TELFORD & WREKIN THRESHOLD GUIDANCE

A partnership framework for assessment and support

Telford & Wrekin Safeguarding Children Board

FamilyConnect

a co-operative council

Telford & Wrekin COUNCIL

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FOREWORD

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All children have the right to a safe, loving, and stable childhood. Whilst it is parents and carers who have primary care for their children, local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts, which make this clear, and this guidance sets these out in detail.

Local authorities have specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989.

The Director of Children's Services and Lead Member for Children's Services are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

Whilst local authorities play a lead role, safeguarding children, promoting their welfare and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Under section 10 of the same Act, similar ranges of agencies are required to co-operate with local authorities to promote the wellbeing of children in each local authority area. This co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Practitioners working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

The 2017 Children and Social Work Act sets out how agencies must work together by placing new duties on the police, clinical commissioning groups and the local authority to make arrangements to work together and with other partners locally to safeguard and promote the welfare of all children in their area.

Working Together to Safeguard Children
A guide to inter-agency working to safeguard and promote the welfare of children (2018)

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DIVERSITY AND EQUAL OPPORTUNITIES STATEMENT

DIVERSITY AND EQUAL OPPORTUNITIES STATEMENT

Practitioners delivering services to children, young people and families in Telford and Wrekin should be able to work effectively with people with disabilities and within multi-ethnic communities. Training and plans should take account of this. Integrated practices and processes will promote the value of equal opportunities.

Practitioners involved in the Early Help Assessment and Support process will treat children and young people with equal fairness, respect and dignity, regardless of race, colour, disability, gender, sexuality, care of dependents, religious or political beliefs or unrelated criminal convictions, with consideration to their specific needs with regards to their age and development.

Practitioners should undertake to work with the parents and family of identified children treating them with equal fairness, respect and dignity, regardless of race, colour, disability, gender, and sexuality, care of dependents, religious or political beliefs or unrelated criminal convictions.

Practitioners will work with all other professionals and employees whether from the statutory or voluntary sector and afford them respect and dignity, providing forums to express their views and perspectives regarding the needs of the children and families.

All staff are bound by their own professional codes of conduct and will be held accountable to them for their professional conduct.

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INTRODUCTION

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A shared responsibility

The Local Safeguarding Children Board (LSCB) and Children and Family Board endorses and actively promotes the use of the Threshold Guidance as a framework for assessing a child and their family where unmet needs have been identified. The assessment is a process that facilitates effective and efficient joint working, placing a team around the family where appropriate.

The Threshold Guidance framework is designed to help everyone to:

- focus on the lived experience of the child and hear their voice
- understand the child and young person in the context of their family and the wider community
- think clearly and achieve a holistic whole family approach
- develop relationship based practice
- be non-discriminatory on the grounds of age, ethnicity, religious belief, faith, culture, class, sexuality, gender or disability

When thresholds are understood by all professionals and applied consistently this will ensure that the right help is given to the child and family at the right time.

Taking a partnership approach from the start should mean that fewer children in Telford and Wrekin are at risk of serious harm from abuse or neglect and in need of protection. By adopting the practices within this guidance you will be promoting early intervention and prevention and helping avoid escalation of needs.

The Telford and Wrekin Threshold Guide encourages an approach that facilitates early discussion, conversation and dialogue when we have emerging worries and concerns about children and their family.

Most children and families welcome help and support from professionals involved in their lives but we need to recognise that for some children and families they will find this challenging. Skilled practitioners will be able to overcome those challenges by openness, honesty and transparency, encouraging family members and children to shape the decisions required to support them. All Practitioners need to ensure that involvement is helpful and outcomes for children and families are positive.

This document looks to promote safety and strengths within the family and their existing network to properly address them on a long-term basis.

www.telfordsafeguardingboard.org.uk

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Threshold Guidance

What is a threshold?

Thresholds describe entry points across the range and scale of children's need. This will lead to a response or intervention that will meet that need, appropriate to the level within the threshold guidance document.

Why do we have it?

This guidance provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. It is anticipated that the right services can be accessed at the right time and at the earliest opportunity, to help to meet their needs.

It sets out and confirms the process for early help assessment and support planning.

It confirms the criteria and level of need for referring to local authority children's services for assessment and statutory services for children in need, including those in need of support, protection, accommodation and care (sections 17, 47, 20 and 31 of the Children Act 1989).

This is not a science but an art – use your professional judgement.

Professionals will need to use their judgement when considering both the range and scale of needs in the threshold document as well the resilience and protective factors that surround the child's life.

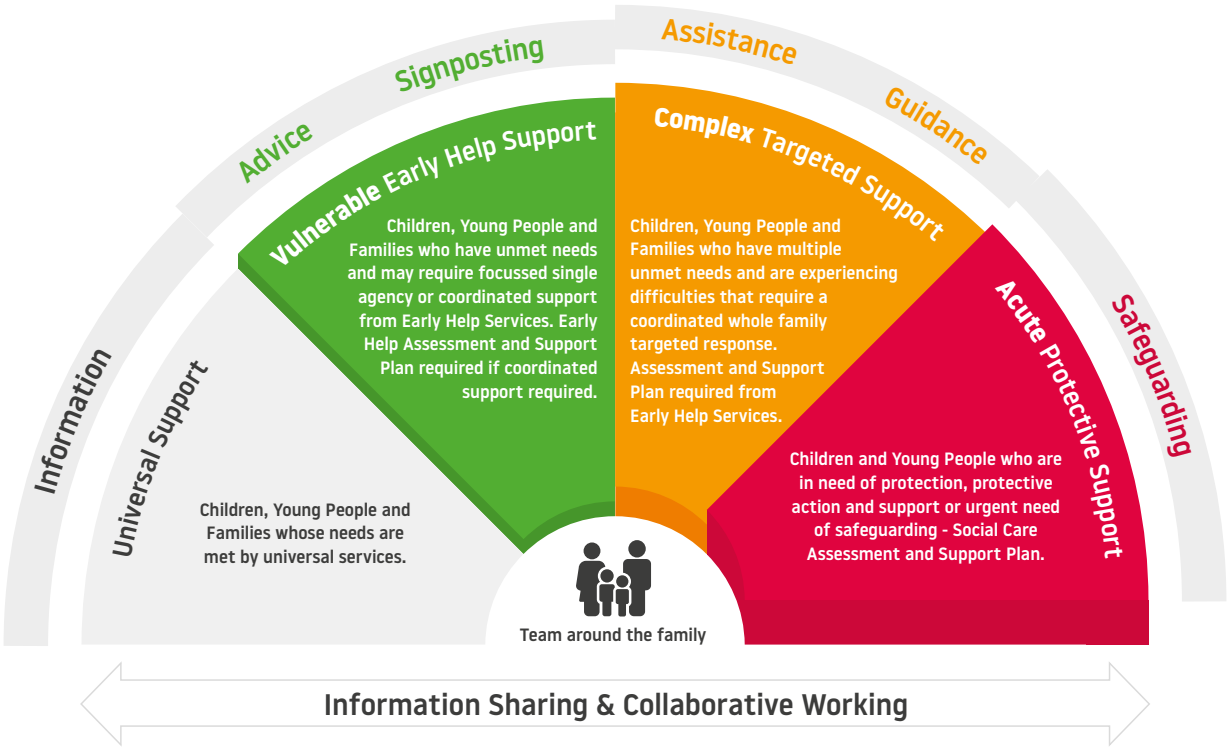
The Threshold Guidance is not intended to be prescriptive, exhaustive, or as a document for automatically opening or closing a gateway to a particular service or range of services. It is important that children and young people are not 'labelled' at any level, more that the guide is used for aiding practitioners in making decisions as to what types of support can provide the right help at the right time.

Well managed 'step up' and 'step down' processes between levels is therefore a critical element of effective practice and decision making.

Telford & Wrekin Threshold Guidance

Threshold of Need and Intervention

Telford and Wrekin uses a windscreen continuum based on the four thresholds of need and intervention.



Universal

Children with no identified additional needs and children with additional needs that can be met by receiving support by a single agency practitioner and family members. Children, Young People, Parents and Carers can access universal services directly.

Vulnerable

Children with additional needs that can be met by Early Help single agency or multi agency response, an Early Help Assessment would need to be completed.

Complex

Children and young people whose needs are not being met and care is compromised. This will require a multiagency response met by both Early Help and targeted support services. An Early Help Assessment and Team around the Family will be required.

Acute

Children with acute and enduring needs at the highest level of vulnerability will be met by children's social care and a multiagency team of early help, targeted and specialist services.

All evidence suggests that early intervention and prevention is the most effective way of enabling children to reach their full potential and/or protecting children from harm. For this to work it requires everyone to have a shared responsibility for keeping children safe and to work together effectively. Everyone who works with children, young people and families has an important contribution to make to ensure they do the best they can for the children and families they work with.

Everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, school nurses, family support practitioners, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers – has a responsibility for keeping them safe. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

All practitioners working with, and on behalf of, children, young people and families need to take responsibility for ensuring everything possible is done to prevent the unnecessary escalation of issues or problems by delivering or seeking early intervention support to ensure the right response is given, by the right services, at the right time.

Section 10

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.
Working Together to Safeguard Children(2018)

The families referred to or seeking help from services will have differing levels of need. Many will be helped by advice or practical services or short term intervention. A smaller proportion will have problems of such complexity and seriousness that they require more detailed assessment, involving other agencies in that process, leading to appropriate plans and interventions.

For some children/young people it is clear where they fall on the continuum; for other children/young people a practitioner may need to use the threshold guidance to decide whether or not the child/young person has additional needs, and where they might fall on the continuum.

Sometimes it is only by completing the Early Help Assessment that practitioners can gain a clear understanding of the child or young person's level of need and what would be the appropriate support response.

The threshold of need and intervention guidance has taken into consideration the Assessment Framework for children in need due to the extensive research and practice knowledge which is outlined in the practice guidance (Department of Health, 2000a)

There are three inter-related domains, each of which has a number of critical dimensions **(see below table)**. The interaction or the influence of these dimensions on each other requires careful exploration during assessment, with the ultimate aim being to understand how they affect the child or children in the family.

All Assessments should:

- identify what is working well in the family
- identify worries about the children and young people in the family through meeting them directly and eliciting their wishes, views and feelings or through observation of relationships
- identify what needs to change for the care of the children to be safe and stable in the long term
- be undertaken in partnership with family members
- be undertaken using a whole family approach which takes account of the perspectives of family and extended family, professional and naturally occurring networks

Assessment Quality:

All assessments will use the Framework for the assessment of children and their families which should provide a clear picture of:

- the child's needs
- a picture of day to day life from the child's point of view
- the capacity of the parents to meet the child's needs
- family and environmental factors impacting on family functioning and well-being
- dangers and worries for the child
- what is working well in the family
- what needs to happen for specialist services to withdraw

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THRESHOLD DESCRIPTORS

THRESHOLD DESCRIPTORS

Consider the Assessment Framework domains above when exploring the Threshold Guidance needs and intervention framework below.

