

The Child's Journey in Telford and Wrekin

A partnership model for providing services to support children and families
in Telford and Wrekin including thresholds guidance

(NB: This document is written for guidance only)



FamilyConnect

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The Child's Journey in Telford and Wrekin: A Partnership Model

1 Foreword

The Child's Journey in Telford and Wrekin is a guide to working together effectively to safeguard children, which applies to practitioners in every agency. It will assist practitioners in identifying a child's level of need (using the Telford and Wrekin Windscreen Continuum of Need) and what type of services/ resources may meet those needs. It also contains the Telford and Wrekin threshold criteria for referrals to children's services, to aid practitioners to identify those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need a referral to children's social care.

All the evidence suggests that one of the effective ways to protect children from harm is through early intervention and prevention services. Professor Eileen Munro in her Review of Child Protection in England (2011) emphasises the importance of early intervention. By ensuring earlier identification and support we can help to prevent an escalation of concerns.

In addition the current Working Together to Safeguard Children Guidance (2015) <http://www.workingtogetheronline.co.uk/> identifies the responsibility of agencies working together to promote early help and states that providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Effective early help relies upon local agencies working together to:

- **identify children and families who would benefit from early help;**
- **undertake an assessment of the need for early help; and**
- **provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.**

In Telford and Wrekin we want to ensure that all those working with children are able to identify the early help that is needed by a particular child and their family. Using their professional judgement along with this guide, practitioners will feel better equipped to direct families to appropriate resources or to refer them to appropriate specialist services.

Telford & Wrekin Safeguarding Children Board endorses and actively promotes the use of the Common Assessment Framework (CAF) as a means of assessing a child and their family where their needs are greater. The assessment is a process that facilitates joint working, placing a team around the child where appropriate.

Taking a partnership approach from the start should mean that fewer children in Telford and Wrekin are at risk of serious harm from abuse or neglect and in need of protection. Of course working together in partnership is at the heart of what all practitioners do when they work with children. However, we recognise how day to day pressures can get in the way. The Child's Journey in Telford and Wrekin helps every practitioner to focus on identifying the child's needs and sets out next steps. We hope that the guide will be a useful tool for all practitioners.

2 Introduction

This document outlines the partnership model for agencies in Telford and Wrekin working with children, young people and their families. It includes the Telford and Wrekin windscreen continuum of need and the threshold descriptors that assist in identifying criteria for referrals to appropriate Children's Services.

This guidance will help everyone in Telford and Wrekin to work together to provide the most effective support and clearer pathways for children and their families. This guidance is a tool for professionals to help ensure that all the needs of children, young people and their families are met from those who need very low levels of support to those who are at risk of significant harm. It will assist practitioners in identifying a child's level of need and what type of services/resources may meet those needs.

The partnership model to support children and families in Telford and Wrekin has been developed:

- **To establish use of the Common Assessment Framework (CAF) in Telford and Wrekin to more effectively meet the needs of children and young people;**
- **To provide clear guidance on the thresholds that meet the requirement for intervention by children social care.**
- **To provide early intervention and preventative services to children with additional needs.**

The Working Together to Safeguard Children (2015) guidance emphasises that protecting children from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies, and it is these principles which the partnership model is based on.

3 A shared responsibility

Safeguarding and promoting the welfare of children and in particular protecting them from significant harm will depend on effective joint working between agencies and practitioners that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at most risk, will often need co-ordinated help from health, education, children's social care, at times the voluntary sector and other agencies, including youth justice services.

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

Adult services, such as mental health or substance misuse services when working with parents and carers should always consider the needs of any children and young people involved, in particular the possible risks of harm to the child/young person when planning the adults' ongoing treatment or discharging the adult from their care into the community.

Working Together to Safeguard Children (2015) states that ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

Some guiding principles are that:

- The child's needs come first
- The child's welfare and safety is everyone's responsibility
- A shared responsibility across all agencies for achieving better outcomes for children and young people, which means preventing escalation of need (early intervention and prevention)
- All agencies and services will work together, by developing and understanding each other's roles and responsibilities
- In assessing needs, the views of the child, young person, parents and carers must be sought and considered
- No-one must be discriminated against on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation, gender or disability

All professionals should know how to access information, advice, guidance and or assessment/support when they have a query, concern or believe a child to be at risk.

4 Access to services

Family Connect - Single Point of Contact – “Getting the right help at the right time” The **Family Connect Service** provides a single point of contact for all enquires relating to children, young people and families. From June 2016, Family Connect is also the point of contact for adult safeguarding.

The Family Connect Advisor Team will:

- Provide advice and guidance in relation to providing appropriate and proportionate help and support to children, young people and their families and where necessary, identify a lead agency/professional to coordinate relevant agencies to address unmet needs which will help to prevent the unnecessary escalation of issues and difficulties that could lead to the need for a safeguarding intervention at a later date.
- Reduce the amount of inappropriate referrals to the Family Connect Safeguarding Advisor Team by suitably screening the calls received and redirecting them to the most appropriate services. Thus ensuring that only referrals that meet the specified thresholds for safeguarding intervention are passed through to the Safeguarding Advisors.
- Family Connect Advisors will be supported by a multi-agency triage team which comprises of professionals from local authority services and external partnership agencies. These professionals will provide bespoke advice, guidance and consultation and consider the most appropriate and proportionate action to take in support of the issues being presented. This team will also support safeguarding enquiries by accessing and sharing information relating to children, young people and families for whom a concern has been raised.
- Family Connect aims to facilitate a smooth and seamless service that will ensure access to appropriate services. It must be acknowledged that they do not guarantee service provision.
- All contacts received into Family Connect identifying children and young people with complex and/or acute needs will be dealt with by a Safeguarding Advisor within one working day.
- All contacts received into Family Connect identifying adults with safeguarding needs will be dealt with by an adult safeguarding advisor.

