

# Family Support Pathway

*Earlier support, stronger families*

## Threshold Document - Guidance for Practitioners

DRAFT



NOTTINGHAM  
CHILDREN'S  
PARTNERSHIP

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



NOTTINGHAM CITY  
Safeguarding  
Children BOARD

# Contents

<b>Introduction to the Family Support Pathway</b>	<b>3</b>
<b>Thresholds/levels of support</b>	<b>4</b>
<b>Principles of early intervention, early help and seamless service provision</b>	<b>5</b>
<b>The Early Help assessment (CAF)</b>	<b>6</b>
<b>Assessment process and stages</b>	<b>7</b>
<b>Information sharing</b>	<b>7</b>
<b>Decision making</b>	<b>8</b>
<b>Responsive immediate protection</b>	<b>9</b>
<b>Family Support Pathway – high level visual</b>	<b>10</b>
<b>Levels of need</b>	<b>11</b>
- Universal Access & Support	11
- Additional Support	13
- Extensive Support	15
- Protection	17
<b>Resolving interagency disagreements and concerns</b>	<b>18</b>
<b>Useful information</b>	<b>22</b>
<b>Key contacts</b>	<b>23</b>
<b>Appendices:</b>	
<b>Appendix 1 – Step-Up and Step-Down Process</b>	<b>24</b>
<b>Appendix 2 – Nottingham’s Early Help Offer</b>	<b>25</b>
<b>Appendix 3 – Social Care Processes</b>	<b>37</b>

# Introduction to the Family Support Pathway

In Nottingham, the Children's Partnership is committed to shifting its resources towards greater prevention and early intervention. This represents our early help offer which is available to all children and young people in Nottingham. Our aim is to reduce the demand for specialist services by preventing children growing up to experience behavioural problems, domestic abuse, mental illness, substance misuse, teenage parenthood, low educational attainment, crime and antisocial behaviour.

"Early help" was first defined by the Munro review and Nottingham has adopted this definition as its own. Munro writes of early help being delivered both before and after needs have emerged. This incorporates the "Working Together 2013" definition of early help which considers early help being delivered only once needs have been identified through an early help assessment (this is primarily the Common Assessment Framework (CAF) in Nottingham).

We will identify children and families with high risk factors and low protective factors and provide the appropriate support at the earliest opportunity with an effective and more personalised service. Support to children and families will be delivered by a range of statutory and non-statutory organisations, including the voluntary sector who will continue to deliver a broad range of family support services to the local community.

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 that may be needed by children and families from universal, additional, extensive to protection. The Pathway also highlights the need for good quality assessment processes and evidence based interventions to meet the needs of the whole family. The CAF is integral to the effective delivery of the Family Support Pathway, and will ensure that the needs of children and families are assessed and identified earlier and that co-ordinated multi agency action plans are produced and implemented when needed.

The Family Support Pathway is a practitioner focussed document that seeks to be accessible to the whole of the children's workforce. Further, more detailed, guidance from a safeguarding perspective is available in the Nottinghamshire and Nottingham City Safeguarding Children Boards' Safeguarding Children Procedures which are available on line.

The Family Support Pathway supports the implementation of Nottingham Children's Partnership Family Support Strategy, will work within the developing operating model and ensures fit with national policy and guidance (Children and Families Act 2013, Munro review of child protection, Working Together 2013). It supports strengths based case working (underpinned by the Signs of Safety approach and tool) and incorporates the CAF Guidance and the Access to Social Care Protocols/Thresholds so that practitioners within the Children's Partnership can help those in need of support access services in a more consistent, inclusive and accessible way. There will be no 'closed door' to those in need of support as all members of the workforce have a shared responsibility in delivering timely, effective and seamless services in order to improve outcomes for our children and families in Nottingham.

## Thresholds / Levels of support

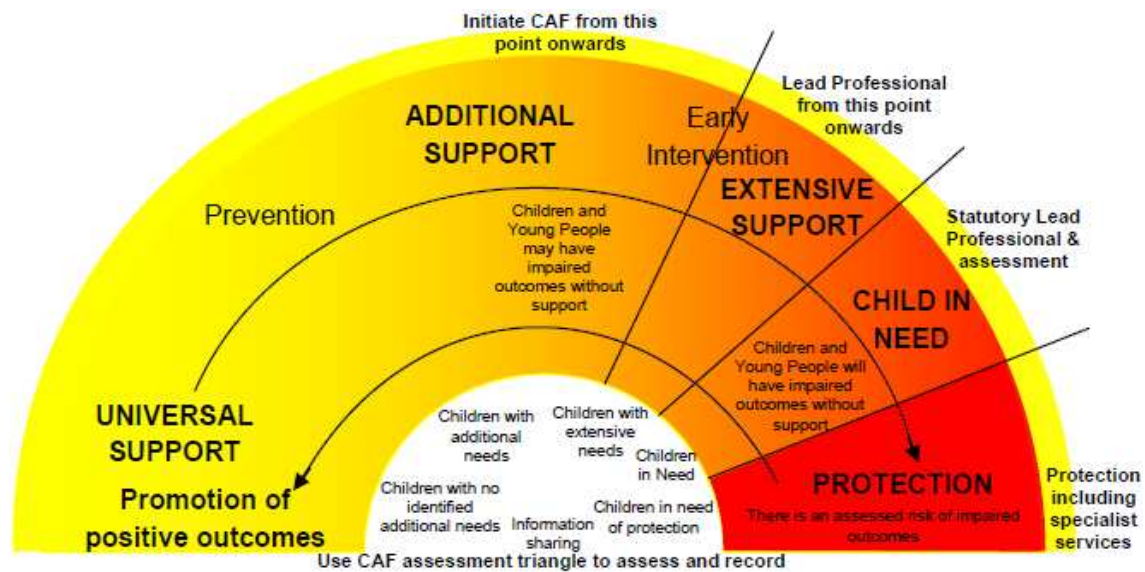
Nottingham City offers a wide range of support services enabling the needs of most children and young people to be met within universal services which by their very definition are universally accessible to all children and young people (i.e. there is no threshold). Where it is evident that a child's needs cannot be met within universal provision then a CAF (early help assessment) should be implemented to ensure that the additional support is best targeted/co-ordinated to meet the needs of the child or young person. Should the concerned person not be CAF trained (such as a concerned neighbour or volunteer) then they should contact Children and Families Direct. Children and Families Direct encourages contact for all concerns/support requirements for Children and Young People in Nottingham and so sets a low threshold (still within "Universal") to ensure that early help can be provided in a timely manner.

There is a clearly defined process and set of responsibilities to support and guide practitioners when children's needs move between a CAF and Social Care threshold (for support as a Child in Need or as a child in need of protection). This is referred to as the step up/step down process (appendix 1) which ensures that workers are confident to escalate cases upwards or de-escalate downwards as appropriate.

If a child is already suffering or likely to suffer significant harm (see "Indicators requiring an immediate referral to social care" on page 8) then either Children or Families Direct (telephone: 0115 876 4800 email: [CandF.direct@nottinghamcity.gcsx.gov.uk](mailto:CandF.direct@nottinghamcity.gcsx.gov.uk)) or the Emergency Duty Team (out of hours – 0115 876 1000) should be contacted. This will then allow a trained social worker to assess whether or not formal social care assessment/support is required.

<b>No threshold</b>	<b>Universal</b>	Child and family are doing well and there are no significant concerns about health, development or achievement that cannot be met within universal services.
<b>CAF threshold</b>	<b>Additional</b>	Child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.
	<b>Extensive</b>	Children and families who are experiencing a range of increasing problems; with extensive multi-agency support to meet the needs of the whole family, crisis are likely to be prevented.
<b>Social care assessment threshold</b>	<b>Children in Need</b>	A child is deemed as 'in need' if they are disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989).
	<b>Protection</b>	Children who are suffering or likely to suffer significant harm

Nottingham's model for prevention, early intervention and early help below highlights our endeavour to move children and young people back to lower levels of need/support whilst ensuring that there is continuity of provision that will continue to meet their specific needs.



## Principles of early intervention, early help and seamless service provision

- Listening to children, young people and families and designing services based on need.
- Meeting families' needs within their local communities.
- Working with families using evidence based interventions.
- The CAF will provide an early, holistic assessment across services engaged with the family. This is ideally initiated at the point additional needs are identified.
- A completed CAF will identify which services are required to meet a child's needs and may lead to a multi-agency action plan (if required) and the identification of a lead professional.
- The CAF and role of lead professional will be the key processes for families to experience seamless service provision.
- The CAF will be shared with practitioners appropriately in order to develop the multi-agency support required.
- Any situation in which a child or young person needs a specialist intervention before a preventative intervention, as a result of crisis, will be reviewed to find out how and why the crisis was not predicted or anticipated and preventative measures put in place.
- Access to universal services will be maintained and promoted for children receiving specialist support or interventions.
- The Step-Up and Step-Down process ensures timely, appropriate and well managed transfer between Protection and Extensive/Additional.

# The Early Help Assessment (CAF)

The effective implementation of the Family Support Pathway relies on high quality assessments that provide relevant information and analysis about the needs of children and families.

Identifying needs at an early stage using the CAF gives agencies working with children, young people and their families a common language to understand the needs of the child or young person and what is happening to them. The appropriate support can then be put in place.

All organisations involved with children and young people are duty bound to co-operate in safeguarding children and young people. The CAF is a multi-agency tool that is most effective when all agencies involved with a child or young person are active participants. Whilst it is recognised that CAF participation has resource implications, organisations must plan for the use of their practitioner resource in this way and seek to ensure consistency in practitioner involvement in individual CAFs (i.e. the same practitioner being involved across the lifetime of an individual CAF).

