

Early Help Resources



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Introduction

This booklet alongside the Early Help Training provides some tools and guidance to help support the early help process. This booklet is not a step-by-step guide on how to complete an early help assessment, it is a set of practical tools to help develop practitioner skills and build the foundations of delivering the early help process.

Early help works best when those people who know the family well or speak to them regularly lead on the work, working with a range of people to support meeting the needs of children and their families (multi agency approach).

Questions for assessment planning

How an assessment is undertaken will impact significantly on its outcomes. It is important to engage and motivate the child or young person and their parents/carers throughout the assessment process. Start with an open and honest approach using language that will make any worries clear and emphasising that the process aims to help.

- How will I talk to the parent about my worries? – making positive statements about helping.
- Have I got parental 'agreement to participate' and how can I obtain this?
- Is the child able to agree to the assessment process, are they being included?
- Where will I carry out these conversations – where will the child and parent feel comfortable to talk to me?
- What language should I use to talk about help – do I need an interpreter?
- What target should I set for the assessment to be finished?
- Do I need additional information from a specialist agency – do I know who is involved?
- Who needs to help me get this job done – which agencies have skills, knowledge or information to assist the process?
- Who am I assessing – do the issues impact on siblings/other children in the family.
- Can my supervisor/agency lead/manager/an early help link worker help me – where will I get help and support during the process?
- What does the Threshold for Intervention tell me about what ought to happen next?
- Have I accessed the training that is available to me?
- How do my own values impact on my approach?
- Am I being overly optimistic – am I open to challenge and able to articulate my worries?
- Am I being sufficiently curious about the child and family circumstances – have I considered known vulnerabilities such as Domestic Abuse and substance misuse?

Some ideas to help information gathering:

- Be open and honest about any worries that you have about the child
- Develop a way to explain what the process is – avoid jargon.
- Explain that an assessment simply means trying to find out what help a child might need
- Talk about strengths that are around – see the family as a resource with equal importance to the professionals around
- Check out information from different perspectives – don't take things on face value
- Use open questions
- Be aware of non-verbal communication – observe the child and environment and try to make sense of this
- Make sure you listen to what the child or young person is saying
- Professional judgement should be used to decide when and how to raise potentially sensitive issues – chose a place and time that reflects the sensitivity of your discussions
- Practitioners should not jump to conclusions during an assessment – challenge your perspective and check that you are not being blinkered – either overly negative or positive.
- Be flexible and open to challenge
- Use supervision to check for gaps and areas for further exploration.
- Collaborate with other professionals that may be able to corroborate information from other sources to make it more robust and reliable

- Ensure that you contact a wide range of agencies to check out your knowledge of the child and family – what agencies may have information to help your assessment e.g. GP, Health Visitor, School Nurse, Education Welfare, School, CAMHs, Probation, Safer neighbourhood team, Housing?

Dealing with agreement to participate and challenges to engagement

One of the biggest challenges for some practitioners is the need to talk openly about worries with parents. This can form a barrier to offering help simply because the practitioner sometimes feels uncomfortable talking to parents about the issues prompting the need for an EHA. This is sometimes because practitioners don't know the parents very well or because the issues they are dealing with are sensitive and difficult to approach. Sometimes it is because a practitioner thinks that someone is better placed to have the conversation.

It is very difficult – maybe impossible, to offer help if professionals cannot talk about why this help is judged necessary. The conversations will always be easiest when worries are just starting. Most reasonable parents do have their children's best interest in mind and love them – even when they are affected by significant challenges themselves.

Most would take up offers of help, when it is offered in the right way and would prefer to have help before the worry has had a chance to impact on their child's welfare. This includes parents who may be struggling with addiction and domestic abuse and other complex problems in their daily lives.

To help practitioners think about how to engage with parents in conversations about getting help it can be useful to put yourself in the position of the parent.

Ask yourself:

- If a professional had a worry about your child would you want to know?
- What would your response be if you thought that professionals were excluding you from discussions and not being honest with you?
- If someone was being fair open and honest with you when explaining their worries would you blame them for being honest with you?
- If you thought your own problems may lead to problems for your child would you want help as soon as possible?
- If someone wanted to help you and your child -would you usually be cross?
- Would you prefer a Social Worker or Police Officer to knock on your door instead of the teacher/health worker/children centre worker who knows you and your child best?
- Is the language being used to explain why the child needs help simple and straightforward?

When a child or young person and /or parent/carer refuse to agree to an offer of an EHA the practitioner should seek advice from a supervisor or the safeguarding lead. They may have ideas to support the processes to obtain the agreement to proceed and practically help to achieve this. It may be that taking a different approach will help or having someone to support the process will help.

Sometimes agreement to participate will be obtained following a more coordinated effort to support the Early Help practitioner – offering reassurance and further explanation to the parent.

Engaging families and children with an EHA - some tips to help gathering information

Once agreement to commence an assessment has been obtained the success of the assessment process will in part depend on the quality of the practitioner's engagement with the child or young person and their parents/carers.

The key engagement skills needed to undertake effective assessments with children, young people and their families include:

- Working ethically and with consideration for confidentiality and consent.
- Understanding the child and parents' behaviour
- Questioning in ways that encourage a response – being curious.
- Using observation skills to validate what is being said – do not rely on self-reports alone
- Listening carefully and being interested in parents and child comments
- Summarising effectively and checking out your understanding
- Demonstrating empathy and reflective listening skills
- Giving constructive feedback in ways that can be helpful to motivate parents to change
- Challenging in ways that are not emotive but reflect your worries.
- Establishing effective honest partnerships with children, young people and their families

A bit more detail...

Listening and building empathy

- Establish rapport and respectful, trusting relationships with children, young people, their families and carers
- Be creative and imaginative in how you communicate – particularly with children
- Be aware that some children and young people do not communicate verbally - communication styles should be adapted to meet the child's needs and abilities
- Understand the effects of non-verbal communication such as body language, and appreciate that different cultures use and interpret body language in different ways
- Build rapport and develop relationships using the appropriate form of communication (for example, spoken language, play, body and sign (language))
- Build open and honest relationships by respecting children, young people, parents and carers and making them feel valued as partners
- Be reliable – if you arrange an appointment make sure you keep it
- Hold conversations at the appropriate time and place, understanding the value of day-to-day contact and the need for privacy
- Actively listen in a calm, open, non-threatening manner and use questions to check understanding and acknowledge that you have heard what is being said
- Understand the role and value of families and carers as partners in supporting their children to achieve positive outcomes
- Be persistent – often families will be reluctant to engage at the first asking, families may have had a very negative experience of engaging with services in the past
- Recognise the anxiety that your contact may provoke in families – reassure and acknowledge this.

Explaining assessment to family members

What is an assessment?

- Either you, or someone else on your behalf, has asked for help with some difficulties you are having which affects your child (or children).
- Before we can help you, we need to know more about you and your family. The best way to do this is by talking this through with you and agreeing what might be the best way to support your family. We call this an assessment.

Why is an assessment being carried out?

- Through gathering information and understanding your situation, it should be possible to see what help and support you and your family might need, and who could best give that help.
- Information will be gathered and written down. We will do this in a way which helps you to have your say and encourages you to take part.
- Any information you give to us will be held in confidence. If there is a need to discuss this information with anyone else, we will normally ask for your permission. The only exception to this is if information comes to light which may indicate a serious concern to the welfare of your child.

What will happen?

- Completing an assessment usually means a worker will meet with you and members of your family a number of times.
- When children are old enough to take part in the assessment, the worker will encourage and help them to do so.
- The assessment will take into consideration your ethnic and cultural background. If required, help will be provided in your first language.
- When other people are already helping you and your family, it is likely the worker will talk to them too. We shall discuss this with you first.
- If you do not agree with what the worker says in the assessment, there will be an opportunity for you to record your point of view on the assessment record.
- The purpose of an assessment is to understand what is going on for you and your family. We will then agree a family plan together to support the needs of you and your child. You will be given a copy of your family plan.

What will be expected of you?

