

Title: Early Help Hub



What is Early Help? It's about identifying needs within families early, and proactively offering preventative support before problems become more complex. Everyone coming into contact with families, have a responsibility towards identifying emerging needs ASAP and understanding their role within Early Help. Support can be offered at any stage in a child's life, from pre-birth to adolescence or early after the emergence of a particular need, which can arise at any point. Early help intervention is a more effective and efficient way of delivering services.

What happens when I complete an Early Help Assessment (EHA)? When completed, this should be sent to the EHH as a record of intervention for the child and family. This is not a referral for support for the family. Assessments may be audited and you may receive feedback.
For further guidance please contact the EHH consultation line.

EHH Outreach Support: We want to support & encourage professionals to take a lead role in more early help plans. The consultation line provides an opportunity for early discussions & outreach support to practitioners completing early help assessments. For example, this may be arranging an EHH Worker to attend case mapping meetings, independently chair Team Around the Family meetings & offering support in the completion of needs led/outcome-focused plans for children/young people & families and identifying a lead professional.

EHH Consultation Line: Available for professionals & families to discuss with a social worker the support available to children/young people & families. You can make contact to discuss the most appropriate & effective ways of providing or obtaining help & support for children/young people & their families, **provided the case is not open and allocated to a social worker**. You will need to be clear about the support the family will benefit from. If an early help plan is in place, you will be expected to identify what support has already been put in place and not achieved the desired outcomes. Details of the discussions/recommendations made will be recorded.



Global Prevention: The Swindon Early Help Vision (2017-2020) aims to drive partners to work together to plan, commission and deliver a range of provisions to help children, young people and families to get support as quickly as possible when the need arises. Further, Early Help aims to help children, young people and families build resilience and enable them to find their own solutions when problems develop.

Focused prevention: The aim is to ensure that Early Help assessments & plans have a positive impact on families & eventually reduce the need for statutory services. A range of services are available in Swindon for professionals, children/young people and families to access. The Family Group Conference Team support to families through Restorative Conferences & Family Group Conferences. The Social work therapeutic team provide support to children aged from 3 years impacted by parental alcohol misuse. The Early Help Hub also work closely with statutory agencies and charities. (see additional slide for further information)

Early Help Hub (EHH): Is a point of contact for information and advice, and where access to targeted early help services in Swindon is coordinated. EHH comprises of a group of 12 practitioners; service manager, hub coordinator, social worker, 8 Early Help Hub Practitioners and business support officer. Contact details: 01793 466 479 or e-mail on EHHHub@swindon.gov.uk.
EHH Consultation line: is available between 8:30am and 4:45pm, Monday to Thursday. 8.30am to 4:30pm on Friday. Contact us on: 01793 466 479.

See also: The [Right Help @ the Right Time](#).
EHH facilitate training on completing an early help assessment & plan; sessions are free – please book via the [Swindon Safeguarding Partnership website](#).

Why offer Early Help?

Children, young people and families are supported early in the life of the child/life of the difficulty

Early Help is strength-based and builds on existing strengths to reduce risks

Early Help increases resilience

Early Help is embedded on the Whole Family Approach, as it aims to empower families

Aims to improve outcomes

Aims to reduce escalation to statutory services

Who is Early Help for?

is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups

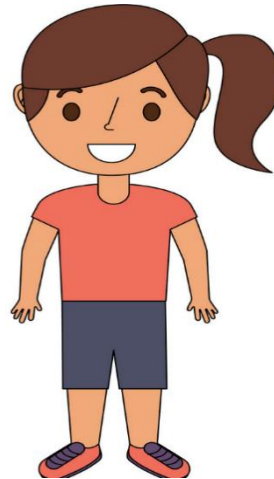
is a young carer

is disabled and has specific additional needs

is at risk of being radicalised or exploited

has returned home to their family from care

has special educational needs (whether or not they have a statutory Education, Health and Care Plan)



is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse

is at risk of modern slavery, trafficking or exploitation

Adult or child misusing drugs or alcohol

Child or adult mental health

is a privately fostered child

goes missing from care or from home

Has a parent/carer in custody

Principles of Practice

It is important that people working with children and their families share a common set of principles which inform their practice. In Swindon our approach will be guided by the following principles:

- ✓ Early Help is everyone's responsibility.
- ✓ We will listen to Children, Young People and Families and ensure their voice is heard.
- ✓ We will keep Children and Young People at the centre of work with families.
- ✓ We will ensure the welfare of children and young people is the main priority.
- ✓ Partners will work effectively together in strong collaboration and co-operation.
- ✓ Services will be delivered as early as possible to meet emerging needs and prevent needs escalating.
- ✓ We will develop a culture of shared Responsibility, Challenge and Escalation.

