

Multi Agency Threshold Guidance for Bradford District - December 2016

(replaces Bradford's Threshold of Need, 2010)

Section One

Introduction

'Working Together to Safeguard Children' (2015) requires Local Safeguarding Children Boards to publish a 'threshold document' which sets out:

- The process for early help assessment and the early help services to be provided
- When a situation should be referred to Children's Social Care for assessment

This document is to assist practitioners to identify the level of need of a child, together with guidance on a proportionate response. This guidance reinforces the benefits and expectations for early help. If we provide early help to children and their families we can achieve many positive outcomes for children.

The key functions of assessment as set out in 'Working Together to Safeguard Children' (2015) are:

- To gather important information about a child and family
- To analyse their needs and/or the nature of any risk and harm
- To decide whether the child is in need of early help, a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47)
- To provide support to address those needs to improve the child's safety & outcomes

This framework describes need into four levels. These are not rigid as each child's situation is unique.

The descriptions against each level provide examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The examples are not a substitute for professional judgement. The level of need will always be increased by the multiplicity of factors and help. The document also encourages assessment of resilience as well as areas of concern.

When in doubt contact your local/agency Named or Designated Safeguarding Professional.

We want everyone to focus on:

Conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to 'what is it like for the child! How is this situation impacting on them?'

N.B. Concerns may arise about a child's welfare or safety due to physical, sexual, emotional abuse or neglect, regardless of the broader factors which place them within a particular tier. In these situations there should be no delay in making an immediate referral to Children's Social Care (01274 437500) which should be followed up in writing.

A specific note on Neglect:

Neglect is one of the most common categories of abuse facing children today and can be deadly in its consequence. The neglect of a child can be deliberate, or may occur through the unintentional failure to meet a child's physical, emotional, psychological or developmental needs as in the serious case review of Hamza Khan. The impact of this form of abuse on the child will depend on the duration, frequency and intensity of the neglect they endure, and whether other forms of abuse are also taking place.

Teenage children are vulnerable to the impact of neglect, but vulnerability increases the younger the child is. Lifelong neglect is shown to result in mental health issues, anti-social behaviour, poor social and developmental outcomes and criminal behaviour and leaves the child vulnerable to other forms of exploitation.

Any level of neglect of a child requires a response from professionals, and the analysis of the impact on the child will determine which level of the threshold has been reached.

Local **Paediatric Dental Neglect Guidance** has also been produced. The 5 key messages the reader should note about this document are:

- Be aware of possible presentation(s) of dental neglect
- Know how to manage dental neglect depending on the level of concern
- Know how to manage patients who fail to attend appointments
- Know when to contact other agencies to gain/share information about a patient
- Know who to contact when there is a high level of suspicion on dental neglect

See NSPCC research – <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/research-and-resources/>

Section Two - our agreed approach to assessing needs and making plans: Signs of Safety

Research indicates that the best outcomes for children arise when there are constructive working relationships between professionals themselves and between professionals, family members and the child. This has been shown to be the case, both nationally and internationally, at all levels of need and intervention.

We have adopted the Signs of Safety approach to working with families and children.

Signs of Safety is focussed on **both** the family's strengths **and** the safety and welfare of the child or young person. The approach involves **both** professional **and** family knowledge. Assessment and plans should fully involve parents, children and the network of services known to the child. Plans will be clear and concise.

Signs of Safety is a strengths based approach that uses 'three columns' to assess.

1. What are we worried about? (Past harm, future danger and complicating factors)
2. What's working well? (Existing strengths and safety)
3. What needs to happen? (Future safety/ positive change)

How worried are we on a scale of 0 – 10? (Judgement)

A **chronology of significant events** also remains an important tool within Signs of Safety. As outlined in the Paediatric Dental Neglect Guidance, a chronology of headline key events:

- places children/young people at the centre of assessment and analysis
- show early indications of patterns of concern
- help understanding of the immediate or on-going impact of events
- make links across seemingly unrelated events or information
- make links between the past harms and the present situation
- helps to understand the importance of historic information upon what is happening in a child's life now
- enables new workers to become familiar with the child and family
- analyse what action is needed to build safety and well-being

Signs of Safety® Assessment and Planning Framework

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>HARM: Past hurt, injury or abuse to the child (likely) caused by adults. Also includes risk-taking behaviour by children/teens that indicates harm and/or is harmful to them.</p>	<p>Existing Strengths: People, plans and actions that contribute to a child's well-being and plans about how a child will be made safe when danger is present.</p>	<p>SAFETY GOALS: The behaviours and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case.</p>
<p>DANGER STATEMENTS: The harm or hurt that is believed likely to happen to the child(ren) if nothing in the family's situation changes.</p>	<p>EXISTING SAFETY: Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present.</p>	<p>Next Steps: The immediate next actions that will be taken to build future safety.</p>
<p>Complicating Factors: Actions and behaviours in and around the family, the child and by professionals that make it more difficult to solve danger of future abuse.</p>		
<p>On a scale of 0–10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children that they can't live at home, where do we rate this situation? <i>Locate different people's judgements spatially on the two-way arrow.</i></p> <p style="text-align: center;"> 0 ←————→ 10 </p>		

Signs of Safety will help us achieve the following benefits:

-Intensive focus on building child safety

- A shared understanding across agencies of the child's daily experience
- Common language & shared focus between family and professionals
- Focus on every day safety for the child
- Safety focused skills & tools for professionals
- Sustained focus on what safer parenting looks like
- Concrete and clear plans that everyone understands
- Continuous assessment which shows change

-Empowering families:

- 'Our worker is really honest and 'straight up' with us.'
- *'We get what people are worried about and what we need to do over the next few months.'*
- 'Our worker took time to get to know us and our children.'
- *'That meeting did talk about the good things in our family as well as the things which are going wrong.'*
- 'I know why I am looked after or why social workers are in my life'.
- *'Things are better for me at home. I don't feel worried like I was before.'*

-Supported professionals:

'I find the tools useful in my direct work with children & families.'

