



**Somerset Safeguarding Children
Partnership**

**Early Help – a quick
guide**

Trainer Cascade Pack

<http://SSCP.safeguardingsomerset.org.uk/>

Introduction

Welcome to the Early Help Cascade training pack of the new Somerset Safeguarding Children Partnership (SSCP) for 2019/20.

The aim of this training material is to provide suggestions and assistance for those charged within their agency, to offer training to all staff who do not hold specific safeguarding roles, on basic child protection.

This Early Help training is single agency training and does NOT equate to any of the SSCP inter-agency training. (For details see the SSCP Training Strategy – available on the SSCP website).

To be accredited by Somerset SSCP, this 2-hour cascade training pack should be delivered in its entirety. The timings provided on the session plan are for guidance only.

The pack provides the information and resources that you will need to train people within your organisation in basic early help principles and process. It will offer participants information about the different types of abuse that children can experience and what to do if you believe that a child is at risk or is being abused.

We update our training material regularly to align with Government Policies/guidance and hope that you will find this pack accessible and helpful. Evaluating how helpful this pack has been is an important part of our responsibility and helps us to continue to provide high quality and effective training material.

Within the pack you will find

- Early Help- a quick guide Session Plan
- Certificate template for participants

Please also make available the following documents by following the links provided to access the most up to date version

- Effective Support for Children and Families -
- Neglect Assessment Tool (updated September 2019) down load [here](#)

You will also receive the slides, as a separate pdf file. Please note the SSCP presentation should not be amended.

If you are having difficulties getting the presentation into full screen mode, press Ctrl+L, or choose View – full screen. Esc will take you back to your normal view.

There are some references and websites that you may wish to research prior to delivering this course.

Should you have any concerns or difficulties in accessing any aspect of this training pack please contact lscbtraining@somerset.gov.uk

Thank you.

Kate Greenwood

Training Manager SSCP

[\(kgreenwood@somerset.gov.uk\)](mailto:kgreenwood@somerset.gov.uk)

“The Safeguarding Children Board partners believe that an important way we can support you to keep children safe is to ensure that you have access to the highest quality training which offers opportunity both to learn alongside colleagues from a range of other agencies and professional backgrounds and to benefit from the latest research and evidence from practice.”

Sally Halls – Independent Chair – Somerset Local Safeguarding Children Board 2019

Session Plan Timeline

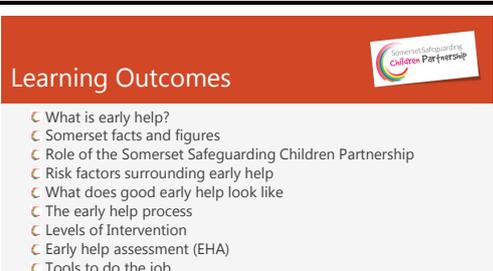
This timings are for guidance, you may feel that some areas of discussion need more time due to any particular safeguarding concerns your organisation may have for your children and young people, or questions that may be raised from participants. PLEASE NOTE: We recommend a maximum of 32 participants

Learning outcomes

By the end of the session the learners will be able to: -

- Describe early help
- Understand Somerset facts and figures
- Explain the Role of the Somerset Safeguarding Children Partnership
- Identify Risk factors surrounding early help
- Describe what does good early help look like
- Describe the early help process
- Have a basic understanding of the levels of Intervention
- Consider the Early help assessment (EHA)
- Identify the tools to do the job

