Tameside Metropolitan Borough

NHS

2019

Levels of Need Threshold Guidance

Tameside Safeguarding Children Partnership

Here to Help - Protecting from Harm

Tameside Children's Safeguarding Executive Partnership

Children's Services

1/1/2019

Contents Page

1 Welcome

The ambition of Tameside Children's Safeguarding Executive Partnership is that children, young people and families live in a supportive environment where they are able to thrive and achieve, in which their well-being needs are met and where they are safe from harm. It is the aim of the Partnership that children at risk are identified early, responded to promptly and timely action is taken to reduce risk, or to intervene more formally when parents and carers are unable to meet children's needs.

This Threshold Guidance has been compiled to explain the varying levels of need and the associated thresholds, indicating when a child, young person or family might need support. This document will serve to enhance decision-making helping to identify and provide the right service, first time at the right level of intervention. This document provides guidance to professionals across all agencies and sectors, supporting making the appropriate response to provide the most appropriate support.

This document will support children, adult and family services to:

- ✓ *Safeguard and protect children*
- ✓ *Provide children and their families with the support that they need at the earliest opportunity.*
- ✓ *Enabling targeted interventions and support for achieving the best outcomes possible for Children, Young People and Families*
- ✓ *Better recognition of concern falling below threshold enabling the earliest identification of harm and risk to drive earliest invention and support*

When thresholds are understood by all professionals and applied consistently this will ensure that the right help is given to the child at the right time. However the levels of need are not prescriptive and allow for practitioner judgement and decision-making, nor does it replace assessment analysis and planning. The approach this document supports is one to help everyone to:

- ✓ Focus is on the lived experience of the child and hear their voice
- ✓ Understand the child/young person in the context of their family and the wider community
- ✓ Think clearly and achieve a holistic approach
- ✓ Develop relationship based practice
- ✓ Be non-discriminatory on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation gender or disability
- ✓ Where strengths and existing support is equally identified alongside of the needs and/or concerns of harm

For the purpose of this document a 'Threshold' is the point at which something begins or changes, where a level is reached such that a potential or actual negative effect has begun or is noticeable. It describes the step when professionals are determining whether the criteria are net for statutory intervention in family life, or when a child should be receiving a specific type of support. It also is a way of describing transitions between differing levels of need.

This document is for:

- ✓ Professionals who are in contact with children and families who have a concern about a child or young person and what to know how they should help them
- ✓ All children's service providers to provide clarity on thresholds enabling a consistent approach in how help and support is offered and who is referred to protect from harm
- ✓ Anyone who has concerns about a child or young person

1.1 A Shared Responsibility

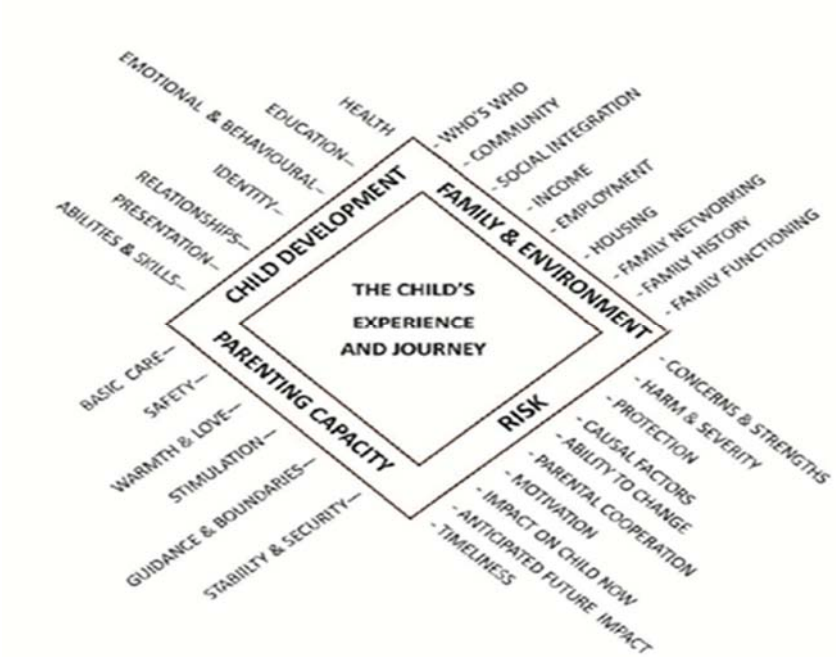
Effective safeguarding of children and young people can only achieved by putting children and young people at the centre of the system and by every individual and agency playing their full part. Working together and sharing the responsibility to meet the needs of those who are vulnerable, to keep them safe from harm and provide effective, efficient and co-ordinated services which support and promote good health and well-being.

All staff who are aware of concerns about the welfare or safety of a child or young person should know:

- ✓ What services are available locally
- ✓ How to gain access to services
- ✓ Who to contact in what circumstances
- ✓ When and how to make a referral to Children's Social Care

2 Tameside's Levels of Need

The Child's experience and journey through to adulthood, as shown below, sets out the framework for Tameside's model for addressing children's needs and is intended to assist practitioners in identifying levels of need and the risks involved for children. The aim is to improve outcomes for children, young people and families and prevent the escalation of need by providing the right service at the earliest point of intervention possible, at the right level of need.



There is evidence that intervening as soon as possible to provide early help is far more effective in promoting the welfare of children and keeping them safe than reacting later when problems, for example neglect, may have already resulted in harm to children. It is important to ensure that the services provided are based on having a clear understanding of the needs and views of the individual child in their family and community context.

This document provides guidance for professionals who are working with children, young people and families. It aims to help identify whether a child and their family may need additional support to fulfill the child's potential. It introduces the idea of a continuum of help and support, provides information on the levels of need, and gives examples of some of the factors that may indicate when a child or young person needs additional support. In this way, professionals can be flexible and respond to

different levels of need in different children and families. Children's needs are not static; they may experience different needs at different points throughout their childhood years. Children and families may experience a range of needs either simultaneously or at different times in their lives. This highlights the importance of integrated service delivery. It also reinforces the need for an effective seamless process to ensure continuity of care when a child or young person requires additional support, from any service, at any stage in their life.

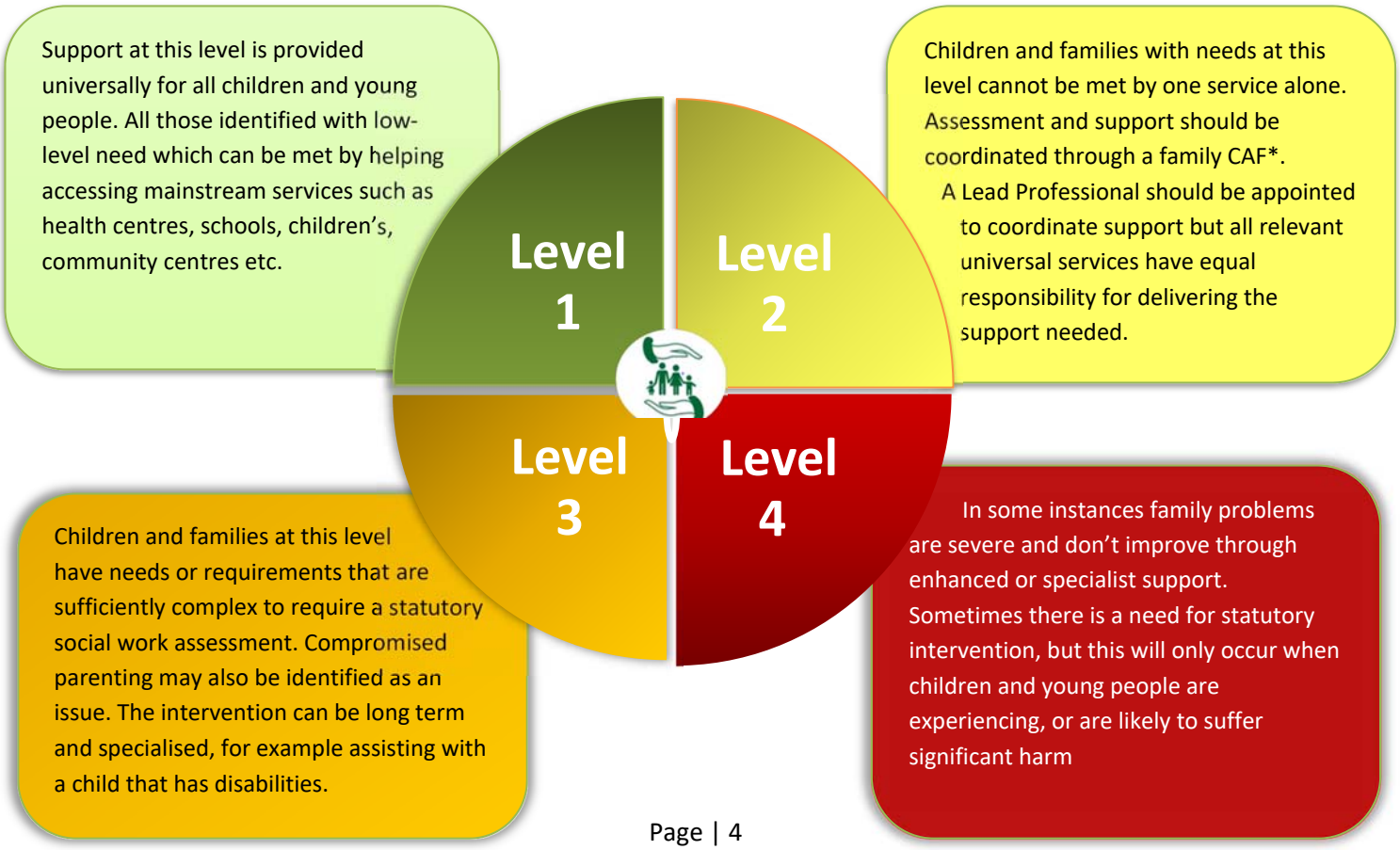
This guidance and matrix of need aims to develop a common understanding amongst practitioners of children's needs and vulnerabilities. This includes shared and graduated assessment procedures to make sure that all agencies work together.