'This approach really helps families to understand our worries and what needs to change.'

'Everyone is very open and honest with each other.'

'We focus much more on a family's own responsibilities and support networks.' (family tree)

'We have regular opportunities to learn from each other.'

'I have time and support to get alongside children and families to make sure they keep their children safe.'

Section Three

Early Help

In any district, an average of 65% of its children and young people have their needs met solely by universal services. An estimated 31% of the children and young people in a district will have additional needs which require an early help response from one or more additional services.

Early Help is about families receiving swift and assertive help when needs are identified, either by families themselves seeking assistance or professionals recognising emerging needs before they become problematic.

Early Help can include both support in the early years of a child or young person's life and a swift response to the emergence of a problem at any stage later in their lives.

As the illustrative examples below show, the range of needs which both universal and targeted early help services need to cover is broad and includes situations where problems have become entrenched.

Assessment is an on-going process, not a single event. Children and young people's needs often change over time and so may need to step up or down the levels of support.

The age of a child/young person and protective factors that may enhance resilience are also important factors to consider.

It is also important that there is an understanding and respect for the views of parents and carers, whose cooperation in the first instance is vital to all effective help.

Early Help Assessment

The completion of an Early Help Assessment provides an opportunity to obtain information on all relevant aspects of the family's situation.

The Early Help Assessment serves the same purpose as the previously used Common Assessment Framework (CAF). The assessment is designed to capture details of the children and family's wider needs and also the help which may be required to move adults into training and employment or to reduce crime and anti-social behaviour.

The completion of the assessment with the family should be seen as an opportunity to also identify ways to help them become more resilient and better able to deal with the pressures they are facing, e.g. of poverty. This is a 'Think Family' approach.

All services have a role to act early and assertively to prevent escalation of problems and to stay involved even if additional support is needed.

What matters most is the effectiveness of the early help offered. Research and experience tell us that, if we offer the right help at the right time to children, young people and families, they are more likely to make on-going changes.

For further information on the Early Help Assessment see:

<https://www.bradford.gov.uk/children-young-people-and-families/integrated-working/common-assessment-framework-caf/>

Multi Agency Early Help Panels

Engagement with services at Levels 1-3 is voluntary for parents or carers. However there may need to be a step up in the process where a family at Level 3 has not engaged and concerns remain or are escalating.

Agencies will have the opportunity to discuss these situations at multi agency panels which are aligned to our Children's Centre clusters:

- Airedale & Wharfedale
- West & Lister Park (joint Panel across both clusters)
- Keighley
- South
- East & BD5 (joint Panel across both clusters)

These Early Help Panels are formed from the key agencies, including social work, which are active in providing family support or in identifying the need for it.

The Panels are an important mechanism for tracking progress in relation to outcomes for children and young people.

Team around the Family

At Level 3, it is crucial to coordinate the Early Help across different agencies in order to help a family effectively. The Early Help Assessment should be used to agree and coordinate actions. Those agencies involved then form a **team around the family** which has the following benefits:

- The agencies supporting the child and their family are brought together
- Share information fully and minimise the burden of separate meetings on a family
- A package of solution-focussed support can be developed - build the family's confidence
- A lead (first point of contact) professional to build a trusting relationship with the family and broker the involvement of additional services

Section Four - Children and Young People with Special Educational Needs and/or Disabilities

In many situations, a disabled child's social and personal care needs will be met by additional support provided by local services.

Many disabled children or young people can be supported through early help, short breaks and inclusion support. Settings also have to meet general duties under Disability Equality.

It is important that professionals involved in supporting a disabled child work as they would with non-disabled children, taking a multi-agency approach to assessment that ensures services are tailored to need.

At Levels 1 to 3 below, assessments beyond those completed within universal services may not be needed. If needed, it is good practice for agencies to complete an early help assessment at this level. Children's Specialist Services (Social Care) would not usually be involved with work at these levels but they may provide advice and support to agencies completing an early help assessment in some situations.

Those disabled children and young people who may require a social work assessment are:

- Children and their families whose **main presenting need** for services specifically relates to the **child's complex health and/or disability** or condition **AND**
- The needs **cannot be met** by Universal/Targeted services alone **AND**
- These conditions have a **complex or acute impact** on the child/young person or/and their families as set out in Level 4 below.

For more detailed information on local service please go to:

<https://localoffer.bradford.gov.uk/thelocaloffer.aspx>

Section Five

Child Sexual Exploitation

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances.

