



MAKING **CHILDREN** SAFER

Northamptonshire Thresholds and Pathways

Information on early help, prevention and statutory services for everyone working with children and families.

October 2013



Executive Summary

This document aims to:

- Provide clear and consistent guidance to the levels of need and related thresholds that apply in Northamptonshire, in relation to children, young people and families.
- Support practitioners to accurately identify the relevant level of need of children, young people and families and to enable them to access or make a referral to the most appropriate support service/provision.
- Ensure the safety of children and young people in Northamptonshire is effectively achieved by providing clear guidance to practitioners in terms of risk identification and management, and clearly identifying the referral processes that **MUST** be followed to address any risks identified.
- Identify the range of services that are available for the different levels of need, particularly in relation to Early Help and Targeted Support.

Thresholds and Pathways is part of a set of documents and tools designed to provide clear guidance to practitioners working with children, families and young people.

The aim of this is to ensure consistent approaches, use of terminology and consistent practice across all agencies that work with children, young people and families, thus improving the outcomes for children, young people and families of Northamptonshire.

It is intended that Thresholds and Pathways will be updated regularly to reflect changing approaches and circumstances. Find the latest version online at www.northamptonshire.gov.uk/tap

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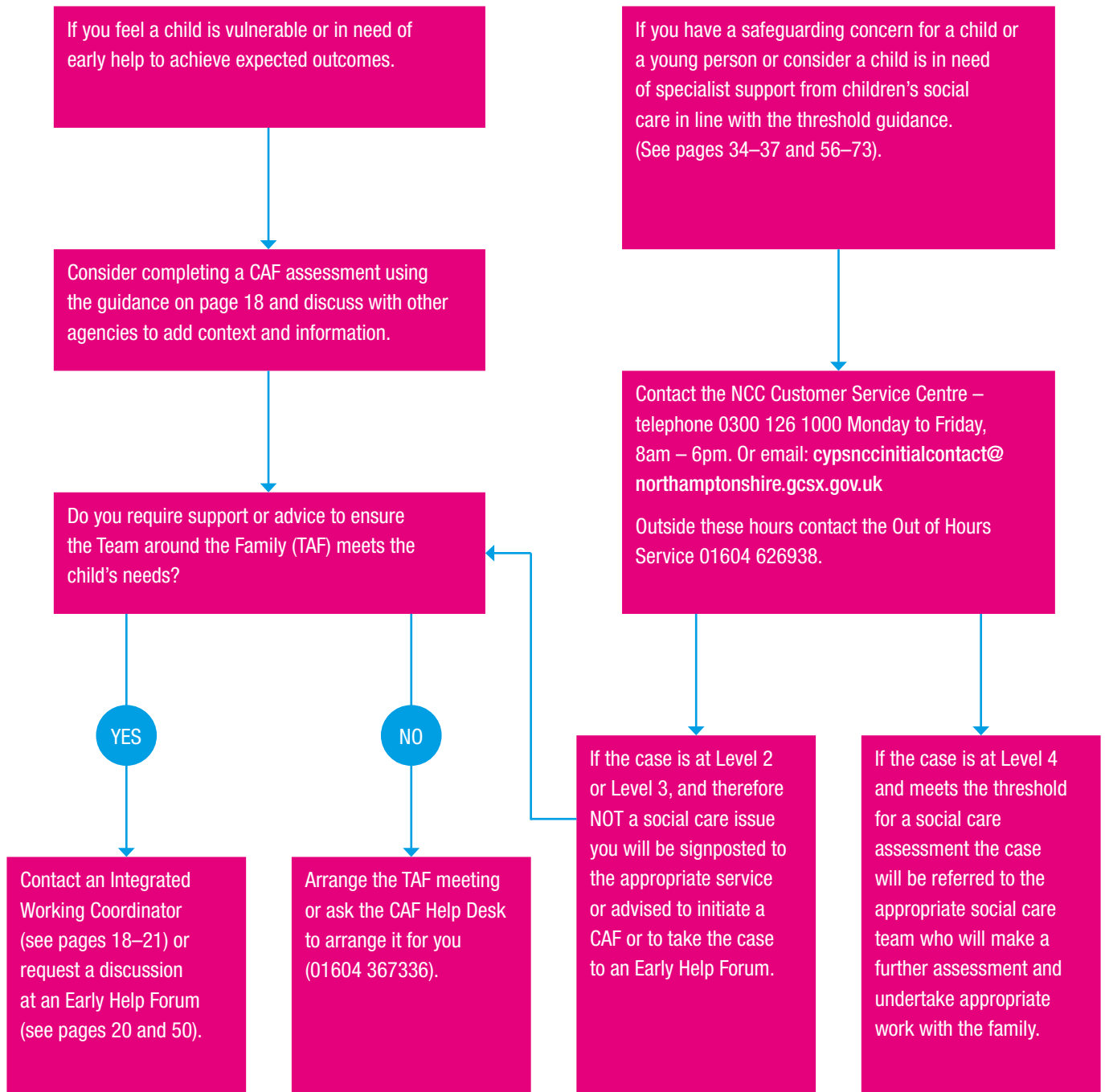
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Early Help Pathway

Safeguarding (Children's Social Care Pathway)



Section 1: Context/Background

Early Help and Prevention



This document is a key tool in the provision of early help and prevention to children, young people and families in Northamptonshire. Providing effective early help is a key element of the Northamptonshire Early Help and Prevention Strategy – Helping you to help yourself.

The broad purpose of the Early Help and Prevention Strategy is to:

Enable individuals and families to access appropriate support as early as possible, to help them maintain their quality of life, prevent any problems getting worse and reduce the demand for high cost, specialist support services.

Key elements of this include:

- Enabling children and families to access local universal services as part of their every day lives, to help them improve and maintain their quality of life.
- Where problems do emerge, ensure that children and families can easily access early help services which help them prevent their problems getting worse.
- Provision of more targeted support at the higher levels of need (Level 3) to prevent children and families' problems escalating to the point where they need specialist and often expensive support or intervention, for example through social care provision, the criminal justice system or acute health services.

- Ensuring that when children and families do require specialist support at the highest levels of need (Level 4), there is an appropriate referral process and the support is provided in a timely and effective manner.
- Ensuring that there are effective step-down procedures from Level 4 specialist services to lower level support services.

In order to achieve these objectives, the Early Help and Prevention Strategy identifies a number of principles in relation to children, young people and families:

- Child first – ensuring that the welfare of children and young people is the main priority.
- Think family – acknowledging that working with families as a whole is often vital in achieving wellbeing for children and young people.
- Easy access – enabling people and practitioners to easily gain access to appropriate support.
- Early help – providing appropriate support as early as practicable, to prevent people's problems getting worse and preventing demand for more intensive and expensive services.

- Consistent approach – at the relevant levels of need, providing consistent support by ensuring local agencies are working to consistent approaches and processes. At the relevant level of need providing a skilled generalist who can support families with a number of their issues, rather than referring them to a range of different agencies and individuals.
- Promoting independence – encouraging and enabling families to maintain their quality of life through accessing provision in their local community (Helping them to help themselves).
- Staying safe – ensuring that any issues relating to the safety of children and young people are effectively and rapidly identified and addressed.

See www.northamptonshire.gov.uk/prevention for more information about the Early Help and Prevention Strategy.

Working together to safeguard children 2013 is the Government guidance that sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children.

Working Together states that:

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs.

A child-centred approach is supported by:

- The Children Act 1989 (as amended by section 53 of the Children Act 2004).
- The Equality Act 2010 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity.
- The United Nations Convention on the Rights of the Child (UNCRC). Page 9 Paragraph 15.

Section 2: The Levels of Need



The purpose of this section is to clearly identify the different levels of needs and related thresholds that are used in Northamptonshire, to enable practitioners to make appropriate assessments and access appropriate support for children, young people and families.

Providing a clear framework will help ensure that practitioners are using a consistent language and assessment process, thus contributing to more effective support for children and families and leading to better outcomes for them.

It is recognised that assessing need is not a scientific process, and practitioners will need to use their professional judgement within this framework.

In addition it is recognised that the needs of a child and their family will change over time. Ultimately the aim is to provide support that enables children and families to move to the lower levels of need, ultimately helping them to help themselves.

Please note children's social work teams will be working predominately at Level 4, and at Level 3 where the child and young person's needs are likely to escalate to Level 4 without further intervention, as well as offering oversight of cases through the Early Help Forums.

Part Two on page 56 of this document contains the Levels of Need – Vulnerability Matrix that includes detailed descriptions of need at each of the four levels and appropriate interventions. It should be read alongside the special educational needs descriptors www.northamptonshire.gov.uk/localoffer

The four agreed multi agency Levels of Need are:

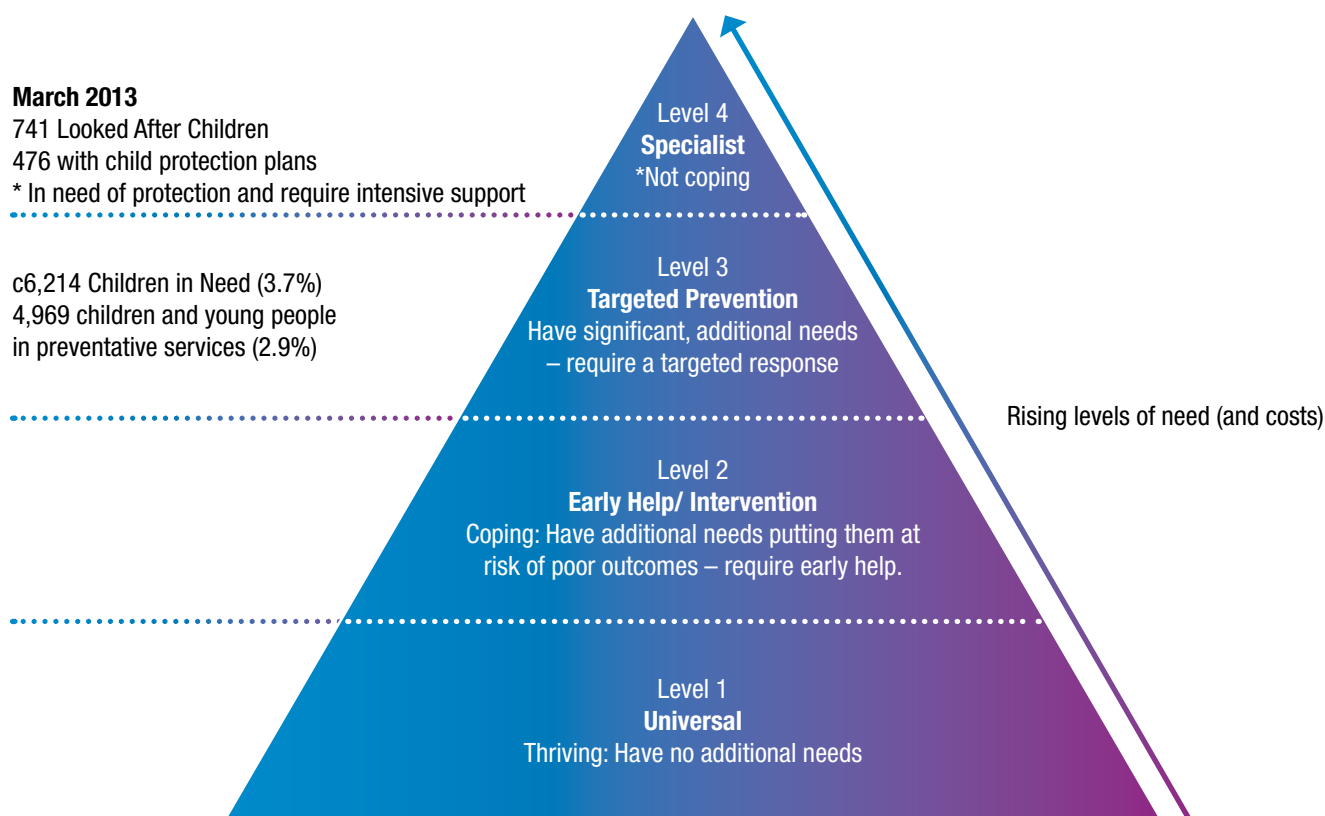
Level 1: Universal – Children, young people and families are generally progressing well and achieving expected outcomes. Their core needs are being met effectively by universal services without any additional support.

Level 2: Early Help/Intervention – Children, young people and families are experiencing emerging problems which result in them not achieving expected outcomes. They are likely to require early help/intervention for a time limited period, to seek to move them back to Level 1.

Level 3: Targeted – Children, young people and families who are experiencing significant additional needs, which may be numerous or more serious/complex in nature. This is having a significant impact on their achievement of expected outcomes and is likely to require more targeted support, potentially from a number of agencies. This may require the identification of a lead professional to co-ordinate the support provided to the family.