Tameside has four levels of descriptors of need agreed by Tameside Children's Safeguarding Executive Partnership which help professionals to decide what assessments and support children, young people and their families require. The levels are depicted as follows:

- ✓ **Level 1 Universal Services**
- ✓ **Level 2 Early help for children with emerging problems**
- ✓ **Level 3 Child in Need (section 17 Children Act 1989)**
- ✓ **Level 4 Statutory / Child Protection**

The varying levels recognise that the needs of children and their families are dynamic and depend upon a range of circumstances. The response from professionals will need to reflect the needs and situation of a child/young person or family at any given point, recognising needs can increase or decrease at any time. The majority of children will have their needs met via the provision of universal services. An estimated 20 to 30 per cent of children have additional needs at some point in their lives and require targeted support from a range of service that offer early help. A smaller number will require specialist or statutory support.

The following diagram shows the above levels of need with descriptors of the levels of intervention for each level.



The above model describes the point at which practitioners determine if criteria are met for a statutory intervention in family life, or if a child should be receiving a specific type of support. When used effectively and by all partners, this approach can match the child/young person's needs and vulnerability with the appropriate assessment and provision of support and services, based on the best outcomes for them. What follows is a short description of the varying levels and indication of the type and level of support they may require and/or access. (***For a fuller description please see Appendix 1)***

2.1 Level 1 – Universal Services

Children and young people with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment, in appropriate accommodation where their needs are met and they are making good overall progress in all areas of their development. Some may be living in circumstances where there may be worries, concerns or conflicts, but these are infrequent, short lived and quickly resolved by the family or with support from extended family, community or professionals with whom they usually have contact.

These children/young people will require no additional support beyond that which is universally available.

2.2 Level 2 - Early help for children with emerging problems

Children and young people with emerging vulnerabilities whose needs require additional support, advice, direction and sometimes planned intervention or additional resources, usually provided by professionals who are already involved with the child/young person and/or family, e.g. health, education staff, Early Years provision and so forth. Support will be provided at this level through early help and intervention with a coordinated assessment and support plan, providing a co-ordinated approach to prevent the escalation of need, via the Early Help Assessment process (EHA)**. *(Please see section 4 for full details on the EHA.)*** This is because a child's welfare will often depend on parents/carers being able to access services to meet the child's needs and because situations where abuse is developing can, at times, be resolved by a range of early help services for children and families. In Tameside we recognise the importance of parents and carers being able to access, at the point of request, appropriate early help and support to prevent escalation of need and ensure positive engagement and improved outcomes.

Where emerging needs are identified a co-ordinated response is required. Support at this level should be provided by universal services early assessment and intervention. For information on how and when to access Level 1 and Level 2 services please see Appendix 2

If you wish to access help and support for children, young people and families that have identified needs at Level 1/2
You can ring the Family Information Service on 0161 342 4260 for help and advice on services available or email: earlyhelpaccesspoint@tameside.gov.uk

2.3 Level 3 Child in need (section 17 Children Act 1989)

Children in Need are defined under the Children Act 1989 as those who are unlikely to reach or maintain a satisfactory level of health and development or their health will be significantly impaired without the provision of services, including children who have disabilities.

Critical factors on deciding whether a child is in need are:

- What will happen to a child's health and development without services being provided?
- The likely effect the service will have on the child's standard of health and development.

Such children are at risk or moving onto level 4 without the provision of services based on assessed needs. They will build on earlier assessment and analysis thus providing a continual process of single assessment rather than drawing families into repeat cycles of assessment.

Have multiple needs which require a multi-agency and coordinated response with support from targeted services/ intervention occurs under Early Help Assessment, planning and review.

2.4 Level 4 Statutory / Child Protection

When it is believed that a child is suffering or is likely to suffer significant harm the local authority must enquire and make an informed decision to ensure the safety and welfare of the child is protected for example, Section 47 (risk of significant harm), section 31 (care orders), section 20 (duty to accommodate) of the Children Act 1989).

Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether the child is suffering or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, Health, Education and other services have a statutory duty to help the Local Authority social care services to carry out Section 47 enquiries.

In instances where there are clear child protection and safeguarding concerns it will be necessary for a social worker from the local authority to exercise their statutory duties.

3 Early Help Assessment (EHA)

The purpose of the assessment is to gain a holistic understanding of a child's / family strengths (resilience) and needs (risks) so that effective interventions can be made. It is particularly important in a multi-agency context, where you may be addressing a range of needs and require input from a range of services.

The EHA is suitable for use at level 2 of the Continuum of Need when practitioners first become aware that a child or a member of their family has unmet needs. The decision as to whether to undertake an EHA is a matter for the judgement of the practitioner observing or assessing the child or family members with unmet needs. Completion of the EHA helps to identify exactly what the nature of the problem is so that it can be addressed before those problems become serious. It helps practitioners and families to make a plan so that they can get the right kind of support and help themselves to improve outcomes. If an EHA is not in place there should be clear evidence of a plan where a path of continued support is in place.

The EHA consists of:

- A process for undertaking a common assessment, to help gather and understand information about the needs and strengths of the family, based on discussions with the family and other services as appropriate.
- A standard form to help you record and, where appropriate, share with others the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs.
- Three domains of assessment including;
    i. Children
    ii. Parents and carers
    iii. Neighbourhood & Community

In most cases, where a practitioner is concerned about the progress of a child, the first stage would

be to discuss issues with the child or young person and their parent or carer. If necessary, this might be followed up by discussions with your manager, colleagues or other staff.

If you are still concerned you should (normally with the consent of the child/young person or parent/carer) find out who is else is working with the child and their family before doing an EHA. Always check with an Early Help Advisor whether a EHA already exists for the family. It is important to remember that some children, e.g. those with a learning or physical disability, will almost certainly be working with other agencies and that all children should have a GP and, if of school age, have a school and access to a school nurse. It is likely that most babies and their parents or carers will have at least some contact with the midwife, health visitor and/or GP. Anyone completing an EHA should contact the relevant practitioners.

Consent and Confidentiality

Obtaining consent to an EHA is not usually difficult, particularly, where practitioners have been able to nurture good relationships with children and families. However, when deciding to undertake an EHA it must be formally obtained. In most circumstances documentation for the EHA should be shared only with the informed consent of the child, or their parent or carer; copies of EHA and other relevant documents should be provided as a matter of course.

It is important for practitioners to:

- obtain consent to share information wherever possible
- agree with children and families how information is recorded, used and shared and review this regularly
- make children and families aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained
- obtain consent in writing if the information held or shared is sensitive or beyond what might normally be expected
- operate within the Data Protection Act 1998

In some circumstances the child will be able to give consent without reference to their parents or carers i.e. if they are judged to be Fraser competent. Children under 16 should always be encouraged to involve their parent or carer unless to do so could put them at risk of harm. Particular care should be taken with children with a disability, who are sometimes wrongly assumed not to be able to give consent. The mental capacity of children and adults should also be considered when gaining consent.

Disclosing Information without Consent

It may be necessary to share information without obtaining consent from the child/young person or parent/carer when:

- the disclosure prevents the child from committing a criminal offence that could place others in jeopardy or places the assessor or any other person at risk of collusion
- the child is at risk of significant harm or harming someone else
- the child needs urgent medical treatment
- information is required as part of a legal proceeding e.g. by order of the Court
- information is requested by the police if investigating a serious crime
- sharing that information is required to undertake a statutory function.