This includes boys as well as girls. However, some groups of children are particularly vulnerable. These include:

- children and young people who have a history of running away or of going missing from home and care
- those with special needs
- those in and leaving residential and foster care
- migrant children, including those who do not have a legal immigration status
- unaccompanied asylum seeking children
- children who have disengaged from education
- children who are abusing drugs and alcohol
- those involved in gangs
- those engaged in risky internet use

Referral Pathway/CSE Risk Assessment

If you think a child is at immediate risk of harm you need to contact Children's Social Care's Initial Contact Point on **01274 437500** for action to be taken to safeguard the child.

If there are concerns that a child may be at risk of sexual exploitation then a West Yorkshire CSE Risk Assessment referral should be sent to Children's Social Care Initial Contact Point.

If you are Bradford Council staff, send internally to: cyp-cicpteam@bradford.gov.uk

For other professionals, send securely to: childrens.enquiries@bradford.gcsx.gov.uk
Please note: you can only send to this email address if you have a secure email account, otherwise it will not be received.

If you do not have a secure email, please fax to: **01274 435607**

Please make sure the vulnerabilities and indicators of the young person are identified on the form.

If you are unsure, you can contact the CSE Hub on: **01274 435049**.

Referrer will be contacted and informed of the outcomes and actions recommended from the CSE Hub.

CSE Information Report http://bradford-scb.org.uk/cse/documents/ch_sexual_exploit_info_sheet.doc

This should be used if you have any information that you believe would support the Hub/Police in identifying perpetrators or other young people who may be at risk of CSE.

No matter how small the information may seem it can inform the bigger picture and lead to protecting other Young People and identifying perpetrators of CSE.

Examples of information to send on the Information form - suspected victims, perpetrators and locations. This can include names/physical descriptions/phone numbers/nicknames/ vehicle details/ addresses etc.

The completed form should be sent to bfd.maacse@westyorkshire.pnn.police.uk

If there is any evidence that a crime has taken place, you will need to report this direct to the police on 101

Section Six

Levels of Need

The levels incorporate the 0-19 years Healthy Child Programme and Families First (Payment by Results) Outcome Plan.

Community & Universal	Early Help/Additional Needs	Targeted Early Help	Statutory/Specialist
<p>Undertake conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to ‘what is this situation like for the child!?’</p>			
<p>Multi agency conversation and information sharing</p> <p>Early Help assessment within a setting linked to Signs of Safety</p> <p>A range of services and activities available to all across a range of agencies:</p> <ul style="list-style-type: none"> • Childcare • Schools • Community activities • GPs • Healthy Child Programme <p>Clear step up entry point into Early Help</p> <p><i>Disability equality & reasonable adjustments to services</i></p>	<p>Co-located Early Help gateway for public & staff</p> <p>Multi-agency Early Help assessment linked to Signs of Safety</p> <p>Link to a range of advice and programmes focused on need delivered in locality setting</p> <p>Strengthen family resilience to stop problems becoming bigger</p> <p>Advice and support into training & work out of poverty</p> <p>Clear step up & down process</p> <p>Use non-engagement pathway if needed</p> <p><i>Short breaks for disabled children</i></p>	<p>Co-located Early Help gateway for public & staff</p> <p>Multi-agency Early Help assessment linked to Signs of Safety</p> <p>Strengthening resilience approach. Range of local interventions focused on need</p> <p>Assertive outreach for non-engaging families</p> <p>Support out of poverty into training & employment</p> <p>Contribute to Families First outcome plan</p> <p>Clear step up & down process</p> <p><i>Short breaks & inclusion link work for disabled children</i></p>	<p>Child or young person at risk of, or suffering significant harm/significant impairment to health or development</p> <p>Signs of Safety assessment process for child protection</p> <p>Clear step down process</p> <p><i>Disabled children who needs cannot be met through reasonable adjustments, short breaks and/or inclusion link work.</i></p>
<p>Undertake conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to ‘what is this situation like for the child!?’</p>			

Section Seven

Levels of need - examples

Level 1 – Universal & community support, advice and information

Most children and young people’s needs are met by their parents and carers, family and communities with support from universal services. Universal & community services can often enhance support to prevent the problem escalating or provide advice, guidance and support to link families to the right kind of help in a timely way. Universal services will remain involved with children and their families regardless of where they are on the continuum. For example, children with complex health needs, children looked after and children on Child Protection plans will still receive universal service support.

Level 1 - Illustrative Examples – undertake conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to ‘what is this situation like for the child!?’

Development needs of child/ young person

- Receives universal immunisations/checks/dental
- Susceptible to minor health problems but appropriate treatment is sought
- Reaching developmental milestones or any delays are responded to positively
- Minor concerns re diet/hygiene/clothing that improve consistently when discussed with parents
- Child has some identified learning needs but can be addressed within mainstream class
- Poor punctuality and some school absences that improve consistently when discussed with parents
- Child generally has access to toys, play, positive activities and information and guidance
- Child has some good friendships but may have minor difficulties with peer group relationships & with some adults.
- Friends do not get into trouble with the police or cause anti-social behaviour
- Some insecurities around identity expressed, e.g. low self esteem but child is encouraged and praised by family & friends
- May experience bullying around ‘difference’
- Parents help the child to build and maintain friendships
- Personal hygiene starting to be a problem but child responds positively to encouragement and prompts
- Child is supported to develop age appropriate self-care skills