Level 4: Specialist – Children, young people and families who are experiencing very serious or complex needs that are having a major impact on their achievement of expected outcomes. Their needs will be such that they require intensive support from specialist services.

The Four Levels of Need – Children, young people and families



In total, there are **c170,000** children and young people in Northamptonshire (100%)

March 2013 number of children aged:

0–5: 54,602 6–10: 39,634 11–15: 39,352 16–18: c25,500

Number of school places: 102,032

Number of children with SEN: 18,381

Number of children eligible for FSMs: 14,424

Examples of services:

Level 4	Level 3	Level 2	Level 1
<ul style="list-style-type: none"> • CAHMS Specialist (Community) and Highly Specialist (Inpatient) Services • Community Paediatricians • Specialist Looked After Children Service • Children's Continuing Care • Children in Need Team • Youth Offending Service (also Level 3) • Social Workers 	<ul style="list-style-type: none"> • CAMHS Primary Mental Health Workers • Community Paediatricians • Targeted Prevention Service • Youth Offending Service • Children's Centres (also Level 1 & 2) • Connexions • GPs • Social Workers 	<ul style="list-style-type: none"> • Health Visitors (also Level 3) • School Nurses (also Level 3) • Therapy services • Early Help Team for Disabled Children • Children's Centres • Schools and colleges • Educational Psychology Service (also Level 3) • Midwives • Portage Team • GPs 	<ul style="list-style-type: none"> • Health Visitors • Family information service • Children's centres • Libraries • Schools and colleges • CYP Public Health nurses • Midwives • GPs

Table One: Level of Need and Assessment: course of action relating to each level of need.

The following table shows the likely course of action dependent on the level of need and risk identified. However this may vary depending on the individual circumstances. At all levels of risk or need contact should be made with other agencies (e.g. health, education who are or have been involved with the family).

More detail about the relevant assessment and referral processes is in the following pages.

Level of Need Identified	Further assessment required?	Referral/action/support
Level 1: Universal	No additional assessment needed.	Child, young person or family directed to relevant universal services for advice/support.
Level 2: Early Help	If a single clear issue or area of need identified – CAF assessment may not be necessary.	Offer support yourself or direct to relevant universal or early help support service for relevant support.
	If a number of issues or needs at Level 2 are identified a CAF assessment must be undertaken.	<ul style="list-style-type: none"> • Contact the CAF Helpdesk on 01604 367336. • Consider taking case to Early Help Forum. • Based on results of CAF assessment – access appropriate early help service/s. • Or establish Team around the Family (TAF) meeting.
Level 3: Targeted Response	If a CAF assessment has already been done new information should be sent to the services already involved, to update the CAF assessment.	Contact the CAF Helpdesk on 01604 367336 and then feed any new information to the lead professional handling the CAF.
	If not already done, a CAF assessment must be undertaken.	<ul style="list-style-type: none"> • Contact the CAF Helpdesk on 01604 367336. • Consider taking to Early Help Forum or establishing a Team Around the Family (TAF). • Appropriate support to be accessed by lead professional.
Level 4: Specialist/ Statutory	Likely that a CAF assessment has been done but if not the CAF process should not be used at this point and referral should not be delayed.	Immediate referral should be made to Northamptonshire County Council's Customer Service Centre on 0300 126 1000.
Safeguarding What to do if you are concerned about the safety of a child or young person: <ul style="list-style-type: none"> • If a child is in immediate danger you should contact the police on 999 or an ambulance. • If there is no immediate danger or you need advice or information contact Northamptonshire County Council's Customer Service Centre on 0300 126 1000. 		

Section 3: Risk Assessment



Northamptonshire Risk Assessment Guidance for Early Help and Targeted Response

The purpose of this section is to support and assist practitioners at all levels, in every agency, to be able to approach the task of risk identification, assessment, analysis and management with more confidence and competence.

Risk, resilience, vulnerabilities and protective factors

Most children and young people are able to develop and progress into adult life with the support of universal services, such as health and education, community-based organisations, and the care and support of their family, friends and community. It is not always obvious when a child or young person has unmet needs, and if they have, what the causes might be, the level of risk to which they may be exposed, or the degree to which resilience can be developed.

In some circumstances children and young people who have similar problems might respond in different ways depending on their own coping skills or the support they get. This can also reflect the impact of age, gender, ethnicity, religion, ability and sexuality.

Resilience concerns the ability to bounce back. It involves doing well against the odds, coping and recovering (Rutter, 1985, Stein, 2005). Discussions around resilience are typically framed with reference to risk, vulnerability and protective factors. Newman (2004) defines these as follows:

- Risk: any factor or combination of factors that increase the chances of an undesirable outcome affecting a person.

- Vulnerability: a feature that renders a person more susceptible to a threat.
- Protective factors: circumstances that moderate the effect of risk.
- Resilience: positive adaptation in the face of severe adversities.

Risk as a general concept is familiar to all practitioners. However the focus of risk is different within different areas of practice in children's services. For example, education services may focus on the risk of poor attendance or underachievement. But health practitioners may focus on the risk of obesity or emotional problems. An aspect of risk which all practitioners **must** consider is the risk of significant harm. There are typical factors that can contribute to an increase in risk or resilience. Individual, parenting and environment can all affect a child or young person reaching their potential and achieving their best outcomes.

Practitioners should be aware that some children and young people, because of their individual, family or environmental circumstances, are additionally vulnerable to poor outcomes. However, caution is needed to avoid making any assumptions about an individual child or family based on a small number of key indicators (see table on next page). Developing positive relationships and carrying out structured assessments are necessary when identifying levels of need and making sure effective service is delivered.

Vulnerabilities

Vulnerabilities are known characteristics, or factors which might pre-dispose a child to risk of harm. Essentially these are internal to the child. They need to be understood in relation to potential child abuse and neglect. Consideration should be given to any unmet need which in itself makes a child more vulnerable. Examples include:

- Age, understanding and/or developmental milestones
- Prematurity
- Family and parental relationships
- Learning difficulties or disability
- Physical disability
- Communication difficulty
- Mental health issues
- Substance misuse
- High risk behaviours
- The child's environment

Protective Factors

These are features of a child's world that might counteract identified risks.

Examples include – for the child:

- Evidenced personal safety skills (for example for teenagers)
- Strong self-esteem
- Evidenced resilience and strong attachment
- Evidence of protective adult(s) in family network (e.g. grandparents)
- Evidence of support network(s).

For the child's caregivers:

- Demonstrable motivation and capacity for change – and acceptance of the need to change
- Evidence of openness and willingness to cooperate and accept intervention

Resilience

Masten et al (1990) have identified three kinds of resilience among groups of children. These are:

- Children who do not succumb to adversities despite their high-risk status, for example babies of low birth-weight.
- Children who develop coping strategies in situations of chronic stress, for example the children of drug-using or alcoholic parents.
- Children who have suffered extreme trauma – for example through disasters, sudden loss of a close relative, or abuse and who have recovered and prospered.

Resilient children, therefore, are those who resist adversity, manage to cope with uncertainty and are able to recover successfully from trauma.

Risk factors

Risk factors are those things that are identified in the child's circumstances or environment that may constitute a risk, a hazard or a threat. Examples of risk factors include:

- Previous abuse or neglect
- Parental substance misuse
- Domestic abuse
- Known or suspected sex offenders involved with the family
- Persons known or suspected of having previously harmed children
- Mental illness or serious mental health problems
- Economic and social disadvantage
- Significant debt
- Young parents
- Parents and carers with physical and/or learning disabilities
- Parents who have unrealistic expectations of their child(ren)

A core part of risk assessment is the recording, storing and sharing of information between professionals and family members (if appropriate) in a structured, systematic and timely way, ensuring the welfare of the child is maintained as paramount and prioritised by all involved. Clearly agreed and recorded plans and decision making enhance the accuracy of assessments while promoting safer timely outcomes for children.

All assessments of children's circumstances should include an assessment of risk. This guidance outlines the way in which risk should be managed by services working with children and young people in Northamptonshire at early and targeted stages.

Agencies should have internal systems to manage risk. Decisions around risk should be organisational or service ones rather than made by individual practitioners alone. Support can be gained through discussions with Integrated Working (formerly CAF) Coordinators, through Team around the Family (TAF) meetings, at Early Help Forums and through the NCC Customer Service Centre.

Where there is a risk of imminent significant harm to a child, referral should be made immediately to NCC's Customer Service Centre on 0300 126 1000.

At lower level of risk, the Common Assessment for Families is the appropriate assessment to use. Support for practitioners and agencies using the Framework is available from the Integrated Working Coordinators (cafcoordinators@northamptonshire.gov.uk) or at Early Help Forums.

Northamptonshire's Common Assessment for Families (CAF) assessment and action plan forms, includes tools to enable practitioners and managers to assess, record, share and manage risk.

Work with children and young people and their family needs to be both supportive in character and investigative in approach. We have to acknowledge that intrusion in people's lives is sometimes necessary to support improvement and change in their life circumstances.

Assessment of risk needs to be comprehensive but can only be so if it methodically and analytically considers both past and present in order to identify future risks to the child or young person. When conducting an assessment of risk, the focus is on the safety and well-being of the child and it is important that the child's "whole needs" are fully assessed. This will assist agencies and families to better understand what contributes to a family crisis. It may also help identify the strengths and resources a family has that can be drawn upon when intervention may be necessary to protect a child.

Research provides evidence that parents who abuse/neglect their children are frequently struggling with a range of problems, such as poor mental health, substance/alcohol misuse and domestic violence. Such difficulties may increase the potential for abuse when they occur in combination or are compounded by other stressors such as parental capacity, material deprivation, housing problems and unsupportive/inadequate social and family networks. A thorough risk assessment should take into account the strength/resilience factors, support networks and resources that a family has to draw upon to better identify the nature of intervention necessary to protect the child.

The Munro Review set out a number of indicators and guidance to support the development of accurate risk assessment. All practitioners must be clear about these recommendations and consider them as an essential part of their daily professional decision making processes
www.education.gov.uk/munroreview

Professor Munro, in her work, 'Effective Child Protection' states that in order to manage risk, there is a need to identify:

- a. What has been happening
- b. What is happening now
- c. What might happen
- d. How likely it is
- e. How serious it would be
- f. A combination of seriousness and likelihood leading to an overall judgement

A thorough approach to risk assessment also needs to take account of these key questions:

- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

In addition, any assessment of risk must also consider the following:

Source of the risk

- Who or what presents the danger/threat to the child's well-being?
- Where does the abuse occur – at home and/or in the wider community?
- What is the level of intent – is the abuse an act of commission or omission?
- Is the harm isolated to a single event or cumulative, reflecting more than one risk factor?
- What is the actual or likely impact of any harm?

Capacity of the parent/carer to effect the necessary changes

- Does the parent have insight into self, child and the circumstances?
- Is there a shared understanding of professional concern/s by the family?
- What is the parents/carers understanding of the need for change – is change possible?
- Do they sincerely want to change?
- Are they able and willing to work with services to effect change?
- Do we have the resources to help address needs/risk(s) and to build child and family resiliencies?
- How long is it likely to take to effect change?
- Can they maintain the change required?

The assessment information can then be used to help determine, if a child is safe, what agency resources are needed to keep the child safe with their family and where the risks are such that a child may need to be removed from immediate family.

The stages of risk assessment:

1. Collection, recording and collation

of data: All assessment no matter what the service or circumstances, is based upon the gathering of relevant information from across all areas of a child and family's life circumstances identified as having significance

- #### **2. Risk analysis:**
- Analysis is a key activity in assessment. Making sense of children's lives and relationships is fundamental to understanding their well-being and safety. Risk analysis is the process of understanding what the information gathered is saying about the actual and potential needs of and risks to the child. Information gathering should be purposeful, systematic and organised in approach and practitioners must consistently ask themselves, **"What is this information telling me?"**

- #### **3. Risk management:**
- Clear assessment through focused, systematic information gathering and analysis will better inform the risk management strategy framed within the single Child's Plan.

The development of the Child's Plan is key in defining the actions necessary to be undertaken by services and parent/carers, to satisfactorily address need and reduce risk. This should clearly state who is doing what, when, within what timescale, to achieve what outcome and for what purpose.

Section 4: Accessing Early Help (Level 2) and Targeted Support (Level 3)

CASE STUDIES

The following details are taken from a real case in Northamptonshire. It shows the range of responses and support available when responding to a family's needs. Every family will have different needs and should be assessed to make sure the most appropriate help is offered for their particular circumstances.

HEALTH VISITOR

What was the issue?

A health visitor had concerns about a new mother's mental health needs and the effect this was having on her attachment with her newborn son. An assessment known as the Common Assessment for Families (CAF) was completed by the health visitor with the family to look at what support could be put in place.

How was it addressed?

