

Nottingham City



Family Support Pathway 2016/17

Threshold for Support and Safeguarding



NOTTINGHAM
CHILDREN'S
PARTNERSHIP



NOTTINGHAM CITY
Safeguarding
Children BOARD

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INTRODUCTION



Context

The Nottingham City Family Support Pathway is set within a new context for 2016/17. It sets out the threshold for access to support and services for professionals working with children and families.

It sets out new approaches to support working in a 'Think Family' way, and the Signs of Safety Framework, using a common language to engage with children and families to build resilience and capacity within our families and communities in Nottingham.

It highlights the need for professionals to engage in good quality and effective conversations with children, their families, networks and other professionals, and to undertake good quality assessments to ensure children and families get the right help, at the right time.

Nationally, the term Early Help Assessment is replacing the Common Assessment Framework (CAF) for the early identification and assessment for family support. Nottingham City Council is developing an Early Help Assessment for children and families, whilst across partnership agencies the CAF and Family Assessment are the tools for undertaking and recording quality assessments. The longer-term plan is to transition to Early Help Assessments for the whole of the Children's Partnership.

Since the refresh of the Family Support Pathway in 2014/15, there have been new developments in government legislation as well as learning and recommendations from Serious Case Reviews.

Serious Case Reviews have identified themes on types of abuse and presentation, such as Self-Harm, Emotional Abuse and Neglect. Child and Adolescent Mental Health services have established the Self-Harm Awareness Resource and Project to raise awareness and provide support to professionals, children and young people. NCSCB issued inter-agency practice guidance for practitioners working with child emotional abuse.

Other themes include strengthening joint working across agencies to support the whole family, and a 'Think Family' approach. The Troubled Families programme is well established across the Children's Partnership through Nottingham's Priority Families operating model, in particular for the early identification of adult mental health and behaviour in relation to parenting capacity. Guidance and information is widely communicated to the Children's Partnership and Adult Services on how to initiate Early Help. Further information is available on the Children's Partnership website at www.nottinghamcity.gov.uk/cfd.

National themes have seen an increased awareness in Child Sexual Exploitation (CSE) and new information and guidance is in place on how to identify and respond to CSE. Prevent is part of the government's approach to counter-terrorism and the government's view is that protecting children and young people from radicalisation and extremism is a safeguarding issue and is about protecting vulnerable children (and adults too). New legislation in 2015 placed a duty on all public bodies for staff to be trained to recognise vulnerability to being drawn into terrorism and be aware of available programmes and how to refer to Channel, the multi-agency panel that supports referrals.

New legislation and policy introduced the Children & Families Act 2014 and the Care Act 2014. The Children & Families Act transforms the Local Offer of support and help provided to children and young people with Special Educational Needs and Disabilities. The new Education Health & Care Plan (EHCP) brings together all the services that currently support families in a more joined-up way into a single legal document, covering the age range of people with special educational needs and disabilities from birth up to the age of 25. The Care Act 2014 and Young Carers Needs Assessment Regulations 2015, joins up support and help across Children's and Adults Services and local services for young carers, to ensure a family approach is taken when assessing and providing help for young carers.

VISION

Our Vision is a city where every child and young person can enjoy their childhood in a warm and supporting environment, free from poverty and safe from harm; a city where every child grows up to achieve their full potential.

(Nottingham City Children & Young People's Plan 2016/17)

PURPOSE

Our aim is for practitioners in the Children's Partnership to work collaboratively to effectively deliver the **right help, at the right time**. To reduce the demand for specialist services by preventing children growing up to experience behavioural problems, domestic abuse, exploitation, mental illness, substance misuse, teenage parenthood, low educational attainment, radicalisation, crime and antisocial behaviour.

The purpose of the Family Support Pathway is to ensure children and families receive the **right help, at the right time**. It highlights the level of support and safeguarding that may be needed by children and families from universal, early help and targeted and specialist services.

The Family Support Pathway is a guide for all practitioners and managers in every agency working with children, young people and their

families. It will enable practitioners within the Children's Partnership and Adult Services to work in collaboration and have a shared responsibility to support children and families in a more holistic and inclusive way, to deliver timely, effective and seamless services in order to improve outcomes for our children and families.

It highlights the need for good quality assessment, analysis and planning processes and the delivery of evidence-based interventions to meet the needs of the child and the whole family. The Early Help Assessment, (Child Early Help Assessment or a Family Early Help Assessment), is integral to the effective delivery of the Family Support Pathway. This will ensure that the needs of children and families are identified and assessed earlier and co-ordinated through a multi-agency action plan.



PRINCIPLES OF EARLY HELP

- **Ensure the right children, get the right help, at the right time**

Our aim is to identify needs early, to access and provide effective early help in promoting the welfare of children, rather than reacting later.

It means providing early help as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

(Working Together 2015)

- **Talking and listening to children, families and professionals**

Listen to the voice of the child to understand their needs.

Use a common language and approach when engaging and talking to children, their family, wider networks and professionals.

Use a strength-based and Signs of Safety approach to understand a child's individual and personal set of circumstances, and their family's situation.

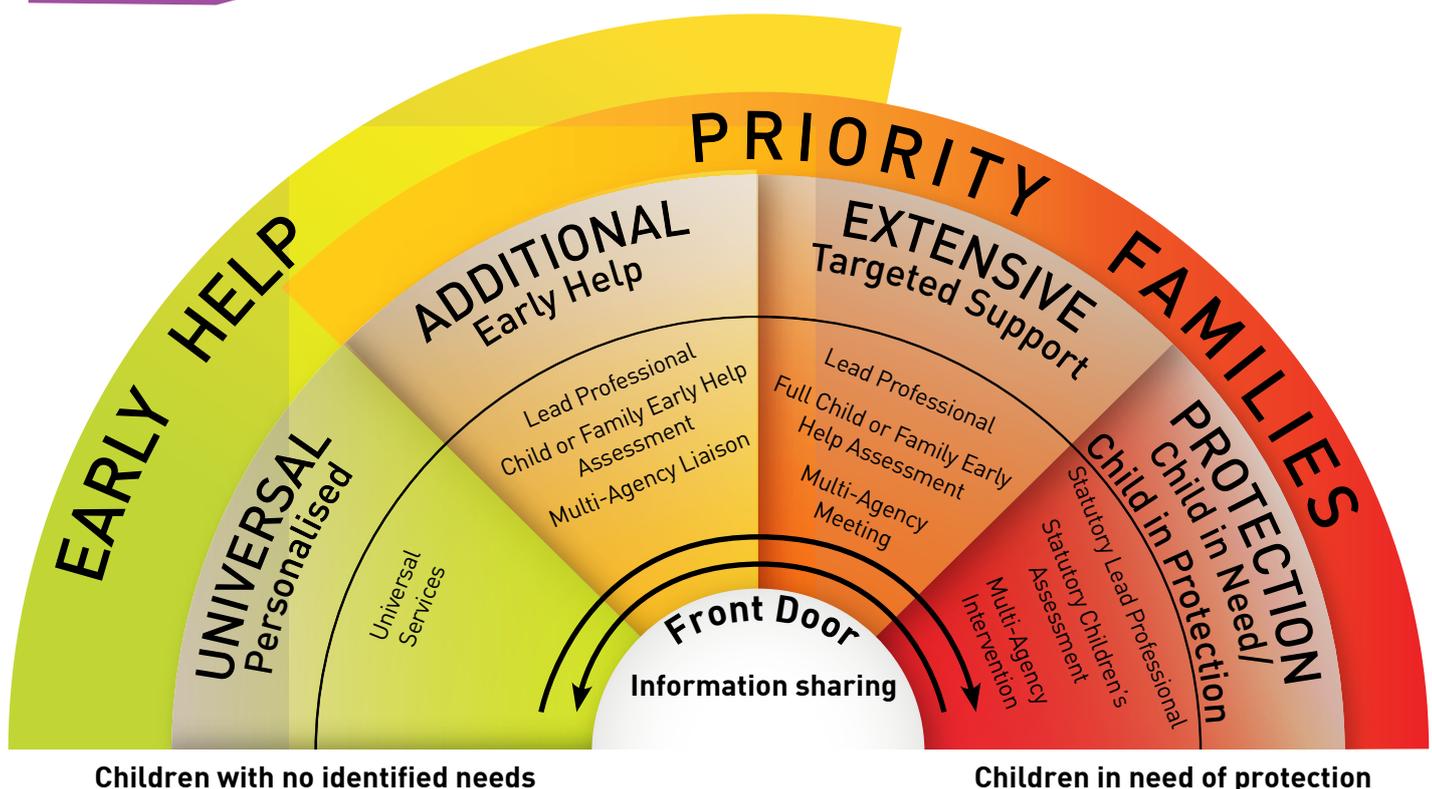
- **Help families to help themselves**

Work in partnership with the whole family to find solutions; 'Think Family' for healthy, happy and safe families. It must be remembered in law, that the needs of the child are paramount and therefore any concerns about their safety and welfare must be responded to by any practitioner.