Parent and Carer Factors

- Parental engagement with services is generally good
- Parents require and respond well to advice on parenting issues
- May be some early signs of neglect but parents are responsive to advice and guidance
- Parent able to protect child from danger and guide children on self protection
- Some minor parental hassles and stresses but not yet starting to affect ability to ensure child’s needs and safety
- Some inconsistent responses to child by parents but responding to information & guidance
- Parents/carers able to implement appropriate boundaries (may need some advice and support)
- Child may have experienced different carers but still strong support across the family and positive sense of identity is encouraged by the family
- Generally warm and supportive attachments

Family & Environment Factors – “Think Family”

- Parents & family members generally have positive and supportive relationships
- Parents can support child to deal with any experienced loss of significant adult
- Practical support from family/friends
- Secure tenancy
- Accommodation has all the basic amenities
- Parents are generally able to manage financially using resources available
- Family may be new to the area and need linking into key services, for example, childcare, Children’s Centres and school
- Adequate universal resources and family engaging with these when needed

Child’s disability does not significantly impact on sibling opportunities and parent personal or social life. Parents can provide care within their existing support networks. Emotional/behavioural difficulties; mild learning or physical disabilities and additional care needs generally met by family, school or setting.

Universal example

- Darren (aged 2) and Julie (aged 3) live with their mum, step-dad and 10 year old sister called Lisa. There is no near-by extended family.
- Neither child attends child care
- Mum says she feels lonely and struggles during the day when she is on her own with the children. This is causing some arguments at home.
- The older child is also showing signs of anxiety about setting off to school in the morning.

Family Strengths

- Both parents are committed to meeting their children's needs and can work together to find solutions.
- The children's health and development is good, they are well cared for despite mum feeling isolated.
- Lisa is attending school regularly and school are pleased with her progress.

Complicating factors

- The family have limited local support network or knowledge of what is available locally.
- Dad works away long days which leaves mum to care for all three children on her own.
- Parents are arguing at an increasing rate and mum feels their relationship is becoming fraught which is adding to her feelings of stress.

Future worries

- Mum's feeling of exhaustion, isolation and unhappiness could impact her ability to meet the needs of the children.
- The rows between the parents could escalate and cause a risk of a split and upset to the children.
- If Lisa cannot integrate with his peer group in school her education could suffer and she may not achieve as she could in school.

Actions

- The parents are able to talk through their worries and step-dad agrees to talk to school about how their daughter is doing at school.
- Health Visitor provides information about the local Children's Centre and child care.
- Families Information Service establishes that she is entitled to 15 hours weekly free early education. Mum attends the Children's Centre the following week for a drop-in.
- School provide some support to help the older sister integrate into her class group until she is able to make some friends there.

Level 2 - Early Help/Additional Needs met through Universal Services/Universal Plus

Level 2 - illustrative examples - undertake conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to ‘what is this situation like for the child!?’

Developmental needs of infant/child/ young person

- Recurring concerns re: diet, hygiene, clothing and neglect of basic needs
- Child has some health problems which parents do not always grasp
- Some missed routine & non-routine health appointments but not yet a pattern of concern
- Overweight/underweight/enuresis
- Child smokes, alcohol, substance misuse
- Child is slow in meeting developmental milestones and needs not consistently attended to
- Some concerns around child’s mental health, anti-social or behaviours that challenge
- Dental decay and no access to treatment
- Achieving below national learning benchmarks - identified learning needs (Range 2/3)
- Concerns about underage sexual activity with peers
- A pattern of regular absences from school or childcare
- Majority of the child’s absence is ‘unauthorised’
- A sudden drop in childcare or school attendance
- The child’s attendance is below 90% - therefore on track to be a ‘Persistently Absent’ pupil (Dept of Education Definition)
- Parent/Carer has received support but is still struggling to support the child in terms of attendance/behaviour/progress and emotional wellbeing
- Some fixed term exclusions
- Young person not in Employment, Education or Training (NEET)
- Difficulty coping with anger, frustration & upset
- Victim of crime
- May experience and need support on racial identity, sexual identity or due to disabilities
- Demonstrates low self-esteem in a range of situations
- Needs some support to access leisure and positive activities
- Peers involved in anti-social behaviour – lack of positive role models
- Involved in conflicts with peers/ siblings
- Sexually age inappropriate appearance and behaviour
- Clothing is regularly unwashed & smelly
- Poor self-care for age

Parent & Carer Factors

- Some difficulty to engage parents with services
- Parent is struggling to provide adequate care even with advice & support
- Child is perceived to be a problem by parent
- A pattern of poor quality care of the child is starting to emerge (be specific)
- Parental health issues starting to affect capacity to nurture (be specific)
- Has no other positive relationships nearby
- Struggles to positive stimulation – lack of new experiences or activities for the child
- Some erratic/inadequate guidance provided to the child (be specific)
- Parent’s antisocial behaviour means they are a negative role model and this is starting to show in child’s behaviours
- Parent’s lifestyle creates many moves (home/school)
- Parent’s issues mean child is regularly needed to care for another family member
- Incidents of domestic violence between parents
- Acrimonious divorce/separation
- Parent’s misuse substance and alcohol misuse which have been observed to impact on the care of the child

Family & Environment Factors – “Think Family”

- Family has poor relationship with extended family/little communication
- Family is socially isolated
- Family seeking asylum or refugees who have a failed Application
- Home in poor state of repair, temporary or overcrowded
- Parents stressed due to “overworking” or unemployment
- Parents find it difficult to obtain employment due to poor basic skills
- Serious debts/ poverty impact on ability to have basic needs met

Child’s disability limits the child’s participation in community activities and they would benefit from additional social & leisure activities.