Following the assessment, the health visitor decided a multi-agency team could provide the support the child and family needed. The CAF Help Desk organised the first meeting of this team, known as the team around the family (TAF). The health visitor, an adult mental health worker and a children's centre worker attended the TAF meetings.

The TAF coordinated their work to ensure that regular visits were made to the parent. Childcare was arranged to make time for dedicated mental health support. In line with this, the children's centre completed outreach work with the mother and child to help with the attachment issue.

What difference did the additional support make?

The regularity and consistency of the support helped the mother to make a positive recovery. The baby made great progress in his development and attachment with his mum.

The purpose of this section is to clarify expectations for completing a Common Assessment for Families (CAF) as well as providing information about how to access early help and targeted support services.

4.1 Completing a CAF (Common Assessment for Families) Assessment

Where a practitioner working with children, young people and their families identifies a child/family's needs at Level 2 (Early Help) or Level 3 (Targeted Response), the practitioner should initiate a CAF (Common Assessment for Families) assessment. The CAF is a standard holistic assessment tool that can be used by all services working with children, young people and families. The CAF supports practitioners to work in partnership with parents/carers to identify a child or young person's strengths, risks, needs and goals. It can be shared between agencies/services, with parental and/or the child/young person's consent and used to plan co-ordinated multi-agency support and actions.

Working Together 2013 states that:

"Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests." (Page 20)

It is important that practitioners ensure that the views and feelings of the child or young person are heard, recorded and acted upon throughout the CAF process.

This will include listening to their views during the assessment process, recording them appropriately and ensuring their views are shared with members of the Team around the Family (TAF) – with consent. If the child or young person attends the TAF meeting they should receive the appropriate preparation before the meeting and support during it. If they are unable or unwilling to attend, actions should be taken to ensure their views are represented.

Northamptonshire has a set of tools for practitioners to ensure the child or young person is fully involved. They can be found at: **www.northamptonshire.gov.uk/cafprofessionals**

It is important for practitioners and managers in every agency, to be able to approach the task of risk identification, assessment, analysis and management with more confidence and competence. Therefore Northamptonshire's 2013 version of the Common Assessment for Families (CAF) assessment and action plan includes tools to enable practitioners and managers to assess, record, share and manage risk.

The CAF at Level 2

A single clear area of need for a child or young person identified at Level 2 is unlikely to require a Common Assessment for Families (CAF) assessment or Team around the Family (TAF). However support should be provided within universal services or a single additional service may be appropriate. Please refer to resilience factors as set out in Level 1 Assessment Process when making professional judgements as absence or inclusion of these will help you decide what intervention is necessary.

When a cluster of needs at Level 2 are evident for a child or young person, a CAF must be completed with the child/young person and their family to gather information on their strengths and needs to assess the level of response required. A CAF may be appropriate when only one indicator is present; however, this decision will be based upon professional judgement.

Use of CAF as a Step Down

Some specialist services will use the CAF as a 'Step Down'. For example the Family Nurse Partnership works with clients from early pregnancy until their child is 2 when they 'graduate' from the programme and transfer to a health visiting team. Working with the client to consider their needs before transfer, a Common Assessment for Families or Family Nurse Transfer document will be completed as appropriate to enable access to appropriate early help services.

Child or young person already known to a statutory or specialist service:

There should already be a CAF or other relevant holistic assessments of needs. New or escalating concerns should be shared with the specialist services already involved, so that assessments may be updated and additional support identified.

The CAF at Level 3**Child or young person already known to a statutory or specialist service:**

There should already be a CAF or other relevant holistic assessments of needs. New or escalating concerns should be shared with the specialist services already involved, so that assessments may be updated and additional support identified.

Child not already known to specialist/statutory service, no assessment:

A CAF must be undertaken in partnership with parents/carers and the child/young person to identify the child or young person's strengths, needs and goals. The completed CAF can then be used as supporting evidence when requesting involvement from specialist and/or statutory services. For guidance on undertaking a CAF, see www.northamptonshire.gov.uk/caf or contact the CAF Help Desk – 01604 367336. They will also be able to support you through the process by putting you in contact with the Integrated Working (formerly CAF) Coordinator for your area, and in arranging the initial Team around the Family meeting.

N.B. Consent of the parent/carer or young person is required for the CAF process to be initiated. If there is no consent for CAF but parents/carers agree to referral to a specialist or statutory agency, this should be made clear in the referral. If consent is given for discussion at an Early Help Forum meeting, this may be useful in identifying appropriate services/support. In cases where there is no consent for information sharing or additional support, **consider whether this is a safeguarding issue**. Discuss concerns with your line manager in the first instance **but** if in doubt always consult with NCC's Customer Service Centre on 0300 126 1000.

For further details of the Northamptonshire CAF process go to: www.northamptonshire.gov.uk/caf or ring the CAF Helpdesk on 01604 367336 who will also be able to put you in contact with the Integrated Working (formerly CAF) Coordinator for your area. The Integrated Working Coordinator will be able to support and advise you through the process.

4.2 Requests for discussion at Early Help Forums

Early Help Forums are multi-disciplinary processes and meetings that enable teams providing early intervention and prevention services for children, young people and families to come together to work collaboratively. They discuss cases and issues from the area. There are ten Early Help Forums in Northamptonshire and they each meet monthly.

A referral should be made to an Early Help Forum where a Lead Professional or a Team around the Family feels that s/he needs:

- Support to help a child or family meet outcomes or with unmet needs
- Advice on local services to meet needs

The Early Help Forum provides the opportunity for a multi agency discussion about a child, young person or their family with early help or targeted level needs. The core membership of the forums includes social work senior practitioners which enables practitioners at early help to access social work advice and guidance around cases.

As a result of the discussion, the referrer will have a better understanding of the needs to be met and the services available to meet them. Actions will be recorded which will be shared with the referrer. Forums will track progress made by children and young people discussed at their meetings, will check if actions have been carried out and record whether outcomes have been met at subsequent meetings.

There will also be the opportunity for the whole Forum to reflect on any learning gained by individuals or collectively from the discussion.

CASE STUDIES

The following details are taken from a real case in Northamptonshire. It shows the range of responses and support available when responding to a family's needs. Every family will have different needs and should be assessed to make sure the most appropriate help is offered for their particular circumstances.

HEAD TEACHER

What was the issue?

A head teacher was uncertain about how to proceed with a specific family. The school had heard about circumstances and events in the family home through the child. The family would not consent to an assessment being carried out to work out the family's needs.

How was it addressed?

The head teacher presented the case at a meeting of the local Early Help Forum without discussing any details that could identify the child or family. The professionals present suggested how to support the child and the family, based on their experiences on similar cases.

What difference did the additional support make?

The head teacher returned to school and put several of the suggested approaches into practice. The child's situation progressed and the concerns about her home life are much less acute. She is happy at school and working hard. While the family is still unwilling to engage in formal assessment, the school has established a good relationship with them.

The situation gave the head teacher the confidence to adapt her learning to other situations that may arise. She felt that she got practical advice that was based on proven results in similar circumstances as well as benefitting from the opportunity to share and network with a different set of professionals she does not normally see.

Referrals can be made to Forums by completing the Forum 'Request for Discussion' form (see appendix 1) and returning it to the Forums Business Support Officers:

- Corby and Kettering –
corbyketteringehfs@northamptonshire.gov.uk
- Daventry and South Northants –
dsnehfs@northamptonshire.gov.uk
- Wellingborough and East Northants –
wenehfs@northamptonshire.gov.uk
- Northampton North –
northamptonnorthehf@northamptonshire.gov.uk
- Northampton Central –
northamptoncentralehf@northamptonshire.gov.uk
- Northampton East –
northamptoneastehf@northamptonshire.gov.uk
- Northampton West –
northamptonwestehf@northamptonshire.gov.uk

The Request for Discussion form contains guidance on information sharing. It also provides information on the forum to help a parent/carer or young person decide whether to give their informed consent to a discussion. When consent is not given discussions can take place anonymously.

A list of all forum coordinators and their contact details can be found in Appendix 2.

4.3 Accessing Early Help (Level 2)

There is a range of early help services available to children, young people and their families.

Children's Centres

There are 50 children's centres in Northamptonshire which offer a variety of early help services to children under 5 and their families.

Each centre delivers a range of services, some of which are common to all centres and some which are designed with the needs of the local community in mind. Each centre offers a varied programme of activities for children aged from 0–5 and their families, e.g. baby massage, stay and play sessions, baby yoga, and health, wellbeing and child development activities.

The Government's Sure Start Children's Centres Statutory Guidance April 2013 defines the core purpose of a children's centre as:

"To improve outcomes for young children and their families, with a particular focus on families in greatest need of support in order to reduce inequalities in: child development and school readiness; parenting aspirations, self-esteem and parenting skills; and child and family health and life chances."

To achieve this core purpose Children's Centres:

- Help inform local authority assessment of strengths and needs across the area.
- Provide access to high quality universal early years services.

- Use evidence-based approaches to deliver targeted, family centred support.
- Act as a hub for the local community, building social capital and cohesion.
- Sharing expertise with other early years settings to improve quality.

The full statutory guidance can be found at:
www.education.gov.uk/aboutdfe/statutory/g00224078/sure-start-statutory-guidance

Services available at Children's Centres include the following:

Family Support

- Visits to parents by the local health visitor services within two months of birth informing them of how they can access services through Children's Centres.
- Access to specialist health and education services.
- Drop-in sessions for parents and carers.
- Encouragement for parents and carers, to get involved with the support of their child's learning and development.
- Help and advice on being a parent.
- Targeted Support – For children and families at Level 3 need, Children's Centres can provide Targeted Support, providing short term, intensive family support to enable families to address a range of issues and to promote positive behaviours and outcomes.

Child and Family Health Services

- Antenatal help, advice and support from health visitors and midwives.

- Information and guidance on breast feeding, hygiene, nutrition and safety.
- Identification, support and care for mothers suffering from pre or post natal depression and distress before or after birth.
- Support with speech and language development.
- Help with giving up smoking.

Links with Families Information Service (FIS)

- Access to the FIS who provide free information and advice on childcare and family services throughout Northamptonshire.
- The FIS can also supply comprehensive information on all local childcare options, as well as out of school groups and extended services available in and around schools. Information is available on local opportunities for family learning, sport and leisure and community groups as well as providing contact details of national services for children and families.

www.northamptonshire.gov.uk/fis

Support for Training and Employment

- Access is available to Jobcentre Plus.
- Links to local education and training opportunities.

Education and Childcare

- A number of centres offer full day care with integrated early learning.
- Support for childminders in the area who might offer additional care.

- Links to local childcare providers and out of school groups.
- Childcare provision as required to reflect the diverse needs of local communities.

Contact details for Children's Centres can be found at www.northamptonshire.gov.uk/fis

Other services offering Early Help services:

Health Visitors

The health visiting service aims to provide and maintain a comprehensive public health nursing service that promotes physical, mental, social and emotional health, and encompasses the health needs of individuals, families and communities. The service aims to:

- Reduce health inequalities and social exclusion by working with individuals, families and communities.
- Promote healthy lifestyles to protect the physical, mental and social well-being of individuals, families and communities.
- Prevent ill health.
- Protect vulnerable members of society.
- Seek to influence the determinants of health and promote healthy options.
- Assess local health needs.

Children and Young People's Nurses

The Children and Young People's Nursing Service (formerly known as the School Nurses service) works in partnership with individual children, young people and

families as well as schools and communities to help improve health and achieve equal outcomes for all children and young people. The service covers both mainstream and special educational settings.

The Children and Young People's Nursing Service aims to achieve the best health and well-being outcomes through a variety of programmes from screening, immunisations, health and development review through to health promotion and guidance. Each programme is tailored to meet individual risks and protective factors.

4.4 Accessing Targeted Support (Level 3)

Targeted Prevention approaches offer a family a home-based service that strives to support children, young people, vulnerable adults and their families to function in their natural settings, of home, school and neighbourhood. Intensive intervention will be put in place when children and young people are at significant risk of being excluded from their families, education and community and will promote wellbeing and positive social behaviour whilst decreasing negative behaviours that might result in families escalating into high cost specialist interventions.

The cases likely to come to Targeted Support Level 3 will be children and young people at significant risk of being excluded from their families, education and community.

The routes for Targeted Support Level 3 are as follows:

- a. Families where a need has been assessed through the Multi Agency Safeguarding Hub (MASH) but not requiring children's social care interventions.
- b. Specific families who have stepped down from social care, (Child Protection or Child in Need) who have been identified from benefiting from a support package and intensive work to build resilience and reduce risk.
- c. Families where a need has been identified by an Early Help Forum, and it is agreed the case cannot/no longer be managed through the early help CAF process.
- d. Children and young people aged 10 to 17 years who are not previously known to the criminal justice system but have a family member (sibling, parent/carer) who are known to the criminal justice system and therefore are required to be managed through county offender management strategies.