- We know that almost all parents want to do their best for their children and completing the assessment will help us recognise the strengths you and your family have, as well as your difficulties.
- We can help you best if you tell us about what you do well in your family and your difficulties.
- We can understand your family situation better if you work openly and honestly with us, this will help us offer the right support.

What can you expect of us?

- We will listen carefully to what you have to say and offer advice and support.
- We know that with a little help most families can work through their own difficulties, and our aim is to help you do that.

- We will be open and honest with you and keep you informed about what we are doing and thinking.
- We will try our best to offer you any services you need as soon as possible. But there are often many more people needing services than there are services to give. This means that sometimes although everyone has agreed that you need a service, it might not be available at the time. If this happens, we will always look to find an alternative, but we cannot guarantee to provide a particular service.

How to speak to children and promote their participation in an assessment:

This document has examples of how to explain the assessment process in a child-friendly manner along with some tools and worksheets facilitating children's participation in their assessment.

- [Say it your own way - Childrens participation in assessment resources](#)

Communication and engagement skills

Open questions, affirmations, reflective listening, and summary reflections (OARS) are the basic interaction techniques and skills that are used “early and often” in the motivational interviewing approach.

Open Questions

Open questions invite others to “tell their story” in their own words without leading them in a specific direction. Open questions should be used often in conversation, but not exclusively. Of course, when asking open questions, you must be willing to listen to the person’s response.

Open questions are the opposite of closed questions. Closed questions typically elicit a limited response such as “yes” or “no.” The following examples contrast open vs. closed questions. Note how the topic is the same, but the responses will be very different:

- Did you have a good relationship with your parents?
- What can you tell me about your relationship with your parents?

More examples of open questions:

- How can I help you with ____?
- Help me understand ____?
- How would you like things to be different?
- What are the good things about ____ and what are the less good things about it?
- When would you be most likely to ____?
- What do you think you will lose if you give up ____?
- What have you tried before to make a change?
- What do you want to do next?

Affirmations

Affirmations are statements and gestures that recognize client strengths and acknowledge behaviours that lead in the direction of positive change, no matter how large or small. Affirmations build confidence in one’s ability to change. To be effective, affirmations must be genuine and congruent.

Examples of affirming responses:

- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That’s a good suggestion.
- If I were in your shoes, I don’t know if I could have managed nearly so well.
- I’ve enjoyed talking with you today.

Reflective Listening

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationships, building trust, and fostering motivation to change. Reflective listening appears easy, but it takes hard work and skill to do well. Sometimes the “skills” we use in working with people do not exemplify reflective listening, but instead serve as roadblocks to effective communication. Examples are misinterpreting what is said or assuming what a person needs.

It is vital to learn to *think* reflectively. This is a way of thinking that accompanies good reflective listening. It includes interest in what the person has to say and respect for the person’s inner wisdom. Listening breakdowns occur in any of three places:

- Speaker does not say what is meant
- Listener does not hear correctly
- Listener gives a different interpretation to what the words mean

Reflective listening is meant to close the loop in communication to ensure breakdowns don't occur. The listener's voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client's flow. Some people find it helpful to use some standard phrases:

- So you feel...
- It sounds like you...
- You're wondering if...

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation. Examples of the three levels include:

- **Repeating or rephrasing:** Listener repeats or substitutes words or phrases, and stays close to what the speaker has said
- **Paraphrasing:** Listener makes a restatement in which the speaker's meaning is inferred
- **Reflection of feeling:** Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening.

Varying the levels of reflection is effective in listening. Also, at times there are benefits to overstating or understating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

Summaries

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points, i.e., after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.

Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards change.

Structure of Summaries

1) Begin with a statement indicating you are making a summary. For example:

- Let me see if I understand so far...
- Here is what I've heard. Tell me if I've missed anything.

2) Give special attention to **Change Statements**. These are statements made by the client that point towards a willingness to change. Miller and Rollnick (2002) have identified four types of change statements, all of which overlap significantly:

- **Problem recognition:** "My use has gotten a little out of hand at times."
- **Concern:** "If I don't stop, something bad is going to happen."
- **Intent to change:** "I'm going to do something, I'm just not sure what it is yet."
- **Optimism:** "I know I can get a handle on this problem."

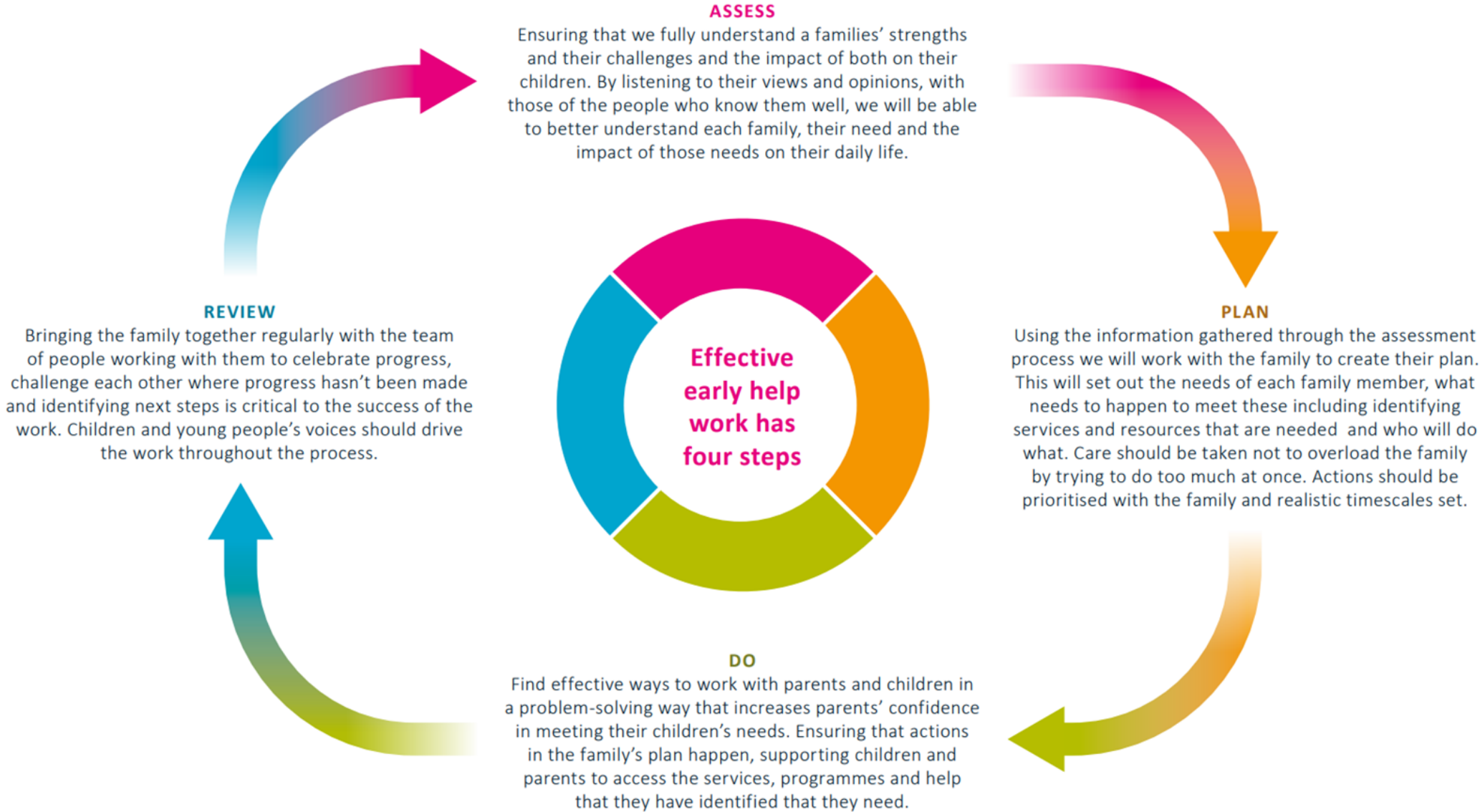
3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: "On the one hand..., on the other hand..."

4) Be concise.

5) End with an invitation. For example:

- Did I miss anything?
- If that's accurate, what other points are there to consider?
- Is there anything you want to add or correct?