Parents can provide reasonable care for child with complex health needs/disability but may benefit from specific and time limited advice/information/support.

Child's disability impacting to some extent on parent's personal or social life

Disability requires practical advice and/or adjustments to support physical and personal care needs; for example, eating, dressing, toileting, bathing and moving.

Level 2 example

- Tasif is 6 years old and lives with his mum, father and baby brother. The school have some worries about him as his school attendance has been getting worse recently. The reasons are different for each absence.
- He has been assessed by his teacher as having slightly delayed in some areas of learning. He struggles to focus in lessons and getting along with peers
- The school have spoken to the parents about their worries and the parents say they think he is being bullied in school.
- The family also have a lot of debts and dad is waiting to hear if he may be made redundant.

Family Strengths

- The family have a good understanding of the worries and want support.
- Both parents are open to the help of other services and have drawn in other family members to help them.
- Both children are healthy.
- Tasif and both parents are warm, loving and positive with each other.
- Tasif has a good relationship with his uncle who he talks to about his worries.

Complicating factors

- The family debt problems and risk of unemployment have created pressure which is impacting on their emotional and physical resilience.
- Tasif's attendance at school is decreasing and he is struggling to concentrate and form good peer relationships. We are unclear as yet why this is and need to understand more about the causes of this.

Future worries/danger

- If the worries about unemployment and debt increases this could cause the level of parental resilience to drop, further impacting their ability to meet the children's emotional and physical needs.
- If Tasif's school attendance declines further there is a risk of the parents being penalised.
- Tasif is at risk of not achieving his expected level of progress this academic year.

Support

- The teacher contacts the Health Visitor and they meet with the parents and school to agree an early help plan to support the family. The Health Visitor links mum to the Children's Centre for support and a local debt advice service helps the family sort their debt worries
- Tasif is linked to a Playground Buddy at school.
- They agree to review the plan in 6-week.

Level 3 - Targeted Early Help – focus on ‘team around the family’ across a number of agencies

Level 3 refers to child with multiple and complex needs.

In some situations this is accompanied by reluctance or avoidance from parents or carers to address the issues necessary for positive change. It is not unusual for parents to be suspicious or unwelcoming of agencies seeking to offer help, however a parent’s initial resistance should not be seen as unchangeable. Parents may lack confidence and need some support to get involved with services.

In these situations the tools provided through Signs of Safety allow professionals to thoroughly explore harm and danger and, with the same rigour, inquire into strengths and safety.

A Non-Engaging Pathway has been agreed when working with families who are failing to engage and Professional are concerned about unknown or emerging risk. Non-engagement means that there is a:

- Failure to assess a child or young person’s needs or to identify any risks associated with the care of that child
- Lack of clarity for practitioners as to whether those needs are being met by parents/carers

<http://bradford-scb.org.uk/nep/FINAL%20NEP%20March%202015.pdf>

The pathway enables front line practitioners to:

- Co- ordinate and maintain a focus on the child using a multi-agency process when single agency measures have failed to engage the family
- Share any current or historical information regarding the child and family to enable risk assessment
- Convene a multi-agency meeting to share decision making and action planning, avoiding drift and allowing for timeliness of interventions

The success of the pathway depends upon robust use of single/multi-agency information gathering procedures and attempts to engage families. A letter has been included to be sent to parents.

The pathway can be exited at any stage should meaningful engagement with parents/carers be evidenced or if information emerges enabling risk to be assessed.

The pathway can of course be used in Level 2 situations but is of particular value at Level 3.

Level 3 - illustrative Examples - *undertake conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to ‘what is this situation like for the child!?’*

Developmental needs of infant/child/ young person	Parent and Carer Factors
<ul style="list-style-type: none"> • Children not achieving developmental milestones due to parental neglect but parents are engaging with plans. Need to see sustained change • Children with mental health issues needing significant support 	<ul style="list-style-type: none"> • Concrete evidence of parental mental illness/ substance misuse/ domestic abuse impacting on basic care • Parents, carers who have multiple health/social/learning needs that are showing an on-

