



# Early Help Assessment Quality Assurance Guidance

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# Contents

Early Help Quality Assurance Framework .....	1
Why do we undertake Quality Assurance? .....	1
Principles underpinning our quality assurance framework.....	1
The Family Help - Partnership and Assurance Team.....	2
Early Help Assessment Quality Assurance Activity.....	2
The Family Help - Partnership and Assurance Team use QA data to drive practice improvement across Cumberland .....	3
The Early Help Assessment Quality Assurance form explained .....	4
Quality Assurance expectations for the Cumberland Early Help Assessment .....	4
Overall feedback .....	12
Outcomes gradings explained .....	13

# Early Help Quality Assurance Framework

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

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.

## Why do we undertake Quality Assurance?

Effective quality assurance supports continuous improvement and helps us 'know ourselves.' Capturing the journey and impact of interventions for the child and family are key underpinning objectives of the Quality Assurance Framework.

If we are doing this well, it should enable us to clearly respond to the following questions:

- What do we know about the quality of Early Help support for children and families? How do we know it?
- What is the impact? Is anyone better off as a result of our intervention?
- What do children, young people and families tell us about their experiences of Early Help support?
- What is going well that we need to do more of?
- What do we need to do to improve?

The Early Help Quality Assurance Framework will be used to guide partner services to further embed the use of the whole family approach, demonstrate robust assessments with clear action plans, and provide measurable outcomes. This is important as it will help to improve sustainable outcomes for children, young people, and families across Cumberland.

## Principles underpinning our quality assurance framework

The experiences of children, parents and frontline staff are an essential source of quality information.

- Quality assurance must be owned and developed locally as well as at a strategic level and be recognised as an essential part of the Early Help process, rather than an additional task.
- Activity must be underpinned by reflection and learning.
- Commitment to improving our ability to evidence outcome information alongside quantitative and qualitative information.
- A strength-based approach which recognises the importance of learning from what we do well, how we could improve and it also incorporates the Early Help Expectations.

# The Family Help - Partnership and Assurance Team

The team supports external partner agencies to develop and implement effective quality assurance. Early Help Area Officers conduct a range of audits, in line with the Quality Assurance Framework. Following each round of audits, a quarterly audit report will be collated for the Family Help, Partnership and Youth Justice Assistant Director.

In Cumberland, we know what good Early Help looks like from previous audits and CSCP consultations:

- Easily understood with clear expectations, good information and support.
- Working with the family to identify needs.
- Voice of the child is heard.
- Achievable goals with sustainable outcomes.
- Has an impact with the needs being met.
- Joined up collaborative approach of working with transparency and honesty.
- Involves the whole family so safety networks are identified early.
- The right help at the right time with timely interventions following a quality assessment.

The Early Help Guidance for External Partners of Cumberland Council has been developed using this information.

## Early Help Assessment Quality Assurance Activity

This will be achieved through a range of quality assurance activities which are focussed on the lived experience of the child and will monitor the quality of the work, including:

- QA of Audits of Early Help Assessments.
- Family feedback and evaluation.
- Tracking, (regular review of EHAs that have been open over 12 months to ensure active support and ensuing we respond to drift and delay.

The Family Help - Partnership and Assurance Team will review each Early Help Assessment sent via the online link and offer a response based on the quality of those assessments and plans. The team can also request audit to focus on specific themes, for example:

- Early Help open for a specific period, e.g., longer than 12 months.
- Delivered by specific agency types.
- Thematic, by reason for initiation of Early Help Assessment. The themes may be based on local learning reviews, national priorities and or local performance data.
- Step to Early Help from a Social Care plan or Step to Social Care from Early Help.
- When the Team Around the Family requests additional support as they feel that progress is not being made.
- When support is drifting because regular reviews are not being held.

# The Family Help - Partnership and Assurance Team use QA data to drive practice improvement across Cumberland

The focus of the audit should be on the “journey” of the child and their family, the impact that the work undertaken has had on their lived experience and the management of wellbeing and decision making.

In addition to the above, we encourage service areas and agencies to conduct their own themed audits against the expected standards.