Where it is necessary to share information without consent, the reasons for doing so should be recorded.

Children and their parents or carers have the right to refuse:

- consent to their information being shared
- an EHA
- any services that may be offered

In these circumstances, their views must be respected and alternative action based on professional judgement considered. In some instances non engagement of the family may heighten your concerns for the child and that may mean reporting any safeguarding concerns to the Public Service Hub. It is your responsibility to respectfully challenge the family to encourage them to engage on a voluntary level and that may mean discussing your concerns with them and stating your intended course of action if they refuse to engage.

Completion of the EHA

In completing the assessment with the child/young person or family, good practice suggests that you:

- Seek to build a working relationship with the child/young person, or family, and fully explain the assessment process and issues of consent and confidentiality
- Be aware that families (including those members who have parental responsibility) may not agree between themselves about the child's/young person's needs and solutions
- Work with the child/young person and/or their parent/carer to understand the issues and develop solutions
- Conduct the assessment in a child-centred way, e.g. in an appropriate environment within which the child/young person and parent/carer are likely to feel more secure and confident listening to and taking into account the views of the child/young person and/or parent or carer observing responses, and focusing on areas of strength as well as need.
- Seek advice if you are worried about a child's/young person's welfare or their own safety.
- Agree the outcomes you want to achieve for the child or young person with the family.

The EHA discussion is divided into six areas:

i) Explanation of the purpose of the assessment, what information will be recorded and why
ii) Collection of basic information about the child and the family, including their demographic and contact details
iii) Assessment of each of the three domains recording strengths as well as needs.
iv) Recording overall conclusions and the evidence behind them; major differences of opinion should be shared and recorded.
v) Identification of solutions and actions.
vi) Agreeing the Plan Do Review process, who will do what and timescales for review (it is recommended, reviews are every 6 weeks). Where appropriate a lead professional should be agreed. At this stage it is usually the assessing practitioner that is the lead professional until this can be discussed in more detail at a Team around the Family meeting.
vii) Safeguarding training is available via the TSCP Training Programme

Delivering Support and Follow-up Action

The purpose of the assessment is simply to lead to the next stage of intervention:

- No further action – the practitioner's concerns have been resolved and no further needs have been identified
- Single agency support (may be multi-disciplinary) – the needs identified require action by the child and/or their parent or carer, or by the practitioner's agency
- Multi-agency support – the needs identified require multi-agency intervention. In these circumstances a Team around the child meeting must be convened (see below - Team around

the Family Meetings)

- Additional screening/assessment – during the process of completing the EHA you may discover that the child or family is vulnerable, or at risk, because a particular issue that needs further exploration for example mental health problems, substance use, domestic abuse or neglect. ***(See Risk Assessment Tools below)***

Once an EHA is completed and signed, the form should not be amended or fresh information added. Changes in information and circumstances should be documented during assessment reviews and/or Team around the child meeting/reviews. If there are significant changes in the child/young person's needs or circumstances, a new EHA should be undertaken. This will replace the original assessment, and the Lead Professional should ensure that only one assessment is open at a time.

The completed and signed EHA should be securely stored by your own organisation and shared appropriately with other services that are going to be supporting the family. Following assessment and having made a decision on outcomes required with the family, a team around the family meeting must be convened.

Team around the family meetings

Team around the family meetings provide a consistent approach to inviting all the relevant services and coordinating a plan and review process to meet the needs of children and young people. The plan will focus on achieving the outcomes that were agreed at the end of the assessment process with the family.

Principles

- It is essential that a child, young person, and parent or carer be involved at every stage of these processes. The Team around the Family process should have a child focus at all times.
- The Lead Professional should aim to complete the EHA within 3 weeks
- The Team around the Family meeting should be convened within a week of completion of the assessment
- The number and nature of services to be invited should be shared with the family.
- The Practitioner who completes the EHA will convene and chair the initial Team around the Family meeting, at which point a Lead Professional will be identified. The Lead Professional will take over responsibility for arranging future review Team around the Child Meetings (recommendation these are every 6 weeks).
- The focus of the meeting is to develop the plan with timescales and to identify which practitioner/s will work to agreed outcomes
- The completed plan should be copied to all participants for their reference using Tameside EHA paperwork.
- A review date should be set.
- Individual services will maintain their own records.

Lead Professional Role

The lead professional is not a job title or a new role, but a set of functions to be carried out as part of the delivery of effective integrated support. These functions are to:

- Act as a single point of contact for the child or family, who they can trust and who can engage them in making choices, navigating their way through the system and effecting change.
- Co-ordinate the delivery of the actions agreed by the practitioners involved, to ensure that children and families receive an effective service which is regularly reviewed. These actions

will be based on the outcome of the assessment and recorded in a child and family plan.

- Reduce overlap and inconsistency in the services received.
- Identify where additional services may need to be involved and put processes in place for brokering their involvement.
- Continue to support the child/ren and family if more specialist assessments need to be carried out.
- Support the child through key transition points but, where necessary, ensure a careful planned 'handover' takes place if it is more appropriate for someone else to be the lead professional.

Multi-agency Consultation

The EHA is underpinned by positive multi-agency consultation in order to allow children, young people and families to benefit from additional services and advice. In the 1st instance professionals should always consult with their safeguarding lead unless to do so would create a delay that would place the child at risk of harm.

Principles

- Consultation is a two-way process, acknowledging different valuable knowledge and expertise.
- Consultation is about sharing responsibility for children and young people's well- being. It is not about transferring ownership of problems even if a referral is made as a result of the consultation.
- Information should be shared where appropriate and necessary and in line with Data Protection legislation.
- Parents/carers and or young people should be informed of any referrals/action agreed as a result of consultation

Professionals Meetings

Professionals working at Level 2 of the Threshold's that have additional safeguarding concerns that may or may not require escalation to Level 3 or 4 should consider holding a professionals meeting. The reason for holding a Professionals Meeting should be clearly recorded by all agencies that attend. The purpose of a professionals meeting is to;

- Take stock of all relevant current and historical information from services that are involved in supporting the family;
- Assess whether over a period of time the family is pro-actively and positively engaging with those services and;
- Determine whether progress is being made that is resulting in improved outcomes for the child and family.

If a decision is made that the case needs escalating then the Lead Professional should consult with the MASH.

N.B. Convening a Professionals Meeting is not appropriate if there are immediate safeguarding concerns and in these circumstances the Children's Safeguarding Team should be contacted without delay.

Multi-Agency Safeguarding Hub (MASH)

Consultation is available from the Tameside Children's Safeguarding Team during office hours and allows practitioners to seek advice and support from other services to help them in their work with children and young people needing additional support. It is a means of exchanging information and agreeing action to meet the needs of children and young people.

If you have concerns about a child's welfare and require support and advice on "borderline" child protection cases consult with your safeguarding lead and the Children's Safeguarding Team if necessary. If an EHA is in place and there have been Team around the Family Meetings that have not improved outcomes for the child then it may be appropriate to make a referral to the Children's Safeguarding Team.

Professional Disagreement and Escalation Policy

Professionals that report safeguarding concerns often know the family well and together with their line manager, safeguarding lead, or other professionals have a carefully considered view on whether the concerns meet the criteria for statutory intervention at levels 3 and 4 of the Thresholds. All professionals, regardless of their position or profession have the right and duty to challenge any safeguarding decision if they disagree with it and believe the child to be at risk of harm. In these circumstances professionals should refer to the Escalation Policy.

Risk Assessment Tools

The EHA itself should be considered a risk assessment tool. Whilst its' primary purpose is to identify unmet needs and to provide support, the process of completing the assessment may uncover risks that you were previously unaware of. In some cases it could mean you need to make an immediate child protection referral or undertake further risk assessments. If you receive information that you are concerned about and are unsure about the best response then you should always seek consultation either with your agencies safeguarding lead or via the Children's Hub.

If you identify risks associated with any of the following then you should go to the TSCP Local Assessment and Guidance page and click on the attached links for the relevant assessment tools and guidance

- Neglect – Graded Care Profile
- Domestic Abuse – Domestic Abuse Seriousness of Harm (DASH) Tool and Multi-Agency Risk Assessment Conference (MARAC) Referral Form
- Learning Difficulty/Disability – Good Practice Guidance, Parent's Brochure and Accessible Writing Guide

Tameside Safeguarding Children's Partnership also has a self-harm and suicide web page containing a self-harm referral pathway and links to emotional health and well-being training.

