



Nottingham City Family Support Pathway 2018/20

Threshold for Support and Safeguarding

The Right Help at the Right Time



NOTTINGHAM
CHILDREN'S
PARTNERSHIP



Contents

Introduction	page 3
Key Developments	page 4
Our Vision	page 5
Our Principles	page 6
Nottingham's model of prevention, early help and specialist services	page 7
Access to support and decision making	page 8
Assessing need and providing help	page 9
Assessment Framework	page 10
Assessment process and stages	page 11
Children & families direct multi-agency safeguarding hub	page 12
Early Help Assessment	page 13
Responsive immediate protection	page 14
Information sharing	page 15
Assessment process and stages	page 16
Family support pathway levels of need	page 16
Resolving inter-agency disagreements	page 25
Escalation process	





Introduction

The Nottingham City's Family Support Pathway 2018/20 sets out the threshold for access to support and services for professionals working with children and families, to promote welfare, safeguard and achieve positive outcomes, so that children and young people are safe from harm, inside their home, outside their home and online.

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

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**.

Over the past five years, we have been

developing a strong, evidence based practice model for agencies across the partnership, which is supported by recognised tools and programmes, using a common language to engage with children and families to build resilience and capacity within our families and communities in Nottingham. The model is **Strengths Based, Whole Family, Restorative and Trauma Informed**.

Nottingham City Local Authority has adopted an Early Help assessment for the early identification and assessment for family support. The Safeguarding Children Board has asked for a review of assessments used across the city by partnership agencies to develop a consistent Early Help assessment for use across the partnership to undertake and record assessments.

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



Key Developments

Nottingham City Safeguarding Children Board will become the **Nottingham City Safeguarding Children Partnership** on 1st April 2019. This is due to new statutory guidance contained in Working Together 2018. Organisations and agencies have a shared and equal duty to make arrangements to safeguard and work to promote the welfare of all children in a local area. Under section 11, of the Children Act 2004, organisations and agencies have a duty to ensure they consider the need to safeguard and promote the welfare of children when carrying out their functions and must show independent scrutiny. The responsibility for this locally rests with the three safeguarding partners who have a shared and equal duty. The safeguarding partners are defined as, the local authority, a clinical commissioning group for an area any part of which falls within the local authority area, and the chief officer of police for an area any part of which falls within the local authority area.

Our Children's Public Health provider (CityCare)

and Local Authority Early Help services, for 0-5 year olds, are aligning to deliver an efficient and effective integrated service model for Giving Children the Best Start in Life. The model will provide support and enable families to optimise their children's physical, emotional, cognitive and social development as crucial strands of their global health and wellbeing, creating the foundation for every child to reach their full potential in childhood and beyond.

The overarching outcomes for the Integrated service delivery are:

- 1. Positive maternal health**
- 2. Maternal mental health**
- 3. Positive attachment**
- 4. Children are healthy and adopt healthy lifestyles**
- 5. Children have positive mental health and wellbeing**
- 6. Children are safe**
- 7. Children achieve developmental milestones and are ready for school**



We have developed a proactive safeguarding response, engaging with partners across the city such as, Community Protection, Police and Education, to share a child-centred approach to assessing and reducing the risks with regard to contextualised safeguarding, such as, knife and other weapon-enabled crime, being drawn into 'gang' affiliations ('county lines' activity), child criminal and sexual exploitation.

All children who have **Special Educational Needs and/or Disabilities (SEND)** should make progress in school in all areas of the curriculum, and have the right to be included in their local communities and families. Wherever possible this must be facilitated by universal, early help and targeted support as well as statutory services. When a child is identified as having a special educational need and/or disability this means they may require support or interventions that are additional to and different from the support that other children require.

A school must identify why this is happening and what support will need to be put in place to enable the child to participate; this will be identified through **The Graduated Approach** and is outlined in the **Routes to Inclusion (R2i)** toolkit. This enables universal educational

provision to consistently assess, identify, provide intervention and monitor progress in order to meet the needs of pupils with special educational needs and/or disabilities through evidence based practice. If, despite effective implementation of a graduated approach the child requires further support to make expected progress, the school and/or parents may decide that an application for an Education, Health and Care (EHC) Assessment is required. Where a child is identified with a special educational need and/or disability, all assessments completed by practitioners should be holistic to include education, health and care needs. Nottingham City's graduated approach in respect of short break services is outlined in its Short Breaks statement, threshold and access criteria.

The Young Carers (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment.

A young carer's needs assessment should combine support and help across Children's and Adult Services and local services for young carers, to ensure a family approach is taken when assessing and providing help for young carers.

