

## Hounslow Early Help Practice Framework 2019-2021

This Practice Framework may be read in conjunction with:

*Hounslow Early Help Partnership Commitment 2019-2021*

*Hounslow Early Help Offer*

*Hounslow Early Help Hub – Guidance for Practitioners*

*Community Action Partnership Panel – Terms of Reference*

*Hounslow Early Help Quality Assurance Framework (in development)*

*Hounslow Early Help Performance & Impact Framework*

*Hounslow Safeguarding Children’s Board Thresholds Guidance and Assessment Protocol*

### **1. Introduction and Context**

The Early Help Partnership Commitment 2019-2021 sets out the intention of the Hounslow Early Help Partnership to:

Ensure that all families receive a consistent, high quality, co-ordinated early help response from all practitioners across the partnership. This response is recognisable as the Hounslow approach to early help, is effective in meeting need and results in ‘no wrong door’ for families.

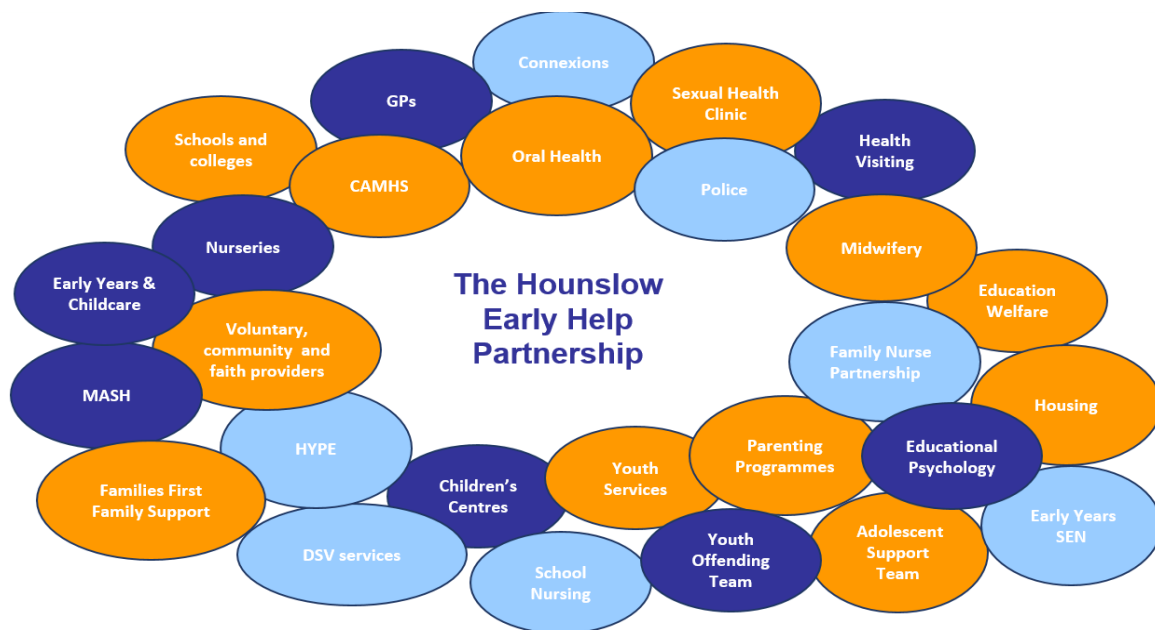
The Early Help Practice Framework supports this intention by defining, formally, the agreed framework for early help delivery across agencies and disciplines in the borough. Its purpose is to provide a strategic reference point for practitioners, which will be developed in day-to-day practice via training and support from the Early Help Hub and each organisation’s managers, supervisors and Designated Safeguarding Leads.

The Early Help Partnership comprises a wide variety of services, all of which are different and unique in their professional specialisms. The Framework is not intended to inhibit individual specialisms or to replace clinical models used within specific professional fields. **It is intended to provide an overarching framework, based on accepted best practice nationally, within which all early help interventions can be delivered no matter what the professional specialism or the agencies involved.** In this way, a Hounslow early help approach can be developed for families across agencies and disciplines, providing consistency and a more seamless experience for families.

All services which have signed the Early Help Partnership have committed to working proactively towards implementation of the framework during 2019-2021, according to their own role within early help delivery.

## 2. Who is this guidance for?

*In Hounslow, early help is everyone's business.* Therefore, this guidance is aimed at all frontline practitioners within the borough who deliver early help, and their managers and supervisors. It is everyone's responsibility to be aware of the framework and to use it according to the specific role their service plays within early help delivery. The Partnership encompasses services across multi-agency disciplines and any practitioners from these services may use the framework, including but not limited to:



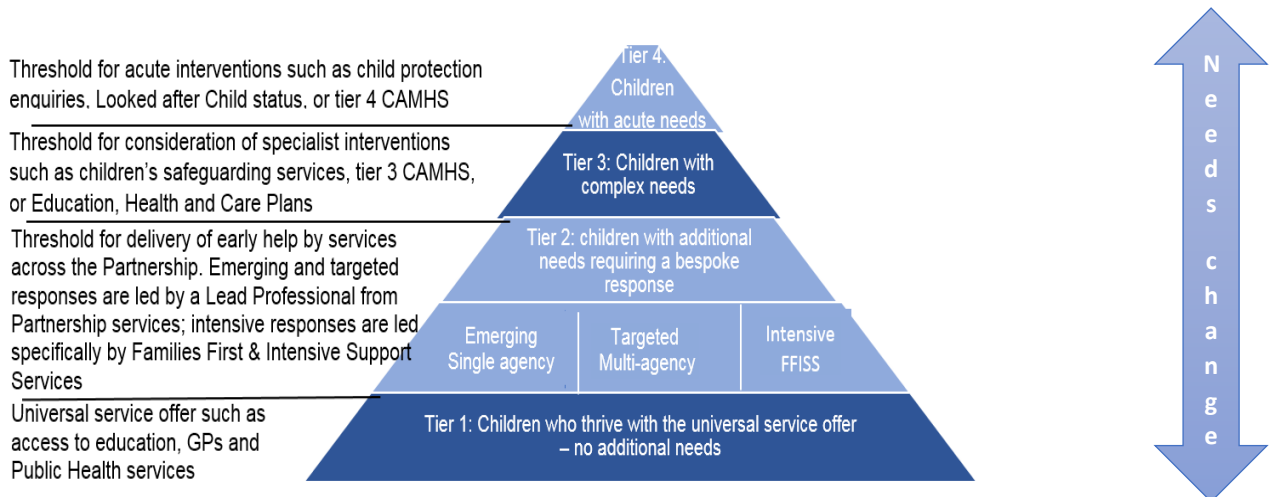
## 3. When is a family best supported using the Early Help Practice Framework?

Through the Early Help Partnership Commitment, we have agreed that **intervention for families will be promoted at the earliest, safest, most cost-effective level**, as this supports best practice with families whilst also making most effective use of our services' resources.

In practice, this means that early help will be the preferred response when families need support, wherever this is safe and appropriate. Only where the level of risk to children and young people in the family meets the threshold for safeguarding services, or where the family has complex needs which require support from another specialist service, will a higher level of response be required.

### 3.1 The Continuum of Need

Children and families in Hounslow whose level of need has been identified as sitting at tier 2 of the Hounslow Continuum of Need – 'additional needs' - are those who will be best supported through early help. This includes both those who are experiencing emerging need which has not yet escalated, and those who may have previously been supported by specialist interventions but whose level of need has reduced and can now be supported at a lower level.



Children and young people at tier 2 may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. *These children and young people may be subject to adult focused care giving.* This is the threshold for a multi-agency **early help assessment** to begin. These are children and young people who require a **lead professional** for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services and do not include statutory services from children's social care.

Families whose needs are sitting at tiers 3 and 4 will be more appropriately supported by safeguarding and specialist services rather than by the Early Help Practice Framework.

It must be remembered when making a decision about the overall level of need that all factors affecting a family – and their strengths - need to be considered together holistically: no one element should be considered in isolation. Likewise, children and young people's needs and circumstances often change over time and accordingly, children and young people can, and do, move from one level of threshold to another. It is important therefore to consider that "risk" and "need" are dynamic issues. When a child or young person meets certain criteria within the context of the threshold this does not mean that they will stay at this level.

The **Hounslow Continuum of Need** should be used when considering which response is most appropriate for a family, in consultation with the organisational safeguarding lead, the Early Help Hub or the children's services front door/MASH team.

#### In summary:

- ✓ *Organisational safeguarding leads, the Early Help Hub, and the children's services front door/MASH will all be able to assist in determining whether the Early Help Framework is the best response for an individual family. Undertake consultation before coming to a decision.*
- ✓ *Refer to the **Hounslow Continuum of Need***
- ✓ *Families' needs change over time and may require a higher or lower level of response*

## 4. Consent and Information Sharing

***All work at early help level will require the explicit consent of the family, including the child or young person where they are of an age and ability to give their own consent.***

Delivery of early help to families is not a statutory requirement by law and therefore families will always have a choice whether they wish to receive early help. It will be the responsibility of individual practitioners to discuss this with the family at the earliest opportunity to allow them to make a choice as to whether they wish to receive early help. Early help leaflets and the [Early Help Partnership Privacy Notice](#) will be available to support the conversation.

Families should be aware that if they choose to receive early help, their personal information will be collected and stored. They should understand explicitly what information practitioners will request from them, why, and how and with whom it will be shared and stored. They should also be aware that their information will be shared with LBH Children's Safeguarding and Specialist Services if a child or young person is believed to be at risk of significant harm, in order to safeguard that child or young person.

The lawful basis for requesting, storing and sharing information for early help under GDPR is to comply with legal obligations and to carry out tasks in the public interest. There is additional lawful basis for processing information for families who receive early help under the Children Act 2004, section 11, which places a duty on practitioners to share information to promote the wellbeing and safeguarding of children.

Consent to receive early help will be recorded within a practitioner's own organisation if the intervention involves only that single agency. Where a multi-agency Team Around the Family is required, consent will be recorded on the CFAN and on any referral forms which are used to secure services for the family.

### 4.1 What if the family does not consent to receive early help?

Where a family would like to receive early help but without information being shared with one or more specific agencies, the reasons for this should be fully explored by the practitioner. The practitioner will need to consider whether the early help process is viable without sharing information with the named agency/agencies. If viable, the intervention should proceed and the family's request should be accommodated for certain details not to be shared with specific agencies. It may be, with further discussion or when revisited at a later date, that the family feels comfortable for information to be shared.

Where, at any point in the early help process, a family refuses consent for early help to be provided for their child, similarly the practitioner will need to explore fully the reasons for this and explain potential consequences to the child or young person. With persistence, development of the relationship, or when revisited at a later date, it may be that the family then provides consent.

If the practitioner considers that early help is not viable without full sharing of information, or where a family continues to refuse consent to receive early help, alternative routes to support the children and young people will need to be considered. This should include consultation with the Early Help Hub or LBH Children's Services Front Door as appropriate to the level of risk posed to the children and young people in the family. See [Working Together to Safeguard Children 2018, clause 10](#) for further information.