In Tameside we also have a bank of Greater Manchester Safeguarding Procedures that all practitioners should use when dealing with a wide range safeguarding issues. TSCP recommends that all practitioners register for updates

Service Directory (SD)

A service directory is a comprehensive online information bank of all types of children's and young people's services available in Tameside; it also holds information on national services. The directory includes a broad range of preventative services in both voluntary and statutory agencies and provides;

- Contact details of service providers
- Eligibility criteria
- Geographical location
- Referral procedures
- Facilities
- Costs (where appropriate)

By providing this information, the service directory should contribute to the reduction in the number of inappropriate and misdirected referrals. The online service directory is widely available and easily accessible to all practitioners from statutory and voluntary sectors.

Tameside Service Information Directory is available at **www.tameside-sid.org.uk**

4 Safeguarding Concerns

When you have concerns you should:

- ✓ Discuss with a manager and/or designated safeguarding lead in your agency/service
- ✓ Discuss the raising of concern and/or potential referral with the child/young person/family where it is appropriate to do so (unless this will lead to risk of significant harm)
- ✓ Seek consent to disclose and share information
- ✓ Talk to the other agencies involved
- ✓ Discuss the potential of an Early Help Assessment with the child/young person/family

If you are concerned about a child and/or young person being at risk of suffering and/or significant harm then the following applies:

All safeguarding concerns should be reported to Children's Multi-Agency Safeguarding Hub via telephone on the following numbers:-

- **Monday to Friday during office hours - 0161 342 4101**
- **Monday to Friday outside office hours and weekends and public holidays – 0161 342 2222**

Or via the Online Electronic Referral form. ***(See Appendix 3)***

If you think a child/young person is in significant and imminent harm and require an immediate response please call 999

The safeguarding functions within Children's Services bring together all the multi-agency resources to provide a quick and robust response to safeguarding children and young people, working together to ensure:

- Professional children's social care management oversight.
- All contacts, which meet threshold for statutory children's social care assessment, are provided with a response within 24 hours.
- All contacts, where there are potential or presenting safeguarding concerns are triaged from a whole-family perspective with the multi-agency team.
- A clear, transparent and informative response to professionals when dealing with safeguarding concerns.
- There is a clear step-up/step-down process in place
- There is a clear multi-agency escalation process in place under the auspices of TSCP.
- Compliance with Working Together 2018 statutory guidance.

5 Things to Consider when Making Judgements

Many families experience a range of stress and risk factors in their lives. When making judgements, practitioners must determine the impact that risk and stress factors have on a child and/or the whole family. They shouldn't assume that the presence of risk alone is having a negative impact on the child. It may be that one child in a family is experiencing higher degrees of risk because of their own unique needs. Sometimes the presence of several risk factors will have a cumulative impact on the children

in a family. Some risks, when combined, will pose a more significant risk to children. In particular, the co-existence of domestic violence, parental mental ill health and/or learning disability, and parental alcohol and/or substance misuses. Disabled children are at greater risk of abuse and neglect due to their vulnerability, an awareness of how to communicate in different ways is needed in order to be able to protect disabled children. Essentially, our assessments of children and families must be based on all the relevant evidence that is available, including any strengths and/or protective factors that the child/young person and/or family can draw support from. To be able to fully assess children's needs, we need to actively identify strengths as well as difficulties.

Tameside has adopted the Signs of Safety approach to working with children and families, where there are concerns about abuse or harm. This will be a step towards building a common language and a consistent experience for families receiving support. We will use this model to improve how we engage and work in partnership with whole families. It will help us to ensure the voice of all family members, including each child, is heard in the plans we make with them to support change.

There are four simple questions to ask when thinking about a family:

1. What are we worried about? (current harm, future danger and complicating factors)
2. What's working well? (existing strengths and safety)
3. What needs to happen? (future safety)
4. How worried are we on a scale of 0 to 10? (judgement)

Wellbeing Scale: *On a scale of 0 to 10 where 10 means I am fully confident that things are going pretty well for the child / young person in all aspects of their life and they don't need additional help, support or key changes in what they are doing or how they are being brought up; and 0 is we have very serious worries that things are going badly off course in the young person's life in one way or another and some action to change things is certainly needed , where would you rate things today?*

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm that is being caused. This involves clearly identifying the harmful behaviour, its severity, frequency and impact on the child/young person. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers.

Chronicity Action/Impact	Duration	First Incident	Significance of Incident	Last Incident
Behaviour The behaviour that is dangerous or causing harm. This is usually adult behaviour but can be a young person's behaviour. Avoid generalised statements; focus instead on detailed, observable behaviour.				
Severity Express how bad the harmful behaviour is.				
Impact The most crucial information regarding any referral of harmful or dangerous behaviour toward children is to ascertain the impact of these behaviours on the child/young person including both physical and emotional impact.				

Signs of Safety assessment and planning are adaptable across service areas and the full range of services. The core processes of *Signs of Safety* practice involve the following elements set out in the following notional sequential order:

- ✓ Mapping the assessment and plan, doing so with the family and their network (extended family, friends and professional agencies with whom the family is engaged and who share a concern for the children or young person).
- ✓ Being as committed to identifying what is working well - and identifying the strengths demonstrated as safety, the 'signs of safety' - as being clear about the worries.
- ✓ Narrowing the key factors and conclusions into succinct and clear statements of past harm and future danger (what will happen if nothing changes).
- ✓ Scaling, with practitioners, the family, their network and partners, making a judgment, about how safe the children are, and sharing those perspectives.
- ✓ Developing safety goals that address the danger statements.
- ✓ Building a safety plan with detailed actions to achieve the safety goals, drawing on a network which includes extended family and friends and also professionals
- ✓ Engaging the children, both bringing their voice into the assessment and parents explaining to them what is happening.
- ✓ All done with a questioning approach – more asking and less telling

Using Signs of Safety means:

- ✓ ***Clear distinction between past harm*** (the harm that has actually occurred, not what we are frightened about), ***future danger*** (on the basis of the past harm, what child protection authorities are worried could occur if there is no change in the families' behaviour), ***and complicating factors*** (the circumstances of the family that lie behind the neglect or abuse, commonly such as mental health issues, and drug and alcohol abuse).
- ✓ ***Clear distinction between strengths*** (positive aspects of the family such as their love for the children) ***and protection*** (actual behaviours which demonstrate a capacity to protect children), such as removing dangerous adults from the household, or occasions when the parents felt as if they could but did not harm the child).
- ✓ *Using* ***plain language*** that can be understood by families, in all verbal and written communication.
- ✓ *Using* ***statements focusing on specific observable behaviours,*** avoiding meaning laden, imprecise and poorly understood labels and diagnostic descriptors.
- ✓ ***Skilful use of authority***, using the statutory authority of child protection but giving families choices about how to work with authorities and finding ways that works for them.
- ✓ ***Assessment is always a work in progress***, although this cannot preclude taking action.

If an intervention is to be success at any level, it must be clear what the main concerns are, what is already working well and effective in supporting the child/young person and what needs to happen next to further support and/or protect the child or young person? The focus must always remain on what the best outcomes are for the individual within the context they are living in.

When considering making a referral please review the identified concern/s against the Level of Need Criteria and use the Scoring Tool below, based on the Signs of Safety methodology to assess the level of need and concern.

Threshold_Scoring_Mechanism_Feb2019.x

6 Risk Assessment & Management

It is widely recognised that the assessment and management of risk is central to safeguarding practice. Assessments should reflect the child's needs; parenting capacity and environmental factors and inform risk assessment and management.

RISK ASSESSMENT

A Risk Assessment is a prediction of what might happen based upon the following criteria:

- History
- Current situation
- Harm – severity, frequency, duration, impact.
- Context – environment , attachment
- Views of the child
- Age and development of child
- Protective factors
- Parental capacity – ability and motivation to change.
- Multiple risks and their impact/interaction

Requiring:

- Multi agency working together
- Shared ownership
- Information sharing and feedback
- Clarity about what needs to change
- Respectful professional challenge
- Critical reflection

A good Risk Assessment can be enhanced when we use the key principles approach, using our professional judgment alongside evidence and act in the best interest of the child and/or young person.

RISK MANAGEMENT

Risk Management is a professional judgement about what element of identified risk can be reduced or be managed which requires:

- Clarity about what needs to change
- Parental involvement in plan
- SMART plans
- Clear roles and responsibilities
- Shared ownership of risk
- Information sharing and feedback
- Respectful professional challenge
- Critical reflection
- Timely reviews

Good risk management involves holding Regular reviews to determine whether or not the risk has reduced, and if not why not, leaving the critical question of 'What remains to be done?'

If the risk stays the same or increases **WE HAVE TO ACT** – there has to be momentum for the child.