Address challenges by working with family's strengths, providing early help, targeted family support and specialist services to build resilience, rather than dependency, in the children and families we work with.

Work with our communities to build their capacity to support one another, to safeguard our children and young people from abuse, harm and exploitation.

NOTTINGHAM'S MODEL FOR PREVENTION AND EARLY HELP AND SPECIALIST SERVICES



ACCESS TO SUPPORT AND DECISION MAKING

Nottingham City offers a wide range of support services enabling the needs of children, young people and families to be met through universal services. If needs cannot be met within universal services, practitioners will need to consider if additional and more extensive, or specialist and protective support is required.

Universal	Self help	Children and families are doing well and there are no significant concerns about health, development or achievement that cannot be met within universal services.	Routine Health and Educational Assessments
Additional	Early Help	Children and families are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.	Child or Family Early Help Assessment
Extensive	Targeted Help	Children and families are experiencing a range of increasing problems that require extensive multi-agency support to meet the needs of the whole family and crisis is likely to be prevented.	Child or Family Early Help Assessment or Statutory Assessment may be required
Child in Need	Specialist Help	Children are 'in need' if they are disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989).	Statutory Assessment
Protection		Children who are suffering or likely to suffer significant harm.	

There is a clearly defined process and set of responsibilities to support and guide practitioners when a child's and/or family's needs move between additional or extensive help through to a social care threshold for support as a Child in Need or as a Child in Need of Protection.

Requests for extensive support and protective services can be particularly challenging for professionals, which is why it is important that decisions are based on high quality assessments using a multi-agency approach. Where children and family's needs are unable to be met through universal provision, an Early Help Assessment should be initiated with the child and family to identify needs and analyse the level of support that needs to be co-ordinated.

Practitioners and managers are expected to apply professional judgment to their decision making and work within their agency decision making policies and procedures. If a professional has ongoing safeguarding concerns about a child, the professional should pursue their concerns through escalation procedures within their line management structure.

Children & Families Direct Hub is the easy way to access family support and safeguarding services within Nottingham City. It can make decisions about the right services required to help and protect children and families. Children & Families Direct Hub can be contacted on the number opposite or by completing a **Multi-Agency Request Form** which can be found on the Children's Partnership website at www.nottinghamcity.gov.uk/marf and returned to candfdirect@nottinghamcity.gcsx.gov.uk by secure e-mail or by fax on **0115 876 2927**.

Best practice is for professionals to receive feedback and an outcome letter within 72 hours.

Children & Families Direct Hub is operational Monday to Friday 8:30am – 5:00pm.

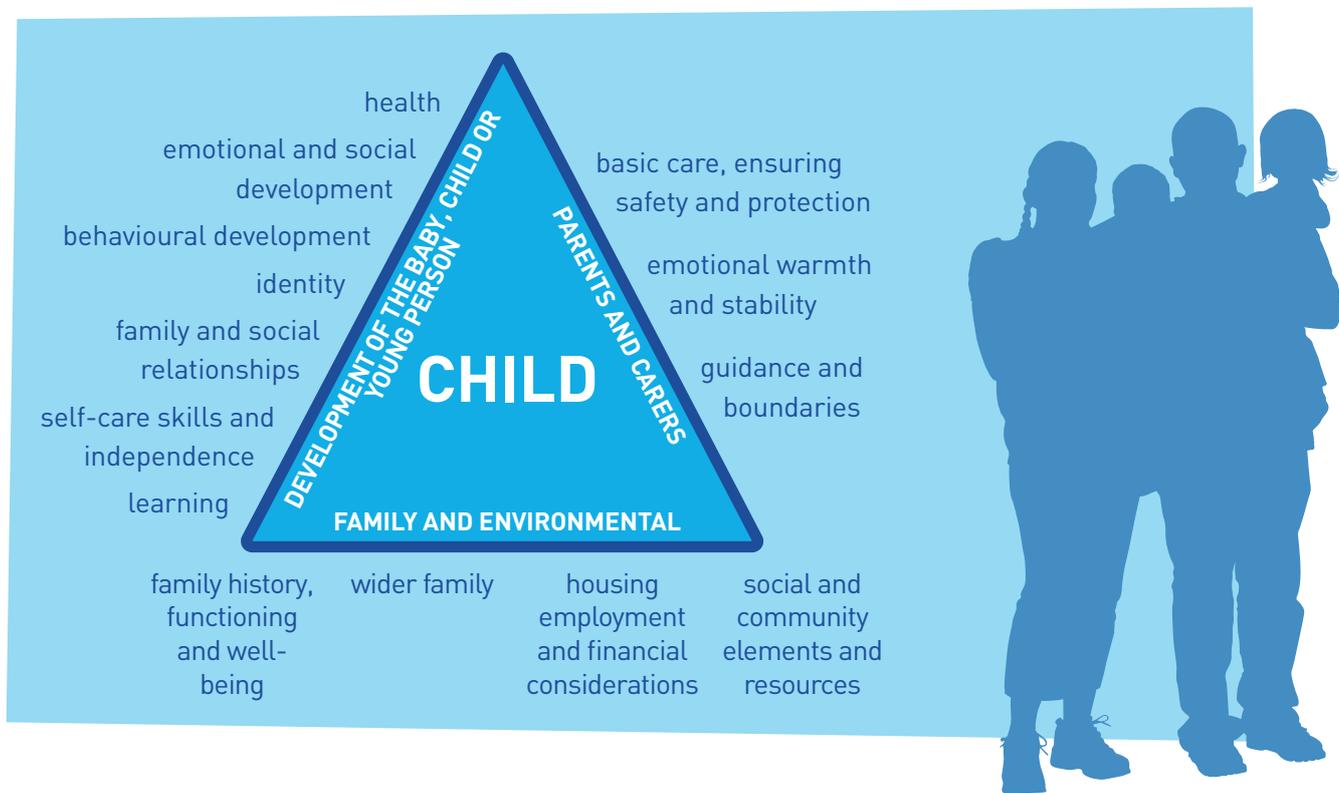
If a child is suffering or likely to suffer significant harm, an immediate referral should be made to Children's Social Care by contacting the Children & Families Direct Hub on 0115 876 4800.

For out of hours response call the Emergency Duty Team on 0115 876 1000.



EARLY HELP & CAF ASSESSMENT FRAMEWORK

Assessment Triangle - showing domains and dimensions



The Early Help Assessment & CAF is not to be used for children in need where there are significant or immediate child protection concerns.

The Early Help Assessment & CAF should be used when:

- You are worried about how well a child is progressing. You might be worried about their health, development, welfare, behaviour, progress in learning or any other aspect of their wellbeing.
- A child or their parent / carer raises a concern with you.
- The child's needs are unclear, or broader than your service can address i.e. multi-agency.
- The child would benefit from an assessment to help you or your colleagues understand their needs better.
- The child has substantial disabilities and their needs cannot be met by universal services.
- There are concerns regarding the child's/ young person's development.
- There are concerns regarding the parent's/ carer's capacity to meet the child's/young person's needs.
- There are concerns regarding the parent's/ carer's capacity to meet the unborn child's needs (pre birth assessment).
- The wider family and environmental factors are impacting on the child's/young person's development and the parent/carer's parenting capacity.