Our 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 2016-2020



Our principles



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

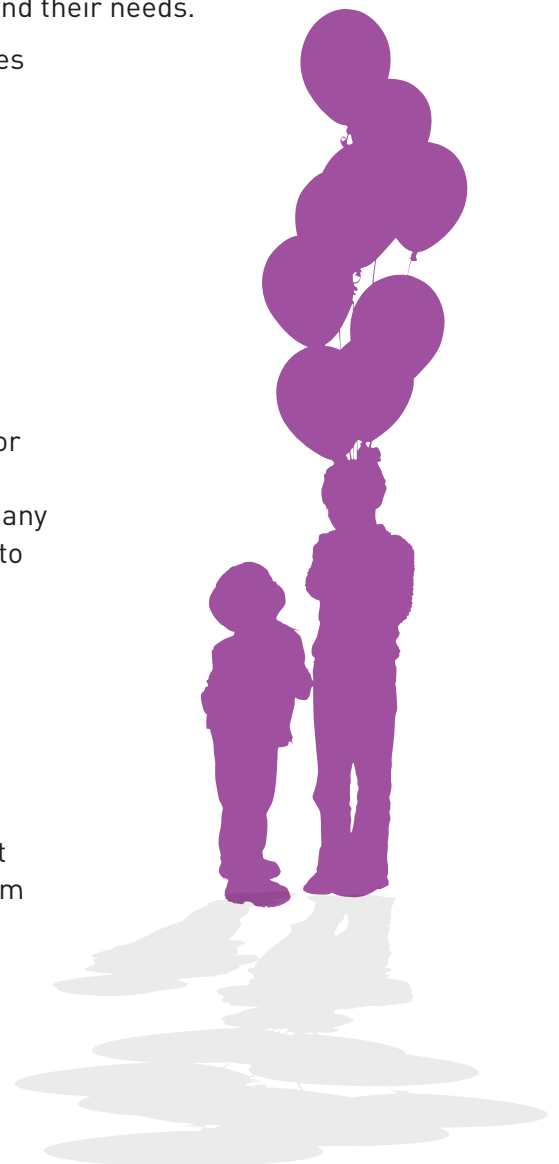
- Our aim is to identify needs early, to access and provide effective early help in promoting the welfare of children, rather than reacting later.
- It means providing early help as soon as a problem emerges, at any point in a child's life, from the foundation years through to teenage years.
- Early 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.

Talking and listening to children, families and professionals

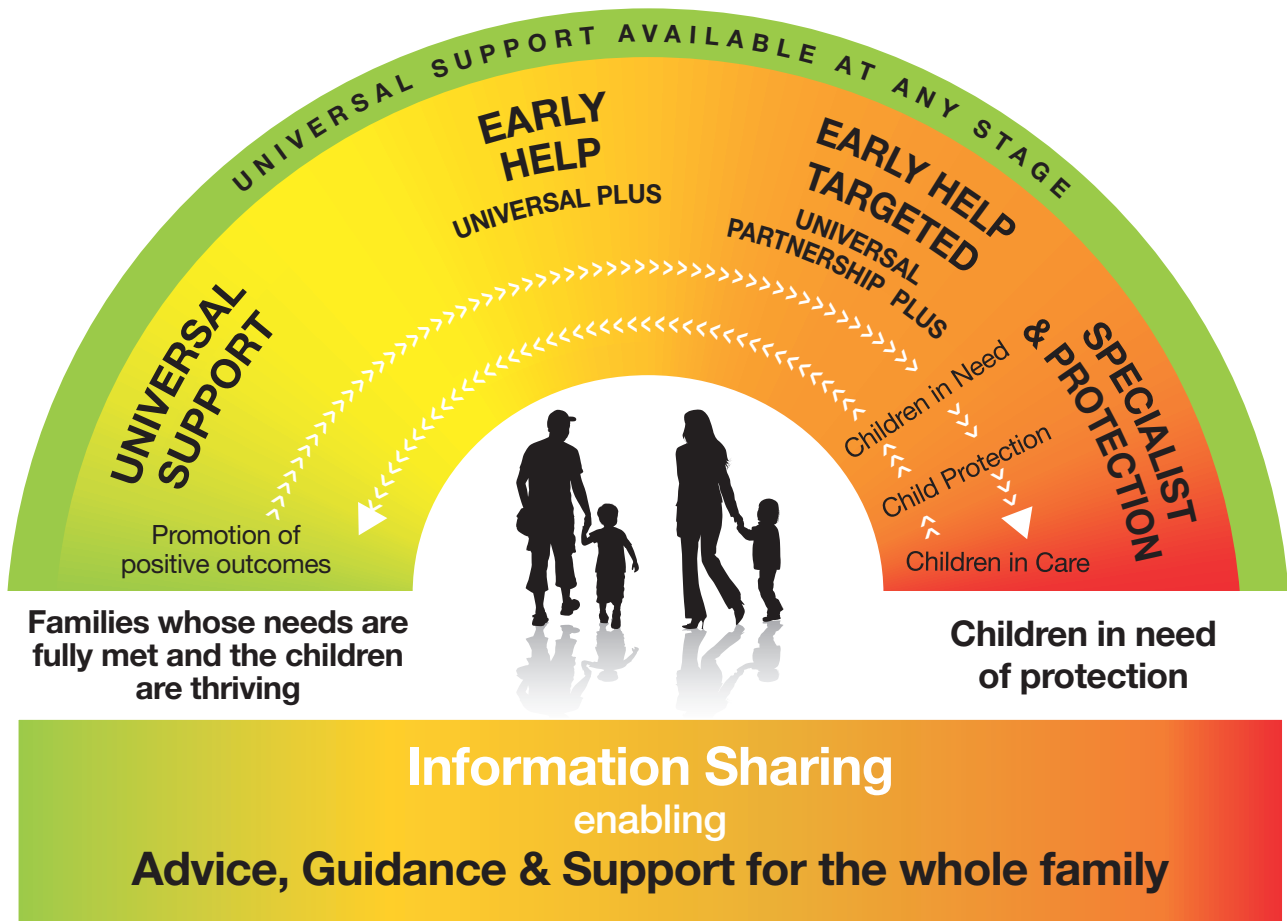
- Make sure that we listen to the voice of the child to understand their needs.
- Use a common language and approach and take opportunities to engage and talk to children, their family, wider networks and professionals.
- Use a strength based approach to understand a child's individual and personal set of circumstances, and their family's situation.