Slides and Tutor Notes

| | |
|--|---|
|  <p>Early help – A quick guide</p> <p>Somerset Safeguarding Children Partnership</p> | |
|  <p>Effective Support for Children and Families in Somerset</p> <p>Early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the overall wellbeing and quality of life of all Somerset's children, young people and their families.</p>  | |
|  <p>Learning Outcomes</p> <ul style="list-style-type: none"> Ⓒ What is early help? Ⓒ Somerset facts and figures Ⓒ Role of the Somerset Safeguarding Children Partnership Ⓒ Risk factors surrounding early help Ⓒ What does good early help look like Ⓒ The early help process Ⓒ Levels of Intervention Ⓒ Early help assessment (EHA) Ⓒ Tools to do the job | <p>2 MINS</p> |
|  <p>What is early help?</p> <p>Definition from 'Working Together to Safeguard Children 2018'</p> <ul style="list-style-type: none"> • Providing early help is more effective in promoting the welfare of children than reacting later. • Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. • Effective early help relies upon local agencies working together to: <ul style="list-style-type: none"> - identify children and families who would benefit from early help; - undertake an assessment of the need for early help; and - provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. | <p>5 MINS Definition from Working together 2018</p> <p>EXPRESS CURIOSITY</p> <p>Discussion with group about what constitutes maltreatment – bring out differing values we all have – what is acceptable and what is not. What may get in the way of flagging up concerns?</p> <p>Possible activity here around 4 areas, ask participants in small groups to consider signs and indicators of abuse, as you go through the 4 areas, think about which indicators may be present in each area,</p> <p>Also discuss how basic knowledge of child development informs judgement</p> |

What is early help?



ACTIVITY 5 MINS

ASK GROUP TO CONSIDER WHAT EARLY HELP LOOKS LIKE IN PRACTICE- WHAT DO PRACTITIONERS CONSIDER EARLY HELP TO BE

- Early help is not a service, it's a way of working
- Identifying and providing effective early support to children and young people who are at risk of poor outcomes
- Getting in early to avoid escalation to statutory services
- Getting the right support delivered to the family
- Early in terms of age and early in terms of need
- Many families need more support than is available through universal services, such as schools and GPs. Early help works best when it targets particular families or individuals
- Prevents problems occurring, or to tackle them head-on when they do, before problems get worse. Helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

Realising the potential of early intervention



4 MINS VIDEO

Double click the box to the right to play a short video from the Early Intervention Foundation

The early help workforce

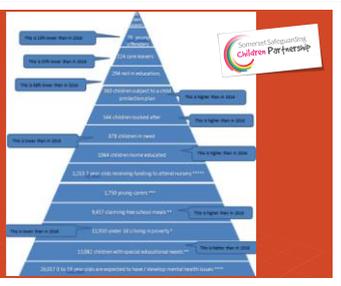


5 MINS DISCUSSION

Ask group to consider who may be missing from this list - who are the community services, or support services that their children and families are choosing to work with?

- 600 NURSERIES
- 200 CHILD MINDERS
- 4 DISTRICT COUNCILS
- 242 PRIMARY SCHOOLS
- 44 SECONDARY SCHOOLS
- 5 COLLEGES
- 75 GP SURGERIES
- 30 HOUSING PROVIDERS
- AND THE REST.....

The current Somerset picture...



5 MINS

- 110,000 children and young people under the age of 1, some children across multiple categories
- 36 teenage parents
- 79 young offenders
- 224 care leavers
- 360 children subject to child protection plans
- 544 children looked after
- 878 children in need
- 1064 children home educated
- 1210 2-year olds receiving funding to attend nursery
- 1750 young carers
- 9457 claiming free school meals
- 11,950 under 16s living in poverty
- 13,082 children with special educational needs
- 26,017 0 to 18-year olds expected to have or develop mental health issues

What is the role of the Somerset Safeguarding Children Partnership (SSCP)?



- Local Safeguarding Children Partnerships coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
- When things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and
- When things work well appreciative enquiries are conducted to draw out good practice
- Local areas innovate and changes are informed by evidence and examination of the data.

2 MINS

Risk factors that threaten children's development



2 MINS

- We have a good understanding of the risk factors that can threaten children's development
- These factors exist at different levels within the child's environment – at the individual, family, community and society level – and interact in complex ways.

What does good early help look like?



- Identifying need early in terms of age and level of need
- Strong partnership working
- Strong knowledge of services available in the community
- All partners taking the role of 'lead practitioner'
- Working with families, rather than individuals
- Building resilience in families and communities
- All professionals sharing appropriate information in a timely way
- Effective joint agency training

5 MINS

Successful early help intervention is grounded in building positive relationships based on the elements listed in slide.

<https://mutualgainorg.wordpress.com/2014/01/02/reflections-on-2013-2-building-and-maintaining-relationships/>

How does early help fit into safeguarding?



Definition of early help
Early help means taking action to support a child, young person or their family early in the life of a problem, as soon as it emerges. It can be required at any stage in a child's life from pre-birth to adulthood, and applies to any problem or need that the family cannot deal with or meet on their own.