7 Case Studies

Please see appendix 4 for case study examples for all four levels of need.

8 Step Up/Down Process

Cases being managed through the CAF process, at level 2 of the Thresholds, may reach a point where it is necessary to 'step up' to Children's Social Care at level 3 or 4. This may occur for example where there has been a lack of engagement from the family or there has been insufficient progress made against the CAF plan. These and other factors could potentially put the child at risk of harm and mean that they are a 'Child in Need'. N.B. Any new child protection concerns should be reported immediately to Children's Safeguarding and bypass the step up process.

Alternatively cases successfully managed through the Child in Need process, at level 3 of the Thresholds, will reach a point where it is safe and appropriate to 'step down' to Early Help Services at level 2.

The flowcharts shown in ***Appendix 5*** describe the step up and down process. The first flowchart shows the process that Early Help Services and Workers should follow to step a case up to Children's Social Care. Early Help Services and Workers mean those providing a universal or targeted support service. The second flowchart shows the process that Children's Social Care will follow to step a case down to Early Help Services.

End

Appendix 1 – Indicators of Need

Level 1 – Universal Services

Health	• Children who appear to be emotionally well adjusted • Children who are reaching developmental milestones and normal growth patterns
Education	• Children whose educational achievement is in accordance with their age, ability, aptitude and attachments • Children who are engaged in their school and community • Young people who are in education, training or work.
Social, Emotional and Behavioural, including identity	• Children who have effective support networks • Children's cultural needs are generally met
Family and Social Relationships	• Family have positive family and social relationships • Significant other family members are available to support the child • The wider family produce positive role models for the child
Child's Environment	• Children who have a stable and safe home environment • Accommodation is appropriate for the size of the family • Cleanliness of the house is adequate • Parents can manage on income • Family is accepted within the community and neighbourhood

Level 2 – Early Help for Children/Young People with emerging Needs

Health	• Delay in reaching developmental milestones • Limited take-up of universal health services • Children with some special needs/health needs (including mental health) requiring co-ordinated support from a range of services • Obesity / poor diet / serious dental decay • Frequent attendance at A&E for minor illnesses • Frequent attendance at GP for minor illnesses
Education	• Children regularly absent from school or not reaching their potential educational targets • Children at risk of school exclusion or have been excluded • Children with SEN • Children with limited access to educational materials, books or toys
Family and Social Relationships	• Parents/carers who have relationship difficulties which may affect the child • Children who fall within the definition of a young carer

Social, Emotional and Behavioural, including identity	• Low self-esteem • Children living in poor home conditions where concerns arise about neglect • Victim of crime or bullying with no risk of significant harm • Children engaging in anti-social behaviour, at risk of offending or beginning to offend, concerns of possible radicalisation • Parents under stress • Early onset of sexual activity/teenage pregnancy/teen parents • Onset of self-harming • Low level of alcohol/drug misuse • Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion • Children who are occasionally reported as missing from home • Children suffering from the impact of domestic violence • Children with challenging behaviour whose parents are unable to cope without the provision of services • Children being clingy and withdrawn • Children who occasionally harm other children and attempts at resolution have not been successful • Parents struggling to manage children's behaviour
Child's Environment	• Concerns/suspicions that domestic abuse could be a feature within the home environment • Homelessness, risk of homelessness, overcrowding • Family requires support as a result of social exclusion or harassment (including racial harassment) • Family socially isolated within the community/wider networks or lack access to local facilities/ or victims of anti-social behaviour. • Concerns that a young person could become vulnerable to Child Sexual Exploitation (CSE) (CSE checklist to be used)

Level 3 Child in Need (section 17 Children Act 1989)

Health	• Children living in an environment that poses a risk to their safety or wellbeing, where concerns in relation to neglect are increasing. • Children with a significant level of special needs, whose parents are unable to meet their needs without the provision of support • The physical care or supervision of the child is inadequate and is impacting on their health and wellbeing • Weight anomalies which are impacting on health and wellbeing (not explained by a diagnosis) • Missed health appointments which are impacting on health and wellbeing, chronic health problems not being treated or badly managed. • Child with permanent severe and profound learning, physical or sensory disabilities or complex physical/mental health needs.
Education	• Children underachieving significantly in school, attendance issues below managed 80%, and not supported or encouraged by parents. • The child has been permanently excluded resulting in a risk of family breakdown • Children not in education, employment or training (NEET)
Social, Emotional and Behavioural, including identity	• Children with challenging behaviour, which results in serious risk to the child or others, which parents are unable to manage. • Children who are often reported as missing from home

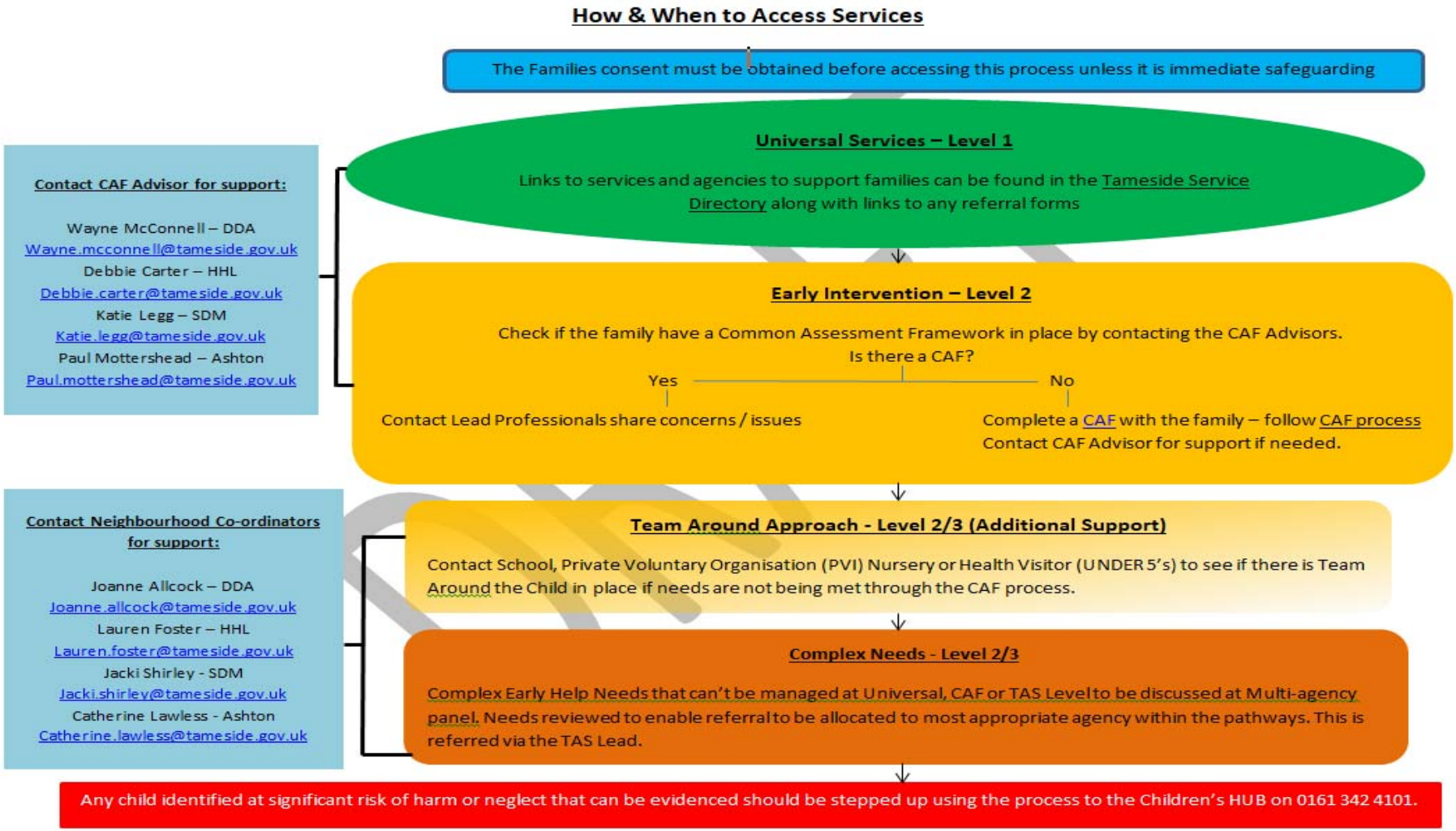
	• Children involved in regular substance misuse • Children who self-harm where parents are not responding appropriately • Children who often harm other children and the involvement of services have not resolved the behaviour • Children who are fire setting and are at increased risk of harm to themselves and others • Unaccompanied Asylum Seeking children/young people • Children where there are CSE concerns • Children who are 16/17 who are living away from home who require support advice and guidance. insecurity for the child • Children exhibiting attachment disorders, i.e. severe separation anxiety • Children where there has been a breakdown of relationship with parent/carer • Children where the parent/carer is unable to cope and there are no alternative carers
Child's Environment	• The child is living in an environment where there is domestic abuse/neglect • Home environment or hygiene is beginning to place the child at risk of significant harm • Child living independently in unsuitable accommodation e.g. hostel, B&B • Concerns with children/young person who could be involved with extremism • Concerns that a young person could be involved in gang activity • The child is living in prison/ secure accommodation
Family and Social Relationships	• Parents have found it difficult to care for previous child • Children under 16 who are looked after in a private fostering arrangement for more than 28 days. • Children where there is a risk of breakdown of relationship with parent/carer • Children who have multiple carers who may have no significant relationship to them, creating inconsistency
Parental Factors	• Parent/Carer has a physical disability or history of mental health problems or learning disability which significantly affects their ability to care for the child or the parent is currently in crisis • Parents whose criminal and/or anti-social behaviour threatens the welfare of the child • Concerns about how the above will impact on an unborn child • Non-compliance with previous interventions • Parent/carers frequently put own needs ahead of child • Parent/carers struggle to set appropriate boundaries

