

Hackney Family Support: Practice Guidance and Standards

November 2022



Version control

It is understood that the development of a mature integrated Early Help system is an iterative process. Accordingly, this document will be reviewed on an annual basis at minimum to ensure it incorporates continuous learning and reflects evolving practice.

Version	Purpose/Change	Author(s)	Date	Next review date
V.1	Initial version approved by the Early Help Implementation Board.	Donna Thomas , Head of Early Years, Early Help & Wellbeing; Pauline Adams , Principal Head of Service, Early Help and Prevention; Sarah Bromfield , Head of Children's Centres and Early Help Systems; Mags Wild , Service Manager, Family Support Service.	11/08/2022	The Early Help Implementation Board will review the practice standards and guidance three months after completion of the MAT migration to MOSAIC.



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The Aims and Purpose of our Practice Standards

These practice standards have been developed to ensure that our organisational values are reflected in all aspects of our work with children and families.

They are intended to support a confident, professional, and respectful approach to service delivery. One that always places children at the centre of everything that it does, and is committed to continually improving the work we do for the children and families in our community.

We place a high value on the professional expertise of our practitioners and these standards should not be seen as replacing sound professional judgement.

There may be times when the needs and situation of a particular child require us to take actions that are not consistent with these standards. These situations should be rare and in all instances where a decision is made not to act in line with these standards, line manager agreement must be sought and the decision and rationale for this should be clearly recorded.

These standards are designed to provide:

- A shared understanding of our roles and responsibilities, as practitioners and managers.
- Consistency in our approach to Early Help tasks to ensure that we deliver high-quality professional services to children and families.
- Standards against which we can hold ourselves and each other to account.
- Clarity about our basic expectations of practice and management.
- An agreed set of standards against which we can quality assure ourselves and measure performance.

They aim to set out our minimum expectations of practice in key areas, they are not intended to be fully comprehensive and should be read in conjunction with our policies and procedures.



What is Early Help?

'Early Help' refers to support for children and families to help identify and address problems before they arise or escalate. It is not a single service but a network of non-statutory services and processes delivered by a local authority and partners including the NHS, schools, and voluntary sector organisations.

Early Help can range from lower-level universal services delivered by a single agency to more specialist and targeted interventions provided by a multi-agency multidisciplinary team. The nature and intensity of support provided may change, depending on the needs of each child and family over time. Cases may be stepped up to statutory services or stepped down from targeted to universal Early Help.

Early Help can be offered to a child or young person and their family at any point up to their 19th birthday (or their 25th birthday where they have a special educational need or disability).

The lack of a common definition or scope for Early Help, coupled with variance between local thresholds, assessments, and services, and the nature of non-statutory service delivery have posed challenges to evaluating the impact of Early Help nationally. In spite of this, the National Children's Bureau's rapid review of the evidence of Early Help (Edwards et al., 2021) highlights a range of programmes and service designs that impact a wider set of outcomes for children and families, from families experiencing improvements in relationships, self-esteem, and emotional wellbeing; to improved levels of resilience; to positive impacts on parents' mental wellbeing, parenting behaviours, and perceived parental efficacy. Furthermore, available evidence from population studies indicates that greater investment in Early Help has a causal association with rates of Children in Need and Looked After Children.

Hackney Family Support

Hackney Council recently completed a review of its internal Early Help model in consultation with parents and young people, schools, partner agencies and staff.

The review considered the effectiveness and accessibility of pathways into Early Help and assessed the organisation of provision against current and projected patterns of need within the borough. The process produced a refreshed vision for Early Help in Hackney and prompted a series of operational changes.

All targeted Early Help provided by the Council has been integrated under the Hackney Family Support brand with one approach across connected services. The Multi-Agency Team, the Family Support Units, and Young Hackney will now share consistent standards and processes and a central referral pathway for targeted interventions.

Early Help Hub

Following the Early Help review, the Early Help Hub was established within the Multi-Agency Safeguarding Hub (MASH) to serve as a central point of access for all those working with children, young people and families in the borough.

The Early Help Hub is a dedicated team that screens requests and identifies the most appropriate support for families. The Hub can allocate to Hackney Family Support for targeted Early Help where required, or provide professionals with advice about where best to signpost a family where a universal response is more appropriate.

To contact the Early Help Hub, please call 020 8356 5500 and ask for a consultation.

Hackney Early Help Policy Statement

Early Help in Hackney involves connected services working together to ensure that all Hackney's children and young people, and their families, have access to the opportunities, resources, and support needed to set them up for whole-life success.

Our Early Help offer is underpinned by the following change principles:

- There should be no delay to getting support.
- We should have a Central Point of Access.
- We offer consistent, evidenced quality of support.
- Our work is predicated on consent for support and consent to information-sharing.
- We enable multi-disciplinary working led by families, with the family present.
- We work with parents/carers as experts and know that work with young people should always involve parents.
- Our interventions are evidence-based and ongoing service development is led by the needs of the children, young people and families we work with versus the evidence-based interventions we can offer.

Our Anti-Racism Statement

The Hackney Family Support approach is informed by an inclusive understanding and appreciation of the diversity of Hackney's communities, cultures, beliefs, and family structures.

We are committed to eradicating systemic racism, discrimination, and injustice and to making anti-racism a foundation of our practice. We will be a voice and force for change, for every child and family that we work for and with, to recognise and address the impact of racism on children and families within our practice, to apply our anti-racist principles in all of our interactions with and decision-making about children and to determinedly and actively, demand the same from our partners. As an organisation, we acknowledge that the experience of our Black and Global Majority staff and those from other marginalised ethnic groups is not the same as that of our White staff. We are committed to ensuring that all voices are represented and heard at every level where decisions are made and that our workforce reflects the community which we serve, especially at the senior leadership level.

This guidance should be read in conjunction with our [Anti-Racist Practice Standards](#).