Quality assurance supports triangulation of themes and provides greater insight into the quality of frontline practice.

At the end of the Early Help Assessment the Lead Practitioner completes a closure form with the family. This records the support the family has received and the impact they feel it has had on their lives. These forms are kept by the agency and sent to the Family Help - Partnership and Assurance Team to close the Early Help Assessment on the Early Help electronic system.

Once an Early Help Assessment has been recorded as closed the family may be contacted by an Early Help Area Officer to complete a short set of questions about their experience of their Early Help support. This adds to our understanding of the support the family has received and what impact they feel it has had on their lives. The information is anonymised, collated and a quarterly report is sent to Family Help, Partnership and Youth Justice Assistant Director. The report will analyse and evaluate the findings, highlighting what is working well and where we need to improve.

During or following an audit, the Family Help - Partnership and Assurance Team will provide feedback directly to the lead practitioner or agency involved based on the findings.

We will work with services to identify actions in response to QA findings to support them to:

- Identifying areas for development and improvement
- Identify gaps in service provision.
- Identifying issues for supervision
- Identifying training needs for practitioners.

Our aim is to close the learning loop – training, strategic planning, policy & procedure, and standards to ensure that:

The expected standards of practice are understood and regularly reviewed.

Incorporate the learning from audits into policy, guidance, and training.

Services take action to improve, e.g., change practice, improve performance, update policy, or identify training needs for staff.

# The Early Help Assessment QA form explained:

The following pages show the format and scaling of the Early Help Assessment QA process. The audit is to be completed on the Microsoft XL version as this collates responses into a report for the Lead Practitioner.

Scaling, 10 = all details are listed and correct and 0 = none of the information is listed or correct with scores between the 0-10 recorded depending on the level and quality of detail.

Each section is numbered and noted whether the section is scaled.

Each section has an overview of what detail is expected as a minimum.

Further on, the outcome gradings and response are explained.

<b>Very few areas complete</b> Immediate EHAO support required to enhance EHA. Offer will be made to attend next TAF. EHAO to offer consultation of other EHAs within this agency.		<b>Some areas complete</b> Collaborative audit to be arranged. Offer will be made to attend next TAF. EHAO to offer consultation of other EHAs within this agency			<b>Most areas complete</b> EHAO to offer consultation of other EHAs within this agency			<b>Majority of areas complete</b> No wider additional EHAO support needed at this stage. Usual consultation cycle will be in place.	
10	20	30	40	50	60	70	80	90	100

## Quality Assurance expectations for the Cumberland Early Help Assessment

	<b>Early Help Registration number, (sent to you when EHA was registered)</b>				
	<b>The purpose of this section:</b> To check the Early Help Registration number ref is noted or ensure it is correct.				
	<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
	N/A				N/A

<b>Children and Family Details All who live in the household</b>				
<b>The purpose of this section:</b> To review whether all details of those who live in the household are noted, to understand the child's family. Communication needs should include details of language and disability.				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
Family/Support Networks will be explored to understand who does and does not support the child.				

<b>Who is the Lead Practitioner?</b>				
<b>The purpose of this section:</b> To review whether full details of the Early Help Lead Practitioner, previously referred to as the Early Help Coordinator are included.				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
N/A				

<b>Other agencies involved</b>				
<b>The purpose of this section:</b> To review whether all practitioners involved in the child, young person and family plan of support are included in the assessment, 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.				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
N/A				

<b>Current support network</b>				
<p><b>The purpose of this section:</b>            To review whether the family support network has been fully explored and completed with as much detail as possible. 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? Has a family structure been included including siblings, other significant adults such as grandparents, neighbours, and friends? The family network are the people who the family can go to for ongoing support once the EHA is closed.</p>				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
Direct work will take place with the child/young person, to have their voice and understand their lived experience. & Family/Support Networks will be explored to understand who does and does not support the child.				

