guidance

In this guidance we aim to support you to:

- Put children and their families at the centre of what you do, improve their lived experiences and improve outcomes as a result.
- To be confident, knowledgeable, thoughtful, compassionate, and balanced in your work.
- Ensure that you are offering a consistent approach and high-quality service to children, young people and their families.
- Promote the opportunity and develop the capability, for you to quality assure your own work and take part in collaborative audits with Early Help Area Officers in the Family Help Partnership and Assurance Team. More information about Early Help Quality Assurance.

## Early Help Assessment Initiation Processes in Cumberland

Where an agency is an External Partner to Cumberland Council, E.g. Education, Health and Voluntary Organisations and where support cannot be provided by universal service or single agency.

The following processes are outlined below:

- External partner agency unsure of the best person/agency to coordinate EHA and are unsure of thresholds of family needs.
- External Partner agency feels they are the best person/agency to coordinate and are confident of thresholds of family needs.
- Change of EHA Lead Practitioner.
- EHA not progressing.

Consent is key and must be recorded. Informed consent must be sought from the outset. Lead Practitioner will explain consent and complete the **Early Help Assessment Consent for Information Sharing and Storage 2025**

## External agency unsure of the best person/agency to coordinate Early Help Assessment and are unsure of thresholds of family needs

Consult with Early Help Area Officer, (Partnership and Assurance), to discuss thresholds of family need.

- If after consultation, it is agreed needs can be met at Early Help level, complete the EHA with family and follow steps in the next flow chart. If after consultation it is agreed needs cannot be met at Early Help level, complete the Single Contact Form to request support at the appropriate level of need

## External Partner agency feels they are the best person/ agency to coordinate and are confident of thresholds of family needs

- Complete the [Online EHA registration form](#)
- Consult with Early Help Area Officer if support is needed to complete the EHA.
- Complete EHA with child and family.
- Hold first TAF, agree the Family Action Plan then send a copy of the EHA and plan to the Family Help Partnership and Assurance Team via the link on this page [Early Help Assessments \(EHA\) | Cumberland Safeguarding Children Partnership](#)
- Provide copy of agreed Family Action Plan to family and members of the TAF.
- Continue with TAF meetings until family needs are met.
- Complete closure paperwork including Family Outcomes.

## Early Help Assessment is not progressing

If Early Help Area Officer cannot resolve support needs, they may recommend you [Complete the Single Contact Form](#) to request support at the appropriate level of need.



## Change of Early Help Assessment Lead Practitioner

Consult with Early Help Area Officer (Partnership and Assurance), who will advise who may be the most appropriate new Lead Practitioner when the current Lead Practitioner is not the most suitable.

If the Early Help Area Officer cannot resolve support needs, they may recommend you Complete the Single Contact Form to request support at the appropriate level of need.

## Where Domestic Abuse is suspected or disclosed

Practitioner completes DASH RIC with adult (consider capacity and diversity of adult) and young person DASH (13-18). Begin gathering information for DARAC (Domestic Abuse Risk Assessment For Children).

DASH assessment identified level of risk as Standard/Medium (below 14) \*if DASH is 14+ need to refer to MARAC. More information at: [Domestic Abuse | Cumbria Safeguarding Children Partnership](#)

Identify if an Early Help Assessment has been completed, (contact Early Help Area Officer).

**If Yes** - Agency informs EH Coordinator of Dash assessment/DARAC information and provides copy.

**If No** - Practitioner approaches family for consent for EHA - and if consent is given initiates the Early Help Assessment following the Early Help process

TAF meeting organised to discuss information gathered and needs arising from DASH RIC and DARAC. Continue support as required.

## Information Sharing

The parents' carers or young people will have given consent for information to be shared with identified professionals initially listed. Consent is key and is recorded; informed consent must be sought from the outset. Lead Practitioner will explain consent and complete the [Early Help Assessment Consent for Information Sharing and Storage 2025](#) with the family. As other professionals become involved further consent needs to be sought and the form updated.



