

# Effective Family Resilience Surrey

## Every Child in Surrey Matters

**Guidance for all practitioners on the levels of need when working together with children and families to provide early help, targeted and specialist support**



**March 2019**

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## Acknowledgements:

With thanks to Essex Safeguarding Children Board for allowing us to use their model as a basis for the model in Surrey.

With thanks to all partners who contributed to the consultation and development of the Surrey model

# 1. Introduction

This guidance is for everyone who works with children and young people and their families in Surrey, whether in a statutory or voluntary capacity. We want to promote the upbringing of children within their birth families and will work with those families to ensure children can remain safely at home. This document explains how together we will act as soon as problems emerge, share information and provide effective, timely support to enable children and their families to overcome difficulties and become more resilient so that they can manage future life challenges independently.

Some children need extra help to achieve their potential and this may be because they have additional needs or because of family circumstances or adversity or events outside their control. We want to identify and help these children and their families at the earliest opportunity in ways that do not leave them feeling singled out as different.

In Surrey there are many different agencies and voluntary and charitable organisations who come into contact with and support children and their families. This document is for all who work in these organisations whether trustees, staff or volunteer and where we refer to 'professionals' or 'practitioners' this includes all those people.

Early help may be offered at any point in a child or young person's life. We seek to offer support early to help families solve problems or to reduce the impact of problems that have already emerged.

To do this we need to work together in an open way with the child and their family to gain their confidence, identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

The Early Help approach will be called '**Family Resilience**' and the Social Work practice model '**Family Safeguarding**'. Within this we have identified four levels of need: **Universal, Early Help, Targeted Help, and Specialist**. These are set out in more detail in this document but are summarised below.

Universal services such as health visitors, midwives, GPs, schools and youth services are provided as of right to all children, including those with additional and intensive needs. Universal services in Surrey support all children and their families to help children be happy, healthy, learn, achieve their potential and become economically independent citizens.

Services for children with additional and more complex needs are sometimes known as early help or targeted help services, such as support for emotional wellbeing, additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services.

Children are best supported by those who already work with them, such as children's centres, early years' settings or schools, who can organise additional support with local partners as needed. It is really important for that child and family that they are very clear about the help they are offered and the difference it makes to their lives. This is best done through an early help assessment and plan.

Children whose needs are more complex require support through a co-ordinated multi-disciplinary approach, involving an Early Help Plan and a Lead Professional to work closely with the child and family to ensure they receive all the support they require.

Children’s mental health services, Educational Psychology, Speech and Language Therapists, Specialist teachers and SENCOs are examples of a targeted help service. By working together effectively with children that have additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with complex needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

**Specialist** services are where the needs of the child or family are so great that statutory and/or additional specialist intervention is required to keep them safe and to promote their development under Section 17 of the Children Act 1989 or Section 47 of the Children Act 1989.

**Effective Family Resilience** for children and families is relevant to everyone who works in services that support families including the voluntary sector, adult mental health, community health, adult social care, housing and leisure.

It is **everyone’s** responsibility to work together in Surrey to promote the welfare and development of our children.

**This document must be read in conjunction with the Surrey Safeguarding Children Board Procedures.**

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.”

**Working Together to Safeguard Children 2018**

## 2. A vision for partnership working in Surrey

In Surrey, we all believe that every child should have the opportunity to reach their potential and that children are best supported to grow and achieve within their own families.

By working together, we will develop flexible services which are responsive to children's and families' needs and provide the right level of help at the right time. This will shift focus away from managing short-term crises, towards effective help and support for children, young people and their families at an earlier stage.

We are committed to the following principles which inform the way we work with children and families:

- Promoting the welfare of children and protecting them from significant harm is at the centre of all we do;
- Working together across the whole partnership, aligning our resources so we can best support families and do what needs to be done when it needs to be done;
- Using motivational interviewing to engage with families, seeking their consent and agreement;
- Working to families' strengths – especially those of parents and carers and taking the time to understand their needs fully. Parents say they are motivated by having goals that reflect their family priorities and working with practitioners whose actions are driven by the needs of the child;
- Focusing on solving problems before they escalate and offer flexible responsive support when and where it is required;
- Building the resilience of families and communities to support each other;
- Basing all that we do on evidence, both of what is needed and of what works;
- Being clear and consistent and open about the outcomes we want to achieve, to make a positive difference.