Universal	Vulnerable	Complex	Acute
Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.	These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met a lead professional will coordinate an Early Help Assessment and Support Plan around the Family.	This level applies to those children identified as requiring targeted support. It is likely that for these children their needs and care are compromised. These children will be those who are vulnerable or experiencing the greatest level of adversity. Children with additional needs: These children are potentially at risk of developing acute/ complex needs if they do not receive early targeted intervention. Children who require social care intervention may be assessed under section 17 requiring a child in need support plan.	These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child in need plan, a child protection plan or may need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order.

Universal	Vulnerable	Complex	Acute
Parents or Carers Capacity			
Basic Care, Safety and Protection			
• Parents/carers provide for child's physical needs: food, drink, appropriate clothing, medical and dental care. • Parents/carers protect from danger or significant harm, in the home and elsewhere.	• Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. • The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. (See wider family and environmental factors). • Poor engagement with universal services likely to impact on child's health or development. • Parents/carers have had additional support to care for previous child/young person. • Parent requires advice on parenting issues. • Professionals are beginning to have some concerns around child's physical needs being met. • Some exposure to dangerous situations in home/community where risk is accepted by parent and managed.	• Parent/Carer is able to meet child's needs with support but is not providing adequate care. • Concern that an unborn child (of at least 12 weeks gestation) may be risk of harm. • The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. (See wider family and environmental factors) • Child has indirect contact with individuals who pose a risk of physical or sexual harm to children. • History of previous child protection concerns. • Elements of neglect are present where food, warmth and other basics not available that with support would improve. • Child's personal care needs are not being met which is having a significant impact on the child. • Parents/carers using inappropriate care givers to meet the child's specific needs. • Child experiencing unsafe situations where they may be vulnerable to exploitation. • Parents/carers are late or miss appointments, not engaged or do not attend appointments. • Parents/carers are using toileting strategies that are not appropriate to the child's abilities and which fail to protect their dignity.	• Parents/carers are unable to care for the child. • Parents/carers have or may have abused/neglected the child/young person. • Pre-birth assessment indicates unborn child is at risk of significant harm. • Chronic or acute neglect where food, warmth and other basics often not available. • Parents' own needs mean they cannot keep child/young person safe. Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. The following factors relating to parents or carers present a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties, health/disability (see wider family and environmental factors). • Parent unable to restrict access to home by adults known to be a risk to children and other adults. • Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child. • Child's personal care needs are persistently not being met which is having a significant impact on the child. • Parents/carers persistently use inappropriate care givers to meet the child's specific needs. • The parents/carers persistently do not comply with feeding regimes/plans which could harm the child.

Universal	Vulnerable	Complex	Acute
Parents or Carers Capacity			
Basic Care, Safety and Protection			
			• Parents/carers are not complying with the prescribed medication plan which could harm the child. • The equipment used by a child with additional needs is not appropriate and is not prescribed. • Parents/carers are habitually late or miss appointments, not engaged or do not attend appointments. • Parents/carers are consistently using toileting strategies that are not appropriate to the child's abilities and which fail to protect their dignity. • A child with additional needs is not permitted independence and this dependency and reliance on others is not necessary but enforced. • Low warmth, high criticism is an enduring feature of the parenting style. • Parents own emotional needs/experiences persistently impact on their ability to meet the child/ young person's needs. • The following parental factors present a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability. • Previous child/young person(s) have been removed from parent's care. • There is an instability and violence in the home continually. • Medium to high risk concerns about child sexual exploitation.

Universal	Vulnerable	Complex	Acute
Parents or Carers Capacity			
Emotional Warmth and Stability			
• Parents/carers show warm regard, praise and encouragement. • Parents/carers ensure that secure attachments are not disrupted. • Parents/carers provide consistency of emotional warmth over time.	• Difficulties with attachment. • Inconsistent responses to child by parents e.g. discipline and praise. • Lack of response to concerns raised about child's welfare. • Able to develop positive relationships with others (not the child).	• Parent is emotionally unavailable. • Succession/multiple carers but no significant relationships with any of them or others. • Inappropriate childcare arrangements. • Receives erratic/inconsistent care/parenting. • Parental instability affects capacity to nurture. • Parents/carers are not safeguarding the non-disabled siblings who are being injured by the disabled child.	• Deliberate cruelty or emotional ill treatment of a child resulting in significant harm. • Parents/carers are persistently not safeguarding the non- disabled siblings who are being injured by the disabled child. • Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. • Previous child/young person(s) have been removed from parent's care. • Beyond parental-control. • Has no-one to care for him/her.
Guidance Boundaries and Stimulation			
• Parents/carers provide guidance so that child can develop an appropriate internal model of values and conscience. • Parents/carers facilitate cognitive development through interaction and play. • Parents/carers enable child to experience success.	• Inconsistent parenting in respect to routine and boundary setting for child's stage of development and maturity. • Parent has age inappropriate expectations that child or young person should be self-reliant. • Lack of response to concerns raised about child. • Child not exposed to new experiences and spends much time alone. • Can behave in an anti-social way.	• Child/young person receives little positive stimulation – lack of new experiences or activities. • Parents/carers provide inconsistent boundaries or present a negative role model. • Erratic/inadequate guidance provided. • Concealed/Concerning use of internet including web-cam and social media which may place the child at risk and parents are responding positively.	• Lack of appropriate supervision resulting in significant harm to child. • Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child. • No constructive leisure time or guided play. • Concealed/Concerning use of internet including web-cam and social media which may place the child at risk and parents are not responsive. • No effective boundaries set by parents of children (who) regularly behave in an anti-social way. • Child at risk of harm through inadequate supervision.

Universal	Vulnerable	Complex	Acute
Family and Environmental Factors			
Family and Social Relationships and Family Wellbeing			
• Good relationships within family, including when parents are separated. Few significant changes in family composition. • Sense of larger family network and good friendships outside of the family unit.	• Parents/Carers have relationship difficulties which may affect the child. • Low level concerns about domestic abuse. • Parents/Carers request advice to manage their child's behaviour. • Child is a teenage parent. • Child is a young carer (may look after younger siblings). • Large family with multiple young children. • Experienced loss of significant adult. • Some support from family/ friends. • Fragile special guardianship arrangement.	• Domestic abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident. • Initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident. • Risk of family relationship breakdown which may lead to a child becoming looked after outside of family network. • Acrimonious divorce/ separation which is having an impact on a child. • Family has poor relationship with extended family/little communication. • Family is socially isolated. • Parents own needs (including the following factors) relating to parents or carers may have an impact on their capacity to parent and present a risk of harm to the child, or needs not being met: Mental health issues; substance misuse; learning difficulties; health/disability. • Child is privately fostered. • Child's carer referred to MARAC.	• Assessment identifies risk of physical, emotional, sexual abuse or neglect. • History of previous significant harm to children, including any concerns of previous child deaths. • Family characterised by conflict and serious, chronic relationship difficulties. • Unaccompanied asylum seeking children. • Child is a young carer requiring assessment of additional needs. • Child requires assessment for respite care service due to family circumstances and has no appropriate friend/ relative/carer available to support. • Parents/carers are unable or unwilling to continue to care for the child. • Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child. • Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm. • Child or young person is at risk of or exposed to Honour Based Violence (HBV). • Child or young person is at risk of Forced Marriage (FM). • Members of the wider family are known to be, or suspected of being, a risk to children. • Child needs to be looked after outside of their immediate family or parents/ carers due to abuse/neglect. • Concerns about Female Genital Mutilation. • Serious incident of children who harm others.

Universal	Vulnerable	Complex	Acute
Family and Environmental Factors			
Family and Social Relationships and Family Wellbeing			
			• Significant parental discord and persistent domestic violence. • No effective support from extended family. • Destructive/unhelpful involvement from extended family. • Parents own needs mean they cannot keep child/ young person safe. • Parents own emotional needs/experiences persistently impact on their ability to meet the child/ young person's needs. • The following factors relating to parents or carers impacts on their capacity to parent and presents a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability.
Housing, Employment and Finance			
• Housing has basic amenities and appropriate facilities. • Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful. • Reasonable income over time, with resources used appropriately to meet individual needs.	• Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development. • Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs. • Wage earner has periods of no work/low income plus adverse additional factors which affect the child's development. • Parents have limited formal education which is affecting ability to find employment. • Family seeking asylum or refugees.	• Increasing financial difficulties which are starting to impact on ability to have basic needs met. • Family at risk of eviction having already received support from Housing services. • Housing is in poor state of repair, temporary or overcrowded. • Parents stressed due to "overworking" or unemployment/parents may find it difficult to obtain employment due to poor basic skills.	• Homeless child in need of accommodation including 16-17 year olds. • Hygiene conditions within the home present a serious and immediate environmental/ health risk to children. • Physical accommodation places child in danger. • Extreme poverty/debt impacting on ability to care for child.