## Consent and absent parents

All adults must give consent for us to share personal and sensitive data about them with partner agencies. This is done using the **Early Help Assessment Consent for Information Sharing and Storage 2025**. The purpose of consent must be explained to the parent. This is referred to as 'informed consent'.

- For parents living together consent will usually be given using one form.
- Young adults, over the age of 18 but still living as part of the household, must give consent on a separate form. This allows them to withhold personal data which is not relevant to the family plan and ensures that they understand the purpose of the information-sharing. It also allows them to opt out of the family plan altogether.
- For parents or other adults living outside the household, a separate copy of the **Early Help Assessment Consent for Information Sharing and Storage 2025** must be used. We have no right to hold personal and/or sensitive information about an absent parent, a grandparent or other adult living outside the nuclear family, without their express permission. This works both ways and no information will be shared about the family plan with adults living outside the household, who have not consented to be part of the plan; this does not apply in either case to safeguarding information or police information relevant to the safety of family members.
- With regards to absent parents/carers, workers must not accept at face value any statement about an absent parent/carer which suggests that they do not have parental responsibility, that they are uninterested in their child(ren) or young person, or that they do not want to be part of the plan, or that they should not have contact with their child(ren) or young person.
- All such statements must be verified with the absent parent and recorded accordingly. This applies equally to statements made by parents/carers in residence and by professionals working with families. Legal advice should be sought where there is a dispute about parental responsibility (PR) or contact arrangements.

No information about an adult who has not signed consent form should be kept in the child's/ young person's file, unless the recording of that information is defensible on safeguarding or safety grounds. If this applies, then detailed notes must be added to the file.

## Early Help Expectations – What makes a good EHA?

These are the key areas you should include in the family's EHA. We will cover the Early Help Expectations in more detail throughout this document:

- All assessments will include the seven stages of analysis (past worries, future worries, complicating factors, existing strengths, existing well-being, well-being goals and next steps). These will be clear, solution focused and realistic.
- There will be a clear Family Action Plan.
- TAF/ Support Network Meetings will be held with every family, and we will use scaling questions to measure progress.
- Direct work will take place with the child/young person, in order to have their voice and understand their lived experience.

- Genograms will be completed to understand the family dynamics.
- Chronologies will be completed to understand how the family have managed previously.
- Family/Support Networks will be explored to understand who does and does not support the child.
- Where a family is being considered for transfer to social care, ensure all relevant information is shared, which would include mapping, plans, genograms and chronologies.

## Voice of the Child or Young Person

Children and young people should always be seen, observed and their views sought so that we can try to understand their lived experience.

Consideration should be given to the age and stage of the child to determine which methods are best used to do this; for example, 3 Houses, drawing, observations, play (Mind of My Own Tool will be used by children supported by Cumberland Council and can be purchased by agencies external to Cumberland Council).

- The Lead Practitioner must ensure that the child's/young person's voice and direct work undertaken, is evident throughout the EHA and plan and analysed to really understand what they are saying. This information should then be used to inform and support the plan.
- When contacting the family, robust attempts must be made. This includes telephone calls, letters and visits.
- If the worker still has no response, they should highlight to a DSL or manager so oversight can be recorded, this might include a discussion with Children's Social Care about next steps, depending upon the worries.

If robust attempts have routinely taken place over a 4-week period and there is no response the **Online Early Help closure form** should be completed.

## Assessment timescales

Discuss with the child/young person/parent/carer, the reasons for starting the Early Help Assessment process, what it will mean to them and what they can expect. A careful supportive discussion about the assessment and how it can help is needed. Identify with the child/young person/parent/carer which professionals may be able to help. Positive and persistent offers of help should be made to parents/carers.

- The EHA should be completed with the child, young person and their family within 6 weeks of agreeing to complete it, meeting at a venue they feel comfortable with, and the first TAF meeting should be arranged. You may not be able to complete all of the assessment at this point. Further information may come from the family at later stages and from professionals as they join the TAF. Don't feel that it is your responsibility to complete the whole assessment as there is benefit to other professionals contributing their knowledge of the family, (with consent from the family).
- The family must have the opportunity to read and agree the assessment and for any amendments to be made. Therefore, the Lead Practitioner should aim to complete the assessment within 5 weeks.