Multi-agency triage support

The multi-agency triage is a team made up of professionals from local authority services and external partnership agencies. These multi-agency professionals will be able to access information bespoke to their service area, relating to children, young people and families for whom a concern has been raised.

Professionals seeking advice, guidance and support on matters relating to children who they believe have unmet needs, but require further information or specialist knowledge, can utilise the knowledge and expertise of the staff within triage.

From this point the professional seeking advice should;

- **Take action within their own service area**
- **Complete assessments to inform understanding of need, e.g. Graded Care Profile (GPC2), CAF**
- **Complete a CAF**
- **Commence a multi-agency TAC**
- **Make an appropriate referral to a service**
- **Speak to a Safeguarding Advisor**

In addition to this, triage staff may take the following action;

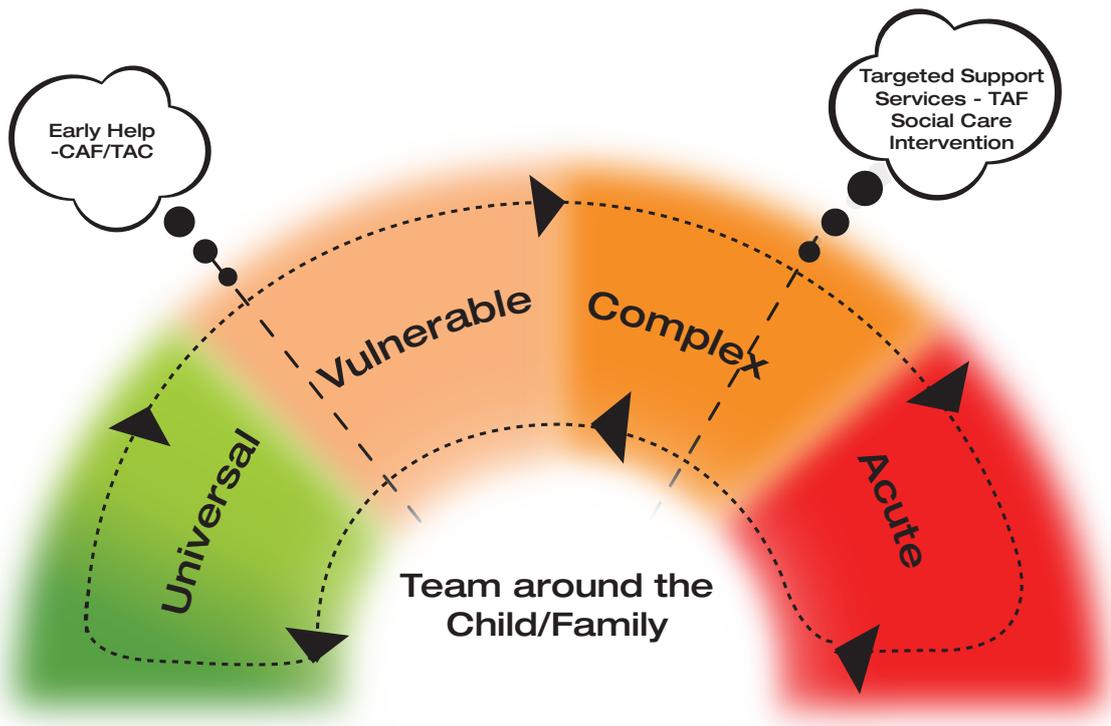
- **Allocate the family to a colleague/member of staff from their own agency (by doing this, they take on the responsibility and ownership for this contact)**
- **Gather further information on the child/family by liaising with their multi-agency colleagues from within triage in order to provide an informed decision**
- **Provide information to access an alternative source of support**
- **Refer the child/family to a Family Connect Safeguarding Advisor.**
- **Inform initial contact of outcome of triage case consultation meeting.**

Further information about services to support children, young people and families is available from Family Connect on 01952 385385 or on the Telford & Wrekin website. The website provides a directory of organisations working in the borough, including activity groups, after school activities and agencies offering advice on abuse, bullying and drugs at www.familyconnecttelford.co.uk

5 Telford and Wrekin continuum of need and intervention

The Telford and Wrekin Windscreen Continuum of Need and Intervention is similar to those found in other local authority areas. For some children/young people it is clear where they fall on the continuum; for other children/young people a practitioner may need to use the Indicators of Need contained in this document to try to decide whether or not the child/young person has additional needs, and where they might fall on the continuum; this process can help decide whether a CAF would be appropriate, to help further clarify need and appropriate response.

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



Levels of need

The Partnership model is based on the four levels of need in Telford and Wrekin continuum of need and intervention: **From this point the professional;**

- **Universal Services – Universal**
- **Early Help – Single or Co-ordinated Multiagency Services - Vulnerable**
- **Targeted - Co-ordinated Multiagency Services – Complex**
- **Specialist Services – Co-ordinated Multiagency – Acute**

Universal services

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

Additional needs

In between universal and acute are the vulnerable children/young people who have additional needs and are in need of early help or more targeted support. Information on how to find out about the range of services available between universal and complex universal services, early help and targeted multi-agency services is available by contacting Family Connect as described above.

Telford & Wrekin Children's Services uses thresholds to consider whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This way, they can ensure that help is provided for those children who are most vulnerable, and that any decisions made about services are consistent.

6 Early help, targeted, and co-ordinated services - Holistic common assessment process

Framework (CAF)

Under the partnership model, the CAF will be used for all children and families who need early help services and targeted and co-ordinated multi-agency services. The CAF for children and young people is a shared assessment tool to help develop a shared understanding of a child's need, so they can be met more effectively. It will help avoid children and families having to tell and re-tell their story. The CAF will act as the key early help and preventative assessment tool. This is to make sure that we are assessing families' needs properly and have a whole picture of the services they need and are being offered. The principle is therefore that a CAF should always be considered and used when unmet needs have been identified (and consent received from the child/young person and/or their parent or carer, unless the case is so serious that consent can be waived) before any referral.