Universal	Vulnerable	Complex	Acute
Family and Environmental Factors			
Social and Community Resources			
• Family feels integrated into the community and have good social and friendship networks. • Access to regular and positive activities within universal services.	• Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community. • Family/child demonstrating low level anti-social behaviour towards others. • Limited access to contraceptive and sexual health advice, information and services. • Parents/carers are socially excluded, have no access to local facilities and require support services. • Family may be new to the area. • Adequate universal resources but family may have access issues.	• Significant levels of targeted hostility towards the child and their family and conflict/volatility within the neighbourhood. • Parents socially excluded and lack of support network.	• Child or family need immediate support and protection due to harassment/discrimination and have no local support.
Child and Young Person's Developmental Needs			
Learning/Education			
• Acquired a range of skills/ interests. • Experiences of success/ achievement. • No concerns around cognitive development. • Access to books/toys, play. • Good attendance at school (95% or above for secondary pupils and 96% or above for primary)/college/training.	• Occasional truanting, punctuality issues, attendance below 95% for secondary pupils and below 96% for primary pupils. • Not always engaged in learning, e.g. poor concentration, low motivation and interest. • The child's current rate of progress is inadequate despite receiving appropriate support and are not thought to be reaching educational potential. • Have some identified learning needs that place him/her on Special Educational Needs (SEN) Support. • Lack of adequate parent/ carer support for child's learning e.g. appropriate stimulation (books/toys) and opportunities to learn.	• Permanently excluded from school or at risk of permanent exclusion. • Chronic non-attendance/ truanting/authorised absences/fixed term exclusions/punctuality issues. • Identified learning needs and may have Education, Health and Care Plan (EHSP). • Not achieving key stage benchmarks.	• Child not in education, in conjunction with concerns for child's safety. • Removal of communication devices and not enabling the child to communicate.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Learning/Education			
	• Child/young person under undue parental pressure to achieve/aspire or parent/ carer lacks aspirations for child/young person. • Few or no qualifications leading to NEET (not in education, employment or training). • Not educated at school (or at home by Parents/Carers).		
Health			
• Physically well/healthy, developmental checks/ immunisations up to date and health appointments are kept. • Good state of mental health. • Developmental milestones appropriate and appropriate height and weight/growth. • Speech and language development met. • Adequate hygiene/clothing and nutritious diet. • Regular dental and optical care. • Sexual activity appropriate for age.	• Slow in reaching developmental milestones. • Not attending routine appointments e.g. immunisations and developmental checks. • Missing set appointments across health including antenatal, hospital and GP appointments. • Is susceptible to minor health problems. • Minor concerns re growth and weight (above or below what would be expected). • Low level mental health or emotional issues. • Evidence of risk taking behaviour i.e. drug/alcohol use, unprotected sex. • Minor concerns re diet/ hygiene/clothing.	• Chronic/recurring health problems with missed appointments, routine and non- routine. • Delay in achieving physical and other developmental milestones, raising concerns. • Frequent accidental injuries to child requiring hospital treatment. • Some concerns around mental health, including self-harm and suicidal thoughts. • Poor or restricted diet despite intervention/dental decay/poor hygiene. • Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting. • Learning significantly affected by health problems. • Overweight/underweight/ enuresis/faltering growth. • Parents/carers do not inform alternative carers of the procedures for administrating medication or food and do not have the correct medication related to equipment in place. • Parents/carers refuse to disclose information that will support the care of their child.	• Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health. • Child not accessing appropriate medical care which puts them at direct risk of significant harm. • Child with a disability in need of assessment and support to access appropriate specialist services. • Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness. • Parents/carers not acknowledging the child's disability or recognising the needs of the child. • Parents/carers persistently do not inform alternative carers of the procedures for administrating medication or food and do not have the correct medication related to equipment in place. • Child is suffering significant harm through inappropriate moving and handling and ill-fitting essential equipment. • Child who is suspected to having suffered non-accidental, or serious unexplained, injuries.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Health			
		• Child is in discomfort through inappropriate moving and handling and ill-fitting essential equipment. • Teenage pregnancy. • Escalating concerns about sexual exploitation, parents engaged and supportive. • Concerns relating to sexual coercion behaviour or relationship. • Child 13 and under who is sexually active.	• Developmental milestones unlikely to be met which is attributed to parental care. • Significant dental decay and parents not accessing treatment. • Non organic faltering growth/ failure of parent or carer to respond to faltering growth. • Female Genital Mutilation (known or suspected), including any suspicion that a young girl is being taken abroad for this purpose. • Medium to high risk of sexual exploitation. • A sexually transmitted infection (STI) particularly if reoccurring or multiple infections and there is concern about the age of the child or risk of sexual exploitation.
Social, Emotional, Behavioural, Identity			
• Demonstrates age appropriate responses in feelings and actions. • Good quality early attachments, child is appropriately comfortable in social situations. • Able to adapt to change and demonstrate empathy and express needs. • Demonstrates feelings of belonging and acceptance. • Positive sense of self and abilities. • Knowledgeable about the effects of crime and anti-social behaviour (age appropriate).	• Emerging anti-social behaviour and attitudes and/ or low level offending. • Child is victim of bullying or bullies others. • Expressing wish to become pregnant at young age. • Low level substance misuse (current or historical). • Low self-esteem. • Limited peer relationships/ social isolation. • Expressing thoughts of running away. • Disruptive/challenging behaviour at school/ neighbourhood/household. • Behavioural difficulties requiring further investigation/ diagnosis. • Some difficulties with peer group relationships and with some adults.	• Children with serious level of unexplained and inappropriate sexualised behaviour. • Concerns about Child Exploitation • Child currently/frequently missing from home and concerns raised about their physical and emotional safety and welfare. Parents engaged and supportive. • Child whose behaviour is putting them at risk, including substance and alcohol misuse. • Evidence of regular/frequent substance misuse which may combine with other risk factors. • Continuous breaches of curfew order with other risk-taking behaviours. • Child in debt.	• Challenging behaviour resulting in serious risk to the child and others. • Concerns about Child Sexual Exploitation (medium/high). • Child/young person beyond parental control – regularly absconds from home and becomes at risk of significant harm. • Failure or inability to address complex mental health issues requiring specialist interventions e.g. self-harm / suicidal attempts. • Missing episodes with medium to high risk of sexual exploitation becoming at risk of significant harm. • Young people with complicated substance misuse problems requiring specific interventions and/ or child protection and who can't be managed in the community.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Social, Emotional, Behavioural, Identity			
	• Can find managing change difficult. • Starting to show difficulties expressing empathy. • Can be over-friendly or withdrawn with strangers.	• Child/young person out of control in the community. • Difficulty coping with anger, frustration and upset. • Disruptive/challenging behaviour and unable to demonstrate empathy. • Regularly involved in anti-social/criminal activities. • Extremist views. • Subject to discrimination – racial, sexual or due to disabilities. • Demonstrates significantly low self-esteem in a range of situations. • Parents/carers not using the child's communication methods • Lack of communication strategies with a disabled child which means that none of the child's wishes and feelings are ever taken into account. • Parents do not see their child age appropriately and their actions reflect this. • Parents are dismissive of the wishes and feelings and the rights of their child. • Parents/carers not supporting the child to make good social relationships which would avoid social isolation.	• Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others. • Self or others in danger – missing/at risk of exploitation. • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability. • At risk of radicalisation. • There is a known involvement in gang activity which is impacting significantly on the child and family.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Family and Social Relationships			
• Stable and affectionate relationships with caregivers. • Good core relationships with siblings. • Positive relationships with peers.	• Some support from family and friends. • Has some difficulties sustaining relationships.	• Has lack of positive role models. • Associating with peers who are involved in challenging behaviour. • Regularly needed to care for another family member and would be defined as a young carer.	• Periods of being accommodated by Local Authority. • Family breakdown related in some way to child's presenting behavioural difficulties subject to physical, emotional or sexual abuse/neglect.
Self-care and Independence			
• Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills. • Able to discriminate between 'safe' and 'unsafe' contacts. • Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate).	• Slow to develop age appropriate self-care skills. • Early onset of sexual activity (13-14); sexually active young person (15+) with risk taking behaviours e.g. inconsistent use of contraception. • Low level alcohol/substance misuse (current or historical). • Some evidence of risky use of technology leading to E-safety concerns. • Not always adequate self-care - poor hygiene.	• Child suffers accidental injury as a result of inadequate supervision. • Child found wandering without adequate supervision. • Severe lack of age appropriate behaviour. • Poor self-care for age – hygiene.	• Child is left "home alone" without adequate adult supervision or support and at risk of significant harm. • Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities. • Child is persistently left without adequate supervision which places the child at risk of harm. • The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.

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UNDERSTANDING AND MANAGING RISK

UNDERSTANDING AND MANAGING RISK

Risk factors are those things that are identified in the child's circumstances or environment that might constitute a risk, a hazard or a threat.

Risk factors need to be understood in relation to the potential for child abuse and neglect rather than accidental harm to children, although this possibility should not be overlooked since a predisposition to accidental harm may be relative to safe-caring issues, poor supervision or parental recklessness.

Examples of risk factors include:

- previous abuse or neglect
- parental substance misuse
- domestic abuse
- known or suspected sex offenders involved with the family
- known or suspected violent offenders involved with the family
- persons known or suspected of having physically harmed children and young people previously
- persons known to or suspected of having seriously neglected children and young people previously
- mental illness or serious mental health problems in caregivers
- economic and social disadvantage
- evidence of significant debt
- young parents
- parents and carers with physical disabilities
- parents and carers with learning disabilities
- parents and carers who have unrealistic expectations of their child

The more risk factors present (or the more serious one single factor is) then the greater the risk of harm.

Further issues, such as whether a child who has disclosed abuse has been taken seriously and action taken, may also have a serious impact on the likelihood (or otherwise) of future victimisation and good outcomes for the child. In this respect, inadequate past or current responses of professionals to reported concerns also constitute a further risk factor.

Simply recording risk factors is not sufficient. Each needs to be clearly identified and presented with the supporting evidence.

Some circumstances may act to accelerate or heighten the impact of risk to children and young people. Parental substance misuse is an example where, often very quickly, the child or young person is exposed to a high level of risk over a short period of time. While it is accepted that parental substance misuse in itself, while an indicator for concern, does not exclusively mean that children and young people are at risk of harm, the adverse effects of care givers using substances can affect children and young people in a number of ways:

- harmful physical effects on unborn and newborn babies
- higher risk of emotional and physical abuse and neglect due to impaired patterns of parental care
- chaotic lifestyles disrupt children's routines and relationships and lead to behavioural and emotional problems
- income diversion leading to poverty, debt and deprivation
- homelessness and unstable accommodation
- disrupted education
- exposure to criminality
- children and young people assuming responsibility for caring for adults

Similarly, adult mental health, domestic abuse or other risk factors should be recorded with detailed descriptions of what this means for the individual child or young person living in the home, using the experience and skills of those professionals proficient in their individual fields.

Warning Signs

Warning signs that are or have been present. Warning signs should never be ignored and are an indication that immediate intervention might be needed to ensure the child or young person is safeguarded from future harm. Emergency measures should be considered if it is necessary to take immediate action to ensure the child or young person's safety.

Examples of warning signs include:

- instance of physical injury to the child or young person or an admission of deliberate harm from care-givers
- a child or young person who is considered vulnerable goes missing (with or without their parents)
- parents or care-givers who are hostile and aggressive to all of the professionals involved and are consistently non-cooperative (including with services that are universal)
- parents or care-givers who threaten violence
- children and young people who are deliberately hidden from view; are "unavailable" when professionals visit the family home or are prevented from attending school or nursery
- a child or young person with a sexually transmitted disease

Strengths and Protective factors

Protective factors are features of the child or their world that might counteract identified risks or a predisposition to risk.

Essentially, there are protective factors in the lives of almost every child. Where none can be identified this in itself must seriously increase concern as to current or future risk.