- Once agreed, the assessment should be shared with the Family Help, Partnership and Assurance team via this link [Online EHA registration form](#). It should also be shared with all those who are going to be part of the TAF, (with the agreement of the family). We would also recommend a copy of the assessment is shared with the family GP.
- Members of the TAF should ensure that agreed actions are progressed in a timely manner, workers should not wait for the assessment to be completed to progress actions which are obviously necessary from the beginning.
- Workers must consult with all family members and professionals involved with the family (where appropriate), ensuring that the voice of the child or young person and the impact of all circumstances on them is gathered and considered. Whilst actions may be 'adult-focused' they must at the same time be 'child-centred'.

Arrangements for the first TAF (TAF) meeting should be agreed with the family and invites to the meeting sent; this will include:

- The date, time and location of the TAF.
- Who will be invited, based on discussion with the family and their consent. Attendees can include family members, including the child or young person (where appropriate), and professionals who can contribute to the plan.

## Registering the Early Help Assessment

The Lead Practitioner involvement should be registered at: [Online EHA registration form](#)



## Team around the Family Meetings, (TAFs)

Within 6 weeks, an Initial TAF (TAF) meeting should be held. The family should be consulted on the best place and time for them to attend in person. Everyone identified as part of the network should be invited with sufficient notice to allow maximum participation (no later than two weeks before the meeting).

- The meeting should be held in person, however if a key member cannot attend in person, then support should be given to them to join the meeting virtually i.e., use of Teams/Zoom.
- Consideration should be given to the child(ren) attending the meeting, ensuring that their views are shared, and their voice included, so that the plan remains child centred. If children, cannot or don't want to attend the TAF, their views should be captured by their worker and shared in the meeting.
- At the TAF meeting the Wellbeing Plan should be discussed and agreed. The plan should be SMART, clearly setting out which member of the TAF or family network will progress each action and the timescales for completing this.
- The network should agree the frequency of future meetings to review the plan (best practice is every 6 weeks) and set the date and venue for the second TAF. There should not be more than 10 weeks between TAF meetings. (We acknowledge school holidays may mean meetings go over the recommended 6-week interval).
- Within 1 working week of the TAF taking place, the Lead Practitioner must ensure that the plan is updated and share a copy of the updated plan with the family and TAF members. Terms of Reference for a TAF are included in this document.

## Support from Cumberland Council Family Help Teams for Partner held Early Help

Where it is identified by the TAF that a specific intervention is needed from a Cumberland Council Family Help Worker, the Early Help Area Officers – Partnerships and Assurance, and Lead Practitioner will discuss the intervention needed and whether a Family Help Worker can deliver this (i.e. substance misuse, unhealthy relationships). This will also enable the Lead Practitioner to be signposted to other specialist agencies that may be more appropriate to deliver the intervention.

The Cumberland Council Family Help Worker will:

- Attend the TAF meeting where a plan for their involvement will be agreed as part of the wider family support plan.
- Attend all TAF meetings while they are involved with the family to provide updates on the intervention and progress of their part of the plan.
- Add updates of all work completed in child's EHM file.
- Recorded all intervention sessions and supervisions on EHM.

Please note the Family Help Worker will not chair the TAF meetings.

## Review TAF meetings

Review meetings should take place at intervals of 6 weeks. The Lead Practitioner should:

- Invite all relevant family and network members to the TAF (and send reminders in advance of the meeting to prompt attendance).
- Follow up on actions agreed with the lead individuals (whether it's family members and/or partner agencies), discuss progress or reasons for non-completion, and if necessary, discuss these with your DSL or manager for action or escalation as appropriate.
- Celebrate what's working well with the family and their network.
- Discuss any increased concerns and what may need to happen next.
- Ensure that the views of the child(ren) or young people are shared, and their voice is taken into consideration to ensure that the plan remains child centred.
- Considerations around the Thresholds of Need must be made when considering risk, safety and the impact of all circumstances on the child(ren) or young person.
- Make a date and time for the next TAF.