ASSESSING NEED AND PROVIDING HELP

Assessment requires practitioners to gather historical and current information and form judgements about a child's needs and the ability of the family to meet those needs within any given set of circumstances. In order to understand a child's and family's circumstances and history, practitioners from all agencies need to identify patterns and themes by completing a chronology of significant events. This practice ensures that the child remains visible and the focus of the work remains on the child. Agency chronologies can be drawn together to create a multi-agency chronology providing a wealth of information to support critical analysis and effective decision making.

At times, this will also require practitioners to consider the likely level of risk to a child where there are concerns about the circumstances the child is living within. Local agencies should work together to undertake an effective assessment of the needs of individual children who may benefit from early help services.

The principles and purpose of a good quality assessment is to identify level of need, risk and support; focus on the needs and views of the child; develop a clear analysis and plan; share analysis and plan; good recording; and focus on outcomes.

Children and families may need support from a wide range of local agencies. Where a child and family would benefit from co-ordinated support from more than one agency, a multi-agency CAF or Early Help Assessment should be initiated. The Early Help Assessment and the Signs of Safety Framework will enable practitioners to identify what help the child and family require, preventing needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

The assessment should be undertaken with the agreement of the child and their parents or carers and it should involve the child and family as well as all the professionals who are working with them.

If parents and/or the child do not consent to a CAF or Early Help Assessment, the Lead Professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into Children's Social Care may be necessary.

Signs of Safety Framework

The tools used in the Signs of Safety model have a wider application to all levels of work and different settings where workers need to communicate with children about their feelings and engage families in making changes.

Signs of Safety are about building on the strengths and safety already present within families to create resilience and encourage families to find their own solutions to what's happening in their lives. Safety and wellbeing is not created in services but within families homes. Practitioners **involve children and young people** and work with their family and support network to build safety for the child/young person.

The SOS framework consists of four key questions:

1. **What's working well?** – Strengths and Safety
2. **What are we worried about?** – Dangers, Risks, Needs
3. **How worried are we?** – Safety and Wellbeing scale including Danger and Worry statements
4. **What needs to happen?** – Safety and Wellbeing goals



ASSESSMENT PROCESS AND STAGES

The following diagram illustrates the process of assessment.



INFORMATION SHARING AND CONSENT



Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision that are co-ordinated around children and families.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with Local Authority Children's Social Care.

More extensive guidance can be accessed at www.gov.uk/government/publications/information-sharing-for-practitioners-and-managers

In all cases, if a worker remains in any doubt about whether or not to share information then they should consult with their line manager.



“RESPONSIVE” IMMEDIATE PROTECTION

Where there are immediate concerns about a child’s safety and a view that a child is suffering or likely to suffer significant harm, a referral should be made into Social Care (via Children and Families Direct Hub or, out of hours, the Emergency Duty Team) without delay and without the need for an Early Help Assessment.

However, normally, in situations when a child has additional/emerging safeguarding needs, an Early Help Assessment will have already been in place to support them.

Determining whether a child or young person is suffering, or at risk of suffering, significant harm can be complex. Practitioners in all agencies have a responsibility to be aware of

the indicators of significant harm, the NCSCB Safeguarding Children Procedures and their own agency’s Child Protection Policy.

Children’s Social Care is the lead agency for undertaking Child Protection enquiries including Section 47. If there is any doubt about whether to refer to Children’s Social Care or not, the case should be discussed with the line manager and/or agency safeguarding lead as well as contacting Children and Families Direct Hub for advice and guidance.

Further more detailed guidance from a safeguarding perspective is available online in the Nottingham City Safeguarding Children Board Procedures.

Indicators requiring an immediate referral to Social Care

- **Child is at immediate risk or has suffered significant harm including physical, sexual, emotional harm or neglect**
- **Unexplained injuries or injuries where there is an inconsistent explanation of the injury**
- **Under two years old and has unexplained bruising**
- **Children with repeated incidents of minor bruising that are causing professionals concern**
- **Under 1 year old where the parents/carers have significant substance use issues**
- **Where there are serious concerns regarding the risk of significant harm to an unborn baby**
- **Lives or has contact with adults who are known to pose a risk to children**
- **There is evidence of repeated domestic violence witnessed and/or experienced by child; adult mental health issues or substance use issues**
- **Allegations or disclosures of abuse including sexually abused or evidence of grooming**
- **Left “home alone” and their age and vulnerability places them at risk, certainly all children “home alone” aged 5 years old and under should be referred**
- **Child victims of trafficking**
- **Anyone who is 16 or under who is being looked after for 28 days or longer by a carer who is not a parent, grand-parent, aunt, uncle or sibling.**
- **Self-harm concerns in relation to children under 11 years of age (E.g. primary)**
- **Unaccompanied migrant children**

FAMILY SUPPORT PATHWAY LEVELS OF NEED

Using the domains of the Assessment Triangle the following tables provide a summary of the level of need a child and their family may be experiencing to help practitioners identify the appropriate levels of support that may be required.

The tables are not intended to be a definitive list but give examples.

UNIVERSAL SUPPORT	
Child and family are doing well and there are no significant concerns about health, development or achievement that cannot be met within universal services.	
Assessment Framework Indicators	
Child and Young Person Health and Development Needs	Parents and Carers
<p>Health:</p> <ul style="list-style-type: none"> • Good physical health • Developmental checks & immunisations up to date • GP & health appointments are kept • Regular dental and optical care • Developmental milestones met: speech & language, appropriate height & weight, healthy lifestyle • Sexual health and relationships appropriate for age • Good state of mental health • No substance misuse • Child with disabilities all needs are met by universal support <p>Education and Learning:</p> <ul style="list-style-type: none"> • Attends school, college, training • No barriers to learning • Achieving key stages • Has appropriate access to books and toys • Appropriate cognitive and language development <p>Emotional and Behavioural Development:</p> <ul style="list-style-type: none"> • Good early attachments • Demonstrates appropriate responses in feelings and actions <p>Identity:</p> <ul style="list-style-type: none"> • Positive sense of self & abilities • Demonstrates sense of belonging & acceptance • Confident in social situations, distinguishing between safe and unsafe contacts <p>Family and Social Relationship:</p> <ul style="list-style-type: none"> • Good, stable relationships with care givers • Good relationships with siblings • Positive relationships with peers <p>Self-Care Skills and Social Presentation:</p> <ul style="list-style-type: none"> • Development of appropriate self-care skills • Development of independence and independent living skills 	<p>Basic Care and Protection:</p> <ul style="list-style-type: none"> • Carers able to provide secure and consistent parenting & caring • Carers able to provide for children's needs and protect from danger and harm • Carers able to provide for child's physical needs <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> • Shows warm regard, praise and encouragement • Ensures secure attachments are not disrupted • Provides consistent emotional warmth over time <p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> • Provides appropriate guidance and boundaries to help child develop appropriate values • Supports development through interaction and play • Facilitates access to leisure services and activities <p>Family and Environmental Factors</p> <p>Family History and Functioning:</p> <ul style="list-style-type: none"> • Good family relationships including when parents are separated and/or reconstructed • Positive relationships with wider family and networks <p>Housing, Employment and Finance:</p> <ul style="list-style-type: none"> • Appropriate accommodation, facilities and amenities • Appropriate levels of hygiene and cleanliness • Not living in poverty <p>Family Social Integration:</p> <ul style="list-style-type: none"> • Family feels integrated into the community • Good social and friendship networks exist <p>Community Resources:</p> <ul style="list-style-type: none"> • Family accessing universal services • Community supportive of families with children & young people
Service Providers	
Families Information Service; Health Visiting Service; Midwifery Services; General Practitioners; Early Years; Children's Centres; Education; Schools & Special Schools; Play & Youth Services; Leisure Services; Voluntary & Community Sector; Community Policing; Police.	

ADDITIONAL SUPPORT

Child and Family with some Additional Needs

Child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.