Common assessment framework - A holistic assessment process

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

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

When to use a CAF?

The CAF is designed to be used at universal to complex levels of need, primarily as a holistic assessment of need to support multi-agency work. It should be used whenever there is a concern about a child or young person's wellbeing and the cause and appropriate response are not clear. You might use a CAF when for example:

- **You are concerned about how the child/young person is progressing, in terms of their health, welfare, behaviour, learning or any other aspect of their wellbeing;**
- **You receive a request from the child/young person or parent/carer for more support;**
- **You are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than your service can address;**
- **You want to use the CAF to help you identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better.**

The holistic picture of needs identified by the CAF might then underpin either a single-agency response or a joint-agency response, a co-ordinated multi-agency response organised by a Lead Professional and a Team around the Child or a referral to Family Connect Safeguarding Advisor team.

Complexity

The CAF has the potential to support multiagency work with families who have fairly complex needs. The process of completing a CAF will help you to determine the strengths and concerns relating to the child, young person and family, it will also help to determine what support is required to help address the concerns raised.

Usually families who are considered to have complex needs would have a common assessment and be involved in a Team around the child planning meeting. However if you have offered this approach and the family has declined to participate and you are concerned about the safety or welfare of the child, advice can be sought from Family Connect. At this stage, if it is deemed that the child / young person will be at risk of significant harm if appropriate support is not provided the Family Connect Safeguarding Advisor will consider whether the threshold has been met for intervention from children's social care and if so will refer the case on for assessment.

Consent - a partnership with parents

The CAF process is designed to be empowering for families. You should discuss your concerns with the child/young person and their parent/carer before deciding on a CAF. A CAF assessment is first and foremost about having a conversation with the family; the CAF form is just a structured way of recording the conversation. If the family does not agree to undergo a CAF assessment, their wishes must be respected.

If a family has not agreed to a proposed CAF assessment, the practitioner should try to identify why the family might be reluctant to engage. Some families will have had a negative experience of accessing services and it may take some time to build their trust. If the practitioner does not gain the family's consent and in the future has ongoing, or heightened, concerns the practitioner should consider contacting Family Connect for advice and guidance.

If the child or young person gives consent and the parents do not, a practitioner should consider whether the child or young person is of an age and understanding where their consent can override their parents' lack of consent <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/>

7 Thresholds guidance

Thresholds have been developed based upon a continuum of identified need and services in order to promote early identification of concerns by universal services. This approach utilises a four-tier model that takes into account the different stages of need and types of intervention, which are available to all children and their families

Children can move across the tiers at different times in their lives, or at different times during agencies' contact with them. Support and or intervention may be provided on either a single or multi-agency basis to address the identified needs of the child. They may also receive services from across the tiers at the same time.

Within each tier of the model there are identified planning processes and a range of services that are available to the child and their family. In order to assist practitioner a common assessment threshold matrix has been developed. This matrix can be used to inform your decision making in respect of the child or young person's level of need. The matrix can be found in the integrated working toolkit.

The threshold descriptors are not exhaustive and the table of possible indicators must not be used as a tick list. It is important to note that competent practitioner judgement is always the key and consideration must be given to the impact on the child or young person as well as other factors such as: the child's age, maturity and the co-operation /engagement of the parents/carers and wider family.

Practitioners should be continually mindful of the accumulative effect of a number of concerns about a child's wellbeing, as well as the potential harm to children and young people if there is no sustained change over a period of time despite targeted support. This is echoed by (Margaret Adcock, The Child's Voice, 2000) she states.

"Risk is cumulative. If there are two or more risk factors in a family where a child's care is a cause for concern, the risk to the child is increased compared to that of a child in the normal population. The developmental risk factors for the child and other risks arising from environmental factors and parenting capacity therefore need to be looked at carefully."

This document should be read alongside the Telford & Wrekin Safeguarding Children Board's Integrated Working Toolkit and multi-agency procedures that reflect good practice of early intervention and prevention and the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at: http://www.telfordsafeguardingboard.org.uk/lscb/info/13/i_work_with_children_young_people_and_parents/20/policies_procedures_and_guidance

NB: If you are worried that a child may have been seriously harmed or may be at risk of significant or serious harm, you should follow Telford & Wrekin Safeguarding Children Board Multi-agency Safeguarding procedures without delay.

Child achieving expected outcomes
Has no current additional needs



Universal services

CAF assessment not required

Most children/young person's needs are adequately met by these universal services alone

If you develop concerns that a particular child/young person is not achieving his or her potential in terms of their health, welfare, behaviour, learning, or any other aspect of their wellbeing, consider what additional needs the child/young person may have and at what level to address them

Vulnerable child with some additional needs



Early help services

(NB – As a single agency you may feel that you are able to address the needs of the child and family within your own service area therefore a CAF may not be required)

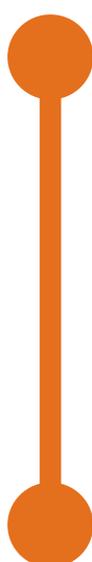
CAF – Single agency or co-ordinated multiagency services

You or someone in your agency will need to complete a CAF – to analyse strengths and needs and to identify necessary early help and/or targeted services depending on support required.

Practitioners will need to identify with the family who will be acting as their “Lead Professional”

Co-ordinate a “Team around the Child” (TAC) meeting involving all appropriate people.

Complex child with multiple needs



Targeted co-ordinated multiagency services

CAF assessment should be completed and a co-ordinated team around the child held, children's social care assessment may be required

You will need to convene a “Team around the Child” (TAC) meeting with all agencies involved.