See Terms of Reference for a TAF in this document.

## Early Help Assessment Closure

The family EHA may end or close for several reasons:

- Outcomes are achieved and the family no longer needs an EHA. A final TAF meeting should take place which would get agreement from the TAF and the family network that outcomes have been met.
- The family, including the child or young person, should have an identified network of support and know who they could contact if they felt that more support is needed. The worker should gain feedback from the family, the **Online Early Help closure form** will be completed and sent to the Family Help, Partnership and Assurance Team.
- Outcomes partly achieved – whilst outcomes are only partly met, and the EHA requires closing. This could be for several reasons such as:
  - The family no longer meet the threshold for Early Help support.
  - At the request of the family.
- A final TAF meeting should take place which would get agreement from the network that outcomes have been partly met and the family no longer require Early Help support.
- The family, including the child or young person, should have an identified network of support and know who they would contact if they felt that more support is needed.
- The worker should gain feedback from the family, the Online Early Help closure form will be completed and sent to the Family Help, Partnership and Assurance Team.
- Level 3 support is required.

- Level 4 intervention is required (CiN/CP) - where a family has stepped up to Children's Social Care, a Child & Family assessment has been undertaken and the outcome of this is that an intervention at level 4 is needed, the EHA will be closed by the Lead Practitioner. This is also the case if a Section 47 enquiry has been undertaken and threshold is met for level 4 intervention, the EHA will be closed by the Lead Practitioner.
- Child or young person has moved out of area - where a child or young person and/or their family have moved outside of Cumberland, and outcomes have not been met, a final TAF meeting should take place, to confirm that the family have moved and to decide whether the new LA should be notified of the Early Help Assessment. You may need to have a consultation with the Cumberland Children's Advice Support Service.
- Child Deceased - the family should be consulted as to whether the EHA should be closed where there are other children connected to the family plan.
- Step to Extra Help – when outcomes remaining do not require a TAF and can be met by 'Extra Help' a final TAF meeting should take place, to confirm the referral with the family and the TAF and the **Online Early Help closure form** completed and sent to the Family Help, Partnership and Assurance Team.
- The Lead Practitioner should ask the family to complete the family feedback questionnaire, available here, **Early Help - Quality Assurance | Cumberland Safeguarding Children Partnership**
- Always check why they do not want to proceed as it may be constructive feedback to change the approach or change Lead Practitioner.
- Withdrawal of Consent/unable to engage - this outcome must only be used if the Lead Practitioner cannot engage with the family, or the family has withdrawn consent to the Early Help process and no outcomes have been met. In the first instance, the worker should have a discussion with their DSL or team manager to consider the impact of this on the child or young person and whether thresholds have been met for step-up. The worker should inform all professionals working with the family, via email, that the EHA is being closed, and an email should be sent to the family to outline the same.

The Lead Practitioner will complete the **Online Early Help closure form** and send to the Family Help, Partnership and Assurance Team. They also need to ensure that that the GP is notified.

## Recording

Language is important. We should not be using language and terms that are confusing and difficult to understand, this can create barriers. Please refer to our **Cumberland - Use Language That Cares** guidance document.

A Chronology should be updated regularly with the impact of any significant event explored, find a copy here, **Early Help Assessments (EHA) | Cumberland Safeguarding Children Partnership** (schools may use Cpoms for example).

## Parent feedback calls – (part of EHA quality assurance)

When closing, ensure family details including contact numbers are up to date and remind family that a member of the Family Help – Partnership and Assurance Team may call them to ask for their feedback about their experience of Early Help support. Explain this is a supportive conversation with the ambition to ensure we celebrate where support went well and also to learn where we can make improvements.