<b>Current / historic home and family situation</b>				
<p><b>The purpose of this section:</b>            To review what is known about home life on a day-to-day basis, who is in their life but also who is not, and how this impacts the child and family. Are there additional support needs that impact on others. What type of property do they live in? Is it owned or rented and who is the landlord? Have details of direct work been added? Is the voice of the child and family clear? Do parents work, is it parttime/fulltime? Who cares for the children? Have there been times when the family coped well and what helped them at the time?</p>				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
Chronologies will be completed to understand how the family have managed previously. Genograms will be completed to understand the family dynamics.				

## Signs of Wellbeing Mapping

### The purpose of this section:

To review whether the Signs of Wellbeing format has been followed, acknowledging the family's strengths, worries for the child and their family along with any complicating factors.

### What's working well?

Is there an overview of the child's life and examples of how a child is currently doing? Has historical information been included to show what has worked well previously. Have practitioner observations been included?

### What are we worried about?

Are the worries/concerns clear and well described? Is it clear who is worried and how will this impact upon the child? Are timescales of the concern noted? E.g. how long ago did it emerge what was the first, last, worst time?

### Complicating factors:

Are actions and behaviours in and around the family that make it more difficult to achieve well-being noted? Does the information show professional curiosity of the family's social history? Are timescales and examples of how long support has been in place evidenced? Is it noted where agencies have put in any support for the child or family? Are any actions taken by parents/carers and family network to make sure the child is safe and well included?

### What will wellbeing look like?

Have the most pressing support needs been identified with the child's/ young person's/parents/carers. Has the information gathered throughout the assessment been used to set realistic goals with the child and family? Are the behaviours named that will show that the child is achieving well-being. Is it clear what change will look like and what will be different? Are there a maximum of up to three worry statements and for every worry statement is there a well-being goal. Has there been analysis of the information collected in the three SOW columns? Is it clear who is worried, what they are worried about and the impact on the child? Is it clear which child the worries and wellbeing relate to? Have individual worry statements and wellbeing goals been written for different children in the family? Does the assessment evidence that work is child-centred, and that intervention has had a positive impact on the child and is their voice and lived experience explored, understood, and reflected throughout the support?

Relates to SOW Expectation	Complete	Comment/Action	By when	Scale
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.				

<b>Reason for support</b>				
<p><b>The purpose of this section:</b>          Is to review whether the family needs have been explored in depth to ensure the support plan meets the child and family's needs against the needs noted below. Refer to the <b>Supporting Families Outcomes Framework</b> for more information.          Has further discussion taken place when needs are unclear?</p>				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
N/A				

<b>Wellbeing Scaling</b>				
<p><b>The purpose of this section:</b>          Does the scaling evidence the level of well-being the family, their network and members of the TAF feel they are at. Has each person given an individual judgement based on their interpretation of the information with a clear rationale?</p>				
<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
TAF/ Support Network Meetings will be held with every family, and we will use scaling questions to measure progress.				

Family Action Plan				
<p><b>The purpose of this section:</b> To review whether TAF meetings are held regularly, informed by the Child and family and clearly evidence progress or increased worry. To review whether the right agencies and members of the family network are actively engaged in the TAF? Have the TAF reviews considered any newly identified needs and strengths and used them to inform the next steps?</p> <p><b>Are outcomes clear</b> for the child or family? Have the well-being goals been taken from the assessment into the Action Plan? Are actions/tasks recorded? Were the family fully involved in the process and not just 'agreeing' to what professionals have said.</p> <p><b>Are the child and family's comments included in the plan?</b> Is the language and plan child centred?</p> <p>Have the well-being goals been copied from the column what will well-being look like? Is there evidence that family and agencies have planned together?</p> <p><b>Actions/tasks/who will do this?</b> Is it clear who, (named person, not just agency name), will complete these and what change it will bring? There may be more than one action/task for each well-being goal.</p> <p>Where a service was not available or there was a wait list, what was put in place in the interim?</p> <p><b>By When?</b> Are there clear and SMART timescales?</p> <p>Progress. When the plan was reviewed at the TAF meeting, was the progress updated on the plan and did this inform the next actions? Was the 'so what' the impact of an action being met or not being met included? Were the goals completed kept on the plan to show positive progress?</p>				
Relates to SOW Expectation	Complete	Comment/Action	By when	Scale
There will be a clear Family Action Plan.				