The service will be delivered by Northamptonshire County Council's targeted prevention team through targeted support teams in Children's Centres and Commissioned Services.

Targeted prevention teams and targeted prevention support in Children's centres can be contacted via **tpreferrals@northamptonshire.gov.uk**

CASE STUDIES

CHILDREN'S CENTRE TARGETED PREVENTION TEAM

What was the issue?

A young woman pregnant with her first child wasn't eligible for support under the Family Nurse Partnership, a structured support programme for first time teenage parents. The programme is designed for young women in the early stages of pregnancy but because of missed appointments, the young woman's pregnancy was too far advanced to allow her to take part in this programme. In addition, she didn't meet the criteria for social care support. However, her circumstances meant there was a risk she would need specialist services if her additional needs were not addressed. She was homeless and unemployed and had been a victim of domestic violence.

How was it addressed?

Her midwife decided the most appropriate referral would be to the county council's targeted prevention team. With the woman's involvement, her needs were assessed and an intervention plan devised. An interim place in a specialist mother/child unit was obtained and support given to help find her own property. She was helped to access maternity grants and benefits and given support with accessing consultant maternal services. In preparation for the birth of her baby, she was given advice and guidance with regard to baby equipment, and information about breastfeeding. She was advised about support for parents in her local area as well as advice about domestic abuse safety plans, knowing where to go for help, advocacy at meetings and support with court appearances.

What difference did the additional support make?

As a result of the intervention plan, sustained housing and finances were put in place; the necessary preparations were in place for the baby's arrival; help and advice were given with regard to domestic abuse and managing conflict; and she moved away from the person who was carrying out the abuse. A lead professional ensured the young woman had a constant consistent contact before and after the child's birth.

Section 5: Definition of a Team around the Family (TAF)



The Common Assessment for Families (CAF) is used to assess the needs of the child or young person, and also provides a framework for assessing the wider needs of the family and community in improving outcomes and providing earlier intervention. We know that issues affecting parents or siblings can affect the development of other siblings or family members.

In Northamptonshire, we want to encourage greater integration and multi-agency working between adult's and children's services. We want to ensure that we can shape all these services more closely around the needs of families and draw together all the positive work and interventions taking place with a family in a coordinated approach. In short we want all of the children's and adult's workforce to **'Think Family'** and create a **'Team around the Family'**.

The Early Help Forums will support practitioners working with different siblings from the same family.

The Team around the Family brings together young people, parents and practitioners, regardless of agency boundaries, into a small, individualised team for each particular child who has been identified as having additional needs. Parents/carers and young people have a full role in the TAF, their parents'/carers' needs are recognised and their central role to meet the needs of the child should be acknowledged.

The membership of the TAF may change as the needs of the child and family change.

The TAF operates as a supportive team; there is direct benefit to parents who have opportunities to discuss their child and family with key practitioners in one place. There is also benefit to practitioners who might otherwise feel isolated and unsupported in their work with the child and family.

A successful TAF meeting will have taken into account the views of the child/young person and parent. It is crucial to the success of a CAF process that the voice of the child is heard and recorded and that they are supported throughout, including at Team around the Family meetings. Tools and guidance to help practitioners supporting children, young people and parents/carers to have their voices heard are available at: **www.northamptonshire.gov.uk/cafprofessionals**

The TAF will:

- Be chaired/facilitated by the practitioner/ agency who completed the CAF assessment until a lead professional is agreed (if there are two or more assessments being brought to an initial meeting of the Team around the Family, the practitioners/agencies concerned should liaise with the family and with each other to agree who should chair the meeting).
- Share common assessment information (with the consent of the young person/family) so it can be analysed and understood.
- Identify how support can be offered to the child and family to meet needs assessed through use of a CAF assessment.

- Jointly agree possible solutions and appropriate actions, including actions for the family and child to undertake where appropriate.
 - Record these actions and timescales on a CAF action plan.
 - Provide copies of the plan to all TAF members (including the family of the child/young person, as appropriate).
 - Arrange, as necessary, additional requests for involvement/referrals, supported by a Common Assessment, as a pathway to other targeted and specialist services.
 - Agree who should act as lead professional. Consideration must be given to the views of the child/young person and/or family (see guidance on lead professional overleaf).
 - Review the support given to the child and family.
 - Make a decision that when needs have been met, a Common Assessment is closed.
- The Best Practice Model TAF:**
- Is encouraging, positive and supportive to all members, including the parent (including fathers), carer (including male carers) or young person.
 - Gives all members an equal voice.
 - Arrives at collective agreements.
 - Acknowledges differences of views and negotiates workable solutions.
- The Role of a Team around the Family (TAF) Member**
- The role of a TAF member includes:
- Having a vision based on children and young people's identified needs and not to be led by the availability of services from agencies.
 - Responding to requests for involvement in a Common Assessment for Families TAF openly and honestly.
 - Where attendance at a meeting is not possible, to inform the requesting agency of the reasons for this and to provide information of what support could be offered to the child/young person or family.
 - In cases where the request is inappropriate and/or does not meet the relevant eligibility criteria, to explain this to the requester and to signpost to other appropriate services.
 - Supporting the lead professional by providing relevant information for the Common Assessment (CAF).
 - Keeping the lead professional up to date with any developments in between the TAF meetings.
 - Ensuring that informed consent has been gained to share information and those children, young people and/or their parents/carers are an equal part of the team.
 - Recognising and being supportive when the lead professional role needs to change and accepting and helping to identify who may be the more appropriate person to take on the role of Lead Professional.
 - Delivering actions as agreed in the TAF plan.
 - Contributing to the monitoring of the TAF plan and reviewing outcomes.

Section 6: Lead Professional



Evidence from practice suggests that the lead professional role is a key element of effective frontline delivery of integrated children's services. It ensures that professional involvement is rationalised, coordinated and communicated effectively. Though more importantly, it provides a better experience for children, young people and their families involved with a range of agencies.

It is important that once a lead professional has been appointed through consultation with the child or young person and their family that this is communicated effectively and clearly both to the family and also within the CAF Action Plan.

The lead professional will:

- Build a trusting relationship with the child or young person and family (or other carers) to secure their engagement and involvement in the process.
- Be the main point of contact for the family and a sounding board for them to ask questions and discuss concerns. In some cases other practitioners will need to make direct contact with them, and it will be important for them to keep the lead professional informed of this.
- Co-ordinate the effective delivery of an agreed set of actions which provide a solution-focussed package of support and a process by which this will be regularly reviewed and monitored.

- Identify where additional services may need to be involved and put processes in place for brokering their involvement (this may need to be carried out by the line manager rather than by the Lead Professional themselves).
- Be the main point of contact for all practitioners who are delivering services to the child or young person, including staff in universal health and education services, to ensure the child or young person continues to access this support.
- Continue to support the child or young person and family if more specialist assessments need to be carried out.
- Support the child or young person through key transition points but, where necessary, ensure a careful and planned handover takes place if it is more appropriate for someone else to be the lead professional.

A lead professional will NOT be expected:

- To take action on behalf of another agency, unless that is specifically agreed.
- To take action outside of the person's professional competence and training.
- To hold a budget for the child or young person, unless that is part of your normal role.

Knowledge and skills for carrying out the lead professional functions

Knowledge		Skills
<ul style="list-style-type: none"> • Knowledge of the CAF and integrated working • Knowledge of local and regional services for children, young people and families and how to access them or where to go for information – e.g. the Families Information Service, Services Directory • Understanding of the child or young person's strengths and needs • Understanding of information sharing, consent and issues around confidentiality • Understanding of safeguarding in relation to CAF and lead professional role • Understanding of the boundaries of their own skills and knowledge 	<p>Knowledge and skills are underpinned by skills in:</p> <p>Effective communication, e.g.</p> <ul style="list-style-type: none"> • Providing information • Giving and receiving feedback • Offering clarification • Interpretation and challenge • Empathy • Diplomacy • Sensitivity • Negotiating • Encouraging the child or young person and family's self directed problem solving • Planning, organisation and co-ordination • Critical and innovative thinking 	<p>Ability to:</p> <ul style="list-style-type: none"> • Establish a successful and trusting relationship with the child or young person and family • Support the child or young person and family to achieve their potential • Empower the child or young person and family to make decisions including challenging them when appropriate • Convene effective inter-agency meetings and initiate discussions with relevant practitioners • Work effectively with practitioners from a range of services

The different responsibilities of the TAF and lead professional are shown on the next page.

Responsibility of the TAF

The TAF:	The Lead Professional:	The Lead Professional is not:
<ul style="list-style-type: none"> • Brings a multi-agency approach to supporting a child or young person following assessment • Develops and delivers a package of solution-focused support with each TAF member being responsible and accountable to their home agency for their actions and the services they provide • Reviews progress and outcomes, identifying further action and support that may be needed 	<ul style="list-style-type: none"> • Acts as a single point of contact for the child or young person and their family • Co-ordinates the delivery of the actions agreed by the practitioners involved in the TAF • Reduces overlap and inconsistency in the service received 	<ul style="list-style-type: none"> • An expert in everything • Automatically the person who undertook the CAF assessment • Responsible or accountable for the actions of other practitioners or services

The above skills may appear daunting at first glance but there are many practitioners across the children and young people's workforce who could take on the role of lead professional. The skills and knowledge required to carry out the key functions of lead professional are similar regardless of professional background or role. Therefore lead professional is not defined by any particular professional or practitioner groupings although it does instead emphasise the key functions and skills.

Practical management tasks

Practical management tasks to help embed the lead professional and TAF

The principles outlined in the table below can be implemented by undertaking the following practical management tasks within your organisation to help embed the lead professional role.

The TAF:	The Lead Professional:	The Lead Professional:
<ul style="list-style-type: none"> • Configuring systems and processes to facilitate lead professional and TAF • Ensuring development and delivery of (multi-agency) training and development opportunities • Establishing effective information governance frameworks and ensure that good practice in information sharing is embedded in working practices • Setting up systems to quality assure CAFs and action plans • Ensuring provision of administrative support 	<ul style="list-style-type: none"> • Providing induction based on the CWDC common induction standards • Providing regular, structured supervision • Supporting capacity building for the lead professional in developing knowledge and skills • Supporting the Lead Professional to put learning into practice • Supporting the Lead Professional as member of TAF • Enabling support groups/ mentoring/buddy system • Allowing staff time to participate in these programmes 	<ul style="list-style-type: none"> • Championing CAF, lead professional and integrated working in the Children's Trust • Engaging managers for other services in integrated working processes • Demonstrating commitment to TAF, CAF and lead professional as core business • Engaging managers and developing structures to sustain the relationships

Section 7: Northamptonshire threshold criteria for children and young people receiving specialist services from social care

The purpose of this section is to clarify the thresholds required for specialist services, outlining the likely factors in determining if a child or young person is in need or at risk of significant harm.

Section 17 Child in Need

Some children and young people with complex needs may be children who are defined as being 'in need', under Section 17 of the Children Act 1989. The criteria for Section 17 are those children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health and development will be significantly impaired, without the provision of services, plus those children who are disabled. Those children will need to be referred to the county council's Customer Service Centre (0300 126 1000), submitting a completed CAF where available and a decision will be made within 24 hours whether or not an Initial Assessment will be undertaken. Initial Assessments are undertaken by a social worker in one of the area assessment teams.

The following factors may be evident:

Health and Development

- Children who have suffered or are likely to suffer significant harm which could be physical, emotional neglect or sexual abuse.
- Children who are subject of concerns that they may be being sexually exploited.

- Disability (permanent/substantial impairment of function) including life limiting conditions.
- Significant mental health needs.
- Chronic alcohol and/or substance misuse.
- Suicide attempts.
- Children whose behaviour may be sexually harmful.
- Children who repeatedly go missing from home.

Environmental Factors

- Children who are homeless.
- Young carers.
- Housing places child in danger.
- No recourse to public funds.

Parents and Carers

- Serious or repeated domestic abuse where the children were present or witness to it.
- Children from families experiencing a crisis likely to result in a breakdown of care arrangements.
- Chronic alcohol and/or substance misuse
- Previous children removed from their care and/or subject to child protection plans.
- Physical or learning disability that affects their parenting capacity.
- Chronic or severe mental health problems.

CASE STUDIES

POLICE COMMUNITY SUPPORT OFFICER

What was the issue?

A Police Community Support Officer (PCSO) patrolling an estate visited the home of a mother of 3 children (aged 8, 2, and 6 months) he knew to have recently separated from her partner due to issues of domestic abuse.

The officer noticed a large amount of dirty plates and pots in the kitchen and a pile of clothes on the floor. There were 2 dogs running around the house with evidence of dog faeces indoors and a strong smell of ammonia. The woman didn't know where her eldest child was: she thought he "might be with a neighbour".