## Terms of reference for a Team Around the Family (TAF)

A Team Around the Family (TAF) where there is an Early Help Assessment (EHA) in place is the group of people meeting together with family members to create and review a plan to improve the outcomes for the Young People involved.

### Functions

- The purpose of the TAF is to bring a family together with all agencies working with them, to develop a holistic and fully informed assessment of the needs of all family members. The focus will be on improving outcomes for the Children and Young People in the family by creating a plan to respond to what people are worried about, (as identified in the assessment). Information that has not been shared with a family should not be revealed at the meeting. There should be no surprises.
- Being part of a TAF will allow the Young Person, Parents or Carers to have their voice heard and to input to the planning.
- Where there are gaps in the Early Help Assessment, (EHA), TAF members should identify who best to gather the information.
- When additional unmet needs are identified TAF to consider additional support needed. This may be part of the wider family network or other agencies.
- TAF to meet regularly and review plan. This will measure the progress and impact.
- Where an Early Help Assessment is in place for longer than five months a review of the effectiveness of the plan should be undertaken at the sixth month meeting and where necessary advice sought from the locality Early Help Area Officer. Where the plan is in place for longer six months, the Lead Practitioner will be contacted by an Early Help Area Officer to offer a supportive collaborative audit discussion.

### Frequency

The first TAF should meet within six weeks of the initiation of the EHA including a plan. After the first TAF a copy of the EHA with Action plan filled in, should be sent to the Early Help Mailbox.

The date of the next TAF must be set at this meeting and should be within six weeks.

### Venue

The TAF meeting should be held in a venue that is acceptable to the family and where they will feel comfortable and able to contribute to the conversation.

## Membership

- Membership of the TAF should be discussed with family members as part of the initiation of the EHA and attendance will be with their consent. It should include the range of agencies working with the family as well as relevant family members/network.
- Where the representative from an agency cannot attend, they should send a colleague. If this is not possible detailed updates should be provided to aid discussion. Where a pattern of non-attendance is identified this should be addressed with the individual by the Lead Practitioner or with the Early Help Area Officer for advice. As new agencies become involved in the TAF, consent for them to attend and have information shared with them must be gained from the family and recorded on the original EHA.
- Where the assessment includes a family living separately, (e.g. separated parents), this should be accommodated and where necessary separate sections of the meeting should accommodate family members unable to meet together at the same time.
- If consent is denied the agencies can meet if they have a justifiable reason to do so. It is important that the reason for the meeting going ahead is recorded within their own recording systems.

## TAF Chair

The meeting should identify a member to chair the meeting. More commonly this would be the Lead Practitioner of the EHA.

## Recording

It is not necessary to complete detailed minutes of the TAF meeting, however, the chair will be responsible for providing the current plan for review and recording the updated outcomes of the meeting discussion. They should then distribute this following the meeting to all members of the TAF.

## Dispute resolution

Where there is any level of disagreement between members of the TAF, advice should be sought from an Early Help Area Officer to advise on the most appropriate method of resolving this.

## Step Up and Closure

Where an escalating level of concern has resulted in a Child and Family Assessment being initiated the TAF should continue to meet until the outcome of the statutory assessment has been completed.

## Successful outcome met

When the child and family have met all outcomes and the TAF agrees closure, the closure review paperwork should be completed, and a copy attached to the **Online Early Help closure form**

## Completing the Cumberland Early Help Assessment

When completing the early Help Assessment, please use language that children will understand. The voice of children, young people and their families is central.

Early Help is a partnership approach between families and support services. Consent must be sought, [Early Help Assessment Consent for Information Sharing and Storage 2025](#)

## Early Help Registration number (sent to you when EHA was registered)

### When completing this section:

Add the reference number you received via email when you registered the Early Help Assessment. You will need this reference number when attaching a copy of the EHA after the first TAF when the Family Action Plan has been completed, link can be found here [Early Help Assessments \(EHA\) | Cumberland Safeguarding Children Partnership](#)

## Children and Family Details

### When completing this section:

It is important to note all who live in the household to have an understanding of the child's family. A genogram is recommended. Communication needs should include details of language and disability.

