



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.

Contents

1. Introduction	4
2. A vision for partnership working in Surrey	6
3. A simple model for meeting children and families' needs	8
The Surrey Effective Support Windscreen.....	8
4. Indicators of need	9
5. Meeting the needs of children and families	17
6. Working with and sharing information with other services	21
Flowchart of when and how to share information	22
7. Glossary	23
8. Useful weblinks	23
Appendix A: Requests for Support	24

Acknowledgements:

With thanks to Essex Safeguarding Children Partnership 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

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.

The mission statement of **'Effective Family Resilience'** is to promote the upbringing of children within their birth families and to work with those families to ensure children can remain safely at home.

The majority of families will be able to access universal services in the community to support them and the needs of their children however some children need extra help to achieve their potential. 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 everyone who help families early. A child champion could be any practitioner or professional who, in agreement with the family, helps co-ordinate the support a family needs.

To do this we need to work together in an open and honest 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.

In Surrey the approach for helping families early is embedded within the **'Family Resilience'** and the Social Work practice model **'Family Safeguarding'**. Within this model we have identified four levels of need: **Universal, Early Help, Targeted Help, and Specialist.**

Our partnership strategy for **'Helping Families Early'** sets out our vision, principles and ambitions for working together so we can 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.

'Helping Families Early' refers both to help in the critical years of a child's life (including pre-birth and pregnancy) and also responding as soon as possible, at any age, through childhood and adolescence, when difficulties arise. We seek to offer support at the earliest opportunity to help families solve problems or to reduce the impact of problems that have already emerged.

We all help families early, it is an activity undertaken by almost everyone who works with children, young people and their families. This includes universal services such as health visitors, midwives, GPs and schools whose services are available to all children, including those with additional and intensive needs.

It is also important to think about the wider family network of family, friends and community at the first opportunity, as these can be the most effective and sustainable forces of help.

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 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 with a child's champion working closely with the child and family helping co-ordinate 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 Partnership's 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

A vision for partnership working in Surrey

As a Surrey wide Partnership we have developed a Helping Families Early Strategy (2020-2023) which brings together the key components of how we help families early in Surrey now and our vision and strategy for the future.

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 helping families early 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 – embracing a strengths based, whole family approach to finding sustainable solutions. Taking time to fully understand the needs of the whole family and harnessing support from their wider family network. 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.