Upstairs, there were loose wires hanging from a socket and the lights didn't work. There was only one child's bed with a dirty and stained sheet. There were no toys. In the bathroom there were dirty clothes and dirty nappies. There was no stair gate.

The mother confided that she was feeling low after separating from her husband. She was considering allowing her husband to return to the family home. The PCSO was concerned about the state of the house, the presentation of the mother and her comments about reconciliation; however, he decided there was no immediate risk to the children and the children's mother was supported by the neighbour who brought her eldest child back into the house while the officer was present.

How was it addressed?

The PCSO made a referral to the Customer Service Centre. This was passed through to Multi Agency Safeguarding Hub (MASH) for consideration of social care intervention. Due to the multiple concerns (neglect; historic domestic abuse; possible reconciliation; mother unaware of where her child was; state of the home), this was passed to the local assessment service for completion of an Initial Assessment.

The assessing social worker visited the home to engage with the children and their mother. The neighbour had continued to offer the family practical support and helped the children's mother clean up the house. The children

appeared to be happy and securely attached to their mother. The eight-year old child was a little withdrawn, but sought support from his mother and looked to her for reassurance during the assessment visits.

The mother agreed she hadn't been able to care for the dogs. The assessing social worker made contact with the RSPCA who assisted with their re-homing.

The assessing social worker was able to observe an improvement in the state of the family home between the two visits she made to complete her assessment. It was agreed that a referral should be made to the local children's centre for family support intervention. The children's mother stated she was committed to maintain her separation from the father and was supported by the neighbour who agreed to be the contact point for the father to receive and hand over the children for regular visits. The children's mother also took up the support offered to her by the children's centre, joining their stay & play group and accessing a free nursery placement for her 2 year-old.

The eldest child's school expressed their concerns to the assessing social worker about his 'low' presentation in school and agreed for him to attend their next nurture group. In discussion with the younger children's health visitor, it was agreed the family could benefit from a more structured support system. The health visitor agreed to convene a CAF and act as lead professional following the end of the Initial Assessment process in order to support the children's mother in the changes she was committed to make.

What difference did the additional support make?

The PCSO had, initially, considered that the children should be removed from their mother's care due to the multiple concerns witnessed on his initial visit. However, through the referral, the assessment and the support provided, the children's situation was greatly improved.

These children could have easily ended up in local authority care, if their mother hadn't been supported to make the changes she did. Through the provision of assessment and focussed early help, they were able to stay with their mother in the family home.

Some children are in need because they are suffering, or likely to suffer significant harm. This includes child protection. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children. Local authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm in their area.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of the ill-treatment may include the degree and the extent to physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. It is important to consider age and context as well as evidence from research and serious case reviews. Babies, young children and adolescents are particularly vulnerable and at increased risk especially when there is a parental history of domestic abuse, substance misuse and mental ill-health.

Therefore, significant harm could occur where there is a single event, such as a violent assault. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing: for example, a child whose health and development suffers through neglect.

Significant Harm

A court may make a care order or supervision order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm.
- The harm or likelihood of harm is attributable to a lack of adequate care or control.

The following list provides a guide of all children where children's social care teams have a statutory responsibility:

- Children who are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services.
- Children who are the subject of a child protection plan.
- Children subject to a care or supervision order.
- Looked after children.
- Children for whom adoption is the plan.
- Offenders remanded into the care of the Local Authority.
- Children who are privately fostered.
- Unaccompanied asylum seeking children.

Immediate safeguarding

The list below includes those children and young people where there is a need for immediate safeguarding as they may have suffered or be at risk of suffering significant harm. These children and young people would require **immediate** referral to Northamptonshire County Council's Customer Service Centre on 0300 126 1000 and an initial/core assessment to be completed to better understand their needs and the associated risks.

- Children or young people at immediate risk of significant harm including physical, sexual, emotional harm and neglect.
- Children or young people with unexplained injuries, suspicious injuries or where there is an inconsistent explanation of the injury.
- Children and young people from families experiencing a crisis likely to result in a breakdown of care arrangements.
- Where there are serious concerns regarding the risk of significant harm to an unborn baby.
- Children or young people who allege abuse.
- Vulnerable children or young people who are left alone or abandoned.

Children's social care is the lead agency for undertaking Section 17 and Section 47 enquiries. If you are in any doubt or would like to discuss particular concerns contact your line manager or the NCC's Customer Service Centre on 0300 126 1000.

Please read in conjunction with Northamptonshire Safeguarding Children Board procedures which are available at:
<http://northamptonshirescb.proceduresonline.com/index.htm>

Social Care Assessment Teams

Initial Assessment: A decision to gather more information by children's social care in respect of a child constitutes an Initial Assessment. The Initial Assessment should involve all the agencies relevant to the children and be undertaken by a qualified social worker. The Initial Assessment is a brief assessment of each child referred where it is necessary to determine whether the child is in need, the nature of any services required, and whether a further more detailed Core Assessment should be undertaken.

Core Assessment: A Core Assessment is an in-depth assessment that assesses risk to the child and what their needs are. It also assesses the capacity of the parents or caregivers to respond to those needs within the wider family and community. The Core Assessment is also the tool which is used when Section 47 enquiries are undertaken to assess whether a child is suffering or likely to suffer significant harm. The assessment is led by a social worker in one of the assessment teams or the joint child protection teams and fully involves key agencies to contribute information they have about family members as well as specialist knowledge or advice and potential and ongoing support to the family. Core Assessments should be undertaken in a timely manner and commence in the following circumstances, when the conclusion of an Initial Assessment recommends a Core Assessment and, when a strategy discussion decides to initiate enquiries under Section 47 of the Children Act 1989.



Section 8: Information Sharing



Information sharing is key to the goal of delivering better, more efficient public services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

Where practitioners have to make decisions about sharing information on a case-by-case basis that are not clearly covered by statute, the decision to share or not share information must always be based on professional judgement. It should be taken in accordance with legal, ethical and professional obligations, supported by government information sharing guidance and informed by training and experience.

Information sharing protocols and data exchange agreements are useful tools in setting out the principles by which information can be shared. They can also be used to define the information that will be shared between organisations, designed to support bulk or regular sharing of information between IT systems or organisations.

Information sharing protocols are not required before front-line practitioners can share information about a person. By itself, the lack of an information sharing protocol must never be a reason for not sharing information that could help a practitioner deliver services to a person.

The remainder of this section is based upon government guidance “Information Sharing: Pocket Guide”. For those who have to make decisions about information sharing on a case-by-case basis, it seeks to give clear practical guidance.

Alongside this document, the Government has published:

- Information Sharing: Guidance for practitioners and managers;
- Information Sharing: Case examples which illustrate best practice in information sharing situations;
- Information Sharing: Training materials available for local agency and multi-agency training, and for use by training providers;
- Information Sharing: Further guidance on legal issues which is a summary of the laws affecting information sharing.

It is recognised that it is most important that people remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy of the individual, whilst sharing information to deliver better services. It is therefore important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

Practitioners recognise the importance of information sharing and there is already much good practice. However, in some situations they feel constrained from sharing information by uncertainty about when they can do so lawfully, especially in early intervention and preventative work where information sharing decisions may be less clear than in safeguarding or child protection situations.

It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.

Myth Buster on Data Protection

- The Data Protection Act 1998 is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.
- Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.
- It helps us strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.
- It also helps us balance the need to preserve a trusted relationship between practitioner and client with the need to share information to benefit and improve the life chances of the client or protect the public.



Seven Golden Rules for Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing

information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (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.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with 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, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. Consider safety and well-being:

Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure:

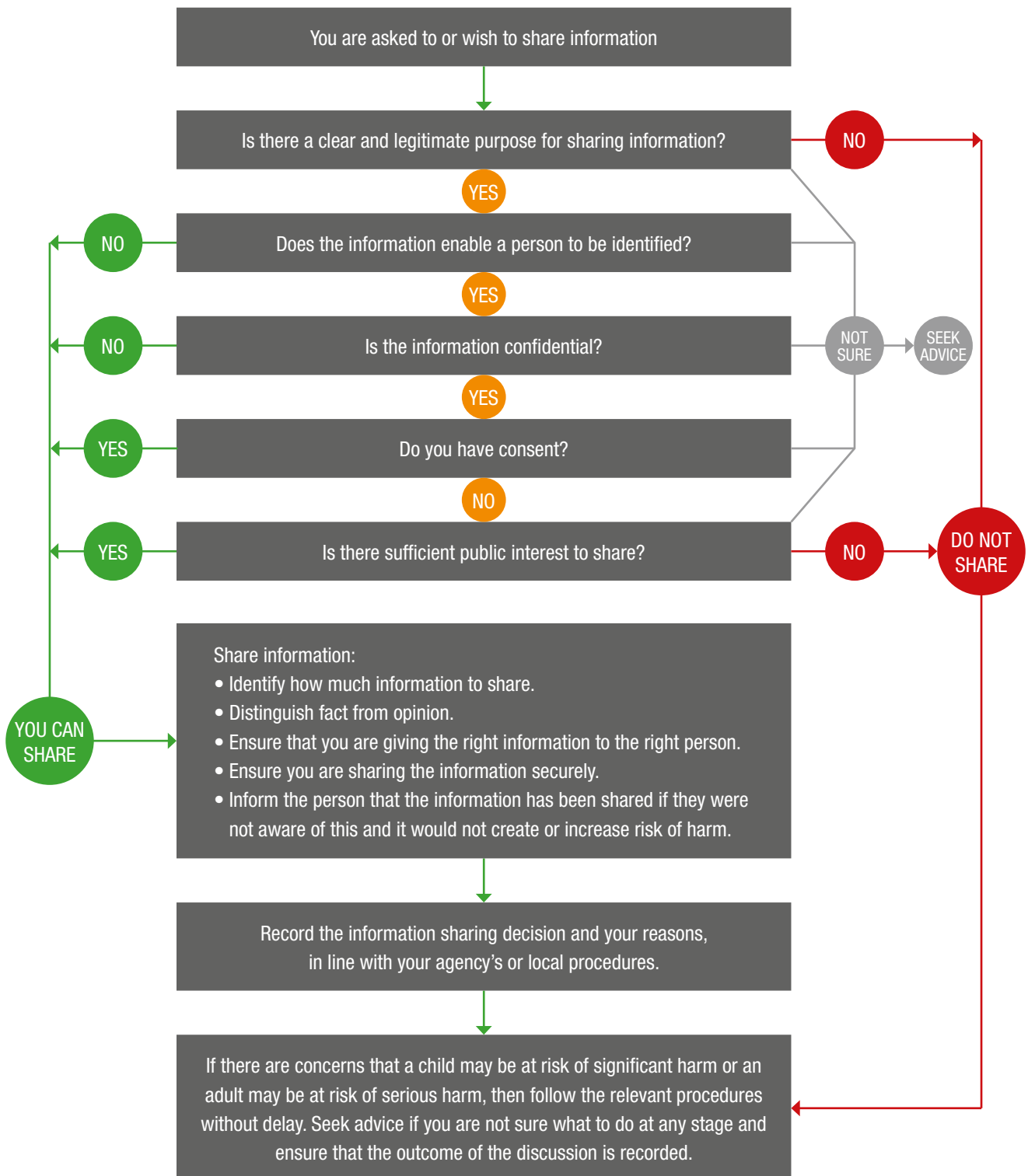
Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. 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.

The ‘Seven Golden Rules’ and the following questions 1–7 will help support your decision making so you can be more confident that information is being shared legally and professionally.

If you answer ‘not sure’ to any of the questions, seek advice from your supervisor, manager, nominated person within your organisation or area, or from a professional body.

Flowchart of key questions for information sharing



Question 1: Is there a clear and legitimate purpose for sharing information?

- Why do you or the other person want the information?
- What is the outcome you are trying to achieve?
- Could the aims be achieved without sharing the information?

Golden rule

Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

Other things to consider:

- Do not assume that you need to share the whole case file.
- Different agencies may have different processes for sharing information. You will need to be guided by your agency's policies and procedures and, where applicable, by your professional code.

For more details, see the Information Sharing: Guidance for practitioners and managers paragraphs 3.3 – 3.9.

Question 2: Does the information enable a living person to be identified?

- If the information is about an identifiable living individual, or could enable a living person to be identified when considered with other information, it is personal information and is subject to data protection law. This is likely to be the case in the course of your work. You should be open about what information you might need to share and why.
- However, it may not be appropriate to inform a person that information is being shared, or seek consent to this sharing. This is the case if informing them is likely to hamper the prevention or investigation of a serious crime, or put a child at risk of significant harm or an adult at risk of serious harm.

Golden rule

Be open and honest with the person (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.

Other things to consider:

If the person was informed about how and with whom their personal information might be shared at the outset, it will usually not be necessary to inform them again as long as the use as described in the original notification is the same.