Assess, Plan, Do, Review

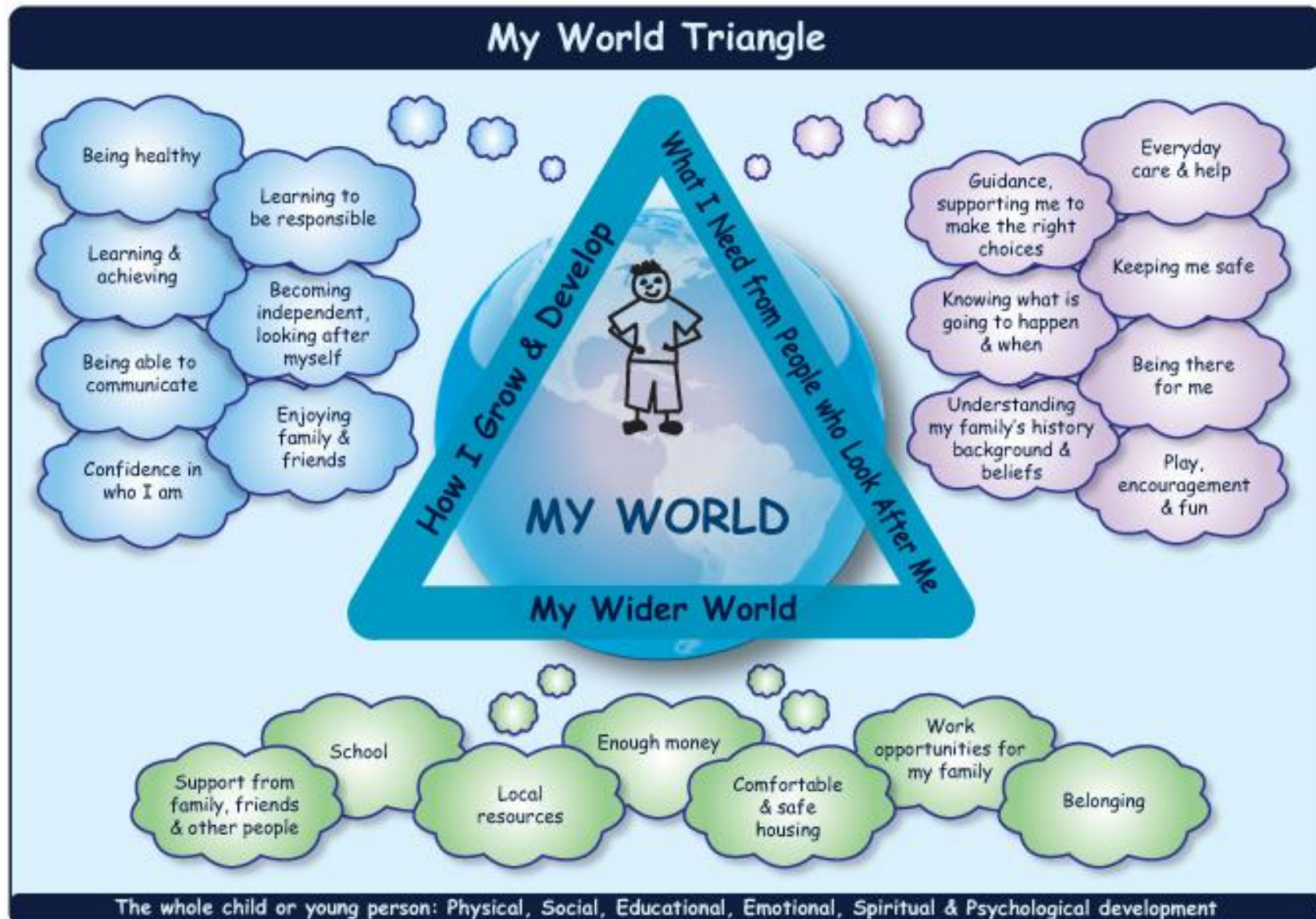


Approaches and principles underpinning a good Early Help Assessment

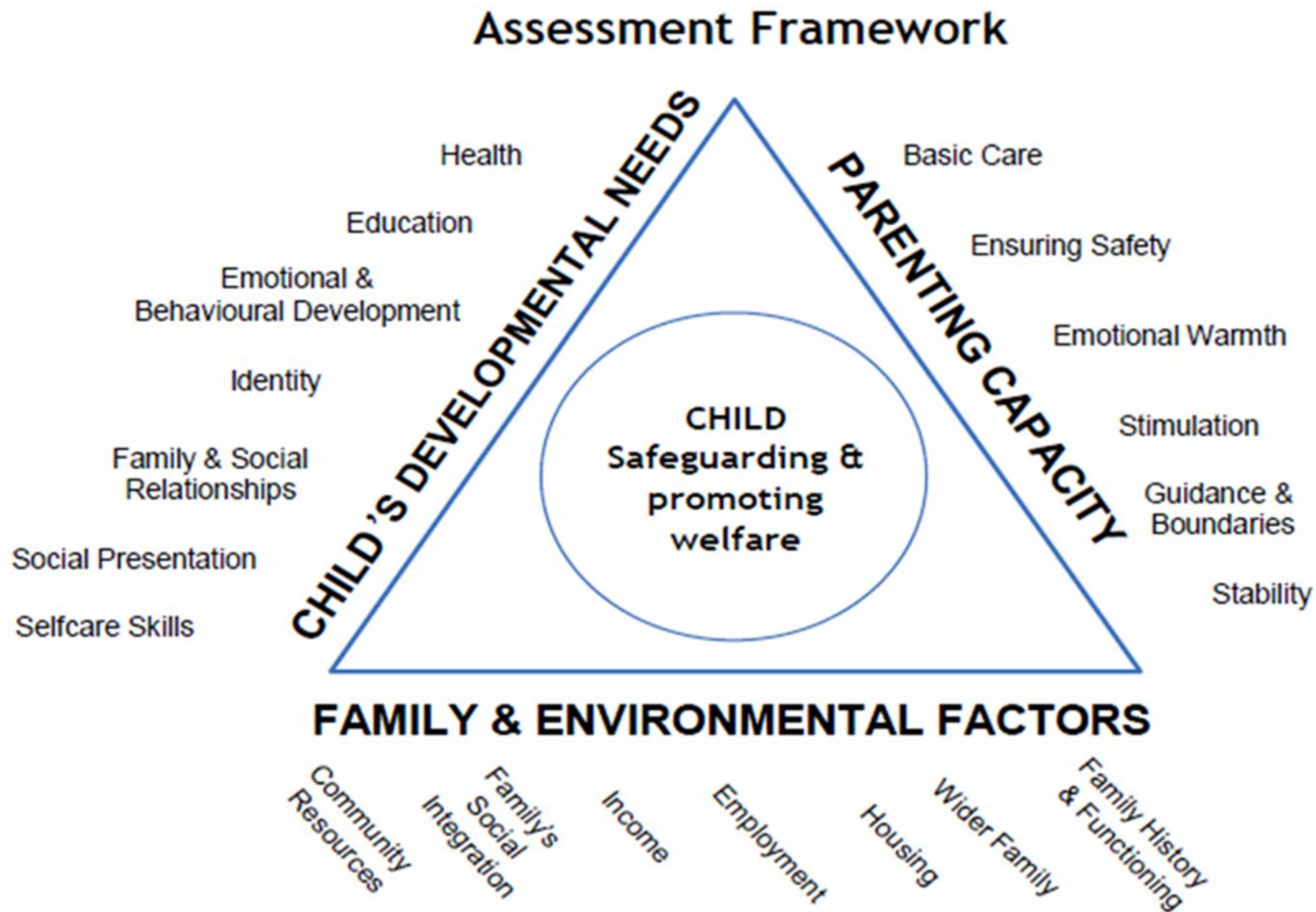
A good Early Help Assessment will:

- **Be strength based** - The family and individual's strengths should be explored and reflected throughout the assessment, support networks, previously used skills and strategies, and the resources available should be considered when planning for change. Positive change must be recognised within Team around the Family meetings and built on in the review of plans. This does not replace highlighting any worries or concerns, but it is important to recognise what the family are achieving.
- **Ensure the voice of the child/ young person and their lived experience is captured** - Whether through discussion, activities or observation and talking to the trusted adults in a child / young person's life. 1:1's with the child/young person to gather their thoughts, feelings, interactions and relationships are clearly evidenced and considered in relation to their needs. This will continue following the assessment, throughout support and Team around the Family meeting reviews of the plan. Have a clear understanding of 'What is life like for this child?'
- **Focused on the impact on the child/ young person** - The assessment of needs, including those of parents or other significant adults within the household, and the support provided will always be in relation to reducing the impact on the child / young person. As such reviews of progress will be informed by the child / young person's voice. Their thoughts and feelings about day-to-day life and any changes they have experienced due to support will be the barometer regarding the impact of the work completed.
- **Be inclusive** - The term family will be used with the widest possible definition. Essential to understanding the child / young person's life is gaining a good understanding of all the relationships they have and who provides them with care. Those who are significant can then be involved in the assessment, support and being part of the decision about what the child and family want to achieve. Include absent fathers and any other significant support networks the family have. Support is to be offered to the family as a whole.
- **Understand traumatic experiences** - In terms of understanding support needs it is fundamental we are able to recognise and understand the wide-ranging impact of experiencing trauma on children and young people and their parents. Therefore, building trusted relationships, exploring family history, underpinning issues and previous support within the Early Help Assessment is important and an awareness and informed approach will ensure support is empathic, non-judgemental and empowering.
- **Be action focused** - The assessment will focus on what the child, young person and their family want to achieve alongside what professionals, families will be actively involved in identifying what needs to happen to make change and reviewing their progress. The assessment is an intervention in its own right and supports awareness raising, exploration and change work. The Early Help Plan will be reviewed every 4- 6 weeks which will maintain a focus on support and progress, as well as what could happen if no action is taken.
- **Ensure good communication and information sharing** - Be built on robust and good quality information sharing between and within agencies. Be based on agencies working together to make things better for the child. Expect each practitioner to ask themselves – 'what can I do to help?' Consulting with other professional in other agencies will offer a fuller picture of the child and family's world and also provide idea of ways to intervene to address emerging needs.

My World Triangle – Child interpretation of the Common Assessment Framework (CAF)



Common Assessment Framework (CAF)



HEALTH – Registered with GP, Dentist, Opticians, check-ups and immunisations up to date, physical growth and development, weight, diet, exercise, appropriate medical advice sought and acted upon in a timely manner.

EDUCATION – attendance, attainment, presentation, school ready, learning needs (EHCP), homework/reading completed, parent's involvement in child's education, NEET, pre-school/nursery, school moves, behaviour in school, bullying, appropriate friendships.

EMOTIONAL & BEHAVIOURAL DEVELOPMENT – relationship with parents, child's response to age-appropriate boundaries and consequences, motivated and resilient, ability to regulate emotions, healthy coping strategies, ability to deal with change, challenge and disappointments.

IDENTITY – Faith, background, beliefs, sexuality, gender, where do I fit in the world, who am I as a person, likes and dislikes, personality, values, qualities, ethnicity.

FAMILY AND SOCIAL RELATIONSHIPS – key relationships with family & friends, are they stable and affectionate, family dynamics, appropriate social wariness, are the family social relationships thoughtful, considerate and empathic.

SOCIAL PRESENTATION – positive self-image, pride in appearance, independence skills, sense of belonging in peer groups (leader/follower), understand and respect difference and diversity.

SELF-CARE SKILLS – Support from parents to develop suitable self-care and independence skills, appropriate clothing, ability to problem solve, age appropriate responsibility for self-care (hygiene, dressing), caring role/helping others.

BASIC CARE – Clothing (fit, look, weather appropriate), Hygiene (clean, groomed, bathed regularly), food (preparation, portion size and quality), shelter (warm house, bed to sleep in), proactive in addressing medical issues.

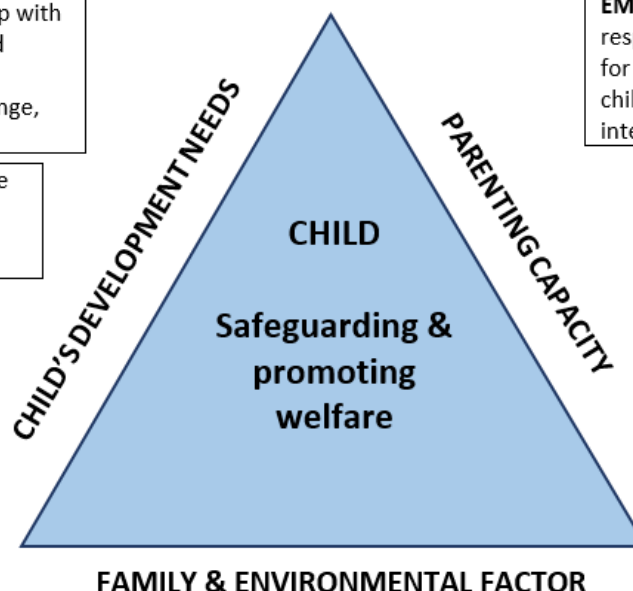
ENSURING SAFETY – Age appropriate supervision and expectations, contextual safeguarding, child protected from impact of adult mental health, substance misuse or domestic abuse, online safety, safety in the home.

EMOTIONAL WARMTH – appropriate sensitivity and responsiveness to child's needs, picks up on signals for how child is feeling, well timed responses to sooth child, warm and consistent caregiving, positive interactions, understanding and valuing the child.

STIMULATION – Parent and child get pleasure from interaction, parent shows interest in and promotes child's learning and play, access to toys, child friendly outings/activities, parent is supportive of hobbies and facilitates positive peer groups.

GUIDANCE & BOUNDARIES – age-appropriate boundaries and rules established and maintained, appropriate use of rewards and consequences, successful management of challenge and conflict, being a good role model and promoting positive behaviour.

STABILITY – ensure secure attachments to trusted adults are not disrupted, stable supportive networks, parents responding in a similar manner to the same behaviour, child's sense of identity, belonging and responsibility promoted.



COMMUNITY RESOURCES - What services and community agencies does the family access. What is the availability, standard and accessibility of services and the impact of this?

FAMILY'S SOCIAL INTEGRATION - How do the family feel they fit into their neighbourhood, where do the family feel they fit into the community? Any neighbourhood disputes? Impact of diversity issues for parents and on parenting.

INCOME - In receipt of all benefits entitled to, needs of child prioritised, debt management, effective budgeting, awareness of how to access charitable organisations and financial support.

EMPLOYMENT - Parents in employment, how does this support family life, how do parents view employment, cycle of worklessness, are you working, do you want support to find work, young person in household NEET.

HOUSING - Stability in housing, rent arrears, ASB, home in good repair, clean and tidy home, access basic amenities in working order, suitable for the needs of the family.

WIDER FAMILY - Who is seen as part of your support network, who is your supportive extended family and friends who provide emotional and practical support. Consider absent family members.

FAMILY HISTORY & FUNCTIONING - Parents background and own childhood experiences, parents own experience of being parented, dynamic of parents relationship, co-parenting is this positive, significant life events, parents physical and mental health, substance misuse are they being managed, family dynamics, domestic abuse, motivation to change, what works well in this family, parental and extended family's strengths.

Always consider:

- **Evidence** – gather information from different sources, children, parents, what evidence have you got to back up what parents are reporting, your concerns, family's strengths?
- **Professionals** - What professional can you gain information from – specialist services, health visitor, midwife, housing officer, pupil welfare officer etc.?
- **Impact** – how does this impact the child or parent i.e. parental learning difficulties, mental health, substance misuse, domestic abuse, and behaviour of others within the home.

