



Telford & Wrekin
Co-operative Council

Protect, care and invest
to create a better borough



TELFORD & WREKIN PARTNERSHIP THRESHOLD GUIDANCE

A partnership framework for assessment and support
Right Help at the Right Time



FamilyConnect

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INTRODUCTION

A shared responsibility

Telford & Wrekin Safeguarding Partnership endorses and actively promotes the use of the partnership framework for assessment and support outlined within the Threshold Guidance to promote best possible outcome for children, young people and their families.

This guidance is for everyone who works alongside children, young people, their families and carers in Telford. It is how we work together, share information and ensure that children and their families remain our main focus and that we provide effective support to them. To enable families to become stronger and more resilient so they can identify the challenges they are experiencing and find solutions at the earliest possibility. Taking a partnership approach from the earliest opportunity should mean that fewer children in Telford and Wrekin experience serious harm from abuse or neglect.

This is 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 of professionals 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 and respond to their voice
- understand the child and young person in the context of their family and the wider community
- achieve a holistic whole family approach
- develop relationship based practice and build upon strengths
- be non-discriminatory on the grounds of age, ethnicity, religious belief, faith, culture, class, sexuality, gender or disability

The Telford and Wrekin Threshold Guidance encourages an approach that promotes conversations at the earliest opportunity with children and their families that are essential when additional needs are identified. This will promote services working well together, to be flexible, supportive and responsive to new challenges to benefit children and their families.

Most children and families welcome help and support from professionals involved in their lives, however 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 fostering principles of openness, honesty and transparency, encouraging family members and children to shape the decisions required to support them. All Practitioners need to ensure that their 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 the needs on a long-term basis.

www.telfordsafeguardingpartnership.org.uk

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.

Consistent application of threshold for statutory intervention and early help provision is crucial in identifying and meeting the needs of families and maintaining quality provision of support across all services.

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.

Early Help is about identifying needs within families at the earliest opportunity and proactively offering preventative support before needs become more complex. Those coming into contact with families such as teachers, health visitors, school nurses, childcare practitioners, the police and volunteers. All have a responsibility towards identifying emerging needs as early as possible. Support can be offered early in life or early after the emergence of a particular need which can arise at any point throughout childhood and adolescence. Early Help support is available for families and with children and young people aged 0-18 and up to 25 if they have a special educational need or disability.

Early Help is everyone's responsibility, and it requires all those that come into contact with families to understand their role within Early Help. Furthermore, statutory guidance highlights that Early Help requires agencies to work together in order to effectively identify families in need of Early Help support and provide the appropriate support if required. National research and evidence suggests that an early response is a more effective and efficient way of delivering services. It is better for families and services, to provide an intense, focused intervention when problems first emerge, rather than delivering a more costly statutory intervention when the needs have increased. This includes using targeted services to reduce or prevent specific problems from getting worse and becoming entrenched. This document 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).

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.

Family History

Child and family history must consistently be considered when assessing and identifying needs of the family. Professionals need to consider pattern of needs for children and their families. Chronologies are essential in respect of decision making to help form an earlier and more accurate identification of need for children and their families.

DIVERSITY AND EQUALITY OPPORTUNITIES STATEMENT

Practitioners working alongside children, young people and families in Telford and Wrekin should be able to work effectively with people with disabilities and within multi-ethnic communities. Practitioner training plans should take this into account. 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 fairly with respect and dignity, regardless of race, colour, ethnic or national origin, differently abled, gender, sex or sexual orientation, care of dependants, religious/belief, political beliefs or unrelated criminal convictions, with consideration to their specific needs with regards to their age and development. Early Help assessments and Early Help Support Plan will take this into account and this will be reflected within individual plans for children, young people and their families.

Practitioners should undertake to work with the parents and family of identified children treating them fairly with respect and dignity, regardless of race, colour, ethnic or national origin, differently abled, gender, sex or sexual orientation, care of dependants, religious/belief, political beliefs or unrelated criminal convictions.

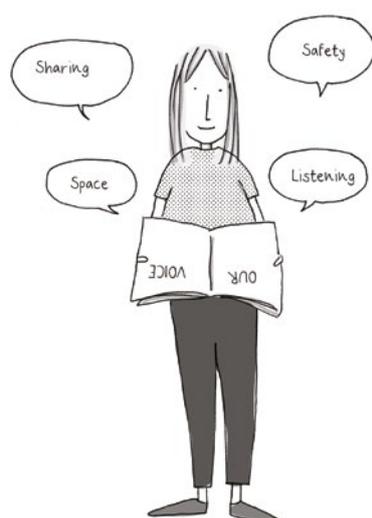
Practitioners will work with all other professionals and employees whether from the statutory or voluntary sector and afford them respect and dignity, providing forums to express their views and perspectives regarding the needs of the children and families.

Practitioners will demonstrate cultural competency, seeking to understand how family's culture, ethnicity and beliefs impact on their family life and circumstances.

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

HEARD

Treating People Fairly And Listening



LEGISLATION AND DUTIES

All children have the right to a safe, loving, and stable childhood and it is their right to grow up in the care of their birth family/extended relational network whereby it is safe for them to do so. While 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 in safeguarding children and promoting their welfare and protecting them from harm. **Safeguarding 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 Children Act 2004, 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.

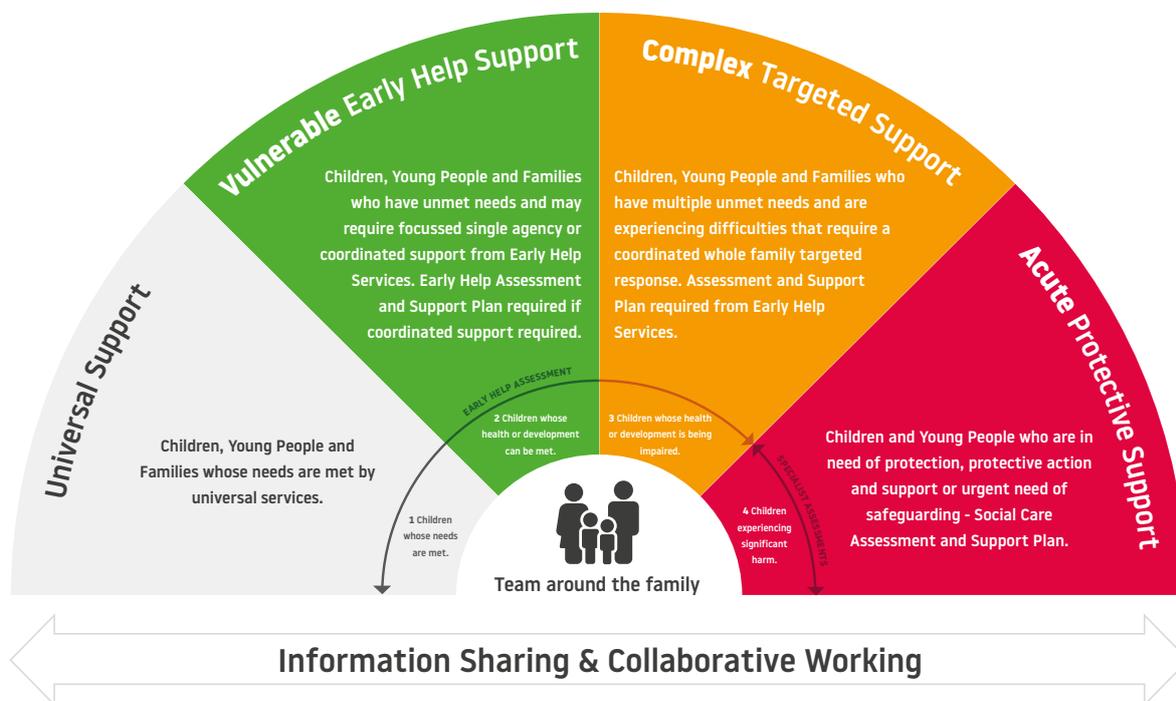
The 2017 Children and Social Work Act sets out how agencies must work together by placing new duties on the police, clinical commissioning groups and the local authority to make arrangements to work together and with other partners locally to safeguard and promote the welfare of all children in their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

[Working Together to Safeguard Children](#)

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

THRESHOLD OF NEED AND SUPPORT

Telford and Wrekin uses a windscreen continuum based on the four thresholds of need and intervention, recognising that needs of children, young people and families can change.



Universal

Children, young people and families 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. Whole family can access universal services directly.

Vulnerable

Children, young people and families with additional or emerging needs that can be met by a single agency or a multi agency services in addition to universal services. An Early Help Assessment (EHA) to be completed to consider holistic needs for the whole family.

Complex

Children, young people and families who are experiencing multiple needs that are not being met. An Early Help Assessment (EHA) should be completed to consider holistic needs for the whole family and an Early Help Support Plan (EHSP) should also be completed.

Acute

Children, young people and families who are experiencing significant impairment of harm, known or suspected abuse. The family's needs will met by children's social care, multi agency targeted and specialist services.

If it is an emergency or there is a threat of immediate danger, always dial 999.

A PARTNERSHIP WITH FAMILIES – INFORMATION SHARING

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 will be required with children and young people themselves, their parents or carers, and with practitioners also working with the family.

On occasion, practitioners will need to engage and explain to families the duties and requirement of their organisation, in respect of why information will be being shared within Family Connect. This is based on a practitioners perspective, that this is legal and lawful and is in the best interests of their child and family.

Consent for information sharing is not required for child protection referrals, where it is suspected that a child may likely be exposed to harm or experiencing significant harm. The referring practitioner, would need to inform parents or carers of the child protection referral, unless to do so may:

- place the child at increased 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.