## 4.2 When is it permissible to share information?

As the practitioner will have obtained the consent of the family to proceed with early help, information may be shared with other practitioners provided that the family is consulted on an ongoing basis before sharing, and has the opportunity to express any reservations about details a practitioner proposes to share.

It is the responsibility of practitioners to follow the [Seven Golden Rules of Information Sharing](#) when considering whether to share information about families and which details to share: just because information *may* be shared does not always mean it *should* be shared.

Where there are concerns for the safety and wellbeing of children and young people, under the [Children Act 2004, section 11](#) practitioners have a duty to share information with others even if consent has not been given. This is likely to include the Early Help Hub or the LBH Children's Services front door. It remains best practice in this scenario to try to obtain consent to share information, provided doing so will not pose a risk to the child or young person. There is also provision under GDPR for sharing information in the interests of a child or young person's safety and wellbeing.

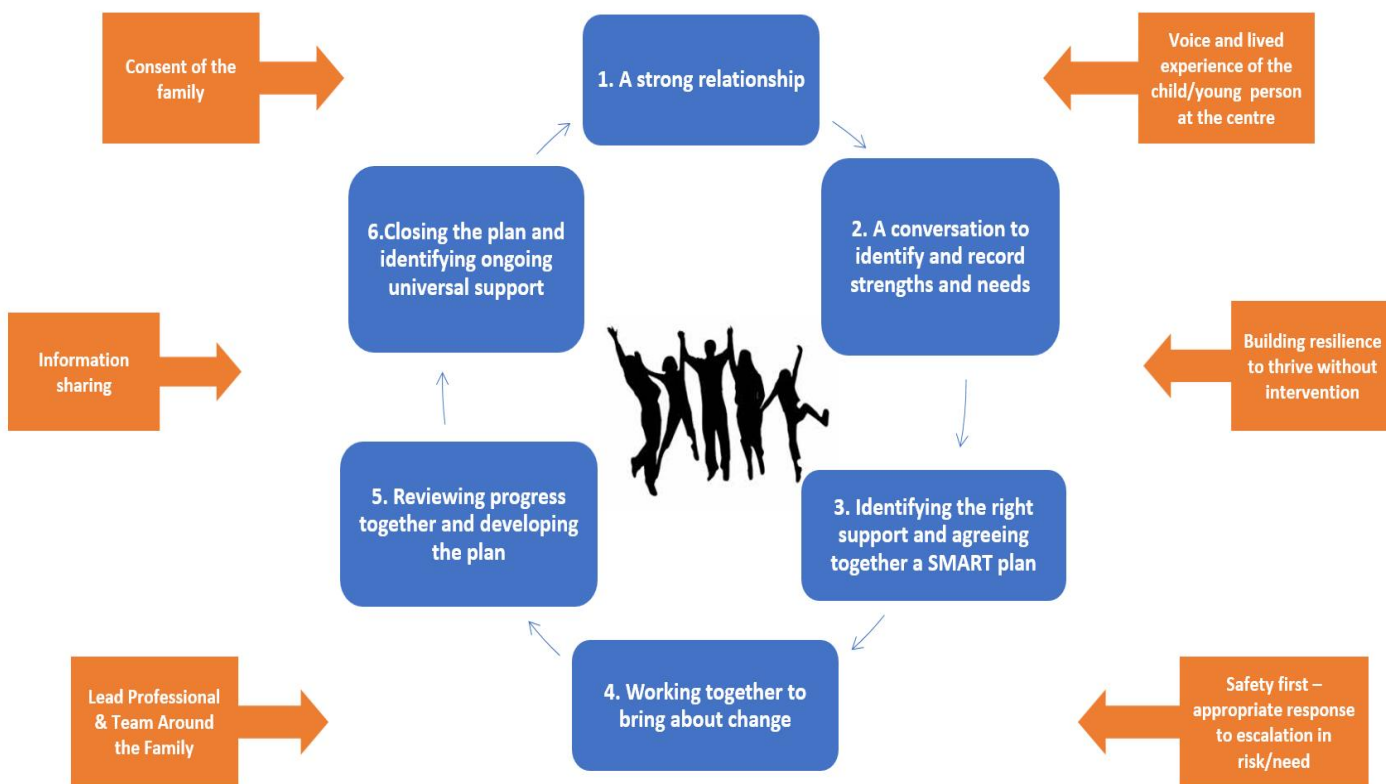
All services within the Early Help Partnership will be invited to sign a central Information Sharing Agreement to support effective communication across the borough.

### In summary:

- ✓ *Consent must be obtained to deliver early help. This may be gained over time as relationships and trust develop.*
- ✓ *Where there is no consent for early help, additional ways of supporting the child or young person should be considered. If the lack of consent for early help poses a risk to the child or young person, consultation with the Early Help Hub or Children's Services Front Door is advised.*
- ✓ *Information sharing should never be a barrier to early help – with consent, sharing is permitted and where there are concerns for the safety or wellbeing of a child and young person proportionate sharing with the appropriate agencies is always permissible.*

## 5. The 6-Step Early Help Framework

Where early help is the most appropriate response for a family and consent has been obtained, the 6-step Early Help Framework provides an overarching structure for intervention which can be used by practitioners across agencies and disciplines. This provides a consistency of response for families no matter which agency they approach for support, makes transitions for families between services smoother, and provides an identifiable 'Hounslow model':



Training in the Early Help Framework will be delivered by the Early Help Hub and available to all practitioners in Hounslow from September 2019 via the [Hounslow Safeguarding Children's Partnership Training Programme](#).