Parents and carers are usually the best people to understand their child's needs. Asking for help should be seen as a sign of parents being responsible and not of failure. Parents say that support works well when they are respected and listened to by those working with them.

In the majority of cases, it should be the decision of the parents when to ask for help or advice but there are occasions when those working with children and families may need to assertively engage parents to help them to resolve problems before they become more serious.

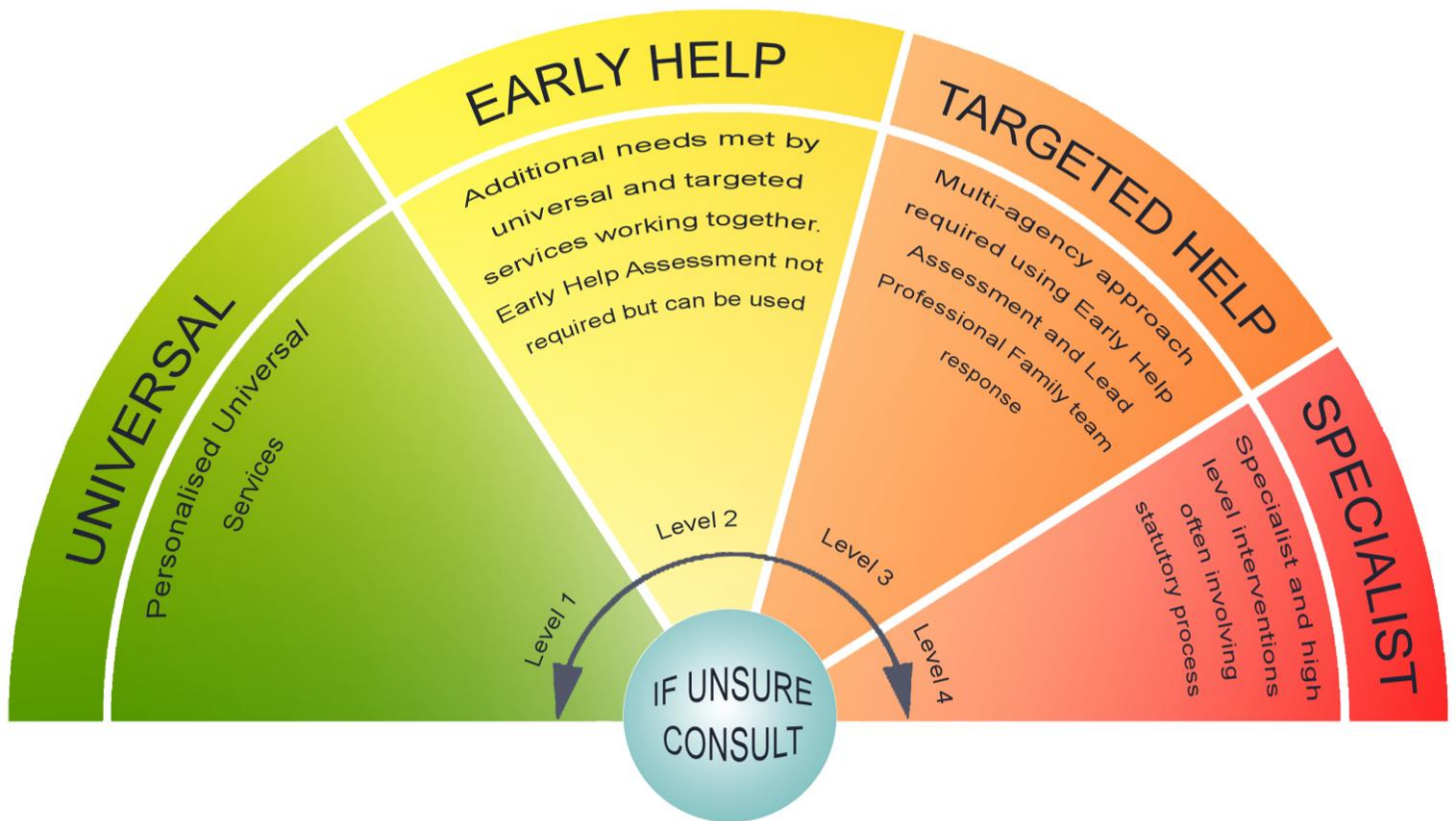
There will be circumstances where children or young people themselves are also able to articulate what it is they need to help them and to give consent themselves.