<ul style="list-style-type: none"> • Child is engaged in inappropriate risk-taking behaviour, antisocial behaviour and/or criminal activity, which is impacting on their safety and that of others • Pregnant teenager not accessing health care • Pregnant teenager/teenage parent at risk of homelessness • Parent/Carer has received support but is still struggling to support the child in terms of school attendance/behaviour/progress and emotional wellbeing • A pattern of regular absences – rarely completes a full week in school • Majority of the child’s absence is ‘unauthorised’ • A sudden drop in childcare or school attendance • The child’s attendance is below 90% - therefore on track to be a ‘Persistently Absent’ pupil (Dept of Education Definition) • Child in danger of permanent exclusion/or has been permanently excluded. On roll but not engaging with alternative provision • Young people refusing to access appropriate education, training or employment post-16 years and have limited or no qualifications • Persistent sexual texting (sexual exploitation) which persists despite support and guidance • Cyber bullying which persists despite being challenged by adults • Child has no positive relationships with peers and is isolated as a result • Child or young person with severe disruptive/challenging behaviour • Experiences bullying and violence, e.g. on the basis of ethnicity, sexual orientation or disability • Children previously subject to Child Protection Plan in the past six months (should be subject to clear step down from the CP Plan) • Child regularly missing from home AND/OR child at LOW or MEDIUM risk of sexual exploitation but generally engaging with early help. SEE SECTION FIVE. MEDIUM RISK SHOULD BE REVIEWED BY A DUTY SOCIAL WORKER AT THE CSE HUB • Young person constantly presents with no funds for transport, food etc 	<p>going impact on their child’s health and development</p> <ul style="list-style-type: none"> • Clothing, bedding and nutrition needs only partially met • Minor accidental injuries as a result of inadequate supervision but parents willing to engage with advice and support. Needs to see sustained change • Child persistently neglected/socially isolated • Parent persistently does not recognise impact of own behaviour on child’s needs <p>Family and Environment Factors – Think Family</p> <ul style="list-style-type: none"> • Concerns about the impact of extremist views/radicalisation on child – you should discuss these with your agency’s Designated Safeguarding Lead who in turn should discuss with the Police. • 16 or 17 year old asked to leave the family home • Evicted or homeless resulting in children in temporary accommodation and risk of no replacement • Property in significant state of disrepair which present dangers to family members and landlord not engaging • No expectations that young person will work or lack of confidence to cope with the workplace anxiety/agoraphobia • Long-term unemployment • Significant barriers to accessing employment, e.g. criminal record, disabilities, mental ill health • Long-term worklessness in household(three years plus) with very poor literacy and numeracy skills/inability to communicate in English, which severely affects employment prospects • Chronic unemployment affecting adults, combined with other factors such as significant household <i>impacting</i> on ability to care for child
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Child’s disability limits the child’s participation in community activities and they need time limited support to link into activities or enhanced short breaks.

Disability requires practical advice and/or adjustments to support physical and personal care needs; for example, eating, dressing, toileting, bathing and moving. This may require an assessment by Occupational Therapy. Parents can provide reasonable care but may benefit from specific and time limited advice/information/support.

Child’s disability impacting to some extent on parent’s personal or social life and is restricting sibling’s opportunities to some extent.

Child or young person underachieving significantly at school because of an underlying special educational need

Level 3 example:

- Rachel is 9 years old and lives at home with her mum, older brother Zac (14) and younger sister Alice (8).
- The school are worried about Rachel and Alice because they are regularly late and on two occasions mum has not come to pick them up at all. Zac appears to be the person ensuring his sisters get to school.
- Mum has mental health problems and she takes medication for this. School offered the breakfast club this is not taken up. The girls are coming to school in dirty clothes, hair unwashed and nails dirty and unclean and Alice smelling of urine.
- There is previous history of social care involvement when the children were much younger because of the impact of mum's mental health on her ability to care for the children and worry about domestic violence from a previous partner. Mum responded well to support from services and the case was closed. Despite this there are periods of poor mental health when the worry can increase.
- Mum is part of a local community group which provides her and the family with on-going support particularly when mum is ill.

Family Strengths

- Mum loves her children and wants help to ensure their needs are met when she is ill. She can work with agencies well to create change.
- The children understand that sometimes their mum struggles to meet their needs and they can get involved in plans on how to manage this.
- Extended family, neighbours and Zac are able to provide help to care for the mother and younger children.
- The children and their mother really value education and are well engaged with school staff.

Complicating factors

- Mum has periods where her mental health is poor and this impacts her ability to care for the children and get them to school on time or even pick them up on time.
- Mum's illness is unpredictable and it is difficult to have a plan in place that identifies correctly when her illness is worse and greater care and support needed.
- The family have to rely on Zac to notify others that mum's mental health is poor. Zac is embarrassed by his mum's illness and sometimes doesn't like to say.

Future danger

- If support to the family is not available when the mother is unwell in the future, the children's needs will not be met and they might suffer harm.
- Zac's role as a young carer could impact on his ability to study and get the grades he is capable of in GCSEs because caring for his family impacts on his attainment.

Support:

- School and a key worker, agreed at the Early Help Panel, work together to complete an Early Help Assessment. They then bring together wider family and professionals to put together a plan to support the family and ensure the children's needs are met particularly when mum is ill.
- Zac is also linked into a young carers group, ensuring he has time out from his caring responsibilities in the home.

Level 4 - Statutory/Specialist/Child Protection

The categories for Level 4 are:

- Children who are at risk of significant impairment to physical, mental and/or oral health and development (**where Early Help has not been able to improve outcomes for the child and family**) or at risk of significant harm.
- Allegations of abuse physical, sexual, emotional or neglect. **Children who fall into this category will always need an immediate referral to Children's Social Care and/or the Police** and the agency's child protection procedures must be followed.
- Children who are looked after.
- Disabled children with acute or highly complex needs, e.g. requiring *frequent* or *continual* day and night support, supervision and care, degenerative/terminal illness, severe challenging behavioural problems as a result of disability, substantial risk of family breakdown. Parents of disabled children who can provide reasonable care but need support to provide more specialised parenting/caring. Substantial risk to the carer's ability to sustain some key aspects of their caring role.