Assessment Framework Indicators

Child and Young Person Health and Development	Parents and Carers
<p>Health:</p> <ul style="list-style-type: none"> • Not reaching developmental milestones • Registered with GP & Health services • Missing routine and non-routine health appointments • Concerns about weight and diet, poor nutrition, obesity • Concerns about hygiene, clothing • Dental decay and not accessing treatment • Concerns about sexual health and relationships • Pregnant under 17 • Disability requiring support services • Mental health issues emerging <p>Education and Learning:</p> <ul style="list-style-type: none"> • Few opportunities to play, socialisation, stimulation • Poor school attendance • Poor links with home, childcare, school • At risk of fixed term exclusion • Additional learning needs, school action or school action plus • Lack of confidence in self as a learner • Disengagement from school and education • Not achieving key stage benchmarks <p>Emotional and Behavioural Development:</p> <ul style="list-style-type: none"> • Mental and emotional health concerns • Unable to express emotions or cope • Disruptive or anti-social behaviour • Involved in criminal activity / offending • Uses substances • Experiences bullying • Victim of crime <p>Identity:</p> <ul style="list-style-type: none"> • Some insecurity around identity • Poor sense of self and low self esteem • Child prevented from making links with own community <p>Family and Social Relationship:</p> <ul style="list-style-type: none"> • Dysfunctional/inconsistent family relationships • Lack of positive role models • Lack of friends / social network • Receiving poor/inconsistent standards of care • Undertaking caring duties, young carer <p>Self-Care Skills and Social Presentation:</p> <ul style="list-style-type: none"> • Poor self-care skills, poor hygiene • Slow to develop or takes no responsibility for self-care skills • Over protected/unable to develop independence • Lacks sense of safety 	<p>Basic Care and Protection:</p> <ul style="list-style-type: none"> • Parent requires advice and guidance on parenting capacity and abilities • Mental / physical health needs may affect ability to provide basic care • Concerns about substance misuse may impact on ability to provide basic / adequate care • Concerns and suspected domestic violence • Teenage parent • Cared for adult <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> • Child perceived to be a problem by parent • Poor maternal health – not accessing ante or post-natal health care / concealed pregnancy / post-natal depression • Attachment issues <p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> • Inconsistent boundaries and lack of routine • Parent provides limited stimulation/interaction • Condone absence from school • Child is not exposed to new experiences • Lack of interaction/stimulation inside and outside of home, lack of toys/games in house <p style="background-color: #ffff00;">Family and Environmental Factors</p> <p>Family History and Functioning:</p> <ul style="list-style-type: none"> • Family have conflicts / difficulties which may affect the children • Experience loss of significant adult • History of involvement with statutory services • Parent previously looked after by Local Authority • Caring for adult or siblings, young carer • Carer is not getting a break from the care of their disabled child and this could be facilitated by access to additional support <p>Housing, Employment and Finance:</p> <ul style="list-style-type: none"> • Poor housing • Poor financial planning / debt • Stress factors impacting on ability to adequately care for children • Not in employment, education and/or training <p>Family Social Integration:</p> <ul style="list-style-type: none"> • Poor social networks and friendship networks • Family socially isolated / excluded • Family seeking asylum or refugees <p>Community Resources:</p> <ul style="list-style-type: none"> • Family not accessing universal services • Parental engagement with services is poor and is impacting on their ability to meet the needs of the child

Additional Needs Emerging

Initiate Early Help Child or Family Assessment and record evidence to establish appropriate action plan and collaboration of services to meet needs.

Consider: Team around the Child and/or Family and identification of a Lead Professional

Examples of Assessment, Approaches and Interventions

- Early Help Assessment / Common Assessment Framework (CAF)
- Family Assessment – Priority Families
- Signs of Safety Approach
- Education Health & Care Plan (EHCP)
- Early Support Programme (ESPCAF)
- Parent Assessment Manual (PAM)
- Portage Assessment – Home Based Precision Teaching
- Early Years Action/Early Years Action Plus
- School Action/School Action Plus
- Ngage
- Solihull Approach
- Motivational Interviewing
- Solution Focused Brief Therapy
- Parenting Programmes
- Children’s Centre 0-5 Activities and Early Learning sessions
- Children’s Centres Targeted Group work
- Children’s Centres - Forest Schools Education outdoor activities
- Play & Youth Activities
- 2 Year Old Early Learning Programme

Please also refer to the following information as appropriate:

- Local Offer for Special Educational Needs and Disabilities
- Disabled Children’s Teams Access to Short Breaks
- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs
- The Teenage Pregnancy Pathway

Service Providers

- Families Information Service
- Health Visiting Service
- Midwifery Services
- General Practitioners
- Early Years
- Children’s Centres
- Schools & Special Schools
- School Nursing
- Play & Youth Services
- Leisure Services
- Voluntary & Community Sector
- Targeted Youth Support
- Education Welfare Service
- Community Child and Adolescent Mental Health Services
- Self Harm Awareness & Resource Project
- Short Breaks Offer
- Base 51 Service for Young People
- Contraception and Sexual Health Services
- Domestic Violence & Abuse Services
- NHS Therapeutic Services
- Family Nurse Partnership
- Counselling Services
- Drug and Alcohol services
- Inclusive Education Services
- Parent Partnership
- Community Policing
- Police
- Housing Services
- Futures
- Job Centre Plus

EXTENSIVE SUPPORT

Child and Family with some Additional Needs

Child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.

Assessment Framework Indicators

Child and Young Person Health and Development	Parents and Carers
<p>Health:</p> <ul style="list-style-type: none"> • Life threatening conditions • Chronic or recurring health problems • Substantial and lifelong disability needing enhanced or specialist offer of short breaks • Substantial and lifelong disability needing enhanced or specialist offer of short breaks • Serious obesity • Multiple A & E attendance causing concern • Misses routine and non-routine health appointments • Pregnant under 17 • Inappropriate sexual activity and relationships <p>Education and Learning:</p> <ul style="list-style-type: none"> • Education Health Care plan requiring intensive support • Pre-school child under stimulated impairing development • Persistent absenteeism from school with or without parental acceptance • Behaviour leads to risk of permanent exclusion or previous permanent exclusion • Multiple temporary exclusions • High level of intensive support in school to meet education needs • Not achieving key stage bench marks • Crime used as an alternative to education or to fill time <p>Emotional and Behavioural Development:</p> <ul style="list-style-type: none"> • Significant attachment issues • Significant mental health needs, emotional and behavioural difficulties • Behaviour puts own life at risk-self harming / suicide attempts • Self-harm concerns in relation to children aged 5-10 • Witnesses and experiences domestic violence & abuse • Persistent and problematic involvement in alcohol / substance misuse • At risk of sexual exploitation • Missing from home /care • Disruptive violent, anti-social behaviour • Involved in criminal activity • Beyond parental control • Placed in custody <p>Identity:</p> <ul style="list-style-type: none"> • Difficulty in accepting/identifying race, gender, sexuality • Subject to discrimination • Significant low self esteem • Involved in gang culture / associates with criminals • Extremist views 	<p>Basic Care and Protection:</p> <ul style="list-style-type: none"> • Mental or physical health problems, learning disability impacts on ability to provide care for child /family • Chaotic substance misuse severely impacts on ability to provide care for child /family • Pregnant care leavers up to 25 yrs. concerns exist about lifestyle and ability to provide suitable care • Providing substantial care to a child with substantial and lifelong disabilities whose needs cannot be met by additional support • Incidents of domestic violence / abuse • Teenage parent(s) • Cared for adult <p>Emotional Warmth and Stability:</p> <ul style="list-style-type: none"> • Significant attachment issues • Parent critical of child and provides little warmth, encouragement or praise • Inconsistent parenting • Poor maternal health / post-natal depression <p>Guidance, Boundaries and Stimulation:</p> <ul style="list-style-type: none"> • Significant attachment issues • Parent critical of child and provides little warmth, encouragement or praise • Inconsistent parenting • Poor maternal health / post-natal depression <p>Family and Environmental Factors</p> <p>Family History and Functioning:</p> <ul style="list-style-type: none"> • History or current problematic substance misuse (parent / sibling) • Family involved in or history of criminal activity • Acrimonious divorce/separation • Parent in prison • Caring for adult or siblings, young carer <p>Housing, Employment and Finance:</p> <ul style="list-style-type: none"> • All children in homeless accommodation for more than 6 months • Serious debts / financial exclusion / poverty • Unable to meet family's basic needs, (heat, food, clothing, hygiene) and ability to care for child • Inaccessible housing or need for aids and adaptations • Parent impairment affects access to education and training