Our Core Practice Principles

1.	The child's daily lived experiences, wishes and feelings are at the centre of our work. We know their views about what might make life better for them. They know the reasons for our involvement and our plan of support for them.
2.	Our core values are driven by systemic, attachment-aware, trauma-informed principles. We work collaboratively with children and families who are understood as part of a wider set of systems and relationships.
3.	Assessments of need, harm and risk, and capacity to change take full account of historic patterns.
4.	Past events inform current and future planning.
5.	The strengths and protective factors in a child's life are recognised and built upon.
6.	The issues a child and family are facing are considered in the context of their identity, history, relationships, and experiences (including social, financial, and environmental factors), as well as the support they have available to them.
7.	Intervention goals are set in collaboration with the child and family, with a focus on what needs to change in order to reduce risk and improve outcomes for the child.
8.	Interventions are offered in line with what we know works, to support the change we want to see and reflect a 'doing with' rather than a 'doing to' approach.
9.	Timescales for achieving change are set in line with the level of concern and the child's age and stage of development. Appropriate action is taken if timescales are not met.
10.	Any escalation of concern is responded to with timely decision-making about the most appropriate next steps. All decisions are underpinned by the Hackney Child Wellbeing Framework.
11.	The Senior Management Team has a clear line of sight on practice where there are matters of high risk that relate directly to the child, young person and/or family. These children are discussed at the Need to Know Forum, or the Children's Multi-Disciplinary Team meetings.
12.	The language we use when speaking to children, young people, their families, and carers will be considerate and respectful. We will not talk about children as 'cases' or where they live as 'placements' — we talk about children and their homes or care arrangements.

Standards



Standard 1: Child-Centred Practice

1.1	<p>Engaging and establishing a relationship with the child or young person is key to supporting them and enabling change. There should be a balance between child and parent-focused work. The wellbeing of the child remains paramount.</p> <p>We understand the child's perspectives, strengths and preferences should be listened to and recognised as a starting point for intervention.</p> <p>We work with adolescents as assets, understanding their development (particularly perception, autonomy, aspiration, and skills) and draw on strengths to build confidence and resilience.</p> <p>All staff members should be able to confidently answer these questions, they should form the basis of all our discussions about children, and they should be clearly answered throughout all our recording, planning and assessments:</p> <ul style="list-style-type: none">• How does the child feel, what do they want, and what is day-to-day life like for them?• Is the immediate safety of the child assured?• What needs to change for us to be less worried, and are changes happening quickly enough?• Are we putting the right interventions in place to support the change we need to see?• What strengths can we build upon and what outcomes do we need to see?• What needs to happen if things do not change?
1.2	<p>Every child must have:</p> <ol style="list-style-type: none">1. Their views, wishes, feelings, and daily lived experiences heard and clearly recorded.2. An up-to-date Early Help Assessment or Family Support Plan, which is regularly reviewed and has been quality assured and signed off by a manager.3. A chronology of significant events that includes changes in circumstances; interventions that have been undertaken; any changes in risk and protective factors that is updated at least every 6 months.4. A record of Child and Family Supervision, taking place on an 8-weekly basis, will be recorded on their files within 3 working days of the discussion taking place.5. Visits that are undertaken in line with expected standards, including where practicable that the child is seen and spoken to alone.

Standard 2: Respectful Partnerships with Families

2.1

Practitioners will work in partnership with families in a respectful way that is transparent, strengths-based, and trauma-informed to facilitate and enable positive change.

Practitioners will listen to, and support families at the heart of the person-centred intervention and consider their needs as a whole.

Practitioners will encourage families to identify their skills, knowledge, strengths and resilient factors. This will affect positive change in their lives to support their children's wellbeing.

Communication with families will be clear, jargon-free, sensitive, transparent, and tailored to each family's needs.

Practitioners will be culturally sensitive and abide by the anti-racism practice outlined in these standards to ensure that the families' ethnicity, race, and culture are respected.

Parents/carers should be seen and respected as partners in the intervention. They are a significant source of information on their children.

Parents/carers must be consulted in all decision-making and should be informed on matters relating to their child unless it puts the child at significant risk (see Hackney's Child Wellbeing Framework and MASH process).

Consent is not intended to be a one-off event and should be reviewed throughout the support offered.

Families' right to refuse Early Help is respected and will not preclude them from or affect future access to services.

Family functioning and dynamics, including wider networks, fathers, and significant others, are explored to understand who else can support families and their plans and sustain change.

2.2

Every parent/carer (including non-resident parents with parental responsibility) should know:

1. What the agreed plan of support is and who is responsible for that support.
2. Who their child's lead professional is and how to contact them, as well as the contact details for their manager, Unit Coordinator, and Head of Centre.
3. How they can raise any concerns they may have about the way their child is being supported.
4. What might make us more worried about their child and what could happen as a result.
5. What needs to happen for us to feel less concerned about their child and by when.

Standard 3: Quality Assurance, Risk Management, Supervision, and Impact

3.1 The Quality Assurance Framework provides insight into the quality of practice and the degree to which this is having a positive effect on children and their families in Hackney. Key to this is measuring impact — it is critical to understand what difference Hackney Family Support and our partners' services are making for children. Outcomes for children are at the centre of our framework.

The Hackney Family Support Quality Assurance practice standards are aligned with the values of the Hackney Children's and Families Service, which are driven by our commitment to anti-racist practice and systemic principles:

- **Context:** We see the bigger picture. Children and families are part of a wider set of systems and relationships, including race, religion, culture, gender, family stories, and beliefs.
- **Collaborative:** We work with, not to. We want to understand and learn from the people and communities we work with. We understand that our own experiences can affect our views and decisions.
- **Curious:** We always want to understand. We know we cannot always know things for certain; we are continuously curiously creating, testing and creating our thoughts and ideas around the way things are and why.
- **Relationships:** We focus on relationships. The problem is the problem, not the person. By working together, we believe we can find solutions. We do not blame or judge, and we do not focus on labels.
- **Multiple Voices:** We aim to understand all perspectives by working in partnership with families and hearing their viewpoints. This opens up opportunities for dialogue, positive change and helps us to safely manage risk and uncertainty.

How we will quality measure and assure our standards

3.2 **Guide:** Deliver training, policy, and guidance to reach standards

1. Workforce development
2. Workforce training
3. Evaluation of training
4. Impact measures.

Track: Monitor, audit, gather information and feedback

1. Performance data
2. Audits
3. Deep dive reviews of practice
4. Staff supervision
5. Family feedback
6. Participation
7. Compliments and complaints
8. Inspections
9. Learning visits
10. Local Child Safeguarding Practice Reviews / Domestic Homicide Reviews / Extended Learning Reviews / Near Miss Reports
11. National learning

Analyse: Consider and evaluate the information gathered — what have we learned, what was the impact for children?