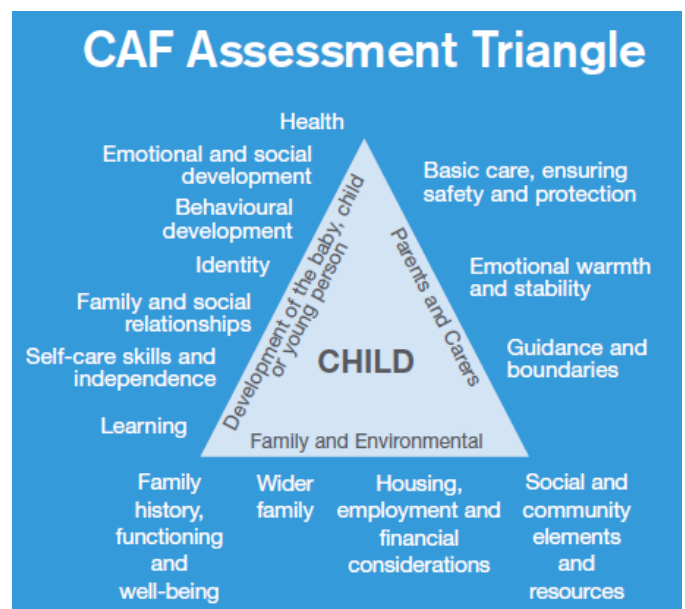
## THE CAF IS NOT TO BE USED FOR CHILDREN IN NEED WHERE THERE ARE SIGNIFICANT OR IMMEDIATE CHILD PROTECTION CONCERNS

The 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. multiagency.
- 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/carers 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.

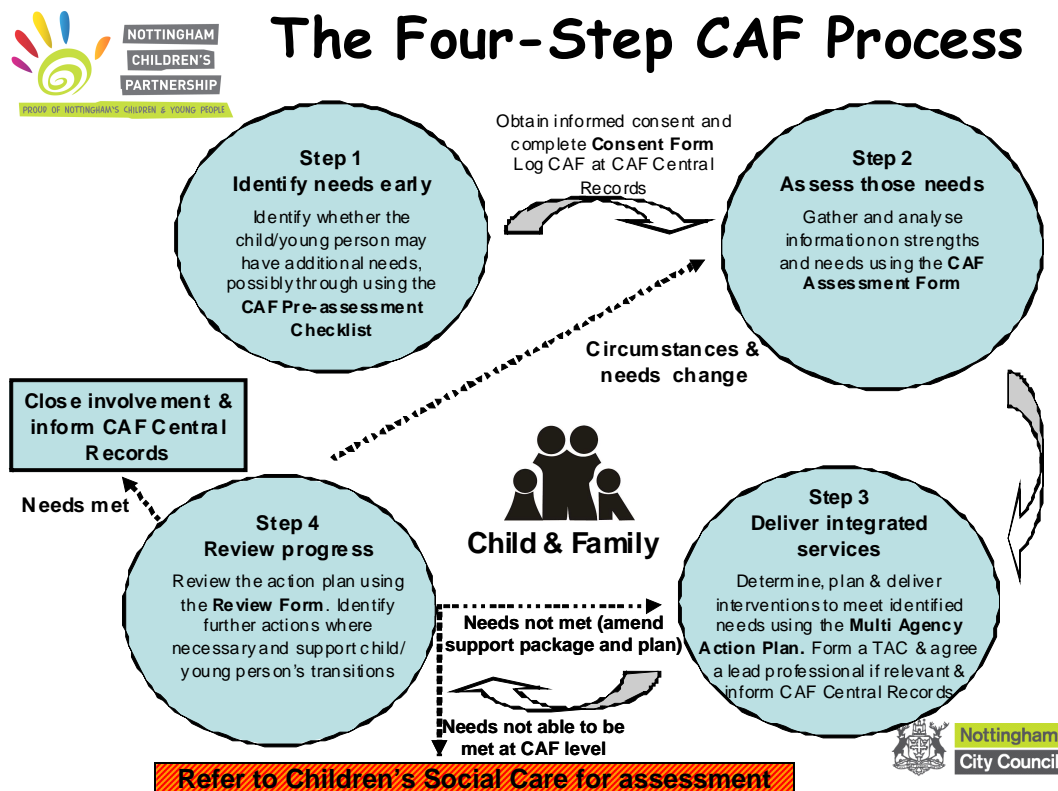
Each domain has a number of dimensions (see diagram) and is compatible with specialist assessments, (e.g. Children in Need, Asset, SEN etc.)

CAF Assessment Triangle – showing domains and dimensions



# Assessment process and stages

Assessment requires practitioners to gather 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. 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. The following diagram illustrates the process of assessment.



In circumstances where parents/children do not consent to Early Help, the lead professional should make a judgement (with advice from their line manager) as to whether, without help, the needs of the child will escalate. If this is the case, consideration will need to be given to a Children's Social Care referral.

## Information sharing

Information sharing is key to the delivery of quality services that are coordinated around the needs of the child.

Working with families using the Pathway approach means that Children and Families practitioners gain informed consent to share information about the child / family through the CAF process. This provides workers with a sound legal basis upon which to exercise their professional judgement when sharing information and maintaining confidentiality.

From time to time situations may arise where it seems appropriate to share information without consent. For instance, where a child or family member may disclose additional information that suggests a child is at risk of significant harm. In these instances, practitioners must use their professional judgement to decide whether there is sufficient public interest or public safety concerns to share and gather information without consent.

More extensive guidance can be accessed at

<https://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.**

## **Decision making**

Practitioners and managers are expected to apply professional judgment to their decision making. If needs cannot be met within universal services, practitioners will need to consider if additional and more extensive, specialist or protective support is required. Requests for extensive and protective support 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 (CAF process).

## **Support and resources**

To support decision making processes there are a number of tools available to practitioners to enable them to make an assessment of need and/or risk and gather evidence for a request for extensive support or a referral to Children's Services Social Care, if required. **The Common Assessment Framework** and the CAF toolkit alongside the Signs of Safety tool are the key tools to undertake this work.

**Nottingham's Early Help Offer** document (appendix 2) provides practitioners and managers with a range of evidence-based resources to aid their day-to-day work with children and families. This includes early help interventions and approaches for the child/young person, parents, carers and, the whole family.

DRAFT



# “Responsive” immediate protection

Where there are immediate concerns about a child’s safety and a view that the child(ren) is suffering or likely to suffer significant harm, a referral should be made into Social Care (via Children and Families Direct or, out of hours, the Emergency Duty Team) without delay and without the need for a CAF. However, normally, in situations when children have additional/emerging safeguarding needs, a CAF 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 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 for advice and guidance.

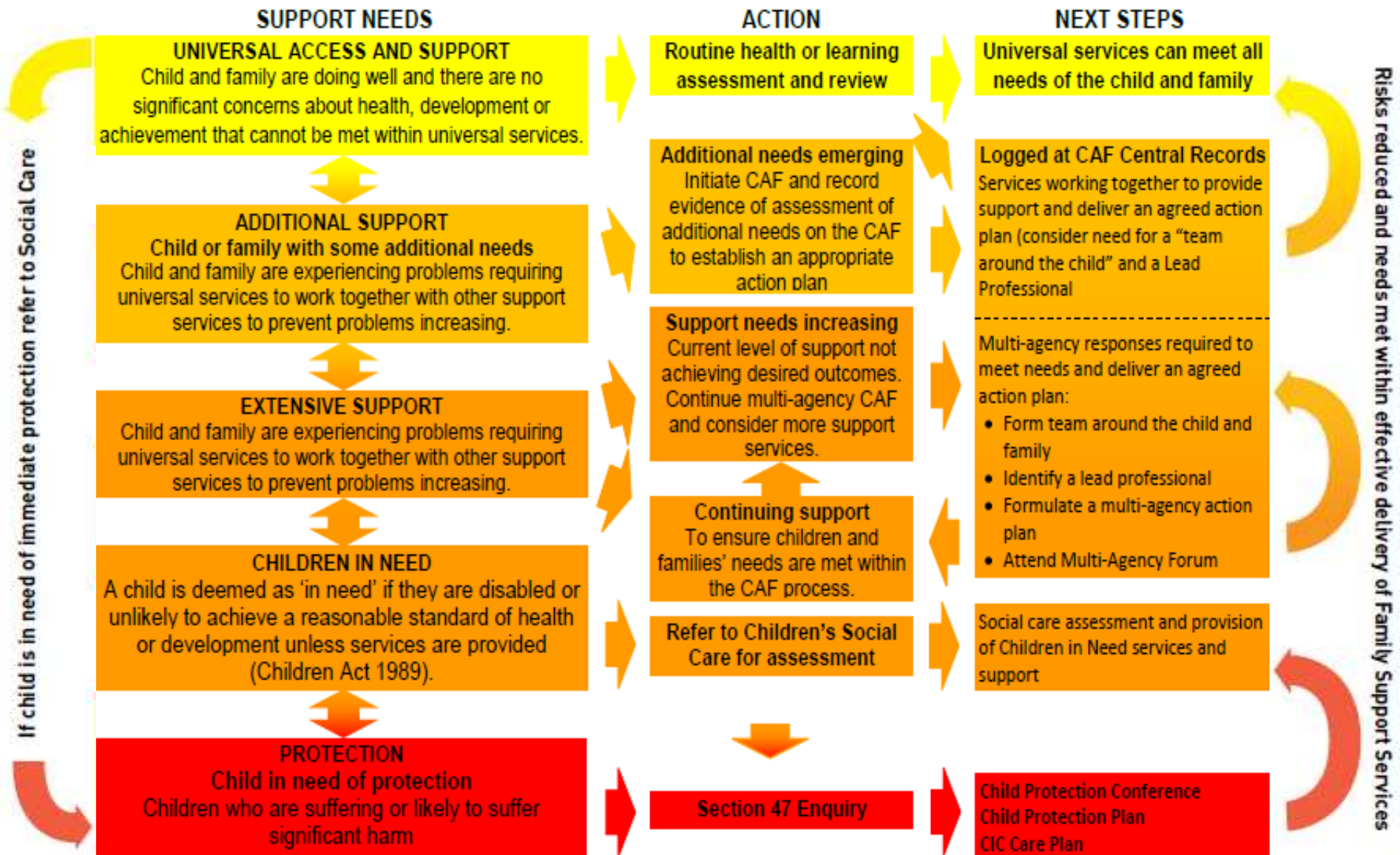
For further details please refer to the **Levels of need section (page 11 - 18)** and **Social Care Processes** (appendix 3).