**In summary:**

- ✓ *The Early Help Framework is the best practice model in Hounslow for structuring early help interventions*
- ✓ *It can be used across agencies and disciplines*
- ✓ *Training is available to book through the [Hounslow Safeguarding Children's Partnership Training Programme](#)*

**STEP 1**

**A strong relationship with the family**

**STEP 2**

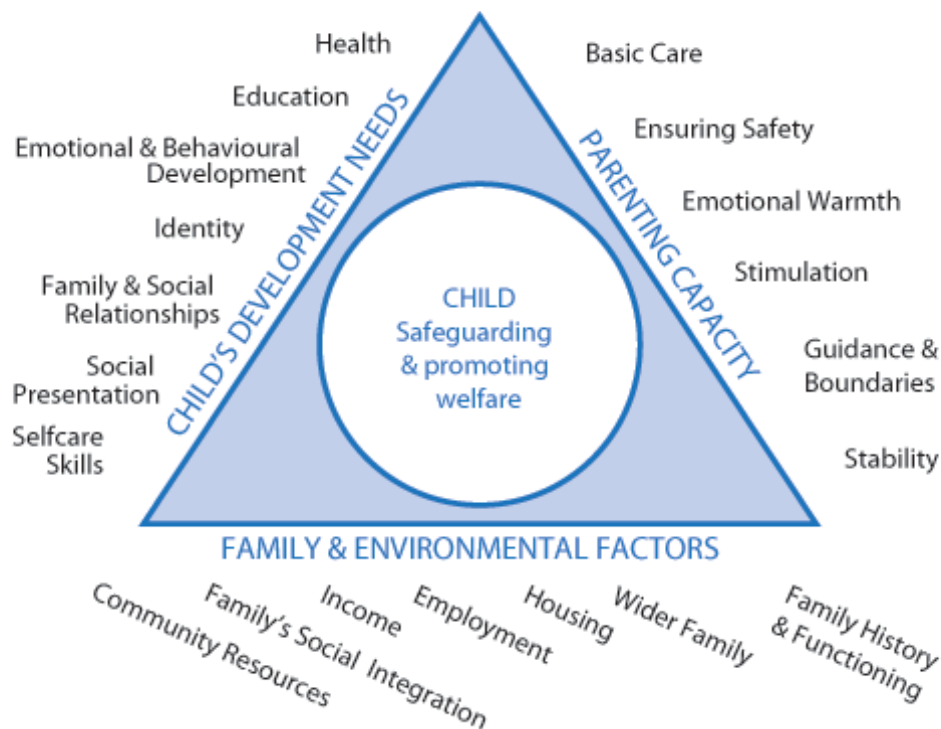
**A conversation to identify and record strengths and needs**

A strong relationship with the family is the foundation for all early help and will need to be in place before strengths and needs can be fully identified. This may take a varying amount of time with individual families, but it can be worth taking longer to cement the relationship before attempting an assessment conversation.



Once the practitioner feels the relationship is in place, a conversation can take place to identify strengths and areas where the family requires support, and services which may be able to help. **It is important to take a strengths-based approach to the conversation**, recognising where the family is already doing well before identifying needs. This conversation should be undertaken:

- By a practitioner who knows the child and family, can act as an advocate and be part of the integrated plan of support
- with the agreement of the child/young person and their parents or carers, involving the child/young people and family as well as all the practitioners who are working with them. **It should take account of the child's/young persons' wishes and feelings and their lived experience.** Consult the **Practitioner Resource Bank** for tips and materials for including the child or young person's voice.
- with a whole family approach in mind, where other members of the family also require support
- with consideration given as to whether the family has needs in more than one area (holistic approach), thinking about the following:



The conversation should be recorded, using factual, evidence-based terms: for the reference of the practitioner and the family, to serve as the basis for any future service referrals, and to measure progress at the end of the intervention.

### 5.1 The CFAN

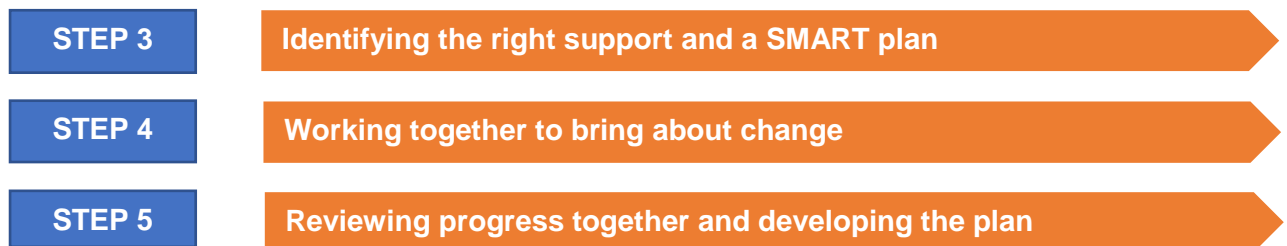
**The Child & Family Assessment and Notification Form (CFAN)**, which practitioners will already be familiar with as the tool to refer to the Children's Services Front Door, will be used as a tool to support and record this conversation about early help. If services are required which are accessed by sending the CFAN to the Children's Services Front Door this should be done (see [here](#) for services which require this), – likewise if a safeguarding response is

required. If no such services are required, the CFAN should be retained by the practitioner to support their own delivery of early help. If a family's situation changes, the CFAN can still be updated and sent to the Children's Services Front Door if required.