Help families to help themselves

- Work in partnership with the whole family to find solutions 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 model of universal, prevention, 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 early help and more targeted, or specialist and protective support is required.

Level of support & Offer	What this means	Opportunities to find and/or discuss support required	Assessment
Universal Community Self Help	Children and families are doing well and their needs are met within universal services including health development and achievement.	<ul style="list-style-type: none"> • Ask Lion website • Parents & Carers self-referral • Primary Health Care Teams • Child Health Clinic • Families Information Service • Children's Centre 	<ul style="list-style-type: none"> • Routine health screening and assessment • Routine educational assessment
Early Help Universal Plus	Children and families are experiencing problems requiring universal services to offer additional support or work together with other support services to prevent problems increasing.	<p>All of the above plus:</p> <ul style="list-style-type: none"> • Children's Centre Family Support Clinic • Children & Families Direct Multi-Agency Safeguarding Hub • Team Around the Child multi agency meeting • Locality Hub meeting • Behaviour & Emotional Health single Point of Access • Inclusive support • Children's Public Health Drop-In Clinics (in schools) 	<ul style="list-style-type: none"> • Routine health screening and assessment • Routine educational assessment (Routes to Inclusion assessment tool) • Early Help Assessment • CHOICE Assessment (CAMHS)
Early Help Targeted Universal Partnership Plus	<p>Children and families are experiencing a range of increasing problems that require intensive multi- agency support to meet the needs of the whole family and crisis is likely to be prevented.</p> <p>Children who are identified by practitioners as at risk of criminal or anti-social behavior who require intervention to divert them from the criminal justice system.</p>	<p>All of the above plus:</p> <ul style="list-style-type: none"> • Targeted Family Support Team around the school • Personalisation Hub for Short Breaks Pathways 1 & 2 	<ul style="list-style-type: none"> • Routine health screening and assessment • Routine educational assessment • Early Help Assessment • Youth Justice Assessment
Specialist & Protection	Children who receive statutory criminal justice disposals in the court setting who require intervention from qualified youth justice workers to reduce re-offending.	<p>All of the above plus:</p> <ul style="list-style-type: none"> • Case management meeting • Referral order panels • Custodial reviews 	<ul style="list-style-type: none"> • Asset Plus Assessment (Youth Justice)
	Children in Need - 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).	<ul style="list-style-type: none"> • Children & Families Direct Multi-Agency Safeguarding Hub • Child in Need Review meeting • Whole Life Disability Team 	<ul style="list-style-type: none"> • Statutory Children's Assessment
	Child Protection – Children who are suffering or likely to suffer significant harm.	<ul style="list-style-type: none"> • Initial Child Protection Conference or Child Protection Review meeting • Core Group meeting 	
	Children in Care & Care Leavers	<ul style="list-style-type: none"> • Looked After Children Review meeting 	

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 early help or targeted support through to a social care threshold for support as a child in need or as a child in need of protection.

Requests for 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 and effective communication between practitioners and managers.

Where a child's 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.

Where a child has special educational needs and/or a disability and their needs cannot be met by universal services, they will receive an early help

assessment as part of a graduated approach. For a disabled child with complex needs a referral for a statutory children in need assessment may be considered or a referral via pathway 1 or 2 offer for short breaks.

All providers of services including those functions provided by the statutory sectors have a duty to make reasonable adjustments to enable the child to function and be included in their family life and their communities.

Practitioners and managers are expected to apply professional judgement and professional curiosity 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.

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.