Neglect:

- *Neglect is the ongoing failure to meet a child's basic needs, a child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents. A child who's neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage - even death.*
- Use **Graded Care Profile 2 (GCP2)** tool to evidence levels of neglect

We need to:

1. Seek to understand the child first – what is going on for them.
2. Seek to understand the parents – what is their story, how did they get to where they are today?
3. Seek to understand the impact of wider family and environmental factors on parenting capacity and the child.
4. And finally we need to understand how these all link together

CHILD'S DEVELOPMENTAL NEEDS

- **Health** - Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.
- **Education** - Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.
- **Emotional and Behavioural Development** - Consider the appropriateness of response i.e feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control. Impact of parental domestic abuse, mental health, substance misuse on child emotionally and behaviourally.
- **Identity** - Consider the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of

individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

- **Family and Social Relationships** - Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.
- **Social Presentation** - Consider child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings
- **Self-Care Skills** - Consider the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills

PARENTING CAPACITY

- **Basic Care** - Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.
- **Ensuring Safety** - Ensuring the child is adequately protected and measures are put in place to keep them safe. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home, online and elsewhere with safety measures in place. Contextual safeguarding to understand the risks posed to children and young people outside of the family home (missing from home, peer pressure, do you know where your child is and who they are with, county lines/child criminal exploitation, child sexual exploitation, radicalisation).
- **Emotional Warmth** - Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.
- **Stimulation** - Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.
- **Guidance and Boundaries** - Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the

child can develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

- **Stability** - Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

FAMILY AND ENVIRONMENTAL FACTORS

- **Family History and Functioning** - Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.
- **Wider Family** - Who are considered to be members of the wider family by the child and the parents? Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way? What part do wider family and support networks play in supporting the family and how does this support impact upon parenting capacity?
- **Housing** - Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements access to appropriate and safe play and cleanliness, hygiene and safety and their impact on the child's upbringing. Is there any anti-social behaviour or neighbouring issues? Condition of the property, are there repairs needed, are they being addressed? Do the family take pride in their home?
- **Employment** - Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.
- **Income** - Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?
- **Family's Social Integration** - Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.
- **Community Resources** - Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure

activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

- **Family & environmental factors** – The environment within which children and families live can play an important role in reducing or increasing the stresses on families, depending on the support available to them. Family and environmental factors must be considered such as wider family support, substance misuse, parental mental health difficulties, domestic abuse and parental learning disabilities. While none of these factors predicts child neglect, they make parents more vulnerable to parental stressors and can have a detrimental effect on children's health and development. Therefore it is very important that we know when these parental stressors are present and understand their impact on the child and family.

Ensuring safety

Consider strengths and worries:

- **Online safety** - How do you ensure their safety when they are online?
- **Safety in the community/contextual safeguarding** - How do you ensure their safety when they play out? Do you know their friends? What do you do if they don't return home?
- **Awareness of danger** - How quickly/easily do they make friends/talk to strangers?
- **Appropriate supervision** - Safety in absence of carer – appropriate checks are done on where child is going for suitability and safety, child allowed to go wherever they want.
- **Road safety** - (Infant – securely strapped in pram/reins, toddler – holding hand, checking on child ensuring in eyesight cautious of roads, dragged along in frustration, primary school age – watched by parents, walk together closely. High school – walks with friends but has road awareness as uses crossings where available)
- **Presence of domestic abuse, parental mental health, substance misuse** – impact on child
- **Safety in the home** – I have observed that parents have good safety measures in place for toddler including stair gates, fire guard and door latches to keep cleaning products locked away.

Identity & Social Presentation

- Does your child behave the same at home as in school or the community?
- Have they/you ever been bullied?
- Are they/you confident/withdrawn? How do they show this?
- Describe the relationship with their parents/brothers/sisters/extended family members?
- How do they play or interact with other children/their family and people they don't know?
- How are their/your friendships, long-term friends, positive influences, explore?
- How would you describe yourself as a person/describe your child as a person?
- Cultural background? Ethnicity, Where you come from, language
- Religion
- Sexuality
- Gender
- What do you like, what are your hobbies?
- Personality qualities
- Values (honesty, loyalty)
- How does your child/you view yourself?

Family history and functioning

Practitioners can feel uncomfortable delving into parent's history and life experiences equally, some parents may feel uncomfortable as there may be some painful memories they share. However it is important to understand their story and what happened to them to understand who they are today - consider how parents' own childhood and life experiences might impact how they parent their own child.

This is a good opportunity to really get parents involved by using a visual tool such as a timeline for example where they can tell their life story, this is a good way to fill in the gaps and build a relationship with parents in a way that's done with them and not to them.

- Tell me about your story, how did you get to where you are today?
- Where were you born/where did you grow up?
- Have there been any serious illnesses or deaths in your family that have impacted on you/child/family?
- How did you meet the children's father/mother?
- Relationship with extended family members – grandparents, Aunts/Uncles etc.?
- Do you have any friends/family in the area that support you?
- Do you have any caring responsibilities? What is the nature of your caring role (time spent caring and the impact on family life)
- Do you have or have you ever had problems with alcohol or substance misuse including prescribed drugs? Have you ever received treatment?
- How would you describe your emotional well-being/mental health? Have you got or had any issues with anxiety depression or any other health problems
- How would you describe your relationships with those close to you?
Partner/Husband/Wife/Children.
- Are you afraid of anyone you live with? Do you feel isolated?
- Is there anything in your family that worries you?
- Has anyone ever hurt you?
- Do you feel controlled by anyone; physically, emotionally or financially?
- Faith/background/beliefs.

Tips for completing assessments

- You don't need to wait until the assessment is complete if an action has been identified and a referral to another service for support is needed.
- Identify who else needs to support and contribute to the assessment
- Keep it child centred and include the child's voice/lived experience (use tools).
- Include parent's voice and absent parents and other relevant family members.
- Use professional curiosity/gut feelings to ask questions to understand more.
- Practitioners need to be able to speak openly and honestly about any worries, this can feel uncomfortable but is necessary to be effective.
- Share the completed assessment with the family and professionals working with the family prior to the initial TAF meeting.
- Use genograms, timelines to explore life story/significant events of parents and/or children

Making sense of the child's lived experience

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Focus on the child's lived experience: why it is important?

In order to meet the needs of the neglected child it is necessary to understand what a day is like in their lives; how the day changes at weekends, holidays and when different people care for them. It is only by understanding their daily lived experience that practitioners are able to appreciate how various aspects of neglect are affecting the child, their particular needs, areas of resilience and the risk factors. For example, if a child is suffering from dental neglect, then this is often recorded as:

Charlie 11 years old suffers from poor dental hygiene he has tooth decay and has constant infections as a result of this.

Action: mother to take Charlie to dentist and ensure he cleans his teeth morning and night

This, however, does not take into account the impact of the dental neglect on Charlie. If we are to really understand neglect, then we need to know how it is impacting on the daily lived experience of the particular child. By considering a day in the life of a child and using professional expertise to consider the impact one gains a much clearer account, with evidence of the specific ways the neglect is affecting the child. This makes planning interventions and agreeing on outcomes and indicators of progress much more precise and child focused.

In Charlie's case as practitioners ask Charlie about his day they learn about his experience of toothache.

He describes sleepless nights because he is in pain. He rarely eats as it hurts so he tends to live on fizzy drinks at home and if he's at school he cannot eat his school dinner. He often does not go to school as he frequently gets infections and feels ill or his tooth ache means he finally falls asleep in the early hours and therefore does not wake up in time for school. If he stays at home he tries to sleep on the sofa. As he is irritable he annoys his mum and they end up arguing. When that happens he will go and sit in the park for a bit. If he does go to school he is usually late, really tired due to lack of sleep and therefore lacks ability to concentrate, feels miserable, is irritable and gets into fights easily. Also, his breath smells and other children tease or bully him. He finds the pain is worse in the evenings and is increasingly helping himself to mum's vodka as he's learnt this numbs the pain for a bit and helps him sleep.

Drawing on the above it becomes apparent that most aspects of Charlie's health and development are being affected by dental neglect.

- *His general health is clearly affected.*
- *His educational needs are as his school attendance is poor and his ability to learn when at school means he is falling behind.*
- *His social presentation is affected as his teeth look unpleasant and he smells.*
- *His self-esteem is low particularly as others tease or bully him.*
- *His behaviour is erratic; he is aggressive because of the pain he is in. Drinking vodka is also likely to impact on his behaviour.*
- *His relationships are also affected as a result of his irritability.*

In order to begin to identify why the needs of the child are not being met it is also necessary to understand a day in the life of the parent/s as the two are inextricably linked. Practitioners can only

begin to appreciate how daily parenting is impacting on a particular child if they know about both the parent/s day and their approach to meeting the needs of the child during the day.