The CFAN is not intended to replace specialist detailed assessment tools used in individual services, e.g. clinical health assessments or specialist learning assessments. It is an overview assessment summarising a holistic overview of a family's needs and may reference information stored in specialist professional assessments by individual services where appropriate.

**In summary:**

- ✓ Once a strong relationship is in place with the family, a conversation can take place to identify strengths and needs and inform any referrals to services
- ✓ The family will be fully involved in this conversation, including the views/wishes of the child or young person – consult the [Practitioner Resource Bank](#)
- ✓ The CFAN will be used as the tool to support and record this conversation
- ✓ The CFAN should only be sent to the Children's Services Front Door where services which are accessed via this route are required (e.g. FFISS), or where a safeguarding response is required. Otherwise, the CFAN will remain with the practitioner to inform their own delivery of early help



An important aim of the conversation to identify strengths and needs is to be clear on what help the child and family require to prevent needs from escalating. There will be three routes:

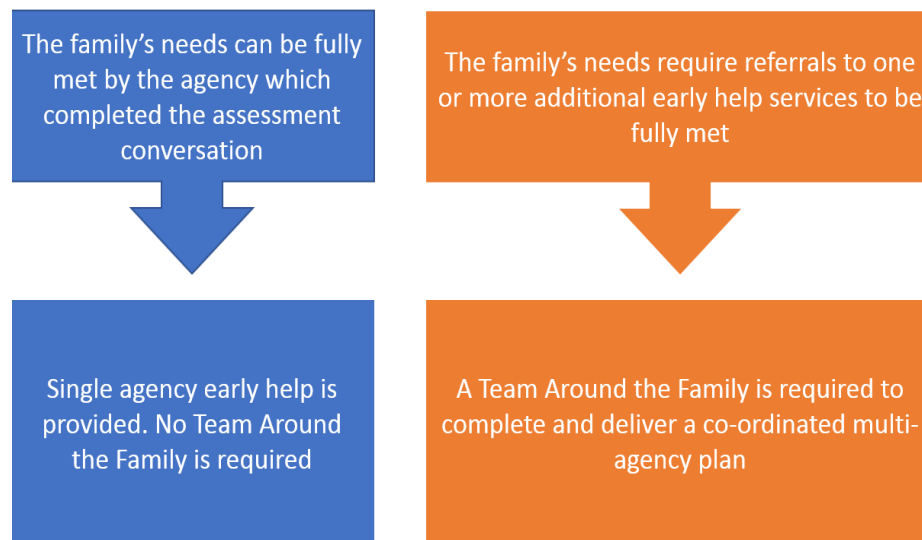
Single agency early help	Multi-agency early help	Escalation to safeguarding or specialist services
<p>The family's needs can be fully met by the agency which completed the assessment conversation. Discuss the support you can offer and seek consent from the family to begin work.</p>	<p>The family's needs require referrals to one or more additional early help services to be fully met. Consult the <a href="#">Hounslow Early Help Offer</a>, discuss the services available and seek consent from the family to make these referrals.</p>	<p>Explain to the family the reasons you wish to escalate and seek their consent to make the referral, unless doing so would place a child/young person at risk. Consult with the Early Help Hub or Children's Services Front Door. Subject to consultation send the CFAN to the Children's Services Front Door or to the relevant specialist service.</p>



It is important that practitioners place value on the support they can offer themselves to the family within their professional remit, as the one who already holds the relationship: this relationship will support the best outcomes and place the family at most ease. The practitioner should consider their own skills and offer, and refer to other agencies only when their professional remit is not appropriate to meet the family's needs. Where additional referrals are required, the [Hounslow Early Help Offer](#) gives an overview of early help services in the borough in one place.

## 5.2 What is Team Around the Family (TAF) and when is it required?

Where more than one agency is required to work with the family, it is best practice to form a co-ordinated response. This supports communication between practitioners, communication between practitioners and the family, prevents the family from having to repeat their story multiple times to different services, and reduces duplication or gaps in support. *It is well known that one of the most common findings of serious case reviews is that practitioners did not share information effectively or were not aware of the work undertaken with the family, or of knowledge/concerns held, by other agencies.*



Team Around the Family brings together the family and all the practitioners supporting them in their early help at regular meetings, to discuss progress and develop and review a single SMART, co-ordinated multi-agency plan for intervention. A TAF may also be considered as a means of supporting a family who have recently closed to tier 3 support by safeguarding or specialist services but still require support at a lower level. A nominated Lead Professional will be responsible for co-ordinating the TAF.

It is recognised that roles and responsibilities within a TAF will vary according to agency and designation. Where practitioners are unsure of how TAF aligns with their own role or service, they should contact the Early Help Hub Team Manager.

## 5.3 What is a Lead Professional and who is responsible for undertaking this role?

*Any practitioner in the borough may be called upon to act as a Lead Professional as part of their role with families.*

A Lead Professional for a family is agreed collaboratively by the Team Around the Family and is usually nominated due to being:

- the practitioner who has the best relationship with the family, and/or
- the practitioner whom the family specifically wish to be their Lead Professional, and/or
- the practitioner whose professional discipline best reflects the main presenting needs of the family (e.g. a family with predominantly learning needs are likely to be supported by a Lead Professional from Education, with predominantly health needs by a Lead Professional from Health etc.)