Definition of 'Safeguarding' - Working Together to Safeguard Children 2018

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of **safe and effective** care; and
- Taking action to enable all children to have the best life chances.

2 MINS

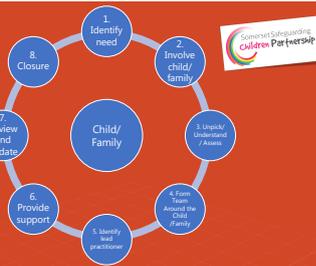
Safeguarding applies to all children

Within Somerset we take a holistic approach to identifying support for children, young people and their families. The Early Help Assessment (EHA) has been devised with partners to guide this work. The EHA is a tool to enable all services to gather information and form a holistic overview of needs, and supports professional judgement to provide **the right service, in the right place, at the right time**



5 MINS- Taken from the Effective Support for Children and families, to be used in conjunction with the training delivery. Describe how the document is used in assessing a child's needs and forming professional judgements in terms of safeguarding and child protection intervention...the right service, right time, right place..

What is the early help process?



5 MINS

Early help as a process in brief, draw attention to the importance of making the child central to all aspects and to ensure the Voice of the Children is clearly apparent when identifying needs and support required, and that the support provided considers the child within their family context, or extra familial context as with Contextual Safeguarding concerns.

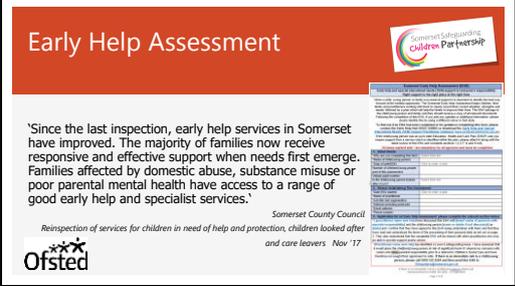
Why do I need agreement?



- Early help is a voluntary engagement
- Agreement from the family to accept support is central and key to a successful outcome for the child
- Early help support; the process and expectations on the family must be explained fully and individual learning needs must be considered
- The family understand and are confident that they 'own the process' and will not expect practitioners to be responsible for bringing about the change needed to improve the child's quality of life

5 MINS

- The early help process is voluntary so you must discuss your concerns with the child/young person or their parent/carer before commencing an EHA. The family must be involved in the process.
- The families agreement is fundamental to every stage of the Early Help process, therefore you must secure agreement from the family to complete the EHA. By agreeing to complete the EHA, the family are also agreeing to their EHA being shared where appropriate and to the processing of their data in accordance with the data protection principles, as set out in the General Data Protection Regulation (GDPR) UK Data Protection Act 2018 (DPA).
- It's the responsibility of the practitioner completing the EHA with the family to

| | |
|---|---|
| | <p>ensure the family fully understands the early help process and its implications.</p> <ul style="list-style-type: none"> • Agreement is about working with the family and them not feeling 'done to'. |
|  <p>What are 'thresholds' and why do we need them?</p> <ul style="list-style-type: none"> • To ensure that children and families get the right support, in the right place at the right time • They are a tool to assist practitioners to identify the level of need for a child and which services could help in meeting those needs. • To ensure the child/family receive the right service that is likely to have an impact and achieve better outcomes • Threshold documents support clarity, basis for challenge • To allocate the right resource that is most appropriate for the child/family • To establish that 'Informed' consent is obtained appropriately | <p>5 MINS</p> <ul style="list-style-type: none"> • Clarify that there are separate guidance documents for EH and SEND • Mindful that there are other thresholds in place eg disability, CAMHS etc • One of the things we need to do is agree a common language! • Introduce Effective Support document |
|  <p>Early Help Assessment</p> <p>'Since the last inspection, early help services in Somerset have improved. The majority of families now receive responsive and effective support when needs first emerge. Families affected by domestic abuse, substance misuse or poor parental mental health have access to a range of good early help and specialist services.'</p> <p>Somerset County Council Reinspection of services for children in need of help and protection, children looked after and care leavers Nov '17</p> <p>Ofsted</p> | <p>2 MINS</p> |
|  <p>Early Help Assessment and why?</p> | <p>5 MINS</p> <p>The Laming report into the death of Victoria Climbié Lord Laming's inquiry into the murder of Victoria Climbié identified a lack of priority given to safeguarding measures by local authorities, and also deficiencies in the existing structures to effectively detect and respond to cases of child abuse. Although the report concluded that the child protection framework under the Children Act 1989 was fundamentally sound, it found gaps in its implementation. The report made 108</p> |