## Who is the Lead Practitioner?

### When completing this section:

Add full details of the Early Help Lead Practitioner, previously referred to as the Early Help Coordinator.

## Other agencies involved

### When completing this section:

Add all practitioners involved in the child, young person and family TAF e.g., GP, midwife, nursery, school, Access and Inclusion Officer, youth provision, other. It is important families have a full understanding of roles and responsibilities of members of their agreed TAF. Meetings can feel overwhelming; it may help to keep TAF small until parental confidence is built helps.

## Current support network

### When completing this section:

Complete this with as much detail as possible considering what it looks like for the child/ren. For example, who lives in the home, extended family and friends, do the child/ren live part time with one parent? Is the absent parent part of the assessment - if not why? What type of property do they live in? Is it owned or rented and who is the landlord? Add details of direct work you have completed with the child or young person to ensure their voice is central to the family action plan.

Include the family structure including siblings, other significant adults such as grandparents, neighbours and friends. Where necessary consent must be given by parent/ carer to contact other family members directly. The family network are the people who the family can go to for ongoing support once the EHA is closed. More information here [Early Help Assessments \(EHA\) | Cumberland Safeguarding Children Partnership](#)

## Current/historic home and family situation

### When completing this section:

Explore what home life looks like for the child? What does their world look like on a day-to-day basis. Consider who is in their life but also who is not, why not and how this impacts the child and family. Refer back to the information in this document 'Voice of the Child or Young Person'

## Signs of Wellbeing Mapping

### When completing this section:

It is important to start with **what is working well** to ensure the family strengths are explored, acknowledged and built upon. Depending on the circumstances you may need to write individual worry statements and wellbeing goals for different children in the family.

### Existing wellbeing:

Include overview of a child's life and examples of how a child is currently doing. Capture historical information that has worked well previously. Describe what is happening or what you have observed. Give timescales and examples of how long support has been in place. Include any agencies that have put in any support for the child or family. Existing well-being/success/safety: to include actions taken by parents/carers and family network to make sure the child is safe and well.

### Worry Statement:

Describe what the worries/concerns are. Describe the behaviours, including who is worried/concerned? What they are worried about and how will this impact upon the child? Detail the timescale of the concern e.g. how long ago did it emerge what was the first, last, worst time?

**Complicating factors:** Actions and behaviours in and around the family that make it more difficult to achieve well-being, be professionally curious of the family's social history.

Identify the most pressing support needs with the child's/ young person's/parents/carers. Use the information you have gathered throughout the assessment to set realistic goals with the child and family.

Name the behaviours that will show that the child is achieving well-being. What will the change look like and what will be different?

There should be a maximum of up to 4 worry statements and for every worry statement there should be a well-being goal.

Analyse your information collected in the three SOW columns and write your worry statement giving priority to the most urgent needs. Include who is worried, what they are worried about, the impact on the child, what will happen if nothing changes and how long sustained change

needs to be seen. Where there is more than one child, name the child and comment on what is working well/strengths for each child included within the EHA.

## Reason for support

Where you are unsure, seek more information to ensure the support plan meets the child, young persons, and family's needs. We have included the 10 headline needs. Refer to the Supporting Families Outcomes Framework to ensure the family action plan supports all areas of need.

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## Wellbeing Scaling 0-10

### When completing this section:

The scaling question is a judgement of the level of well-being the family, their network and members of the TAF feel they are at. Each person gives an individual judgement based on their interpretation of the information. All member of the TAF should state a number and give their reasons why they have scaled at this number.

**0** = Members of the TAF, including the family, and their network, are worried there is nothing in place to improve well-being.

**10** = Members of the TAF, including the family, and their network feel wellbeing is good, and family know how to access support if needed.

## Family Action Plan

### When completing this section:

Write down what outcomes you want for the child or young person or family?