## 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
- 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.
- Adults who pose a risk
- Child victims of trafficking

# Family Support Pathway – High level visual

This diagram broadly summarises the Family Support Pathway; it describes the levels of support and the processes by which practitioners can help children and families access services based on the complexity of needs within the family.



# Levels of need

Using the domains of the CAF Assessment Triangle, the following tables provide a summary of the level of need a child and his/her 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.

### Examples of Need Indicators

#### Child and Young Person Health and Development

##### Health:

- Physically well
- Developmental assessments / immunisations up to date
- Meets developmental milestones
- Accesses health services
- Child with disabilities and all needs are met by universal support

##### Education and Learning:

- Attends school: sense of educational achievement and progress

##### Emotional Behavioural Development

- Good early attachments
- A sense of belonging to school social circle
- Age appropriate behaviour and self control
- No concerns about aggressive behaviour
- Age appropriate respect for boundaries and rules

##### Identity:

- Positive sense of self & demonstrates sense of belonging

##### Family and Social Relationship:

- Positive attachment to significant other
- Good, stable relationships with carers, siblings / peers

##### Self Care Skills:

- Age appropriate self care skills

#### Parents and Carers

##### Basic Care and Protection:

- Parents / carers provide secure and consistent parenting / caring
- Parent / carers provide for children's needs and protect from danger and harm

##### Emotional Warmth and Stability:

- Shows warmth and encouragement

##### Guidance, Boundaries and Stimulation:

- Provides appropriate boundaries and guidance
- Supports development through interaction and play
- Access to Leisure Services

#### Family and Environmental Factors

##### Family History and Functioning:

- Good family relationships and good friendships outside of family unit

##### Housing, Employment and Finance:

- Not living in poverty
- Appropriate accommodation and facilities

##### Family Social Integration:

- Family included in social aspects of community

##### Community Resources:

- Family accessing universal services

# Universal Support

## Examples of Assessments

- Routine:
  - Health assessment
  - Educational assessment
- CAF assessment process can be used as a helpful framework for recording needs and strengths

## Examples of Family Support Service Providers

- Family Community Teams - Children's Centres, Youth and Play
- 0-5 Early Years provision (including Child Care)
- Health Visitors
- Midwives
- GP's
- 1-1-1 helpline
- School Nurses
- Schools
- Nottingham Futures
- NGY – universal provision
- Further Education providers
- Police
- Leisure Services
- Voluntary & Community Sector (VCS), including:
  - Charities
  - Grass Root organisations
  - Social Enterprise
- Religious organisations

**Further details of appropriate services/interventions can be found in appendix 2 – Nottingham's Early Help Offer**

# 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

### Examples of Need Indicators

#### Child and Young Person Health and Development

##### Health:

- Not reaching developmental milestones
- Concerns about diet / poor nutrition/obesity
- Dental decay and not accessing treatment
- Not accessing appropriate health services e.g. not registered with GP, defaulting on health appointments
- Pregnant under 17
- Child with disabilities whose needs are not met by universal support

##### Education and Learning:

- Few opportunities to play / socialisation.
- Poor school attendance / exclusion.
- Additional learning needs
- Disengagement from school and education
- Not achieving key stage benchmarks

##### Emotional and Behavioural Development:

- Mental health concerns about the child/young person
- Experiencing bullying
- Disruptive or anti-social behaviour.
- Involved in criminal activity / offending
- Uses substances

##### Identity

- Some insecurity around identity
- Poor sense of self
- Lack of confidence in self as a learner
- Child prevented from making links with own community
- Low self esteem

##### Family and Social Relationship:

- Dysfunctional family relationships impacting on child and their development.
- Receiving poor/inconsistent standards of care
- Young carers

##### Self Care Skills

- Not always adequate self care skills, poor hygiene
- Slow to develop age appropriate self-care skills
- Over protected/unable to develop independence

#### Parents and Carers

##### Basic Care and Protection:

- Inability to recognise care needs of self or child
- Mental / physical health needs may affect ability to provide basic care
- Substance misuse may impact on ability to provide basic / adequate care
- Suspected domestic violence

##### Emotional Warmth and Stability:

- 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

##### Guidance, Boundaries and Stimulation:

- Inconsistent boundaries offered
- Parent provides limited interaction/stimulation
- Condone absence from school
- Child is not exposed to new experiences
- Lack of routine
- Inconsistent parenting
- Few age appropriate toys/games in house/lack of activity outside of home
- Needs assistance to access leisure activities

#### Family and Environmental Factors

##### Family History and Functioning:

- Family conflicts / difficulties that can involve the children
- History of involvement with statutory services
- Parent previously looked after by Local Authority
- Loss of significant adult.
- Young carers
- 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:

- Stress factors (poor housing / debt / unemployment) impacting on ability to adequately care for children
- Not in employment, education and training

##### Family Social Integration:

- Family socially isolated / excluded

##### 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

# Additional Support

## ADDITIONAL NEEDS EMERGING

**Initiate CAF and record evidence of assessment on CAF to establish appropriate action plan.**

- Collaboration of services to assist in meeting individual needs.

**Consider:**

- Team around the Child (TAC)
- Lead Professional

### Examples of Assessments and Interventions

- Common Assessment Framework (CAF)
- Early Support Programme (ESPCAF)
- Ngage
- Parent Assessment Manual (PAM)
- Portage Approach – Home Based Precision Teaching
- Early Years Action/Early Years Action Plus
- School Action/School Action Plus
- Solihull Approach
- Motivational Interviewing
- Solution Focussed Brief Therapy

Please also refer to the following information as appropriate:

- The Integrated Care Pathway for Disabled Children and Young People Guidance
- The Integrated Care Pathway for Disabled Children and Young People
- Access to Child and Adolescent Mental Health Services (CAMHS) in Nottingham
- The Teenage Pregnancy Pathway

### Examples of Family Support Service Providers

**Relevant services at previous levels plus:**

- Family Community Teams
  - Children's Centre
  - Play and Youth Support provision
  - Targeted Youth Support team
  - Education Welfare Service
  - Community Child and Adolescent Mental Health Services (CAMHS)
- Short Breaks Offer (see Nottingham Short Breaks Threshold document)
- Contraception And Sexual Health (CASH) services
- NHS Therapeutic Services
- Family Nurse Partnership
- NGY – targeted provision
- Counselling Services
- Drug and Alcohol services
- Inclusive Education Services
- Parent Advisors
- Learning Mentors
- Community Policing
- Housing Services
- Job Centre Plus
- Behavioural Support Team
- VCS agencies

**Further details of appropriate services/interventions can be found in appendix 2 – Nottingham's Early Help Offer**

# Extensive Support

## CHILD AND FAMILY IN NEED

Child and family are experiencing a range of increasing problems. With extensive multi- agency support to meet the needs of the whole family, crises are likely to be prevented.

### Examples of Need Indicators

#### Child and Young Person Health and Development

##### Health:

- Substantial and life long disability needing enhanced or specialist offer of short breaks
- Life threatening conditions
- Chronic or recurring health problems
- Serious obesity
- Multiple A & E attendance causing concern

##### Education and Learning:

- Statement of educational needs requiring intensive support
- Pre school child under stimulated so as to impair development
- Persistent absenteeism from school with or without parental acceptance
- Behaviour problems in school likely to cause exclusions
- Multiple temporary exclusions
- High level of intensive support in school to meet education needs

##### Emotional and Behavioural Development:

- Significant mental health needs, emotional and behavioural difficulties
- Behaviour puts own life at risk-self harming / suicide attempts
- Persistent and problematic involvement in alcohol / substance misuse
- At risk of sexual exploitation
- Children who go missing
- Associates with criminals
- Violent / aggressive / anti-social behaviour/ involved in criminal activity
- Beyond parental control
- Placed in custody
- Child witnessing and experiencing domestic abuse

##### Identity:

- Difficulty in accepting/identifying race, gender, sexuality
- Involved in gang culture

##### Family and Social Relationship:

- Socially excluded and isolated
- Young carers

##### Self Care Skills

- Independence beyond years
- Poor self care skills for age

- No support given to develop self-care skills and independence
- Presents as being neglected – persistent hygiene problems/clothes regularly unwashed

#### Parents and Carers

##### Basic Care and Protection:

- Mental or physical health problems, learning disability or *chaotic* substance misuse that *severely* impacts on ability to provide appropriate care for child /family
- Family / child homeless
- Pregnant under 16 and teenage parents with concerns
- Pregnant care-leavers where concerns exist about lifestyle and ability to provide suitable care (*25yrs*)
- Providing substantial care to a child with substantial and life long disabilities whose needs cannot be met by additional support
- Suspected domestic violence

##### Emotional Warmth and Stability:

- Attachment issues

##### Guidance, Boundaries and Stimulation:

- Serious parent / child relationship problems which may also result in family breakdown
- History of concerns around their offending behaviour

#### Family and Environmental Factors

##### Housing, Employment and Finance:

- Serious debts / poverty impacting on ability to meet family's basic needs, (heat, food, clothing, hygiene) and ability to care for child
- Inaccessible housing or need for aids and adaptations

##### Family Social Integration:

- Family significantly socially excluded
- Escalating victimisation / harassment

## Extensive Support

Continue a multi agency CAF and consider more support services.