Lead Professional Myths and Truths	
Myths	Truths
Only family support workers can be the Lead Professional for families.	Practitioners from any discipline can act as a Lead Professional. Though rare, the family may themselves also choose to act as their Lead Professional.
The Lead Professional is fully responsible for the success or poor progress of a family's plan.	The Lead Professional is responsible only for coordination of the plan, arranging regular TAF meetings, and communicating with the family as the single point of contact.
The Lead Professional is responsible for completing all the actions on the family's plan.	The Lead Professional is responsible only for those actions within the plan which are assigned specifically to them. They are not responsible for uncompleted actions assigned to other practitioners.
The Lead Professional is required to undertake work for the family outside of their professional remit/area of specific professional training.	The Lead Professional will only be assigned actions in the plan which are appropriate to their professional remit. They should never undertake actions which better fall under another practitioner's role and skillset.
The Lead Professional cannot close their own involvement with the family until the whole early help plan has closed.	The Lead Professional should close their involvement with the family in accordance with their organisation's normal protocols for length of intervention or decision-making to close involvement. When it is known that the Lead Professional is due to close involvement, a new Lead Professional will be agreed by the Team Around the Family.
I cannot take on Lead Professional role without special training.	Special training is not mandatory to be a Lead Professional. However, training will be available via the <a href="#">Hounslow Safeguarding Children's Partnership Training Offer</a> and the Early Help Hub will also provide practical assistance to Lead Professionals.
Taking the Lead Professional role involves a lot of extra work and is impossible for me to undertake.	There is some administrative work associated with the Lead Professional role. However, providing early help using the TAF model also means that interventions are likely to be shorter and more effective, saving time in terms of intervention length and re-referral to services in the future. It is nationally recognised that the TAF model provides the best service to families who are receiving multi-agency early help.

**It is never acceptable for a family to experience a situation where no professional in the Team Around the Family meeting is willing to act as their Lead Professional.** If there are concerns about capacity to act as Lead Professional, or about the participation of agencies in the Lead Professional role, please escalate to the Early Help Hub Team Manager for discussion in the first instance.

#### **5.4 Frequency of TAF meetings**

It is recommended that TAF meetings are held within a month of completing the CFAN and once every six-twelve weeks subsequently, taking the individual family's context into account. For families who are nearing the end of their intervention and making good progress, it may be that meetings are held less frequently to support the transition of the family away from the support of the TAF. For families where progress has not yet been evidenced, or where there are concerns for children and young people which are very close to the threshold for safeguarding or specialist services, TAF meetings may be held more frequently to prevent drift.

#### **5.5 Holding the TAF Meeting**

The TAF meeting will be convened by the Lead Professional with the consent of the family, and all members of the Team Around the Family will be invited. It is likely that the Lead Professional will also chair the meeting, although the family may also do so if they wish.

The purpose of the TAF meeting will be to come together to:

- ✓ discuss updates on the family's situation and progress
- ✓ share important information
- ✓ celebrate and positively reinforce progress
- ✓ transparently identify and discuss any concerns
- ✓ create a plan linked to the family's needs, or to review an existing plan
- ✓ Agree next steps

**It is essential to the success of the family's early help intervention that all practitioners in the Team Around the Family attend meetings.** In exceptional cases where a practitioner is unable to attend, they should send the Lead Professional a progress update of their work with the family and any strengths or needs they wish to highlight. Where there are ongoing concerns about an individual agency's participation in TAF meetings, these should be escalated to the Team Manager of the Early Help Hub for discussion in the first instance.

Any venue may be selected which is comfortable and convenient to the family and suitable for a confidential and sensitive discussion. This includes the family home or any agreed professional or community venue.

#### **5.6 Involving the child or young person in the TAF meeting**

Children and young people should be as fully involved in the TAF process as appropriate to their age, ability and willingness to participate, their preferences and those of their parents. For some children and young people, attending the full TAF will be appropriate. Others may attend part of the TAF to put forward their views and participate in the planning process. Others again may prefer not to attend but to prepare their thoughts and feelings outside of the TAF to be relayed by a chosen practitioner or parent/carer, for example in a drawing, letter, video, or informal discussion.

Further guidance regarding holding a TAF meeting will be provided via the [Hounslow Safeguarding Children's Partnership Training Programme](#), the [Practitioner Resource Bank](#), and the Early Help Hub.

### 5.7 The TAF Plan

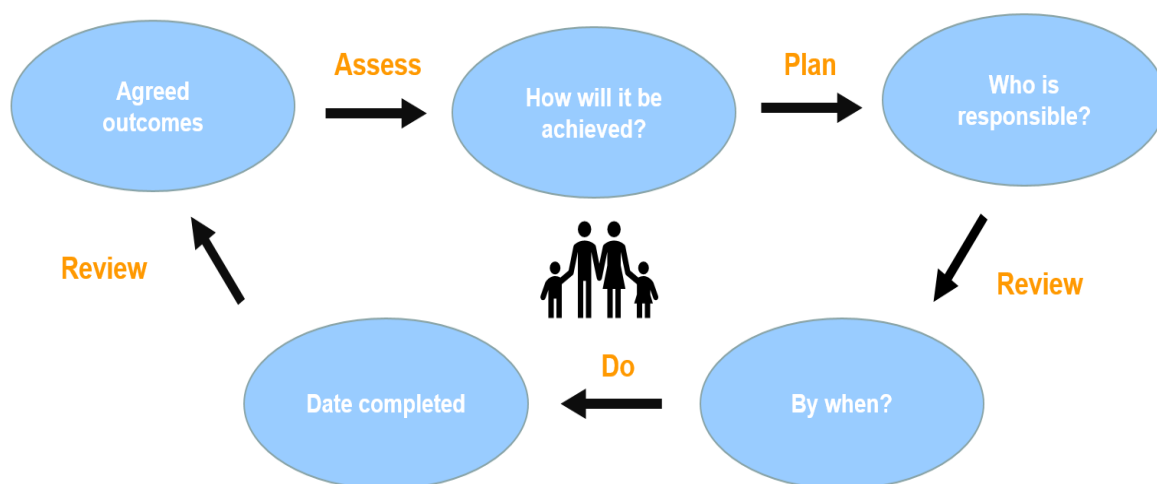
The TAF plan provides an overarching summary, in one place, of all the actions being undertaken by the family and the practitioners supporting them. It is not intended to replace detailed, specialist planning tools used within individual services, e.g. a care plan. Where additional specialist plans exist these will sit alongside, but should be referenced in the central TAF plan in order that all members of the TAF have an overview of the support being provided.