Best practice should identify a “Lead Professional” from one of the key agencies involved.

If it is deemed that the child / young person will be at risk of significant harm if appropriate support is unable to be provided contact Family Connect and a Family Connect Safeguarding Advisor will be asked to consider if the threshold has been met for intervention from children's social care and if so will refer the case on for assessment.

Acute child with highly complex needs

Has suffered or is at risk of suffering significant harm/significant impairment to health or development



Specialist services - Children's Social Care

Children's Social Care assessment may be required

Whereby a child is deemed as a 'child in need' and there is already a "Team around the Child" (TAC) in place, they will continue to work with the family. The "Lead Professional" when appropriate will change to the allocated Social Worker whilst their support is required.

The child may require a child protection plan or become a child in care which will take precedence if so this would replace any "Team Around the Child" (TAC) meetings.

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, make a referral directly to Family Connect Safeguarding Advisor Team straightaway.

8 Threshold descriptors

When deciding the level of priority need a child or young person is in, social care staff will take into account the age of the child and the impact the concern may have on the child's welfare and development.

It is important to note that these examples are to illustrate levels of need only. The list that follows will not replace professional judgment.

No single example will automatically trigger a specific response. Some factors may need to be considered within the family or environmental context, or in relation to other concerns.

Threshold: Universal

Children and young people at this level are achieving expected outcomes and have their needs met within universal provision. Children, young people, parents and carers can access these services directly.

Child's developmental needs

1 Health

Health needs met

Adequate diet/hygiene/clothing

Development checks/immunisations up to date

Access health services appropriately

Development milestones met including speech & language

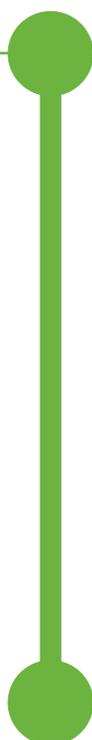
Growth height and weight

Healthy lifestyle

Sexual activity appropriate for age

Good social and emotional wellbeing

No substance misuse (including alcohol)



Parents and carers

1 Basic care, safety and protection

Carers able to provide for child's needs and protect from danger and harm

2 Education and learning

- Good attendance at school/college/training
- No barriers to learning
- Progress and achievement in line with ability
- Planned progression beyond statutory school age

3 Emotional and behavioural development

- Age appropriate level of competencies in social and emotional skills
- Good quality early attachments

4 Identity

- Positive sense of self & abilities
- Demonstrates feelings of belonging and acceptance
- An ability to express needs

5 Family and social relationships

- Stable and affectionate relationships with care givers
- Good relationships with siblings
- Positive relationships with peers

6 Social presentation

- Appropriate clothing for different settings
- Good level of personal hygiene

7 Self-care skills

- Age appropriate independent living skills

2 Emotional warmth and stability

- Carers able to provide warmth, praise and encouragement

3 Guidance, boundaries and stimulation

- Carers provide appropriate guidance and boundaries
- Supports development through interaction and play

Family and Environmental Factors

1 Family history and functioning

- Supportive family relationships, including when parents are separated and with extended families

2 Housing, employment and finance

- Housing has basic amenities and appropriate facilities
- Appropriate levels of cleanliness/ hygiene are maintained
- Adequate income which is managed

3 Family's social integration

- Positive social and friendship networks exist

4 Community resources

- Family are integrated into their local area and access local amenities and services

Assessment process

Children, young people and families are accessing universal services. Universal assessments will apply, such as those undertaken by schools.

Examples of key universal services that may provide support to children, young people and their families at this level are:

Schools, Colleges and Training Providers, Early Help Support Practitioners, Children's Centres, Early Years Settings, Midwifery Service, Health Advice, Health Visiting Service, School Nursing Service, General Practitioners, Future Focus, Leisure Services, Police, Housing, Private, Voluntary and Independent Sector.

Threshold - Vulnerable - Children and Family Locality Service

Children and young people at this level may be in need of receiving support from early help services, these services can be accessed direct or by using the Integrated Working Common Assessment Framework process.

Child's developmental needs

1 Health

Slow in reaching development milestones

Missing immunisations or checks

Susceptible to minor health problems
minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)

Disability requiring support services

Starting to have sex (under 16)

Previous pregnancy.

2 Education and learning

Occasional truanting or non-attendance, poor punctuality

At risk of exclusion

School action or school action plus

Few opportunities for play/socialisation

Not in education, employment or training

Identified language and communication

Not progressing or achieving in line with ability in education

Children removed inappropriately from school to be home educated

Parents and carers

1 Basic care, safety and protection

Parental engagement with services is poor

Parent requires advice on parenting issues

Professionals are beginning to have some concerns about child's physical needs being met

Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home

Some exposure to dangerous situations in home/community

Teenage parent(s)

2 Emotional warmth and stability

Inconsistent parenting, but development not significantly impaired

Post natal depression

Perceived to be a problem by parent

3 Emotional and behavioural development

Low level mental health or emotional issues requiring intervention

Substance misuse that is not immediately hazardous including alcohol

Involved in behaviour seen as anti-social

Early signs of missing episodes

Professionals are beginning to have some concerns about a child's sexual behaviour

Inappropriate use of social media and other online activities

4 Identity

Some insecurities around identity

May experience bullying around 'difference'