The well-being goals should be taken from the assessment into the Action Plan. Actions/tasks should be recorded below. Ensure family are properly involved in the process and not just 'agreeing' to what professionals have said. The child/young person and family's comments should be included in paperwork. Remember to ask yourself and others whether or not you are staying 'child centred', it is often easy to become focused on the needs of parents/carers.

The well-being goals should be 'cut and pasted' into the column what will well-being look like? Family and agencies should be planning together.

Actions/tasks/who will do this? These could be for the child, parent, or agency and should develop from the well-being goals- it should include the tasks necessary to bring about change - there may be more than one action/task for each well-being goal.

Consider whether the service is available immediately and action what will happen in the meantime until the service can start. Consider the impact of a delay in getting the service and how is the child will be supported in the interim time?

By When? Not 'ongoing' or 'ASAP'- if the date is unknown then use the next TAF meeting date to avoid drift and delay of the plan.

Progress. When the plan is reviewed at the TAF meeting the progress is updated on the current plan and this then informs the next actions. Include the 'so what' the impact of an action being met or not being met. Goals completed can be noted and kept on the plan to show positive progress.

### **When completing this section:**

Ensure where possible, and appropriate, that the child can attend. Ensure you are meeting in a format that is agreed by and comfortable for the family.

## **Date of next TAF meeting**

### **When completing this section:**

Ensure where possible, and appropriate, that the child can attend. Ensure you are meeting in a format that is agreed by and comfortable for the family. Please ensure family sign this section.

## **Closure Review**

### **When completing this section:**

Ensure all evidence of outcomes met are included and what the impact has been on the child and family.

Complete the final outcomes and attach a copy of this document to **Online Early Help Closure Form**

## FAQ relating to the Early Help Assessments process

Early Help Area Officers have collected Frequently Asked Questions (FAQ) largely coming from training sessions but also through general discussions with frontline staff. These will be updated on a regular basis to reflect new questions as they are identified.

### Q. How can I find out if there is an Assessment registered for a family - or who the Lead Practitioner is?

A. Ring a member of the Early Help team or email [early.help@cumbria.gov.uk](mailto:early.help@cumbria.gov.uk)

### Q. Is there a minimum number of members of a TAF?

A. Yes, there needs to be more than one agency supporting the family. Initially there may just be you, family member(s) and one other agency. The TAF may then identify other members.

### Q. Do I have to include parents?

A. Parent's involvement should always be encouraged. However, if a young person requests an Early Help Assessment and does not want parents involved, they can give consent themselves following the Fraser Competence guidelines (this should be clearly recorded as having been considered). The Assessment cannot proceed without either the Parent or Young Person consenting.

### Q. Can we proceed with an Early Help Assessment without the consent of the family?

A. No. An Early Help Assessment is a voluntary process and therefore parents and children, where appropriate, should be fully engaged in the process. Consent must be given.

### Q. What happens if the family won't engage?

A. Encourage engagement over a period of time - if necessary, via another trusted partner agency known to the family. Assess the impact of no improved levels of support for this child or young person. If you feel that their circumstances are or will deteriorate discuss with your line manager or designated safeguarding lead or contact an Early Help Area Officer.

### Q. What happens if the family engage, the TAF starts to meet, and a plan is in place. Then the family disengage and stop attending the meetings and won't participate in the plan?

A. In a similar way to the two points above, always check why they do not want to proceed as it may be constructive feedback to change the approach or change Lead Practitioner.

### Q. Who can I share the Assessment document and details with?

A. The parents' carers or young people will have given consent for information to be shared with identified professionals initially listed. As other professionals become involved further consent needs to be sought and the form updated.

### Q. Do I need to send the Assessment to Cumberland Children's Advice Support Service?

A. Yes, where you are making a single contact.

## **Q. Where there is an EHCP, and wider needs are identified what should I do?**

- A.** The identified needs should be reflected in the EHCP plan, you should have a conversation with the family about having an EHA alongside the EHCP if additional needs are identified that can be met by Early Help support.

## **Q. Who should be the Lead Practitioner?**

- A.** The decision should be made with the family. The Lead Practitioner should be from an agency working with the family. If the Lead Practitioner changes the current Lead Practitioner completes the [Online Early Help Change of Lead Practitioner Form](#) with the new EH Lead Practitioner's details.

