



## Children's Safeguarding Board Practitioner Briefing

### Briefing Number 3: Early Help Assessment Audit

The safeguarding children's board completed a multi-agency audit upon the quality of Early Help Assessments submitted to the; Cambridgeshire Early Help Hub and Peterborough Local Authority Gateway. 45 cases were selected at random from the period 1 September 2017 to 1 November 2017; 30 cases from Cambridgeshire (the larger county) and 15 cases from Peterborough. All of the assessments were from a mix of agencies and covered children and young people from 1 to 17 years of age.

It should be noted that; Cambridgeshire and Peterborough utilise the early help assessment forms for both different and similar processes;

- Cambridgeshire use the early help form as a 'holistic' assessment and also as a 'single agency referral form' to access support from agencies such as SEND (Special Educational Needs and Disability), Education Welfare Officers and school nursing
- In Peterborough, professionals are advised to open an Early Help Assessment if they are working with a family where there is evidence of more than one unmet need that is likely to require a multi-agency response in terms of support

#### What did we find out?

- **Professional details:** Across Cambridgeshire and Peterborough, overall, 95% of the audited early help assessment forms either 'met' (62%) or 'partially met' (33%) the requirement for completing all of the details of the professional completing the assessment. Practitioners need to remember to complete their own details on the EHA form and to include any extended family / friends involved within the child life and what their views are in relation to the child/family.
- **Quality of Early Help Assessments:** The audit found that the quality of early help assessments was variable. Some were good and contained relevant information and a good analysis. Others contained little relevant information or analysis.
- **Voice of the Child:** It was evidenced that 'the voice of the child' was mentioned within some assessments. However, the voice of the child was often forgotten and the experiences of what 'is life like for them' not recorded nor analysed. Children can tell us so much about their experiences which effectively informs our assessments and the appropriate support for them. In terms of good practice; there were two forms which did indicate that they had spoken to the young person (teenager) and added their comments which informed the assessment. Many health visitors and children centre staff described the interactions between babies and parents, really well, giving an indication of how strong the attachment/bond is between parents and the child. Practitioners need to be '**professionally curious**' and find out what life is like for the child and to make observations of the surroundings and the interactions they have with family.
- **Consent:** Not all forms had parental / young person consent. Many requested 'support for parents' and 'coping strategies' but few explained what the support might be or what coping strategies would help. In order to have the EHA actioned and to gain the correct support for the family; practitioners, in all cases, should seek the consent of parents/ carers and where possible young people (if over 13 years of age (Cambs EHA only)) and to record it. When proposing support for parents practitioners need to say what sort of support and in relation to what is needed. For example the parents may need some additional support from a parenting course to help with creating and imposing boundaries for the child within the home.

- **Cultural competence and staff confidence:** If a family have moved to England, practitioners need to think and ask 'what about their previous history and life experiences?' and to check out the correct spellings of family names. Professionals should not forget about significant males/father figures and the extended family by either speaking to them, as part of the assessment, or by asking where they are and does the child spend time with them.
- **Dads can safeguard too:** In some cases, there was reference to fathers who were actively part of the overall assessment, which added more supportive evidence and a whole family perspective to the referral/assessment. One family worker described the home situation for an asylum seeking family very well and pointed out concerns of possible exploitation from their landlord
- **Agency Jargon:** There was sustained evidence of professionals using jargon or words that they think other agencies and parents/ children might know what is meant by them. Local serious case reviews tell us that this is detrimental to; understanding about the family and the child and our analysis and interpretation of the situation. In contrast a good case example was from one worker; who discussed the medical terms, for the child, and went on to explain the assessment scales within those diagnosis and what that specifically meant for that child, what her needs were and what was needed to support her
- **Parents:** Sometimes assessors appeared too ready to accept what parents say and did not use 'respectful uncertainty' to validate and check out, with other agencies and the child, what they are being told. It is good practice to seek information and evidence around what parents say is happening and what parents need to support their child(ren) and to include this within the analysis.
- **Risk:** Practitioners need to identify and record 'risk factors' as well as 'protective factors' for the family. For some agencies, within the audit sample, referring to 'risks' was an identified area of omission in that; referrers often gave snippets of information, mostly around issues of domestic violence, which could be interpreted as a high risk but gave no further details (where the perpetrator lived/ what the impact was for the child, family) or of the protective factors for the child.
- **Analysis and Conclusion:** There was some evidence of good analysis and conclusions within assessments. However, on the whole, professionals struggled with analysis and making their conclusions or stating what the EHA is needed for. For some assessments siblings were actively excluded and not referred to as part of the overall analysis. Practitioners need to clearly record what support is needed for the family / why they have come to that conclusion and to 'Think Sibling'. Professionals also need to remember what the early help teams can offer and what services are available when making those recommendations.

## Further Information

Safeguarding Board Websites:

<http://www.safeguardingpeterborough.org.uk/children-board/>

Safeguarding Training:

<http://www.safeguardingpeterborough.org.uk/availabletraining/>