There should be no delay in making a child protection referral when a practitioner believes a child is experiencing significant harm. Barriers to gaining consent should also not delay a child protection referral being completed and sent to Family Connect.

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. Parents and young people of sufficient age and understanding will need to be engaged in discussions where the need to shared information will be discussed as part of 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.

When a practitioner identifies that a child is currently experiencing significant impairment, the family need to be advised that information will be shared within Family Connect for decisions to be made on how best to support the family. 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 received 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 likely to harm themselves or others.

The child's interest must be the overriding consideration in making such decisions. Decisions in respect of information sharing and consent should be recorded in writing within the child case recording system by all partners. If the child or young person agrees to information sharing but their parents do not, a practitioner should consider whether the child or young person is of an age and understanding where their view can be prioritised over their parents.

Practitioners working with families at the identified threshold of need of vulnerable should be talking to families around the offer of Early Help support. In order to ensure that children and young people are receiving the right help at the right time, conversations need to be constructive. They must go beyond a discussion about concerns, and focus upon strengths and existing support from family, friends, the community or professionals. This will form part of a meaningful assessment and where appropriate, a plan to support the child, young person and their family.

THRESHOLD DESCRIPTORS

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

Universal	Vulnerable	Complex	Acute
<p>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.</p>	<p>These children can be defined as needing some additional support without which they would likely not reach 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.</p>	<p>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 going to develop acute needs should they not receive early targeted intervention. Children who require social care intervention may be assessed under section 17 requiring a child in need support plan.</p>	<p>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.</p>

Universal	Vulnerable	Complex	Acute
Parents or Carers Capacity			
Basic Care, Safety and Protection			
<ul style="list-style-type: none"> 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. Parent/carers are able to communicate effectively to manage and adapt to life stressors. Respectful co-parenting relationship established to support the child/children. 	<ul style="list-style-type: none"> 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 that is acknowledged and managed by parent/carer . Emerging impact of poorly resolved parental conflict (infrequent) 	<ul style="list-style-type: none"> 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 exposed to 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 have previously physically or sexually harmed 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. 	<ul style="list-style-type: none"> 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 likely to experience 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 parental factors present a likelihood of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability. Parent unable to restrict access to home by adults known to have previously sexually or physically harmed children. 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			
		<ul style="list-style-type: none"> • Parents/couples who engage in frequent intense and poorly resolved inter parental conflicts. 	<ul style="list-style-type: none"> • Parents/carers are not complying with the prescribed medication plan which does 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. • 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. • Previous child/young person(s) have been removed from parent's care. • There is an instability and violence in the home continually. • ACUTE needs identified in respect of child exploitation , refer to CE section. • Non accidental Injury. • Bruising on non mobile baby.

Universal	Vulnerable	Complex	Acute
Parents or Carers Capacity			
Emotional Warmth and Stability			
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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). Relationship conflict is present occasionally and an agreed parental approach is in place. 	<ul style="list-style-type: none"> Parent is emotionally unavailable to partner and child/children. Succession/multiple carers but no significant relationships with any of them or others. Childcare arrangements that are not meeting needs of the child and their welfare needs are being impacted upon. 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. 	<ul style="list-style-type: none"> Deliberate cruelty or emotional ill treatment of a child resulting in significant harm. Child is continually the subject of negative comments and criticism by 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. Child/Young person has no-one to care for them.
Guidance Boundaries and Stimulation			
<ul style="list-style-type: none"> 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 and develop resilience. 	<ul style="list-style-type: none"> 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. Anti social behaviour starting to occur Parental conflict is evident occasionally in relation to an agreed shared parental approach. 	<ul style="list-style-type: none"> Child/young person receives little positive stimulation – lack of new experiences or activities. Parents/carers provide inconsistent boundaries or present a negative role model. Parental boundaries and guidance present as erratic and inconsistent. Parental conflict is evident frequently and intense in relation to an agreed shared parental approach. 	<ul style="list-style-type: none"> 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 does place the child exposed to harm and parents are not responsive. No effective boundaries set by parents of children (who) regularly behave in an anti-social way. Child experienced significant harm through inadequate supervision.

Universal	Vulnerable	Complex	Acute
Family and Environmental Factors			
Family and Social Relationships and Family Wellbeing			
<ul style="list-style-type: none"> • Good relationships within family, including when parents are separated. Few significant changes in family composition. • Sense of larger family network and positive friendships outside of the family unit. 	<ul style="list-style-type: none"> • Parents/Carers have relationship difficulties which may affect the child. • Parents/Carers request advice to manage their child's behaviour. • Child is a teenage parent. • Child is a young carer (may look after siblings). • Large family with multiple young children identifying additional needs for family. • Experienced loss of significant adult. • Some support from family/friends. • Fragile special guardianship arrangement. • Parental conflict is evident occasionally in regards to child contact. 	<ul style="list-style-type: none"> • Domestic abuse where the harm 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. • Family relationship breakdown which may lead to a child becoming looked after outside of family network. • Child is privately fostered. • 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 in respect of mental health; substance misuse; learning difficulties; health/disability impact on their capacity to parent and significantly impacts their ability to consistency to be meet the needs for the child. • Child's carer referred to MARAC. • Parental conflict in relation to child contact where child/children are used as an intermediary/ frequent, and intense. 	<ul style="list-style-type: none"> • Assessment identifies significant harm 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 experiencing mental health difficulties and not engaging in support which affect the wellbeing of the child. • Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is exposed to significant harm.

Universal	Vulnerable	Complex	Acute
Family and Environmental Factors			
Family and Social Relationships and Family Wellbeing			
			<ul style="list-style-type: none"> • Child or young person is exposed to honour based abuse, including child marriage, virginity testing, enforced abortion, female genital mutilation as well as physical, sexual and economic abuse and coercive control. • Members of the wider family are known to be, or suspected of harming a child/children. • Child needs to be looked after outside of their immediate family or parents/ carers due to abuse/neglect. • Serious incident of children who harm others. • 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. • Parents own needs in respect of mental health; substance misuse; learning difficulties; health/disability exposes the children to significant harm.