A good assessment must identify the level of need and risk the child will face inside and outside the family and online. The assessment must gather information and provide a clear analysis and plan that is recorded and monitored. The assessment must be a dynamic process and respond to the needs and views of the child. The assessment and plan should focus on the impact of provision and achieve good outcomes for the child and family.

Children and families may need support from a

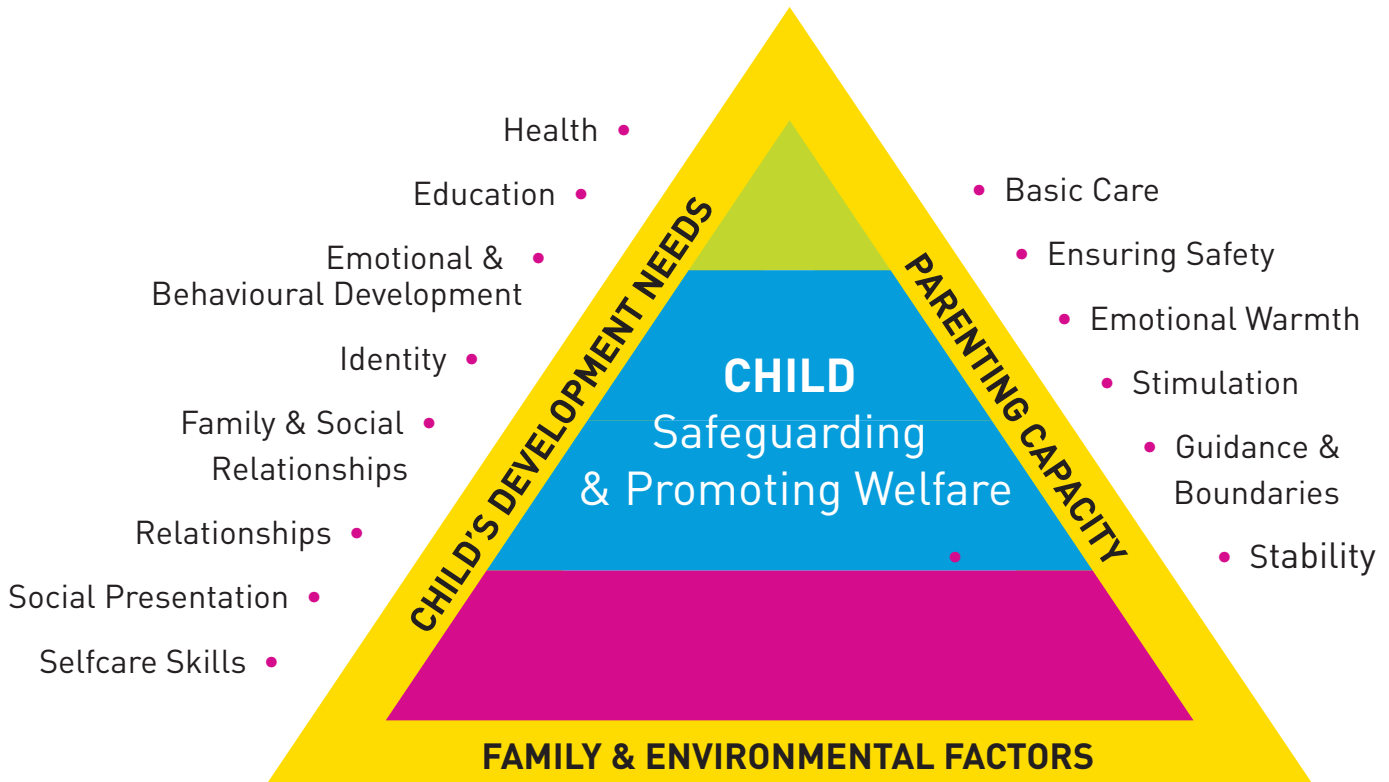
wide range of local agencies. Where a child and family will benefit from co-ordinated support from more than one agency, a multi-agency Early Help assessment should be initiated. A lead practitioner should be identified with the child and family to undertake the assessment. The lead professional will provide help to the child and family and co-ordinate the delivery of support.

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.