TAF meetings				
<p><b>The purpose of this section:</b> To review the clarity of the information provided as to timescales and venue of meetings. Were the meeting venue and format agreed by, and comfortable for the family?</p>				
Relates to SOW Expectation	Complete	Comment/Action	By when	Scale
TAF/ Support Network Meetings will be held with every family, and we will use scaling questions to measure progress.				

**Collaborative reflection/appreciative inquiry (where appropriate)**

This section is included for collaborative discussion with an Early Help Area Officer. You may also wish to complete this with your line manager to reflect on your practice.

<p>What was your best piece(s) of work alongside this child/ren and family and what are you most proud of?</p>	
<p>What is the key learning from this audit and how will you apply this learning to other families you work with? What and how would you wish to share with your wider team?</p>	
<p>If the child/young person/family were sitting here now, what do you think they would say you did that made the most difference to them?</p>	

	<p><b>Collaborative reflection/appreciative inquiry - Completed if audit is collaborative with Early Help Area Officer or line manager</b></p>				
	<p><b>The purpose of this section:</b>                  To review the Lead Practitioners understanding of the impact of their support alongside the child and family and what they were proud off.                  To understand what learning the Lead Practitioner will take when supporting other children and families.                  To know what the Lead Practitioner understands of the 'so what,' the difference their support has made to the child and family.</p>				
	<p><b>Relates to SOW Expectation</b></p>	<p><b>Complete</b></p>	<p><b>Comment/Action</b></p>	<p><b>By when</b></p>	<p><b>Scale</b></p>
	<p>N/A</p>				

<b>Oversight and Supervision - Completed if audit is collaborative with Early Help Area Officer</b>					
<b>The purpose of this section:</b>					
To review management oversight and the quality of supervision.					
Is the management oversight focussed on the impact on the child? Where there is particular risk associated with the child or family, is there evidence of management, discussion/consideration, and actions? Is supervision, monthly, reflective, and having the intended impact on ensuring good practice, challenging appropriately, minimising drift and delay?					
	<b>Relates to SOW Expectation</b>	<b>Complete</b>	<b>Comment/Action</b>	<b>By when</b>	<b>Scale</b>
	N/A				

<b>Early Help Assessment Expectations</b>
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, 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.

## Overall feedback

		Scale	Recommendations/actions	By who?	By when?
	Early Help Registration number	N/A			
	Children and Family Details				
	Who is the Lead Practitioner?				
	Other Agencies involved				
	Current support network				
	Current / historic home and family situation				
	Signs of Wellbeing Mapping				
	Reason for support				
	Wellbeing Scaling				
	Family Action Plan				
	TAF Meeting				
	Collaborative reflection	N/A			
	Oversight and Supervision	N/A			
	Overall Score	Tally of above			
	Outcome	Grading below			

# Outcomes gradings explained

We are not using the Ofsted outcomes grading descriptions of Inadequate; Requires Improvement; Good; Outstanding. We are using the following responses based on the Quality Assurance assessment of the Early Help Assessment.

<b>Very few areas complete</b> Immediate EHAO support required to enhance EHA. Offer will be made to attend next TAF. EHAO to offer consultation of other EHAs within this agency.		<b>Some areas complete</b> Collaborative audit to be arranged. Offer will be made to attend next TAF. EHAO to offer consultation of other EHAs within this agency			<b>Most areas complete</b> EHAO to offer consultation of other EHAs within this agency			<b>Majority of areas complete</b> No wider additional EHAO support needed at this stage. Usual consultation cycle will be in place.	
10	20	30	40	50	60	70	80	90	100

Grading	Section ref	Criteria	Evidence of outcome
<b>Majority of areas complete</b>  <b>No wider additional EHAO support needed at this stage.</b>  <b>Usual consultation cycle will be in place.</b>	1.	Early Help Registration number	Registration number is used on EHA (Not scored in QA process)
	2.	Children and Family Details	All areas complete
	3.	Who is the Lead Practitioner?	Full information
	4.	Other agencies involved	All complete
	5.	Current support network	Family structure includes all siblings, other significant adults such as grandparents, neighbours, and friends.
	6.	Current / historic home and family situation	All relevant information about what home life looks like on a day-to-day basis, who is in their life but also who is not, and how this impacts the child and family.
	7.	Signs of Wellbeing Mapping	All areas completed well with all relevant details of What's working well. What are we worried about? Complicating factors. What will wellbeing look like?