| | |
|--|---|
| | <p>recommendations for change including fundamental changes to the national and local structures for children's and family services to ensure they are properly co-ordinated, accountable and managed effectively.</p> <p>To develop a holistic picture of a CYP strengths and needs across all aspects of their life Provides an audit trail and a story if the case escalates to statutory services, what has worked, what hasn't Families tell their story once Needs led, not service specific Consent led (without consent the Early Help Advice Hub will not be able to register the EHA). Simple, easy to use assessment, captures all of a child/young person's and family's needs at the earliest opportunity, with consent. Shared tool which can be used by all agencies in Somerset who are delivering early help in a co-ordinated way. A tool for practitioners to identify the needs of children/young people and their families and make 'request for services' involvement where required. Reduces duplication of assessment and improves involvement between agencies</p> |
|--|---|

When to carry out an EHA some examples...



- A child or young person, their parent/carer or a practitioner raises a concern with you
- Someone in the family is experiencing issues such as substance misuse, mental health problems
- Concerning change in a child's appearance, demeanour or behaviour
- Significant family event such as bereavement, family breakdown, additional caring responsibilities
- Child repeatedly missing medical appointments and/or immunisations
- Child missing developmental milestones or making slower progress than expected
- Child is persistently absent or has been excluded from education
- Challenging or aggressive behaviours
- Child is homeless or at threat of eviction
- Young parent or a young carer
- Child's needs are unclear, broader or more complicated than your service can address alone

5 MINS

What makes a good assessment?



- **Empowering** – the family is supported to participate and it is a collaborative assessment
- **Developmental** – supporting the family to adopt a solution focussed approach to the discussion
- **Transparent** – the purpose of the assessment is clear, discussion is open and honest and there are no hidden agendas, all understand the possible outcomes
- **Validity** – the assessment has assessed what it is intended to assess (the strengths and needs of the child or young person)
- **Accuracy** – the assessment provides an accurate representation of the strengths and needs of the child or young person
- **Clarity** – the assessment is clear, concise and understandable by all those involved and any practitioners who may get involved or take responsibility for the child or young persons case at a later state

5 MINS FOR SLIDES 21 AND 22

When you have completed your referral, it may help for you to ask yourself the following questions:

1. Does the person with parental responsibility know that I am concerned about their child and that I am making a referral? Have they consented to the referral being made? Why? The 2004 Children Act is clear that consent should be sought wherever possible. In some cases, you will have concerns that a child is at risk of significant harm and parental consent is not forthcoming. In these cases, you should state on the referral what action you have taken to try to gain consent. In some rare cases your professional view will be that seeking consent will increase the risk to the child. This may include the risk of forced marriage or female genital mutilation. In these cases, state, clearly on the referral form why you have not sought consent.

2. Have I included all the personal details I have about the child / young person and their family? Why? These details including DOB/ethnicity/telephone numbers/up to date address/ language and a family composition mean that the child's records can be accessed quickly and that any intervention can be provided in a timely way. Phone numbers mean that families can be contacted quickly. Where English is not a first language details will allow the provision of an interpreter.

3. Have I included details about any other professionals working with the family? Why? Knowing these details, especially if there has been a TAF, will ensure that their knowledge and skills be part of the assessment and intervention.

4. Have I made it as clear as possible what I am concerned about? Why? Making it clear what you are concerned about helps Sandwell Children's Services in their decision making. Sometimes you may not be absolutely certain about what is happening for the child/ young person. In these cases, provide as much detail as possible. Remember that you have professional expertise and will be up to date with research and practise in your field of work. Try to reduce the use of jargon and provide some analysis. For example: as a health professional, you may be concerned about failed appointments or concealed pregnancy; as a teacher, you may be concerned that a child's changed behaviour and demeanour is affecting their learning. Setting out what this means for the child and the impact on their development will ensure that the assessing social worker or targeted practitioner (who will not have the same level of expertise in your area) understands your perspective and can include this analysis in their assessment.