Improve: Identify actions to continuously improve

1. Reporting to Heads of Service, including any recurring themes and gaps in provision.
2. Annual service development plan.
3. Reporting to the Improving Outcomes for Children Board on a monthly basis for the family support unit — future developments will include Young Hackney and MAT following transition to MOSAIC.
4. Reporting to the Early Help Implementation Board.

Line Management: Performance and Development

- 3.3** When staff join Children and Education Services, a discussion around supervision, the timeframes, roles and responsibilities should be held within 2 weeks as part of their induction to the Service in line with the service’s new starter Human Resources Policy.
- In addition, there is a council-wide probationary process that is completed between the new worker and their line manager.
- All staff receive an annual appraisal which includes a review of achievements from the last 12 months and actions required to support or address development needs, setting overarching goals for the coming year.
- Work allocated to staff is commensurate with their knowledge, skills, and experience.

Case File Supervision

- 3.4** Frontline practice managers will hold initial supervision of families being worked with, with practitioners within 4 weeks of allocation.
- Children’s case supervision (Child and Family Supervision Template re: children, young people and families) will be shared with the supervisee and saved on the child or young person’s file within 5 working days.
- During supervision, children, young people, families, and carers will be discussed at least on an 8-weekly basis. The frequency of the discussion relating to the child, young person, family, or carer will depend on the nature of the Early Help involvement and status of the plan and can be more frequent depending on any arising concerns or level of risk with the family.
- Please see the full [Supervision Policy](#) for more details.*
- 3.5** Group or clinical supervision (which can be delivered in unit meeting discussions) should be signed off by the manager and added to the child’s file within 5 working days.

3.6	<p>Ad-hoc supervision is provided as and when necessary to respond to any developing needs of the children, young people, and carers receiving support from Hackney Family Support.</p> <p>This will be recorded via Case Notes on the child, young person or carer’s file within 24 hours.</p>
3.7	<p>Records should provide an audit trail; decision-making in assessment, planning and review and demonstrate evidence that outcomes have been achieved.</p>
3.8	<p>One brief audit is undertaken by the Consultant Social Workers and Quality Improvement Managers on a monthly basis as part of the shared commitment to understanding the quality of practice and providing the necessary support to staff across services.</p> <p>Six to eight thematic dip samples will be undertaken by the Consultant Social Workers or Service Manager / Head of Centre on a monthly basis.</p> <p>10 % of cases are dip sampled by the Quality Improvement Partner or the Service Manager biannually.</p>
3.9	<p>A case closure review sheet will be completed by the Family Support Manager and quality assured by the Consultant Social Worker / Quality Improvement Partner.</p>
3.10	<p>Performance data relevant to the Unit, Team, or Service should be reviewed by the Consultant Social Worker, Quality Improvement Partner, or Team Leader on a fortnightly basis at a minimum, and weekly as best practice. Data must be regularly discussed with Service Managers (no less than monthly) to highlight strengths and address issues for improvement.</p>
3.11	<p>All case files will use the Evaluation and Risk Tools to support the measurement of impact and outcomes.</p> <p>Evaluation and Risk Tools*</p> <ul style="list-style-type: none"> (a) Supporting Families criteria; Quarterly dip sample of 10-15 % cases to evidence Payment by Results to ensure that Supporting Family Criteria have been met. (b) Child and Young Person risk rating (distance travelled). (c) Family Risk Assessment Score (distance travelled). (d.1) Child and Young Person Vulnerability Risk Codes. (d.2) Parent / Carer Vulnerability Risk Codes. <p>*From January 2023, the Graded Care Profile 2 assessment tool will be rolled out across the directorate.</p>

Standard 4: Request for Support

In line with the Multi-Agency Safeguarding Hub Operational Protocol

4.1	<p>Referring agencies are required to seek the consent of parents/carers (and children and young people where appropriate) to make a request for support on their behalf, other than where it is felt doing so will increase the risk of immediate harm to the child.</p> <p>The Multi-Agency Safeguarding Hub (MASH) and the Early Help Hub will ensure referrers requesting support have sought consent.</p>
4.2	<p>Referring agencies are required to indicate whether they are requesting an Early Help support response or a Safeguarding response, this will dictate the initial pathway of the Request for Support screening. A management decision on case direction is made within 24 hours and screening is completed by the Early Help Hub or a MASH manager within 48 hours. Sometimes the initial indication of support requested will be redirected if it is not correct and the threshold needs further consideration. Where an Early Help response has been requested, consent will be reconfirmed with the parent/carer or the young person (where age appropriate).</p>
4.3	<p>If further Early Help screening is required by the Early Help Hub, it will be completed within 72 hours and an offer of support will be made.</p> <p>Explicit consent for support and an Early Help Assessment should be sought if not explicit.</p> <p>A decision will be made by the Early Help Hub, following discussion with the family, which will include:</p> <ul style="list-style-type: none">– Advice and Guidance– Signposting to Universal Services– Allocation to Hackney Family Support.
4.4	<p>If after initial screening by MASH or the Early Help Hub it is established that targeted support is required;</p> <p>A copy of the Request for Support with background checks and historical involvement of Children and Family Services will be allocated from the MASH manager or the Early Help Hub manager to the relevant Hackney Family Support service.</p> <p>This will require written/verbal consent by the parent/carer, or person with parental responsibility. Sign-off will be completed by the Early Help Hub / MASH Team manager.</p> <p>In instances where a professional such as an external family support practitioner or link worker is making a request for targeted support, they will be asked to attach any previous assessments to the Request for Support.</p>
4.5	<p>Referrers will be informed of the final decision following screening unless it is deemed inappropriate to do so, in which case the reasons for this will be recorded on the Request for Support form.</p>

4.6

If professionals are unable to gain consent for an Early Help Assessment / Request for Support then they should still speak to the family to let them know any concerns and identified support needs.

Parental consent must only be overridden where there are urgent concerns about the safety of a child **and** it is felt that speaking to the family about the concerns may increase the immediate risk to the child. **These circumstances will be exceptional and will be escalated to MASH.**



Standard 5: Timely Response

5.1

The Early Help Hub, inclusive of the MAT Coordinator, allocates Requests for Support. The maximum overall time frame, from the date the Request for Support comes into the service, to assessment, and development of the plan is 30 days.