All practitioners, need to work honestly and openly with families, discussing any needs with them using our strengths-based approach, ensuring that they are involved in decision-making. All families deserve openness, honesty and fairness from us.

Surrey's Safeguarding Children Board will support individuals and organisations in Surrey by offering joint training and development opportunities. This will help us to develop a confident workforce who can work in an open, non-judgemental way with families to enable them to make choices and changes so that children develop into resilient adults.

### 3. A simple model for meeting children and families' needs

#### The Surrey Effective Support Windscreen



The model and windscreen is a simple way of developing a shared understanding and explaining the Surrey approach across all our services and partnerships, ensuring a consistent approach is applied by all. The model illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Early Help, Targeted Help and Specialist). The windscreen is a visual tool to help us share a common language to describe risk and needs.

We will work together with children and families to meet their additional needs and aim to prevent them escalating. We recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best response requires discussion, reflection and

professional judgement.

The windscreen cannot replace professional curiosity, judgement or decision making and should not be used as a checklist or an assessment of need. The indicators of need are suggestions of the types of need a child and family may have. Sometimes their needs may include indicators from each of the levels, however combined, they may cause additional strain on the family and following discussion with the family may indicate a higher level of support needed. Equally, there may be family strengths that are mitigating factors for the indicators.

Families' positions on the windscreen will change as their circumstances change and therefore will not be a fixed position. All practitioners should consider which needs take priority when identifying the appropriate level.

## 4. Indicators of need

**Level 1 - UNIVERSAL:** Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

### Health

- Physically well
- Nutritious diet
- Adequate hygiene & dress
- Developmental & health checks / immunisations up to date
- Developmental milestones & motor skills appropriate
- Sexual activity age-appropriate
- Good mental health

### Emotional Development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

### Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

### Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

### Family and Social Relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships

### Learning

- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Makes age-related, appropriate progress
- Sound links between home and school
- Planning for career and adult life

### Basic care, ensuring safety and protection

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm

### Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures stable relationships

### Guidance, boundaries and stimulation

- Ensure the child can develop a sense of right and wrong
- Child / young person accesses leisure facilities as appropriate to age and interests

### Family functioning and well-being

- Good relationships within family, including when parents are separated

### Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

### Social and community including education

- They have friendships and are able to access local services and amenities
- Family feels part of the community

**Level 2 – EARLY HELP** Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for specialist services.

### **Health**

- Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight
- Missing immunisations / checks
- Child is continually slow in reaching developmental milestones
- Minor concerns re: diet, hygiene, clothing
- Dental problems untreated / decay
- Missing routine and non-routine health appointments
- Concerns about developmental progress: e.g. bedwetting / soiling; speech impediment
- Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- Emerging risk of child exploitation. Current knowledge / information of a key risk

### **Emotional Development**

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others / has few or no friends

### **Identity and Self-Esteem**

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying

### **Family and Social Relationships**

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Low levels of parental conflict / infrequent incidents of domestic dispute
- Unresolved issues arising from parents' separation, step-parenting or bereavement
- Occasional low level domestic abuse
- Children affected by parental imprisonment

### **Self-care skills and independence**

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age appropriate self-care skills