Examples of protective factors include:

- emotional maturity and social awareness
- evidenced personal safety skills (incl. knowledge of sources of help)
- strong self esteem
- evidenced resilience and strong attachment
- evidence of protective adults
- evidence of support network(s) e.g. supportive peers or supportive relationships or strong social networks
- demonstrable capacity for change by caregivers and the sustained acceptance of the need to change to protect their child
- evidence of openness and willingness to co-operate and accept professional intervention

Protective factors can only be understood when considered alongside identified risks and vulnerabilities

Help and Support

These questions may help you to make the decision about any action you need to take: it may be advice given to the family, signposting, a single agency referral, a multi- agency referral, a child protection referral.

The following list may assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns?
- What is the context of your concern? Was there a specific trigger or event?
- Has anyone been harmed?
- What is the lived experience of this child/young person? What is the presenting need?
- What evidence do you have to support your concerns? Please be specific.
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued support with the child or young person and their family be, if any?

Is the child at risk?

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Harm is defined as the ill treatment or impairment of health and development.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development. It may be:

- The child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;
- The child or young person is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;
- The child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;
- The situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;
- The circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required.

Is the child / young person in need of help and support?

- Careful analysis and interpretation of information will enable practitioners and families to conclude if an Early Help Assessment and Support Plan is needed to support the family
    - Think about what is important and identify needs or difficulties;
    - Understand the impact of strengths and pressures on the child or young person;
    - Reach agreement about what needs to be improved;
    - Agree the priority issues, aims and goals in terms of improving the child's unmet needs;
    - Complete assessment and identify support needs.

If you are worried or concerned about anyone under 18, who you think is at risk of significant harm please contact Family Connect 01952 385385 between 9am & 5pm or if out of office hours call Emergency Duty Team on 01952 676500.

Family Connect request for service form https://webforms.telford.gov.uk/form/198

If you are not happy with the decisions Family Connect make you may access the Resolution and Escalation policy http://westmidlands.procedures.org.uk/local-content/4gjN/escalation-policy-resolution-of-professional-disagreements/?b=Telford+%26+Wrekin

TELFORD & WREKIN
THRESHOLD GUIDANCE

EARLY HELP ASSESSMENT AND SUPPORT PLAN PROCESS

EARLY HELP ASSESSMENT AND SUPPORT PLAN PROCESS

Introduction

Most children and young people's needs can be met through universal services – for example, schools, health visitor, midwives, school nurses and GP surgeries – as well as from support from within the family, friendship, and community networks. A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support – acute services, usually led by children's social care. All who come into contact with families have a part to play in identifying those children whose needs are not being adequately met. Some of these needs can be helped by universal and early intervention services, while others may need referral to more specialist services, including children's social care.

Early Help Assessment (EHA) - A holistic whole family assessment

The EHA is a holistic assessment for a whole family. It is a process for recognising signs that a child may have unmet needs that universal services cannot meet. It is also a process for identifying and involving other agencies who may be able to support the family and/or undertake specialist assessment. Central to its development is the principle that it is child/young person centred and their families, holistic and can be shared across professionals as appropriate.

The EHA provides a common method of assessment across children's services and local areas. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.

Early Help Assessment (EHA)

Under the partnership model, the EHA will be used for all children and families who need early help services and targeted and co-ordinated multi-agency support.

The EHA for the whole family is a shared assessment tool to help develop a shared understanding of needs, so they can be met more effectively. It will help avoid children and families having to re-tell their story.

The EHA makes sure that we are assessing families' needs properly and have a whole picture of the support they need and what services are being offered. The principle is therefore that a EHA should always be considered and used when unmet needs have been identified (and consent received from the members of the family, unless the case is so serious that consent can be waived) and a referral to Family Connect is required.

When to use a EHA?

The EHA is designed to be used at universal to complex levels of need, primarily as a holistic assessment of need to support multi-agency work. It should be used whenever there is a concern about a child or young person's well-being and the cause and appropriate response are not clear.

You might use a EHA if:

- you are concerned about how the child/young person is progressing, in terms of their health, welfare, behaviour, learning, or any other aspect of their well-being
- you receive a request from the child/young person or parent/carer for more support
- you are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than your service can address
- child/young person is going missing
- there is persistent absenteeism from school
- the child/young person is disengaged from education
- the child is under 5 years old and there are concerns that they are not meeting their developmental milestones
- there is a teenager under 16 years who is pregnant or they are teenage parents
- the young person requires a referral to substance misuse services
- there are children/young people in families with multiple reports of domestic abuse incidents and have not been referred to social care services
- young people are involved in Acceptable Behaviour Contracts
- children/young people require additional support to prevent their entry into the youth justice system
- you want to use the EHA to help you identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better

The holistic picture of needs identified by the EHA might then underpin either a single-agency response or a joint-agency response, a co-ordinated multi-agency response organised by a lead professional and a Team Around the Family (TAF) or a referral to Family Connect Safeguarding Team.

Complexity

The EHA has the potential to support some multi-agency work with families with needs at complex level. Families at this level may, but not necessarily, meet the threshold required for intervention from the acute social work service. However you may take advice and guidance from a Family Connect social worker if you are unsure– usually at this point a EHA and Team Around the Family meeting will have been considered or completed, or if the family or young person refuses to participate in the EHA process advice should be sought.

Consent - A Partnership with Families

It is recognised that assessments and conversations are the best ways of identifying and responding to the needs of children and young people. They can consider the complexities of individual situations and highlight strengths. Key conversations could be with children and young people themselves, their parents or carers, or with practitioners also working with the family.

In order to ensure that children and young people are receiving the right service at the right time conversations need to be constructive. They must go beyond a discussion about concerns, to form part of a meaningful assessment and where appropriate, a plan to support the child, young person and their family.

All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice, including improvements in decision making and joint working. Conversations should continue in order to inform the on-going planning and reviewing.

When a child's needs change and they move between different support services, conversations must also take place to ensure this happens in a planned and safe way.

The use of the Early Help Assessment is just a structured way of recording the conversation. If the family does not agree to undergo an Early Help Assessment their wishes must be respected. If this is the case the practitioner should try to identify why the family might be reluctant to engage. Some families may have had a negative experience of accessing services and it may take some time to build their trust.

Practitioners working with families at a universal, vulnerable or complex level will need to get the consent of the family before any information is held or shared with other agencies. If the practitioner does not gain the family's consent and in future has ongoing concerns, they should consider contacting Family Connect for advice and guidance.

Consent is not required for child protection referrals where it is suspected that a child may be suffering or be at risk of suffering significant harm; however, the referring practitioner, would need to inform parents or carers that you are making a referral, unless to do so may:

- place the child at increased risk of Significant Harm; or
- place any other person at risk of injury; or
- obstruct or interfere with any potential Police investigation; or
- lead to unjustified delay in making enquiries about allegations of significant harm.

The child's interest must be the overriding consideration in making such decisions. Decisions should be recorded.

If consent is withheld by the parent:

- If it is felt that the child's needs can be met through Early Help, then discussion with the family should take place about the completion of an Early Help Assessment and provision of services through an Early Help Support Plan.
- The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the child records.

When consent is withheld for consultation or referral the agency holding the concern should make a decision about the level of risk to the welfare of the child in not making the referral.

If the child or young person gives consent and the parents do not, a practitioner should consider whether the child or young person is of an age and understanding where their consent can override their parent's lack of consent.

Practitioners need to be open and honest with families from the outset as to why, what, how and with whom their personal information will be shared. Information will be treated as confidential and will not be shared without

the parent, or young person's agreement unless it is required by law or it is considered a child, young person or adult is at risk of harm to themselves or others.

Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for their private and family life, their home and their correspondence. This article applies to children who are classified as in need of support under Section 17 Children Act 1989. The consent of parents and young people of sufficient age and understanding is therefore required when making a referral to Children's Social Care, for agencies to share information and to undertake an assessment and hold a Child in Need meeting.

Early Help Assessment Practice Guide

How to do the EHA: in practice

Step 1: Preparation

You talk to the child/young person and their parent/carer. You discuss the issues and what you can do to help. You talk to anyone else you need to, your manager, colleagues, other staff (including in other agencies) already involved with the child. You might also use the checklist. You decide an Early Help assessment would be useful and you seek the agreement of the child/young person and their parent as appropriate.

Step 2: Discussion

You talk to the child, parent or family and complete the assessment with them. You make use of information you have already gathered from the child, family or other practitioners so they don't have to repeat themselves. If there is already an Early Help assessment you add to or update it with the family. At the end of the discussion you understand better the child and family's strengths, needs, and what can be done to help. You agree actions that your service and the family can deliver. You agree with the family any actions that require others to deliver.

Step 3: Service delivery

You deliver on your actions. You make referrals or broker access to other services, using the Early Help Assessment to demonstrate evidence of need. You keep an eye on progress. Where the child or family needs services from across a range of agencies, there should be a TAF meeting called to ensure co-ordination of actions required and monitoring progress.

How to do the EHA discussion

The Early Help Assessment form is just a way of recording your conversation with the child and or their parent and other knowledge and observations. The discussion does not have to be highly formal or presented as a 'big event'. You will want to use a method and style that suits you, the child/parent and the situation. Key points to remember:

- Explain the purpose of the assessment, why you are recording information and what will happen to it. Make sure they understand that the EHA is a resource to help them access services. There is no stigma attached. Check they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding. The interview is collaborative - you are working with the family to find solutions - they will often know better than you.
- Complete the front pages of basic details (please ensure that all demographic information is recorded).
- Child development, including health and learning;
- Parenting capacity; and
- Family and environmental issues.

Your assessment should be based on facts and evidence, not just opinion. Facts and evidence are what you have seen, what the child has said and what the family members have said.

At the end of the assessment you should summarise the presenting issues, concerns and the evidence behind them. Agree these summaries with the child/young person and parent/carer. Agree what you say with the child or parent and record any major differences of opinion.

In order to consider the level of need for interventions, you could use the threshold framework to determine the need and the appropriate response.

To conclude the assessment try and focus on what the child and family can do for themselves

Agree what needs to change and the actions required to support these changes and agree who will do what and when you will review progress.

Record the child or parent's consent to share the assessment information with other agencies and any limitations on that consent. Give a copy of the assessment to the child or family and explain that they can show it to other services if they wish to do so.

Complete the Family Circle outcome measures with child/young person and parent. This will act as a progress mapping tool throughout the process.

Before you send the EHA to the Strengthening Family Locality Services please check you have completed all required parts.

What happens next?