- Form Team around the Child
- Allocate Lead Professional
- Create an extensive or additional CAF plan
- Use Specialist Assessments as part of multi agency action plan
- Regular review meetings
- Attend Multi-Agency Forum (MAF ) if required

**If the current CAF arrangements are not improving outcomes for the child or they are unlikely to achieve a reasonable standard of health or development (i.e. they could be considered a Child in Need) then they should be referred to Children's Social Care for further assessment.**

### Examples of Assessments and Interventions

- Nottingham City Short Breaks Threshold Criteria
- Social care Children's Assessment and Core Assessment.
- Specialist Occupational Therapy (OT) Assessment by Disabled Children's Team
- Asset (Youth Offending Team)
- Early Support Programme
- Ngage
- Domestic Abuse Risk Identification Form
- Portage Approach – Home Based Precision Teaching
- Education, Health and Care Plan (regarding SEND)
- Parent Assessment Manual (PAM)
- Drugs and Alcohol (Hidden Harm Assessment)
- Schools Assessments
- CAMHS Assessments
- Solihull Approach
- Solution Focussed Brief Therapy
- Motivational Interviewing
- Parenting Programmes - Triple P, Webster Stratton (Incredible Years), Strengthening Families Strengthening Communities

Please also refer to the following information as appropriate:

- The Integrated Care Pathway for Disabled Children and Young People Guidance
- The Integrated Care Pathway for Disabled Children and Young People
- Access to Child and Adolescent Mental Health Services (CAMHS) in Nottingham
- The Teenage Pregnancy Pathway

### Examples of Family Support Service Providers

#### Relevant services at previous levels plus:

#### Family Community Teams

- Community Child and Adolescent Mental Health Services (CAMHS)
- Disabled Children's Team
- Family Support Teams (inc. Children's Centres)
- Youth Offending Team (YOT)
- Social Care Children's Resource Teams
- Family Intervention Project
- Short breaks/ continuing care services
- Family Nurse Partnership
- Paediatricians

- Palliative Care Services
- Children's Development Centre (City Hospital)
- Adult Mental Health Services
- Clinical Psychologists
- Drug treatment services
- Domestic Violence services
- Community Education Psychology
- Learning Centres (Pupil Referral Units)
- Special Educational Needs Services
- Transitions Team
- Special Schools
- VCS agencies

**Further details of appropriate services/interventions can be found in appendix 2 – Nottingham's Early Help Offer**



# Protection

## CHILD IN NEED OF PROTECTION

Child is suffering or likely to suffer significant harm

### Examples of Need Indicators

#### Child and Young Person Health and Development of Health:

- Substantial, life long 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

#### **Education and Learning:**

- No educational provision

#### **Emotional and Behavioural Development:**

- Child is victim of trafficking
- Fabricated or induced illness
- Inappropriate sexual behaviour
- Sexual activity under 13
- Sexual exploitation
- Frozen watchfulness
- Causes significant harm to other children and young people through violent or sexual offending
- Endangers own life through self harm/substance misuse (including alcohol)/ eating disorder)

#### **Identity:**

- Experiences persistent discrimination due to race, sexuality, gender, culture
- Is socially isolated and lacks positive role models
- Alienates self from others
- Significantly distorted self image
- Significantly low self esteem
- Extremist views

#### **Family and Social Relationship:**

- Unaccompanied asylum seeker
- Pregnancy where there have been previous child protection concerns
- Severe and significant developmental delay due to neglect/poor parenting
- Forced marriage of a child under 18 yrs
- Subject to an injunction to prevent nuisance and annoyance or, a criminal behaviour order (CBO) or an Acceptable Behaviour Contract (ABC)
- Young carer has significant responsibilities that result in neglect

#### **Self Care Skills:**

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

#### Parents and Carers

##### **Basic Care and Protection:**

- Child / children previously subject to Child Protection Plan
- Child / children 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
- Victim of crime
- Persistent domestic abuse

##### **Emotional Warmth and Stability:**

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

##### **Guidance, Boundaries and Stimulation:**

- Involved in serious criminal acts that may impact on the child e.g. drug dealing, anti-social behaviour

#### 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 socially excluded
- Persistent transient families

##### **Community Resource:**

- Family do not access any services
- Family refuses appropriate services

# Protection

## Examples of Assessments and Interventions

### Specialist needs or risk assessments as required such as:

- Social Care Children's Assessment
- Strategy Meeting & Section 47 Enquiry
- Child Protection Conference
- Child Protection Plan
- Section 31 Care Proceedings
- Children in Care – Care Plan
- Asset Risk of Serious Harm
- Assessment and Early Intervention Panel
- Multi-Agency Public Protection Arrangements
- Edge of Care Panel
- Pre-Birth Assessment

## Examples of Family Support Service Providers

### Relevant support services at previous levels plus:

- Children & Families Social Care Teams (including Children in Care, 15+ Team and Targeted Support team)
- Children's Residential Care Services
- Disabled Children's Team
- Youth Offending Team (YOT)
- Learning Centres (Pupil Referral Units)
- Child and Adolescent Mental Health Services (Specialist CAMHS)

## 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 their 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 is practically possible and in some cases where there is a perceived high level of risk this should be resolved as far as is possible with a 24 hour period.

**There are two possible points at which conflict may arise:**

**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, although the mediation stages could take longer. The stages are as follows:**

- If the referrer is unhappy with the response from the Screening or Duty Social Care worker, they should seek to raise their concerns with the Screening or Duty Manager. 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 time frame.
- 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 Screening or Duty Team Manager
- Where disputes about access to Social Care services remain, the line manager or safeguarding lead should take their concerns to the Screening or 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, Neighbourhood Fieldwork and ultimately the matter will be resolved by the Director of Safeguarding Services and their equivalent in the agency concerned.

## Resolving Inter-Agency Disagreements

2. Where agencies have concerns about families already open to Social Care and this concern is not shared by the allocated social worker.

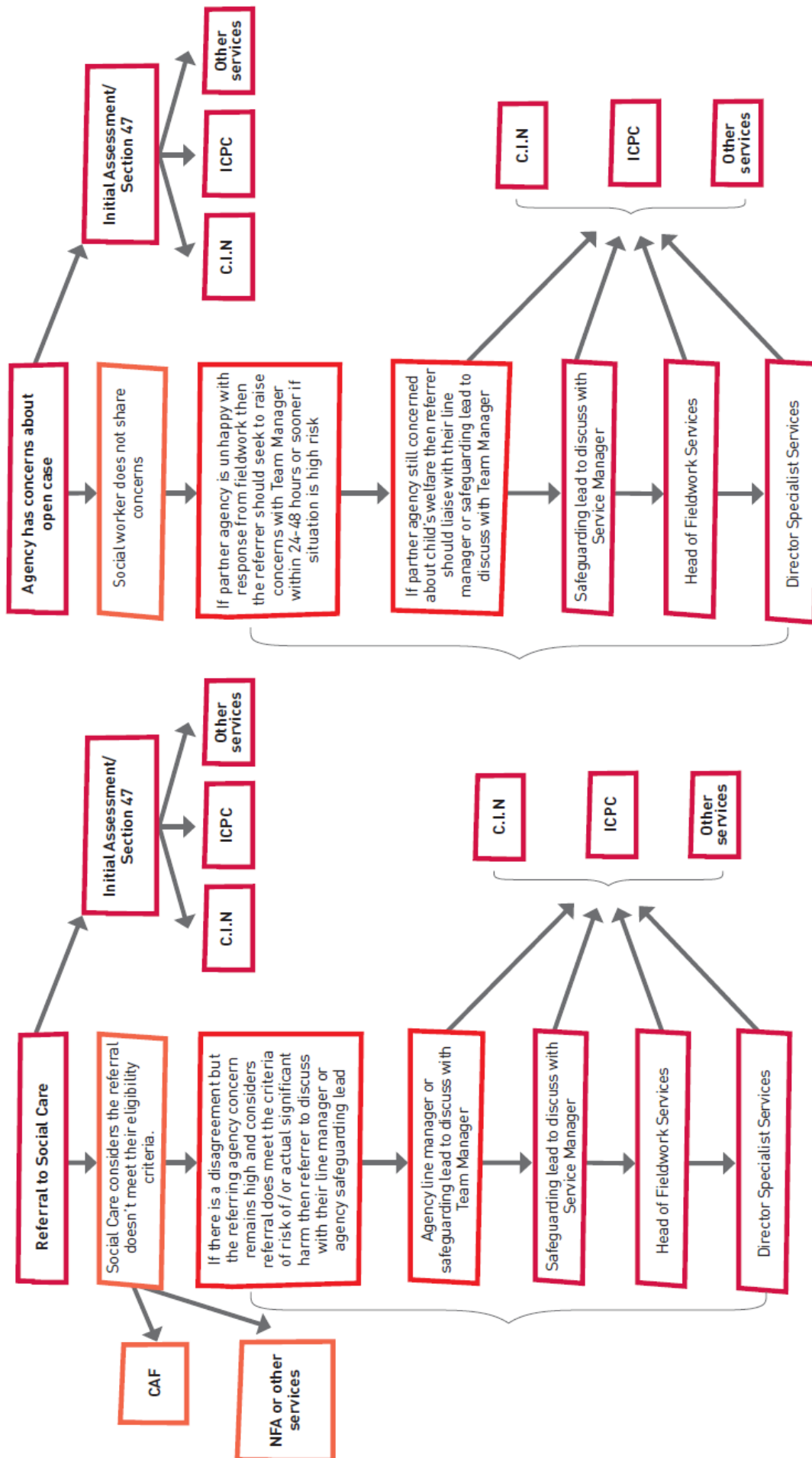
In this instance a similar process is to be followed:

- 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. The time in which this should be done is again dependent on the level of concern, but again, 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 time frame.
- 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 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 time frame 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.