For more details, see the Information Sharing: Guidance for practitioners and managers paragraph 3.10 – 3.11

Question 3: Is the information confidential?

- Not all information is confidential.
- Confidential information is information of a private or sensitive nature that:
 - Is not already lawfully in the public domain or readily available from another public source; and
 - Has been provided in circumstances where the person giving the information could reasonably expect that it would not be shared with others.

Golden rule

Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

For more details, see the Information Sharing: Guidance for practitioners and managers paragraphs 3.12 – 3.16.

If the information is not confidential you must now consider Question 6.

If the information is confidential you must now consider Question 4.



Question 4: Do you have consent to share?

- You should seek consent where possible and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement on the facts of the case, that lack of consent can be overridden in the public interest.
- You do not always need consent to share personal information. There will be some circumstances where you should not seek consent, for example, where doing so would:
 - place a child at increased risk of significant harm; or
 - place an adult at increased risk of serious harm; or
 - prejudice the prevention, detection or prosecution of a serious crime; or
 - lead to unjustified delay in making enquiries about allegations of significant harm or serious harm.

Golden rule

Share with 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, that lack of consent can be overridden in the public interest. You need to base your judgement on the facts of the case.

Other things to consider:

- Generally, there should be ‘no surprises’.
- Obtaining explicit consent is best practice. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute.
- You will need to consider whose consent should be sought. Does the person have the capacity to understand and make their own decisions on this occasion? If not, is someone else authorised to act on their behalf?
- Consent must be informed, i.e. when people agree to information sharing, they must understand how much of their information needs to be shared, who will see it, why it is necessary to share the information and any implications of sharing or not sharing.
- Consent can be withdrawn at any time.

For more details, see the Information sharing: Guidance for practitioners and managers paragraphs 3.17 – 3.37.

Question 5: Is there sufficient public interest to share the information?

- Even where you do not have consent to share confidential information, you may lawfully share if this can be justified in the public interest. Where consent cannot be obtained or is refused, or where seeking it is unsafe or inappropriate (as explained at Question 4), the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. A public interest can arise in a wide range of circumstances. For a fuller definition of public interest refer to the Glossary in Information Sharing: Guidance for practitioners and managers.
- Where you have a concern about a person, you should not regard refusal of consent as necessarily to mean that you cannot share confidential information.
- In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on professional judgement.

Golden rule

Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

Other things to consider:

A competent adult has the right to make decisions which may put themselves at risk but which present no risk of significant harm to children or serious harm to other adults. In this case it may not be justifiable to share information without consent.

For more details, see the Information Sharing: Guidance for practitioners and managers paragraphs 3.38 – 3.47.

If you decide not to share information you must consider Question 7.

If you decide to share information you must consider Question 6.

Question 6: Are you sharing information appropriately and securely?

- Only share what is necessary to achieve the purpose, distinguishing clearly between fact and opinion.
- Share only with the person or people who really need to know the information.
- Make sure the information is accurate and up-to-date.
- Understand the limits of any consent given and especially if the information has been provided by a third party.
- Check who will see the information and share the information in a secure way. For example, confirm the identity of the person you are talking to; ensure a conversation or phone call cannot be overheard; use secure email; ensure that the intended person will be on hand to receive a fax.
- Establish with the recipient whether they intend to pass it on to other people and ensure that they understand the limits of any consent that has been given.
- Inform the person to whom the information relates that you are sharing the information, if it is safe to do so, and if you have not already told them that their information may be shared.

Golden rule

Necessary, proportionate, relevant, accurate, timely and secure:

Ensure the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

For more details, see the Information sharing: Guidance for practitioners and managers paragraphs 3.48 – 3.49.

Question 7: Have you properly recorded your information sharing decision?

- Record your information sharing decision and your reasons, including what information you have shared and with whom, following your agency's arrangements for recording information and in line with any local information sharing procedures in place.
- If, at any stage, you decide not to share information, you should record this decision and the reasons for it.

Golden rule

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 more details, see the Information Sharing: Guidance for practitioners and managers paragraphs 3.50 – 3.51.

Appendix 1





Early Help Forum – Request for case discussion

This form can be downloaded from www.northamptonshire.gov.uk/ehf

Section 1: Name of person making request:																																			
Name of person:																																			
Agency:																																			
Email:																																			
Telephone number:																																			
Name of *child/young person/family *Delete as appropriate																																			
Address of *child/young person/family *Delete as appropriate																																			
Date of birth (if applicable) Age/School Year																																			
School / Early Years Setting																																			
Section 2: Reason for the request: (Please state main presenting issue(s) from the list below)																																			
<table border="1"> <tr> <td>Child/young person</td> <td></td> <td>Adult</td> <td></td> <td>Family and Environment</td> <td></td> </tr> <tr> <td>Learning</td> <td></td> <td>Physical Health</td> <td></td> <td>Family Dynamics</td> <td></td> </tr> <tr> <td>Health</td> <td></td> <td>Emotional Health</td> <td></td> <td>Housing</td> <td></td> </tr> <tr> <td>Social, Behavioural and Emotional</td> <td></td> <td>Parenting Capacity</td> <td></td> <td>Finance</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Learning</td> <td></td> <td>Community</td> <td></td> </tr> </table>						Child/young person		Adult		Family and Environment		Learning		Physical Health		Family Dynamics		Health		Emotional Health		Housing		Social, Behavioural and Emotional		Parenting Capacity		Finance				Learning		Community	
Child/young person		Adult		Family and Environment																															
Learning		Physical Health		Family Dynamics																															
Health		Emotional Health		Housing																															
Social, Behavioural and Emotional		Parenting Capacity		Finance																															
		Learning		Community																															
<p>What is the child/young person's Level of Need: See the Vulnerability Matrix in Northamptonshire Thresholds and Pathways at: www.northamptonshire.gov.uk/tap</p>																																			
Section 3: What has been done so far / are other professionals/agencies involved?																																			
N.B. Has a CAF been completed? If so please provide CAF Number																																			
Agencies/Personnel you would like to be invited to the meeting:																																			

All requests for discussion to be emailed to:

- Corby and Kettering – corbyketteringehfs@northamptonshire.gov.uk
- Daventry and South Northants – dsnehfs@northamptonshire.gov.uk
- Wellingborough and East Northants – wenehfs@northamptonshire.gov.uk
- Northampton North – northamptonnorthehf@northamptonshire.gov.uk
- Northampton Central – northamptoncentralehf@northamptonshire.gov.uk
- Northampton East – northamptoneastehf@northamptonshire.gov.uk
- Northampton West – northamptonwestehf@northamptonshire.gov.uk

For office use only	Date first discussed at EHF		Case No. allocated	
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Guidelines on completing request for discussion form

Purpose of the document:

The Early Help Forums provide a regular multiagency forum to discuss barriers that are preventing progress of community issues and individual cases involving children, young people, and their families including those that are hard to reach or find services difficult to access. In order for an individual case issue or community issue to be considered for inclusion at each EHF meeting please complete as much information as possible and submit to the email address above **two weeks prior to each EHF meeting**. Each case will be allocated a time slot. Please attend if you have any relevant information relating to any case or as the referrer to present your Request for Involvement. **Core members** will be present at every meeting.

Section 1 – Request for discussion

Please complete with as much information on referrer and referee.

Section 2 – Reason for request:

Please give a brief overview of the case highlighting the main issues concerning the referee/s/community. Please state what the particular barrier/blockage needs to be addressed/the resolution that is required to progress the case/community issue. Please indicate any particular agencies/personnel you would like to be invited to the EHF meeting relevant to the case.

Consent to share information with the Early Help Forum (EHF)

Explanation of the purpose and membership of the EHF:

Early Help Forums are a meeting of workers from different organisations. They will include workers such as schools and children's centres staff, family support workers, targeted prevention practitioners, educational psychologists, youth workers, health workers, education entitlement officer, social worker etc. The EHF works around a local geographical area with these workers meeting together every month. At these meetings they will consider cases (young people and/or families) and community issues that need support from a range of organisations.

With your consent, information about a young person or family will be shared with those at the meeting. We would like to be able to share the information to ensure that the right people are involved with the case as early as possible to provide support and advice with any issues that there may be.

There is a confidentiality statement for the EHF which those present have agreed to which states that information will not be shared outside of the meeting unless there is a specific and lawful reason – such as child protection or risk of offending. The person taking your case to the Early Help Forum will feed back information to you about any discussions that take place and your views will be sought about any support that can be provided.

We will treat your information as confidential and we will not share it with any other organisation **unless we are required by law to share it or unless you or somebody else will come to some harm**. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.

Name of child/young person:	
Name of person giving consent:	
Telephone:	
Address:	
I have had the reasons for information sharing explained to me and I understand those reasons. I agree to the sharing of information between the organisations within the Early Help Forum.	
Signed:	Date:

Appendix 2



Early Help Forum Coordinators

Early Help Forum	Forum Coordinator	Co-Coordinator
Daventry	Laura Russell Integrated Working Coordinator lrussell@northamptonshire.gov.uk 01604 362280	Katie Flanagan Targeted Prevention Team Senior Practitioner kflanagan@northamptonshire.gov.uk 01604 364169
South Northamptonshire	Laura Russell Integrated Working Coordinator lrussell@northamptonshire.gov.uk 01604 362280	Jyoti Appiah Targeted Prevention Team Senior Practitioner jappiah@northamptonshire.gov.uk 01604 363069
Northampton West	Paula Smith Integrated Working Coordinator pausmith@northamptonshire.gov.uk 07718 393576	Ranjit Sohal Targeted Prevention Team Senior Practitioner rsohal@northamptonshire.gov.uk 01604 363236
Northampton Central	Jackie Donegal Integrated Working Coordinator jdonegal@northamptonshire.gov.uk 01604 368906	Loretta White Targeted Prevention Team Senior Practitioner Lwhite@northamptonshire.gov.uk 01604 363236
Northampton North	Paula Smith Integrated Working Coordinator pausmith@northamptonshire.gov.uk 07718 393576	Sarah Louise Higgs Targeted Prevention Team Senior Practitioner slhiggs@northamptonshire.gov.uk 07912 186311

Early Help Forum	Forum Coordinator	Co-Coordinator
Northampton East	Jackie Donegal Integrated Working Coordinator jdonegal@northamptonshire.gov.uk 01604 368906	Deborah Gordon Targeted Prevention Team Senior Practitioner degordon@northamptonshire.gov.uk 01604 368554
Wellingborough	Julie Solley Integrated Working Coordinator jsolley@northamptonshire.gov.uk 01604 365968	Beatrice Madzadzavara Targeted Prevention Team Senior Practitioner nmadzadzavara@northamptonshire.gov.uk 01604 364113
East Northamptonshire	Julie Solley Integrated Working Coordinator jsolley@northamptonshire.gov.uk 01604 365968	Paul Lucas Targeted Prevention Team Senior Practitioner plucas@northamptonshire.gov.uk 01604 363266
Kettering	Jo Roberts Integrated Working Coordinator jroberts@northamptonshire.gov.uk 07834 510691	Joanne James Integrated Working Coordinator jojames@northamptonshire.gov.uk
Corby	Jo Roberts Integrated Working Coordinator jroberts@northamptonshire.gov.uk 07834 510691	Karen Gardner Targeted Prevention Team Senior Practitioner kgardner@northamptonshire.gov.uk 01604 362618

Contact details as of October 2013.

Please contact the CAF helpdesk on 01604 367336 for most up to date details.

Part 2: The Levels of Need

The Vulnerability Matrix

Level 1 – Needs are met through engagement with Universal Services

Development of unborn baby, infant, child or young person.

Common life events including parental separation, sibling rivalry, loss or bereavement are part of normal life which most children and young people experience, are generally short-lived and can be coped with.

Learning/education

- Achieving key milestones.
- Interested in and enjoying friends and play.
- Appropriate access to Early Years settings.
- Good attendance at an early years setting/ school/ college/ training.
- No barriers to learning.
- Well-informed and realistic planned progression beyond statutory school age.
- Engages in age-appropriate hobbies and activities.

Physical health, development and disability

- Accessing health services.
- Good physical health with age-appropriate development including motor development, continence and speech and language.
- Age appropriate eating and feeding, diet and nutrition.

Self-care and independence

Age-appropriate independent living skills including keeping safe.

Social, behavioural and emotional wellbeing (including mental health), identity

- Good mental health and psychological well-being.
- Good quality early attachments, confident in social situations.
- Positive sense of self including opportunities to explore issues relating to equality and diversity.
- Able to make and maintain age-appropriate relationships.
- Growing levels of competencies in practical and emotional skills.
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active.
- Ability to manage and cope with everyday emotional and relationship difficulties.