Universal	Vulnerable	Complex	Acute
Family and Environmental Factors			
Housing, Employment and Finance			
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. • Hygiene conditions and/or hazards present that are acknowledged and parental plan in place to address and improve. • Parents have limited formal education which is affecting ability to find employment. • Family seeking asylum or refugees. 	<ul style="list-style-type: none"> • Increasing financial difficulties which are starting to impact on ability to have basic needs met. • Family likely to be evicted having already received support from Housing services. • Housing is in poor state of repair, temporary or overcrowded. • Hygiene conditions and/or hazards within home impacting upon child, is not recognised or consistently addressed by parents. • Parents stressed due to "overworking" or unemployment/parents may find it difficult to obtain employment due to poor basic skills. 	<ul style="list-style-type: none"> • Homeless child in need of accommodation including 16-17 year olds. • Hygiene conditions within the home environment presents significant harm in respect of the child/children's health. • 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			
<ul style="list-style-type: none"> Family feels integrated into the community and have good social and friendship networks. Access to regular and positive activities within universal services. 	<ul style="list-style-type: none"> 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. Unable to access 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 and require advice, information and support services.. Adequate universal resources but family may have access issues. 	<ul style="list-style-type: none"> 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. Family/child demonstrating regular anti social behaviour towards others. 	<ul style="list-style-type: none"> Child or family need immediate support and protection due to harassment/discrimination and have no local support. Family engaging with harmful organisations, such as crime and radicalisation groups and this exposes the child to harm.
Child and Young Person's Developmental Needs			
Learning/Education			
<ul style="list-style-type: none"> Acquired a range of skills/ interests. Experiences of success/ achievement. No concerns around cognitive development. Access to educational resources, such as books/ toys, play. Good attendance at school (95% or above for secondary pupils and 96% or above for primary)/college/training. Have some identified learning needs that place them on special educational needs and disability (SEND) support. 	<ul style="list-style-type: none"> Occasional truanting, punctuality issues, attendance below 95% for secondary pupils and below 96% for primary pupils. Regularly not engaged in learning, e.g. poor concentration, low motivation and interest. The child's current rate of progress is concerning despite receiving appropriate support and are not thought to be reaching educational potential. Lack of adequate parent/ carer support for child's learning e.g. appropriate stimulation (books/toys) and opportunities to learn. Child/young person under undue parental pressure to achieve/aspire or parent/ carer lacks aspirations for child/young person. 	<ul style="list-style-type: none"> Permanently excluded from education or likelihood of permanent exclusion. Persistent absence or severely persistent absence from education settings. Repeated fixed term exclusions/persistent punctuality issues. Identified learning needs and may have access to high needs funding through Inclusive school forum (ISF) or EHCP. Not achieving key stage benchmarks despite significant intervention Statutory education age, child not accessing education at school, training provider or at home. Parents are engaging with professionals to address this matter. 	<ul style="list-style-type: none"> Educational Neglect identified due to child not in education, in conjunction with concerns for child's safety and significant harm identified. Removal of communication devices and not enabling the child to communicate. Educational neglect identified as child not receiving an education at home or in a education settings and parents not engaging with professionals to address this matter.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Learning/Education			
	<ul style="list-style-type: none"> Few or no qualifications leading to NEET (not in education, employment or training). 		
Health			
<ul style="list-style-type: none"> All health needs met. Physically well/healthy, developmental checks/ immunisations up to date and health appointments are kept. Health and wellbeing supported when required 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 and is free from pain and discomfort. Sexual activity appropriate for age. All health needs met through services. Registered with health professionals and accesses support, advice and guidance when required. 	<ul style="list-style-type: none"> 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. However appointment are booked again and attended. Is susceptible to minor health problems. Minor concerns re growth and weight (above or below what would be expected). Health and wellbeing needs recognised and parental plan in place to address. Evidence of drug/alcohol use, unprotected sex. Minor concerns re diet/ hygiene/clothing. Is accessing dental hygiene and experiencing dental decay. When exposed to poorly resolved but occasional conflict the child/children may show early signs of upset/worry and/or changes in their behaviour. Vulnerable needs in respect of child sexual exploitation, refer to CE section. 	<ul style="list-style-type: none"> Reoccurring health problems with missed appointments, routine and non- routine. Parent/carer choosing not to register child or ensuring child is accessing dental care. 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 refuse to disclose information that will support the care of their child. 	<ul style="list-style-type: none"> Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health. Chronic missed health appointments that are significantly detrimental to the unborn/child. Parent/carer not ensuring their child has access to appropriate medical care which exposes them to 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 administering 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. Developmental milestones unlikely to be met which is attributed to parental care. Significant dental decay and parents not accessing treatment.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Health			
		<ul style="list-style-type: none"> • Child is in discomfort through inappropriate moving and handling and ill-fitting essential equipment. • Teenage pregnancy. • Concerns relating to sexual coercion behaviour or relationship. • Child 13 and under who is sexually active. • Complex needs in respect of child sexual exploitation, refer to CE section • When exposed to poorly resolved and frequent conflict the child/children are showing signs of distress and their mental health/behaviour may be affected. 	<ul style="list-style-type: none"> • 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. • ACUTE needs of sexual exploitation, refer to CE section. • A sexually transmitted infection (STI) particularly if reoccurring or multiple infections and there is concern about the age of the child • Child or young person is exposed to honour based abuse, including child marriage, virginity testing, enforced abortion, female genital mutilation as well as physical, sexual and economic abuse and coercive control.
Social, Emotional, Behavioural, Identity			
<ul style="list-style-type: none"> • 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). • All social, emotional, behavioural and identity needs are met. • Child and Young Person manages change well. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Children with serious level of unexplained and inappropriate sexualised behaviour. • Child currently/frequently missing from home and concerns raised about their physical and emotional safety and welfare. Parents engaged and supportive. • Child using substances and alcohol that is significantly impairing their wellbeing. • Continuous breaches of curfew order. • Child experiencing financial hardship that is starting to impact on their basic care needs not being met. 	<ul style="list-style-type: none"> • Challenging behaviour resulting in serious harm to the child and others. • ACUTE needs about Child Sexual Exploitation refer to CE section. • Child/young person beyond parental control – regularly absconds from home and is being exposed to harm. • Failure or inability to address complex mental health issues requiring specialist interventions e.g. self-harm / suicidal attempts. • Missing episodes with ACUTE needs of child exploitation identified, refer to CE section.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Social, Emotional, Behavioural, Identity			
<ul style="list-style-type: none"> • Feeling of belonging and acceptance by family, peer group and wider society, including other cultural groups. • Positive sense of self • Child has a sense of being valued, and a positive sense of own racial and cultural identity 	<ul style="list-style-type: none"> • Can find managing change difficult. • Starting to show difficulties expressing empathy. • Can be over-friendly or withdrawn with strangers. • Some insecurities around identity expressed, such as low self esteem. • Emerging concerns around behaviour and sense of self, including online activity. • Experiences difficulties in sustaining relationships. 	<ul style="list-style-type: none"> • 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. • Young person who holds extreme political or religious views, who advocates illegal, violent, or other extreme action. • 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. 	<ul style="list-style-type: none"> • Failure or inability to address serious (re)offending behaviour leading to serious harm to self or others. • ACUTE needs of exploitation identified. . • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability. • At significant harm of radicalisation. • There is a known involvement in organised crime activity which is impacting significantly on the child and family. • Forced marriage of a child. • Severe emotional/behavioural challenges resulting in child being exposed to frequent harm. • Child's online identity is causing harm to self or others.

Universal	Vulnerable	Complex	Acute
Child and Young Person's Developmental Needs			
Family and Social Relationships			
<ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers. • Good core relationships with siblings. • Positive relationships with peers. 	<ul style="list-style-type: none"> • Some support from family and friends. • Has some difficulties sustaining relationships. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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			
<ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills. • Able to discriminate between 'safe' and 'unsafe' situations. • Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate). 	<ul style="list-style-type: none"> • Slow to develop age appropriate self-care skills. • Early onset of sexual activity (13-14); sexually active young person (15+) • Inconsistent use of contraception. • Low level alcohol/substance misuse (current or historical). • Some evidence of unsafe use of technology leading to E-safety concerns. • Not always adequate self-care – poor hygiene. 	<ul style="list-style-type: none"> • Child suffers accidental injury as a result of inadequate supervision. • Child found alone in the community without adequate supervision. • Severe lack of age appropriate behaviour. • Poor self-care for age – hygiene. 	<ul style="list-style-type: none"> • Child is left "home alone" without adequate adult supervision or support and is exposed to 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 exposes the child to significant 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.

ASSESSMENTS UNDER THE CHILDREN ACT 1989

The Children Act 1989 introduced the concept of Significant Impairment as the threshold where Local authority children's social care assess the needs of individual children to determine which services to provide and what action to take.

Section 17 assessment of a 'child in need'

A '**child in need**' is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Children in need may be assessed by a social worker under section 17 of the Children Act 1989 in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. This process for assessment should also be used for children whose parents are in prison and for children who are seeking safety/refuge owing to asylum. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

When undertaking an assessment of a child with a disability, the local authority must also consider whether it is necessary to provide support under **section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970**. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support.

Where a child in need has moved permanently to another local authority area, the original authority should ensure that all relevant information (including the child in need plan) is shared with the receiving local authority as soon as possible. The receiving local authority should consider whether support services are still required and discuss with the child and family what might be needed, based on a timely re-assessment of the child's needs, as set out in this chapter. Support should continue to be provided by the original local authority in the intervening period. The receiving authority should work with the original authority to ensure that any changes to the services and support provided are managed carefully.

Where a child in need is approaching 18 years of age, this life stage should be planned for in advance. This includes where children are likely to transition between child and adult 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.

All practitioners working with children, including teachers, GPs, nurses, midwives, health visitors, school nurses, family support practitioners, early years professionals, youth workers, police, accident, emergency department 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 alongside, and on behalf of, children, young people and families need to take responsibility for ensuring everything possible is done to address the needs of children 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.

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

A child centre approach means keeping the focus when making decisions about their lives and working in partnership with them and their families: [Working Together to Safeguard Children](#) A guide to inter-agency working to safeguard and promote the welfare of children, 2018.

SUPPORTIVE

Work For The Family



THE CONCEPT OF SIGNIFICANT HARM

The Children Act 1989 introduced the concept of [significant harm](#) as the threshold which justifies compulsory intervention in family life in the best interests of children. [Section 47](#) of the Act places a duty on local authorities to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm.

There are no absolute criteria for establishing significant harm. Whether the harm, or likely harm, suffered by the child is significant is determined by comparing the child's health or development with that which could reasonably be expected of a similar child.

'Harm' can include the effect of seeing or hearing the ill-treatment of someone else, for example where there are concerns of [domestic violence](#) and [abuse](#).

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events which interrupt, change or damage the child's physical and psychological development.

When considering the severity of ill-treatment, it can be useful to consider:

- the degree and the extent of physical harm
- the duration and frequency of [abuse and neglect](#)
- the extent of premeditation, and
- the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term [neglect](#), emotional, physical or sexual abuse that causes impairment to the extent that it constitutes significant harm.

To understand and establish 'significant harm', professionals should consider a range of factors including:

- the family context, including protective factors
- the child's development within the context of his or her family and wider social and cultural environment
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family
- the nature of harm, in terms of ill-treatment or the factors contributing to the parent/carers inability to provide adequate care
- the impact on the child's health and development
- the capacity of the parent or carer to adequately meet the child's needs

If you are worried or concerned about anyone under 18, who you think is experiencing 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>
- Telford & Wrekin Safeguarding Escalation Policy <https://www.telfordsafeguardingpartnership.org.uk/download/downloads/id/29/escalation-policy-2022-2023.docx>
- If you are not happy with the decisions Family Connect make you may access the Resolution and Escalation policy <https://westmidlands.procedures.org.uk/local-content/4gjN/escalation-policy-resolution-of-professional-disagreements/?b=Telford+%26+Wrekin>

STORY GATHERING

Courageous and brave to share..



UNDERSTANDING AND MANAGING HARM

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

Harm 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 harm factors include:

- previous abuse or neglect
- parental substance misuse
- domestic abuse
- people suspected of or are known to have committed or thought to have committed sexual offences involved with the family
- known or suspected people who have committed violent offences 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 harm factors present (or the more serious one single factor is) then the greater likelihood of harm towards a child. 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 harm factor.

Simply recording harm 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 harm 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 harm 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 experiencing 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 likelihood of emotional and physical abuse and neglect due to impaired patterns of parental care
- disorganised 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 harm 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 significant 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 find working with professionals challenging and as a result display hostile and aggressive behaviour and are consistently unable to follow advice and respond to support (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 harms or a predisposition to harm.

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 harm.

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 harms 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 or 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 exposed to harm?