May be drawn to radicalisation and extremism

5 Family and social relationships

Some support from family and friends

Has some difficulties sustaining relationships

Undertaking occasional caring responsibilities

Child of a teenage parent

Low parental aspirations

6 Social presentation

Can be over-friendly or withdrawn with strangers

Personal hygiene and condition of clothing starting to be a problem

7 Self-care skills

Not always adequate self-care

Poor hygiene

Slow to develop age appropriate self-care skills

Overprotected/unable to develop independence

3 Guidance, boundaries and stimulation

May have different carers

Inconsistent boundaries offered

Can behave in an anti-social way

Spends long periods of time alone

Child not exposed to new experiences

Family and environmental factors

1 Family history and functioning

Parents have relationship difficulties which may affect the child

Experienced loss of significant adult

May look after younger siblings

Parent has health difficulties

Little support from family and friends

2 Housing, employment and finance

Families affected by low income or unemployment

Parents have limited formal education

Adequate/poor housing

Family seeking asylum or refugees

3 Family's social integration

Family may be new to area

Some social exclusion problems

Victimisation by others

4 Community resources

Adequate universal resources but family may have access issues

A Common Assessment should be completed

The CAF is a standard holistic assessment tool that can be used by all services working with children, young people and their families. It is particularly suitable for the use in early intervention and prevention work. The CAF supports practitioners to work in partnership with parents/carers to identify a child or young person's strengths, needs and goals. It can be shared between agencies/services, with parental and/or young person consent and used to plan co-ordinated multi-agency support and actions.

Offer the child, young person and their family support by introducing the need for a common assessment to be completed in order to evidence unmet needs and determine what support needs to be considered and who or which agencies would be best placed to offer this support.

If it is deemed that the child/young person will be at risk of significant harm if appropriate support is unable to be provided contact Family Connect and a Family Connect Safeguarding Advisor will be asked to consider if the threshold has been met for intervention from children's social care and if so will refer the case on for assessment.

Examples of key services that may provide support to children, young people and families at this level are:

Early Help Support Practitioners, Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, NHS Direct, Future Focus, Leisure Service, Police, Housing, Voluntary and Community Sector, Targeted Drug and Alcohol Information; advice and education including harm reduction, Health and Education, Children's Specialist Services, Private, Independent Sector Services.

Threshold - Complex - Children with complex needs

Children and young people at this level are in need of additional services above those available from Universal & vulnerable services.

Prior to the identification of serious or complex needs, most children will have had Common assessment Form (CAF) and Team around the Child (TAC) plan as an attempt to address the issues at an earlier stage which has been unsuccessful in improving the situation.

Where appropriate a Social Care statutory assessment will be undertaken the CAF and TAC plan and review documents will contribute to the assessment and analysis.

This can include issues which require a degree of urgency in their resolution, as well as children in private fostering arrangements and disabled children with complex needs. It may also include children who have special educational needs, or because they are a carer or because they have committed a crime. This assessment is known as a child in need assessment.

The Children Act 1989, Section 17 states that a child shall be considered "in need" if:

- **S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;**
- **Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or**
- **S/he is disabled.**

Some children in need may require accommodation because there is no one who has parental responsibility for them or because they are alone or abandoned or because the person who has been caring for them is not or cannot provide them with suitable accommodation or care. Under the Children Act 1989, Section 20, the local authority has a duty to accommodate such children in need in their area.

Child's developmental needs

1 Health

Mental health concerns

Chronic/recurring health problems

Missed routine and non-routine health appointments

Concerns (e.g. diet, hygiene, clothing)

Conception to child under 16

Sex with multiple partners

Administration of substances in a hazardous manner (sharing equipment etc)

Substance misuse impacts negatively on their risk taking behaviour (e.g. unprotected sex)

Disability requiring significant support services to be maintained in mainstream provision

2 Education and learning

Short term exclusion or persistent truanting, poor school attendance

Previous permanent exclusion

Statement of special educational needs

Persistently not in education, employment or training

Not receiving any education 'missing from education'

3 Emotional and behavioural development

Difficulty coping with anger, frustration and upset

Physical and emotional development raising significant concerns

Early onset of sexual activity (13-14)

Hazardous substance misuse (including alcohol)

Inappropriate sexual behaviour

Offending or regular anti-social behaviour

Frequent missing episodes

Parents and carers

1 Basic care, safety and protection

Parent is struggling to provide adequate care

Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child

Previously subject to child protection plan

Teenage parent(s)

Either or both parents previously looked after

Private fostering

Young carer

Most of the time parents are not meeting specific dietary requirements

2 Emotional warmth and stability

Child often scapegoated

Child is rarely comforted when distressed

Receives inconsistent care

Has no other positive relationships

3 Guidance, boundaries and stimulation

Few age appropriate toys in the house

Parent rarely referees disputes between siblings

Parent/Carer has a casual approach to online safety which potentially puts the child at risk

Parenting impairing emotional or behavioural development

4 Identity

Subject to discrimination

Demonstration of Radicalisation and extremism

5 Family and social relationships

Peers also involved in risk taking and challenging behaviour

Regularly needed to care for another family member

Involved in conflicts with peers/siblings.

6 Social presentation

Clothing regularly unwashed

Hygiene problems

Is overly provocative in behaviour/appearance

7 Self-care skills

Poor self-care for age - hygiene

Precociously able to care for self

Family and environmental factors

1 Family history and functioning

Evidence of domestic violence/potential honour based violence/forced marriage/female genital mutilation

Acrimonious divorce/separation

Family members have physical and mental health difficulties

Parental involvement including recent release from prison

Evidence of problematic substance misuse (including alcohol)

2 Housing, employment and finance

Overcrowding, temporary accommodation

Homelessness, unemployment

Serious debts/poverty impacting on ability to care for child

3 Family's social integration

Family socially excluded

Escalating victimisation

4 Community resources

Parents socially excluded with access problems to local facilities and targeted services

Children from families experiencing a crisis likely to result in a breakdown of care arrangements

Assessment process

The child or young person could already be known to a statutory service and have a statutory service assessment. If this is not the case, a CAF should be completed and a co-ordinated Team around the Child (TAC) meeting held. If it is deemed that the child / young person will be at risk of significant harm if appropriate support is unable to be provided contact Family Connect and a Family Connect Safeguarding Advisor will be asked to consider if the threshold has been met for intervention from children's social care and if so will refer the case on for assessment.