Family and Social Relationship:

- Socially excluded and isolated
- Regularly needed to care for another family member / young carer
- Peers involved in anti-social behaviour

Self-Care Skills and Social Presentation

- Independence beyond years
- Poor self-care skills
- No support given to develop self-care skills and independence
- Presents as being neglected, persistent hygiene problems/clothes regularly unwashed
- Undertaking caring duties, young carer

Family Social Integration:

- Family significantly socially excluded / isolated
- Escalating victimisation / harassment
- Family seeking asylum or refugees
- Transient family

Community Resources:

- Non-engagement with services and community
- Services not meeting needs of family
- Services and community resources not accessible to family

Examples of Assessment, Approaches and Interventions

- Early Help Assessment / Common Assessment Framework (CAF)
- Family Assessment – Priority Families
- Signs of Safety Approach
- Specialist Occupational Therapy (OT) Assessment by Disabled Children’s Team
- Early Support Programme
- Ngage
- Domestic Abuse Risk Identification Form
- Portage Assessment – Home Based Precision Teaching
- Education Health & Care Plan (EHCP)
- Parent Assessment Manual (PAM)
- Drugs and Alcohol (Hidden Harm Assessment)
- Schools Assessments
- CAMHS Assessments
- Solihull Approach
- Solution Focused Brief Therapy
- Motivational Interviewing
- Parenting Programmes - Triple P, Webster Stratton (Incredible Years), Strengthening Families Strengthening Communities
- Multisystemic Therapy Intervention (MST)

Please also refer to the following information as appropriate:

- Local Offer for Special Educational Needs and Disabilities
- Disabled Children’s Teams Access to Short Breaks
- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs
- The Teenage Pregnancy Pathway

Support needs increasing and/or continuing support

Continue a multi-agency Early Help Child or Family Assessment and consider more support services

- Form Team around the Child and/or Family
- Allocate Lead Professional role
- Multi-Agency Action Plan
- Use Specialist Assessments as part of multi-agency action plan
- Regular meetings to review plan and intervention

Service Providers

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Families Information Service • Health Visiting Service • Midwifery Services • General Practitioners • Early Years; Children’s Centres • Schools & Special Schools • School Nursing • Play & Youth Services • Leisure Services • Voluntary & Community Sector • Targeted Youth Support • Education Welfare Service • Community Child and Adolescent Mental Health Services • Multi-Systemic Therapy and MST Child Abuse & Neglect | <ul style="list-style-type: none"> • Self Harm Awareness & Resource Project • Short Breaks Offer • Base 51 Service for Young People • Contraception and Sexual Health Services • NHS Therapeutic Services • Family Nurse Partnership • Counselling Services • Drug and Alcohol services • Inclusive Education Services • Parent Partnership • Community Policing • Housing Services • Futures • Job Centre Plus • Disabled Children’s Team | <ul style="list-style-type: none"> • Family Intervention Project • Paediatricians • Palliative Care Services • Children’s Development Centre (City Hospital) • Adult Mental Health Services • Clinical Psychologists • Drug Treatment Services • Domestic Abuse & Violence Services • Community Education Psychology • Learning Centres (Pupil Referral Unit) • Special Educational Needs Services • Transitions Team |
|---|---|---|

PROTECTION & SPECIALIST

CHILD IN NEED OF PROTECTION

Child is suffering or likely to suffer significant harm.

Assessment Framework Indicators

Child and Young Person Health and Development

Health:

- Substantial, lifelong disability, complex health needs, extreme challenging behaviour, significant learning disabilities, autistic spectrum disorder with safeguarding concerns
- Severe/ chronic health problems
- Acute mental or physical health needs
- Dental decay no access to treatment
- Seriously obese or underweight
- Inappropriate and/or unsafe sexual activity and relationships

Education and Learning:

- No educational provision
- Permanently excluded from school
- Significant development delay due to neglect / poor parenting

Emotional and Behavioural Development:

- Victim of trafficking
- Fabricated or induced illness
- Sexual activity under 13
- Sexual exploitation
- Female genital mutilation
- Watchful and wary of carers / people
- Causes significant harm/abuse to others through violent or sexual offending
- Endangers own life through self-harm/substance misuse, including alcohol, eating disorder
- Self-harm concerns in relation to children aged 5-10
- Significant attachment and emotional difficulties

Identity:

- Experiences persistent discrimination
- Is socially isolated and lacks positive role models
- Alienates self from others
- Significantly distorted self-image
- Significant low self esteem
- Extremist views

Family and Social Relationship:

- Unaccompanied asylum seeker
- Pregnancy where there have been previous child protection concerns
- Forced marriage of a child under 18 yrs.
- Subject to Anti-Social Behaviour Order (ASBO) or Acceptable Behavioural Contract (ABC)
- Young carer has significant responsibilities that result in neglect
- Looked after child
- Care leaver

Self-Care Skills and Social Presentation

- Unable to make positive choices for self
- Significant self-neglect due to substance misuse

Parents and Carers

Basic Care and Protection:

- Child previously subject to Child Protection Plan
- Child previously removed from parents care
- Families with history of statutory involvement and repeat referrals to Social Care
- Parents/Carers do not accept concerns, fail to or are unwilling to engage in extensive support offered
- Parents unable to provide care for child that is safe
- Victim of crime
- Persistent domestic violence / abuse

Emotional Warmth and Stability:

- Inconsistent parenting / highly critical / apathetic towards child, impairing the child's emotional development
- Child rejected or abandoned

Guidance, Boundaries and Stimulation:

- Involved in serious criminal acts that may impact on the child e.g. drug dealing, anti-social behaviour
- No effective boundaries, guidance, positive stimulation set by parents

Family and Environmental Factors

Family History and Functioning:

- Chronic substance misuse
- Persistent anti-social behaviour within family

Housing, Employment and Finance:

- Extreme poverty/debt impacting on ability to care for child/children
- Chronic and long term unemployment due to significant lack of basic skills or long standing issues such as substance misuse / offending
- Accommodation places the child in physical danger
- No fixed abode or homeless

Family Social Integration:

- Family extremely socially excluded / isolated
- Persistent transient families

Community Resources:

- Family refuse access to services and community resources

Examples of Assessment, Approaches and Interventions

Specialist needs or risk assessments as required such as:

- Children's Assessment
- Signs of Safety Approach
- Strategy Meeting & Section 47 Enquiry
- Core Group Meetings
- Section 17 Child in Need and Plan
- Section 20 Provision of Accommodation for Children
- Child Protection Conference
- Child Protection Plan
- Discharge Planning meeting
- Legal Planning Meetings
- Multi-agency Pregnancy Liaison Group
- Pre-Birth Assessment
- Section 31 Care Proceedings
- Children in Care - Care Plan
- Placement Panel
- Private Fostering Assessment
- Edge of Care Panel
- Multisystemic Therapy
- Multisystemic Therapy Child Abuse & Neglect
- Asset Risk of Serious Harm
- Multi-Agency Public Protection Arrangements
- Restorative Justice Panels
-

Please also refer to the following information as appropriate:

- Local Offer for Special Educational Needs and Disabilities
- Disabled Children's Teams Access to Short Breaks
- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs
- The Teenage Pregnancy Pathway