The TAF plan should:

- ✓ be clearly linked to the needs of the family identified in the CFAN
- ✓ not overwhelm the family in its length
- ✓ be SMART: Specific, Measurable, Achievable, Realistic and Timebound
- ✓ contain actions for family members to undertake (including children and young people) as well as for practitioners
- ✓ be able to flex its content according to changes in the family's situation
- ✓ be reviewed and updated at each TAF meeting

A standard template for recording TAF meetings which can be used by all agencies will be provided by the Early Help Hub, to support practitioners in writing TAF plans and to achieve consistency of approach across the borough. A copy of the TAF meeting minutes should be given to the family.

Further guidance regarding best practice in TAF planning will be provided via the [Hounslow Safeguarding Children's Partnership Training Programme](#), the [Practitioner Resource Bank](#), and the Early Help Hub.



Overall, it is expected that most TAFs will last between three and six months, and in rare cases no more than a year. Where a family have not yet made significant progress at the six-month review meeting, it should be considered whether the approach and plan are the best fit to the family's situation. Consultation with the Early Help Hub is recommended to look at next steps.

The decision to close a TAF should, if possible, be made together with the family and all TAF members. Ideally, the decision to close a TAF will be made due to the family having made good progress with their plan and no longer requiring additional support. Their level of need will have decreased either to level 2 single agency support or to level 1 universal services support.

It is important to consider the family's **transition** and **exit planning** when closing a TAF. Identifying community or universal services that the family can tap into, and supporting them to build relationships here before the end of the TAF, can be crucial in preventing the need for the TAF to be re-opened.

There may be other reasons for closing a TAF, for instance:

- The family has withdrawn consent
- The family has not actively withdrawn consent but is no longer engaging
- The family has moved out of borough
- The family's level of need has escalated and a response is required from safeguarding or specialist services (in this scenario it is recommended to pause the TAF pending the outcome of the new assessment, rather than close immediately)
- The TAF has been open a long time but is not showing success in empowering the family to make progress – a different approach is required

In any of these scenarios, practitioners should consult with the Early Help Hub prior to closing to see whether there are alternative strategies for engaging the family, to discuss transferring their TAF to a new borough (subject to consent), or to discuss threshold.

#### In summary:

- ✓ Early help may be delivered as a single agency intervention or as a multi-agency Team Around the Family.
- ✓ Team Around the Family is a best practice model incorporating a single co-ordinated plan and regular meetings including the family and all the practitioners working with them.
- ✓ Planning should be SMART and hold the voice and lived experience of the child or young person at the centre.
- ✓ A Lead Practitioner will be required for the family; any practitioner may be called upon to take this role and should discuss any concerns with the Early Help Hub Team Manager.
- ✓ Where a family's situation changes and there are concerns about escalated need/risk, a consultation should be held with the Early Help Hub or the Children's Services Front Door.
- ✓ Exit planning is an important part of the TAF closure process to ensure the family are linked into community and universal services to support their ongoing progress.

## 6. Early Help Module (EHM)

In Hounslow there is currently no single, secure, record of early help with a family accessible by all members of the Team Around the Family, which presents a barrier to information sharing and integrated working.

Work has been undertaken to develop the Council's Early Help Module system (EHM) to allow partners from any agency to access such a record: there is now potential for a single recording system in the borough for Team Around the Family work. The project has met all relevant Data Protection and Information Governance requirements and has obtained sign-off from LBH ICT, Systems and Information Governance teams.

EHM access will be ready to pilot with partners as part of the Community Action Partnership Panel roll-out in the West locality, from September/October 2019. To access EHM, agencies will need to sign the Early Help Partnership Information Sharing Agreement and to endorse the appropriateness of individual practitioners within their organisation being granted access to the system.

It is envisaged that access will allow partners from all agencies to:

- ✓ Complete a CFAN as an early help assessment directly onto a secure system
- ✓ Complete TAF meeting records directly onto a secure system
- ✓ Access a family's CFAN and TAF records when joining an existing TAF, subject to the family's consent
- ✓ Grant access as a Lead Practitioner to additional practitioners joining a TAF, subject to the family's consent
- ✓ Escalate to the Children's Services Front Door/MASH team via the system where it is no longer safe to offer early help
- ✓ (subject to further exploration) make referrals to other services via EHM

The Early Help Practice Framework will be updated with EHM processes and further details following the pilot in the West.



**APPENDIX 1: EARLY HELP OR SAFEGUARDING? IDENTIFY LEVEL OF NEED** and review the Thresholds document (hyper link), discuss with your Safeguarding or Named Lead and use your professional judgement to identify the level of need. If you need some advice about support & services, you can consult the Early Help Hub 0208 583 6806. If you think the need has reached level 3 or 4 and you need advice or guidance, you can call Hounslow Front Door on 0208583 6600 option 2 option 3. Allegations against professional please contact SAAM Duty 0208 583 5730 [lado@hounslow.gov.uk](mailto:lado@hounslow.gov.uk)

**Threshold indicates Level 1:** Child or young person has no additional needs and is thriving with universal service provision and receives child focused care from care givers. Continue providing universal services.