5. Have I made it clear what I have done already and what worked or didn't work? Why? Research tells us that we sometimes 'start again' with families. This is especially the case where there is chronic neglect or with families who appear compliant with plans but fail to either follow through with work or fail to sustain change. Knowing what has been worked well enables targeted and social work services to build on success; knowing what has failed to sustain change ensures that this can be explored, and other solutions sought.

6. Have I made sure that I will be available for further discussion about the referral and how I can be contacted? Why? As the referrer, you are the person with the most up to date knowledge of the child/ young person and we want you to be involved in our decision making and intervention. We aim to make a decision on every referral within 24 hours. If you cannot be available, please provide the name and contact details of someone familiar with the child and your concerns who can act for you. You will receive feedback on your referral.

What makes a good assessment?



- **Equal opportunity** – the assessment is not biased and gives positive expression to the opinions and experiences of the child or young person and/or their parents/carers without prejudice or discrimination
- **Professionalism** – the assessment is non judgmental and follows organisational codes of practice for recording
- **Outcome based** – the assessment promotes an approach that focuses on what the child or young person and their parents/carers want to achieve
- **Practical** – the assessment identifies the strengths and needs clearly and specifically to allow for identification of appropriate actions

The lead practitioner



A lead practitioner should provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.



5 MINS ACTIVITY: ask the groups to Consider roles and responsibilities, attributes, knowledge, experience, training.

Activity will highlight differing expectations of role, possibly identify anxieties or gaps in support.

Professional Choices



Please be aware that you do not need to be a registered user on Professional Choices to access the Early Help Assessment (EHA) and associated documents. However by becoming a registered user you will have access to additional functions such as, Virtual Meeting Rooms (VMR) and the Who's Who Directory.



2 MINS

Tools to do the job



- [Early Help Assessment \(EHA\)](#)
- [Effective Support for Children and Families in Somerset \(thresholds\) guidance](#)
- [Neglect Toolkit](#)
- [Professional Choices website](#)
- [Resolving Professional Differences –to follow all steps](#)
- [SEND Effective Support guidance](#)
- [Somerset Children and Young People Health and Wellbeing Website](#)
- [Somerset Choices website](#)
- [Step Up Step Down Protocol](#)
- [Consultation Line for Safeguarding Leads and Lead Practitioners – 0300 123 3078](#)
- [Early Help Advice Line - 01823 355803](#)



Feedback and Evaluation

Please ask the participants to complete the course evaluation form, and then submit to the SSCP lscbtraining@somerset.gov.uk one collated Course Evaluation form.

Your feedback is important to enable the SSCP to maintain up to date and relevant training for a multiagency Children and Young Peoples Workforce.



Course Evaluation

Course Title and Date:

1. How would you rate the standard of training?

| | | | | | |
|--------|---|---|---|---|-------------|
| Poor 1 | 2 | 3 | 4 | 5 | Excellent 6 |
| | | | | | |

Please give reasons for your scoring

2. How much additional knowledge do you feel that you have gained from this session?

| | | | | | | |
|----------|---|---|--|---|---|---------|
| Little 1 | 2 | 3 | | 4 | 5 | A lot 6 |
| | | | | | | |

Please give reasons for your scoring

3. How much do you think the session will improve your practice?

| | | | | | |
|----------|---|---|---|---|---------|
| Little 1 | 2 | 3 | 4 | 5 | A lot 6 |
| | | | | | |

Please give reasons for your scoring

4. Which aspects of the session did you find most useful? If possible please identify why.

5. Which aspects of the session did you find least useful? If possible, please identify why and what could have been done differently to make the learning more useful/relevant for you.

If you have any other comments that you would like to make about the session please write them overleaf

Your agency/profession: Your name (optional)



This is to certify that

.....

has attended

Early Help – a quick guide

Cascade training

at

on.....

And delivered by

.....

Disclaimer: Somerset Safeguarding Children Partnership has provided materials to support the delivery of this training. This certificate can only be used where SSCP material is delivered in its entirety (i.e. not varied, reduced or added to in any way).