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 experiencing significant harm from others or themselves and requires skilled risk assessment and protection;
- The child or young person is likely to expose others to significant 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;

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 experiencing 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 <https://www.telfordsafeguardingpartnership.org.uk/download/downloads/id/29/escalation-policy-2022-2023.docx>

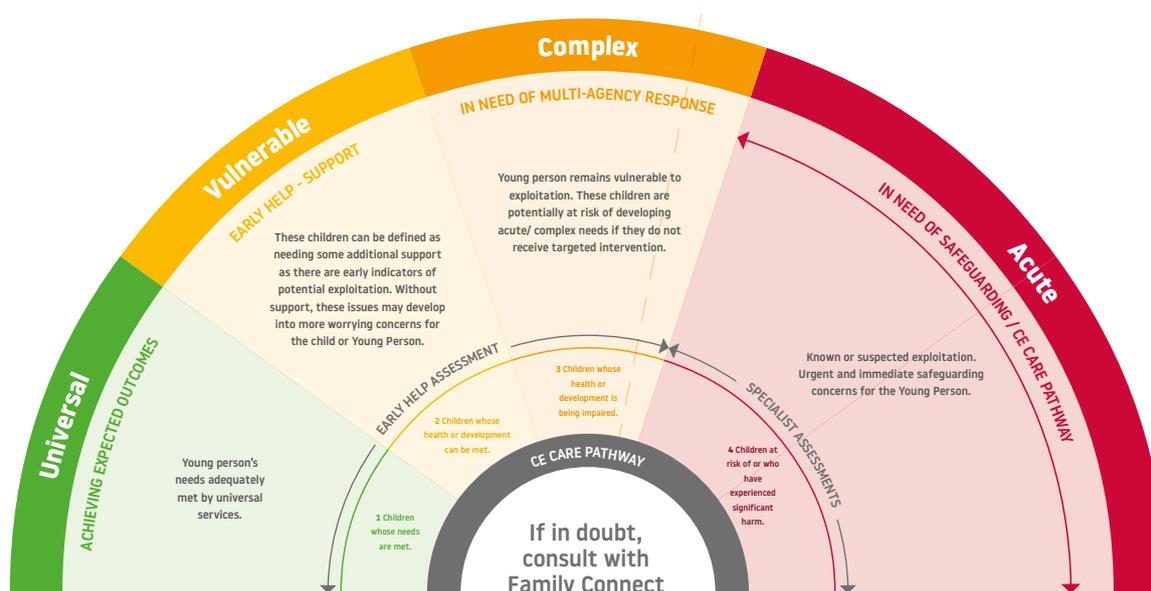
ASSESSMENT OF HARM OUTSIDE THE HOME (CONTEXTUAL SAFEGUARDING)

As well as indicators of harm to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial harms might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These harms can take a variety of different forms and children can be vulnerable to multiple harms, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; teenage relationship abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children and their circumstances in such families should consider whether wider environmental factors are present in a child's life and are a harm to their safety and/or welfare. Children who may be alleged to have caused harm or who are identified as having the potential to cause harm should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a risk to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children and their circumstances in such incidences should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risks to their child/children.

Channel panels, established under the Counter-Terrorism and Security Act 2015, assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where appropriate, arrange for support to be provided. When assessing Channel referrals, local authorities and their partners should consider how best to align these with assessments undertaken under the Children Act 1989. The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities in England, Wales and Scotland to have due regard to the need to prevent people from being drawn into terrorism. Child Exploitation Risk Threshold Indicator

Child Exploitation Pathway



Child Exploitation Risk Threshold Indicator

Exploitation Risk Categories		
1. Running away/ going missing	Vulnerable	Regularly coming home later than their agreed time/Absent without permission/Returning late to care home/Absent from school/Whereabouts often unknown.
	Complex	Frequently staying out overnight without permission/Episodes of running away, MFH, missing from placement/Looking well cared for despite having no known base?/Regular breakdowns of placement due to behavioural problems.
	Acute	Persistently running away, going MFH or placement/Pattern of street homelessness/Whereabouts often unknown or of significant concern, talks about and/or known to travel to different areas or cities.
2.Coercion/control	Vulnerable	Recent change in peer group/Reduced contact with family/friends/Late night phone/internet contact
	Complex	Secretive about having a mobile phone or more than one/ Extensive use of mobile phone/internet/Late night phone/internet contact/Limited contact with family/friends/A sense of urgency about needing to be elsewhere.
	Acute	Secretive about having a mobile phone/more than one/Disclosure of or police intelligence regard physical/sexual assault followed by withdrawn allegation/reluctant to report/No contact with family/friends/Disappear from system (no contact with support systems)/Disclosure of or police intelligence relating to county lines/gang activity involvement or links, talks about having drug debts and an urgent need for money. Family report hostile acquaintances coming to the door or telephoning/messaging and making threats/A significant sense of urgency about needing to be elsewhere/Evidence of grooming/coercion/exploitation/victim of trafficking.

3. Contact with abusive persons and/or risky environments	Vulnerable	Some association with unknown adults and/or other exploited children and/or missing children/Some association with gang and county lines involved adults or peers
	Complex	Associating with unknown adults and/or other exploited children/ young people and/or missing children/Information and Police Intelligence suggesting involvement in exploitation/Spending time in areas where exploitation has taken place/Associating with possible county lines or gang members/Getting into cars with unknown adults or suspected perpetrators of CCE/CSE/New or expensive possessions which cannot be accounted for/Access to cash/money, spending time in areas where drug activity known to take place or fearful of going to certain areas.
	Acute	Identifying as a county lines or gang member/Found in areas/ properties known for drug activity/Evidence or Police Intelligence to suggest being moved around for criminal activity/Abducted and forced imprisonment (described by young person as “locked in”).
4. Substance misuse	Vulnerable	Experimenting with alcohol/cannabis/Associating with young people known to use substances regularly.
	Complex	Regular use of or recent increase in use of substances/Use of drugs in addition to alcohol/cannabis (e.g. MDMA, cocaine)/ Concerns for drug dependency/Associating with known drug dealers/Seen in known areas for selling drugs/Seen associating with young people who are running and believed to be being exploited and involved in drug lines. Being given substances as part of grooming process.
	Acute	Evidence of dependency on alcohol/drugs/Using opiates (e.g. heroin, codeine, methadone)/Injecting of any substance/Dealing of substances/Found in areas/properties known for drug activity/ Supply of substances to others/CE activity for paying off of debts e.g. drug debt/known to be actively involved in networks that run drug lines. Being given substances as part of exploitation.
5. Education	Vulnerable	Mainly engaged in education, employment or training/Some attendance/behaviour issues/Poor educational achievement. Some periods of exclusion.
	Complex	Irregular/poor attendance/truanting from school/Losing interest in education/Periods of exclusion(s)/modified time table/ Whereabouts during school hour’s unknown/Poor educational achievement/Attending alternative provisions.
	Acute	Not in Education, training or employment/regular breakdown of school placements due to behavioural needs/whereabouts during school hours unknown and information suggesting links to CE/County Lines or Gangs/Poor educational achievement.

6. Use of social media/technology	Vulnerable	Talking to/communication with unknown adults/peers via the internet /Lack of awareness of online safety (young people and parents/carers).
	Complex	Use of internet to share inappropriate or sexual images/Meeting in person, adults or peers following contact via social media/ Concerns young person may be being groomed/Extensive/ secretive use of internet/Information on social media platforms indicating potential grooming/coercion/exploitation.
	Acute	Use of internet to regularly meet in person risky adults/peers/ Evidence of bullying through social media/internet/Evidence of harmful material being shared online/ Accessing material relating to group violence/drill music material and incorporating this into their day to day lives.
7. Emotional & physical health *Sexual health	Vulnerable	Low self-esteem / Some or reduced concerns of self-harm and/ or eating disorders / Difficulty in making or maintaining friendships with peers.
	Complex	Low self-esteem impacting upon young person's mental health / Increased concerns of self-harm / Violent/emotional outbursts or bullying or threatening behaviour / Offending behaviour / Difficulty in making or maintaining friendships with peers/ Concerns young person may be exposed to violence. Changes to physical appearance/ presentation/ significant weight loss/gain
	Acute	Chronic low self-esteem/Changes or extremes in mental health/ Suicidal ideation/Evidence of emotional abuse from violence, as witness or victim/Evidence of self-harm, eating disorders, previous suicide attempts or overdoses/Frequent attendance at A&E/sexual health/Physical symptoms suggestive of sexual or physical assault including Plugging/Stuffing/Bagging. Repeat unplanned pregnancy or pregnancies (including ending in termination/miscarriage). Increased sexually transmitted infections and/or increased tests. Repeat requests for emergency contraception.
8. Accommodation and family relationships	Vulnerable	Accommodation generally meets needs of young person/ Support available from family/parent/carer / Communication within home environment is good/ known peers/older sibling involved in drug distribution/county lines/gangs.
	Complex	Overcrowding / Living with other young people who are considered to be at risk of CE / Evidence of decline in relationship and/or communication with family/parent/carer, known peers/ older siblings who are suspect to have county lines debts, lack of parental supervision or interest in the young person.
	Acute	Homeless or sofa surfing / Young person often stays elsewhere/ Lack of relationship/understanding or trust / Family/friends/peers are known or suspected perpetrators of CE/ Known, parent is unavailable to them physically or emotionally.