**Threshold indicates Level 2:** Child/young person has additional, unmet needs which are hindering their progress but do not place them at risk of harm, and there is risk of poor outcomes.

**Threshold indicates Level 3:** Child or young person at risk of harm, but not immediate, possibly less serious, future family breakdown less likely.

**Threshold indicates Level 4:** Child or young person appears to be at risk of immediate significant harm or imminent risk of family breakdown

**Consent**

Gain consent from family to work with them using the **Early Help Framework**, to support their needs and prevent escalation. Consult with EH Hub – advice and guidance available throughout work with the family. Refer to Local Offer and Early Help Offer online.

Speak with family and gain written consent to ensure they agree to the CFAN referral. Need remains voluntary however referral can still be made against parental/carer consent. Please record parental/carer view and attempts to discuss referral

You do not require consent if the child has or is likely to suffer harm. If you are unsure you should call Hounslow Front Door

**Contact**

Complete CFAN as agreed or recommended by Early Help Hub or Safeguarding Lead. CFAN needs to be sent to [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk) to request targeted early help services if these are required. Otherwise, CFAN may be held within agency to support TAF. EHM users may record on EHM.

Complete CFAN and send to [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk)

Complete CFAN and send to [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk) call Hounslow Front Door to alert service

**What Happens Next when a CFAN is sent to [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk) ?**

Referral will be reviewed by Hounslow MASH and Social Care Provisional Rating will be entered **Level 1, 2, 3 or 4**. Please note often the threshold rating can/is dynamic and can progress up and down the threshold, as further information is being received or following application of screening tools and checks with MASH partner agencies. Your referral will be reviewed on the day of receipt or up to 24 hours. A final decision will be made for most referrals within 72 but up to 5 days for complex referrals, especially when MASH checks or significant Screening is being completed. To achieve the best outcome, the referral should provide proportionate contextual information known to the referrer as well as contact details for parent. A lack of detail may result in inaccurate rating.

Signposted to early help services and/or advice given. Alert sent to Early Help Hub where applicable

Targeted Services: Progresses to MASH for Screening and possible MASH checks or direct to Access to Interventions Panel (AIP) or Early Help Hub or Adolescent Panel

Progresses to MASH for Screening, application of screening tools and MASH checks with MASH partners

Where child Intake or Adolescent Team for consideration of s17 Assessment or s47 Investigation

Final Level 1

Final Level 2

Final Level 4

Final Level 1

Final Level 2

Final Level 4

Final Level 1

Final Level 2

Final Level 4

A response to your referral will be sent within 48 hours of the final Decision being made alternatively please email [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk) if you need an update. The allocated Social Worker or Early Help Coordinator will confirm outcome if final rating is Level 2 or 4.

## APPENDIX 2: QUICK GUIDE – EARLY HELP FRAMEWORK

**STEP 1.** A strong relationship with the family.

**STEP 2.** A conversation to identify and record strengths and needs.

**Build your relationship with the family. When this is established, explain your concerns and what can be offered through early help. Does the family give consent for early help (including children and young people old enough to consent)?**

YES

NO

Unsure

Proceed to step 2

Consent is always required. The family may give consent at a later time, with further encouragement or when they feel ready. Consult with the Early Help Hub for guidance in engaging the family and using alternative approaches, or if you are worried that the family's lack of engagement constitutes a safeguarding risk to the child/young person.

**Contact the Early Help Hub to check whether there is already an open CFAN/Team Around the Family plan for the family.**

YES

NO

The Early Help Hub will give you the details of the Lead Professional so that you can contact them to join the Team Around the Family and work to a single family plan. For EHM users – you will be given access to the family's EHM record to view and add to early help work, subject to the family's consent.

Proceed to step 3. The Early Help Hub will register your intention to start a new CFAN and Team Around the Family plan, and for EHM users will create a file on EHM for you to record your work on. They will provide ongoing guidance.

**Have a conversation with the family about areas which are going well for them and areas where support would help. Record this on a CFAN and provide the family with a copy. For EHM users, use EHM to record your CFAN securely and contact the Early Help Hub if you require guidance with this. There is no need to send the CFAN to the Children's Services Front Door unless you are making a referral to a service which requires the CFAN – for example FFISS – or you require a safeguarding response.**

**STEP 3.** Identifying the right support and agreeing together a SMART plan.

**STEP 4:** Working together to bring about change.

**STEP 5.** Reviewing progress together and developing the plan.

**STEP 6.** Closing the plan and identifying ongoing universal support.

**Can you meet the family's needs fully within your own agency?**

YES

NO

Unsure

Undertake intervention with the family's consent.

Consult [Hounslow Early Help Offer](#) and make referrals with the family's consent. A Team Around the Family is required to ensure that all services are working to the same plan and that work is coordinated. If escalation to safeguarding or specialist services is required, consult with the Early Help Hub. CAPP may be suggested.

**Invite all services involved to the first Team Around the Family meeting to review with the family their strengths and needs and agree an initial SMART plan. Provide the family with a copy. A Lead Professional is identified at this meeting. For EHM users: record the TAF meeting and plan on EHM. Members of the TAF may contact the Early Help Hub for access to the family's EHM record. Work through the TAF plan and continue to hold and record TAF meetings until the plan is completed and the family has made sufficient progress to thrive with universal services. Additional service referrals can be made at any point and the Lead Professional may change. If you are concerned that the family is not making progress or that need/risk is escalating, contact the Early Help Hub.**