### **Learning**

- Have some identified specific learning needs with targeted support and / or special educational needs and disabilities (SEND) Support Plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality / pattern of regular school absences
- Not always engaged in play / learning, e.g. poor concentration
- No access to books / toys
- Some fixed term exclusions



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### **Behavioural Development**

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from Emotional Well Being and Mental Health Services
- One-off / occasional short period missing from home

### **Basic care, ensuring safety and protection**

- Basic care is not provided consistently
- Parent / carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and / or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to GP or unplanned care settings e.g. Emergency Department
- Parent / carer stresses starting to affect ability to ensure child's safety

### **Emotional warmth and stability**

- Inconsistent responses to child / young person by parent / carer
- Parents struggling to have their own emotional needs met
- Child / young person not able to develop other positive relationships
- Starting to show difficulties with attachments

### **Housing, work and income**

- Family seeking asylum or refugees
- Periods of unemployment of parent / carer
- Parents / carers have limited formal education
- Low income
- Financial / debt problems
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debts / poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in Education, Employment or Training post-16

### **Social and community including education**

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children / young people
- Difficulty accessing community facilities

### **Family functioning and well-being**

- A child / young person is taking on a caring role in relation to their parent / carer, or is looking after younger siblings
- No effective support from extended family
- Adopted

### **Guidance, boundaries and stimulation**

- Parent / carer offers inconsistent boundaries
- Lack of routine in the home
- Child / young person spends considerable time alone, e.g. watching television
- Child / young person is not often exposed to new experiences; has limited access to leisure activities
- Child / young person can behave in an anti-social way in the neighbourhood, e.g. petty crime

**Level 3 – TARGETED HELP:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan and a Lead Practitioner to co-ordinate multi-agency support. Targeted Help can support at this level.

### **Health**

- Child has some chronic / recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming
- Significant risk of child exploitation. Knowledge of a key risk that the child is currently being targeted but not actively involved / exploited

### **Emotional Development**

- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

### **Behavioural Development**

- Persistent disruptive / challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences / re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Repeated short incidents of missing from home (less than 3 incidents in 90 days)

### **Family and Social Relationships**

- Relationships with carers characterised by unpredictability
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

### **Self-care skills and independence**

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him / herself in danger

### **Learning**

- Consistently poor nursery / school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)

### **Basic care, ensuring safety and protection**

- Parent / carer is failing to provide adequate care
- Parents have found it difficult to care for previous child / young person
- Domestic abuse, coercion or control in the home
- The care and support needs of parents has a significant affect their care of child / young person. This might include mental health problems, substance misuse issues, learning disability, physical disability or physical illness
- Non-compliance of parents / carers with services

**Level 3 – TARGETED HELP:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan and a Lead Practitioner to co-ordinate multi-agency support. Targeted Help can support at this level.

#### **Identity and Self-Esteem**

- Presentation (including hygiene) significantly impacts on all relationships
- Child / young person experiences persistent discrimination; internalised and reflected in poor self-image
- Alienates self from others

#### **Guidance, boundaries and stimulation**

- Parents struggle / refuse to set effective boundaries e.g. too loose / tight / physical chastisement
- Child /young person behaves in anti-social way in the neighbourhood

#### **Housing, work and income**

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of female genital mutilation (FGM) and other harmful traditional / cultural practices, forced marriage or honour based abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of modern slavery and / or human trafficking but parents are accessing support and services

#### **Family functioning and well-being**

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays regular physical violence towards parents

**Level 4 - SPECIALIST:** Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Professional, commonly in a non-statutory role. At times statutory intervention may be required.