Service Providers

- Families Information Service
- Health Visiting Service
- Midwifery Services
- General Practitioners
- Early Years
- Children's Centres
- Schools & Special Schools
- School Nursing
- Play & Youth Services
- Leisure Services
- Voluntary & Community Sector
- Targeted Youth Support
- Education Welfare Service
- Community Child and Adolescent Mental Health Services
- Multi-Systemic Therapy and MST Child Abuse & Neglect
- Self Harm Awareness & Resource Project
- Short Breaks Offer
- Base 51 Service for Young People
- Contraception and Sexual Health Services
- NHS Therapeutic Services
- Family Nurse Partnership
- Counselling Services
- Drug and Alcohol services
- Inclusive Education Services
- Parent Partnership
- Community Policing
- Housing Services
- Futures
- Job Centre Plus
- Disabled Children's Team
- Family Intervention Project
- Paediatricians
- Palliative Care Services
- Children's Development Centre (City Hospital)
- Specialist Child and Adolescent Mental Health Services
- Adult Mental Health Services
- Clinical Psychologists
- Drug treatment services
- Domestic Abuse & Violence Services
- Community Education Psychology
- Learning Centres (Pupil Referral Unit)
- Special Educational Needs Services
- Transitions Team
- Children's Social Care Teams
- Targeted Support Team
- Children in Care Teams
- Children's Residential Care Services

ESCALATION PROCESS

Resolving Inter-Agency Disagreements

To ensure positive multi-agency working, a discussion between partner agencies and Social Care about the nature and level of concern and the most appropriate level of intervention is expected. It is essential, however, that practitioners from all agencies do not let these discussions take the focus away from the welfare of the child and the need to safeguard and promote welfare.

In some cases, a more formal mechanism is required to assist in the speedy resolution of disagreement using problem solving and mediation, particularly when responding to complex cases. It is generally accepted that all agencies manage risks in different ways and that these differences are mostly helpful in providing checks and balances in work with families. There is a need, however, to avoid polarisation by different agencies. Where this occurs there is a risk that the focus on the child will be lost and services can lose sight of the needs of the child.

It is impossible to set strict timescales for the resolution of disagreements, however good practice would dictate that we should resolve them as soon as it practically possible and in some cases where there is a perceived high level of risk, this should be resolved as far as is possible within a 24-hour period.

There are two examples at which conflict may arise most frequently:

1. When agencies make referrals into Social Care and a decision is made not to accept a referral. When this occurs, feedback should be made to the referrer verbally within 24 hours. If disagreement occurs this needs to be resolved quickly to prevent drift. Where possible the disagreement should be resolved within 48 hours, however the mediation stages could take longer. The stages are as follows:

- If the referrer is unhappy with the response from the Duty Social Care Worker, they should seek to raise their concerns with the Duty Manager and the time in which this should be done is dependent on the level of concern but again attempts should be made to resolve this within 24-48 hours. If the situation is deemed to be high risk then attempts to raise and resolve this should be done within a much quicker timeframe.
- Should this fail to resolve the issue and the referrer remains concerned about the child's welfare, the referrer should liaise with their line manager or the safeguarding lead for their agency. The line manager or safeguarding lead should then discuss the issues with the Duty Team Manager.
- Where disputes about access to Social Care services remain, the line manager or safeguarding lead should take their concerns to the Duty Service Manager. In most situations it is hoped this would lead to a resolution.
- If concerns are not resolved at this stage the concern should be escalated up to Head of Service, for Duty & Targeted Family Support and ultimately the matter will be resolved by the Director of Children's Integrated Services and their equivalent in the Agency concerned.

2. Where agencies have concerns about families, already open to Social Care and this concern is not shared by the allocated Social Worker. In this instance a similar process is to be followed:

- If the referrer is unhappy with the response from the Fieldwork Social Care Worker, they should seek to raise their concerns with the appropriate Team Manager and the time in which this should be done is again dependent on the level of concern but as before, attempts should be made to resolve this within 24-48 hours. If the situation is deemed to be high risk, then attempts to raise and

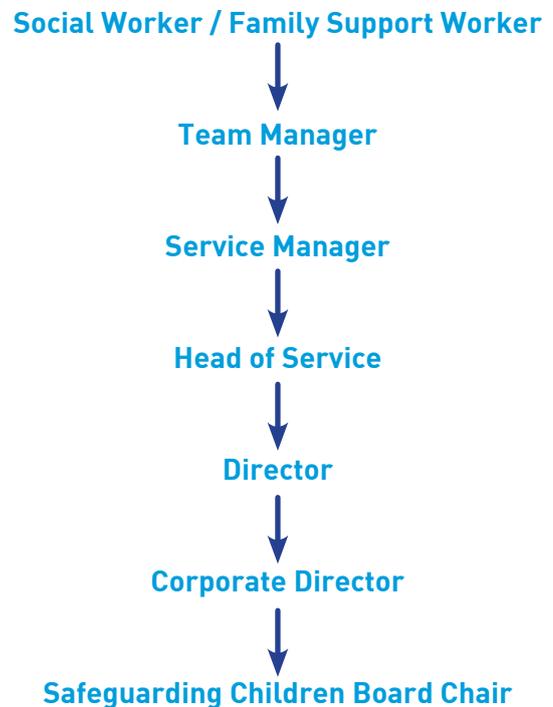
resolve this should be done within a much quicker timeframe.

- Should this fail to resolve the issue and the referrer remains concerned about the child's welfare, the referrer should liaise with their line manager or the safeguarding lead for their agency. The line manager or safeguarding lead should then discuss the issues with the appropriate Team Manager. Again if this fails to resolve the issue, the safeguarding lead should seek to liaise with the relevant Service Manager for that area.

It is important to note that in some situations it may be difficult to contact the Social Worker or Team Manager in a timely manner. If this is the case, contact should be made with the relevant Service Manager. Again this should be done within a timeframe which is commensurate with the situation and the perceived level of risk. This may need resolving at the earliest point possible (i.e. within a matter of hours) or within a 24 hour period depending on perceived level of risk.

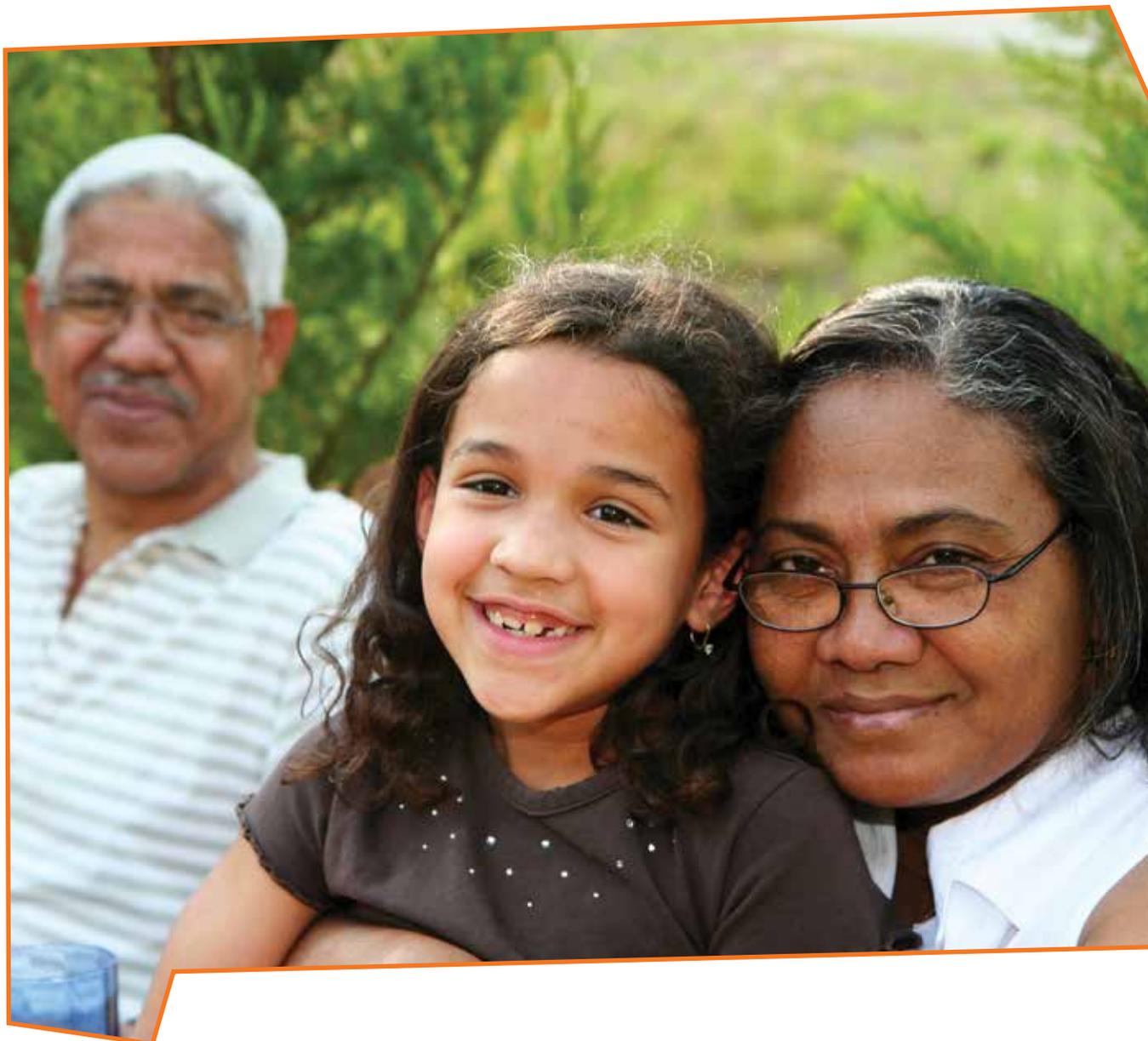
Escalation processes should be followed through an agency's line management structure.