The most likely outcomes of the assessment are that you will have:

- resolved your concerns - no additional action required; or
- agreed some actions for you or your agency and or the child/family: you undertake your actions, set a date for review, and monitor progress; or begin the Team Around the Family process inviting the relevant services that will be required to assist the family also
- agreed an Early Help Support Plan meeting, also known as Team around the Family (TAF), to review your actions from the Early Help Assessment
- send a copy of your signed EHA and the Family Circle outcome measures to the Strengthening Family Locality Services. **(Please ensure you only send signed copies)**

e: WrekinLocalityAdmin@telford.gov.uk
e: LakesideSouthLocalityAdmin@telford.gov.uk
e: HadleyCastleLocalityAdmin@telford.gov.uk

If the child, young person or family doesn't want to participate, you can't force them. If that happens you may wish to use the EHA to structure information that you do have, in order to aid your or your agency's decision-making. But you will need to record clearly that agreement to undertake an assessment has been refused. Before sharing any information you have gathered you will then need to consider carefully whether for example the public interest in sharing the information overrides the lack of consent.

How to complete a Team Around the Family plan (TAF)

The Team Around the Family (TAF) has been developed in response to the need for joined up services and the need to provide a more integrated approach within existing resources. The aim is to reduce duplication and support a common service delivery approach which continues from the EHA process. A TAF aims to plan actions around the family's identified unmet needs through an agreed written TAF plan. The actions can be agreed in a variety of means.

Practitioners may be involved in the TAF in a number of ways, e.g.:

- as lead professional having completed the EHA
- as a practitioner involved with the family
- for information, consultation and advice
- delivery of services

The Team Around the Family brings together relevant practitioners with the family to address the child or young person's needs. The team works together to plan co-ordinated support from agencies to address problems in a holistic way. It can be an evolving team of practitioners who see the child/young person and family to provide support and who will work with the child/young person and family as appropriate.

Parents should have an active role in the TAF and their contribution should be recognised as they have a central role in meeting the needs of the child. Some parents may need to be supported to achieve this due to their own unmet needs.

Practitioners involved in the TAF must consider solutions, which should include family strengths and universal children's services, as well as statutory services (contact Family Connect as appropriate).

It is important to be creative to find needs-led solutions. The function of the TAF includes:

- reviewing and agreeing information shared through EHA
- planning and agreeing actions with timescales
- identifying solutions, allocating tasks and appropriate resources
- agreeing lead professional
- monitoring and reviewing outcomes with timescales
- reviewing the family circle evidence
- reporting, as required, to other review meetings or resource panels
- identifying gaps and informing planning and commissioning

The membership of the TAF will inevitably change as the needs of the child and family change. The TAF operates as a supportive team, rather than just a group of practitioners and parents. In this way there is direct benefit to parents who have new opportunities to discuss their child and family with key practitioners all in one place and to practitioners who might otherwise feel isolated and unsupported in their work with the child and family.

What is important about the TAF process is that there is always a lead professional and an agreed plan of involvement. It is paramount that the parent/carer and child/young person can relate to the practitioners involved.

The ideal TAF:

- listens and captures the wishing and feelings of the child, young person, parent or carer
- is encouraging, positive and supportive to all members
- provides members with an equal voice
- arrives at a collective agreement
- acknowledges differences of views and negotiates workable solutions
- reviews and tracks progress of the child/young person, completes the impact measures again to plot the progress made
- send a copy of the completed Team around the Family Plan to the Strengthening Family Locality Service

e: WrekinLocalityAdmin@telford.gov.uk
e: LakesideSouthLocalityAdmin@telford.gov.uk
e: HadleyCastleLocalityAdmin@telford.gov.uk

Family Circle – Evidencing Outcomes

Completing the Family Circle

The Family Circle enables practitioners to discuss a wide range of issues with families at regular intervals and can be used to find strengths to acknowledge as well as areas of difficulty that require support. The Family Circle has been further developed to help us capture data around common themes and issues that families who require support services often experience.

In the absence of the Local Authority receiving any 'hard' data on these subject matters we must be able to demonstrate how we are making positive changes to the families we support in a measurable way that captures the opinions of parents, children and other key family members.

The Family Circle tool will allow us to track a family's journey through support services, allowing us to demonstrate change throughout the intervention. The family circles can be used to reflect with the family on any change and progress achieved through their journey and this progress shared with other agencies as appropriate.

*By 'hard' data we mean factual and precise information that is based on true events rather than a perception of need.

It is mandatory that a Family Circle is completed by the parent(s)/carer(s) supported by the lead practitioner and that a separate Family Circle is also completed by the lead professional based on their professional judgements underpinned by findings from their interventions as well as hard and soft data. It is preferable but not mandatory that the child(ren) complete their own copy of the Family Circle to give them the opportunity to express their views. Any other significant family members may also complete a Family Circle if they wish to.

When the Family Circle should be completed

The Family Circle should be completed within 3 weeks of allocation and every eight weeks thereafter (preferably in line with TAF meetings) and again at the end of the intervention.

How to complete the Family Circle with families

Practitioners may complete their Family Circle away from the family if they feel that their views may hinder the way the family score themselves or impact on engagement. Where possible it is preferable to be honest about the practitioner completing a Family Circle from their perspective as a professional. Practitioners should explain how the Family Circle works such as explaining that the scores range from 1-10 with 1 being the worst and 10 being the best. The practitioner can decide if they support the parent and child(ren) in completing the Family Circle for themselves.

For example some parents and children may feel more comfortable scoring themselves in private for the practitioner to view back at the office, whereas others may enjoy completing the tool together as a family.

As colour printing is limited each practitioner will be issued with a Family Circle training pack which will contain an A3 colour laminated Family Circle, guidance booklet and practitioner workflow. Practitioners should use their laminated Family Circle as a visual tool for families and can either complete scores directly onto the laminated version with a white board marker or take out photocopies of the tool for families to record on (this will also provide a hard copy of the scores for scanning).

a Using the key

The key explains the meaning behind each score; the score of the practitioner's Family Circle should reflect the practitioner's view of how the family are managing each area of need and should not be influenced by the family's own opinions. Differences of opinion can be expected and can lead to healthy and wider discussions about what is important 'to' them from their perspective and 'for' them from an agency point of view; this can be recorded in the evidence section. For parents and children completing their own Family Circle, they may do this with or without the help of the practitioner and should be encouraged to write their own evidence.

b Completing Supporting Evidence

It is mandatory for practitioners to record information in support of their scores. If a score has increased, decreased or remained the same then the practitioner must record information in support of the score and signpost to any other relevant information help within the case file, e.g. *'child now has appointment with BEEU, please see TAF dated 01.01.17'*. If the practitioner is scoring the first Family Circle then evidence must still be recorded as this will create the benchmark from which the family may progress or decline.

The parents and child should also write their own evidence into the boxes provided.

c Analysing the Scores

It is important that the practitioner uses the family members' scores of themselves to:

- professionally challenge where necessary
- look out for children and young people using the scores as a 'cry for help', i.e. is what the child is saying reflected in their score? For example, a CYP may verbalise that they are feeling fine, mentally and emotionally, but their score for CYP Mental Health may be low. This is an opportunity to explore this further
- large discrepancies between family members' scores should be explored, i.e. if a parent is scoring Domestic Abuse high but the child is scoring it low
- the voice of the child/young person must be heard and properly interpreted and recorded
- the practitioner should try to recognise what life is like for the child(ren)

d Initial Scoring

If after the first visit you are not sure of what issues, if any, there may be in a particular area of need and have no evidence to support either a low or a high score, in that instance you should use the referral and any other information available to you to make a professional judgement until a more accurate score can be obtained as you get to know the family – this could mean that a score starts high and then dips or vice versa.

Where there are no presenting needs at the initial visit and evidence points towards there being no issues then you should score above a 6 to indicate this – scores can always decline on subsequent Family Circles if you find out further information at a later date.

The Role and Functions of the Lead Professional

Lead professionals have a central role in ensuring that children and young people get the support they need, when and how they need it. The role should also increase choice for children and families, and improve effectiveness and efficiency in delivery.

Becoming the lead professional does not imply the person does all the work and is singly accountable. It means they will ensure the TAF is working together efficiently and track the child's progress.

It is vital that all members of the TAF recognise they continue to be accountable for the child's welfare.

The lead professional will:

- use the Early Help Assessment and Support Plan guidance to support practice to ensure that children, young people and families receive a consistent, supportive early help experience
- act as a single point of contact for the child, young person and/or their family. They will be someone that the child/young person can trust and who can engage them in making choices, navigating their way through the system and effecting change
- build a positive working relationship with the child or young person and family to secure their engagement and involvement in the process
- provide the child, young person or family with sufficient information to empower them to contribute to the decision making process and ensure they remain central to any decisions taken
- co-ordinate the delivery of the actions agreed by the practitioners involved to ensure that children/ young people and families receive an effective service which is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in an action plan
- ensure that progress is monitored, use the Family Circle outcome measures, record relevant information of progress made within the action plan
- ensure that an effective 'handover' takes place if or when a new lead professional is identified
- reduce overlap and inconsistency in the services received
- where possible find creative, no-cost solutions by working collaboratively with others who may have avenues to access support. This may be through charities, voluntarily or private organisations

Note: A lead professional should have access to professional supervision and/or line management from their home agency and where appropriate additional training to enable them to make appropriate decisions.