The interim processes for MAT, the Family Support Unit, and Young Hackney to meet this timeframe have been outlined below. These standards will be reviewed and revised three months after completion of the MAT migration to MOSAIC. In the interim, a rota for staff from the children's centres to shadow the Early Help Hub will be developed to support continued integration.

a) MAT

Requests for Support are emailed to the MAT Coordinator. This process is completed by the Early Help Hub or MASH manager. (Coordinators will also have access to MOSAIC).

Coordinators will identify the cluster for allocation and clarify any missing information and send it to the Quality Improvement Partner and a copy to the Head of Centre and Family Support Manager and Monitoring Officers to log on to Synergy.

This will be added to the agenda for the Children's Multi-Disciplinary Team (CMDT) meeting; the Quality Improvement Partner will assess the risk, and threshold decisions and identify the vulnerabilities to ensure it is appropriate for Early Help based on the information presented at that time.

The case will be reviewed and allocated to a lead professional within 10 working days, either before or at the CMDT.

The lead professional or member of the CMDT is to make contact with the family and ideally complete a home visit within 5 days of allocation but no later than 10 days.

The Early Help Assessment and Family Support Plan will be completed within an additional 15 working days of the initial contact/visit. The plan will remain under review by CMDT until completed.

b) Family Support Unit

The Early Help Hub Manager has delegated authority to allocate to the Family Support Service.

Early Help Assessments will be allocated via a duty rota to the Family Support units by the Early Help Hub / MASH via MOSAIC.

The Consultant Social Worker will review and allocate via MOSAIC to a team worker lead professional.

The lead professional is to make contact with the family and ideally complete a home visit within 5 working days of allocation but no later than 10 working days.

The Early Help Assessment and Family Support Plan will be completed within an additional 25 working days of the initial contact/visit.

	<p>c) Young Hackney</p> <p>The Early Help Hub manager has delegated authority to allocate to Young Hackney.</p> <p>Requests for Support are sent via MOSAIC to the Young Hackney Service Manager work tray (Children and Young People’s Partnership panel (CYPPP) worktray).</p> <p>New Requests for Support are reviewed and allocated by a Practice Development Manager and/or Service managers to Young Hackney units at twice-weekly allocation meetings.</p> <p>The Request for Support is then sent to the allocated Young Hackney unit Team Leader, who will allocate a lead worker all via MOSAIC.</p> <p>The lead professional is to make contact with the family and ideally complete a home visit within 5 working days of allocation.</p> <p>The Early Help Assessment and Family Support Plan will be completed within an additional 25 working days of the initial contact/visit.</p>
<p>5.2</p>	<p>The family may be seen at the children’s centre, youth hub, or community setting, but ideally in the home environment in the first instance.</p> <p>If the lead professional cannot contact the family within the agreed timescale, then a management oversight case note will be added by the team manager on MOSAIC or a children’s centre case file by the family support manager.</p> <p>The case will be added to the CMDT agenda for review and next actions (MAT).</p>
<p>5.3</p>	<p>Joint visits are to be planned with a referring social worker where families are being stepped down for Hackney Family Support or with a referring health practitioner or professional known to the family.</p> <ol style="list-style-type: none"> 1. Home visits should be flexible and led by the family’s needs and should include contact with anyone with parental responsibility. 2. There should be a minimum of one home visit during the assessment period with the view to seeing the subject child or young person in their home environment. 3. Home visits should aim to assess and observe the home environment, family relationships, behaviours, and any risks or concerns. 4. Visits to children and families should be recorded within 3 working days to preserve accuracy and reduce the risk of the information not being available should it be needed in the absence of the allocated practitioner.
<p>5.4</p>	<p>Children and young people should be seen at least every 20 working days.</p> <p>Children and young people who are not in a setting or where there are concerns about attendance should be seen at least every 15 working days by the lead professional or another professional from the CMDT.</p> <p>The frequency of visits will be informed by the vulnerability and needs of the child and family and can be as frequent as several times a week if necessary. This is to be agreed upon, as needed, with the line manager.</p>

<p>5.5</p>	<p>The Early Help Assessment form will consider the child’s development needs, parenting capacity, family and environmental factors for the whole family (this guidance), and history. The assessment will be developed and agreed with the parent/carer.</p> <p>Where the age and understanding of the child allows, self-efficacy, confidence, sense of belonging, identity, and self-esteem should be developed and promoted.</p> <p>Where appropriate, the child will be seen alone at home, school, or in a setting during the assessment and during subsequent home visits.</p> <p>The needs of all siblings should be considered. Where siblings fall outside of the scope of the intervention, they should not be excluded; signposting to other appropriate services should be considered.</p> <p>Parents/carers consent to their professional network being contacted to substantiate relevant information on the child and family, especially where the child has not been seen at home. This information is routinely fed into the CMDT / TAF (Team Around the Family) meetings.</p> <p>Plans will be signed and comments included by the parent/carer and young person, where appropriate.</p>
<p>5.6</p>	<p>All Family Support Plans should be reviewed at appropriate intervals, a minimum of eight weekly, with the full involvement of the relevant family.</p> <p>The review process should identify the strengths, outcomes achieved so far, and what needs to change. The family and child (where appropriate) will contribute to the review and have their views recorded.</p>
<p>5.7</p>	<p>Any safeguarding concerns should be raised immediately with the parent(s) or carer if appropriate and other relevant agencies and the practitioner’s manager should be alerted immediately in line with the Hackney Child Wellbeing Framework.</p>
<p>5.8</p>	<p>In response to a significant incident for a child or family, a record of this and any management direction or decision-making should be within 24 hours and referred to MASH and recorded in the child’s file.</p>
<p>5.9</p>	<p>Where CMDT meetings are held, case reviews will take place at fortnightly, monthly or six weekly intervals to monitor and review the work with the family.</p> <p>Reviews for cases held by Family Support Unit/Young Hackney will be reviewed as part of the Child and Family supervision (see Standard 3).</p> <p>Team around the Child / Family meetings (TAC / TAF meetings) will take place four, eight, or twelve weekly, depending on the needs of the child and family. Twelve weeks should be the maximum time between meetings.</p> <p>All meetings should be clearly recorded, including the CMDT and TAF/TAC. Action plans from CMDT meetings should be recorded as case notes, quality assured, before being presented at the next CMDT review meeting. Records of meetings and case discussions should be recorded within 5 working days.</p> <p>CMDT reports must be routinely placed on the file as part of the child’s record. It also helps to give a fuller picture of the work being completed.</p> <p>Records should contain key decisions made and the reasons for them.</p>