Assessment: a Bradford Single Child Assessment completed by a qualified social worker which may lead to a Child in Need Plan or Initial Child Protection Case Conference.

Other specialist assessments may need to be carried out by education, health and mental health services, YOT Asset assessment, assessment for Single Education, Health & Care (EHC) Plan, specialist behavioural assessment.

Service provision will generally take the form of specialist services from CAMHS, education, health, children in need and in need of protection, looked after children teams and the Youth Offending Team. Plans will be agreed under established procedure. Signs of Safety approaches will be adopted. Universal services should remain involved.

Level 4 - illustrative examples - undertake conversations, assessments and plans which focus on seeing and knowing about the day-to-day experience of the child – everything comes back to ‘what is this situation like for the child!?’

Development needs of child/ young person

Information which indicates:

- **Physical abuse** - deliberately physically hurting a child. Children with frequent injuries; Children with unexplained or unusual fractures or broken bones; and Children with unexplained bruises or cuts; burns or scalds; or bite marks.
- **Emotional abuse** - the persistent emotional maltreatment of a child. Children who are excessively withdrawn, fearful, or anxious about doing something wrong; Parents or carers who withdraw their attention from their child; Parents or carers blaming their problems on their child; and Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.
- **Sexual abuse** - Children who display knowledge or interest in sexual acts inappropriate to their age; Children who use sexual language or have sexual knowledge that you wouldn't expect them to have; Children who ask others to behave sexually or play sexual games; and Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy.
- Sexual abuse e.g. is pregnant and/or a parent under 16. Under 13 years old - being abused through sexual exploitation
- Persistent **neglect** (inadequate clothing, bedding and nutrition) and/or children not achieving developmental milestones despite intensive support
- Chronology of missed/cancelled appointments which are showing a significant impact on the child's physical, mental and/or oral health
- Non-compliance with treatment plans/medication regimes/treatment not sought
- Has required extensive/drastring dental treatment through neglect
- Persistent substance misuse, smoking, alcohol
- Child has serious and enduring mental health issues – self harming and suicide attempts
- Sexual exploitation/ abuse (High Risk) **SEE SECTION FIVE.**
- Has been out of school over a long period of time and has no structure to their time/Permanently excluded from school or at risk of permanent exclusion/Long term non-attendance and disaffection with education
- A history of poor school attendance and the Education Social Work Service is involved or had previous involvement
- Legal action has been taken in the past against the parents for irregular school attendance

Parent & Carer Factors

- Parents unable to sustain “good enough” parenting that is adequate & safe despite intensive support
- Parents' mental health problems or substance misuse significantly affecting the care of child
- Parental delusional beliefs which may harm, target or distress a child
- Parents unable to care for previous children and limited evidence of changes in lifestyle and behaviours
- Concerns that **extremist views/radicalisation may/is causing a child harm**
- Indicators and concerns of **forced marriage/honour based violence/female genital mutilation (FGM)** that requires further assessment and parental/sibling disclosure of FGM within the family
- Serious and persistent incidents of domestic abuse/Recurring aggression, controlling behaviours & violence in the home
- Parents and/or siblings are involved in crime
- Parents have been unable to keep child safe despite intensive support
- Victim of crime that impacts upon their capacity to parent
- Parents inconsistent, highly critical or apathetic towards child – low warmth/high criticism
- Unable to support constructive leisure time or play despite intensive advice and practical support
- Parents condoning or encouraging antisocial behaviour
- Family breakdown related in some way to child's behavioural difficulties
- Beyond parental control despite intensive advice, guidance and practical support and/or no-one immediately apparent to care for the child

Family & Environment Factors– “Think Family”

- Significant and enduring parental substance and alcohol misuse directly leading to neglect of child's needs
- Significant and persistent parental discord & domestic violence
- Member of the household subject to a Multi-Agency Risk Assessment Conference (MARAC)
- Potentially dangerous person/offender in the home or having significant contact with the child
- Destructive/unhelpful involvement from extended family
- Physical accommodation places child at risk of harm
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse
- Family chronically socially excluded
- Homeless 16/17 year olds

- Is not accessing any play or leisure activities
- Regularly appearing in Court for anti-social behaviour/criminal activity
- Young carers with inappropriate caring responsibilities that significantly impair their development. Is main carer for family member
- Concerns about risk to unborn child arising from parental health & lifestyle
- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse

Disabled children with acute or highly complex needs, e.g. requiring *frequent* or *continual* day and night support, supervision and care, degenerative/terminal illness, severe challenging behavioural problems as a result of disability. Substantial risk of family breakdown.

Parents of disabled children who can provide reasonable care but need support to provide more specialised parenting/caring. Substantial risk to the carer's ability to sustain some key aspects of their caring role.