Top tips for lead professionals

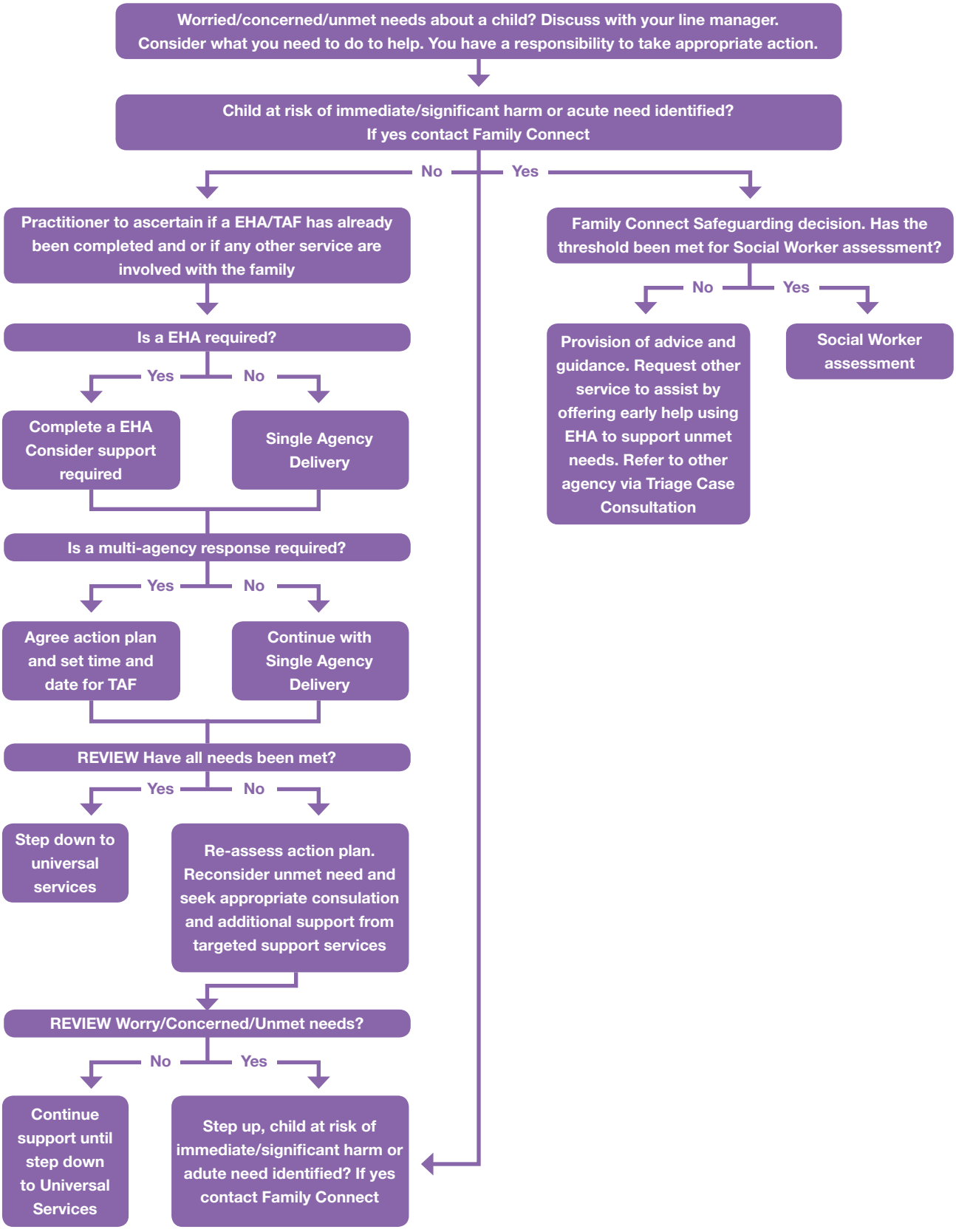
1. Ensure all practitioners involved and the family have your contact details and vice versa.
2. Set a review date at initial meeting with family
3. Plan contact with child/young person and family, so they know you will be actively involved. Check back at regular intervals to see how things are going.
4. Remember you are part of a team working together with the family and you are not expected to do everything.
5. Be clear to other practitioners involved in what circumstances other practitioners need to contact you e.g. if the family is not co-operating with an aspect of the support plan and the practitioner needs your input and support.
6. Be prepared to reconvene a meeting with the family and practitioners involved if things are not going to plan.
7. If another practitioner is not carrying out their contribution, raise it with them. This hopefully will focus them back on track.
8. If 7 continues, raise it with your line manager and they will need to speak to the other practitioner's manager.
9. Use the EHA and Support Plan and family circle outcomes framework to review and monitor progress.
10. Use the Seamless Approach to Partnership working guidance (below) if issues require step up or step down responses.

TELFORD & WREKIN
THRESHOLD GUIDANCE

SEAMLESS APPROACH TO PARTNERSHIP WORKING

SEAMLESS APPROACH TO PARTNERSHIP WORKING

Early Help Assessment Process



Stepping Cases Up to Social Care From Early Help Services

Abbreviations

EHA	Early Help Assessment
EHSP	Early Help Support Plan
TAF	Team Around the Family

Step up processes are a key element of delivering the right services to children and families at the right time.

Step up

When professionals work together in an integrated way, they put the child at the centre of all activities to help identify their holistic needs earlier to improve their life outcomes. It is important to see safeguarding as part of a continuum where prevention, early intervention and targeted work can help children and families get back on track and prevent problems turning into crises where social care intervention is required.

The EHA is a process that is followed by practitioners to help them identify and record a child's strengths and needs within their family and environmental context. In Telford and Wrekin, EHA is used not just to identify need as early as possible but to draw strong support around children and families with complex problems who do not require social care intervention, but there is a need for well-co-ordinated and at times, targeted intensive support to prevent difficulties escalating towards a crisis.

In some circumstances there may be a level of risk that needs to be held by those working with the child and family that is not high enough to warrant intervention by social care, but still causes anxiety for those working in the TAF/EHSP. Equally there can be an escalation of risk in a given situation that may need reassessment to consider if there is a new requirement for social care intervention.

The step up process refers to a need for a change in the level of response after initial engagement that requires involvement from agencies including specialist and targeted services due to indications that the child/children may be at risk of significant harm.

There may sometimes be a need to step up cases of concern whereby there is a lack of progress despite the concerted efforts of a EHSP/TAF which increases the issues of risk of significant harm.

At the point of stepping up it is important that agencies do not disengage their support from a family without ensuring that colleagues in other agencies are sufficiently informed to continue working with the child and that the family are aware of the actions you are taking.

When a child is at immediate risk of harm the Telford & Wrekin safeguarding procedures must be followed.

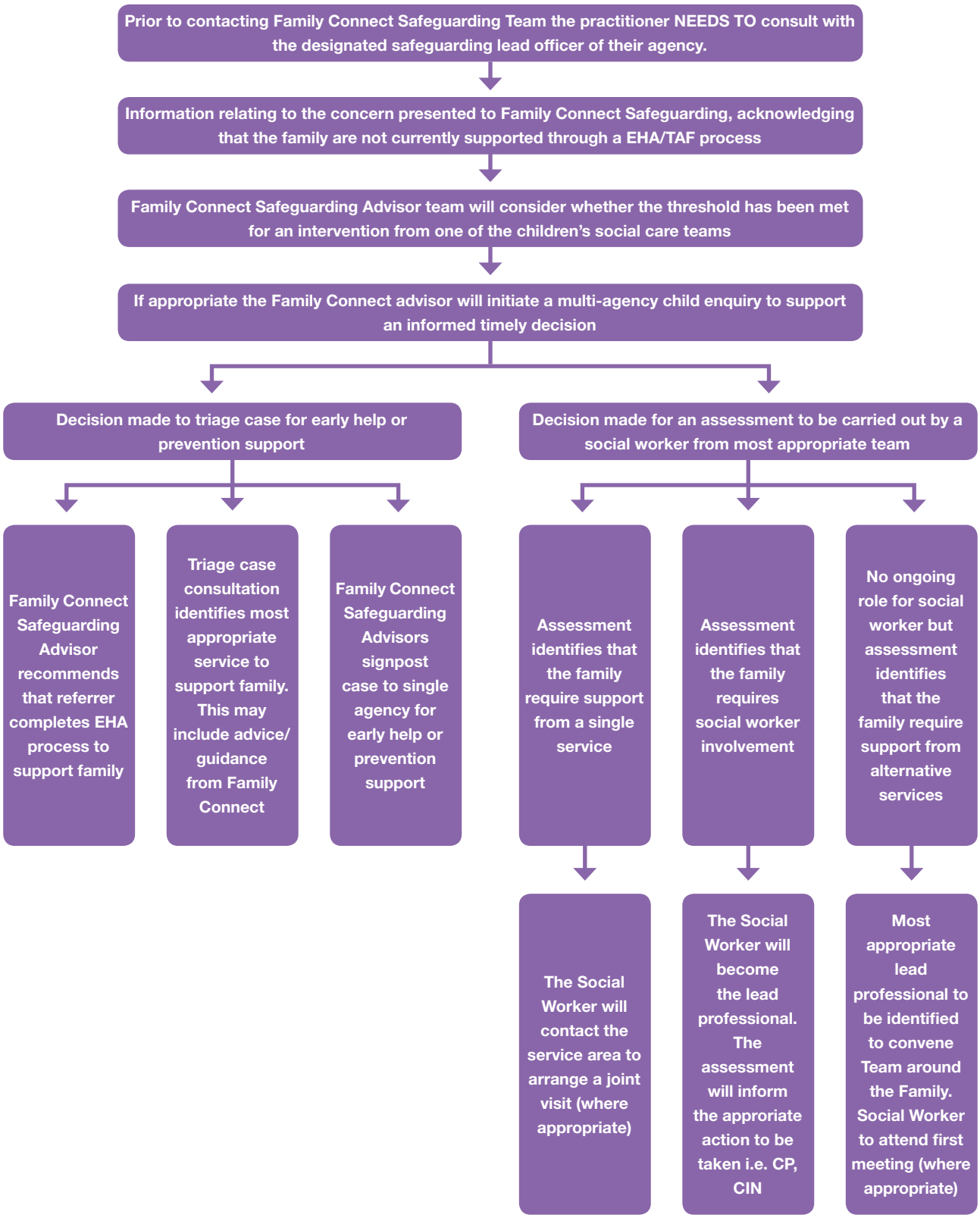
Children's social care request for service without EHA/EHSP/TAF processes in place.

When cases are being considered to be presented to Family Connect Safeguarding Advisor team without indication that the child(ren)/young people and family are being supported through our integrated EHA/EHSP/TAF process the following principles will apply:

- Prior to contacting Family Connect Safeguarding team the practitioner should consult with the designated safeguarding lead officer of their agency.
- The practitioner may also wish to consider completing a Early Help Assessment to evidence the unmet needs of the child/young person and family.
- If it has been deemed appropriate for a request for service to be made to Family Connect Safeguarding team this can be accepted without a EHA/EHSP/TAF process having been completed especially where it is believed that the case meets the threshold for a child at risk of significant harm. Prior to calling the Family Connect Safeguarding team please consider parental consent to share information unless if by doing so it will place the child at further risk of harm.
- Complete the Family Connect request for service form within 2 working days.
- Family Connect Safeguarding team will consider whether the threshold has been met for intervention from a children's social care team.
- Where the threshold has not been met for a social care intervention the Family Connect Safeguarding advisor will provide advice and guidance as to the options that are available. They may triage the case to alternative early intervention and prevention support services for support. The case will then close to Family Connect Safeguarding Advisor team.
- Where the threshold is met for social care intervention a social worker will complete Child and Family Assessment.
- The outcome of a social work assessment may highlight a child who is vulnerable or has complex needs and that the child and family would benefit from having alternative services to support them. In these instances the social worker will contact the appropriate support services and request that they hold a EHSP/TAF meeting. The social worker will attend if appropriate or if this is a single service request for support a joint home visit will be undertaken if appropriate.
- With agreed consent to share information the social worker will share the assessment with the members who will be attending the EHSP/TAF or with the single agency. Note: If the parent is not in agreement with the assessment being shared with the EHSP/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and only share those parts agreed.
- Where the social worker will no longer be required to support the case once appropriate access to services has been initiated, an appropriate lead professional must be in place to ensure an ongoing co-ordination of support.
- If following social work assessment, the outcome concludes that continued social work involvement is appropriate, the social worker will be the lead professional and will organise a child in need or child protection meeting.