Early Help Hub Structure

Service Manager	Operational Manager Early Help Hub
Jane Griffiths	Kesze Saunders
Early Help Hub Coordinator	Early Help Hub Coordinator
Helen Lidbury	Tracey Goss
Consultant Social Worker	
Natara Lewis	
Senior Early Help Hub Worker	Senior Early Help Hub Worker
Tikary Townsend	Emily Persaud
Early Help Hub Workers	
Julie Nurden	Derick Francis
Rachel Hwer	Elisabeth Giffard
Joanne Warman	Amy-Louise Powell
Senior Business Suport	Senior Business Support
Edna Bassett	Richard Moore
Business Support	Business Support
Vacant	Vacant

Learning from Multi-Agency Early Help audits

Who is involved ? Professionals from across the safeguarding partnership agencies such as Police, Fire Service, Education and Social Workers in Schools (SWIS).

Benefits: Provides a variety of perspectives and quality assures the Early Help Assessment (EHA). This aids understanding about what is required to complete a good EHA and an opportunity to feedback learning to peers and disseminate within their agency.

Frequency: Every two months

The practitioners who have cases audited will be provided with feedback.

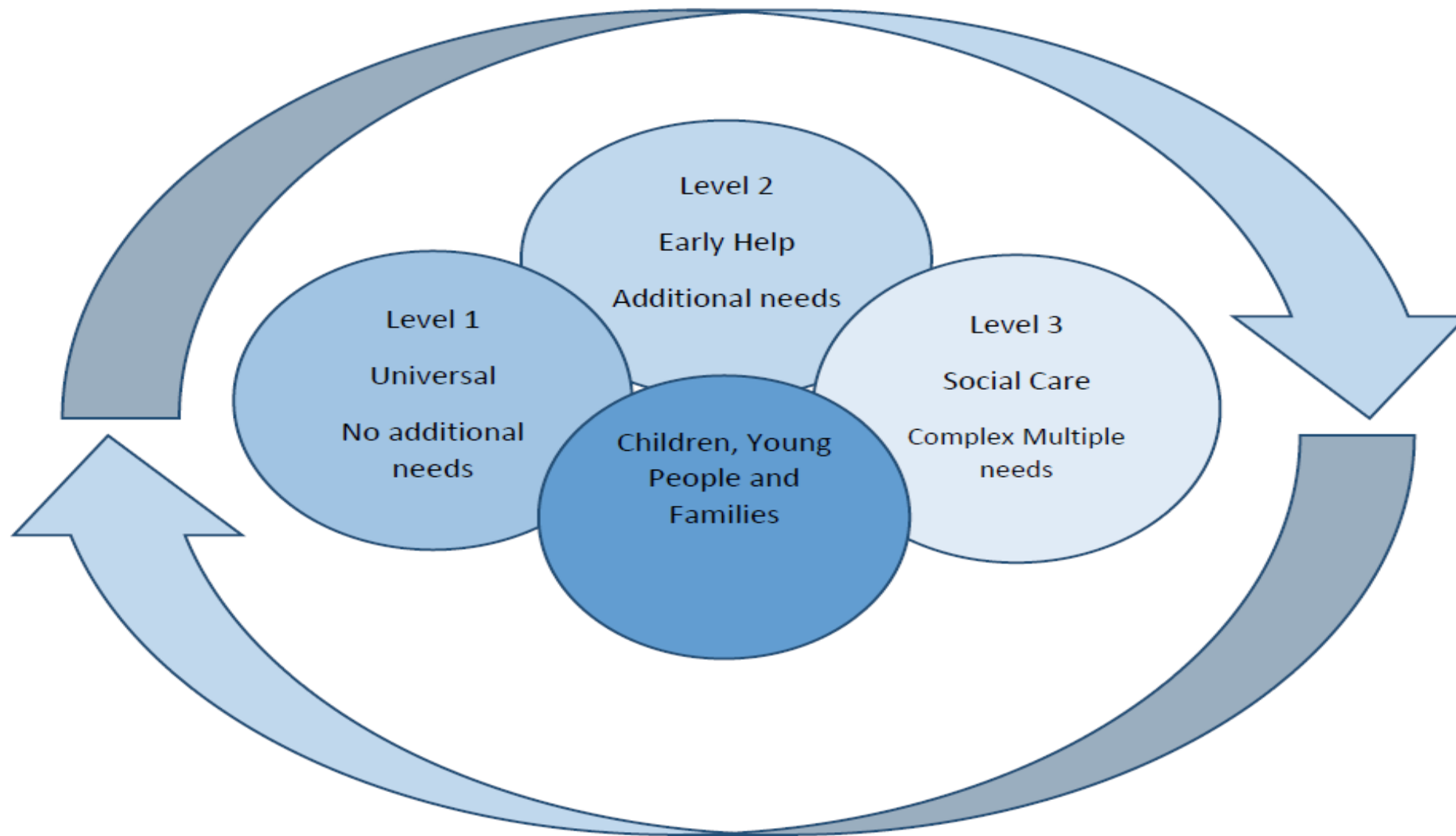
If you want to be part of the audit team please contact EHH

Learning and Themes from Early Help Audits

- ✓ Uncertainty about why the author is completing the assessment
- ✓ Voice of the Child not captured
- ✓ Authors identify the worry or concern but don't explain how this is impacting on the child.
- ✓ Plans are very action led but fail to explore how the actions will be completed and how this will impact on the child including analysis if the action is completed or not.
- ✓ Not all Designated Safeguarding Leads in schools/nurseries are overseeing the Early Help paperwork as they would a Referral Form (RF1).