When asked about her day Charlie’s mother, Sam, a single parent describes:

Sam knows the flat is a mess and she never gets round to cleaning-up or washing etc. She struggles to get up in the morning as she is on anti-depressants and has often been up in the night to look after her 4 month old baby. By the time she does get up it is mid-morning so she never knows if Charlie has gone to school or not, what he is wearing and whether he has washed or eaten something. If he hasn’t gone to school she has not got the energy to argue with him and just lets him be. By the time she’s got herself up and sorted out the baby it’s usually one-ish and she is exhausted. She rarely bothers to get dressed and has no appetite. If she has money, she gives Charlie some to get her vodka and himself food but she has little idea what he buys. She spends the afternoon in-front of the TV and has usually had a couple of vodkas so she’s able to have a snooze. She finds Charlie is always moaning and irritable and gets really cross if she asks him to mind the baby. She knows he has toothache and that she should sort it out but the days just seem to fly past and she never gets round to making an appointment for him at the dentist.

It is only by understanding the lives of both parent/s and each individual child in a family that one can begin to understand why the needs of the child are not being met and what would need to change in order for those needs to be met. For example, in the case of Charlie there would be little point in just saying to Sam she needs to take Charlie to the dentist and ensure he brushes his teeth.

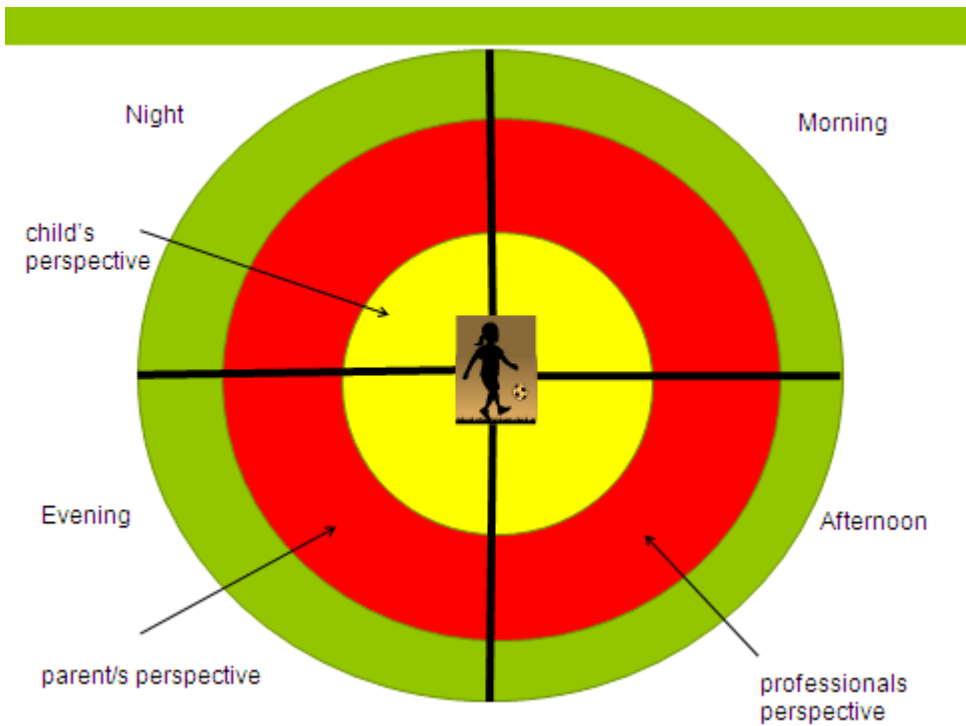


Fig 1 the model: perceptions of the daily lived experience of the child

The Model has four elements:

1. The child's perception of a day in their life
2. Parent/s perception of a day for the parent/s
3. A parent's perspective on the impact of their lived experience on that of the child
4. What professionals know about a day in the life of the child and the parent and the impact of this experience on the developmental needs of the child that are or are not being met.

Element 1 the child's perception of a day in their life

Ideally one should start by asking a child to describe a day in their life. A variety of different tools can be used to elicit this information;

- Presenting the child with a clock and asking them to indicate what happens at different times
- Doing the same but with a timeline
- Setting out a day as a comic strip and getting the child and or young person to fill in the different sections
- Using a props such as a dolls house with family members, soft toys etc.
- Drawing the 'clock' on a large sheet of flipchart paper and encouraging the child to plot their day by writing, using cut outs from magazines etc.

Factors to take into account

Whilst the majority of practitioners in the study undertaken by Horwath and Richardson-Foster (in Press) found that children and young people thought it much easier describing their day than responding to questions about their wishes and feelings the following points should be taken into account:

- The child needs to feel they are in control and are not going to be judged on what they say. They may also fear the consequences of sharing information. Establishing the child's lived experience may be an iterative process. The child should be allowed to plot their day at their own pace.
- Practitioners need to be clear with the child who will see their work and how it will be used in different fora.
- It is important that each child in the family is asked about their lived experience: one cannot make presumptions that they experience family life in the same way.
- One cannot make any presumptions about any daily routines, such as children getting up in the morning. For example, one 14 year old when asked when she woke-up responded when Jeremy Kyle was on TV. The worker presumed she meant the 9.30 edition when in fact she meant the afternoon one.
- It is important to ask open-ended questions such as 'What happens next?' The lives of these children are erratic and making any presumptions about certain activities may lead to the child telling you what they think you want to hear.
- As the lives of these children lack routine and stability they might find it hard responding to questions about their daily life. Therefore, ask them to think of a specific day or ask what happened yesterday?

- Their experience may differ depending on who is in the house, whether it's a school day or week-end, if other family are involved in their care. Once you have information about their selected day then ask them questions as to how the day is different depending on for example, if it's the school holidays.
- Some children will have a very limited sense of time so it might be necessary to prompt to gauge the time with questions such as: 'What was on TV?' 'Was it dark outside?'
- This approach has been used successfully with children as young as three but to gain a sense of the lived experience of babies and toddlers one can ask a parent or carer to describe the child's day.

Element 2 a day for the parent/s

In order to begin to appreciate why parents are failing to meet the needs of the child it is important to get insight into their lived experience. The following points should be considered:

- As with children parents may well have limited routines so suggest they describe a specific day.
- Do not make any presumptions about the content of the day: be led by the parents.

When a basic outline has been provided questions can be asked regarding:

- Differences in the day, e.g. benefits day, week-ends etc.
- Variations depending on who is in the home
- Extended family and support networks.

As can be seen from the example of Charlie, above, unless practitioners understand what life is like for parents then it is all too easy to set them up to fail in terms of the interventions. For example, Horwath (2013) found that professionals, when planning interventions for neglectful parents, occasionally set them up to fail. In one case practitioners did not recognise that a mother was not able to function properly until she had taken her methadone in the morning but they were expecting her to get her children up, fed and to school before visiting the chemist. The mother failed to do what was expected of her and it was only by finding out about her day that this problem came to light. It was resolved by the grandmother collecting the medication the night before from the chemist and taking it to her daughter first thing in the morning.

Element 3 A parent's perspective on the lived experience of the child

In some cases of neglect the parent, themselves, maybe so needy they are unable put the needs of the child before their own (Horwath, 2013). In addition, some parents have for so many years behaved in certain ways that their behaviours have become entrenched, and they no longer appreciate the impact of these behaviours on their child. Alternatively, many of these neglectful parents will have experienced abuse and neglect themselves and will therefore fail to understand why practitioners may be concerned about parenting behaviours that they think 'never did me any harm'. By drawing parents attention to the lived experience of the child parents are given an opportunity to gain insights into the impact of neglect in a manner that is likely to be more meaningful to them than being told a child is failing to attend school and must attend. This is because the *impact for their child* is being made specific.

By bringing together the child's daily lived experience with that of the parent, as has been done in the example above of Charlie and Sam, practitioners can begin to identify and discuss with parents what needs to change in terms of their daily lives to ensure the needs of the child are met. It is also a good way to identify any barriers to meeting the needs of the child and the support professionals and family can provide to break down those barriers.