Step up

Request for service to Children's Social Care without EHA/TAF in place



The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have been stepped down from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved

Children's social care request for service within existing EHA/TAF processes.

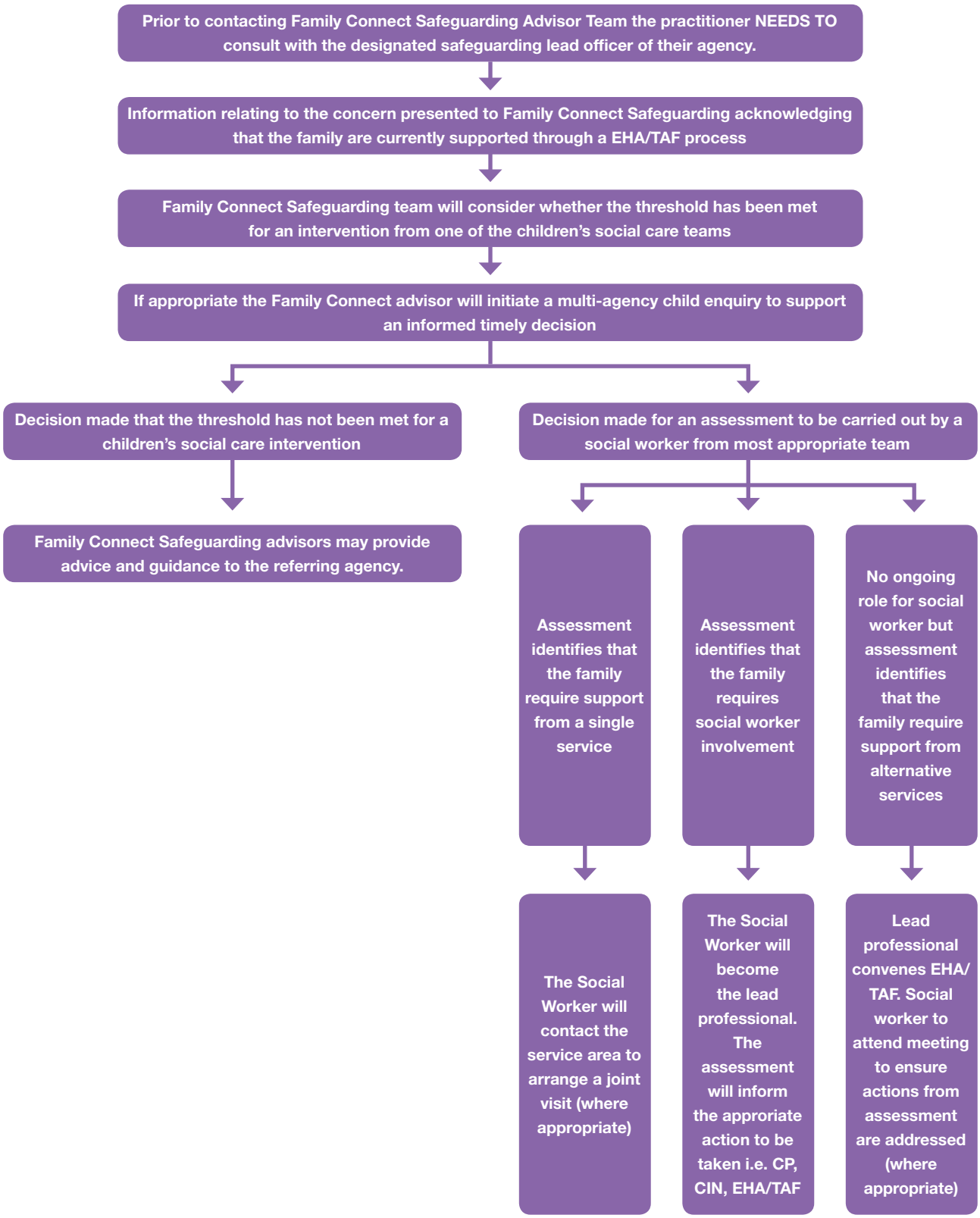
Where cases are being presented to Family Connect Safeguarding Advisor team within existing EHA/TAF process the following principles will apply:

- Prior to contacting Family Connect Safeguarding team the practitioner would need to consult with their designated safeguarding lead officer of their agency.
- If it has been deemed appropriate for a request for service to be made to Family Connect Safeguarding team especially where the practitioner believes a child is at risk of significant harm, prior to calling the Family Connect Safeguarding team please consider:
    - Parental consent to share information unless if by doing so it will place the child at further risk of harm.
    - Agencies will share copies of EHA/TAF on request.
    - Complete the Family Connect request for service form within 2 working days.
- Family Connect Safeguarding Team will consider whether the threshold has been met for intervention from children's social care.
- Where the threshold has not been met for a social care assessment the Family Connect Safeguarding advisor will provide advice and guidance as to the options that are available. The case will then close to Family Connect Safeguarding Advisor team.
- When the threshold is met for social care intervention a social worker will complete an assessment.
- The allocated social worker will make contact with the referring lead professional and other members of the EHA/TAF. This could take place either by telephone or face to face.
- The social worker may arrange to undertake a joint home visit to the child's/children's family home with the lead professional/other member of the EHA/TAF.
- When the social worker has completed the assessment they will inform the lead professional.
- The social worker will contact the parent of the child and gain consent for the assessment to be shared in full with the appropriate professionals EHA/TAF members. Note: If the parent is not in agreement with the assessment being shared with the EHA/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and only share the agreed parts.
- The social worker will request that the lead professional convenes a EHA/TAF meeting in order to share this assessment, its outcomes and recommendations with all members of the EHA/TAF.

  The social worker's assessment may determine that the escalation of the concerns raised and the analysis of the evidence clearly identifies that the child/children are at risk of significant harm any of the following actions may apply:
    - The social worker may remain involved and lead with a Child in Need Plan
    - The social worker may initiate an Initial Child Protection Conference.
    - The social worker may initiate accommodation of the child/children.

Step up

Request for service to Children's Social Care with existing EHA/TAF in place



The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have been stepped down from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved

Stepping Cases Down from Social Care to Early Help Services

Step down

Stepping down refers to the process of passing a family from an intensive or statutory led assessment or co-ordinated support plan to other more appropriate support services generally within universal, early help and targeted services.

The social care team manager of the case will be in agreement that the case is ready to be stepped down.

The step down process will be led by a social worker with consent from the child and family. It is important that there is clear communication and good co-ordination that enables a new support plan to be agreed with the child and family and an effective handing over of the Lead Professional role.

The role of the social worker in helping to outline how the concerns have been addressed and agreeing new outcomes is vital to a successful and sustainable new coordinated EHA/TAF plan.

Questions to aid step down planning

The social worker will have gained consent to share the following information with those involved in the stepping down process.

- What were the risks and needs in this situation that required social care intervention?
- What work has been done to address/reduce level of risk and strengthen family functioning?
- What are the current protective factors (the things that keep the child safe and well)?
- Why is the case stepping down at this time?
- What are the outcomes that still need to be achieved through our integrated working model of EHA/TAF?
- What would it look like if risk were to increase again (early warning signs)?
- What actions should be taken if risk increases again?
- Have you provided all the most recent information to the professionals that are required to provide ongoing support?

Children's social care intervention without previous EHA/TAF process in place.

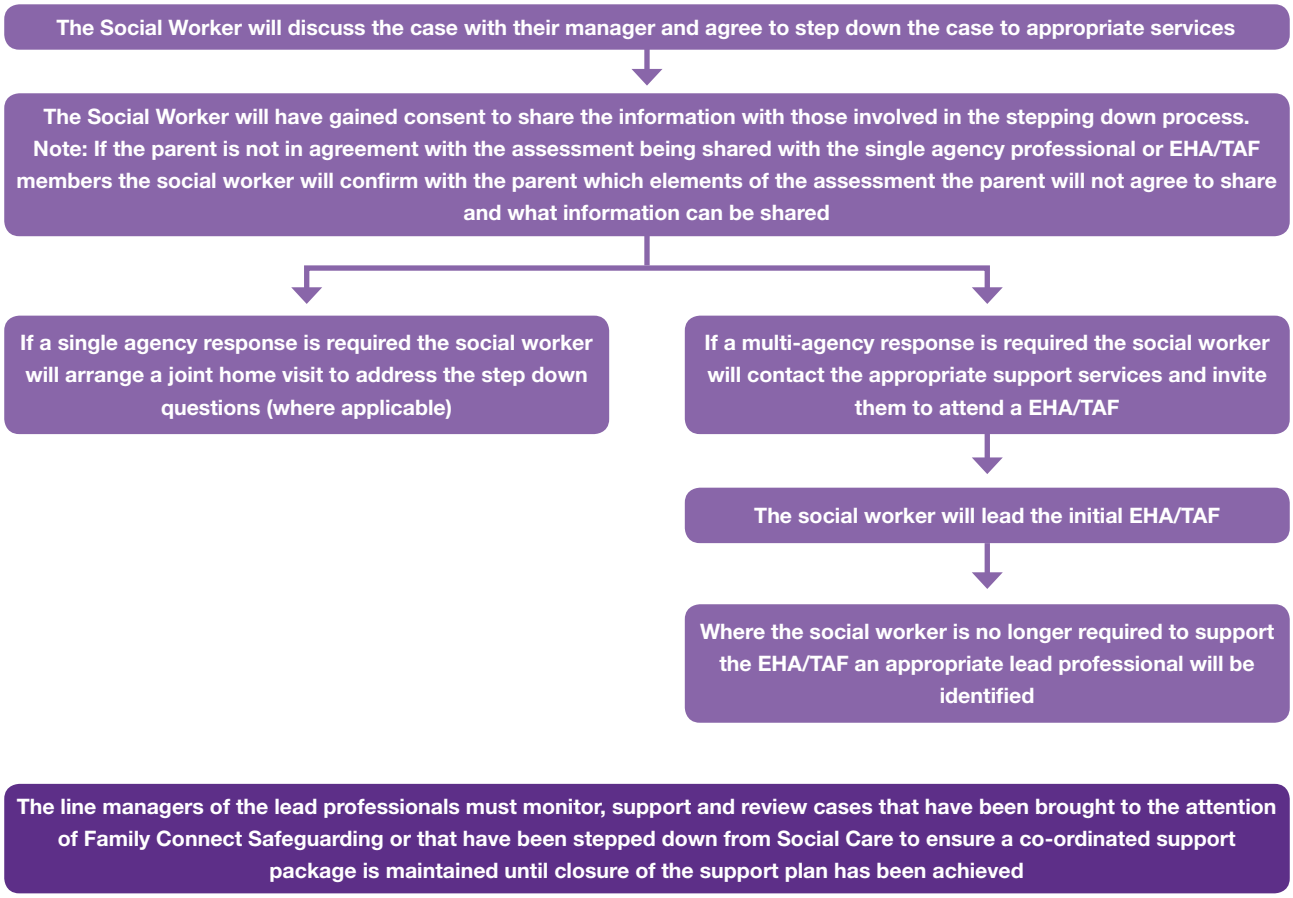
Where cases did not have previous EHA/TAF processes in place prior to a social work intervention the following principles will apply:

- The social worker will discuss the case with their team manager and agree that the case will be stepped down to appropriate services to provide on-going co-ordinated support or a single agency service support.
- The social worker will have gained consent to share the information with those involved in the stepping down process. Note: If the parent is not in agreement with the assessment being shared with the EHA/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and what information can be shared.
- If there is not a co-ordinated child in need support plan already in place the social worker will contact the appropriate support services and invite them to attend a EHA/TAF or if only a single service is required a joint home visit should be convened. The social worker will attend the EHA/TAF and address the step down questions presented above.

- The social worker will no longer be required to support the case once appropriate access to step down services has been initiated and an appropriate lead professional is in place to ensure an ongoing co-ordination of support.
- The line managers must monitor, support, and review cases that have stepped down from social care to ensure a co-ordinated support package is maintained until closure of the plan has been achieved.

Step down

From Children's Social Care without previous EHA/TAF process in place



Children's social care intervention within prior existing EHA/TAF process.

Where cases had been assessed when integrated working processes were in place and it has been evidenced that the on-going support will need to continue the following principles will apply:

- When the social worker has completed the assessment the lead professional will be informed of the outcome by the social worker.
- The social worker will have gained consent to share the information with those involved in the stepping down process. Note: If the parent is not in agreement with the assessment being shared with the single agency practitioner or EHA/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and what information can be shared.
- The social worker will request that the lead professional convenes a EHA/TAF meeting in order to ensure that the recommendations of the assessment are addressed and appropriate actions supported.
- The line managers must monitor, support, and review cases that have stepped down from social care to ensure a co-ordinated support package is maintained until closure of the plan has been achieved.

Step down

Children's Social Care within prior existing EHA/TAF process in place

The Social Worker will discuss the case with their manager and agree to step down the case to appropriate services

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The Social Worker will have gained consent to share the information with those involved in the stepping down process. Note: If the parent is not in agreement with the assessment being shared with the single agency professional or EHA/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and what information can be shared

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Once agreed the social worker will provide the lead professional and supporting members of the EHA/TAF with the relevant information.

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The lead professional will convene a TAF meeting in order to consider the outcome of the assessment and recommendations made. The EHA/TAF should ensure that the ongoing support reflects the assessment recommendations. If necessary: the social worker will attend the EHA/TAF meeting to clarify recommendations made.

The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have been stepped down from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved

Children's Social Care intervention for Child(ren)/young people who no longer require a child protection plan.

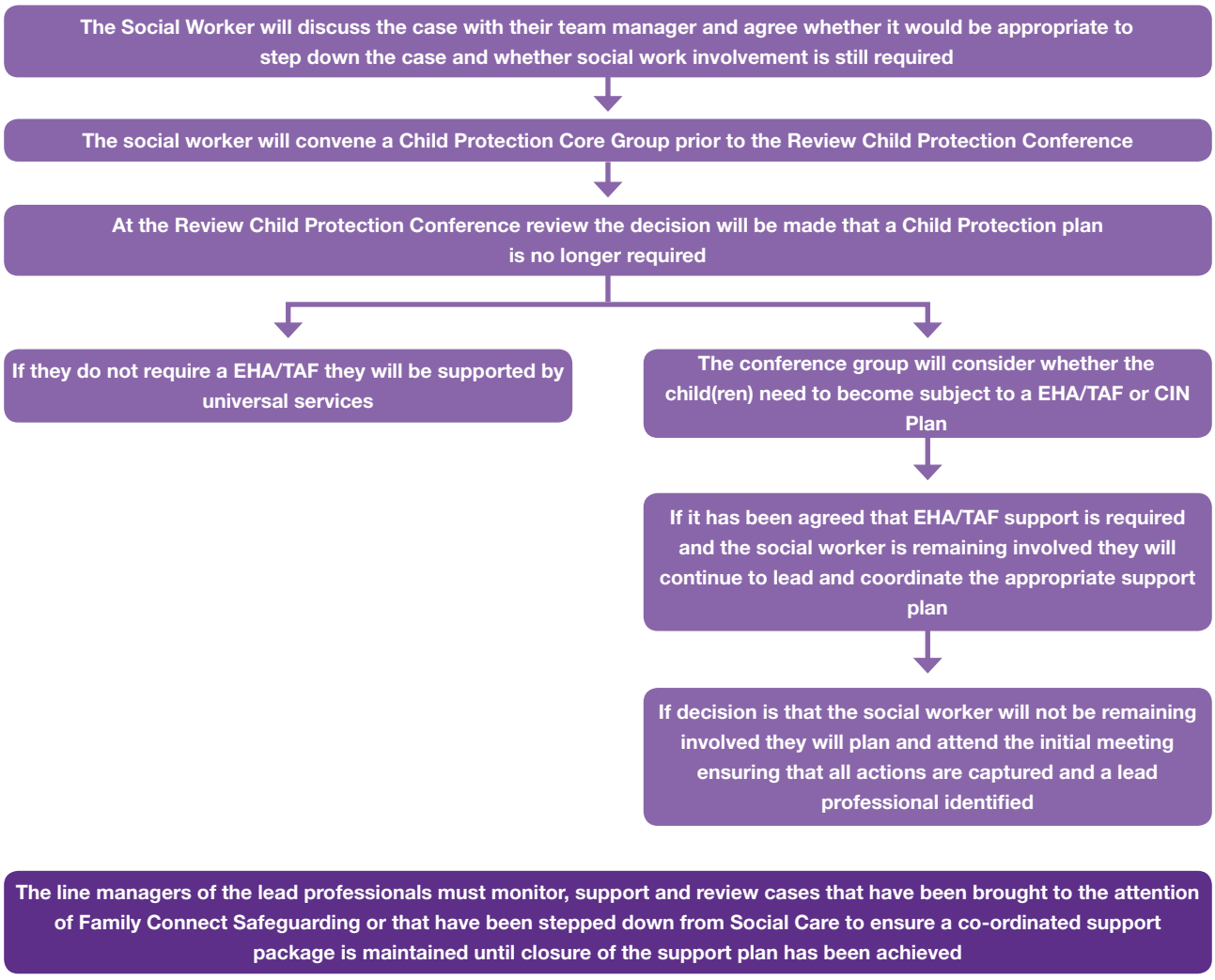
When it is being considered that a child(ren)/ young person is no longer in need of a Child Protection Plan the following principles will apply:

- The social worker will discuss the case with their team manager and agree whether it would be appropriate to step down the case and whether social work involvement is still required to oversee the support plan.
- The Social Worker will convene a Child Protection Core Group prior to the Review Child Protection Conference.
- At the Review Child Protection Conference meeting the decision will be made that a Child Protection Plan is no longer required.
- The Review Child Protection Conference will consider whether the child(ren)/young people need to become subject to a EHA/TAF Plan. If the view of the group is that they do not, then the case will be supported within universal services.
- If the view of the group is that the child(ren)/ young people would benefit from a continued co-ordinated multiagency approach and be subject to a EHA/TAF plan, then the group will identify the most appropriate Lead Professional for the child(ren)/ Young People and plan the initial EHA/TAF meeting date.
- Where the decision has been made by the manager and social worker that the child/young person still requires social care involvement, the social worker will continue to lead and co-ordinate the appropriate support plan.

- Where the decision has been made that the social worker will not be remaining involved with the case, the social worker will lead the first initial EHA/TAF ensuring that all actions required for the continued support of the child(ren) and family are captured and that the new lead professional is clearly identified. A copy of the EHA/TAF plan will be forwarded to the Strengthening Family Locality Service, the new Lead Professional and their Service Manager.
- The Lead Professional line manager must monitor, support, and review cases that have stepped down from Social Care to ensure a co-ordinated support package is maintained until closure of the plan has been achieved.

Step down

Children's Social Care intervention for Child(ren)/Young People who no longer require a Child Protection Plan



TELFORD & WREKIN THRESHOLD GUIDANCE

GLOSSARY

GLOSSARY

EHA
An Early Help Assessment is a way of gathering information about children & families in one place and is used to decide what type of support is needed to help the family.

EHSP
Early Help Support Plan, a record of the support required and progress that is being made throughout intervention period.

Competent person
Anyone aged 12 years or over depending on level of understanding deemed to understand their rights under the Data Protection Act 1998 and any consequences arising from the processing of such information.

Consent
A person has given consent to share data with, or between specific organisations or individuals. This can be withdrawn or withheld without notice or reason. For those aged under 12 years, or otherwise classed as unable to give consent, the appropriate parent/guardian/carer can do so on their behalf.

Continuum of need and intervention
A process that can help decide whether an EHA would be appropriate, to help further clarify need and appropriate response.

LP
Lead Professional, this is the person that assists the family by writing the assessment and co-ordinating the Team around the Family (TAF).

Parent/guardian/carer
This is a parent or guardian who within the meaning of the Children Act 1989, is deemed to have 'parental responsibility'. A carer has the care of the child, but does not have 'parental responsibility'.

Practitioner
A person working with children, young people and families.

TAF
Team around the Family – the multi agency response to the Early Help assessment and Support plan to monitor and review the action plan identified for a child/young person and family.

Thresholds
Describes levels of concerns for children, young people and their families. It should be used to inform good practice and not as a definitive statement of thresholds for concern. There may well be circumstances that are not covered in this section or particular issues that lead to a professional judgement, which leads to a different conclusion.

Universal/vulnerable/complex/acute
Levels of need identified through the EHA framework.