Whereby a child or young person is stepping down out of Children's Social Care intervention then a Team around the Child meeting should be completed to support the transition to ensure continuity of ongoing interventions. When the child is no longer in need of specialist social care intervention, with consent from the family, a new Lead Professional would be identified to enable the integrated working process to be taken forward to enable consistent, co-ordination of services when Children's Social Care are no longer involved.

Examples of key services that may provide support to children, young people and families at this level are:

SEND Services, Early Help Support Practitioners, Family Nurse Partnership, Adult Social Care, Teenage Pregnancy Midwife, Young People's Substance Misuse Services and support services for those affected by parental substance misuse, Youth Offending Service, Attendance Support Team, Special Schools, CAMHS, Specialist Children Service, Paediatrician, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Private, Voluntary and Independent Sector Services, all Universal Services. Child Protection and Family Support Team, Disabled Children Team.

Threshold – Acute - Children with acute specialist needs

Children and young people at this level are in need of specialist services. There are a smaller group of children and young people who require intensive help and support to meet their needs. Children and young people will access specialist services following a statutory assessment. Specialist services include: Child Protection and Family Support Team, Disabled Children Team, the Youth Offending Service, SEND Services, and CAMHS.

Child's developmental needs

1 Health

Severe/chronic health problems

Persistent substance misuse

Non-organic failure to thrive

Fabricated illness

Early teenage pregnancy

Increased emotional wellbeing concerns

Obese

Dental decay and no access to treatment

Sexual exploitation/abuse (any age)

Sexual activity under the age of 13

Disability requiring highest level of support

Complex mental health issues requiring specialist Intervention

Any non-independently mobile child (including disabled children) who present with bruising or other suspicious marks for which there is no explanation or no plausible explanation

2 Education and learning

Child not receiving any education provision

Permanently excluded from school or at risk of Permanent exclusion

Significant development delay due to neglect/poor parenting

Parents and carers

1 Basic care, safety and protection

Parents unable to provide "good enough" parenting that is adequate and safe

Parents' mental health problems or substance misuse significantly affect care of child

Parents unable to care for previous children

There is instability and violence in the home continually

Parents are persistently involved in crime

Parents unable to keep child safe

Victim of crime

Child subject to public law proceedings in the family court

Specific dietary requirements are not met or ignored

Parent/carer is not adhering to specific condition related medical advice and/or lies about adherence

Parent/carer makes no effort to check suitability of a carer or disregards known concerns

Parent/carer leaves a child alone, endangering the child's safety

2 Emotional warmth and stability

Parents inconsistent, highly critical or apathetic towards child

Child is rejected or abandoned

Parent/Carer gives no educational support and can even be disruptive

No response from parent/carer even when child is distressed

Parent/carer is cold, uncaring or avoids or rejects the child

3 Emotional and behavioural development

Behaviour puts self or others in danger

Endangers own life through self-harm/substance misuse including alcohol/eating disorder/suicide attempts

In sexually exploitive relationship

Frequently goes missing from home

Child who abuses others

Child is avoidant, resigned or apprehensive from engagement with parent/carer

Displaying harmful sexual behaviour, including sexually abusing other children

4 Identity

Experiences persistent discrimination

Is socially isolated and lacks appropriate role models

Alienates self from others

3 Guidance, boundaries and stimulation

Failure to address serious (re)offending

No effective boundaries set by parents

Regularly behaves in an anti-social way in the neighbourhood

Child beyond parental control

Subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school

Parents/Carers display careless disregard, despite understanding, of the dangers of online safety

Family and environmental factors

1 Family history and functioning

Significant parent discord and persistent domestic abuse

Concerns about honour based violence, forced marriage, slavery and female genital mutilation (FGM)

Child looked after by a non-relative within scope of private fostering arrangement

Destructive relationships with extended family

Parents are deceased and there are no family/friends options

Parents are in prison and there are no family/friends options

5 Family and social relationships

Child in care of the Local Authority

Care leaver

Family breakdown related in some way to child's behavioural difficulties

Subject to physical, emotional or sexual abuse/neglect

The child is main carer for a family member

Adoption breakdown

Forced marriage of a minor

Unaccompanied asylum seeker

6 Social presentation

Poor and inappropriate self-presentation

Known to be part of a gang

7 Self-care skills

Neglects to use self-care skills due to alternative priorities e.g. substance misuse

2 Housing, employment and finance

Physical accommodation places child in danger

No fixed abode or homeless

Extreme poverty/debt impacting on ability to care for child

All of the accommodation is dirty and smelly and in need of complete redecoration

3 Family's social integration

Family chronically socially excluded

4 Community resources

Poor quality services with long-term difficulties with accessing target populations

Restricting and refusing intervention from services

Assessment process

Before referring a child to Family Connect to access children's social care, professionals should in most cases, ensure that they can demonstrate interventions that have already been tried and if a CAF / TAC has been completed and consultation has taken place with any relevant agencies. If these initial attempts to improve the situation have been unsuccessful it may be beneficial to contact Family Connect Safeguarding Advisor team will be asked to consider if the threshold has been met for intervention from children's social care and if so will refer the case on for assessment.

A request for service made to Family Connect Safeguarding team can be accepted without a CAF / TAC process having been completed where it is clear that the case already meets the threshold for a child at risk of significant harm.

Examples of key services that may provide support to children, young people and families at this level are:

SEND Services, Early Help Support Practitioner, Young People's Substance Misuse Services and support services for those affected by parental substance misuse, Youth Offending Service, Attendance Support Team, Special Schools, CAMHS, Specialist Children Service, Paediatrician, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Private, Voluntary and independent Sector Services, all Universal Services. Disabled Children Team, Child Protection and Family Support Team.