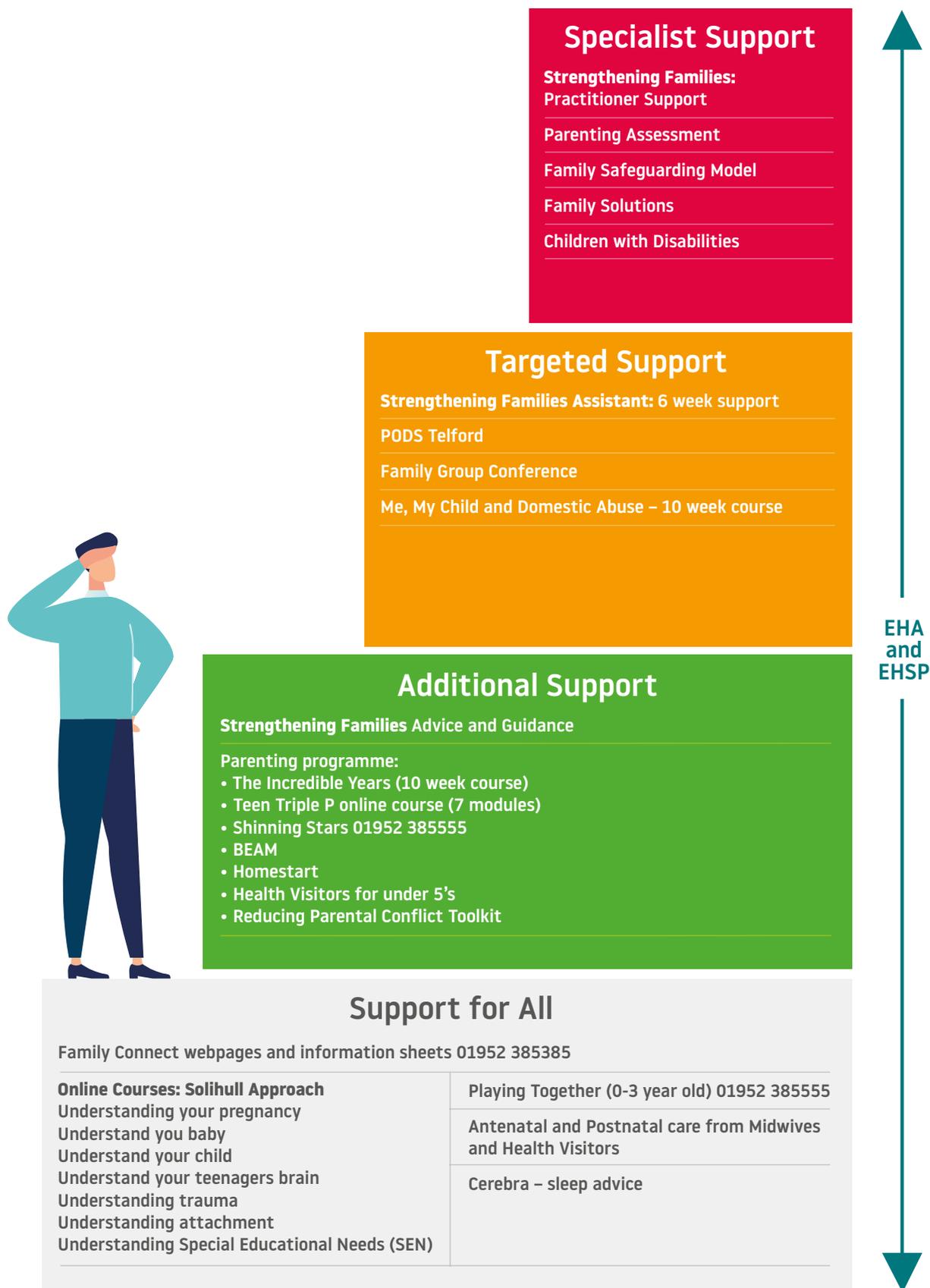
9. Offending/ criminal Activity	Vulnerable	Coming to the attention of the police/ Concerns about being involved with or witnessing offending behaviour. Association with Peers or associates who are in possession of drugs/ Talked about or considering carrying weapons.
	Complex	Known to be involved in drug related offending/ Police intelligence indicating/ Arrested by the police/charged/ investigated for offences of possession of offensive weapon/ Possession of drugs/ Theft. Known to be connected with drug distribution networks and lines.
	Acute	Significant intelligence indicating/Charged or convicted of Robbery/Use of offensive weapon/ possessions of large quantities of drugs/ Known to be active with drug distribution networks and lines/ recruiting others to run drug lines and to organised crime/ Witness withdrawing statements and suspecting intimidation. Disclosure of criminal/sexual exploitation or assault.
10. Community/ social isolation factors	Vulnerable	Is the young person vulnerable to or experiencing low levels of social isolation that may be exacerbated as a result of Deprivation (including a perceived inability or reluctance to access more mainstream support)/ their Ethnicity/ cultural background/cultural dissonance/ being a Child Looked After/ identifying/exploring as Lesbian, Bisexual, Gay or Transgender (LBGT)/ their Special Educational Needs (SEND)/ Poor educational achievement or other factors. Some protective community factors present and support evident.
	Complex	Is the young person experiencing moderate levels of social isolation that may be exacerbated by Deprivation/ their Ethnicity/ cultural background/ cultural conflict, being a Child Looked After/ identifying/exploring as Lesbian, Bisexual, Gay or Transgender (LBGT)/ their Special Educational Needs (SEND)/ Poor educational achievement or other factors? Some community protective factors are present but the young person is reluctant to access them. Starting to socialise with or take an interest in pro-offending groups. Aspires to be part of a local gang or anti-social group.
	Acute	Is the young person experiencing high levels of social isolation that may be exacerbated by deprivation (including being part of a community who does not accept diversity)/ their Ethnicity/ cultural background/ cultural conflict/ being a Child Looked After/ identifying/exploring as Lesbian/ Bisexual, Gay or Transgender (LBGT)/ they have SEND/ poor educational achievement or other factors. Are being targeted by groups or individuals due to their vulnerability. Is seeking inclusion/recognition from pro-offending peers or communities. Lack of community protective factors or disengagement by young person. Known to be an active participant in a local gang or anti-social group.

SUPPORT SERVICES

Available within Telford to consider when supporting families, this is not an exhaustive list.

Universal	Vulnerable In addition to Universal	Complex In addition to Vulnerable	Acute In addition to Complex
Education setting GP's Midwifery Health Visitors Early Years Providers Sexual Health Clinics School Nurse Hospital Leisure Centres Colleges and training providers Housing Associations Police 101 Community Centres Youth Services Voluntary and Community Local Charities Religious Services Citizens Advice Bureau NHS 111	Pastoral Support Education Welfare Officer Designated Safeguarding Officers Emotional & Wellbeing Education Psychologist Specialist Play Integrated Youth Support Family Support Services Parenting Programme Youth Crime Services Drug/alcohol Services	Special Educational Needs and Disabilities Specialist health or disability High Tiered Mental Health Youth Justice Targeted drug and Alcohol Family Support Voluntary and community Exploitation Services Targeted Family Support Specialist services, such as NSPCC and Domestic Abuse	Social Services Specialist Police Acute Mental Health Fire Service Accident and Emergency Service Ambulance

TELFORD & WREKIN PARENTING OFFER – ‘RIGHT HELP, RIGHT TIME’



EARLY HELP ASSESSMENT

Early Help Assessment (EHA)

The EHA provides a shared method of assessment across children's services and local areas. It facilitates identification of needs, co-ordinated provision of services, and sharing information to avoid the duplication of assessments. It also provides an opportunity to share knowledge and expertise when considering how best to support the child, young person and their family.

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.

Some examples when Early Help Partners would use an EHA:

- needs identified about how a 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 a child/young person's appearance or behaviour, and their needs are unclear or are broader than your service can address
- child/young person is going missing
- there is persistent absenteeism from education
- 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
- a young person under 16 years, is pregnant or they are a young 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
- young people are involved in Acceptable Behaviour Contracts
- children/young people require additional support to prevent their entry into the youth justice system

What happens next?

All completed Early Help Assessments are sent to the Strengthening Family Locality Services, please check you have completed all required parts of the assessment document.

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

- resolved your concerns and no additional action is 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 Early Help Support Plan meeting process, by inviting the relevant services, that will be required to assist the family also
- agreed an Early Help Support Plan meeting, 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 – StrengtheningfamiliesBSO@telford.gov.uk

Family Circles – evidencing family progression and outcomes

The Family Circles are a detailed measuring tool to evidence and identify children, young people and their families' progression through support services, allowing us to demonstrate change throughout the intervention. The Family Circles enables practitioners to discuss a wide range of topics with children, young people and their families at regular intervals and will assist in identifying strengths and positives to acknowledge, as well as areas of difficulty that require support. 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.

It is mandatory that the Family Circles are completed by the parent(s)/carer(s) supported by the lead practitioner and that separate Family Circles are also completed by the lead professional based on their professional understanding 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 Circles to give them the opportunity to express their views. Any other significant family members may also complete a Family Circles if they wish to.

The Family Circles have been further developed to assist in data collection around common themes and needs that families who require support services often experience. This informs strategic discussions around commissioning of services required within Telford.