### **Health**

- Child / young person has severe/chronic health problems
- Faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and / or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide / overdose / self-harm resulting in serious injury; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- Experiencing child exploitation. Knowledge of a key risk that recognises the child is currently experiencing being exploited

### **Emotional Development**

- Situation or location could reduce the child's safety. The child is at an increased vulnerability to being abused / exploited e.g. missing from home or care
- Severe emotional / behavioural challenges
- Puts self or others at risk through aggressive behaviour

### **Identity and Self-Esteem**

- Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
- Evident mental health needs
- Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria
- Young person involved / closely associating with gangs

### **Family and Social Relationships**

- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent / carer; family no longer want to care for – or have abandoned child / young person
- Periods accommodated by local authority
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

### **Learning**

- No school placement due to parental neglect
- Child / young person is out of school due to parental neglect

### **Other indicators**

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refuge / asylum seeker
- Privately fostered
- Abusing other children
- Young sex offenders
- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit/ prison
- Trafficked child with no family support or protection
- Forced labour
- Exploitation by criminals (e.g. criminal gangs or organised crime groups )
- Sexual Exploitation
- Extremism related activity

**Level 4 - SPECIALIST:** Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Professional, commonly in a non-statutory role. At times statutory intervention may be required.

### **Behavioural Development**

- Persistent disruptive / challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and / or family breakdown
- Regular and persistent offending and re-offending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions

### **Basic care, ensuring safety and protection**

- Instability and violence in the home continually
- Parents / carers involved in violent or serious crime, or crime against children
- Parents / carers own needs mean they are unable to keep child / young person safe
- Severe disability – child / young person relies totally on other people to meet care needs
- Chronic and serious domestic abuse involving child / young person
- Disclosure from parent of abuse to child / young person
- Suspected / evidence of fabricated or induced illness
- Young person at risk of female genital mutilation (FGM) and other harmful traditional / cultural practices, forced marriage or honour based abuse with family who lack willingness to protect
- Significant risk or experiencing child exploitation and knowledge that parent / carer unable to or lack willingness to protect

### **Guidance, boundaries and stimulation**

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)
- Missing from home for long periods of time

### **Family functioning and well-being**

- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

### **Housing, work and income**

- Homeless – or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child

### **Emotional warmth and stability**

- Parent's own emotional experiences impacting on their ability to meet child / young person's needs
- Child has no-one to care for him / her
- Requesting young child be accommodated by local authority
- Parent / carers mental health or substance misuse, learning disability, physical disability or physical illness significantly affect care of child
- Parents / carers unable to care for previous children

## 5. Meeting the needs of children and families

The majority of families will be able to access universal services and are encouraged to make use of the Family Information Service to identify services in the community that may be able to support them and the needs of their children. They can use their own agency internal guidelines or by using specific forms / letters when requesting involvement of other additional need services.

Any practitioner, child, young person or family member can directly access the Family Information Service by following [this link](#). This directory provides a detailed list of a variety of services that are available in the community by typing in a keyword search.

In this way families can meet the needs of their children. However, sometimes they need help to be able to access the right resources.

Where an agency working with a family identifies additional support that is needed that their agency can deliver under **Early Help**, they should use their own internal processes for doing so. Sometimes, it is helpful for them to use an Early Help Plan to identify how they will support the particular needs of the family.

Where the family needs other services to support them, the agency must seek consent from the family and then contact can either be made directly to the other agency or, using the Early Help Hub, advice can be sought about the other services that can be approached.

Parents should always provide written consent for any referrals and for practitioners to share information. In the spirit of openness and respect it is important that we ask young people who demonstrate understanding and competency<sup>1</sup>, especially those aged over 15, to also give their consent.

Where there is more than one service working alongside a child and family, it is helpful for the family and involved services to hold a Team around the Family meeting, to share information and co-ordinate an Early Help assessment together.

Early Help Plans (EHPs) can be developed using existing assessment and planning processes within agencies. For example, schools may choose to use an SEND Support Plan. Alternatively, there is an Early Help Assessment template on the Surrey County Council [website](#) and on the Surrey Safeguarding Children Board [website](#), which anyone working with children and families can use.

“Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.”

“Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.”

**Working Together to Safeguard Children 2018**

The Early Help Plan is based on a best

<sup>1</sup> Although Gillick competence is primarily a Health tool, using the same measures, one can assess the young person's

competency to consent to an assessment

practice approach to engaging families. The approach used in assessing families makes them central to identifying their needs, supporting them to tell their own story in their own words and being key to planning, implementing and sustaining the changes they need.