Links to Model of Change

Drawing on practitioner and family experience of compiling the Daily Lived Experience Model this is an ideal way of assessing parental motivation and ability to change. If the parent does not recognise the impact of their parenting behaviour on the child they are at the pre-contemplation stage.

As part of the assessment process practitioners should try and engage parents in contemplating change by establishing:

- Their reflections on the child's lived experience
- What the parent wants for their child and how they think life can be made better for the child
- Parent/s awareness of the steps they would need to take to make life better and their motivation to take these steps
- What the parent/s think will happen to the child if things do not start to change
- How professionals can support the parent/s and child to make the necessary changes

If despite practitioners efforts to specify what needs to change to improve the quality of this experience parents fail to engage this raises questions about their capacity to change.

The Model also provides an evidence-based method that draws on the lived experience of the child to measure progress in terms of taking action to change and maintaining change. The Horwath and Richardson-Foster study has highlighted that parents have a greater understanding of what change looks like for the child if they met their needs and how practitioners measure progress by monitoring quality change to the lived experience of the child.

Element 4 what professionals knows about a day in the life of the child and the parent and the impact of this experience on the developmental needs of the child that are or are not being met.

Sharing information

- What do we know about a day in the life of this child: the positives and the concerns?
- Are there good and bad days, differences at week-ends, school holidays etc.?
- What do we know about a day in the life of the parent/s that is influencing parenting capacity: the positives and concerns?
- Are there extended family and significant others who are positively and negatively influencing the daily lived experience of the child and the parent/s?
- Are there factors such as employment, housing, community resources positively and negatively impacting on the lived experience of the child and their family?
- Are there aspects of past history that are influencing the lived experience of the child and their family?
- Parent/s awareness of the steps they would need to take to make life better and their motivation to take these steps.
- What the parent/s think will happen to the child if things do not start to change.

Analysis and decision-making

In light of the above and your assessment using the GCP2:

- What aspects of the lived experience need to change now to prevent on-going significant harm?
 - What aspects of the lived experience are of concern in as much as they may affect the child's health and development if not addressed?
 - Positive aspects of the child's lived experience?
-
- What needs to change if the child is to be protected from on-going significant harm? *This should be specific and detailed drawing on what is known about the daily lived experience of the child.*
 - What do we expect the parent/s to do differently? *Again draw on the lived experience to specify exactly what parent/s need to do differently.*
 - How will professionals work with the parent/child/family? *This should include a breakdown of the various tasks, role of professional and agency in working with family in completing these tasks and timescale for completion of each task.*
 - Are there any factors affecting this work? *Consider waiting lists, resources etc.*
 - How will we know if this effective? *This answer should focus on evidence of positive changes to the lived experience of the child and take into account the child's timescale.*
 - How shall we measure progress? *This too should focus on evidence of incremental positive changes to the lived experience of the child and take into account the child's timescale*

Horwath, J (2013) *Child Neglect: Planning and Intervention*. London: Palgrave MacMillan. ISBN978-0-230-20666-3 pp 298.

Horwath, J. (2007). *The Neglected Child: Identification and Assessment*. London: Palgrave. ISBN 978-1-4039-3346-1 pp 281.

Capturing the lived experience of an unborn baby.

- Do parents seek to start forming an attachment before the birth of their baby, interested, curious about baby's development in the womb?
- Do the parents talk and sing to their baby, knowing he or she can hear them.
- Do they gently touch and rub belly/baby bump, or massage it.
- Do they respond and feel their baby's kicks. Do they know in the last trimester, they can gently push against the baby or rub their belly where the kick occurred and see if there is a response?
- Do both parents attend ultrasound and midwifery appointments (if able to COVID permitting), Seeing their baby moving inside the womb can be a poignant experience for parents, and can help them to bond with their baby since it can suddenly seem 'real'.
- Do they play music or read to their baby bump? Music that mimics a heartbeat of around 60 beats per minute, such as lullabies, is useful. They can also search online for relaxing or calming music. Babies will become familiar with voices they hear inside the womb.
- Do they take time to look after themselves, go for a walk or have a warm bath and think about the baby? Do they take time out to relax and try not to stress? Evidence shows that if a mother feels *less* stressed during her pregnancy, the health outcome for the baby is better. Is their partner or a close friend helpful and supportive if they need someone to talk to?

- Do they keep any memories of scan pictures or write down what they are experiencing – diary/journal, bump pictures as baby grows?
- Have both parents discussed and taken an interest in the birth/birth plan? The more confidence they have in the pregnancy and birth process, the easier it will be for them to bond with their baby.
- Do they access antenatal classes (Baby Steps – could contact the team to gain information), show an interest and talk to other parents? Share their thoughts and feelings about birth.
- Have they prioritised and bought essential items in preparation for baby's arrival?
- Are they living in appropriate accommodation where it is safe to bring a baby home to?

Capturing the voice of a baby/infant

- Does the parent notice and attend to the child's physical needs – hunger/thirst, sleepiness etc.?
- Does the parent initiate positive interactions with the infant?
- Does the parent respond to the child's cues?
- Does the parent demonstrate the ability to comfort the infant?
- To what extent does the child seem at ease around the parent e.g. smiling, not crying
- Does the child appear alert?
- Does the child enjoy close physical contact?
- Does the child signal discomfort?
- Does parent change voice tones when talking to or about the baby?
- Does the parent enjoy close physical contact with the child?
- Does the parent seem to enjoy their child?
- How does the parent react if the child cries?
- Does the child show interest in the human face?
- Does the child track with the eyes?
- Does the child vocalise frequently?
- Does parent respond to the infant's vocalisations?
- Can the parent put the child's needs first?
- How far does the parent focus on the child or appear distracted, bored, withdrawn?
- Can the parent accept child sleeping peacefully/getting tired etc.?

Resources and tools to capture the child's voice.

Resources used to capture the child's voice and lived experience need to be relevant, this is not a tick box exercise as part of the assessment but an opportunity to really understand what is going on for that child. Activities and worksheets are useful tools to help ascertain information from a child in a way which makes it more fun for them and less formal, it can help them to feel more relaxed and comfortable to open up. These tools are not exhaustive but are examples of tools and worksheets you can use when working with children, click on the links below to access the tools and see if they are relevant and appropriate to work you are completing with a child.

- [Child friendly resources and activities](#)
- [Communi-CRATE](#)
- [Children's Workbook - Use to promote conversation and explore child's lived experiences](#)
- [All about me worksheets and activities](#)
- [Voice of the child toolkit](#)
- [All about me booklet](#)
- [Direct Work tools](#)
- [My views](#)

Analysis

An important part of the assessment is the analysis which should show your understanding as a practitioner of the perceived situation based off information gathered, evidence you have, observations and work with the children. It is not descriptive or a wealth of facts, it's bringing all the information together to make sense of it and understand the impact on the child, then using this information to consider what needs to happen next to support the family. The analysis should identify and explore the relationship between the family and environmental factors which have an impact on the parent's capacity to meet the child's development needs.

What an analysis should include;

- Your view and conclusion which is based on evidence gathered from a number of sources which gives a picture of what is going on
- A picture of the child and family's experiences through exploring their background history as well as their current circumstances. What do you think is happening in this family? What needs to change?
- Analyse the relationship between information (what you read or are told) and experiences (what you see and hear) to identify key issues and required intervention.
- Identify the child's needs, what does the evidence tell us about the likely impact on the child if identified needs are not met.

The reason for analysing an assessment is to understand what the story means to the family and the impact on the child. Writing an analysis helps you to make sense of the information you have gathered and consider what needs to happen next to support the family.

How to form an analysis:

- What is working well?
- What are we most worried about?
- Be explicit about the unmet needs of both parents and the child.
- What are the things that make it harder for the parent/carer to look after their child?
- What is the impact of the above on the child - What do they say, what do you see?
- Do parents recognise and share the causes for concern?
- Are they willing and able to make a change and put the child's needs first?
- Is there a shared understanding of what is good enough?