For example in Fieldwork Social Care Teams,



CONTACTS

Children & Families Direct Hub	0115 876 4800
Families Information Service	0800 458 4114
Emergency Duty Team	0115 876 1000
Disabled Children's Team	0115 883 8266
Child & Adolescent Mental Health Team	0115 915 8900
Prevent	0115 876 5512



USEFUL INFORMATION

For more information on the following themes please visit the Children's Partnership website www.nottinghamchildrenspartnership.co.uk

- Children and Families Direct www.nottinghamcity.gov.uk/cfd
- Priority Families
- Teenage Pregnancy Pathway
- E-learning for Integrated Workforce Core Development Standards

For more information on Special Educational Needs and Disabilities please visit Nottingham City Council website

- Local Offer for Special Education Needs and Disabilities
- Education, Health and Care Plans

For more information about Support for Children and Young People with Mental Health Issues please visit:

- Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs www.nottinghamcity.nhs.uk/portal-for-general-practice/pathway-cyp-bemhn.html
- Self-Harm Awareness Resource and Project www.nottinghamcity.gov.uk

Further information on the following themes can be found on the Safeguarding Children Board website:

www.nottinghamcity.gov.uk/children-and-families/safeguarding-children/safeguarding-children-procedures-and-practice-guidance-documents/

- Guidance to Support Practitioners with Emotional Abuse – Inter-Agency Practice Guidance http://nottinghamshirescb.proceduresonline.com/files/guide_pract_emot_abuse.pdf
- Safeguarding Babies at Birth Practice Guidance http://nottinghamshirechildcare.proceduresonline.com/pdfs/sg_babies.pdf
- Inter-Agency Practice Guidance in relation to Children & Domestic Abuse www.equation.org.uk/wp-content/uploads/2012/12/s-Board-Guidance-on-children-and-domestic-violence.pdf

PREVENT Duty Guidance and Training

For further information or if you have concerns about an individual, speak to your manager in the first instance.

Before any decision to make a referral contact: Nottinghamshire Police Prevent Team prevent@nottinghamshire.pnn.police.uk or call 101 and ask for Nottinghamshire's Prevent Team who can advise you.

If you want to discuss Prevent arrangements, including training or other general queries, please contact Steve Harrison, Cohesion, Community Protection on the number above.

APPENDIX 1 - CHILD SEXUAL EXPLOITATION (CSE)

Child Sexual Exploitation is different from 'traditional' forms of child abuse. The current Local Authority mechanisms for statutory child protection were originally designed to protect children from abuse and neglect inflicted by family members in their home environment. The work of child protection services has also been extended to tackle individual perpetrators amidst our communities and perpetrators who have managed to manipulate access to vulnerable children through working for schools, community groups or even children's residential care services.

CSE is a form of abuse in which children are sexually exploited. The nationally agreed definition of CSE is:

- sexual exploitation of children and young people under 18 involving exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities.
- child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet/mobile phones.

CSE can be highly organised and committed by lone perpetrators or operate across groups of dangerous adults. Groups or gangs of dangerous adults can be working together as an organised criminal network, with the purpose of grooming children in order to abuse them and make money from their abuse by others.

Violence, coercion and intimidation are commonly linked to CSE. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice, as a result of their social, economic or emotional vulnerability. A common feature of CSE can be that the child or young person

does not recognise the coercive nature of the relationship with perpetrators and may not see themselves, at least initially, as a victim of exploitation.

The children who are most at risk of being targeted by CSE perpetrators are children who:

- are frequently 'missing' from school, home or residential care
- are vulnerable due to living in neglectful households
- have been separated or trafficked
- are unaccompanied and seeking asylum
- are living in residential care.

When taking into account the complex and devious nature of serious, organised criminals, it is clear that addressing CSE requires a broader, cross-agency response. Sometimes the perpetrators are organised through criminal networks which have been established for other elements of criminality, such as drug dealing, money laundering or intimidation.

To disrupt the activities of serious organised criminals, new mechanisms are needed including a national approach for local authorities, the Police and other partners to co-ordinate all intelligence relating to their prevention, protection and prosecution activities.



APPENDIX 2 - PREVENT DUTY 2015

From 1 July 2015 authorities and agencies are subject to the Prevent Duty under section 26 of the Counter-Terrorism and Security Act 2015.

The Prevent objectives are as follows:

- Respond to the ideological challenge of terrorism and the threat from those who promote it.
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- Work with sectors and institutions where there are risks of radicalisation that we need to address.

There has been an awareness of the specific need to safeguard children, young people and families from violent extremism. There have been attempts to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

Keeping children safe from these risks is a safeguarding matter and should be approached in the same way as safeguarding children from other risks. Children should be protected from messages of all violent extremism.

There is no standard template for radicalisation but issues that may make an individual vulnerable to radicalisation can include:

- **Identity crisis** – distance from cultural, religious heritage and uncomfortable with their place in the society around them
- **Personal crisis** – Family tensions, sense of isolation, adolescence low self-esteem, disassociating from existing friendship group and becoming involved with a new and different group of friends, searching for answers to questions about identity faith and belonging

- **Personal circumstances** – Migration, local community tensions, events affecting country or region of origin, alienation from UK, values having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy
- **Unmet Aspirations** – perceptions of injustice feeling of failure rejection of community values
- **Criminality** – Experiences of imprisonment previous involvement with criminal groups

However those closest to the individual may first notice the following changes of behaviour:

- Use of inappropriate language
- Possession of violent extremist literature
- Behavioural changes
- The expression of extremist views
- Advocating violent actions and means
- Association with known extremists
- Seeking to recruit others to an extremist ideology

It should be borne in mind that someone radicalised over the internet may exhibit little change in behaviour.

Practitioners should ensure that assessments place behaviour in the family and social context of the young person and include information about the young person's peer group and conduct and behaviour at school. Holding radical or extreme views is not illegal but inciting a person to commit an act in the name of any belief is in itself an offence. The safeguarding aim should be to engage with the young person and if there is a cause for concern, to ensure that such views are constructively challenged before an offence is committed.

APPENDIX 3 - PRIORITY FAMILIES

Priority Families are families with multiple problems who are most likely to benefit from an integrated, whole family approach.

To be eligible each family must have at least two of the following six problems relating to at least two people (2/2):

- Parents or children involved in **crime or anti-social behaviour**.
- Children who have not been **attending school regularly**.
- **Children who need help**: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- **Adults out of work** or at risk of financial exclusion or **young people at risk of worklessness**.
- Families affected by **domestic violence and abuse**.
- Parents or children with a range of **health problems**.