The Early Help assessment is a tool to discuss and record the family's needs, strengths, the goals they would like to or need to achieve and this leads to a plan to support them. Should the family require more intensive support, it is important that practitioners have completed this record as it will avoid duplication of effort, the family having to repeat their story and will enable Targeted Help or specialist sources to make an accurate decision about how best to help. Once a plan is developed, the Lead Professional will work with the family and relevant services to implement and review the plan.

Prior to requesting **Targeted Help**, practitioners are expected to have worked together with the family to meet their identified needs using an Early Help Plan and Team around the Family (TAF) meetings.

A wider co-ordinated response with an Early Help coordinator and more intensive engagement with the family is usually needed to address issues that are more complex.

If further support is needed, the Early Help Plan should be discussed with the Early Help Hub, who will discuss the work already done with the family and either provide advice and guidance to practitioners about continuing a Team Around the Family approach to providing additional Early Help, or commencing Targeted Help services.

An completed Early Help Plan remains the responsibility of the supporting agency / service to retain, in accordance with their own record-keeping procedures.

Early Help Plans must be given to all family members that were involved, including children and young people (age and understanding permitting).

Where children require more specialist intervention in accordance with the Children Act 1989, such as:

- s17 (child in need) or
- children with a long-lasting and substantial disability which limits their ability to carry out the daily tasks of living,
- children and young people with severe and complex special educational needs and disability (SEND) requiring an education health and care plan (EHCP) and potentially a specialist educational placement
- s47 (child protection),

Children's Social Care (CSC) has a responsibility to respond under section 17 of the Children Act 1989. That is, children whose development would be **significantly impaired** if services are not provided. This includes children who have a long lasting and substantial disability, which limits their ability to carry out the tasks of daily living.

Under [section 17 of the Children Act 1989](#), a child shall be taken to be 'in need' if:

- a) they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority
- b) their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- c) they are disabled

A referral to Children's Social Care is appropriate when more substantial interventions are needed because the child is 'in need' or where a child's development is being significantly impaired because of the impact of complex parental mental ill health, significant learning disability, alcohol or substance misuse, or very challenging behaviour in the home.

Young Carers are also entitled to request an assessment of their needs under s17 of the

Children Act 1989.

A social care referral is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of Children's Social Care responsibility is **child protection**; that is where Children's Social Care must make enquiries under **section 47** of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. 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 children.

There is no absolute criteria upon which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. 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 is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a referral to Children's Social Care when it is believed or suspected

that the child:

- Has suffered significant harm – **child protection**
- Is likely to suffer significant harm – **child protection**
- Has significant developmental or disability needs, which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parent) – **children in need**

Children's Social Care engagement with **children in need** is on a voluntary basis. Parents, or young people who are assessed to be competent, can refuse some or all such offers of assistance. Often, families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. Where consent cannot be obtained, the social worker must determine whether the child may suffer significant harm without the provision of services

When Children's Social Care undertakes a S.47 child protection enquiry the Surrey safeguarding procedures will be used. Partners involved in supporting the family will be asked to share relevant information and assist in further support for the family.

New referrals for service and referrals on closed cases should be made by completing the Children & Families Multi Agency Request for Support Form attaching copies of the Early Help Plan where completed) and emailing to the Family Safeguarding Hub secure email address: [csmash@surreycc.gov.uk](mailto:csmash@surreycc.gov.uk)

***Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral.***

Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should, before they make a referral, consult with their own manager and / or



designated safeguarding lead and, where they remain unsure, speak to a qualified social worker by contacting the Family Safeguarding Hub on 0300 470 9100 and asking for the Consultation line.

Completing an Early Help Plan should not delay the process if a professional is concerned that a child is, or may be, suffering significant impairment to their development or significant harm. In such cases, the professional should make a referral to the Family Safeguarding Hub by completing the Multi Agency Request for Support Form and emailing it to the secure email address: [csmash@surreycc.gov.uk](mailto:csmash@surreycc.gov.uk)

If a child is considered to be at **IMMEDIATE** risk of significant harm professionals should

telephone the Family Safeguarding Hub on 0300 470 9100 and ask for the Priority Line or alternatively they can call the Police using 999.