Continuum of Need

The level of support can change in line with the level of need.



1. Universal – Children with no additional needs

Has needs met within universal provision. May need limited intervention to avoid needs arising.

Child Developmental Needs

- ✓ Good education attendance (above 90%)
- ✓ Meeting developmental & learning milestones
- ✓ Has emotional well-being
- ✓ Ability to protect self and be protected
- ✓ Resilient and able to adapt to change
- ✓ Physically healthy
- ✓ Age-appropriate self care & independence skills
- ✓ Positive sense of self and abilities
- ✓ Ability to express needs

Family & Environment

- ✓ Stable relationships with caregivers
- ✓ Housed, good diet and kept healthy
- ✓ Supportive networks
- ✓ Access to positive activities
- ✓ Positive relationships with peers
- ✓ Attending health appointments, including those for pregnant mothers

Parents & Carers

- ✓ Protected by carers
- ✓ Secure and caring home
- ✓ Receive and act on information, advice and guidance
- ✓ Age appropriate boundaries maintained

Action: local offer community

2. Early Help - Children with additional needs

Has additional needs identified that can be met within identified resources through a single agency response and robust partnership working.

Child Developmental Needs

- ✓ Concerns about impact of absence/truancy, exclusion from school
- ✓ Concerns about isolated children not accessing services
- ✓ Persistent poor behaviour in school and risk of persistent social exclusion
- ✓ Mental health issues affecting development needs, incl. concerns about self harm
- ✓ Children frequently missing from home
- ✓ Disability or additional special educational needs
- ✓ Potential for becoming / is not in education, employment or training
- ✓ Concerns about difficulty in achieving in education
- ✓ Concerns about meeting developmental milestones
- ✓ Missing health appointments/delayed response in ensuring child's health needs met
- ✓ Early signs of offending/anti-social behaviour
- ✓ Concerns about being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- ✓ Concerns about underage sexual activity/inappropriate age related sexualised behaviours
- ✓ Concerns about early signs of drug/alcohol misuse
- ✓ Low level emotional & behavioural issues that may be linked to attachment and/or emotional development delay
- ✓ Concerns about children who were previously in care, children who do not live with their birth parents i.e adopted children, Special Guardianship Orders, Kinship Care.

2. Early Help - Children with additional needs

Has additional needs identified that can be met within identified resources through a single agency response and robust partnership working.

Family & Environment

- ✓ Dental decay due to poor hygiene
- ✓ Chronic/recurring health problems
- ✓ Concerns about Emotional / mental health issues
- ✓ Concerns about Impact upon children who are young carers
- ✓ Poor or unstable parent/ child relationships
- ✓ Concerns about being bullied or bullying behaviour
- ✓ Poor housing & home environment impacting on child
- ✓ Concerns about impact of community harassment/discrimination
- ✓ Risk of relationship breakdown/Inter-parental conflict
- ✓ Concerns about domestic abuse and coercive control
- ✓ Family bereavement
- ✓ Concerns about pregnant mother with safeguarding risk factors
- ✓ Concerns re: internet safety
- ✓ Concerns about Teenage pregnancy
- ✓ Housing tenancy at risk
- ✓ Concerns about transient and avoidant families
- ✓ Concerns of potential vulnerabilities to radicalisation

Parents & Carers

- ✓ Inconsistent care arrangements
- ✓ Poor relationships impacting upon child's development
- ✓ Low income/poverty impacting upon child's welfare
- ✓ Poor supervision by parent/ carer
- ✓ Concerns about parent's own health needs impacting on child
- ✓ Poor response to child's physical, emotional or health needs
- ✓ Historic context of parents/ carers own childhood, i.e. adverse childhood experiences
- ✓ Controlled or stable substance abuse