Analysis of information gathered involves identifying risk factors balanced with mitigating strengths and resources, this allows for an informed judgement of what is happening for the child and family. Please see some examples below.

Family's strengths (protective factors):

Child/ young person	Family/parental factors	Socio/environmental factors:
<ul style="list-style-type: none"> ■ good health ■ positive peer relationships ■ positive social networks ■ hobbies/interests ■ high self esteem ■ independence skills ■ secure attachments with parents ■ social skills ■ positive temperament 	<ul style="list-style-type: none"> ■ Secure attachment with child ■ Supportive family environment ■ Extended family network ■ High level of parental education ■ Parental resilience ■ Awareness of child development ■ Good parenting skills ■ Stable family relationships ■ Sound parental coping skills ■ Appropriate household rules and boundaries ■ Able to make and sustain positive change ■ Prioritise the needs of the children and able to identify when concerns arise ■ What does the child mean to the parents 	<ul style="list-style-type: none"> ■ Positive social networks ■ stable and adequate housing ■ employment ■ family expectations of pro-social behaviour ■ well-resourced school ■ access to local services ■ caring adults outside the family home

Thing that cause worries (risk factors)

Child/ young person	Family/parental factors	Socio/environmental factors:
<ul style="list-style-type: none"> ■ low birth weight ■ disability ■ Serious physical or mental illness ■ temperament ■ aggressive behaviour ■ poor school attendance ■ poor academic achievement ■ lack of positive peer relationships ■ low self esteem 	<ul style="list-style-type: none"> ■ parental substance misuse ■ anti-social / criminal behaviour ■ family conflict /domestic abuse ■ mental health problems ■ physical health problems ■ parental disability ■ negative experience of being parented themselves ■ large family size ■ high parental stress ■ poor parent child interaction ■ low warmth - harsh parenting style ■ low self esteem ■ divorce/separation ■ teenage/ young parent ■ low level of parental education ■ use of corporal punishment ■ Unable or reluctant to make or sustain change ■ Unable or unwilling to prioritise the needs of their children ■ Unable to perceive the reason for concerns. 	<ul style="list-style-type: none"> ■ socio economic disadvantage ■ parental unemployment ■ social isolation inadequate ■ housing homelessness ■ lack of access to education ■ lack of access to social support including child care ■ exposure to discrimination ■ stressful life events

Tips for meetings

- It is important to **celebrate success** first and what is going well, this helps to keep families motivated but also recognise what still needs to be done in relation to their plan.
- There shouldn't be **no surprises** in the meeting, significant information etc. should have already been shared with family and professionals.
- Consider the **appropriateness of the venue**, meetings in the family home can be tricky in relation to having difficult conversations as there is nowhere for the family members to go should they need some time out or need to leave the meeting if upset/frustrated. Ask the family where they would feel most comfortable having the meeting and feel it is a neutral ground – school, CC etc., consider where they feel most comfortable, not what is most convenient for professionals.
- **Make expectations clear to other professionals**, if they are unable to attend, they will need to submit an update prior to the meeting so this can be discussed and included in the meeting. Missing information can be distressing for families as well as not giving a full picture of what is going on.
- **Be creative with engaging parents**, consider restrictions and be flexible – e.g. being physically present with parents during virtual meetings with other professionals attending remotely. If the family are isolating but are they happy to go ahead with the meeting, consider virtual meeting (video call/phone call virtually).
- **Recognise the worries families may have attending meetings**, ensure they know what to expect and try to put them at ease, what the purpose of the meeting is and them being the most important part of the meeting. Go to parents first in meetings (how do you feel things are?), then allow them to ask questions and gain their views throughout meetings after hearing from professionals to ensure they are full involved and remain an integral part of the meeting.

Flowchart of the Early Help Process

Seek agreement to participate (consent) from parents **as soon as needs become apparent**. Ask the family who is already involved with the **whole family** (Under 5's will have Health Visitor, over 5's School & School Nurse, other services i.e. Carers Centre, Housing, Pupil Welfare Officer, CAMHs, Mental Health services, Youth Offending Team, Nursery, etc)

Complete assessment with the family within **35 working days after seeking agreement to participate (consent)**. Contact partner agencies and find named contacts of who are involved with the family, share any information and gain an update from partner agencies regarding support they are offering the family/individuals in the family and strengths and worries they have (as to ensure joint working, good communication, sharing information and avoid duplication of work)

First TAF meeting to develop the family's early help plan **must take place no later than 10 days after the completion of the assessment**. Invite the family and all professionals working with the family.

The TAF members work with the family to meet the actions on the family's early help plan.

Meetings to take place **every 4-6 weeks** to review the family's early help plan.

Repeat this cycle until needs of the family are met and they no longer require Level 2 support. Consider step up should the level of need increase. Reassessment should be undertaken at 12 months or when a significant change of circumstance i.e new baby, parental separation, new partner.

At the final TAF meeting when all needs have been met signpost the family to the appropriate services and close the family from EHA at Level 2 to Universal Level 1.

If you are the LP and your support as a service comes to an end before the needs of the family are fully met, a new Lead Practitioner needs to be identified from the TAF so support for the family can be continued by those that know them and are already involved i.e. School, Health Visitor etc

Family's Role

- The child's voice should be represented throughout the process.
- Parent's views, opinions and feedback are key to the whole process
- The family are central to the decision making
- The family agree their plan
- The family undertake their actions in the family plan
- The family attend and engage in their reviews

The Lead Professional's role

LP should:

- Co-ordinate the assessment, i.e., gather information from others and make sense of it (analyse information)
- Draft the outline plan with the family
- Co-ordinate reviews
- Attend and engage in reviews regularly – written update if not
- Ensure that the child's voice is heard in meetings
- Take responsibility for actions in the family plan
- Support parents to take part in discussions and make decisions for their family

LP should not:

- Be left with all the work to do
- Be the sole decision maker

The TAF member's role

TAF members should:

- Provide information for the assessment and reviews in a timely manner
- Attend and engage in reviews regularly. If unable to attend, provide a written update to the LP ahead of the meeting so it can be shared.
- Share the responsibility of recording minutes of meetings
- Ensure that the child's voice is heard in meetings.
- Support parents to take part in discussions and make decisions for their family
- Take responsibility for actions in the family plan
- Ensure the early help process continues if the lead professional is not available.

TAF members should not:

- See the LP as the sole decision maker
- Leave the escalation of concerns about a child to the lead professional

Resources

[BSCB Neglect Strategy](#)

[Early Help Strategy](#)

Early Help literature and assessment [Early Help Documents](#)

[Working Well with Children and Families in Lancashire document](#)

Request for Support referral (This replaces the previous MARF form)

[Request for Support Referral - Blackpool Council](#)

Early Help Link Workers:

North Locality - Grange Park Family Hub	Central Locality - Talbot & Brunswick Family Hub	South Locality - Revoe Family Hub
Jaine Lucas <i>Link Worker – North</i> 07920807038 / 01253 476480 jaine.lucas@blackpool.gov.uk	Kirsty Grundy <i>Link Worker – Central</i> 07796994710 / 01253 478320 kirsty.grundy@blackpool.gov.uk	Katie Norton <i>Link Worker – South</i> 07909001343 / 01253 798016 katie.norton@blackpool.gov.uk
Early Years Link Workers:		
Leanne Holmes <i>Early Years Link Worker – North</i> 07825715673 / 01253 476480 leanne.holmes@blackpool.gov.uk	Laura Halstead <i>Early Years Link Worker – Central</i> 07771840889 / 01253 478320 laura.halstead1@blackpool.gov.uk	Laura Matthews <i>Early Years Link Worker – South</i> 07787105770 / 01253 798016 laura.matthews@blackpool.gov.uk

Service	Contact details
Local services search directory:	FYiDirectory
Service directory (Available to Education):	PSHE - Blackpool Services Directory
Training (Available to Education)	PSHE - Learning Development for Practitioners
Parenting Courses: Being a Parent, Caring for Babies and Toddlers & Safeguarding for Parents	sarah.greene@blackpool.gov.uk
Advice Line – The line gives professionals working in services that come in to contact with children and families direct access to a Social Worker for advice and guidance without sharing identifiable information.	01253 478959