Adult behaviours and health problems are key to understanding parenting capacity, which can be impaired to a greater or lesser degree by their specific needs, risks and protective factors.

The four Priority Families Principles for the Operating Model:

1. **Lead Worker** recognised by the family and professionals involved.
2. **Assessment** to take into account the needs of the *whole* household.
3. A **Family Plan** takes account of all household members.
4. The Family Plan **objectives align** with the outcomes in the **Priority Family Outcomes Plan**.



APPENDIX 4 - PRIORITY FAMILIES OPERATING MODEL AND FAMILY SUPPORT PATHWAY LEVELS OF SUPPORT

Additional Support	Additional Support	Extensive Support	Protection
Early Help Services Education Welfare	Police Housing Schools & School Nurses Targeted Youth Support	Targeted Family Support Services Family Intervention Project Youth Offending Team Health	Social Care Fieldwork Teams
Case Allocation	Case Allocation	Case Allocation	Case Allocation
Early Help Family Assessment	Early Help Family Assessment	Early Help Family Assessment	Statutory Child Protection or Child in Need procedures and processors
Agency Liaison Or Multi-Agency meeting where appropriate	Multi-Agency Meeting	Multi-Agency Meeting	
Plan	Plan	Plan	
Intervention	Intervention	Intervention	Family Support provided by Qualified Social Worker
Family Support work provided by Lead Worker	Family Support commissioned by Lead Worker	Family Support provided by Lead Worker	
Review	Review	Review	
Case Closure	Case Closure	Case Closure	Case Closure
Outcomes & Next Steps e.g. Transfer /Step Across →	← Outcomes & Next Steps e.g. Transfer /Step Across →	← Outcomes & Next Steps e.g. Transfer /Step Across →	← Outcomes & Next Steps e.g. Transfer /Step Across



APPENDIX 5 - SIGNS OF SAFETY

The Signs of Safety (SOS) model is a strengths-based, safety-organised approach to child protection work. It expands the investigation of risk to encompass strengths and signs of safety to make an overall judgment of safety, using a safety and well-being scale of 0-10. Where 10 means that everything that needs to happen for the child to be safe and well is happening and no extra professional involvement is needed and where 0 means things are so bad the child is no longer able to live at home.

A judgement needs to be made to determine the current level of concern/need for the child. The judgement is undertaken by children, families and professionals where they rate the situation right now. The most important aspect about scaling is to understand people's explanations for where they are on the scale. It aids discussion around what's already happening in the family and what steps need to be taken so that change will take place.

The tools used in Signs of Safety have a wider application to all levels of work and different settings where workers need to communicate with children about their feelings and engage families in making changes.

The Signs of Safety model is about building on the strengths and safety already present within families to create resilience and encourage families to find their own solutions to what's happening in their lives. Safety and wellbeing is not created in services but within families homes. Practitioners work with the child/young person, their family and their support network to build safety for the child/young person.

Good Quality Assessment

The framework within SOS allows practitioners to critically think through and analyse the information gathered about a child and their family; mapping out their thinking about what's happening and what they need to see the family doing in order to know the child/young person is safe or that their needs are being met. This process provides a clear understanding of the current situation for that child and family.

The Framework for Signs of Safety

Involving Children and Young People is at the centre of Signs of Safety and there are a range of practical tools to support children to express their wishes and feelings.

Family safety circles help to identify the people who are part of the child's/young person's safety and support network.

Three houses help to explore with the child/young person what worries they have, what is good in their lives and what would they like to see or have happen.

Words and pictures help families and professionals explain to a child/young person what has happened to them, what people are worried about and what people are doing about these worries.

The safety house is designed to be used with child/young person to find out what safety means to them, and what needs to happen to make them feel safe and keep safe.

The future house is used as a means of gaining family members' views about what safety and wellbeing for their child/young person will look like in the future.

The SOS framework consists of four key questions:

1. **What's working well?** – Strengths and Safety
2. **What are we worried about?** - Dangers, Risks and Needs
3. **How worried are we?** – Safety and Wellbeing Scale including Danger and Worry Statements
4. **What needs to happen?** - Safety/Wellbeing Goals

APPENDIX 6 - INTEGRATED WORKFORCE – CORE DEVELOPMENT STANDARD

The Core Development Standard sets out to provide a framework for considering standardised essential development to be undertaken by individuals across the children's workforce, from those who have no direct contact with children and families to those who have direct contact; ensuring that all individuals are trained adequately to do their jobs effectively and meet national guidance.

The Core Development Standard will help achieve:

- Coherent and logical training provisions based on not just individual needs, but on nationally recognised role competencies and the wider needs of others.
- Wider participation in key training activities and increased individual knowledge and skills in critical areas.
- Common professional knowledge, practices and vocabulary, and an improved awareness of other service areas.
- Potential for service standard improvements through better networking, closer adherence to processes and improvements to individual capacities.
- Greater service user and organisational protection through enforcement of minimum standards and documentation for auditing.
- Improved training robustness and resilience.

What training will people receive?

All individuals will be expected to engage with the Core Development Standard as a condition of their work with the Nottingham Children's Partnership. Depending on an individual's role and the regularity with which they have contact with children and their families individuals will either be expected to undertake the different levels of training about the frequent courses being offered for individuals to enrol onto. Training is available for colleagues who have no direct contact with service user covers on fundamental topics delivered solely by e-learning, and can be completed through self-directed study, at a time and location of an individual's own choosing.



The minimum skills and knowledge expected for the

Communication and Engagement

- Trust and respect
- Consulting, informing and negotiating Active listening and empathy
- Clear language
- Choices and decision making

Social Work Knowledge Skills Ref: 2, 3, 7, 9

Child Development

- Physical, intellectual, linguistic, social and emotional growth
- Developmental difficulties
- Attachment
- Understanding mental health
- Recognising the need for Referral

Social Work Knowledge Skills Ref: 2, 3, 4, 5, 6

Supporting T

To support development of skills and knowledge listed a

For colleagues and managers who have NO or MINIMAL DIR

E-learning portfolio – free e-learning

- Forming and maintaining relationships
- Barriers to communication
- Communicating in challenging situations

- Theories on child development
- Parental mental health – think child, think parent and think family
- Parental substance misuse – the impact on children

For all colleagues and managers who have DIRECT C

- Introduction to working with children and families in the city (including child development)

- Good assessment skills
- N-Gage assessment toolkit

- Solihull Approach (Attachment) (including child development)

- Practical approaches and tools for child development

Colour code: Universal support

Additional support

For further information and details of the e-learning please go to the Nottingham Chil

the whole workforce from the Workforce Strategy

Integrated Working and Information

- Sharing
- Early intervention
- Informed consent
- Referrals and communication
- Multi-agency Teams and Networks (CAF)

Social Work Knowledge Skills Ref: 1, 2, 5, 6, 7, 9, 10

Safeguarding and Welfare

- Identifying harmful behaviour, neglect or abuse
- Legal obligations for disclosure
- Understanding risk factors and effects
- Facilitating discussion
- Listening to concerns
- Planning solutions

Social Work Knowledge Skills Ref: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Transitions  Knowledge and Skills Ref: 1, 10

above some development options are described below

CONTACT with children, young people or their families

and Bite-sized Learning Worksheets

- Information sharing overview
- Overview of communication skills in social work
- Priority families IT platform

- Excellence in Safeguarding tool
- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CSE)

CONTACT with children, young people or their families

- CAF Awareness

- Using CAF and understanding the role of the lead professional
- Priority families induction

- Introduction to safeguarding children
- Signs of safety awareness briefing
- Child sexual exploitation briefings

- Working together to safeguard children
- Self-harm awareness and suicide modules 1 and 2
- Mental health awareness

- Multi-agency risk assessment (MARAC)

Extensive support

Children's Partnership website: www.nottinghamcity.gov.uk/ics/TrainingSkillsDevelopment



NOTTINGHAM
CHILDREN'S
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NOTTINGHAM CITY
Safeguarding
Children BOARD