# Resolving Inter-Agency Disagreements



\*\*\*NB: All complaints should be dealt with as soon as possible\*\*\*

# Useful information

The needs of disabled children should be met across all services. For further details regarding access to support for disabled children, please refer to the following:

**The Integrated Care pathway for Disabled Children and Young People**

**Guidance** – <http://www.nottinghamcity.gov.uk/ics/CHttpHandler.ashx?id=27050>

**The Integrated Care pathway for Disabled Children and Young People –**

<http://www.nottinghamcity.gov.uk/ics/CHttpHandler.ashx?id=27051>

**Priority Families (ways of working) –**

<http://www.nottinghamcity.gov.uk/ics/index.aspx?articleid=25866>

For further details regarding access to support for children and young people with mental health issues, please refer to:

**Access to CAMHS Services in Nottingham City -**

<http://www.nottinghamcity.gov.uk/ics/CHttpHandler.ashx?id=27090>

For further information regarding the **Teenage Pregnancy Pathway** please visit –

<http://www.nottinghamics.org.uk>

For further information regarding the **Multi-Agency Forum** please visit –

<http://www.nottinghamcity.gov.uk/ics/index.aspx?articleid=14310>

## Key contacts

### **Children and Families Direct**

For all concerns/support/safeguarding requirements for children and young people in Nottingham.

– **0115 876 4800**

### **Family Information Service**

Provides information and support to parents in Nottingham City on childcare, children's centres, activities for children and young people 0-19, working with children and young people and national and local family support services.

– **0800 458 4114**

### **Emergency Duty Team**

Provides help, advice and assistance when day service teams and social workers are not available (i.e. out of hours only).

– **0115 876 1000**

### **Disabled Children's Team**

Provides help, advice and assistance regarding children and young people between 0-19 years who have a permanent and substantial disability, whose welfare, health or development are likely to be impaired without the provision of specialist short breaks, support services, adaptations or equipment.

– **0115 883 8266**

### **Domestic Abuse Referral Team (DART)**

For safeguarding concerns for children and young people in Nottingham regarding domestic abuse.

– **0115 915 0494**

### **Mental Health single point of access (Child and Adolescent Mental Health)**

For all emotional/mental health concerns or support needs regarding children and young people in Nottingham.

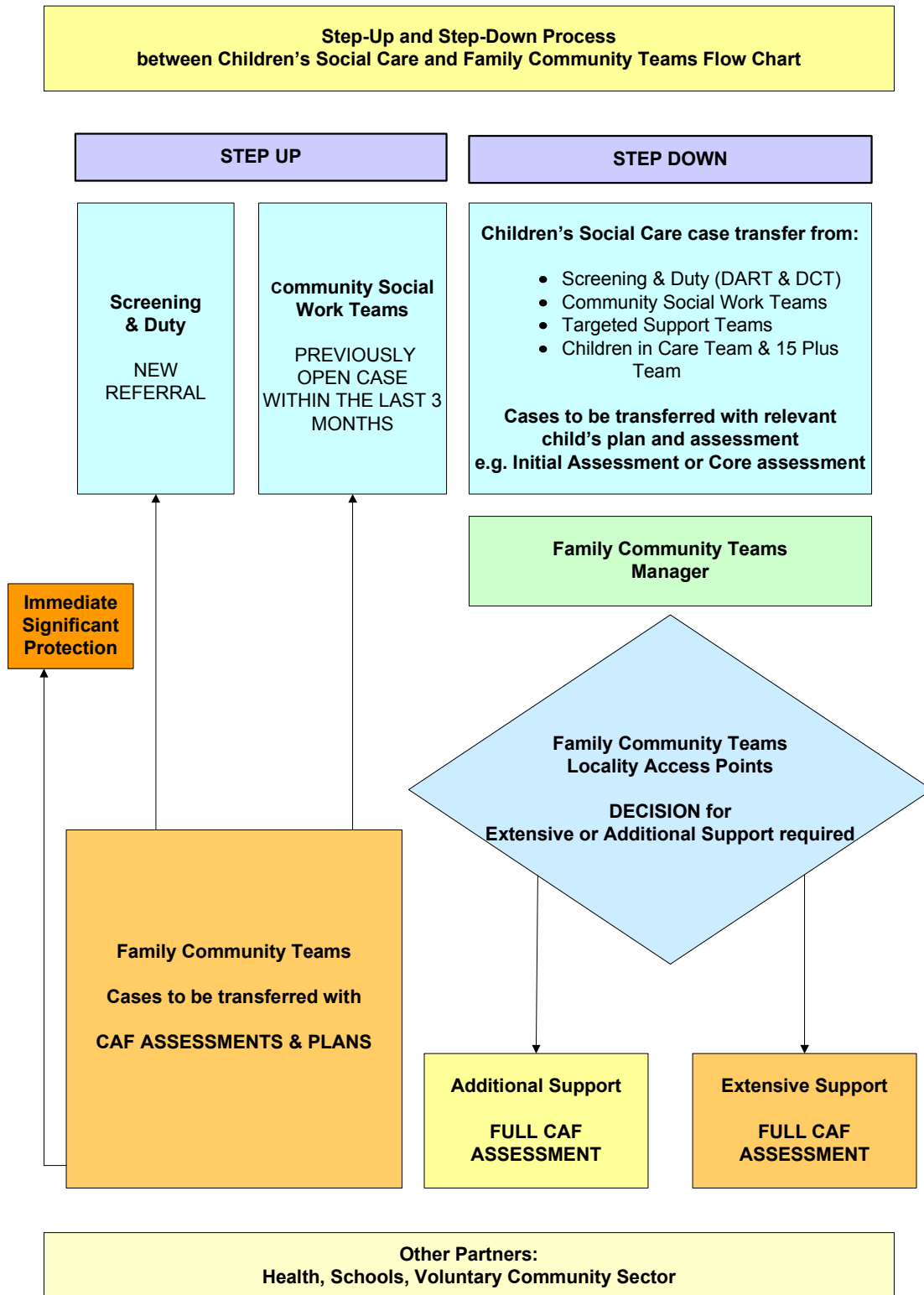
– **0115 915 8900**

# Appendix 1: Step-Up Step-Down Process

More information on the Step-up Step-Down process can be found [here](#)

The information in this link and the following process chart are operational documents and are to be viewed on line only given that they are likely to be subject to change.

Step-up Step-down process flowchart





# Appendix 2 – Nottingham’s Early Help Offer

## Nottingham’s Early Help Offer

### Context:

Nottingham City has, for a number of years, been developing its strategy and structures around the principle of intervening earlier to support children, young people and families before crisis point and in April 2008, Nottingham Children’s Partnership launched the City’s Early Intervention Programme publicizing its commitment to this agenda and deeming itself an Early Intervention City.

Learning from the Programme has now been embedded in a number of mainstream services and is central to our response to Munro’s ‘early offer of support’. Early intervention is driving our commissioning activity, with cross-cutting reviews seeking to shift investment from more costly specialist services towards more cost effective, evidence-based preventative and re-enablement approaches in order to deliver a seamless and integrated service.

Our Joint Strategic Needs Assessment (JSNA) details that Nottingham’s high levels of deprivation, high levels of unemployment, low educational attainment and unhealthy lifestyle, including poor diet, high levels of smoking and low levels of physical activity, are all interrelated determinants of its poor health outcomes and high levels of inequalities. This analysis has informed the strategic objectives within the Nottingham Plan, the Children and Young People’s Plan and our Safeguarding Plan which focus on Strong Families, Healthy and Positive Children and Young People, Achievement and Economic Wellbeing.

### Strategic Approach:

Our early help offer forms part of our **Family Support Strategy** which was developed by the Partnership and launched in May 2011. It sets out a clear vision for family support in Nottingham City based on the principle of “earlier support, stronger families”; with the key aim of reducing the demand for specialist services by preventing children growing up to experience behavioural problems, domestic abuse, mental illness, substance misuse, teenage parenthood, low educational attainment, crime and anti social behaviour

The Family Support Strategy Implementation Group leads on the delivery of the strategy and reports to the Children’s Partnership Board and the Nottingham City Safeguarding Board.

To support this strategy, the **Family Support Pathway** has been developed to clearly and consistently identify the recognized levels of need and the routes for professionals to access the appropriate support for families, ensuring children and families receive the right help at the right time. This embeds the Common Assessment Framework (CAF) at the centre of planning for the family and ensures that the escalation of cases is appropriate and that partnership activity is initiated to meet the needs of the child and their family by providing the most appropriate support at the right time.