Parents and Carers

Basic care, safety and protection

- Parents/carers confident to manage common childhood behavioural issues.
- Parents/carers able to provide care for child's needs and seek and use appropriate advice.
- Stable and affectionate relationships where parents and carers are able to meet the child's needs.

Emotional warmth and stability

- Parents/carers provide secure and caring parenting. E.g. pay attention to the young person's interests and achievements. Respond to the child's emotional needs.
- Parents are sensitive to the child's needs within the context of the wider family.
- Encourage development of friendships.

Guidance boundaries and stimulation

- Parents and carers setting and fostering age-appropriate expectations to help child develop appropriate values and parents engage positively.
- Engagement with child's learning and community involvement.
- Family routines are organised and appropriate, and adapt to changes and untoward events.

Family and Environmental Factors

Heritage, culture, religion and beliefs should be taken into consideration

Family history and well-being

- Supportive family relationships including when parents are separated.

Social and community resources

- Good social and friendship networks exist.
- Access to recreational and leisure activities.
- Good universal services in neighbourhood.
- Positive relationship with peers.

Housing, employment and finance

- Appropriate housing and safe, secure and stable accommodation.
- Condition of property – good housing standards complies with health, housing and safety regulations.
- Household not in fuel poverty.
- Location of housing near to facilities, schools, good transport links and access to community facilities and family/friends, support.
- No observed risks in home e.g. fire, electric, water, slips, trips and falls.
- Able to manage budget within their financial resources (and pay any rent). E.g. parents, carers are in employment and receive appropriate benefits.

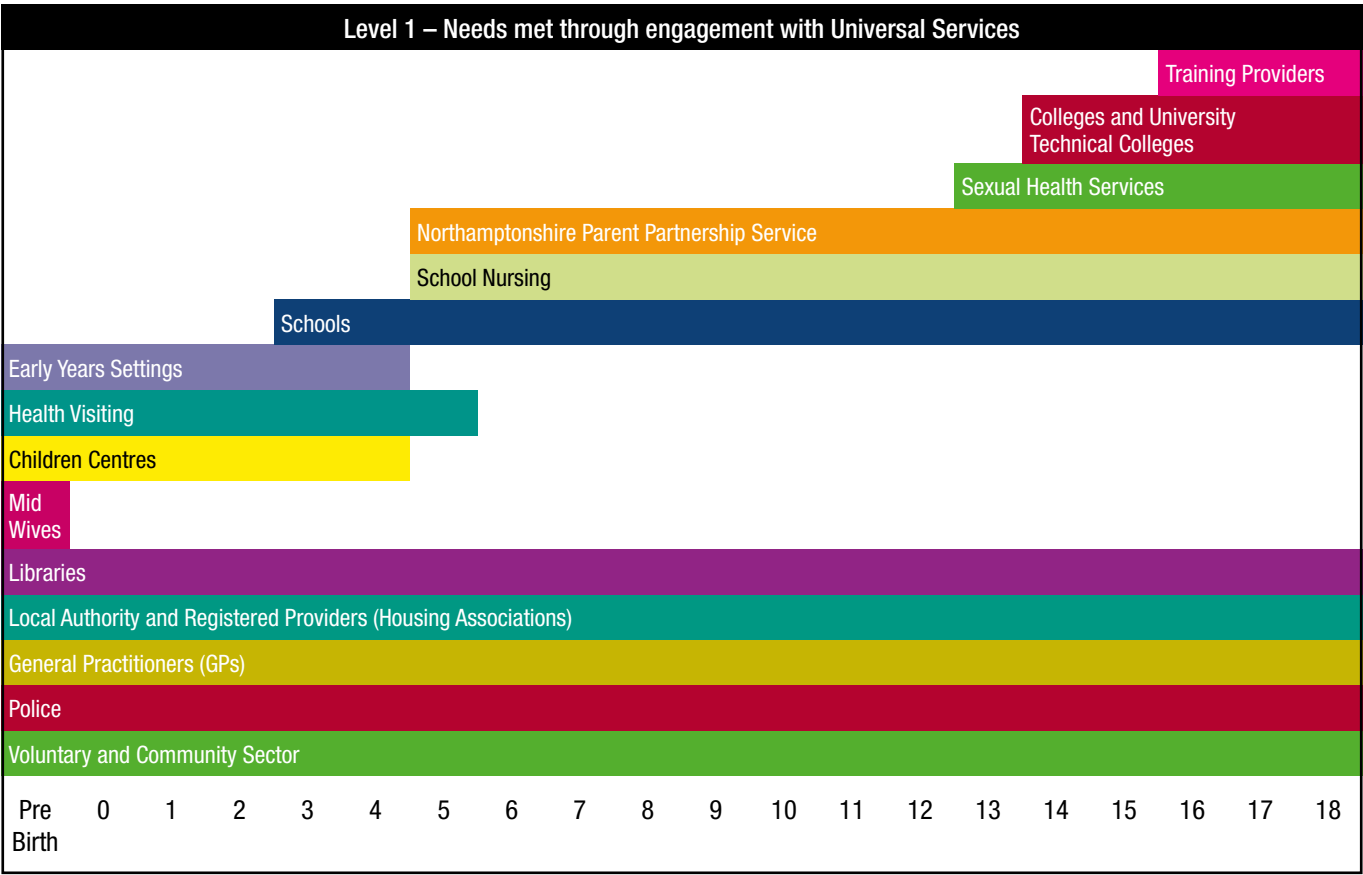
Assessment Process

No assessment is needed; features at this level indicate existing resilience factors in the child, young person and their family which need to be considered in all assessments at all levels of need.

Level 1: Universal – Key Services

Some of the key universal services available for all are identified in the table below.

Information about all services available can be accessed via the Families Information Service:
www.northamptonshire.gov.uk/fis





Level 2 – Emerging needs require early help/ intervention

Development of unborn baby, infant, child or young person

Learning/education

- Reduced interest in play appropriate to age.
- Reduced access to books, toys or educational materials.
- Not achieving individual education targets.
- Reduction in rate of progress and attainment.
- Occasional truancy or non attendance, poor punctuality.
- Does not or cannot access appropriate support to overcome barriers to learning.

Physical health, development and disability

- Missing immunisations, ante-natal care, medical appointments or developmental checks.
- Growth or weight gain above or below expected norms.
- Not registered with a General Practitioner and/ or dentist.
- Identified disability which is beginning to impact on learning and development.
- Identified language and communication difficulties. Suspected developmental disorder such as ADHD or ASD requiring an assessment.
- Diagnosed developmental disorder requiring support.
- Slow in reaching developmental milestones.
- Recurrent illness or health concerns. beginning to have an impact on education, family or social functioning.

Self-care and independence

- Lack of age-appropriate behaviour and independent living skills that increase vulnerability.

Social, behavioural and emotional wellbeing (including mental health), identity

- Concerns about attachment and interaction issues.
- Low self esteem, mood changes, self doubt, anxiety and fears affecting a sense of security.
- Sleep disturbance related to anxiety.
- Low level mental health problems or emotional vulnerability requiring intervention, e.g. bereavement.
- Ongoing concern about emotional and/or behavioural problems.
- Offending behaviour which leads to pre-court measure (community restorative disposal/ community resolution, youth caution or youth conditional caution).
- Anti-social behaviour becoming known to the Anti Social Behaviour Forum, resulting in a warning letter or acceptable behaviour contract.
- Exhibiting some low level conduct and anti-social behaviour requiring support and intervention, in the home, school and community.
- Self harming as a way of coping without suicidal thinking or intent.
- Low level risk-taking requiring early intervention.
- Increased outbursts of aggression/protests and prone to disengage with reluctance to engage in some activities.
- Early onset of sexual activity (13–14).
- Sexually active (15+) with additional vulnerability.
- Teenage parent or pregnant or expectant father (16–18 years).
- Experimental use of substances, solvents, drugs or alcohol which requires prevention/ early intervention support.

Parents and Carers

Basic care, safety and protection

- Inconsistent care, inappropriate child care arrangements or carer unsupported.
- Parental behaviour or health need that does not significantly impact on their ability to meet the needs of the child or young person.

Emotional warmth and stability

- Inconsistent parenting, but child's development not significantly impaired.
- Child/young person has multiple carers.

Guidance boundaries and stimulation

- Lack of response to concerns raised regarding child.
- Difficulties in setting boundaries.
- Unable to manage behaviours effectively.
- Parents and carers have reduced interest in providing appropriate stimulation.

Family and Environmental Factors

Family and social relationships and family well-being

- History of domestic abuse.
- Parents/carers have relationship difficulties which may affect the child/unborn baby.
- Absence or loss of significant adult.
- Parents request advice to manage their child's behaviour.
- Children affected by difficult family relationships or bullying.
- Reduced contact or limited social and friendship networks.

Housing, employment and finance

- Overcrowding.
- Families affected by low income or unemployment.
- Lack of continuity in housing arrangements i.e. short term tenancies.
- Accommodation in need of repairs.
- Debt issues evident.
- In fuel poverty.
- Eviction for rent arrears or breach of tenancy condition.
- Supported housing required or floating support to help maintain tenancies.

Social and community resources

- Insufficient facilities to meet need e.g. transport or access issues.
- Some social exclusion.
- Associating with anti social or criminally active peers.
- Victims of crime or anti-social behaviour.

Features

Children and young people needing some early help or intervention support fall into this category because without such intervention they are likely to be at risk of not reaching their full potential.

Assessment Process

A single clear area of need for a child or young person identified at Level 2 is unlikely to require a CAF (Common Assessment for Families) assessment or Team around the Family (TAF). Support should be provided through universal services or a single additional service may be appropriate.

When a number of Level 2 needs are identified a CAF assessment MUST be completed. This will then be used to identify and access the appropriate support.

Level 2: Early Help – Key Services

Some of the key early help services available for Level 2 needs are identified in the table opposite.

Information about all services available can be accessed via the Families Information Service www.northamptonshire.gov.uk/fis

Child Sexual Exploitation (CSE).

Please note if the young person you are concerned about has several of the following indicators they may be at risk of CSE. Young people believed to be at risk of or being a victim of CSE are Children In Need and a referral to children's social care by contacting the Customer Service Centre 0300 126 1000 is required. The indicators are:

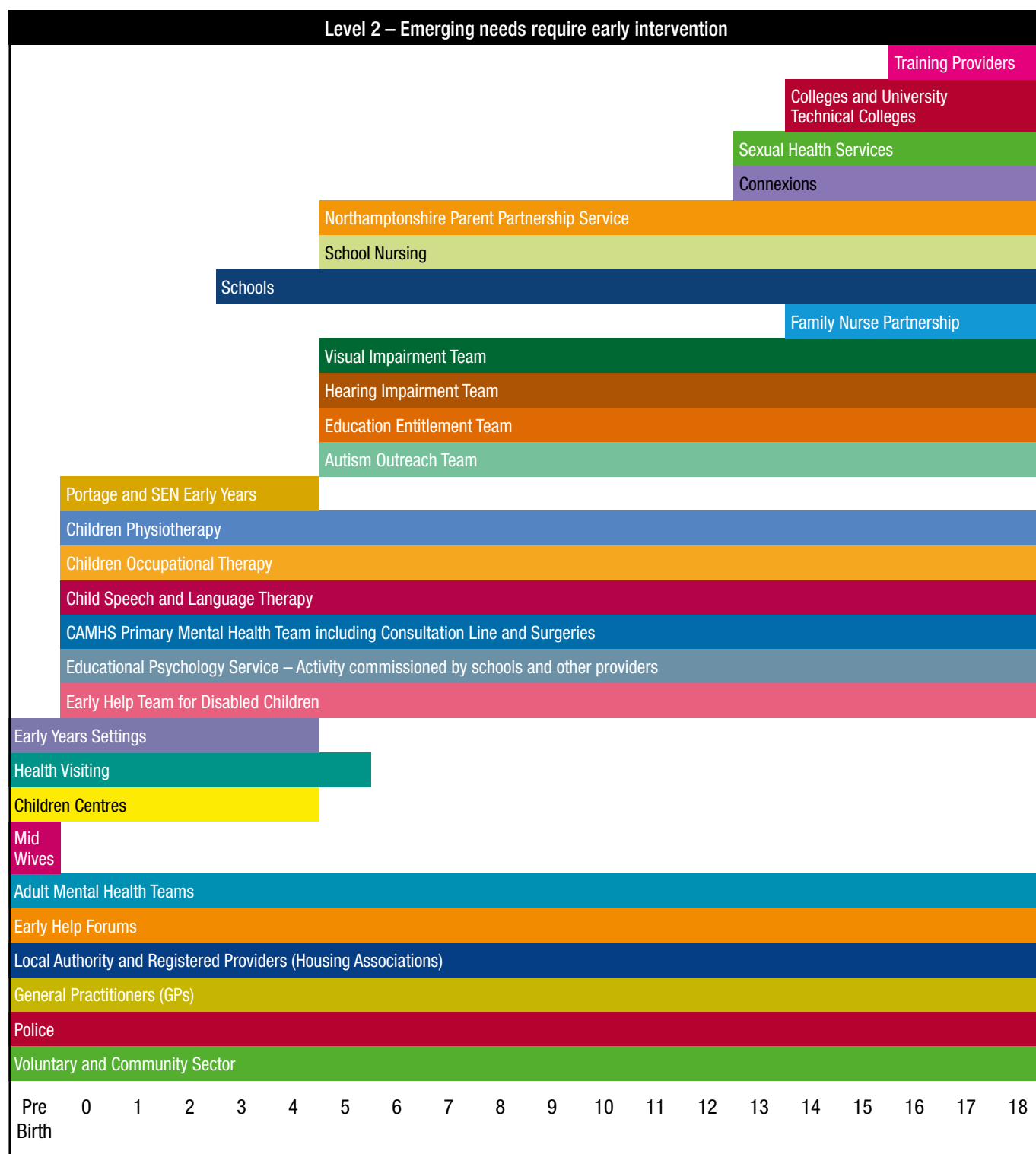
- Links with older men/people
- Episodes of missing from home
- Concern about emotional/behavioural problems
- Truancy/excluded from school
- Self harm
- Looked after history
- History of neglect/abuse
- Early onset sexual activity
- Sexualised risk taking
- Misusing drugs and/or alcohol
- Poor relationships with family and peers
- Unexplained money or gifts
- Having more than one sim card/phone
- Associating with known sex workers
- Low self esteem.