Additional information or concerns on open cases should be made directly to the **allocated social worker** (or in their absence the manager or the duty social worker of that team). If you are unsure who the social worker or team is, you can contact the Family Safeguarding Hub.

The secure email address is solely for receiving **non-urgent** referrals and Multi-Agency Request for Support Form. All other requests for information about children, the progress of referrals or previous involvement should be submitted via the email address [csmash@surreycc.gov.uk](mailto:csmash@surreycc.gov.uk)

## 6. Working with and sharing information with other services

Consultation is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email.

Whenever consultation takes place, it is important that practitioners follow the principles of information sharing, **parental consent** and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency's procedures for information sharing.

If the consultation is external (between practitioners from different organisations) you should use the flowchart (below) to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should give consent to the consultation taking place and where appropriate, be given the opportunity to be involved.

Principles of consultation:

- Should be open to all agencies who work with children, young people and their families
- Should take place when there is a clear benefit to the child or young person and their family
- An important tool in helping agencies and practitioners work together to achieve the best possible outcomes for children and young people
- A two-way process that demonstrates an acknowledgement of different but equally valid knowledge and expertise
- Be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should

whenever possible be aware of, give consent to, and be involved in consultations and also be informed of outcomes and decisions taken as a result

- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family; however it is important that you have due regard for the principles of confidentiality and parental consent
- All consultations should be recorded to ensure clarity and allow you to evidence any decisions that have been made

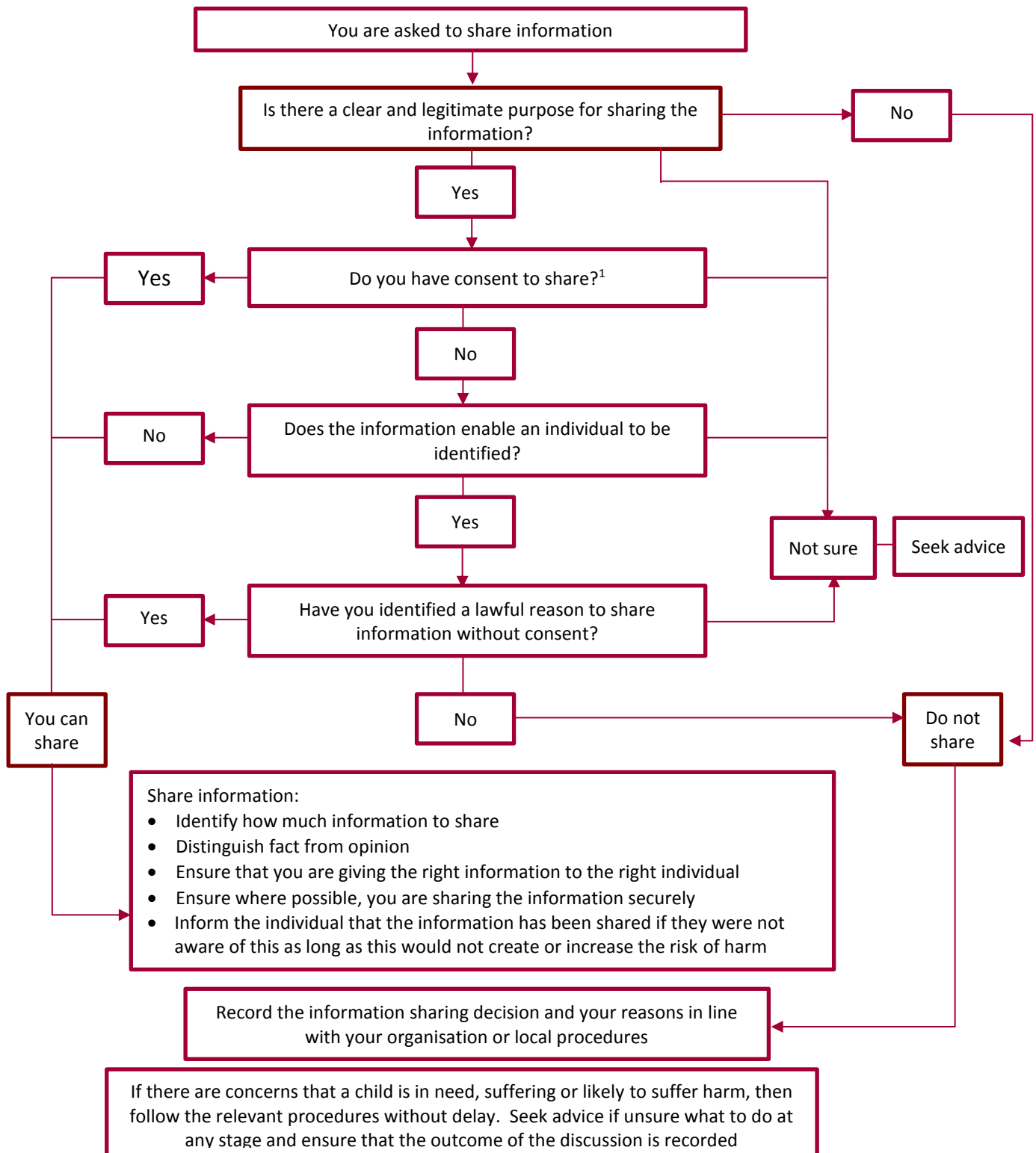
A Team Around the Family approach to involve agencies working alongside children and families provides an opportunity for practitioners to share information and consult with each other.