The Family Support Pathway sets out the following levels of support:

**Universal Support:** offered to all, when the child and family are doing well and there are no significant concerns about health, development or achievement.

**Additional Support:** offered when the child and family are experiencing problems requiring universal services to work together with other support services to prevent problems increasing.

**Extensive Support:** offered when the child and family are experiencing a range of increasing problems and the current level of support is not achieving the desired outcomes. This is likely to require a multi agency approach to meet the needs of the whole family in order for crises to be prevented.

**Children in Need:** offered when a child is disabled or unlikely to achieve a reasonable standard of health or development unless services are provided (Children Act 1989). This is likely to require a multi agency approach (including statutory and specialist provision) to meet the needs of the whole family in order for crises to be prevented.

**Protection:** offered by statutory services when a child is suffering or likely to suffer significant harm

The Family Support Strategy and Pathway will be refreshed in spring 2014 for republishing and dissemination in the early summer(see Children's Partnership Board and Safeguarding Board reports on this matter for further details).

### **Universal Support:**

Universal provision, available to all children and families in Nottingham City, has been enhanced by aligning locality boundaries and management arrangements in Health, Police and the Council to improve the co-ordination of services, respond to needs in local communities and to ensure ease of access. The Families Information Service provides information, guidance and support to parents and carers on the range of services and activities available in their area.

From pre-birth to 19 years, a range of universal services are planned and delivered at a community level by the children's workforce across the partnership.

### **Health Services:**

General Practitioners, Midwives and Health Visitors support our families from pre-pregnancy up until the child is 5 years old, offering support sessions from a range of settings including Children's. Each Children's Centre has a named Health Visitor who will lead and co-ordinate the delivery of the evidenced based Healthy Child Programme which currently reaches 96% of all city children aged 0-5 years

The Health Visitor Implementation Plan 2011-2015 "A Call to Action" sets out the service that families can expect from Health Visitors and their teams; locally this has seen an 150% increase in the numbers of Health Visitors and a transformed high quality accessible service offer to families which is based on need.

### **Early Years Service:**

Our Early Years Service is responsible for training, mentoring, offering advice, challenge and ensuring quality with all our providers including the private, voluntary, independent and maintained sectors. The team works to ensure that there are sufficient early learning and childcare places for the City's 2, 3 and 4 year olds and providers in receipt of grant funding adhere to the requirements of the statutory guidance (Early Education and Childcare) and the code of practice. In Nottingham, 85% of providers offering funded places for 2 year olds are graded by Ofsted as good or above.

The Early Years Foundation Stage Profile (EYFSP) measures the attainment of a child at the end of reception year. The Early Years Service is responsible for the moderation of the EYFSP in Nottingham. Moderation is a quality assurance of teacher assessments, to ensure that the resulting data is an accurate record of practitioner judgments. Moderation also ensures that the pattern of outcomes for an individual child makes sense in relation to wider knowledge of children's learning and development.

Free early learning for 2 year olds has been offered in Nottingham since 2006.

To date over 5,000 children have benefited from this opportunity. The programme objective is to secure 15 hours of free, high quality early learning for the most disadvantaged 2 year olds, '*This will improve the attainment and life chances of some of our most disadvantaged children and support working parents*' (Early Education for 2 Year Olds: Information for LA's, DfE website). In September 2013, this funding became a statutory offer to all eligible 2 year olds. With the current eligibility criteria, 20% of all 2 year olds nationally are entitled to funding. This equates to approximately 1,498 children in Nottingham. When the eligibility criteria extends September 2014, 40% of all 2 year olds nationally will be entitled to free early learning; approximately 2,686 in Nottingham. The team works with partner agencies, including Health, Family and Community teams and Social Care, to ensure families are aware and supported to access their entitlement.

## **18 Children's Centres:**

Our Children's Centres, based within the Family Community Teams Directorate deliver an open access programme of activities in partnership with other agencies including Health, Job Centre Plus and the Early Years Service. The Children's Centres workforce is made up of Family Support Workers and Play and Youth Workers who provide direct work with families. The activities will vary throughout the City, based on evidence of the needs within each community. Some of the activities include parenting sessions, baby massage, breastfeeding groups, baby singing sessions, health drop-ins, CAMHS advice sessions, play and youth sessions and outreach work.

The core purpose of Children's Centres has been re-defined recently by the Government as being to improve outcomes for young children and their families, particularly for the most disadvantaged, in order to reduce inequalities in child development and school readiness and to improve parenting skills and child and family health which has led to a more targeted approach by our services. The new target groups are those children under 5 who are subject to Child in Need, Child Protection or who are looked after; children under 5 within a priority family, children under 5 subject to a CAF, children under 5 affected by domestic violence and those identified as eligible for the 2 year programme. Two of the previous target groups, Teenage Parents with under 5s and under 5 Disabled Children have also remained in the target groups to be measured. There has been an increase in registration for all the new target groups since they were established in September 2013. The current level of registration across the city for all of the vulnerable groups is 54% which is below the target of 65%. However the level of sustained contact of those groups which are registered is at 68% which is above the target of 65%.

From April 1<sup>st</sup> 2012 to date (10<sup>th</sup> March 2014), 22582 individuals have accessed the 18 centres, receiving 208,356 contacts within the process.

Family Support Workers in Children's Centres work closely with their colleagues in Targeted Family Support teams and Social Care to ensure children and families receive a seamless service according to their current needs.

15 of the 18 Children's Centres have been inspected; of these, 8 resulted in grades that were Good or Outstanding.

### **Early Support Programme:**

This programme supports parents and carers of disabled children aged 5 and under. It brings together all the services and support available from different agencies. This makes it easier for families to coordinate their child's health, education and social care needs. In Nottingham we have combined the features of the Early Support Programme and the Common Assessment Framework to avoid duplication and to fit in with the Disabled Children's Pathway.

### **Schools:**

Schools employ Teaching Assistants, Parent School Advisors and Family Support Workers as additional operational resources to identify early concerns in children.

The Family Support in Schools Project; a partnership between Family Community Teams and Schools has proven to be a success with 15 schools (14 Primary and one Secondary including academies and Local Authority maintained schools). Investing in Family Support Workers that are located in schools has built capacity within school to provide targeted support and swifter access to services for children, young people and families. Some schools have accessed and utilised their Pupil Premium funding to purchase this additional resource.

Liz Anderson, Head Teacher, Djanogly Northgate Academy states:-

*"Having a family support worker based in school is proving very successful. Some of our more 'hard to reach' families are now engaging as they see the support as coming from the school rather than an outside agency. It has certainly freed teachers up to get on with their core purpose of teaching and learning."*

Future plans include an option to increase the number of Family Support Workers from Family Community Teams' resource to be located in schools. There is an opportunity to build on the effectiveness of Family Support Workers in schools and the broader workforce in schools to further embed the consistency and quality of the CAF.

**Attendance Improvement:** The City's approach to attendance is to tackle the causes not just the symptom through early intervention. Therefore there is not a distinct attendance strategy as the Family Support Strategy provides the framework to tackle the causes of poor attendance instead of just focusing on absence as a symptom of underlying issues of the family.

Schools and their partner services provide a tiered approach to both supporting and challenging families with poor attendance. These range from additional support in school through to intensive external support and sanctions such as legal action where engagement is poor. Non-attendance is increasingly seen as a shared issue due to this integrated cross service approach to the problem.

A number of key developments to support this approach have enabled us to secure improvements in attendance:

- Many schools are prioritising attendance together locally and are funding or sharing resources, such as family support workers or school attendance officers, to address the priorities for their family of schools
- The City's School's Common Attendance Protocol which was implemented in 2010 to ensure common practice is being embedded by Nottingham schools
- A CAF assessment is undertaken with all Persistent absentees who are referred to Family community teams
- A strong commitment to tough action when other options fail - reflected in the increasing number of cases taken to Court
- A fast track attendance process, which aims for significant improvement or more formal action within 12 weeks
- Focus on those children, families and localities where the problems are most entrenched

Attendance in schools is still a mixed picture:

- Primary absences overall have deteriorated in line with the national trend from 5.04% in 2011-12, to 5.5% in 2012-13. Persistent absences have deteriorated more than the national trend, from 5.27% in 2011-12 to 5.6% in 2012-13.
- Secondary Absences overall have improved better than the national trend from 6.89% in 2011-12, to 6.8% in 2012-13 as have persistent absences from 9.53% in 2011-12, to 9.2% in 2012-13.
- There has been an overall decrease in permanent exclusions from schools from 30 in 2010-11 to 21 in 2012-13.

### **Play and youth:**

A range of statutory and commissioned play and youth provision is delivered in the community for children and young people linked to Children's Centre areas and governed by advisory groups to co-ordinate resources and programmes.

Play and Youth resources have been allocated on the basis of needs across the City, so that although it remains universal provision which is open to all, there is more available in the areas of the city with the highest needs. The allocation of resources on the basis of need is supported by the development of a Planning Toolkit that enables stronger reporting of progress and outcomes as a result of engagement and a Quality Assurance Framework that enables self assessment against planned outcomes and effective performance management. There have been more than 35,000 individual attendances at play and youth sessions in 2013-14, allowing children and young people in some of the neediest areas of the city to develop supportive relationships with trusted adults that build resilience as they go through childhood. In addition, the City Council provides more than a million pounds of funding for voluntary sector provision of youth and play in Nottingham.

### **Additional and Extensive Support:**

When our children, young people and families have emerging needs, our universal services respond quickly in order to prevent problems from increasing. When needs are deemed to be more complex, a multi-agency response is usually more appropriate. In accordance with the Family Support Pathway, additional and extensive support is provided by our Community Family Support Teams (Children's Centre workers and Play and Youth workers) and Targeted Family Support Teams (Family Support Workers, CAMHS Practitioners, Portage Workers and Educational Welfare Officers) working together with partners.