Grading	Section ref	Criteria	Evidence of outcome
	8.	Reason for support	All sections completed to show family needs have been explored in depth to ensure the support plan meets the child and family's needs
	9.	Wellbeing Scaling	All members of the TAF have scaled have clear rationales noted
	10.	Family Action Plan	All outcomes are clear and well-being goals been taken from the assessment into the Action Plan? All actions/tasks recorded? Family is fully involved in the process. Child and family's comments are included in the plan. Language and plan are child centred.
	11.	TAF meeting	Clear information provided as to timescales and venue of meetings. Clear that meeting venue and format was agreed by, and comfortable for the family?
	12.	Collaborative reflection/ appreciative inquiry (Not scored in QA process)	Lead Practitioners understanding of the impact of their support alongside the child and family is excellent. Lead Practitioner has an excellent understanding and plan of how to use learning from this EHA. Lead Practitioner has thorough understanding of the 'so what,' the difference their support has made to the child and family.
	13.	Oversight and Supervision (Not scored in QA process)	Lead Practitioner has regular; Early Help focussed supervision and can discuss the EHAs they are coordinating. Lead Practitioner can have as and when supervision discussions if required.

Grading	Section ref	Criteria	Evidence of outcome
<b>Most areas complete</b>  <b>EHAO to offer consultation of other EHAs within this agency</b>	1.	Early Help Registration number	Registration number is used on EHA, (Not scored in QA process)
	2.	Children and Family Details	Most areas complete
	3.	Who is the Lead Practitioner?	Most areas complete
	4.	Other agencies involved	Most Complete
	5.	Current support network	Family structure includes most siblings, other significant adults such as grandparents, neighbours, and friends.
	6.	Current / historic home and family situation	Most relevant information about what home life looks like on a day-to-day basis, who is in their life but also who is not, and how this impacts the child and family.
	7.	Signs of Wellbeing Mapping	Most areas completed well with all relevant details of What's working well. What are we worried about? Complicating factors. What will wellbeing look like?
	8.	Reason for support	Most sections completed to show family needs have been explored in depth to ensure the support plan meets the child and family's needs.
	9.	Wellbeing Scaling 0-10	Most scaling evidences the level of well-being the family, their network and members of the TAF feel they are at. Most members of the TAF have given an individual judgement based on their interpretation of the information with a clear rational.
	10.	Family Action Plan	Most outcomes are clear and well-being goals been taken from the assessment into the Action Plan? Most actions/tasks recorded. Family is involved in the process. Child and family's comments are included in the plan. Language and plan are child centred.
	11.	TAF meeting	Good information provided as to timescales and venue of meetings. The family agreed meeting venue and format.

Grading	Section ref	Criteria	Evidence of outcome
	12.	Collaborative reflection/ appreciative inquiry (Not scored in QA process)	Lead Practitioners understanding of the impact of their support alongside the child and family is good. Lead Practitioner has a good understanding and plan of how to use learning from this EHA. Lead Practitioner has a good understanding of the 'so what,' the difference their support has made to the child and family.
	13.	Oversight and Supervision (Not scored in QA process)	Lead Practitioner has Early Help focussed supervision and can discuss the EHAs they are coordinating. Lead Practitioner can have as and when supervision discussions if required.

Grading	Section ref	Criteria	Evidence of outcome
<b>Some areas complete</b>  <b>Collaborative audit to be arranged.</b>  <b>Offer will be made to attend next TAF.</b>  <b>EHAO to offer consultation of other EHAs within this agency.</b>	1.	Early Help Registration number	Registration number is used on EHA, (Not scored in QA process)
	2.	Children and Family Details	Some areas complete
	3.	Who is the Lead Practitioner?	Some areas complete
	4.	Other agencies involved	Some complete
	5.	Current support network	Family structure includes some siblings, other significant adults such as grandparents, neighbours, and friends.
	6.	Current / historic home and family situation	Some relevant information about what home life looks like on a day-to-day basis, who is in their life but also who is not, and how this impacts the child and family.
	7.	Signs of Wellbeing Mapping	Some areas completed well with all relevant details of What's working well. What are we worried about? Complicating factors. What will wellbeing look like?