Level 4 Statutory / Child Protection

Health	• Situations where the physical care or supervision of a child is severely neglected • Children who seriously self-harm including eating disorders where parents are not working with professionals or accepting support • Children where there is a sufficient body of evidence to indicate they are at risk of Female Genital Mutilation • A child whose serious and/prolific offending is putting their health at risk, e.g. aggravated vehicle taking, knife crime • A child who is seriously misusing drugs/alcohol in a manner that is likely to seriously impact on their health • Fabricated illness • Refusing medical treatment, endangering life

Education	• Chronic non-attendance at school or other educational provision attributed to lack of parental support, or in the context of environment or other risk factors
Social, Emotional and Behavioural, including identity	• Children who are experiencing acute emotional rejection by parents/carers including unrealistic expectations, 'scapegoating' and inconsistent parenting • Children at risk of suffering significant harm, including physical, sexual abuse and exploitation, emotional and neglect • Children who disappear or who frequently go missing from home for long periods • Children who cause, or are at risk of causing, significant physical or sexual harm to another child • Children where there is a sufficient body of evidence to suggest they are the subject or trafficking and exploitation • NAI or unexplained injuries
Family and Social Relationships	• Children needing to be looked after outside their own family as a result of an immediate risk to the children. • Unaccompanied asylum seeking children • S47 enquiry required under LADO procedures • Transfer in Child Protection Plans • 16-17 Assessed under Homeless protocol
Child's Environment	• Children living in an environment where there is a high level of domestic violence that puts the child at risk • Children who are young carers within the context of high risk parental factors • Home environment or hygiene places a child at immediate risk of significant harm • Children who are homeless • Young person significantly involved with gun/gang activity
Parental Factors	• Both or only parent/carer is suffering from several physical or mental health problems or learning disability and are failing to adequately care for a child • Both or only parent/carer is involved in severe alcohol or substance misuse which is significantly affecting the child's wellbeing • Parent/carer has a predisposition to violence and /or extreme anti-social behaviour which is placing the child in immediate danger • Parent/carer who has a conviction against a child or is known by police intelligence or other assessment to pose a risk to children • Children/unborn child who are living with a parent/carer who is known to have a previous child removed under a court order

Appendix 2


How & When to Access Services
The Families consent must be obtained before accessing this process unless it is immediate safeguarding
Universal Services – Level 1
Links to services and agencies to support families can be found in the Tameside Service Directory along with links to any referral forms
Contact CAF Advisor for support:
Wayne McConnell – DDA
Wayne.mcconnell@tameside.gov.uk
Debbie Carter – HHL
Debbie.carter@tameside.gov.uk
Katie Legg – SDM
Katie.legg@tameside.gov.uk
Paul Mottershead – Ashton
Paul.mottershead@tameside.gov.uk
Early Intervention – Level 2
Check if the family have a Common Assessment Framework in place by contacting the CAF Advisors.
Is there a CAF?
Yes
No
Contact Lead Professionals share concerns / issues
Complete a CAF with the family – follow CAF process
Contact CAF Advisor for support if needed.
Contact Neighbourhood Co-ordinators for support:
Joanne Allcock – DDA
Joanne.allcock@tameside.gov.uk
Lauren Foster – HHL
Lauren.foster@tameside.gov.uk
Jacki Shirley - SDM
Jacki.shirley@tameside.gov.uk
Catherine Lawless - Ashton
Catherine.lawless@tameside.gov.uk
Team Around Approach - Level 2/3 (Additional Support)
Contact School, Private Voluntary Organisation (PVI) Nursery or Health Visitor (UNDER 5's) to see if there is Team Around the Child in place if needs are not being met through the CAF process.
Complex Needs - Level 2/3
Complex Early Help Needs that can't be managed at Universal, CAF or TAS Level to be discussed at Multi-agency panel. Needs reviewed to enable referral to be allocated to most appropriate agency within the pathways. This is referred via the TAS Lead.
Any child identified at significant risk of harm or neglect that can be evidenced should be stepped up using the process to the Children's HUB on 0161 342 4101.

Appendix 3 – Multi-Agency Request for Service /Referral Form

Multi_Agency_Referr
al_Form_MARS_Feb2

Appendix 4 – Case Studies

Level 1: Universal Services

All children use universal services which include schools, health care including health visitors, GP's, housing and other universally available services. At this level, children would be expected to do well with minimum intervention from any additional services.

Example Indicators

- The majority of children can have a single need met by universal services
- Have parents/carers who seek or and accept universal support and or advice with parenting
- Would benefit by knowing how to access community support services i.e. a children's Centre
- May have single health issues which require support but do not require a coordinated response e.g. school nurse
- Have proactive parents that access services i.e. preschool settings, dental care and attend routine appointments

Example Interventions

- Regularly attends an activity or hobby led interest
- Goes to the local Leisure Centre
- Attends regular appointments e.g. dentist, doctor etc.
- Knows how to access travel information i.e. trains and bus routes across is local area.

3 Months Later

Cameron has started at his new school and is beginning to make

What are we worried about?

Cameron is 14 and he has recently moved with his parents to the local area from Cornwall. His parents have a new job in Sheffield and Jordan is anxious about going to school as he doesn't know anyone.

What is going well?

Cameron has a good relationship with his parents and gets on well with them. Cameron is quite a shy person but had made good friends at school in Cornwall.

What needs to happen next?

Cameron would like to see his new school before he attends his first day, to be able to meet other young people in is area that have the same interests as him and get to know the area better.

Next Steps

Cameron's parents arrange a visit to the school that Cameron will be attending so he can meet the Head of Year and get to see the school.
His parents have registered with the local dentist and doctors and spend the day going around the area with Cameron identifying places that Cameron could go to pursue his hobbies, they also found a local Youth Centre that Cameron is interested in. They also pick up local travel information and purchase Cameron a bus pass.

Child's Voice

I like my home life and feel safe and secure with my parents, although I miss my grandparents who are still living in Cornwall. I have ambitions for the future and want to really do well at

Level 2: Early Help for Children/Young People with emerging needs

Children, young people and families have additional needs and require help to prevent needs from escalating. Support maybe gained from schools, health or Early Help Services in the local Authority area and/or voluntary sector organisations.

Example Indicators

- Poor home conditions, inadequate clothing and/or low accessibility to a healthy diet
- Low level risk of developing risk taking behaviours and/or substance misuse
- Family circumstances which present challenges for a child or unborn baby, which may include parental substance misuse or mental health problems
- Poor attendance, at risk of exclusion or post 16 education, training etc.
- Behavioural difficulties, some special needs/health needs
- Low self-esteem/victim of bullying
- Poor parental relationships/ social isolation / vulnerability to low level sexual exploitation e.g. inappropriate use to texting
- Potential domestic abuse within the home environment

Example Interventions

- Early Help Assessment and action plan with a lead professional will help to identify all areas of need and will coordinate a planned response with the child, parents and other agencies
- Access to parenting and family support
- Support with housing and/or financial issues.

3 Months Later

Professionals are still supporting with family in line with the Early Help Plan. Jasmine has set some goals for what she would like to achieve along with her mum i.e. set bedtime and story and time alone with mum. Jasmine has been less angry at school and does not hit out anymore when she gets angry as she knows she won't be able to stay with her grandparents if she does. The grandparents help out the mum and have a good relationship with all the children.

What are we worried about?