<p>5.10</p>	<p>Parents/Carers (and children where appropriate) will be invited to TAF meetings and contribute to the Family Support Plan outcome reviews.</p> <p>If required, a professionals meeting may be held prior to the TAF to provide an opportunity to discuss any concerns and challenges with regards to the Early Help Assessment or Family Support Plan. It is good practice to inform the family that the professionals meeting is taking place.</p>
<p>5.11</p>	<p>Family Support Plans should be regularly reviewed at the CMDT meetings, TAF / TAC meetings, and in Child and Family supervision (see Standard 3).</p> <p>Most plans envisage that intervention will end within twelve months. However, some children and families may require longer-term support, for example, children or parents with disabilities.</p> <p>A Family Support Plan should set out:</p> <ul style="list-style-type: none"> • The child’s needs. • What support, intervention, or resources are needed to meet those needs • The outcomes the child is expected to achieve once the plan is in place. • The impact measures/ against the goals set out in the plan. <p>If the Family Support Plan is likely to be longer than 9 months then the responsible Consultant Social Worker / Quality Improvement Partner should complete a dip sample audit and, or bring it forward for group supervision, or CMDT review to ensure there is oversight and direction and no drift.</p> <ul style="list-style-type: none"> • When work on the Family Support Plan is complete, a CMDT, or supervision meeting will be held to confirm that the family will close to Hackney Family Support service. Closure may also come at the request of the family. The family will receive a closure letter and a close checklist (see Appendices) will be completed to ensure that all documents are uploaded onto MOSAIC, or the child’s case file within 5 working days.



Standard 6: Early Help Assessment	
6.1	<p>What is an Early Help Assessment?</p> <p>An Early Help Assessment is a holistic and continuous process that helps to build up an overview of the child's lived experiences and ensure the best interests of the child remain the greatest priority. Early Help aims to provide the right support, at the right time and can be provided at any stage in a child's life from pre-birth to teenage years. The main focus is to improve outcomes for each child and prevent any situation from escalating, or further problems arising.</p>
6.2	<p>The assessment takes into account the views of the child, parents/carers including partners, significant males, and other extended family members or support networks who are not living in the household but are significant people in the child or family's lives.</p>
6.3	<p>The assessment process should support the child and their family to identify what areas of their life are going well and which areas they may need support to improve or change. This is a collaborative approach with families and encourages a more positive way of working together to prevent harm; giving families more control and choices for their Early Help to achieve positive change.</p>
6.4	<p>The assessment promotes an understanding of any worries or concerns in relation to the wider family which may impact on poor outcomes for a child, such as; the child's health, development, or behaviour, how they're doing at school, or if there are any special educational needs or disability. It may be that the parent/carer is worried about money or housing and how that is affecting their family functioning.</p>
6.5	<p>The assessment should, with consent, include the views of other relevant agencies and professionals in the child's life, including but not limited to health visitors, speech and language therapists, school, and midwives so the child and family only have to tell their story once.</p>
6.6	<p>The contents of all assessments and plans will be in clear and easy-to-understand language and shared with the family (and child where appropriate). Families will be given the opportunity to challenge or agree with the information recorded about them and have their views about their assessment, and plan recorded.</p>
6.7	<p>Targeted services delivered under Hackney Family Support are considered to be part of a wider Early Help system. Children and their families may be linked into community networks and resources such as schools, children's centres, youth hubs, and other community and voluntary agencies in order to support their needs and sustain improved outcomes.</p>

Standard 7: Recording

7.1	<p>A visit to a child or family will be recorded as a visit on their file within 24 hours of the visit taking place and a full case note record of the visit will be recorded within 3 working days.</p> <p>Face-to-face, telephone conversations, letters, emails or text messages. The date, time, and nature of content should be recorded on a contact record sheet, or on MOSAIC case notes.</p> <p>The full names of professionals and settings should be used and their professions should be indicated to maintain their identity.</p>
7.2	<p>Records of Strategy Meetings (where appropriate) — including agreed actions — will be recorded and distributed within 24 hours.</p>
7.3	<p>Records of any other professional or network meeting — including any plan or actions agreed — will be distributed within 5 working days.</p>
7.4	<p>In response to a significant incident for a child or family, a record of this and any corresponding management direction will be recorded on the child's file on the day of the event.</p>
7.5	<p>Any changes in a child's legal status — including with respect to Youth Offending Orders — will be reflected on a child's file within 24 hours.</p>
7.6	<ol style="list-style-type: none">1. The purpose of each visit is to be clearly recorded.2. Discussions held with the family, work undertaken, and plan discussed should be included.



Standard 8: Partnership Working, Lead Professional, and Data Sharing

8.1 Intervention is based on a multi-agency approach through assessment, planning and sustained child and family outcomes.

Assessment and interventions are strength-based, attachment-aware, trauma-informed, and include our anti-racist practice, systemic principles, and the Solihull approach for early years practice.

8.2 Hackney Family Support employs a lead professional and multi-disciplinary approach to work with families. The lead professional's role is to coordinate services and to act as a single point of contact for a child and their family when there are multiple services involved. Children and families should know who their lead professional and their line manager is and how to contact them.

Appointing a lead professional is integral for an integrated response and is central to the effective frontline delivery of Hackney Family Support; particularly where children have a range of additional and complex needs. All agencies involved will be invited to contribute as part of the Early Help Assessment and planning process to achieve the best outcomes.

The role of the lead professional is to:

- To work in partnership, and to build a trusting relationship with the child and their family/carers to ensure active involvement and transparency in the process.
- Ensure the child and family are provided with the opportunity to consider the best person to support them; giving a sense of efficacy and control and increasing the likelihood of engagement.
- Ensure consent for Early Help is obtained and reviewed.
- Ensure the child and family's wishes, thoughts and feelings are central to any assessments, decisions, and plans made and changing circumstances are reflected.
- Ensure that the child and family only need to tell their story once and reduce duplication and inconsistency in services.
- Act as a lead contact point for the child and family and liaise with the multi-agency partnership to deliver specialist, targeted and universal support.
- Arrange Team around the Family meetings where appropriate and ensure there is appropriate representation from the multi-agency multi-disciplinary team supporting the child and family.
- To hold other services to account, by ensuring partners are active participants and contributions are equally valued.
- Ensure the plan is reviewed and updated and that the child and family are involved in the process.
- To review plans and assess if additional specialist support is required as part of the intervention, or if the child and family's needs have been met.
- Monitor and assess the plan for effectiveness and that outcomes can be sustained.