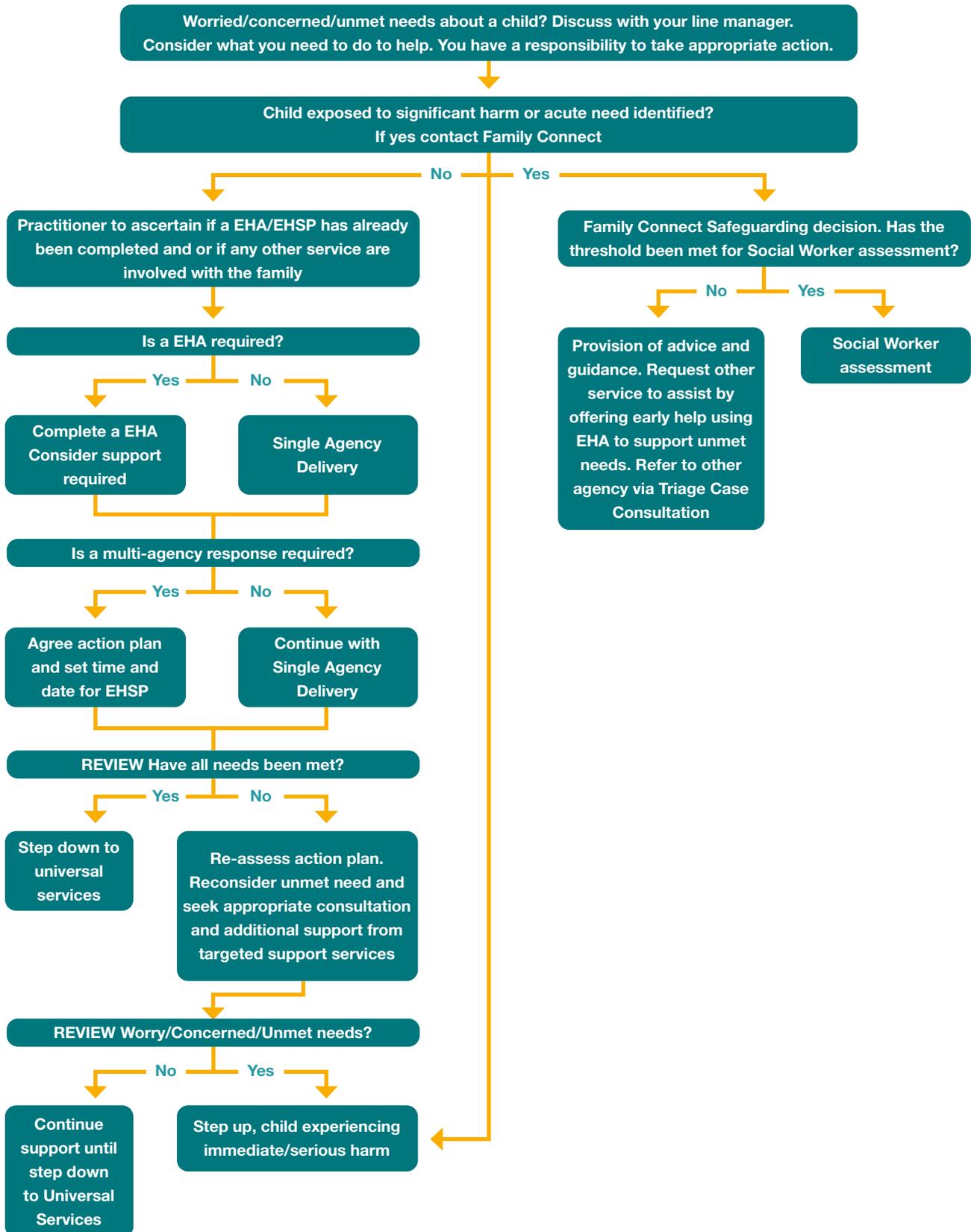
JOIN US

Hear our story



SEAMLESS APPROACH TO PARTNERSHIP WORKING

Early Help Assessment Process



Stepping Families Up to Social Care From Early Help Services

Abbreviations

EHA Early Help Assessment

EHSP Early Help Support Plan

Responding to changing needs for families are a key element of delivering the right help to children and families at the right time when the increased needs cannot be met within Early Help services.

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 developing towards a crisis.

In some circumstances there may be a level of need that is required 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 with the family. Equally there can be an increase of harm and abuse 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 is experiencing 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 an EHSP which results in a child is experiencing 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 experiencing significant harm the Telford & Wrekin safeguarding procedures must be followed.

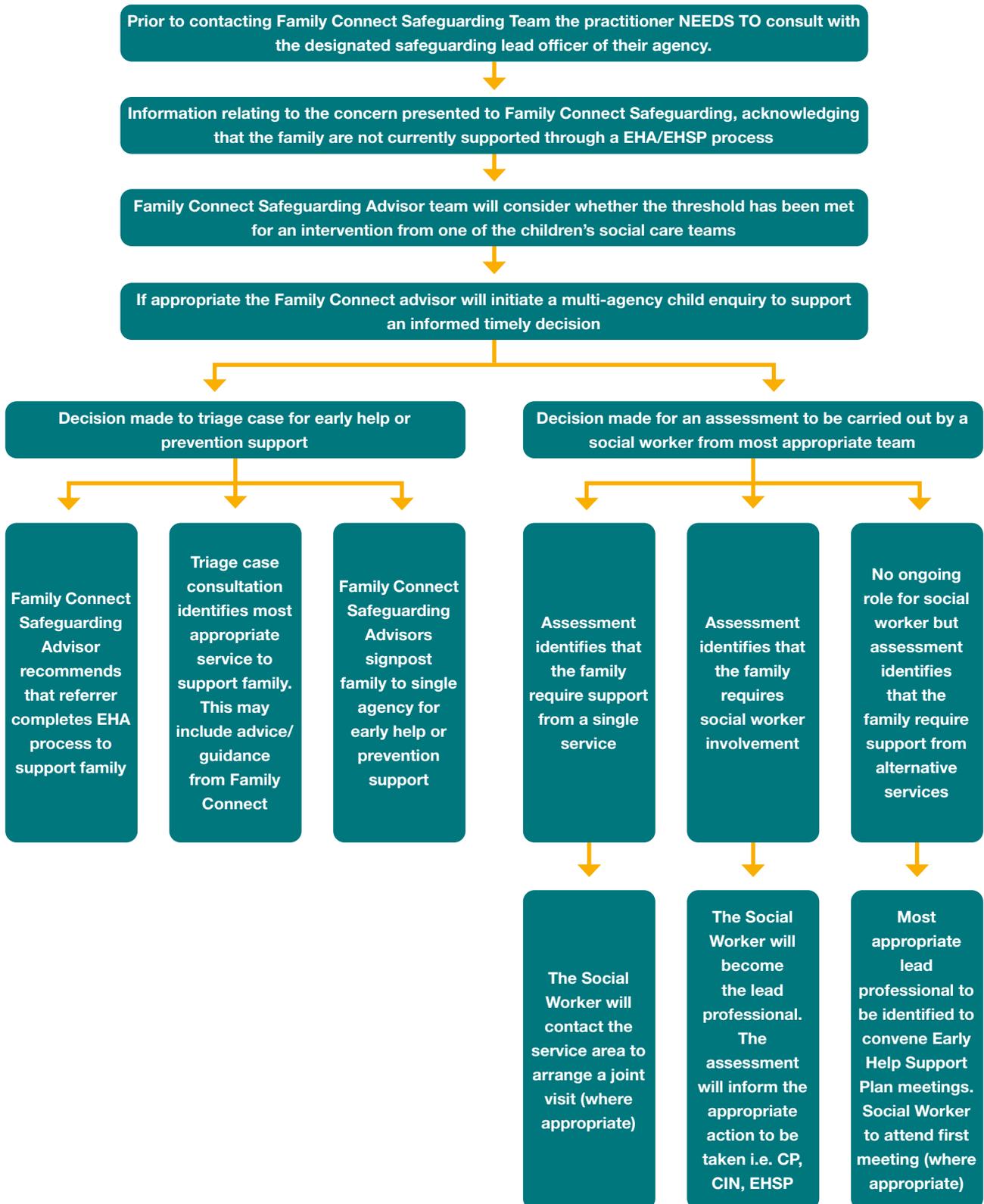
Children's social care request for service without EHA/EHSP/WFW processes in place.

When families 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/WFW 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 process having been completed especially where it is believed that the child's situation meets the threshold for a child being exposed to 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 exposed to 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 lead on completing a multi-agency 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 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 or with the single agency. Note: If the parent is not in agreement with the assessment being shared with professionals involved with the family, 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 child/family 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/EHSP 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

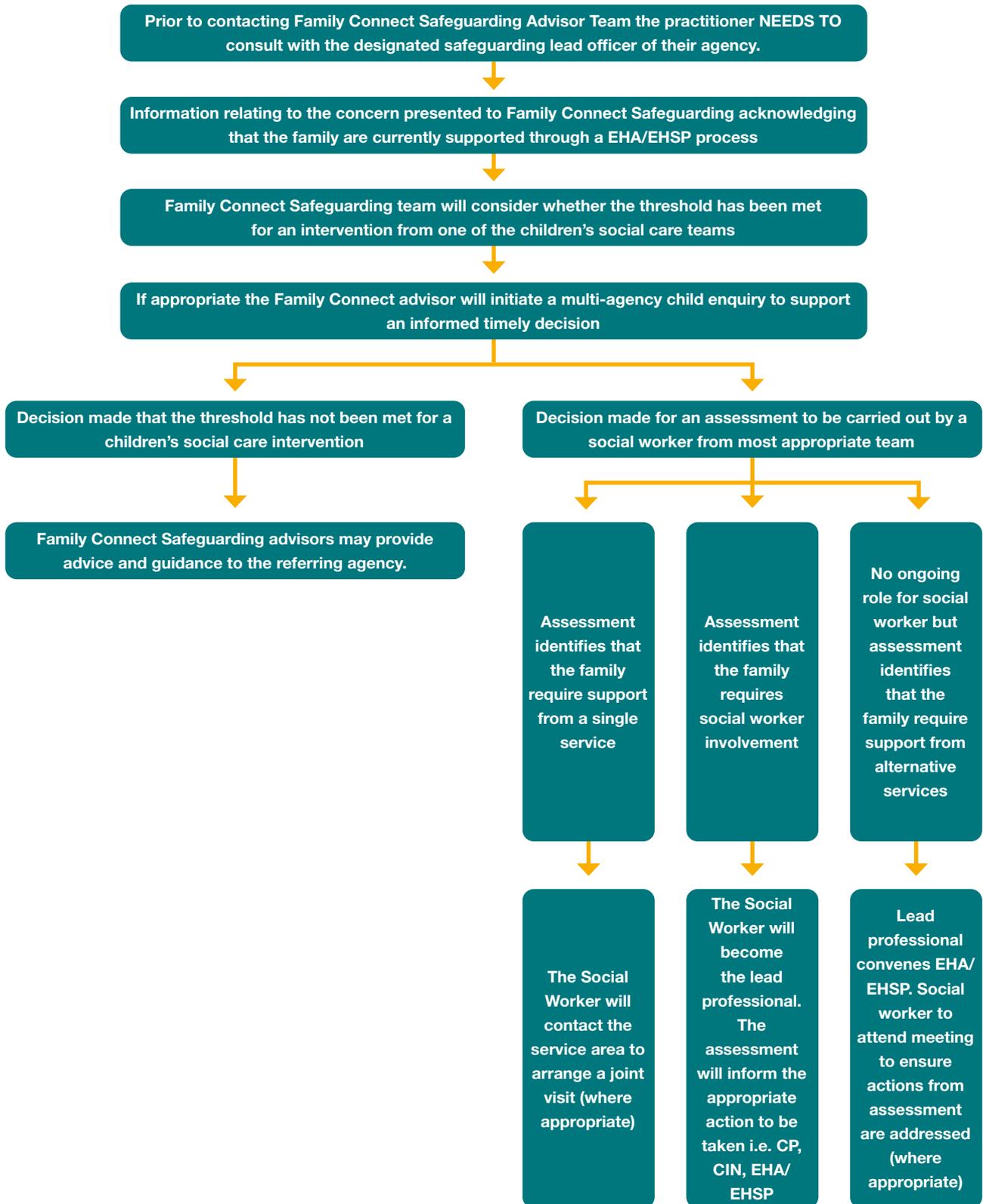
Children's social care request for service within existing EHA/EHSP processes.