## **Q. What happens if that person doesn't agree to be the Lead Practitioner?**

- A.** Try as much as possible within reasonable levels to encourage them in the meeting and then take it out of the meeting if it appears to be contentious. It is not helpful for parents to witness agencies disagreeing. If it persists, seek advice from your Early Help Area Officer.

## **Q. How often should the TAF meet?**

- A.** It will differ depending upon the complexities of the situation. Initially it will be more frequent but should be 6 weekly - or in some circumstances half-termly.

## **Q. If there is a Youth Offending Order in place should there be an Early Help Assessment in place for that young person.**

- A.** No, where there is a statutory assessment in place there should not be an Early Help Assessment for that young person. However, where there are other siblings with identified unmet needs and Early Help Assessment should be initiated. The YOT staff member would be a member of the TAF to input in relation to the young person they are working with. At the point of the order ending an EHA could be considered as a Step-Down process.

## **Q. I find the paperwork onerous - do we need minutes distributed after each meeting?**

- A.** No, formal Minutes aren't required but the Family Action Plan and Review must be completed and shared with the family and TAF members. Make sure everybody has the date of the first/next meeting, if possible, send an email reminder shortly before. Try to identify a laptop available for the meeting to update the plan and complete the Family Action Plan.

## **Q. Who should have a copy of the completed Assessment?**

- A.** The family should have a copy as well as each member of the TAF.

## **Q. What happens if a member of the TAF leaves, but we still require involvement from their agency?**

- A.** The agency is responsible for ensuring a replacement member of staff becomes part of the TAF.

**Q. What happens if an individual agency identifies a Safeguarding need on an open TAF led by another agency that needs action immediately?**

A. They should, without delay, follow their own organisational Safeguarding guidelines on referring into Cumberland Children's Advice Support Service. They should then inform the TAF Lead Practitioner.

**Q. Will the Early Help Assessment resume when the levels of risk have reduced, and Children's Services close their involvement?**

A. Yes, but not on every occasion it depends on the level of need at that stage. This is called Step Down. At the penultimate meeting chaired by the Children's Services Chair before closure, an Early Help Family Action Plan should be completed with the unmet needs from Child Protection or Child in Need Plan. This will become the plan that the TAF review. This is important to reduce levels of re-referral. If it is confirmed to step up to CIN or CP then close the EHA using the [Online Early Help closure form](#)

**Q. Where do agencies store the Early Help Assessments and reviews?**

A. Each agency should follow their own safe storage of records policy.

**Q. If families have a protected address, how can we ensure that this information is not shared with inappropriate others?**

A. Each agency should follow their own procedure for dealing with protected address and other confidential information.

**Q. Can I initiate an Early Help Assessment for an 18-year-old?**

A. For a young person with a disability an Early Support plan can be in place until age 25 years. An Early Help Assessment can be initiated for anybody up to and including 18 years old.

**Q. Why should I initiate the Early Help Assessment when our identified concerns are being managed as a single agency?**

A. You may be managing behaviours that are symptomatic of wider issues that are impacting on the family. You may have been identified by the family as the person to initiate the Early Help Assessment.

**Q. Why when I submit a contact to Cumberland Children's Advice Support Service am I sometimes advised to initiate an Early Help Assessment?**

A. Following the screening process within the Cumberland Children's Advice Support Service the decision has been made that it meets the threshold for Early Help.

**Q. If for any reason e.g. family separation where there is DA or where one family member does not want personal details shared with a separated partner can we create two EH Plans?**

A. The assessment should be one assessment with both parents' details recorded on separate profiles. Encourage the creation of one plan. However, if for e.g. if there are parental health problems to be recorded on the plan that they don't want to share with their ex-partner this can be added to an additional plan. The emphasis has to be on this not detracting from the need to have the child's needs as being central to the plan. The TAF would need to ensure that they always review both plans.