Contact RISE/CAN YP Team if you wish to discuss concerns.

CAN Young Peoples Team (Working with yp under 18 with substance misuse issues)
08450 556246 www.can.org.uk

RISE (Reducing Incidents of Sexual Exploitation) multi agency team.
01604 888345 rise@northants.pnn.police.uk

(CAN Yp Team have dedicated workers who are part of RISE so can be contacted to discuss concerns).



Level 3 – Needs causing concern requiring a targeted response.

Development of unborn baby, infant, child or young person.

Learning/education

- No access to books, toys or educational materials.
- Educational needs not being met despite support.
- Short term exclusions or at risk of permanent exclusion, persistent truanting.
- Frequent non attendance or persistent absence from educational settings.
- Not in Employment Education or Training (NEET).

Physical health, development and disability

- Physical disability or complex medical needs requiring specialist support at home or at school.
- Developmental, language or social communication delay/disorder having significant impact on access to education, learning, psychological wellbeing and/or on family and social functioning requiring specialist services.
- Frequently missing routine and non-routine healthcare appointments including ante-natal.
- Chronic or recurring health problems (including developmental disorders and substance misuse) having significant impact on foetal development, access to education, learning, psychological wellbeing and/or on family and social functioning.

Self-care and independence

- Marked over familiarity and poor personal boundaries.
- Lack of age appropriate behaviour and independent living skills, likely to impair development.

Social, behavioural and emotional wellbeing (including mental health), identity

- Insecure attachment behaviours, e.g. distress at reunion.
- Significant low self esteem.
- Child is withdrawn, isolated and/or unwilling to engage.
- Persistent mild to moderate mental healthcare problems e.g. generalised anxiety, low mood or obsessional behaviour.
- Persistent and significant emotional and behavioural problems e.g. physical aggression, highly oppositional behaviour or lack of self-regulation/achievement of emotional milestones.
- Increase in risk taking behaviour
- Victim of crime including discrimination.
- Evidence of regular/frequent drug use and/or evidence of escalation of substance, solvent or alcohol use.
- Offending behaviour resulting in a court-ordered community sentence (low or medium risk of re-offending/standard or enhanced intervention level).
- Self harming as a means of coping, there may be fleeting suicidal thinking but without suicidal intent.
- Concerns regarding self-image and body size leading to low self-esteem, attempt of controlling diet but without extreme dietary chaos.
- Anti-social behaviour – discussed as open case to the Anti Social Behaviour Forum, resulting in acceptable behaviour contract – file building for ASBO.
- Under 16 and pregnant or has had or caused a previous pregnancy ending in still birth, abortion or miscarriage.
- At risk of radicalisation and/or initiation into a gang culture.

Parents and Carers

Basic care, safety and protection

- Basic care or supervision of child is inadequate.
- Parental learning disability, parental substance misuse, physical or mental health problems impacting on their ability to meet the needs of the unborn child, child or young person (including post-natal depression).
- Parents do not engage with targeted support services.
- Parental involvement in crime or anti-social behaviour.

Emotional warmth and stability

- Inconsistent parenting impairing emotional or behavioural development.
- Negative or critical responses to a child or young persons emotional needs.

Guidance boundaries and stimulation

- Parent provides inconsistent boundaries or responses.
- No parent support in child's learning and engagement in leisure activities.

Family and Environmental Factors

Family and social relationships and family well-being

- Ongoing domestic abuse.
- Risk of relationship breakdown between parent/ carer and the child.
- Child or young person are in the following categories; young carer, prisoner's child, child has had previous periods of being looked after.
- A child's additional needs are having a negative impact on the family.
- Family relationships significantly impaired due to caring responsibilities.
- Inconsistent arrangements leading to chaotic care for the child or young person.

Housing, employment and finance

- Severe overcrowding.
- Living in temporary accommodation, temporarily homelessness. Bed and breakfast emergency accommodation.
- Accommodation is not suitable or safe to meet the needs of the family.
- Levels of debt that are unmanageable.
- Frequent moves have impacted on child's education and wellbeing.

Social and community resources

- Parents socially excluded or have no access to local facilities.
- Involvement in criminal or anti-social behaviour.
- Victim of crime having a sustained impact on the family.

Features

Children and young people who fall into this category have significant additional needs, and in some cases their development is further impaired by an additional unmet need, such as compromised parenting or environmental factors. Due to the nature, complexity, range or intensity of the needs, children and young people will require intervention from specialist or statutory services. This will include situations where current or previous interventions have not achieved desired outcomes. In a number of cases they may require longer term intervention from those specialist and/or statutory services.

Assessment Process/ Intervention/ Agencies

For children and young people with this level of needs, support from universal and targeted services will have already have been provided, and will still be required, but the nature and level of need is such that additional assessment and support is likely to be required from one or more specialist or statutory services.

If a CAF assessment has already been done, any new or escalating concerns should be fed to the lead professional. If one has not been done **a CAF assessment MUST be completed**. This will then be used to identify and access the appropriate support.

Level 3: Targeted Response – Key Services

Some of the key early help services available for Level 3 needs are identified in the table opposite.



Level 4 – Needs require specialist and/or statutory services

Development of unborn baby, infant, child or young person.

Learning/education

- Permanently excluded.
- Not accessing education due to physical illness or mental health problems.
- Not in education, employment or training, NEET (as a result of complex/acute needs that cannot be met by Level 3 services or interventions).
- No access to early years setting.

Physical health, development and disability

- Failure to access health care which is likely to cause significant avoidable impairment to unborn child, child or young person.
- Possible fabricated or induced illness.
- Severe or complex physical health problems including one or more of the following features:
 - Potential for acute/life-threatening deterioration.
 - Requiring end of life care.
 - Severe health needs which are not currently being met at home or in education setting.
 - Severe abnormalities in social communication.

Self-care and independence

- Severe lack of age-appropriate behaviour and independent living skills with no transition plan to manage this.
- Homelessness.
- Needs considerable supervision and support to attend to personal hygiene.

Social, behavioural and emotional wellbeing (including mental health), identity

- Challenging behaviour resulting in serious risk to the child, young person and/or others.
- Severe mental health conditions, eg; OCD, anorexia, depression, suicide attempts.
- Frequently or regularly going missing from home and/or school.
- Child or young person is in sexually exploitative relationship/s.
- Children who are subject of concerns that they may be being groomed or sexually exploited.
- Under 13 engaged in sexual activity (or older but with concerns regarding individual's competency to consent).
- Offending behaviour resulting in a court-ordered community sentence (high risk of reoffending/intensive intervention level).
- Offending behaviour resulting in a court-ordered custodial sentence.
- Anti social behaviour resulting in Anti Social Behaviour Order.
- Known to be part of gang or 'post code collective'.
- Teenage parent under 16.
- Young people with complicated substance, alcohol or solvent abuse problems.
- Children or young people whose behaviour are or have been sexually harmful.
- Intimate partner abuse (aged 16–18).

Parents and Carers

Basic care, safety and protection

- Persons posing a risk to children within the home or in contact with the family.
- Parent has children or young person who has previously been subject to a child protection plan, removed or cared for in extended family.
- Parent who is a prolific offender
- Parent not able to provide safe parenting.
- Child or young person inappropriately left at home alone or unsupervised.
- Parent is engaged in drug dealing, subject to multi agency public protection arrangements, anti social behaviour order or parenting order (and is living in the same household and/or has direct contact with the child).
- Children from families experiencing a crisis likely to result in a breakdown of care arrangements.

Emotional warmth and stability

- Parent unable to manage child or young person's behaviour and there is a risk of family breakdown.
- Child or young person is rejected or abandoned.

Guidance boundaries and stimulation

- Child or young person is beyond control of the parent and is putting themselves or others at risk.

Family and Environmental Factors

Family and social relationships and family well-being

- Continued instability and violence in the home including serious or repeated domestic abuse where the children were present or witness to it.
- Suspicion of physical, emotional, sexual abuse or neglect of child or young person (including unborn children).
- Severe alcohol or substance misuse.
- Parent who is a persistent or prolific offender.
- Child living with carers who are not immediate family (private fostering).
- Parents are unable to meet the needs of the child or young person.
- Children or young person who need to be looked after outside their own family.
- Severe mental health problems.
- Severe family relationship problems.
- Severe learning disability.

Housing, employment and finance

- No fixed abode or homeless.
- Family in extreme poverty.
- Anti-Social Behaviour Injunction (ASBI) applied to the family home.
- Housing places child or young person in danger.
- Housing eviction
- Local authority housing allocations policy exclusions i.e. debt, ASB, breach of tenancy conditions etc.

Social and community resources

- Child or family need immediate support and protection due to harassment/ discrimination and no access to community resources.

Features

There will be a small number of children and young people with presenting needs which are so enduring, complex, intense and/or unpredictable that they impact upon all areas of functioning and require a co-ordinated response from all key agencies.

The presenting needs of these children and young people will be such that they require an immediate response or statutory intervention from specialist services. This will either be a safeguarding response or a coordinated urgent support response.

It is highly likely that these children and young people will already have had a CAF and will be known to one or more specialist services. If this is not the case, the CAF process should not be used at this point and provision of support must not be delayed by the absence of a CAF.

Assessment Processes

Safeguarding Referral to Northamptonshire County Council's Customer Service Centre on 0300 126 1000. This should include the submission of a completed CAF if one exists.

- All appropriate cases will be passed from the Customer Service Centre to the Multi Agency Safeguarding Hub (MASH). Through its multi agency approach to information sharing, the MASH will make a decision as to the best course of action within 24 hours.

This could be to open an Initial Assessment, a section 47 child protection enquiry, signpost onto another agency for a specialist assessment or step down to Tier 2/3 services and closure of the referral. In all cases, the referrer should be informed once this decision has been made within that 24 hours of that decision.

- If the decision is that an Initial Assessment will be undertaken, there will be an electronic transfer of case file to area assessment team.
- Allocation of social worker.
- Initial Assessment.
- Section 47 enquiries.
- Core Assessment.

Other Assessment Processes

- Specialist CAMHS assessment.
- Specialist Paediatric assessment.
- Specialist Learning Disability assessment.
- Continuing Care Assessment.
- Youth Offending Service.
- ASSET (a structured assessment tool to be used by YOTs in England and Wales on all young offenders who come into contact with the criminal justice system).
- Special educational needs assessment.

Key services that may provide support at this level are:

All those listed under Universal and Levels 2 and 3 and in addition:

- NCC specialist looked after children (LAC) service.
- Specialist child and adolescent mental health (CAMH) crisis home intervention services and inpatient provision.
- Children's continuing care assessment team.
- Children's complex and homecare services.
- Specialist learning disability team.
- Northamptonshire Police – protecting vulnerable persons unit – www.northants.police.uk/default.aspx?id=675

Female Genital Mutilation (FGM)

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.

Female Genital Mutilation is illegal in the UK. It is illegal to perform any FGM procedure and it is also a criminal offence to take a girl out of the country for that purpose, or to arrange it.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.

However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. **There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.** These indicators can be found via the hyperlink below.

Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

In all cases make a referral to children's social care by contacting the Customer Service Centre 0300 126 1000.

National Government guidance is available at: <https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>



Notes

MAKING **CHILDREN** SAFER

www.northamptonshire.gov.uk/mcs