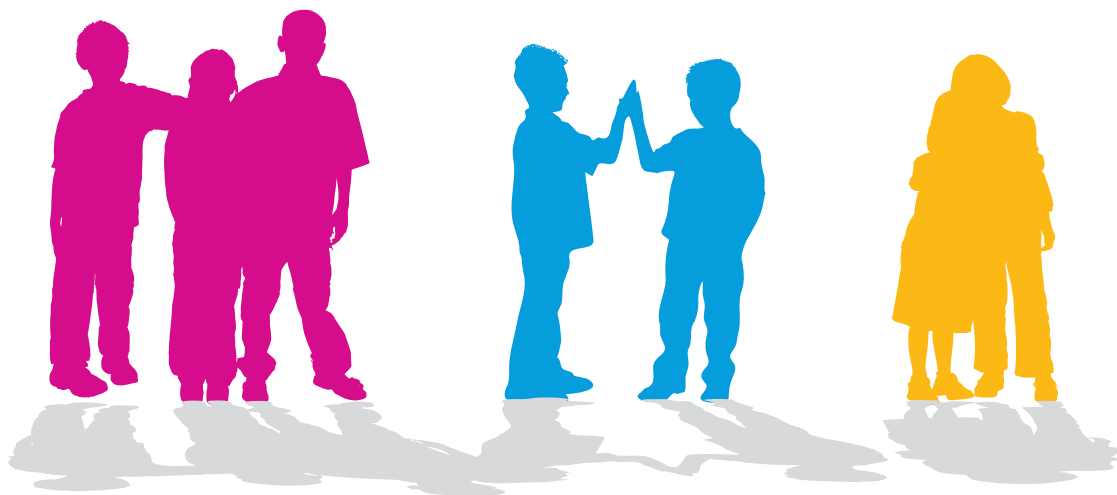
If parents and/or the child do not engage in the Early Help assessment, the Lead Professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into Children's Social Care may be

🌸 Assessment Framework

The diagram below shows the assessment domains and dimensions.



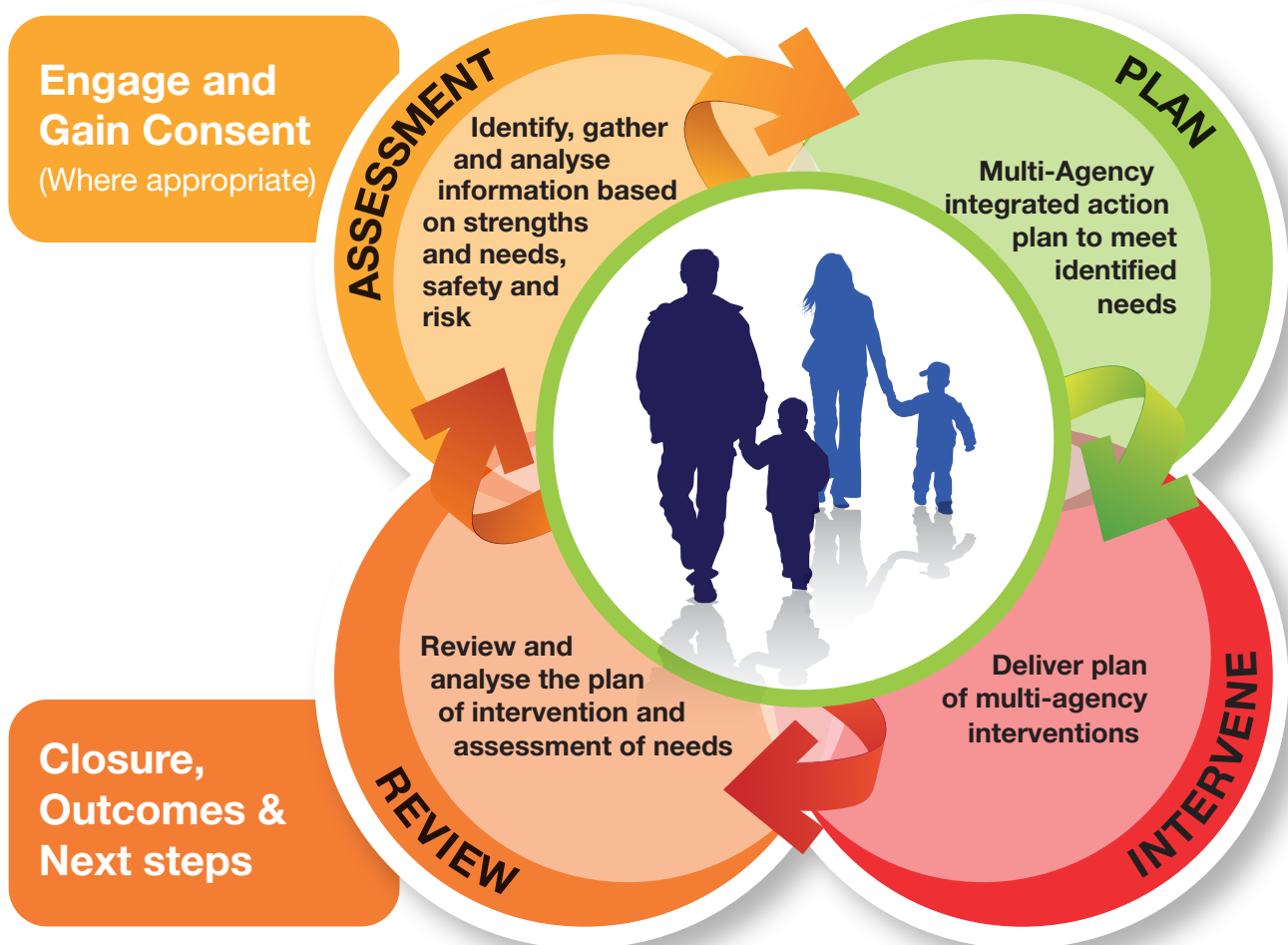
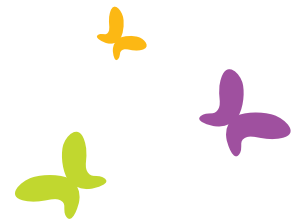
- Community Resources
- Family's Social Integration
- Income
- Employment
- Housing
- Wider Family & Functioning
- Family History





Assessment Process and Stages

The following diagram illustrates the process of assessment.