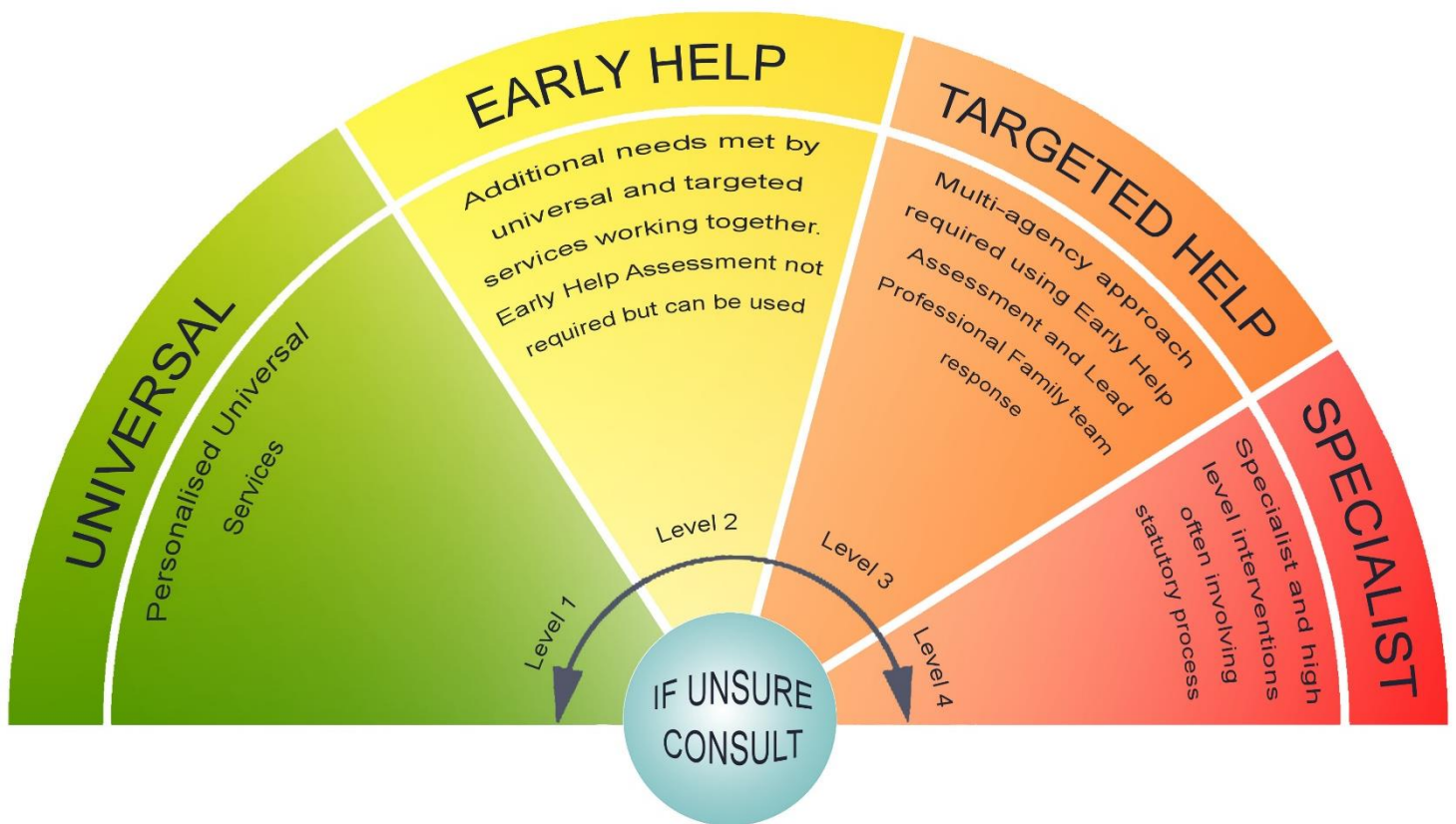
There will be circumstances where children or young people themselves are also able to articulate what it is they need to help them and to give consent themselves.

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 Partnership 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.

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.

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
- Mild disability not impacting on 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
- Mild disability not impacting on behavioural development

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
- Mild disability not impacting on learning

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
- Mild disability not impacting on basic care or safety

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
- Mild disability not impacting on family functioning and well-being

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; gross motor skills; support and advice required regarding toileting needs (e.g. toilet training and routines, constipation, day-time wetting, night-time wetting).
- 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
- Mild or moderate disability impacting on health as outlined above

Emotional Development

- Some difficulties with family relationships (but not at a level where it is a safeguarding issue and not impacting on their mental)
- 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
- Mild or moderate disability impacting on emotional development as outlined above

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

- Mild or moderate disability limits self-care skills and independence appropriate for age 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
- Mild or moderate disability impacting on learning as outlined above

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.

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
- Mild or moderate disability impacting on behavioural development as outlined above

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

For more information on Early Help please see the [Helping Families Early Strategy 2020 – 2023](#).

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
- Developmental milestones are not being reached and now require specialist intervention – speech and language delay, stammer, social communication concerns, walking, rolling, sitting
- Physiotherapy required in order to aid recovery from injury or illness – eg. Sprain, break, joint pain, waking at night in pain.
- Premature babies (born 30 weeks or earlier-currently under one years old) who require physiotherapy.
- Babies with head turning preference or torticollis (tight neck).
- Lost or deterioration of skills. E.g. walking, climbing stairs.
- Specialist nutritional advice required (e.g. for faltering growth, allergies/intolerances, illness and tube feeding)
- Specialist advice required regarding toileting needs (eg. toilet training and routines, constipation, day-time wetting, night-time wetting.)
- Assessment from Developmental Paediatrician required for developmental delay, possible Autism, possible ADHD, possible emerging physical disability or genetic conditions.
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging (L2 for CAMHS is they are 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
- Moderate disability impacting on health as outlined above

Emotional Development

- Sexualised behaviour

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
- Issues with the relationship between the parent/carer and their baby (6 weeks to 6 months old), including fathers. E.g. post-natal depression and anxiety, parental isolation, babies who have been admitted to hospital, feeding difficulties and reflux).