Action

Consultation Line

EHHub@Swindon.gov.uk

01793 466903

3. Statutory Social Care – Children with complex multiple needs

Statutory service to address complex /multiple needs or is in need of protection

Child Developmental Needs

- ✓ Serious concerns about impact of significant and complex learning/physical disability on child's welfare
- ✓ Regular missed health appointments with evidence of acute negative impact on child's development
- ✓ Chronic drug/alcohol misuse impacting negatively on child's welfare/development
- ✓ Peer on peer abuse with significant negative impact
- ✓ Significant harmful sexual behaviour including persistent evidence of inappropriate sexual knowledge and behaviour for age
- ✓ Significant evidence of exploitation (e.g. sexual, criminal, gang affiliation and drug exploitation)
- ✓ Severe and complex mental health issues affecting development needs, including significant self harm
- ✓ Acute risk of failure to thrive
- ✓ Teenage parent/pregnancy under the age of 13/or having sex (statutory rape)
- ✓ Child victims of modern slavery or human trafficking
- ✓ Chronic risk of harm from consistently missing from home
- ✓ Unaccompanied minors
- ✓ Unexplained, non accidental, suspicious injury
- ✓ Non mobile child with unexplained bruising
- ✓ Evidence of physical, emotional or sexual abuse or neglect

3. Statutory Social Care – Children with complex multiple needs

Statutory service to address complex /multiple needs or is in need of protection

Family & Environment

- ✓ Person posing a risk to a child
- ✓ No recourse to public funds
- ✓ Unborn child placed at risk, previous children or siblings removed
- ✓ Severe and chronic dental decay
- ✓ Imminent risk of family homelessness
- ✓ 16/17 year old presenting as homeless
- ✓ Domestic abuse resulting in child being at risk of significant harm
- ✓ Forced marriage, honour based violence, female genital mutilation
- ✓ Allegation of harm by a person in a position of trust
- ✓ Private fostering

Parents & Carers

- ✓ Parental learning or physical disability impacting upon child's welfare and safety,
- ✓ Significant concerns about substance misuse or mental health impacting on parenting
- ✓ Fabricated or induced illness. (Parent or carer exaggerates or deliberately causes symptoms of illness in child)
- ✓ Parental disguised compliance
- ✓ Persistent failure to meet a child's basic, physical and/or psychological needs
- ✓ Imminent risk of significant harm due to poor supervision
- ✓ Developmental milestones not being consistently met due to persistent failure of parenting
- ✓ Persistent evidence of negative impact of parental/carers relationship breakdown on the child

Action

Multi-Agency Safeguarding Hub (MASH)

Swindonmash@swindon.gov.uk

01793 466903

Case Mapping

Please read the case study D

What to do next ?

Use the Threshold Document to identify next steps - should you...

Take no further action?

Start an Early Help Assessment?

Consult with your safeguarding lead?

Consult with MASH?

Submit an RF1 to MASH?

How to make a good early help referral

The process:

- Referrals for additional early intervention are made via the RF1 to MASH, tick the Early Help Box on the RF1
- Referral is reviewed by an Assistant Team Manager in the MASH
- MASH step down to the Early Help Hub (EHH)
- Early Help Hub screen the referral within 2 working days
- Early Help Hub triage completed within 5 working days

What the Early Help Hub do with the referral

- All referrals are screened by the Coordinator or Senior (Family Intervention Support Services) Some referrals are triaged where further information is needed
- Allocate the referral to the most appropriate service within FISS
- If FISS is not appropriate we will endeavour to advise and signpost the referrer to alternative support

Tell us what you think needs to happen next:

- Use Swindon's Threshold Document
- Evidence unmet needs
- What intervention do you think is needed to meet the identified needs?
- How will the intervention support to achieve the goal identified in the Family Plan?

Tell us what you have done to address the situation

- Does the family have a Lead Professional who is offering advice and support via the Early Help Assessment and Plan?
- Has the Lead Professional utilised resources within their own agency?
- Have partner agencies been utilised?
- A referral may be declined where there is no evidence of a graduated response

Consultation Line:

- Professionals have access to expert advice
- With consent, provides an opportunity to consider whether a referral is appropriate
- Advice provided without consent on a no-names basis

Consent: Ensure the Family are aware and have consented to a referral to the EHH.

- Referrer will have discussed their concerns with the family, and with involved professionals and the need for additional support is agreed.
- Family will be aware and consent to the EHH sharing and gathering information with and from other professionals
- Demographics - It is vital that we have the most recent up to date contact details and information about the family

Tell us about the worries and strengths:

- Be specific, give examples
- Distinguish between fact and opinion
- Impact – what is the evidence?
- Child's voice and family view
- History



Other useful resources

- [Swindon Local Offer](#)
- [Schools Online](#)
- Range of [7 minute briefs and Practice Briefs](#) on Swindon Safeguarding Partnership website.
- Themes include:
 - Professional Curiosity
 - Effective Information Sharing and Consent
 - Capturing the Voice of the Child in Records
 - Safeguarding Adolescents
 - Learning from a Multi-Agency Mental Health Audit

What now?



Please complete the evaluation form.

Reflection: What have you learned today and what will you do differently in your practice.