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 framework consists of four key questions:

1. **What's working well?** – Strengths and safety
2. **What are we worried about?** – Dangers, risks, needs, concerns
3. **How worried are we?** – Safety and wellbeing scale including danger and worry statements
4. **What needs to happen?** – Safety and wellbeing goals



Children & Families Direct **Multi-Agency Safeguarding Hub**

Children & Families Direct Multi-Agency Safeguarding Hub is the easy way to access early help, specialist and protection services within Nottingham City.

It can make decisions about the right services required to help and protect children and families. It also can signpost to other agencies and can request support from other Council's wider services.

Children & Families Direct Hub can be contacted on 0115 876 4800 or by completing a **Multi-Agency Request Form (MARF)** which can be found on the Children's Partnership website at www.nottinghamcity.gov.uk/marf

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

Children & Families Direct Multi-Agency Safeguarding 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 Multi-Agency Safeguarding Hub on 0115 876 4800.**

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

OTHER USEFUL NUMBERS AND WEBSITES

Families Information Service	0800 458 4114
Whole Life Disability Children's Service	0115 883 8266
Child & Adolescent Mental Health Service	0115 854 2299
Prevent Team	101 or extension 800 2963/2965
Youth Justice Service	0115 915 9400

FOR MORE INFORMATION, PLEASE VISIT:

ASK LION Directory of services, information, advice and guidance www.asklion.co.uk

Nottingham City Safeguarding Children Board Procedures and Guidance Documents

www.nottinghamcity.gov.uk/children-and-families/nottingham-city-safeguarding-children-board/inter-agency-procedures-and-practice-guidance/

Nottingham Children's Partnership www.nottinghamchildrenspartnership.co.uk

Early Help Assessment

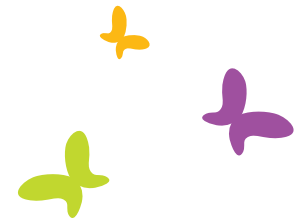
The early help assessment should be used when:

- 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/ carer 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.
- The child has special educational needs (whether or not they have a statutory Education, Health & Care Plan)
- There are concerns regarding the child's/ young person's development including physical, social and emotional
- The child is showing signs of being drawn into anti-social behaviour or criminal behaviour, including gang involvement and association with organised crime groups
- The child is a young carer
- The child is misusing drugs or alcohol themselves
- The child has returned home to their family from care

THE EARLY HELP ASSESSMENT IS NOT TO BE USED WHERE THERE ARE SIGNIFICANT OR IMMEDIATE CONCERNS ABOUT THE SAFETY OF THE CHILD



Responsive immediate protection should be used when:



Where there are immediate concerns that a child is at risk or has suffered significant harm including physical, sexual, emotional harm or neglect, a referral should be made into Social Care via the Children and Families Direct Multi-Agency Safeguarding Hub or when out of hours, the Emergency Duty Team, without delay and without the need for an Early Help assessment.

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.

Indicators requiring an immediate referral to social care

The age and vulnerability of a child must be taken into consideration when assessing the impact of the concerns and risks.

- Child has an unexplained injury or injuries
 - the explanation is inconsistent with the injury or injuries
 - there are conflicting explanations for the injury or injuries
- A non-mobile child with a unexplained, inconsistent and conflicting bruising and/or mark
- Children with repeated incidents of minor bruising that are causing professionals concern
- Where the parents/carers have significant substance use issues which may make the children vulnerable to neglect and/or to exploitation
- Where there are serious concerns regarding the risk of significant harm to an unborn baby
- Child lives or has contact with adults who are known to pose a risk to children
- Where there is evidence of the trilogy of risk being present and this significantly increases the likelihood of harm to the child
 - domestic abuse
 - adult mental health issues
 - substance use
- Allegations or disclosures of abuse including sexual abuse, evidence of grooming and child sexual exploitation and online abuse
- Left "home alone" and their age and vulnerability places them at risk
- Child victims of trafficking, modern slavery, child criminal exploitation, forced marriage, honour based violence, 'county lines' activity

- Anyone who is 16 or under, or under 18 if the young person has a disability, who is being looked after for 28 days or longer by a carer who is not a parent, grand-parent, aunt, uncle or sibling.