*“Information **can be shared legally without consent**, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.” Information Sharing Guidance July 2018*

Those who know the family through working with them will be invited to Child in Need Meetings, Child Protection Conferences and Strategy Discussions (where necessary).

Practitioners invited to these meetings should be identifying support and services that their agency can provide for the child and family to recommend at the meeting and if they are unable to attend, send a written report and a representative who can discuss what support the agency can give.

# Flowchart of when and how to share information



<sup>1</sup>Consent must be unambiguous, freely given and may be withdrawn at any time

**Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (July 2018)**

## 7. Glossary

A&I	Assessment and Intervention Team
CSC	Children's Social Care
EHH	Early Help Hub
EHTS	Early Help Triage Step
EHP	Early Help Plan
EHCP	Education Health and Care Plan
EWMHS	Emotional Wellbeing and Mental Health Service
Family Safeguarding Hub	Point of access for statutory Children's Social Care
FGM	Female Genital Mutilation
FM	Forced marriage
HBA	Honour Based Abuse
TAF	Team Around the Family
SSA	SEN support Arrangements
EHCP	Education, Health and Care plan
SEND COP 2014	SEND Code of Practice 2014

## 8. Useful weblinks

### Legislation

[The Children Act 1989](#)

[The Children Act 2004](#)

[Education Act 2002](#)

[Data Protection Act 2018](#)

### Guidance

[Working Together to Safeguard Children 2018](#)

[Information Sharing guidance](#)

<http://cse-toolbox.uk/>

[SEND Code of Practice](#)

[Keeping children safe in education](#)

# Appendix A: Requests for Support

(PLEASE NOTE THAT THESE DETAILS WILL BE SUBJECT TO CHANGE FOLLOWING CONSULTATION HOWEVER THESE DETAILS ARE TO BE USED UNTIL THOSE CHANGES ARE CONFIRMED)

Contact details

## **MASH / Family Safeguarding Hub / Early Help Hub**

**Phone:** 0300 470 9100

**Out of hours phone:** 01483 517898 to speak to our **emergency duty team**.

**Email:** emails are dealt with during normal office hours

**For concerns for a child or young person:** [csmash@surreycc.gov.uk](mailto:csmash@surreycc.gov.uk)



**Surrey Safeguarding Children Board**

[www.surreyscb.org.uk](http://www.surreyscb.org.uk)

Tel: 01372 833655