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
- Significant difficulty in everyday living skills across a range of activities which now require specialist intervention (Occupational Therapy).

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 (child needs to be safe and stable)
- Non-compliance of parents / carers with services
- Moderate disability impacting on basic care and safety a parent can provide
- CAMHS – Level 3 - Mental health condition is having a significant impact on their functioning (e.g. education is impacted due to days off school, social isolation – attending school but have no friends/social groups, significant family

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.

- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self
- Moderate disability impacting on emotional development as outlined above

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)
- Moderate disability impacting on behavioural development and leading to persistent disruptive/ challenging behaviours as outlined above

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
- Moderate disability impacting on a child's ability to follow guidance, boundaries and stimulation or parents struggling to implement these due to this

discord, potential family breakdown or risk of significant injury to themselves or others).

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
- Moderate disability impacting on family functioning and wellbeing as outlined above

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/complex physical disability/chronic health problems
- Child or young people who has an ACQUIRED BRAIN INJURY within the last two years with unmet needs from paediatrics therapies.
- Dysphagia – difficulty for a child or young person in swallowing (choking, gagging, reoccurring chest infections etc)
- A child with acute deteriorating condition E.g. Epilepsy/stroke, that is causing swallowing difficulties, speech decline, loss of independence with everyday living skills, fine motor or gross motor difficulties.
- The child requires an assessment from Developmental Paediatrician for Initial Health Assessment for LAC.
- The child requires assessment from Developmental Paediatrician for concerns regarding possible sexual abuse or non-accidental injury.
- 0-6 month breastfeed baby with tongue-tie.
- Child requiring palliative care.
- 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
- CAMHS – The risk to the child or young person is significant. Children or young people have made plans or intend to make plans to end their life. Self-harm is significant, needing medical treatment. Self-neglect. Significant impact on functioning.
- Child or young people with planned or unplanned hospital admissions who are being discharged from hospital with ongoing urgent needs from paediatric therapies (SLT, OT, Physio). E.g. Equipment needs in the home.
- Unexplained significant injuries

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
- The parent is caring for a children deemed disabled under the Children Act 21989 and the Equality Act 2010 and wish to have a parent carers needs assessment completed
- Current or likely relationship difficulties between a parent/carer and their baby (unborn to 1 year), including fathers. (post-natal depression and anxiety impact on relationships with baby, support following post-natal psychosis and parents who have previously been LAC).
- Parents with or expecting a new baby following the death of a previous baby.

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

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.

- 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
- Severe or profound disability impacting significantly on health
- Child is deemed to be disabled under the Children Act 1989 and Equality Act 2010

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
- Severe or profound disability impacting significantly on emotional development
- Child is deemed to be disabled under the Children Act 1989 and Equality Act 2010

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
- Severe or profound disability impacting significantly on behavioural development
- Child is deemed to be disabled under the Children Act 1989 and Equality Act 2010

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

- 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

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
- The child's disability means that they are unable to respond to guidance, boundaries or stimulation despite parental attempts

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

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.

- 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
 - Severe or profound disability impacting significantly on basic care, safety and protection
 - Child is deemed to be disabled under the Children Act 1989 and Equality Act 2010
- Parents / carers unable to care for previous children

Meeting the needs of children and families

It is to be acknowledged that exceptional circumstances will still occur where a families' needs do not fit neatly into locally defined categories. In these exceptional circumstances, it is expected that agencies will work together in a consultative, solution-focused way with the family to identify pathways of support and protection that safeguard children and promote their welfare. Where agreement cannot be reached about how best support a family professionals should follow the steps outlined in the Surrey Safeguarding Children Partnership's [Inter-agency Escalation Policy and Procedure](#).

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. Details of the services the Local Authority provides for children and young people with Special Educational Needs and Disabilities are available to view as part of the Surrey County Council [Local Offer](#).

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 competency¹, 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.

“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

¹ 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

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 Partnership [website](#), which anyone working with children and families can use.

The Early Help Plan is based on a best 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 Child Champion 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.