The early offer of additional or extensive support delivered by our integrated teams uses the Common Assessment Framework and the Team around the Child approach. The early offer of additional or extensive support aims to prevent problems from escalating and avoid the need for statutory service intervention.

The number of referrals to Children's Social Care hit a high in 2010-11 of 6,294. This number has continued to fall, with 4261 referrals being made in 2012-13 and 3957 being made in the 10 months to January 2014.

### **Access:**

#### **Children and Families Direct:**

Access to support services has been simplified for families through the newly established Children and Families Direct helpline. A trained Service Adviser answers the call, understands the enquiry and ensures the caller is connected directly to the service required. If the call relates to a safeguarding concern it will be immediately put through to the Screening and Duty Team. If the call relates to the need for extensive support it will be referred to the appropriate Locality Access Point for Targeted Family Support Services and if the call relates to the need for additional support, it will direct cases to our Family Support Services to provide an early help offer and prevent the need for more serious statutory interventions.

By making it simple to access our services, we can help provide the right support, at the right time, to meet the needs of our families.

Our longer term vision is to ensure that Children and Families Direct provides multi-agency co-ordination, so that this one number also allows families to access the services of our partners: only then can we provide a seamless service for our families and be truly joined up.

Since Children and Families Direct was launched on November 25th 2013 we have received over 5000 enquiries. We have been able to reduce the volume of calls received by the Social Care Duty team by 40%. This is enabling them to focus on the children that require their service. It has also resulted in a significant improvement in referrals to our Early Help and CAF services.

## **Domestic Abuse Referral Team (DART):**

Domestic violent crime makes up a third of all violent crimes in the City. In addition, statistics show that Nottingham has the second highest reporting of domestic violence in the Country.

Services for children and families who experience domestic violence were fragmented and there was often multiple handling across agencies of DV referrals. The previous system involved 3 different agencies, Social Care, Police and Health capturing standard, medium and high risk DV referrals and entering the data onto their respective systems; this led to an inconsistent and uncoordinated response for families requiring a service.

The DART Team became operational from the 25<sup>th</sup> June 2012 and is based at Oxclose Lane Police Station and consists of Police, Children's Services, Health, Adult social care and Women's Aid.

The purpose of the DART team is to provide an information sharing hub in response to Domestic Violence referrals and make effective decisions in relation to children their families and vulnerable adults who meet the Social Care threshold for services. This is achieved by identifying, through the best information available to the partnership, those children, young people and vulnerable adults who require support or a necessary and proportionate intervention. We then identify victims and future victims who are likely to experience harm and ensure partners work together to deliver harm reduction strategies and intervene early.

Since the inception of the DART, 8325 incidents have been reported and referred on appropriately.

## **Missing Children Team.**

Safeguarding and promoting the welfare of children is a key duty on local authorities and requires effective joint working between agencies and professionals. When a child goes missing or runs away they are at risk. Safeguarding children therefore includes protecting them from this risk. Local authorities are responsible for protecting children whether they go missing from their family home or from local authority care. There are no exact figures for the number of children who go missing or run away, but estimates suggest that the figure is in the region of 100,000 per year. Children may run away *from* a problem, such as abuse or neglect at home, or *to* somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.

The Missing team sits within the Family Community Team Directorate and began operating in September 2012.

The team was established primarily to ensure that the local protocol '*Children Who go Missing from Home, Care or Education*' is implemented. The team took over from the Social Care Information Management Team to receive and process 'missing' and 'found' notifications from the Police and from the NSPCC Home and Away Service. The team record and where required, take action on receipt of the notifications. If there is already an allocated worker, they are informed of the 'missing' episode and relevant follow-up action requested. If there is no allocated worker, return interviews, further work, or multi-agency meetings for relevant young people are undertaken

by the 'missing' family support worker or senior practitioner. Where appropriate, we offer short-term contact with a young person and/or their family. If longer term support is needed or there are immediate child protection concerns, other relevant services will be contacted without delay.

There were 1436 episodes of children going missing in Nottingham city in 2013. 77% of these children and young people were home within the first 24 hours. The 14-15 year old age band was responsible for 43% of these missing episodes. The "Missing team" are committed to understanding the "push" and "pull" factors that contribute to young people going missing. Nottingham city's performance in speaking to these young people to reduce missing episodes has improved markedly in the last 12 months.

### **Assessment:**

As defined in the Family Support Pathway guidance, additional support needs will be assessed by initiating the Common Assessment Framework (CAF) at the earliest point of working with children, young people and families. This ensures that support is put in place to enable the family to independently care for their child(ren) wherever possible. Universal Services work jointly on a case or can seek advice and guidance from targeted and specialist services so that support is continued with families in local settings.

The number of CAFs initiated on CAF Central Records in the year to date for 2013/14 (as of the 6<sup>th</sup> March) is already 16% greater than the figure initiated during 2012/13 with a figure of 999 compared to that of 863 for the previous year. Although it is still below the highest number initiated of 1121 in 2011-12, the figure is significantly higher than the years preceding that (467 in 2008/09, 530 in 2009/10 and 573 in 2010/11).

2013/14 year to date has seen the most CAFs closed with needs having been met with 444, which 101 higher than any previous year. This equates to 50.2% of all closures for the year so far and compares favourably with an average of 46.5% of cases closed due to needs met in the last five years and is the highest percentage achieved of closures through needs met compared to any of the previous years.

The number of CAFs closed due to escalation to Children's Social Care for 2013/14 as of the year to date is 16.17% which again compares favourably to the average of the last 5 years of 16.7%. Only 2011-12 had a smaller percentage of closures due to escalation to Children's Social Care.

After reviewing our CAF processes, we are working towards a more consistent approach to recording information through establishing a quality assurance system and a more robust performance framework. Our longer term vision is to align or merge the single assessment and family assessment and to implement an e-CAF approach to improve information sharing.

### **Evidence-based Programmes:**

Nottingham is committed to delivering evidence-based interventions and approaches wherever possible; to meet the needs of our children, young people and families and through the 0-19 Child Development Review will consider extending the offer and scaling up a number of successful programmes. Existing Programmes include:-



### **Family Nurse Partnership:**

In response to our high level of teenage pregnancies, FNP was commissioned to provide support to first-time pregnant teenagers and their partner, in order to positively impact on their parenting skills and outcomes for them and their child. The programme is commissioned to work with 25% of the eligible cohort and at the moment they are successfully working with 167 young women. In March, the FNP team are commencing 2 group FNP programmes as part of the National RCT trials.

### **Incredible Years Parenting Programme:**

Many of our Children's Centres provide support to our parents in a variety of ways including offering the Incredible Years Programme which aims to prevent and treat young children's behaviour problems and promote their social, emotional and academic competence.

In 2013, 181 individuals attended the Incredible Years Programmes delivered from our Children's Centres.

As a snapshot of impact, the course that ran from January – March 2013 had 11 parents attending, with 10 completing the course. Impact in relation to the course's outcomes is as follows:-

#### **Child behaviour and relationship**

5 greatly improved

4 improved

1 slightly

#### **Expectation for good results from programme**

6 very optimistic

4 optimistic

### **Multi Systemic Therapy (MST):**

MST is in the early stages of implementation and has been commissioned in response to the number of aggressive young people being accommodated because their families feel unable to deal with their behaviour. MST is an intensive family and community-based treatment programme that focuses on addressing all environmental systems that have an impact on chronic and violent juvenile offenders, including their homes and families, schools and teachers, community and friends.

### **DrugAware:**

The DrugAware Programme is a whole school approach to Drug Education supported by an early referral system into our Young Person's Substance Misuse Service, Compass. The Education Link Workers within this service work closely with our DrugAware Coordinator and key personnel within schools and offer our most vulnerable young people, those experimenting with drugs and those at highest risk of using drugs; targeted packages of support. In 2013, 128 vulnerable young people

were referred to this service. On average, the recidivism rate has been 5% compared with 47% within the YOT further down the line. Drug-related exclusions have reduced by 50% over the last 2 years and a number of schools have recorded a reduction in binge drinking or drunkenness following the focussed programme.

At present, 47 schools have achieved the DrugAware Standard for excellent practice and a further 16 are working towards achieving it (out of a total of 103 schools and learning centres).

### **Early Help Services:**

Services supporting our children, young people and families with additional or extensive needs are listed within the Family Support Pathway with additional information relating to new services and processes detailed within this paper.

### **Escalation to Protection Services and de-escalation to Family Community Teams:**

Where problems are so serious that the child and family are likely to suffer significant harm, they will be required to work with our social work or youth justice services.

The aim of our Early Help Services is to prevent problems from escalating and to ensure that when they do, they are helped to 'step down' to lower levels of need by early enhanced targeted support. Details of the 'step up and step down' process can be found in the **Family Community Team's Case Management Guidance**.

### **Ways of Working:**

Nottingham is committed to evidence-based approaches in its early intervention work and recognizes that support services and interventions stand or fall on the quality of delivery. Workforce development and shared training opportunities with Family Community Teams, Children's Social Care and Health Professionals in evidence-based practice, ensures practitioners have the expertise to deliver interventions effectively. Our Strategic Core Development Standard sets out a competency framework and recommended training programme for all practitioners working with children, young people and families. Our key delivery approach reflects an asset-based model with a strengths based communication style. Signs of Safety has been delivered across our children's workforce.