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 Multi-Agency Safeguarding Hub for advice and guidance.

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

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.

Information sharing

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.



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

Children and families are doing well and their needs are met within universal services including health development and achievement.

Child who has a special educational need and/or disability, consideration must be given to any reasonable adjustments required to achieve positive outcomes.

CHILD AND YOUNG PERSON HEALTH AND DEVELOPMENT NEEDS

Health:

- Good physical health, which includes attendance at health appointments, for immunisations up to date and regular dental and optical care, parents can demonstrate informed choice for non-immunisation
- Developmental milestones met: Speech & language, appropriate height & weight, continence and healthy lifestyle
- Sexual health and relationships appropriate for age
- Good state of mental health
- No substance misuse

Education and Learning:

- Attends school, college or training
- No barriers to learning, makes progress and achieves key stages
- Appropriate cognitive and language development

Emotional Behavioural Development:

- Good early attachments
- Demonstrates appropriate responses in feelings and actions

Identity:

- Positive sense of self & abilities
- Demonstrates sense of belonging & acceptance
- Confident in social situations, distinguishing between safe and unsafe contacts

Family and Social Relationship:

- Good, stable relationships with care givers, family members and siblings
- Positive relationships with peers

Self-Care Skills and Social Presentation:

- Development of appropriate self-care skills
- Development of independence and independent living skills

PARENTS AND CARERS

Basic Care and Protection:

- 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

Emotional Warmth and Stability:

- Shows warm regard, praise and encouragement
- Ensures secure attachments are not disrupted
- Provides consistent emotional warmth over time

Guidance, Boundaries and Stimulation:

- Provides appropriate guidance and boundaries to help child develop appropriate values
- Supports child development through interaction and play
- Facilitates access to leisure services and activities
- Child has safe use of internet, online social network, apps and games

UNIVERSAL SUPPORT

Children and families are doing well and their needs are met within universal services including health development and achievement.

Child who has a special educational need and/or disability, consideration must be given to any reasonable adjustments required to achieve positive outcomes.

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning:

- Good family relationships including when parents are separated, divorced and/or reconstructed
- Positive relationships with wider family and networks

Housing, Employment and Finance:

- Appropriate accommodation, facilities and amenities
- Appropriate levels of hygiene and cleanliness

Family Social Integration:

- Family feels integrated into the community
- Good social and friendship networks exist

Community Resources:

- Family accessing universal services as needed
- Community supportive of families with children & young people



EARLY HELP • Universal Plus

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

Child who has a special educational need and/or disability requiring some time limited or low level support to meet identified needs

Assessment Framework Indicators

CHILD AND YOUNG PERSON HEALTH AND DEVELOPMENT NEEDS

Health:

- Not reaching developmental milestones
- Not registered with GP and/or Primary Health services
- Missing routine and non-routine health appointments
- Dental decay and not accessing treatment
- Concerns about weight and diet including poor nutrition, obesity
- Concerns about hygiene and/or clothing
- Concerns about sexual health and relationships
- Pregnant under 17 years of age
- A child with a disability requiring support services
- Mental health issues emerging

Education and Learning:

- Few opportunities for play, socialisation, stimulation
- Poor school, college and/or alternative provision attendance
- Poor links with home, childcare, school
- At risk of fixed term exclusion
- Disengagement from school and education
- Not making progress and/or achieving key stage benchmarks
- Developmental delay

Emotional Behavioural Development:

- Mental and emotional health concerns
- Unable to express emotions or cope with normal life events
- Disruptive or anti-social behaviour
- Involved in criminal activity / offending
- Uses substances
- Experiences bullying
- Victim of crime

Identity:

- Some insecurity around identity
- Poor sense of self and low self esteem
- Child prevented from making links with own community

Family and Social Relationship:

- 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
- Unable to access universal support without some time limited or low level support

Self-Care Skills and Social Presentation:

- 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

EARLY HELP • Universal Plus

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

Child who has a special educational need and/or disability requiring some time limited or low level support to meet identified needs

Assessment Framework Indicators

PARENTS AND CARERS

Basic Care and Protection:

- Parent requires additional 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
- Vulnerable adult

Emotional Warmth and Stability:

- Child perceived to be a problem by parent
- Poor maternal mental health – not accessing ante or post-natal health care / concealed pregnancy / perinatal depression
- Attachment issues

Guidance, Boundaries and Stimulation:

- Inconsistent boundaries and lack of routine
- Parent provides limited stimulation/interaction
- Condone absence from school
- Condone alcohol use and/or smoking
- Child is not exposed to new experiences
- Lack of interaction/stimulation inside and outside of home, lack of toys/games in house
- Inappropriate access and use of the internet, online social networks, apps and games

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning:

- 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

Housing, Employment and Finance:

- Poor housing
- Poor financial planning / debt
- Stress factors impacting on ability to adequately care for children
- Not in employment, education and/or training
- Insecure employment and unable to find work

Family Social Integration:

- Poor social networks and friendship networks
- Family socially isolated / excluded
- Family seeking asylum or refugees

Community Resources:

- Family not accessing universal services
- Parental engagement with services is poor and is impacting on their ability to meet the needs of the child

EARLY HELP TARGETED • Universal Partnership Plus

Child and family are experiencing a range of increasing problems that require intensive multi-agency support to meet the needs of the whole family and crisis is likely to be prevented.