Grading	Section ref	Criteria	Evidence of outcome
	8.	Reason for support	Some sections completed to show family needs have been explored in depth to ensure the support plan meets the child and family's needs
	9.	Wellbeing Scaling 0-10	Some scaling evidences the level of well-being the family, their network and members of the TAF feel they are at. Some members of the TAF have given an individual judgement based on their interpretation of the information with a clear rational.
	10.	Family Action Plan	Some outcomes are clear and well-being goals have been taken from the assessment into the Action Plan? Some actions/tasks recorded. Family is somewhat involved in the process, but evidence could be clearer. Child and family's comments are included in the plan but would benefit from strengthening. Language and plan are somewhat child centred but need to be strengthened.
	11.	TAF meeting	Some information provided as to timescales and venue of meetings. Not clear whether meeting venue and format was agreed by, and comfortable for the family.
	12.	Collaborative reflection/ appreciative inquiry (Not scored in QA process)	Lead Practitioner has partial understanding of the impact of their support alongside the child and family. Lead Practitioner has a partial understanding and plan of how to use learning from this EHA. Lead Practitioner has partial understanding of the 'so what,' the difference their support has made to the child and family.
	13.	Oversight and Supervision (Not scored in QA process)	Lead Practitioner does not have regular, Early Help focussed supervision but can discuss the EHAs they are coordinating as and when required.

Grading	Section ref	Criteria	Evidence of outcome
<b>Very few areas complete.</b>  <b>Immediate EHAO support required to enhance EHA.</b>	1.	Early Help Registration number	Registration number is used on EHA, (Not scored in QA process)
	2.	Children and Family Details	Very little information completed
	3.	Who is the Lead Practitioner?	Very few areas complete
	4.	Other agencies involved	Very few complete
	5.	Current support network	Family structure includes few siblings, other significant adults such as grandparents, neighbours and friends are missing or not noted why the network is limited.
	6.	Current / historic home and family situation	Very little relevant information about what home life looks like on a day-to-day basis, who is in their life but also who is not, and how this impacts the child and family.
	7.	Signs of Wellbeing Mapping	Few areas completed with much of the relevant details missing in relation to What's working well. What are we worried about? Complicating factors. What will wellbeing look like?
	8.	Reason for support	Few sections completed to show family needs have been explored in depth to ensure the support plan meets the child and family's needs.
	9.	Wellbeing Scaling 0-10	Very little scaling to evidence the level of well-being the family, their network and members of the TAF feel they are at. Very few members of the TAF have given an individual judgement based on their interpretation of the information with a clear rationale.
	10.	Family Action Plan	Outcomes are not clear, and well-being goals do not relate to the assessment in the Action Plan. Few actions/tasks recorded. Family does not appear to be fully involved in the process. Child and family's comments are not included in the plan. Language and plan are not child centred.

Grading	Section ref	Criteria	Evidence of outcome
C	11.	TAF meeting	<p>Very little information provided as to timescales and venue of meetings.</p> <p>Meeting venue and format was not agreed by, and comfortable for the family.</p>
	12.	Collaborative reflection/ appreciative inquiry (Not scored in QA process)	<p>Lead Practitioner has little understanding of the impact of their support alongside the child and family.</p> <p>Lead Practitioner has little understanding and planning of how to use learning from this EHA.</p> <p>Lead Practitioner has little understanding of the 'so what,' the difference their support has made to the child and family.</p>
	13.	Oversight and Supervision (Not scored in QA process)	<p>Lead Practitioner does not have Early Help focussed supervision and cannot discuss the EHAs they are coordinating.</p> <p>Lead Practitioner does not have as and when supervision discussions if required.</p>