<p>8.3</p>	<p>The MAT CMDT meeting is a multi-agency team meeting attended by key agencies such as midwifery, health visiting, and clinicians who work together to coordinate, monitor, and deliver interventions to families in order to prevent fragmented service delivery (see MAT handbook).</p> <p>Messages from research cite the impact on children’s subsequent life chances when agencies fail to work together: Children may slip through the safety net when information and concerns are not shared on a need-to-know basis or passed appropriately between agencies.</p> <p>The purpose of CMDT is to provide:</p> <ul style="list-style-type: none"> • Early identification of need; family strength and support network, underpinned by the Hackney Child Wellbeing Framework; • Quick and easy local place-based access to expertise and responsive flexible intervention, and universal children’s centre activities and services, avoiding unnecessary processes; • A lead professional to hold and support the family; • Coordinated multi-agency multi-disciplinary intervention with access to a range of services to support parents/carers to achieve clearly defined child outcomes; and • Monitor, review and evidence the impact of intervention and outcomes before closing cases. <p>Access to CMDT:</p> <ul style="list-style-type: none"> • Families can access universal or targeted services without being referred to CMDT. • Families should be referred to CMDT where there are two or more agencies involved with the family with children under 6 years and their older siblings, or where there are 2 or more presenting needs. • Families should be referred to CMDT using the Request for Support form, with written parental consent.
<p>8.4</p>	<p>The sharing of information must comply with the law relating to confidentiality, data protection, and human rights. Having a legitimate purpose for sharing information is an important part of meeting those legal requirements.</p>