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 Request for Support to Children's Services 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 Request for Support 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 Services 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 Services responsibility is **child protection**; that is where Children's Services 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 (Request for Support) 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 Services 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 Services undertakes a S47 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 Request for Support Form attaching copies of the Early Help Plan where completed) and emailing to secure email address: cspa@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 Request for Support, consult with their own manager and/or designated safeguarding lead and, where they remain unsure, speak to a qualified social worker by contacting the Children's Single Point of Access on 0300 470 9100 and asking for the Child Protection 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 by

completing the Request for Support Form and emailing it to the secure email address:

cspa@surreycc.gov.uk

If a child is considered to be at **IMMEDIATE** risk of significant harm professionals should telephone the Children's Single Point of Access on 0300 470 9100 or 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 Children's Single Point of Access.

All other requests for information about children, the progress of referrals or previous involvement should be submitted via the email address cspa@surreycc.gov.uk

Training, development and learning remains at the top of the agenda within the CSPA. The CSPA seeks to ensure continuous improvements and value partners feedback. The CSPA will hold learning reviews in response to complaints, serious incidents and threshold concerns. Learning reviews are multi-agency and will be chaired by a CSPA service manager, partners will be invited to attend to share information, perspective and professional views. There is an expectation that learning from a review will be shared by partners within their services.

Surrey Child Protection Consultation Line

Children, Families, Learning and Culture are committed to supporting all professionals when they are concerned about a child or family. On that basis, Surrey Child Protection Consultation Line is now available to all professionals when they are concerned about a child/young person but are unsure if a Level 4 Request for Support is required. The sole purpose being to ensure that Requests for Support and safeguarding of children are getting to the right place, at the right time.

The aim

The Child Protection Consultation Line is to support all professionals ensure we can direct you to the most appropriate service that can meet the child and family's needs. The consultation Line will provide advice and support to a professional's who are unsure if the concerns meet Level 4 threshold.

The Approach

Consultation staff will be solution focused in their approach and use and share with each other their expertise/knowledge of pathway for service area and work as a team to provide consistent advice and guidance to empower practitioners calling in to support families appropriately.

Do I need consent from the parent/carer?

Yes. At Surrey County Council we strive on putting children first and supporting professionals when they are unsure if a child requires Level 4 support. At the heart of the Child Protection Consultation Line practice is professional accountability and transparency in accordance with Working Together (2018). On this basis, and to ensure that we can provide advice that contextualises the child's social care history consent is required. The only exception to this rule is if you are of the view that by seeking consent this will place a child/young person at risk of significant harm.

Do I need to provide the family details?

To ensure we provide advice that considers the child/family's social care history you will need to provide the advisor with the family's details. In doing so, the advisor will be able to review any previous contact the family has had with Surrey

Children's Services and contextualise and consider that history within the advice that is provided to you.