Where families are being presented to Family Connect Safeguarding Advisor team within existing EHA/WFW 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 experiencing 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 harm.
 - Agencies will share copies of EHA/WFW 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 support 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 family 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/WFW. 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/WFW.
- 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/WFW members. Note: If the parent is not in agreement with the assessment being shared with the EHA/WFW 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/WFW meeting in order to share this assessment, its outcomes and recommendations with all members of the EHA/WFW.
- The social worker's assessment may determine that the increased concerns raised and the analysis of the evidence clearly identifies that the child/children are likely to experience 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/EHSP 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 Families 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 child/children/young person will be in agreement that the child/young/person's situation is such that statutory children's services involvement is no longer required. 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/WFW 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 holistic needs and harm in this situation that required social care intervention?
- What support has been done to address and reduce level of needs and strengthen family functioning?
- What are the current protective factors (the things that keep the child safe and well)?
- Why is statutory involvement no longer required at this time?
- What are the outcomes that still need to be achieved through our integrated working model of EHA/WFW?
- What would it look like if harm was to increase again (early warning signs)?
- What actions should be taken if harm increases again?
- Have you provided all the most recent information to the professionals that are required to provide ongoing support?

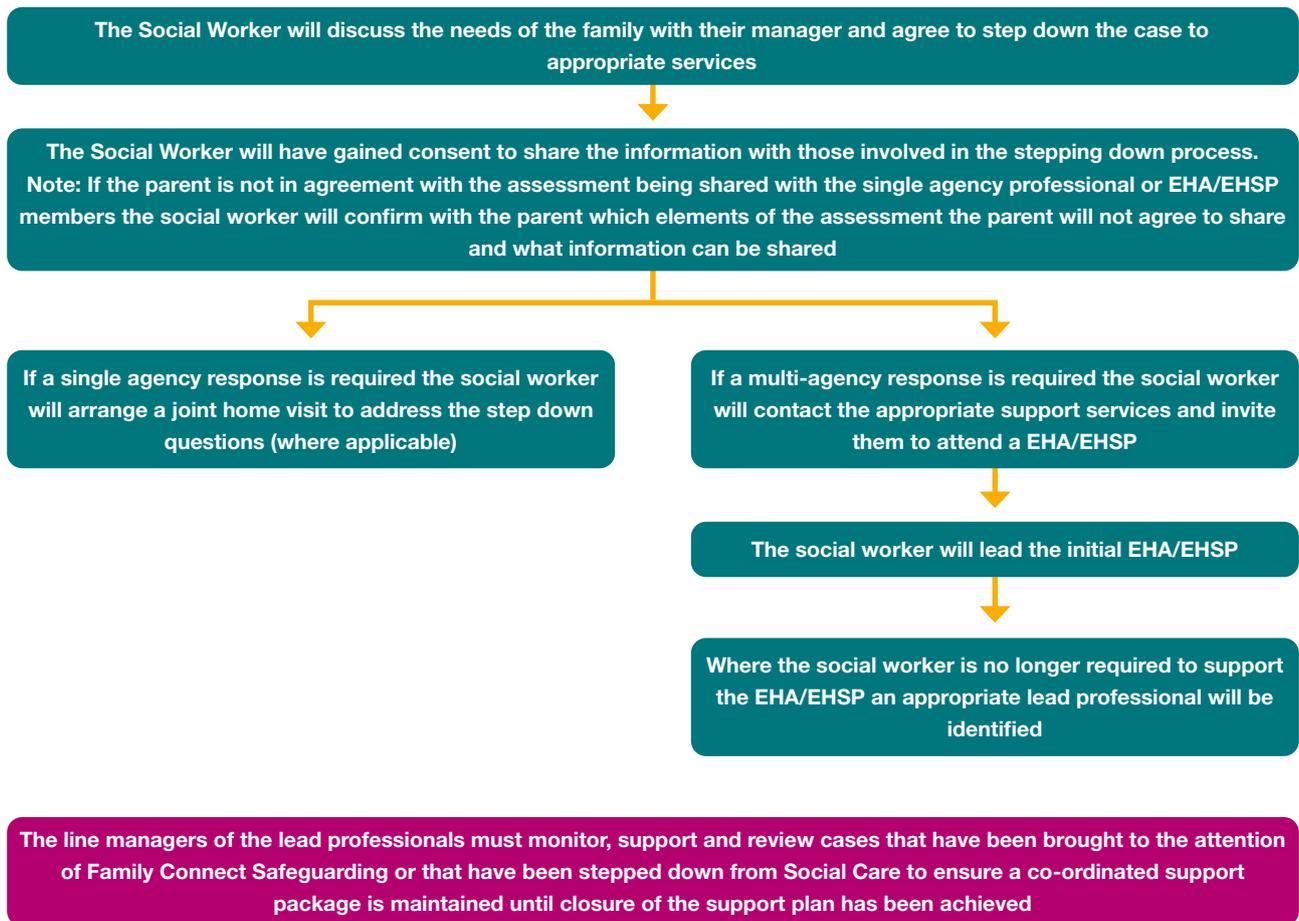
Children's social care intervention without previous EHA/WFW process in place.

Where families do not have previous EHA/WFW processes in place prior to a social work intervention the following principles will apply:

- The social worker will discuss the with their team manager and agree that the child's situation and needs will be aided to be met by 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/WFW 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/WFW or if only a single service is required a joint home visit should be convened. The social worker will attend the EHA/WFW and address the step down questions presented above.
- The social worker will no longer be required to support the child/young person 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 children's circumstances 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/EHSP process in place



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

Where families needs have 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/EHSP 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/EHSP 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 families that have exited support 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/EHSP process in place

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



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/EHSP 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



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



The lead professional will convene a EHSP meeting in order to consider the outcome of the assessment and recommendations made. The EHA/EHSP should ensure that the ongoing support reflects the assessment recommendations. If necessary: the social worker will attend the EHA/EHSP 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 Children and Young people who no longer require a child protection plan.

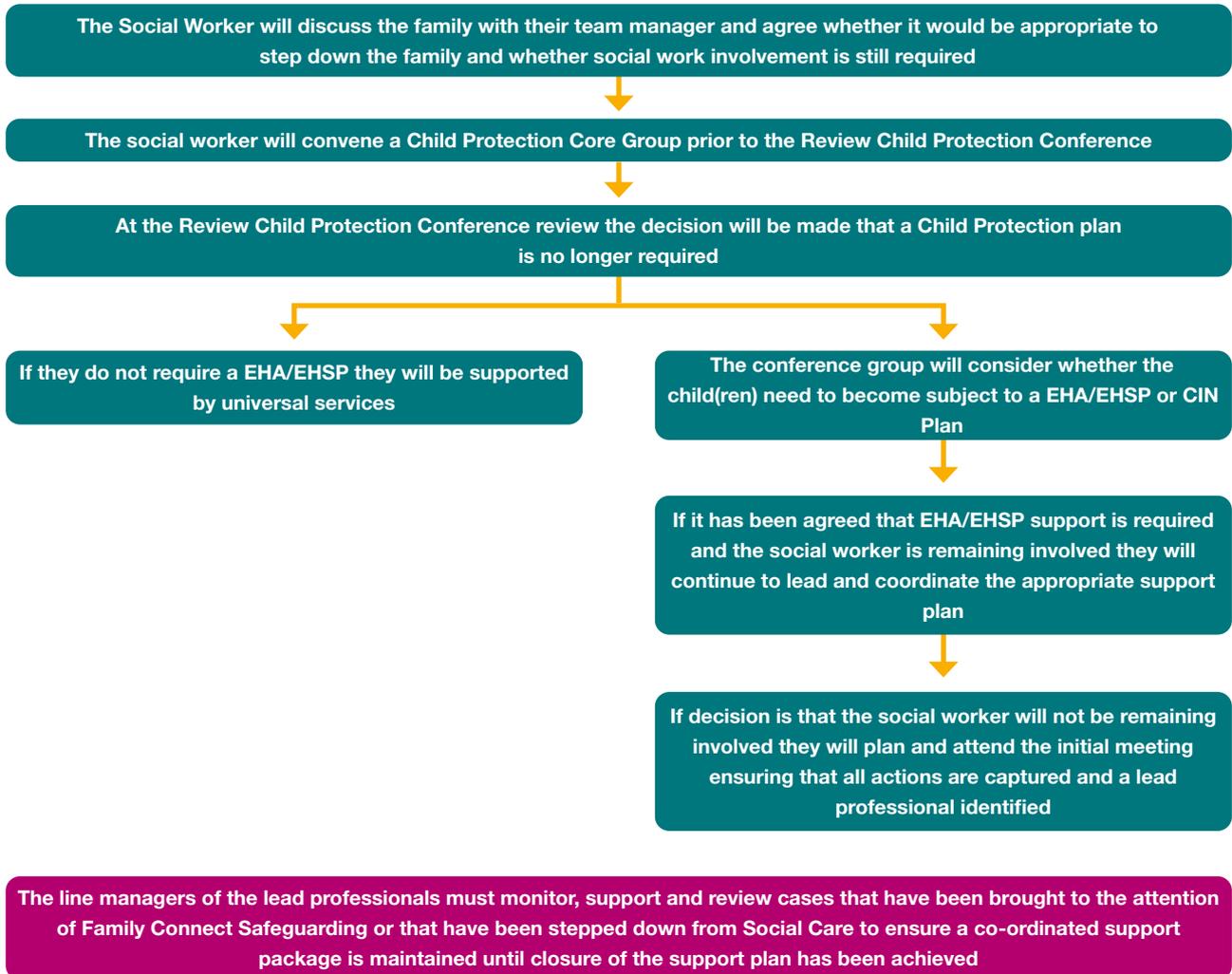
When it is being considered that a child/young person is no longer in need of a Child Protection Plan the following principles will apply:

- The social worker child/young person's situation with their team manager and agree whether statutory 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 where multi agency views will be recorded.
- An updated child and family assessment will be completed to evidence the child/young person's journey and evidence the progress made.
- The Review Child Protection Conference will consider whether the child/young person need to become subject to a Early Help Support Plan (EHSP). If the view of the group is that they do not, then the child/young person will be supported within universal services.
- If the view of the group is that the child/young people would benefit from a continued co-ordinated multi agency approach and be subject to a EHSP, then the group will identify the most appropriate Lead Professional for the child/young People and plan the initial EHSP 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 family, the social worker will lead the first initial EHSP ensuring that all actions required for the continued support of the child and family are captured and that the new lead professional is clearly identified. A copy of the EHSP 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 needs of families 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



SERVICES AND GUIDANCE

Family Connect

Family Connect is a free and confidential service, made up of a multi-disciplinary partnership of internal and external agencies. Family Connect provide impartial advice, information, guidance as well as support on a full range of children's services available across the borough including childcare, activities, school admissions and finance. Family Connect aims to ensure that families are getting the right help in the right place at the right time.

www.familyconnecttelford.co.uk

Telford and Wrekin Safeguarding Partnership

www.telfordsafeguardingpartnership.org.uk

Local Offer

The Local Offer aims to bring together useful information across education, health and social care within one website. You can find information, advice and guidance and a range of local service providers who support children and young people with Special Educational Needs and Disabilities (SEND).

www.telfordsend.org.uk

Graduated approach

SEN Support is a staged approach to identify needs, providing support which will involve conversations with school/setting, parents/carers, children and young people. The staged approach is in the form of a four part cycle known as the graduated response. The graduated response starts at a whole school level. Teachers are continually assessing, planning, implementing and reviewing their approach to teaching to all children. However, where a potential special educational need has been identified, this is a staged process that becomes increasingly personalised.

www.telfordsend.org.uk/info/1/home/69/sen_support

Inclusive School Forum

A school led forum providing support and challenge for Telford and Wrekin schools regarding provision and practice for children with Special Educational Needs and Disability (SEND). The Inclusive School Forum is a school led forum within Telford and Wrekin that provides support and challenge to mainstream schools regarding the provision and practice they deliver for children with Special Educational Needs and Disability (SEND). It aims to provide an opportunity to network and deliver peer to peer guidance. The focus is, through sharing best practice, to develop an inclusive education system within Telford and Wrekin whereby children with increasingly complex needs achieve and succeed within mainstream schools. A key function of the forum will be to support a school's delivery of its graduated approach, through assess, plan, do and review cycles. To enable schools to intervene early and with pace the forum has an allocation of high need top up funding (to be known as Additional Inclusion Funding or AIF) from the Local Authority which can be accessed where criteria is met and documentation required has been completed. An Education Health and Care Plan will not be required to access AIF funding.

www.telfordsend.org.uk/info/1/home/68/inclusive_school_forum_guidance_and_procedure

Bruises on Children

Bruising is the most manifestation of physical abuse, occurring in one studying 52% of abused children.

www.telfordsafeguardingpartnership.org.uk/downloads/file/58/bruising-in-children

Parents Guide to Internet safety

The internet is full of harmful content, which is why web filtering is such an important tool for any family. When running properly it helps to protect your children from the bad things on the internet, regardless of whether they're trying to access that type of content on purpose or it happens by accident. While parental controls are generally lumped together as one, there are three main ways of providing them: via your Internet Service Provider (ISP), via a router or via software that you install. Each has its own benefits and downsides, and the best solution is often to use a combination of techniques to catch everything and prevent a child from bypassing your protection. In this brochure, we'll look at each type to see which ones are best for you.

www.telfordsafeguardingpartnership.org.uk/downloads/file/56/a-parents-guide-to-internet-controls

Are you professionally curious

This guide is for any young person in Telford. It contains information that some of you may need now, soon or sometime in the future. This information is something that we should all know.

www.telfordsafeguardingpartnership.org.uk/downloads/file/57/are-you-professionally-curious

Respect yourself

Everything young people need to know about sex, contraception and staying safe in Telford and Wrekin.

www.telfordsafeguardingpartnership.org.uk/downloads/file/25/respect-yourself

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 EHSP meetings.

Multi Agency Working

Bringing professionals from different agencies together to meet the needs of children and families and jointly agree the delivery of the actions arising from an early help or specialist assessment

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.

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.

ISF

Inclusive School Forum

EHCP

Education, Health, Care Plan

SEND

Special Educational Needs and Disabilities

LSAT

Learning Support Advisory Teams

EP

Educational Psychology

WFW

Whole Family Working

Abuse

Child abuse occurs throughout society and affects children of all ages. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

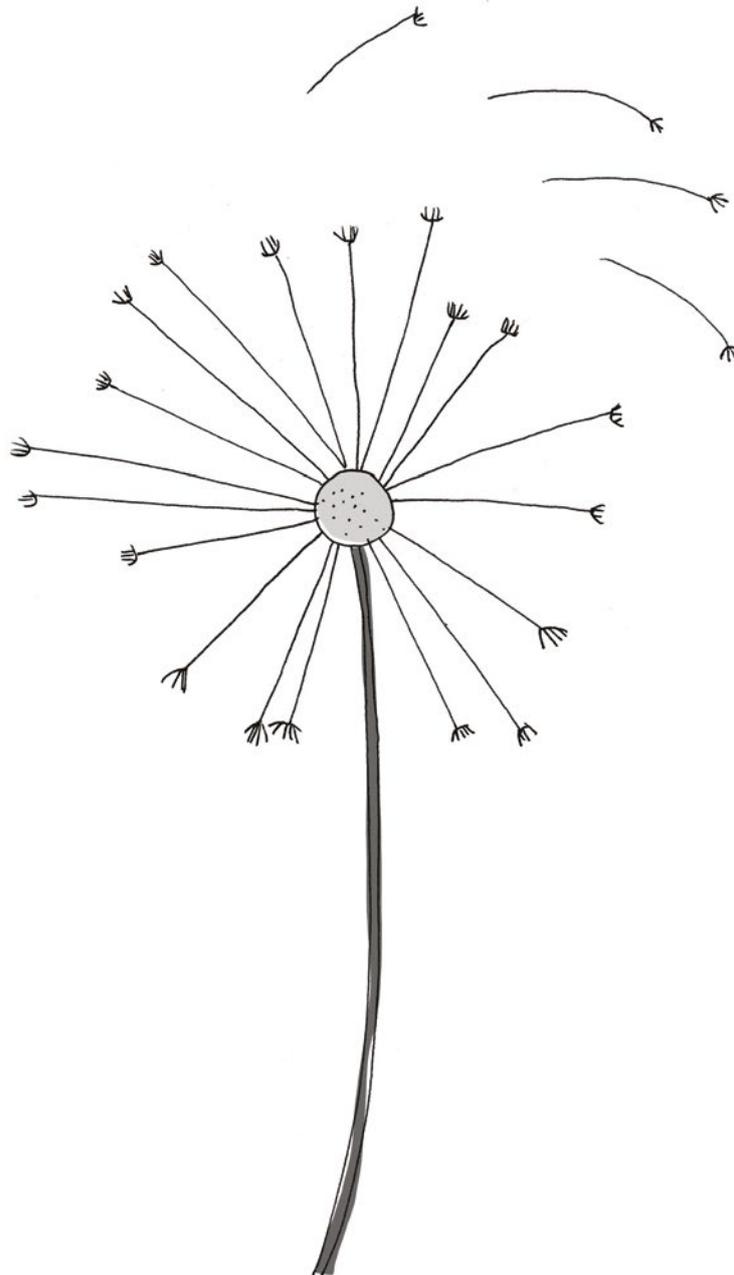
Physical harm may also be caused when a parent feigns the symptoms of, or deliberately causes, illness in a child. This is known as fabricated or induced illness.

Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse
- serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger;
- exploiting and corrupting children.

The dandelion



We grow together and when we are ready we begin again in new places..