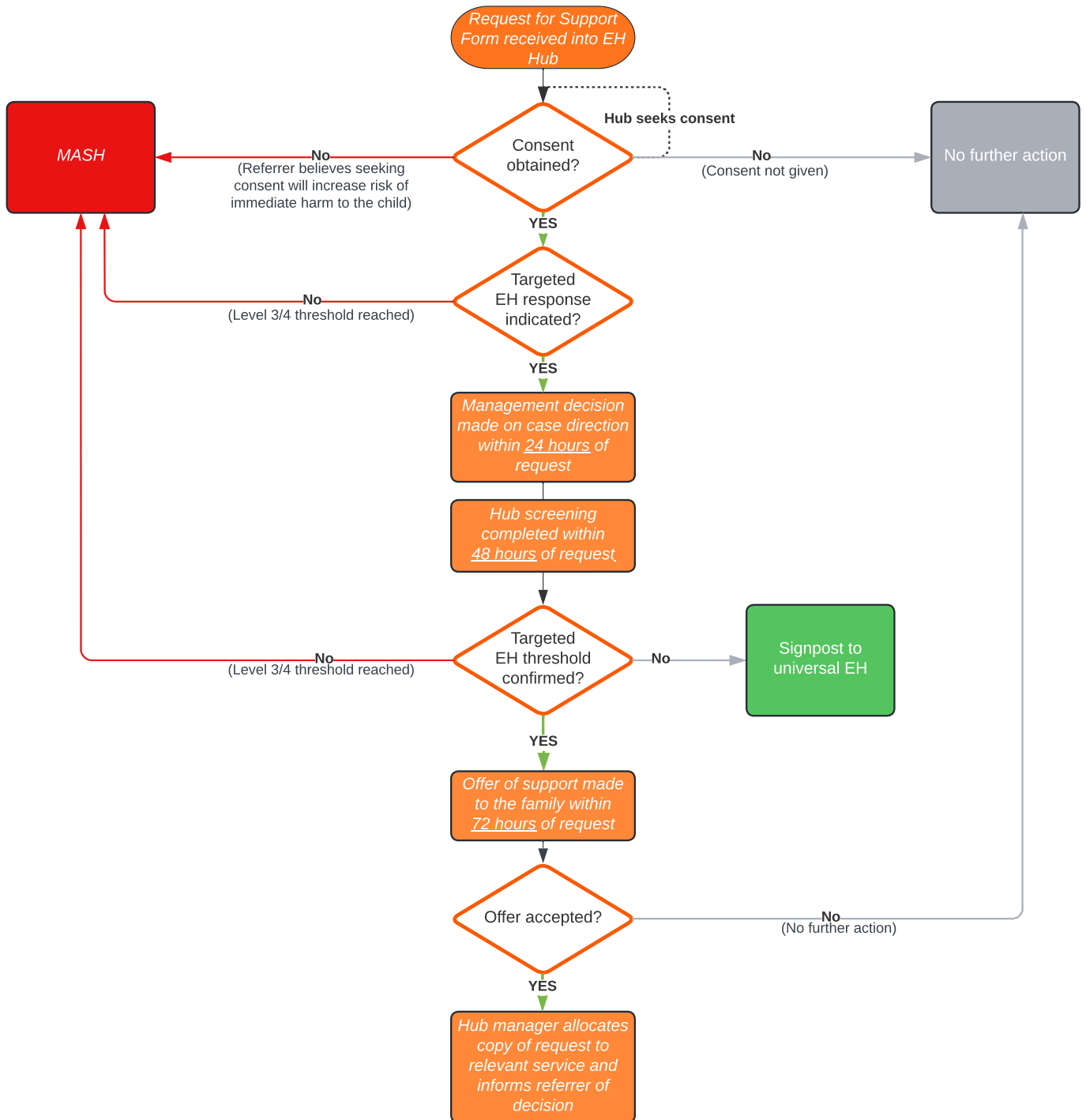
8.5

Caldicott Principles and Golden Rules of Information Sharing

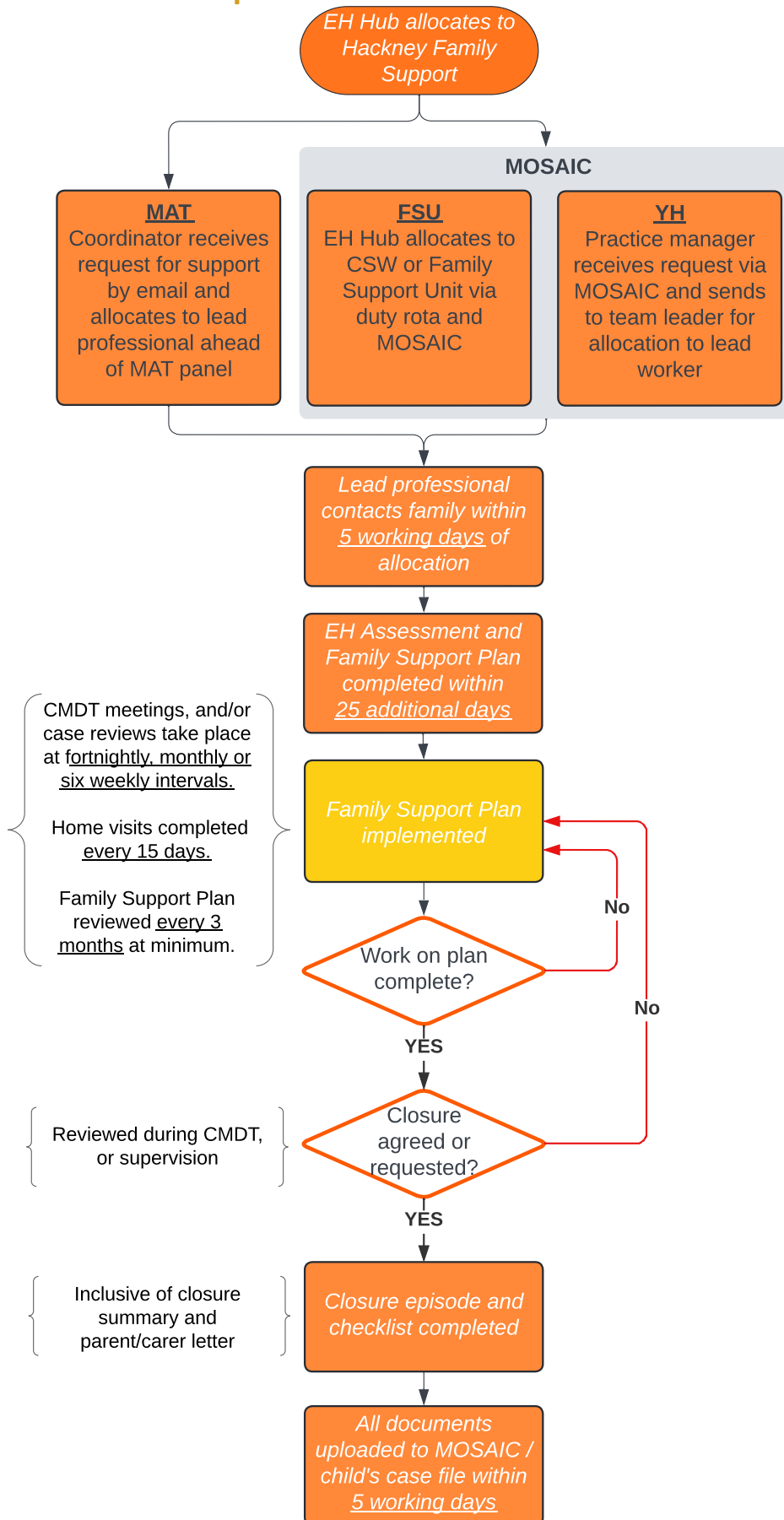
1. Everyone must understand his or her responsibilities whilst also remembering **that the Data Protection Act (2018)* is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how, and with whom the information will, or could be shared, and seek their agreement unless it is unsafe or inappropriate to do so.
3. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case whilst understanding and complying with the law.
4. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
5. The duty to share information can be as important as the duty to protect confidentiality. In making decisions consider safety and wellbeing by basing information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely. Access to confidential information should be on a strict need-to-know basis.
7. Justify the purpose(s) for using confidential information by **keeping a record of your decision and the reasons for it** — whether it is to share information or not. If you decide to share, then record what you have shared, with whom, and for what purpose.
8. When requesting information from another professional, **ensure that you provide the context for why this is needed.** Professionals will be unable to judge what is necessary, proportionate, or relevant without knowing the nature of the concern you have for the child, young person, or family.
9. Remember that **international information sharing** may be different.

*Please note that although the General Data Protection Regulations (GDPR) has updated data sharing regulations, the principles of good information sharing remain the same.