Jasmine is 6 and has too younger siblings. She lives with her mum who is a single parent after the father left the home. Her parent's relationship was sometimes volatile and Jasmine was sometimes scared of her dad, but misses him. She is generally good at school but can lash out at other children in anger. Jasmine tries to be good at home but sometimes she can't maintain a routine at meal times and bedtimes. Jasmine has been found to be picking on her younger siblings and mum has shouted at her for this.

What is going well?

The mother loves her children but is struggling to cope with her three children, especially Jasmine due to her behaviour, but tells her constantly that she is loved. The family does not have a lot of money and diet is an issue. The mother has a good relationship with her parents and the children love their grandparents equally.

What needs to happen next?

Jasmine needs to feel safe and secure at home and be reassured that her mum loves her. The mum needs to be consistent in how she parents the children and maintain positive boundaries. Jasmine needs to be supported to cope with her anger and have a place to be able to talk about how she misses her dad, without feeling that she will upset her mother.

Next Steps

Jasmine has spoken to her teacher about how she feels angry sometimes but loves her mum and misses her dad. The Health Visitor completed an Early Help Assessment with the family and made a request for parental support. The school contributed to the assessment and the resulting Action Plan, which the Grandparents were also involved in and they have agreed to support the mum twice a week with the children and have the children over to stay once a month. Mum was offered a parenting course that would support her in maintaining clear and positives boundaries with the children and enables her to spend more time alone with Jasmine.

Child's Voice

Things are ok most of the time but I wish I could still see my dad, I miss him. I don't know what to do when I get angry so I hit, but I don't like it. My mum needs support sometimes she shouts at me and I am scared when she does this as I don't want my mum to leave us. I know I should not fight with my siblings but they annoy me and make me angry. It was ok until they were born, that is when my dad left. I know it is wrong to hit. I wish mum would spend more time with just me and we have a proper bedtime and meal time. I love spending time with my grandparents'.

Level 3: Child in Need

Children, young people and families at this level have complex needs that require a multi-agency coordinated response. Defined as those who are unlikely to reach or maintain a satisfactory level of health and development, without the provision of services.

Example Indicators

- Has a disability(medium/high level needs) or significant mental health needs
- Children/young people living in an environment that poses a risk to their safety or wellbeing
- Parents are experiencing difficulty in providing a reasonable standard of parenting and care and/or have mental health substance misuse problems
- Who are living in families where there is a likelihood of family break down and/or where there is domestic abuse / or at risk of significant harm or neglect
- Those who are living independently in unsuitable accommodation e.g. hostel, B&B, sofa surfing etc.
- Unaccompanied Asylum seeking children/young people
- Those at risk of being involved in gang related activity and/or at risk of criminal/sexual exploitation

Example Interventions

- An Early Help Assessment and Plan with a lead professional in place and working towards identified needs and desired outcomes
- Therapeutic intervention for children who exhibit sexually harmful behaviours
- Family Group Conferencing
- Social Care Child in Need Plan is issues are escalating and/or change

3 Months Later

Annie, supported by a housing specialist has secured a new place to live near her sister. Annie continues to engage in the parenting programme and she has gained much greater confidence in looking after her children. She regularly has other children around to play and Annie has engaged with a counsellor via her new GP to help her with the issues she has. School attendance is improved and school meals are now provided.

What are we worried about?

Annie is a single parent of a 6yr and 2yr old son and daughter. Her housing situation is unstable as are her relationships. Annie has a history of mental illness and self-harm and struggles to cope with her parenting responsibilities. Recently she has presented twice at A&E due to self-harm. The family is socially isolated and not near any close family. Both children are displaying developmental needs. Recently there have been a number of complaints of noise and anti-social behaviour reported on the address and Annie is close to eviction.

What is going well?

Annie loves her children and wants to do her best for them. Annie can be good with her money and the children do have most of what they need. But periodically Annie will struggle to provide even the basics for her children, which makes her depressed. Annie wants a better future for the children and herself, but wishes she lived closer to her sister who she has a good relationship with.

What needs to happen next?

Both children need to have consistent parenting from Annie and be less socially isolated to enable the children to have regular and positive contact with other children of their own age. Annie and her children need to live in a more stable and calm home and environment. Annie needs support with both her mental health and relationships and be nearer to family support networks.

Next Steps

Social Care in conjunction with health and the school completed a Child in Need Assessment which resulted in a Child in Need Plan being developed. Annie was referred to a housing specialist and parenting programme to increase her confidence and review her housing situation, before eviction notices were served. Annie is working hard to engage and she now has support for her depression and self-harm issues.

Child's Voice

My life is not always good and often I am late for or not taken to school. I am not always able to keep up with the other children at school and I do not have many friends, so I rarely see children of my own age outside of school. I am sometimes hungry and go to school without any lunch or money, so I have to take food from the other children. I often feel sad and alone and I have no-one to talk to about how I feel. Sometimes I am scared at home in the night because of the loud music and shouting, I don't always like to be near mummy's friends. My mum knows she cannot cope sometimes and that things aren't as good as they should be, but I do know that mummy loves men and my little brother.

Level 4: Statutory / Child Protection

Children/young people will be at risk of or experiencing significant harm and maybe subject to child protection enquires, taken into care of the Local Authority or need specialist health intervention at level 4. Children/young people may be in secure accommodation/young offenders' institute.

Example Indicators

- Has non-accidental, unexplained injuries or suspicious injuries
- Those who have alleged abuse
- Those who are in contact with a person identified as a risk to children/young people
- Those who have suffered or are suffering neglect or emotional abuse that is significantly impairing their development
- Those who care is significantly affected by parental difficulties such as serious substance misuse, high risk domestic violence, significant mental health issues or learning difficulties
- Those who are at high risk of child sexual and/or criminal exploitation or high risk of missing
- At risk of exclusion from school, post 16 education, training and/or employment
- Children/young people who are homeless
- Those who live with parents/carers who have previously had a child removed

Example Interventions

- Statutory interventions such as child protection investigations or legal interventions such as a Court Order in order to safeguard and promote the child/young persons' welfare
- Children/young people who have been accommodated by the local Authority either on a voluntary basis or by way of a Court Order or Youth Offending Order

3 Months Later

The Police and Social Care investigated and Danny was arrested for sexual offences against Christopher. Christopher was very upset about this as he did not feel that he was put at risk. A Child Protection Conference was held and Christopher was made subject to a Child Protection Plan. Christopher refused a referral to CAMHS and said that he only self-harmed due to the pressure at home and from Danny. Christopher was able to open up more about how he felt as part of the family and is rebuilding his relationship with his parents. He is back at school full time and busy studying for his exams.

What are we worried about?

Jennifer is 6 yrs old and lives with her parents and her brother Christopher who is 15yrs old. Jennifer told a teacher at school that she was upset because her brother got into an argument with her mother and Christopher went to attack her mother. Her dad stopped it by hitting Christopher. They were arguing because Christopher went to stay with his friend Danny who is 19yrs old and did not come back until the next morning. Christopher has a lot of starches on his arms, some of which bleed from time to time, but he waont talk about them. Her mother is worried about Christopher's relationship with Danny.

What is going well?

Jennifer parents care well for their children and Jennifer is doing well at school with good attendance. Christopher was doing well up to a few months ago, which is when he met Danny. Both parents work hard to make a stable and supportive environment for their children but both want to know how they can build a better relationship with Christopher and they are worried what effect this is having on Jennifer.

What needs to happen next?

Christopher's safety is paramount and we need to know that he is safe and find out more about Danny. Christopher needs to be told of the concerns his parents and professionals have over his realtionshpip with Danny as, Danny is an adult. Jennifer would like to live in a home with no arguments and where she is not worried about her brother or parents.