Child who has a special educational need and/or disability that is lifelong and substantial may require access to ongoing-targeted support services.

Assessment Framework Indicators

CHILD AND YOUNG PERSON HEALTH AND DEVELOPMENT

Health:

- Life threatening conditions
- Chronic or recurring health problems
- Lifelong disability
- Severely obese
- Multiple A & E attendance causing concern
- Was not brought to routine and non-routine health appointments
- Pregnant under 17 years of age
- Inappropriate sexual activity and relationships

Education and Learning:

- Limited progress despite specific support in groups or 1:1 for identified special educational need and/or disability
- Pre-school child under stimulation 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
- Not achieving key stage bench marks
- Crime used as an alternative to education or to fill time

Emotional AND Behavioural Development:

- Significant attachment issues
- Significant mental health needs, emotional and behavioural difficulties
- Behaviour puts own life at risk-self harming / suicide attempts
- 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

Identity:

- Difficulty in accepting and identifying race, gender, sexual orientation or trans status
- Subject to discrimination
- Significant low self esteem
- Involved in gang culture / associates with criminals
- Extremist views

Family and Social Relationship:

- Socially excluded and isolated
- Regularly required to care for another family member / young carer
- Peers involved in anti-social behaviour
- Unable to access universal social activities without ongoing support

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

EARLY HELP TARGETED • Universal Partnership Plus

Child and family are experiencing a range of increasing problems that require intensive multi- agency support to meet the needs of the whole family and crisis is likely to be prevented.

Child who has a special educational need and/or disability that is lifelong and substantial may require access to ongoing-targeted support services.

Assessment Framework Indicators

PARENTS AND CARERS

Basic Care and Protection:

- Mental or physical health problems and/or 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
- Incidents of domestic violence / abuse
- Prevents access to appropriate health and education provision
- Teenage parent(s)
- Vulnerable adult

Emotional Warmth and Stability:

- Significant attachment issues
- Parent critical of child and provides little warmth, encouragement or praise
- Inconsistent parenting
- Poor maternal health / post-natal depression

Guidance, Boundaries and Stimulation:

- Serious parent / child relationship problems which may result in family breakdown
- History of concerns around parent's offending behaviour
- Child spends much time alone
- Child not exposed to new experiences, positive stimulation
- Poor parental/caring role models
- Erratic and inconsistent parenting, lack of routine, different carers
- Inappropriate use of the internet, concerns of bullying, grooming, access to online social networks and apps

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning:

- 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
- Parent/carer of disabled child providing substantial care

Housing, Employment and Finance:

- 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 Social Integration:

- Family significantly socially excluded / isolated
- Escalating victimisation / harassment
- Family seeking asylum or refugees
- Transient family
- Parent/carer in need of short break

Community Resources:

- Non-engagement with services and community



PROTECTION & SPECIALIST

CHILD IN NEED OF PROTECTION

Child is suffering or likely to suffer significant harm.

Child who has a special educational need and/or disability who needs specialist assessment and services that may include safeguarding concerns.

Assessment Framework Indicators

CHILD AND YOUNG PERSON HEALTH AND DEVELOPMENT

Health:

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

Education and Learning:

- Persistent absenteeism from educational provision
- Placement at risk of break down
- Permanently excluded from school
- Significant development delay due to neglect / poor parenting

Emotional and Behavioural Development:

- Victim of trafficking and/or modern slavery
- Fabricated or induced illness
- Sexual activity under 13
- Sexual exploitation
- Criminal exploitation ('county lines' activity)
- 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
- 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
- Family break down
- Child unable to access community activities without ongoing 1:1 support

Self-Care Skills:

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

PROTECTION & SPECIALIST

CHILD IN NEED OF PROTECTION

Child is suffering or likely to suffer significant harm.

Child who has a special educational need and/or disability who needs specialist assessment and services that may include safeguarding concerns.

Assessment Framework Indicators

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
- Engages in inappropriate use of the internet and accessing online social networks, apps with unsuitable content

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning:

- Chronic substance misuse
- Persistent anti-social behaviour within family
- Parent/carer in need of substantial short break

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

Resolving inter-agency disagreements

Escalation process



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.

Good practice dictates 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,





**Nottingham City
Family Support
Pathway 2018/20**

Threshold for Support and Safeguarding



**NOTTINGHAM
CHILDREN'S
PARTNERSHIP**



**NOTTINGHAM CITY
Safeguarding
Children BOARD**