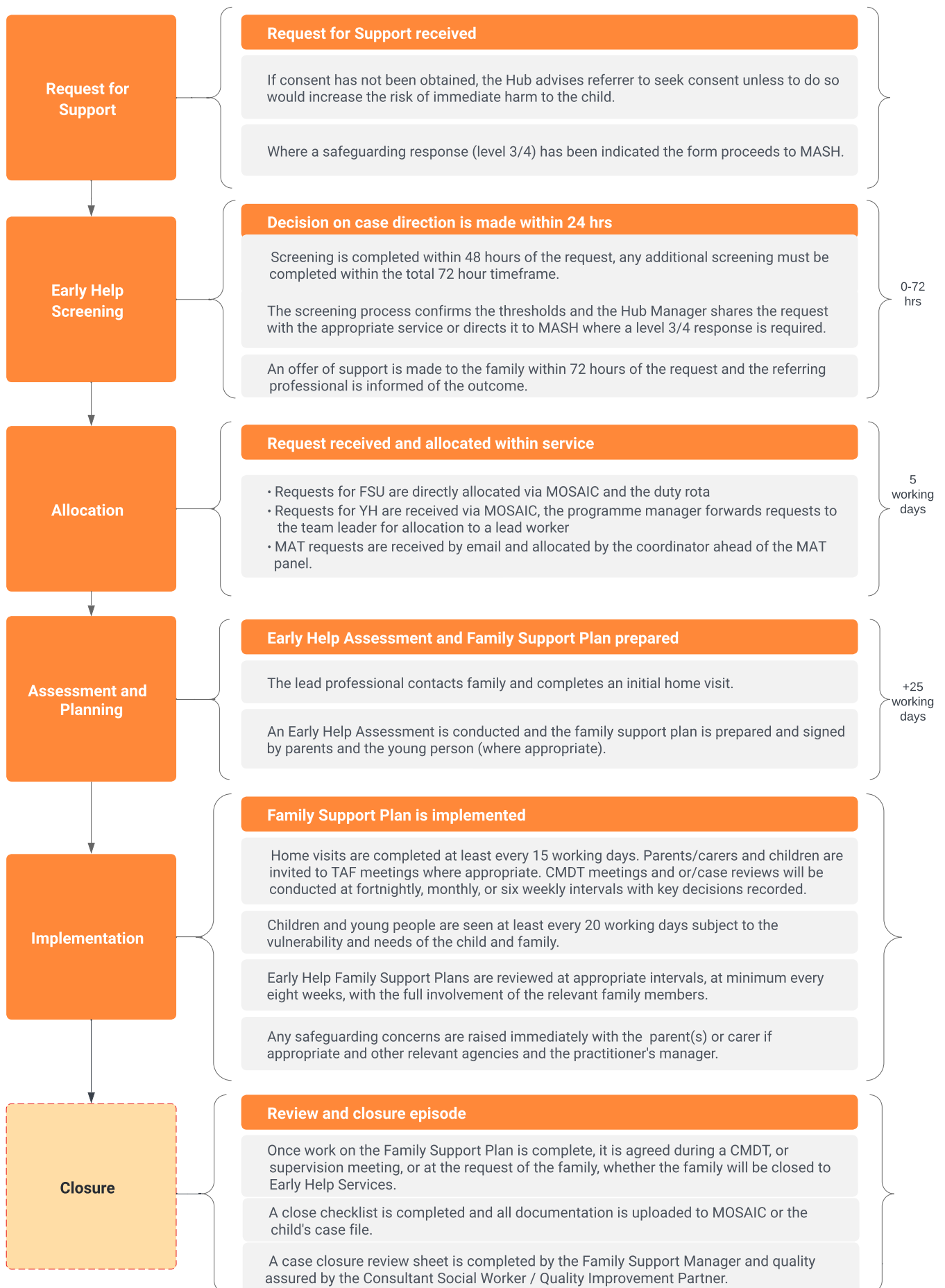
Early Help Hub Process Map



Hackney Family Support Intervention and Review Process Map



Hackney Family Support Practitioner Workflow



Hackney Family Support Quality Assurance and Oversight



Children's Case Supervision

- Frontline practice managers hold initial supervision of families with practitioner within 4 weeks of allocation.
- Children's case supervision shared with the supervisee and saved on child or young person's file within 5 working days.
- Children, young people, families and carers discussed during supervision on 8-weekly basis at minimum. Frequency to be determined by nature of EH involvement, status of plan, and arising concerns or risk level within the family.



Group / Clinical Supervision

- Group or clinical supervision signed off by the manager and added to child's file within 5 working days.



Ad-hoc Direction

- Ad-hoc supervision provided as and when necessary to respond to any developing needs of children, young people, and carers receiving support from Hackney Family Support.
- Ad-hoc supervision recorded via Case Notes on child, young person or carer's file within 24 hours.



Audits and Dip Sampling

- 1 brief audit to be undertaken by Consultant Social Workers and Quality Improvement Managers on a monthly basis.
- 6 to 8 thematic dip samples to be undertaken by Consultant Social Workers or Service Manager / Head of Centre on a monthly basis.
- 10% of cases to be dip sampled by the Quality Improvement Partner or the service manager biannually.



Case Closure Review

- Case closure sheet to be completed by the Family Support Manager and quality assured by the Consultant Social Worker / Quality Improvement Partner.



Performance and Development

- Discussion on supervision, timeframes, roles and responsibilities held within 2 weeks of joining.
- Supervision Agreement made.
- Council-wide probationary process.
- Fortnightly Management Supervision for first month.
- Regular monthly management Supervision.
- Annual appraisal process.



Performance Data Review

- Performance data relevant to the Unit, Team, or Service should be reviewed by the Consultant Social Worker Quality Improvement Partner, or Team Leader on a fortnightly basis at minimum, and weekly as best practice.
- Data to be discussed regularly with Service Manager (no less than monthly) to highlight strengths and address issues for improvement.



Evaluation & Risk Tools

- All case files to use the Evaluation and Risk Tools to support the measurement of impact and outcomes.
- Supporting families criteria (quarterly dip sample of 10-15%).
- Child and Young Person risk rating (distance travelled).
- Child and Young Person Vulnerability Risk Codes.
- Parent / Carer Vulnerability Risk Codes.
- Graded Care Profile 2.



Recording Standards

- Records to provide an audit trail; decision-making in assessment, planning, and review, and demonstrate evidence that outcomes have been achieved.

Appendices

Appendices (always check you have the most up-to-date document)	
1	Practice Standards in Relation to Children and Families includes; HDS15576 - CFS Practice Standards May22_v4.pdf
2	Anti Racist Practice Standards https://docs.google.com/document/d/1Z5YY8sBQpyyw56fz87E42yMM3YnuJy-m3RlgBUbZr1A/edit
3	Working with Men - Safeguarding in Seven chscp.org.uk/wp-content/uploads/2021/12/Working-with-Men-Safeguarding-in-Seven.pdf
4	Group supervision guidance Early Help Family Intervention Team Group Supervision Guidance 2022
5	Safeguarding Disabled Children https://chscp.org.uk/wp-content/uploads/2021/11/CHSCP-Safeguarding-Disabled-Children-Practice-Guidance-FINAL.pdf
6	Professional meeting Standards Appendix - Professional Meeting Jan 2022
7	Hackney Child- Wellbeing Framework https://chscp.org.uk/wp-content/uploads/2022/06/Hackney-Child-Wellbeing-Framework-refresh-v6-.pdf
8	Multi-Agency Safeguarding Hub Operational Protocol Multi-Agency Safeguarding Hub Operational Protocol - JUNE 2021
9	Department for Education (2018).Working Together to Safeguard children https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
10	LADO https://chscp.org.uk/wp-content/uploads/2021/10/A-guide-for-staff-and-volunteers-concern-or-allegation-v4.pdf
11	StepUp / StepDown Process https://drive.google.com/file/d/1G5rbxg3-Jv3VIBgvP6BzwHHfGHw66hey/view?usp=sharing
12	MAT Handbook MAT handbook 2019 Novemberv2of2.docx
13	Hackney Family Support documents (MAT paper case files until the transition to MOSAIC) Hackney Family Support: Uploads for Case Files_Final 21.06.22