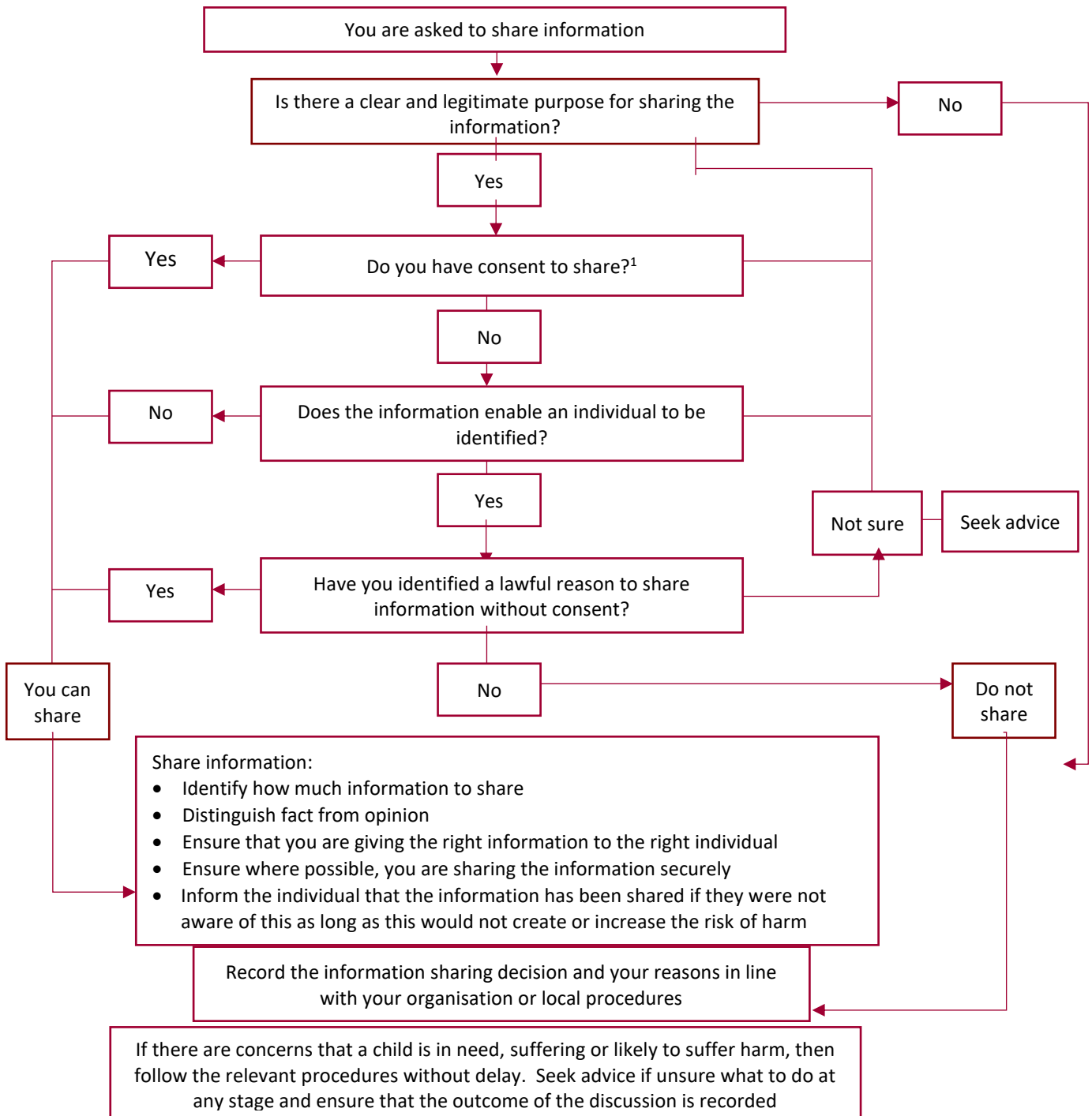
We can offer advice without you sharing the family details, however, this will not consider any Social Care History Surrey Children's Service's may hold. If you do not share the family's details, you will not receive a copy of the advice provided, however the advice provided to you, and your details will be kept on file

Considering that all professionals can access the Line, please take the time to review this guidance document in order to make an informed decision whether the need you have identified requires a Child Protection Consultation. This document provides information about where you can access support and services for children and their family's when you have identified a Level 2 and 3 need. This document also provides information about the Consultation Line, its purpose and the process.

The Child Protection Consultation Line is open to all professionals in the County. There will be an expectation that you continue to consult the Effective Family Resilience Guidance, Surrey Child Protection Procedures and your designated safeguarding lead prior to accessing the Line.

The number to call for consultations is **0300 470 9100** and select the CP consultation Line option. The Child Protection Consultation Line is operational Monday to Friday 9am to 5pm.

Flowchart of when and how to share information



¹Consent must be unambiguous, freely given and may be withdrawn at any time

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
MAP	Multi-Agency Partnership
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

Useful web links

[Surrey Partnership Helping Family Early Strategy](#)

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 2018](#)

Appendix A: Requests for Support

(PLEASE NOTE THAT THESE DETAILS MAY BE SUBJECT TO FURTHER CHANGE FOLLOWING CONSULTATION)

Contact details

Children's Single point of access (C-SPA)

Phone: 0300 470 9100 (including child protection consultation line)

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: cspa@surreycc.gov.uk

Surrey Safeguarding Children Partnership

www.surreyscb.org.uk

Tel: 01372 833330