Strategies, Section 47's and children in care

Where there are child protection concerns a strategy discussion or meeting involving the local authority, police, health and if needed other agencies takes place to decide whether a Section 47 enquiry is required. The Section 47 enquiry is led by the local authority, with the help of other organisations, to find out what is happening to the child and whether protective action is required, including legal action.

The Children Act 1989, Section 47 states that where a local authority:

- a) are informed that a child who lives or is found in their area
- i) is subject of an emergency protection order; or
- ii) is in police protection
- b) have reasonable cause to suspect that a child who lives, or is found in their area is suffering or likely to suffer, significant harm the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take action to safeguard or promote the child's welfare.

Throughout the Section 47 investigation, and within any Strategy Meetings, consideration should be given to whether the child is suffering, or likely to suffer significant harm. If the answer is yes, then there will need to be a decision to be made as to whether a Child Protection Plan is needed to try and reduce the risk of harm to the child. If that is the case then the strategy meeting attendees, or the Team Manager (within the Child Protection and Family Support Team) overseeing the Section 47 investigation, can recommend that an initial Child Protection Conference (ICPC) needs to be organised in order to consider the making of a Child Protection Plan.

Where the local authority decides, taking into account the views of others, that a child cannot safely remain at home, consideration will be given to other arrangements including informal family options, Section 20 accommodation or an application to the courts under Section 31 of the Children Act 1989. In an emergency, an application may be made for an Emergency Protection Order (EPO) to allow a child to be temporarily removed from their parents care.

Please refer to the Telford & Wrekin Safeguarding Children Board inter-agency procedures for further details.

Children in Care

The Local Authority has a duty to provide accommodation to children in care. These children are entitled to safeguarding processes to ensure that any issues arising in care are addressed as outlined in the Children Act 1989 and Care Planning Regulations. Where a child returns home there should be an assessment/plan subject to Care Planning Regulations 2010.

9 Risk descriptors

Level of need

Universal



Risk of adverse change in circumstances

Quite likely to happen at some point in childhood but impact most likely to be temporary and manageable

Managing the risk – additional help being needed within universal services

Parents/carers to seek support where needed

Low risk – meeting development milestones without interventions necessary

Vulnerable



If nothing is done risk of delay or failure to achieve potential (1 or more ECM outcomes)

Quite likely to happen during childhood and greater probability of medium term impact

More risks or other needs developing due to no progress being made with current support plan

Other issues starting to impact on parents' ability to keep child safe

Complex



If nothing is done child will likely come to some harm

Very likely to happen and greater probability of long term impact

At risk of serious harm occurring

Acute



If nothing is done the child may be at imminent risk of significant harm

Very likely to happen, greater probability of long term impact

Immediate risk of significant harm – or occurrence of injury, sexual assault/ exploitation

Further information relating to the assessment of risk can be found on the Telford & Wrekin Safeguarding Children Board http://www.telfordsafeguardingboard.org.uk/lscb/downloads/file/12/risk_assessment_strategy_june_2014

10 When to request a service from the Family Connect Safeguarding Advisor Team

Children's social care provide support for children and their families, where children have complex needs and where children are at risk of significant harm (complex – acute).

They also provide support for children who need to be accommodated or looked after by the local authority, through fostering or residential care and children who are placed for adoption.

Risks to a child/young person's health or development

The risks can be broadly of two kinds:

1 Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person's health or development

If at any time you have reasonable concern that a child or young person may be at immediate or acute risk of suffering significant harm or has already suffered significant harm, make a referral to Family Connect Safeguarding Advisor Team straightaway.

Examples of when to refer directly to Family Connect Safeguarding Advisors:

- **Allegations/reasonable suspicions about physical abuse: e.g, a series of apparently accidental injuries or a minor non-accidental incident, allegations of serious verbal threats, person who poses a risk to children moving into a household with under eighteen-year-olds, suspicion that the child is at risk of significant harm due to fabricated/ induced illness, child subject of parental delusions which imply risk.**
- **Allegations/reasonable suspicions of sexual abuse: e.g, a referral by a concerned neighbour or friend, sexualised behaviour on the part of the child, allegation of sexual abuse made by a child, confession by an adult of sexual abuse of a child, any allegation suggesting connections between sexually abused children in different families or more than one abuser.**
- **Allegations/reasonable suspicions of emotional abuse: e.g, witnessing domestic abuse, repeated allegations of emotional abuse.**
- **Allegations/reasonable suspicions of serious neglect: e.g, medical referral of non-organic failure to thrive in under-fives, child left insufficiently supervised, child chronically having inappropriate clothing, poor hygiene, failing to attend appointments.**
- **Allegations/reasonable suspicions that the child has been injured (even if inadvertently) during an incident of domestic abuse.**
- **Allegations/reasonable suspicions a child has witnessed one serious or three minor domestic abuse incidents. If in doubt about seriousness of incident, seek advice from your line manager, designated safeguarding officer of your service area or Family Connect.**
- **Allegations/reasonable suspicion a child is at risk of exploitation (child sexual exploitation, forced marriage, FGM, Honour based violence, slavery, radicalisation and extremism)**

2 A chronic and long-term risk of harm to the child's health or development

Some situations represent a more chronic, long-term risk of harm to the child's health or development. These situations may be best addressed through a co-ordinated multi-agency response organised by a lead professional around a common assessment and a team around the child.

However, if the team around the child has been working with the family and feels they are not having an impact on the situation, the team should then have a discussion family connect safeguarding advisors.

Significant Harm

Significant harm can typically fall into the following categories;

Physical abuse

A form of abuse which 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 or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Emotional abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

11 A request for service from the Family Connect Safeguarding Advisor Team must contain the following information:

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, telephone Family Connect immediately and then complete the request for service form.