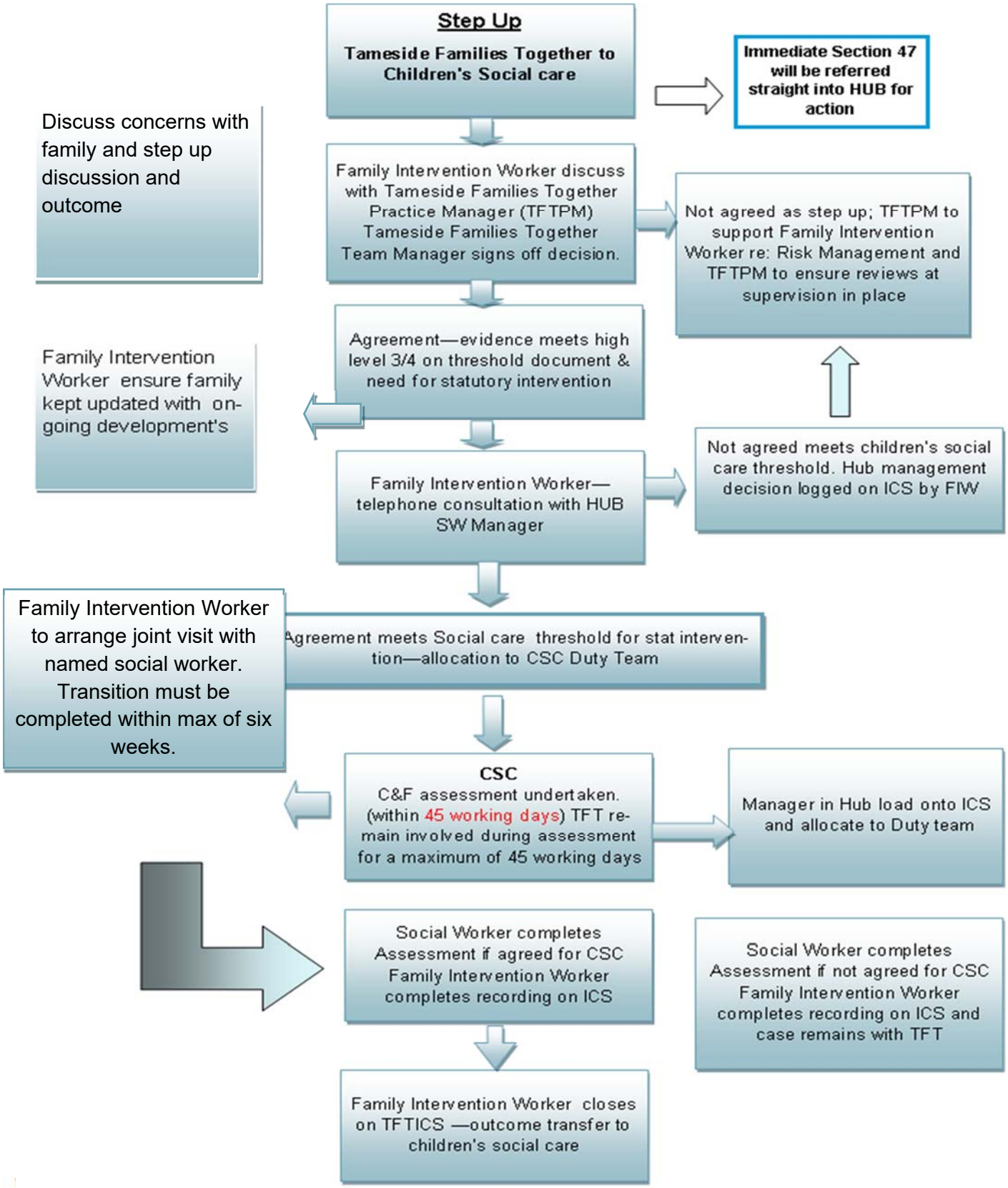
Next Steps

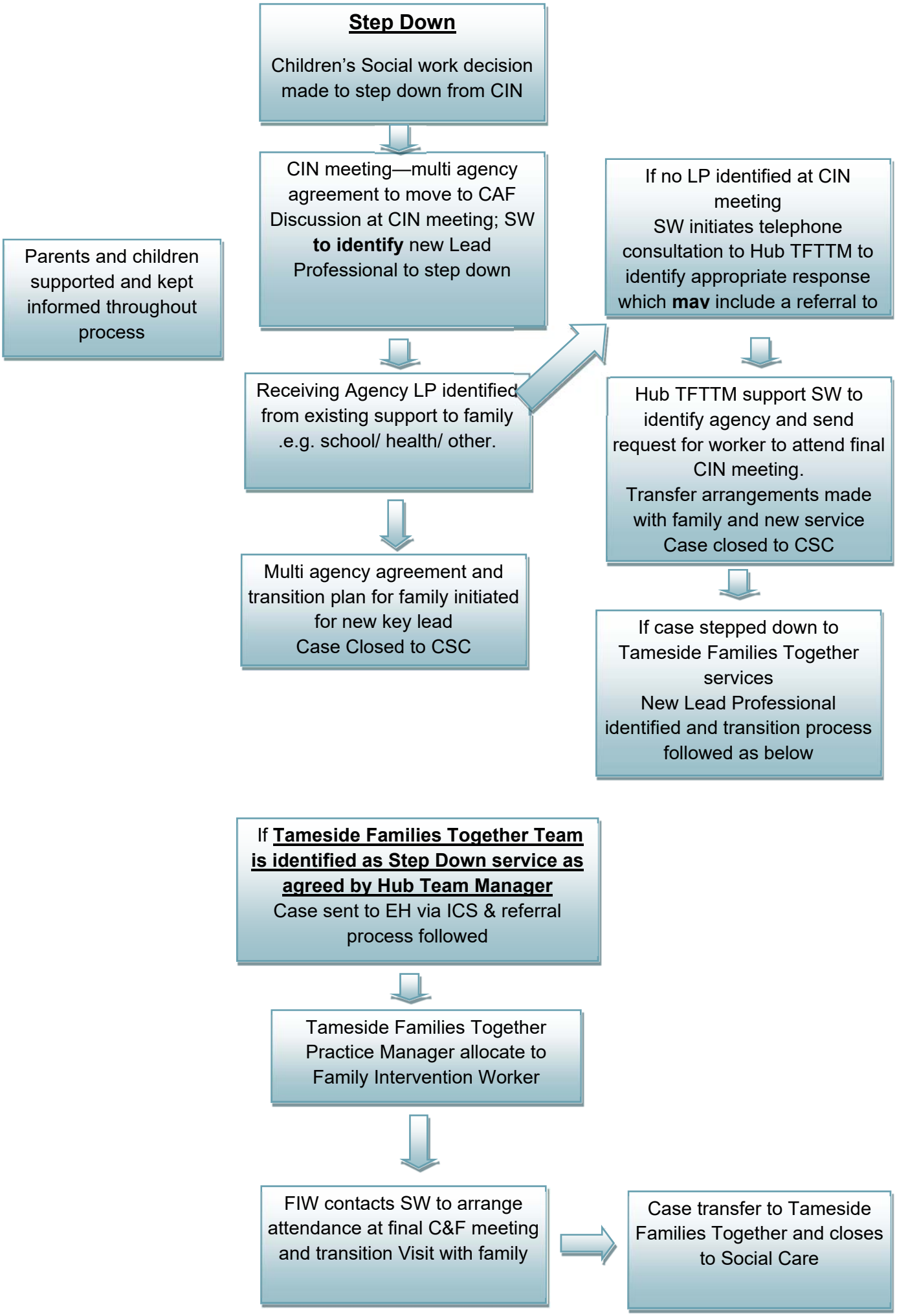
Christopher is at risk of significant harm. If a child of 15yrs is potentially in a sexual relationship with an adult and/or has been physically assaulted by his father, requires a Section 47 enquiry. The decision is made to hold a strategy meeting with the police and other agencies in order to agree a plan of assessment and investigation.

Child's Voice

My life has real difficulites and I am not treated appropriately. I often have to care for myself as my relationship with my parents is poor. They expect me to be a carer for my sister but I do not feel confident doing this. I leave the house to get away, which causes more arguments and Danny is my only friend. He looks out for me and buys me things I need. I spend a lot of time alone nad feeling unhappy and angry so I hurt myself to release the pain I feel inside. I get involved in risky behaviour and sometimes criminal activity. Danny often gives me alcohol and drugs and I have missed a lot of school in the last few months. I often feel that I have no-one positive to listen to me or support me.

Appendix 5 – Step-Up / Step-Down Flowcharts




Step Down
Children's Social work decision made to step down from CIN
CIN meeting—multi agency agreement to move to CAF
Discussion at CIN meeting; SW to identify new Lead Professional to step down
Parents and children supported and kept informed throughout process
Receiving Agency LP identified from existing support to family .e.g. school/ health/ other.
If no LP identified at CIN meeting
SW initiates telephone consultation to Hub TFTTM to identify appropriate response which mav include a referral to
Hub TFTTM support SW to identify agency and send request for worker to attend final CIN meeting.
Transfer arrangements made with family and new service
Case closed to CSC
Multi agency agreement and transition plan for family initiated for new key lead
Case Closed to CSC
If case stepped down to Tameside Families Together services
New Lead Professional identified and transition process followed as below
If Tameside Families Together Team is identified as Step Down service as agreed by Hub Team Manager
Case sent to EH via ICS & referral process followed
Tameside Families Together Practice Manager allocate to Family Intervention Worker
FIW contacts SW to arrange attendance at final C&F meeting and transition Visit with family
Case transfer to Tameside Families Together and closes to Social Care