Level 4 example

- Emily is a 12 year old girl. Over the last year she has often arrived in school late or missed days with no good reason. Her attendance is 85%. School have tried to work with parents who appear to accept the situation but no improvement happens. Emily has problems with daytime wetting. The school nurse made 2 appointments for her but she was not brought. Emily has asthma. 6 months ago she had a bad episode requiring admission. The Drs on the ward said this may have been avoided if she had taken her inhalers. Mum said she understood. However the GP has not prescribed any further inhalers. She is starting to cough in school and appears out of breath during PE. The school nurse has noticed she has nits
- She has dental caries. She has seen her dentist twice and been given advice, but has missed 3 appointments since despite the dentist trying to contact her.
- Mum has mental health problems. She has a Community Psychiatric Nurse who supports her. Emily's problems fluctuate with her mother's mental health symptom. The school nurse has led an early help plan. Mum missed some of the sessions and nothing has changed over 6 months.
- Emily has now started to meet three girls who are at risk of CSE. She went missing overnight on two occasions now and came into school with one of her new friends who is 15 years old.
- Emily's father is a long distance lorry driver and is often away. When home he smokes inside despite being advised that his will affect Emily's asthma.
- There are 2 younger children in the home. Charlie aged 3 is a little small and being monitored by the health visitor. Bob aged 4 is starting nursery; He is well but has significant behaviour problems. Nursery has tried to work with mum to address this but again there is no change.

Family Strengths

- Both parents love their children and show some willingness to work with services to make sure their needs are met.
- Mum is observed to be warm and loving towards the children.
- Whilst dad is away a lot with work he does involve himself when he is around.
- The younger children are well and Bob regularly attends nursery.

Complicating factors

- Emily has made friends with a group of teenagers much older than her which has brought her into contact with activities that put her at risk including going missing, using drugs and alcohol.
- Emily is becoming aggressive at home and in school. Parents and school feel this is escalating and both are struggling with this.
- Mum's history of depression and low mood means she struggles to be consistent in her responses to her children.
- Bob has bitten other children in nursery on

	three occasions over the last two weeks.
<p>Future danger</p> <ul style="list-style-type: none"> • There are many health concerns (nits, dental caries, asthma, poor growth and behaviour), when added together are significant. A number of different professionals hold separate information and it is only through the early help plan that this was brought together. There is a lack of change in the parenting despite a lot of work from school, school nurse, mum's CPN and dentist to support parents. • If Emily continues to go missing with the older girls she will be at increased risk of being harmed. • Emily's relationship with older teenagers put her in danger of being harmed because she wants to stay out late, use drugs and drink alcohol to be like them and be part of the group. Emily needs protections and support from the trusted adults around her. She could get hurt or damage her health by misusing substances. • A social work referral and assessment is required as Emily is at risk of further neglect, physical and sexual abuse. 	

Professionals or members of the public with concerns regarding physical, sexual, or emotional abuse or neglect of children and young people should contact Children's Social Care (tel. **01274 437500**) Professionals are required to follow this up in writing with a Common Referral Form.

Section Eight - Continuum of Need/Stepping Down

Key points:

- Children can and do move from one level to another; sometimes very quickly
- Children at all levels of need also need and use universal services
- There will be some children who should be enabled to move quickly to the required service response without necessarily going up through each level
- For most children, the aspiration is to secure support as early as possible and within universal and early help services

The following table shows the areas which should be covered in a Step Down Meeting convened by Children's Social Care and involving family members:

What concerns led to Social Care intervention & why is it not needed now?
What change has been achieved and how has the worry reduced?
What are the new and existing strengths and protective factors in this family now as social care end their work?
What do you think needs to be achieved through an Early Help Plan?
What would it look like if it started to slide downhill again? Can you advise on potential triggers for agreed escalation? Who can help if we are worried?

Section Nine - Inter-agency Liaison and Information Sharing

The majority of the work we do with children, young people and their families is undertaken with their agreement. At the start of our involvement, we seek the consent of the parent or young person to share information with colleagues in other agencies and research tells us this increases the chance of positive outcomes.

The following 7 Golden Rules to Sharing Information are provided by the Department for Education:

- Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk.
- You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of your decision and the reasons for it – whether it is to share information or not.

If you decide to share, then record what you have shared, with whom and for what purpose.

For the full version of this guidance, go to:

http://www.bradford-scb.org.uk/PDF/2015_updates/Information_sharing_advice_for_safeguarding_practitioners.pdf

Section Ten - Resolving Differences

In the course of our work we may find there are differences of opinion between individual practitioners within and across partner agencies.

Any difference of opinion between practitioners or agencies should be quickly and effectively resolved with minimum impact on delivery of services to the child, young person or family.

Remember that the needs of the child or young person are the key issue. Take an open attitude and listen to each other's views and observations. Use the Signs of Safety case mapping tool together to ensure full information is shared. Ask your Signs of Safety Practice Lead to support this mapping.

Seek advice and guidance from your line manager.

Where possible arrange a face to face discussion aiming to:

- Agree which course of action is in the best interests of the child or young person.
- Reach a compromise position based on the needs of the child or young person **OR**
- Clearly identify and evidence the areas of disagreement.

Both parties inform their line manager that differences cannot be resolved and that escalation is required.

The respective line managers pursue the matter to a conclusion, including to senior or Board level if required, recording the outcome of the escalation.

In respect of differences of opinion regarding **Safeguarding** issues which cannot be resolved, there is a formal procedure available at:

http://westyorkscb.proceduresonline.com/chapters/p_res_profdisag.html