Tel: 01952 385385

**Family Connect
Darby House
Lawn Central
Telford
TF3 4JE**

Email: Familyconnect@telford.gov.uk

Request for service must be made in one of the following ways: (see page 26)

- **In person or by telephone contact the Family Connect Service (all professionals must follow this up in writing within 2 working days). All professionals must confirm verbal telephone referrals in writing within 2 working days of being made, using the Family Connect request for service form, unless the referrer is a police officer who is to be involved in the investigation.**
- **In writing, using the appropriate form addressed to the Family Connect Service or via the online form http://www.telford.gov.uk/info/20223/family_connect_service_directory/271/concerned_about_the_welfare_of_a_child**
- **In an emergency outside office hours, by contacting the Emergency Duty Team 01952 676500 or the Police 999.**

If the child is known to have an allocated social worker, information should be provided directly to the allocated worker or, in her/his absence, the manager or a duty officer in that team.

All agencies should have internal policies and procedures, that link with the TWSCB http://www.telfordsafeguardingboard.org.uk/lscb/info/13/i_work_with_children_young_people_and_parents/20/policies_procedures_and_guidance which identify designated professionals, who are able to offer advice on child protection matters and decide upon the necessity for a referral.

Arrangements within an agency may be that a designated or named person makes the referral. However, if the designated or named person is not available, the referral or any urgent medical treatment, must be progressed without delay.

Consultation on any matter regarding the safety of a child can also take place directly with the Family Connect Safeguarding Advisor Team.

The person making the referral should have available the following required information, – although absence of information must not delay a referral.

- Full name, date of birth and gender of child/children
- Full family address and any known previous addresses including telephone contact numbers
- Ethnicity, first language and religion of children and parents/carers
- Identity of those with parental responsibility
- The name of the family's GP (if known)
- Names, date of birth and information about all household members, including any other children in the family, and significant people who live outside the child's household
- Any need for an interpreter, signer or other communication aid
- Any additional needs of the child/ren
- Is the child registered at a school, college or nursery? If yes, give details
- Any significant/important recent or historical events/incidents in the child or family's life
- Has the child recently spent time abroad or recently arrived in the area?
- Cause for concern including details of any allegations, their sources, timing and location and a body map where appropriate
- The identity and current whereabouts of the suspected/alleged perpetrator
- The child's current location and emotional and physical condition
- Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser)
- The child's account and the parents' response to the concerns if known
- The referrer's relationship and knowledge of the child and parents/carers
- Any health and safety issues of concern for staff e.g. aggression, dangerous animals etc
- Known current or previous involvement of other agencies/professionals
- Information regarding parental consent, knowledge of, and agreement to, the referral

The referral must also contain information about:

Child(ren)'s Development

Developmental needs of the current referred child and concerns about developments such as health, intellectual or cognitive development, emotional well being and development, social development and whether these are age appropriate. Any concerns about detrimental impact of current situation on child's development.

Parenting Capacity

Current parenting being received by children and any concerns arising from parenting or behaviour of the caring adults of the child. These will include matters such as mental health difficulties, substance misuse and domestic abuse as well as learning difficulties or disabilities. It is important that these difficulties are not simply descriptive. This would include matters such as parenting capacity, impact of parent's difficulties on their own ability to provide care for the child.

Environmental Factors

Any matters relating to the child's current environment which are contributing towards difficulties the family and child are experiencing. These may include anti social behaviour, poverty, poor housing, gang activities surrounding the property etc.

In particular it would be helpful if the referral includes connections drawn between the child's difficulties, parental difficulty and any environmental factors. The key determination in the referral is that the wider problems the child was experiencing can be seen to be directly correlated to and impacted upon by parental and environmental problems.

All referrals to Family Connect Safeguarding Advisors should be made using the Family Connect safeguarding request for service form. The form and guidance can be downloaded from www.familyconnecttelford.co.uk

12 Response to a request for service

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within one working day of a referral being received a local authority social worker should make a decision about the type of response that is required. This will include determining whether:

- **The child requires immediate protection and urgent action is required;**
- **The child is in need, and should be assessed under section 17 of the Children Act 1989;**
- **There is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;**
- **Any services are required by the child and family and what type of services;**
- **Further specialist assessments are required in order to help the local authority to decide what further action to take.**

Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker. It is important that all professionals supporting the child and family at the time continue to do so to prevent and further escalation.

Action to be taken:

The child and family must be informed of the action to be taken.

Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.

Where requested to do so by local authority children's social all professionals from all agencies supporting children and families, have a duty. cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

In the event that an agency does not agree with the response and decisions made by the Family Connect Safeguarding Advisor Team, the referring agency should discuss their concerns firstly with their agency designated safeguarding officer to explore the response provided by the Family Connect Safeguarding Advisor. If after further consideration the agency still do not agree with the decision please refer to and follow the Escalating Concerns Guidance on the TWSB website: http://www.telfordsafeguardingboard.org.uk/lscb/downloads/file/43/escalating_concerns_guidance

13 Information Sharing

There will be circumstances in which sharing confidential information without consent would be justified in the public interest i.e. information should be shared. These are:

- **when there is evidence that the child is suffering or is at risk of suffering significant harm;**
- **where there is reasonable cause to believe that a child may be suffering or at risk of significant harm;**
- **to prevent significant harm arising to children and young people.**

In these circumstances refusal to give consent to share information should not prevent the sharing of confidential information. The child's interests and safety must be the overriding considerations in making any such decisions.

In deciding whether there is a need to share information you need to consider:

- **whether the information is confidential; if it is confidential, whether there is a public interest sufficient to justify sharing, e.g. risk of harm to children;**
- **has consent to share information been obtained;**
- **is the information third party – is it information you can share; is there an overriding need to share information.**

Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

The Government has issued guidance in respect of information sharing entitled 'Information Sharing: Practitioners' Guide' http://www.telfordsafeguardingboard.org.uk/lscb/downloads/file/91/information_sharing_-_march_2015