### **Future Developments:**

#### **CAMHS Tier 2 Service:**

When our children, young people and families have emotional or mental health needs a referral is made to our NCC Single Point of Access. This is for all emotional/mental health referrals for children and young people in the city. This is hosted and managed by us and ensures a timely response and process to support our city children and young people with emerging mental health concerns. Young People and their families can also self refer to us.

Referrals for acute or significant and enduring mental health concerns are transitioned to our health colleagues at Tier 3 Specialist CAMHS.

Our Tier 2 service offers a range of support to children, young people and families and works in a multi agency way to ensure that families are supported and that emotional and mental health issues are addressed at the earliest point possible.

Our Tier 2 service uses the CAPA model, giving Choice assessments to referrals as quickly as possible and conveniently for children, young people and their families.

The service works with a significant number of children, young people and families in the city and steps up to Specialist CAMHS only when there is risk and presenting symptoms cannot be managed at a Tier 2 level in the community. Last year out of 1301 referrals only 96 of them went on to Specialist CAMHS for services and out of the 96, 53 of these were jointly supported.

The service provided a range of therapeutic support for children and young people and includes direct work with their families. It also offers more specialist work including:

- Work around children and young people affected by abuse
- Children and young people with learning disability and/or pervasive
- Developmental disorders
- Children and young people with emotional health problems and sexual health needs
- Children and young people with self harming behaviours
- LGBT support

**SHARP** (Self Harm Awareness & Resource Project) is a new innovation, developed as part of the service offered by Tier 2 CAMHS.

CAMHS recognises that training and consulting professionals is an important investment in tackling adolescent self harm and suicidality and that effective inter-agency working is essential to achieve early intervention and suicide prevention.

The SHARP team will raise awareness, build confidence and skills and provide support to front-line service providers and professionals to intervene and manage young people who present with self harm and suicidal behaviours.

SHARP Practitioners will also provide children and young people with opportunities and strategies for hope and recovery from the effects of self-harm and minimise the risk of future harm.

They will offer the following support:

- 3 training modules for professionals;
  - 1: Self Harm Awareness
  - 2: Suicide – Everybody's Business
  - 3: Using interventions and understanding the self harm care pathway
- SHARP Clinics (in school support)
- Social Worker and other professionals telephone consultations (every Tuesday 9:00 – 11:00am)
- Raising awareness of self harm and suicide in education (assemblies, PSHE workshops, positive mental health promotion)

- SHARP young people's crisis cards
- ME-Source (building self esteem and resilience group for young adolescents)
- Family support through mediation
- Individual therapeutic support for young people
- SHARP resource pack (giving guidance and creative interventions for professionals who work with young people who self harm)

## Appendix 3 – Social Care Processes

Within appendix 3 disabled children are sometimes singled out for specific mention in terms of social care processes. This is because disabled children are, at the point of referral, deemed to be children in need under the Children's Act 1989 and the services for disabled children are structured in such a way so as to ensure that the specific statutory duties in relation to disabled children are met via the provision of a specialist social care service.

### Referrals into Social Care including Disabled Children's Team

- When a referral is made to Social Care by a professional, the referrer should confirm this in writing within 24 hours.
- The Common Assessment Framework (CAF) provides a structure and information for the written referral, supporting the decision making process, though the lack of a CAF should not preclude a referral.
- Local Authority Children's Social Care should acknowledge a written referral within one working day of receiving it, if the referrer has not received an acknowledgement within 3 working days, they should contact Local Authority Children's Social Care again.
- In Nottingham, all enquiries in relation to children/young people who aren't already open to Children's Services Social Care are initially dealt with by Children and Families Direct. Children and Families Direct will log the information given by the caller and determine from the information given by the caller as to whether the information requires an Initial Contact or Referral.
- Children's Services Social Care should decide and record next steps of action within one working day. Where the Local Authority Children's Social Care decides to take no further action at this stage, feedback should be provided to the referrer, who should be informed of this decision and the reasons for making it. In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child.

## Child Protection and Disabled Children

- In relation to disabled children, only those with life long and Substantial disabilities will be eligible for assessment and services from the Disabled Team (See Nottingham City Disabled Children's Team and Short Breaks Threshold policies).
- Those children with mild to moderate disabilities who meet the threshold for Children's Services Social Care services should be referred to the Duty team. When there are child protection concerns in relation to a child with substantial and life long disabilities a referral should be made immediately to the Disabled Children's Team, **except in the following circumstances:**
  - Where the disabled child is part of a large sibling group, the case should be referred to the Duty team who will become the primary case holders. The Disabled Children's Team will remain as secondary worker for the disabled child. In such cases, the Duty team will have ultimate responsibility for managing the child protection process. However there must be joint working between the two teams and an early planning meeting should be held where possible, to establish the roles of those workers involved.
  - Where there is uncertainty about the nature of the child's disability, the need to safeguard the child takes precedence. In these circumstances the Duty team will be responsible for the resulting child protection enquiries whilst The Disabled Children's Team establish the nature of the disability. A joint visit in these circumstances is good practice but should not delay a response to safeguard the child.

## Information Sharing and Consent

Working Together 2013 gives clear guidance about the need to share information with children's Social Care where there is a belief that a child may be suffering, or be at risk of suffering significant harm.

Professionals who have concerns about families and child welfare should first seek to discuss their concerns with the family and seek their agreement to make referrals to children's Social Care, where doing so would not place a child at increased risk of significant harm.

In cases where agencies encounter concerns about a child's welfare that may constitute a criminal offence against the child, they must always consider sharing that information with children's Social Care or the police in order to protect the child or other children from the risk of significant harm. If agencies decide not to share this information, the reasons for this must be recorded.

In terms of information sharing, Professionals need to consider their legal obligations and whether they have a duty of confidentiality to the child. In these instances, professionals can lawfully share information if the child consents or if there is a public interest of sufficient force. This must be judged on the facts of each case but in cases where there is a clear risk of significant harm to a

child, the public interest test is likely to be satisfied.

The child's best interests must be the overriding consideration in making decisions about the need to share information.

Upon receipt of a referral, Children's Social Care may decide a children's assessment is necessary which will require certain checks to be made of other agencies. This will also be the case should a section 47 investigation be required.

In both scenarios parents will be informed and asked if they will consent to these checks being undertaken. However if parents refuse to cooperate or provide consent, professionals again need to consider what is in the child's best interests and override parents withholding of consent if concerns remain about the child's welfare.

### **Process for Joint Working with Social Care**

If joint work / multi agency work is required as part of a child protection plan Social Care will refer to the relevant teams in Family Community Teams in order to access the appropriate support. The social worker will retain their statutory responsibility as the case holder.

### **Children's Assessments undertaken by Children's Services Social Care (including Disabled Children's Team)**

The decision to carry out an Children's Assessment will be made, where it is deemed necessary to gather more information in order to determine whether the child is a Child in Need, the nature of any services required, and whether further, more detailed assessment work should be undertaken. It is a brief assessment, but should still incorporate the views of all the agencies relevant to a child. It should be undertaken within a maximum of 10 working days of the date of the referral. The information held within a CAF, if completed, will be used to populate the Children's Assessment and used to support the work undertaken by Social Care.

The Children's Assessment should:

- Be led by a qualified and experienced worker with management oversight.
- Should Involve seeing and speaking to the child alone (according to age and understanding) and family members as appropriate. If a decision is taken that it is not necessary to see the child then the reasons for this must be clearly recorded.
- Ensure relevant information is sought from all appropriate agencies and professionals, who are in contact with the family.
- Draw together and analyse available information from a range of sources including existing records.
- Ensure all historical information pertinent to the child and family has been accessed and taken into account.

- Ensure that any decisions made are endorsed at a management level and recorded in writing.
- Completed within a maximum of 45 working days.

In situations where evidence emerges that suggests a child requires immediate safeguarding, section 47 enquiries should be initiated without delay. This may become apparent in the early stages of the Children's Assessment and the decision to initiate section 47 should therefore be made in a timely manner, rather than waiting for the Children's Assessment to be completed.

When a section 47 enquiry is triggered because there are concerns that a child is suffering or likely to suffer significant harm. The children's assessment is the means by which a S47 enquiry is carried out. The Framework for the Assessment of Children in Need and their Families provides a structured framework for collecting and analyzing information and risks about a child and family within the following three domains:

- The child's developmental needs
- Parenting capacity and
- Family and environmental factors.

It helps provide sound evidence on which to base difficult professional judgements about whether to intervene to safeguard and promote the welfare of a child and if so, how best to do so and with what outcomes.

It is expected that children's assessments should be led by Children's Social Care and completed in consultation with agencies relevant to the circumstances of the child and family. In order to ensure commissioned services are conducted safely and appropriately, a planning meeting should be held chaired by a Children and Families Team Manager.

In the case of pre-birth assessments where there are identified safeguarding risks and indicators, an initial planning meeting to commission the assessment must be chaired by a Community Team Manager or a Children's Social Care Team Manager. This meeting should allocate key tasks, record risks, identify the timescales and review the process. Where a pre-birth assessment involves the contribution of Family Community Teams, there needs to be clear and ongoing conversations between the Family Community Team and the Social Care Team.

When a S47 investigation concludes that a child requires safeguarding by means of a Child Protection Plan, the children's assessment will form the basis of the report to the Initial Child Protection Conference. The conference may determine that additional assessment activity is required. This should be referred to as further or specialist assessment and it should build on the children's assessment already completed.

**Following** a children's assessment, Social Care should inform the family, the original referrer and other professionals and services involved in the assessment what action has been or will be taken. Consideration should be given to respecting the confidentiality of the child and family where appropriate to do so.