



South Tyneside Safeguarding Children Board

Multi-Agency Thresholds Guidance

January 2016 – with amendments April 2016

For help and advice with the Early Help call:

Early Help Advice Team – 0191 424 6214

For safeguarding advice or to refer into Children’s Social Care call:

Contact & Referral – 0191 424 5010

For an electronic version of this guidance go to:

<http://www.southtyneside.gov.uk/article/21979/Information-for-professionals>

For further advice and guidance go to:

<http://www.southtyneside.gov.uk/article/21977/South-Tyneside-Safeguarding-Children-Board>

Introduction

This Multi-Agency Thresholds Guidance is for practitioners and managers in all agencies that work with, or are involved with, children, young people and their families.

Thresholds are points at which something happens, stops happening or changes for a child or family. They are a way of describing transitions between levels of need and types of services and support. They are also ways of identifying the points at which professionals might engage in dialogue with each other and with families to assess what has happened and what, if anything, needs to happen next.

This guidance will assist practitioners and managers in assessing and identifying a child's level of need and **matching that need to the right service response**. The purpose of the guidance is to help us to **provide the right support, at the right level, at the right time**. We know that failing to do this often means that there is an escalation of need, poorer outcomes for children and families and increased risk for the child.

To effectively support children and families we need to **share information** across different agencies and professional disciplines. This is important when providing early help where a family has emerging problems, and it is essential when putting in place effective child protection services. Serious Case Reviews have shown repeatedly how poor information sharing has contributed to the deaths of, or serious injuries to, children.

Children and their families have a right to expect that we will be open and honest with them when we are worried about them and think they need some help. A section on information sharing and consent can be found on page 26 of this guidance.

Demand management is about the meaningful control of resources to achieve desired objectives, namely reducing health and social inequalities. The current political and financial context places an expectation upon agencies to target services and resources to those most in need and to what is most effective. This is backed by solid research that shows that preventative services and those that provide early help deliver the best outcomes. As such our approach deliberately seeks to **encourage prevention and early help** with a view to **reducing demand** for the more reactive, intrusive and expensive services. However, even with the most effective forms of prevention, early intervention and early help there will always be a need to provide specialist services to the most vulnerable and those in need of protection or alternative care.

Regardless of these and other barriers, we remain resolute in our aim to deliver **the right support, at the right level, at the right time** to address children's and families' needs.

Our ambition is underpinned by the key principles within the Early Help Strategy (revised 2015) which aims to deliver:

1. Overall **better outcomes for children, young people and families**.
2. A **reduction in the demand** for more specialist services.
3. Support which is based on **'tiers of need'**.

4. An effective **universal** approach which creates an environment that identifies risk and need, and promotes resilience in children and their families. This means we will focus more on **supporting families to support themselves**.
5. The **integration of our Public Health functions** into our early help offer to families through our **Change 4 Life South Tyneside** programme.
6. A commitment to an **effective case management approach**, and Team Around the Child and Family, based on the principle of a **'key accountable professional'**.
7. A commitment to a **greater focus on outcomes**, rather than outputs, in particular asking families **'What made the difference for you?'**
8. A commitment to a **stronger emphasis on the accountability of the individual** and the recognition that **early help is everybody's responsibility**.
9. A range of **effective, targeted services** which are based on evidence of what works.

Early identification and rapid support are critical, so our universal and preventative services and organisations need to be able to spot signs of trouble or distress in families, intervene quickly and address these signs and symptoms in a way which increases a family's resilience.

This guidance covers the delivery of universal services, those targeted at children's additional needs through the Early Help Processes (previously known as the Common Assessment Framework or CAF), through to those requiring safeguarding services as set out in South Tyneside's Child Protection Procedures:

<http://www.southtyneside.gov.uk/article/22776/Child-protection-procedures>. It is a key tool in the co-ordination of services for children, young people and families, delivering a consistent approach to the identification and resolution of children's needs.

For help and advice with the Early Help processes call:

Early Help Advice Team – 0191 424 6214

For safeguarding advice or to refer into Children's Social Care call:

Contact & Referral – 0191 424 5010

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The Multi-Agency Threshold Guidance is divided into four sections:

Section A – Continuum of Need Model. The four-tier model aims to ensure children and families receive the right support, at the right level at the right time. It does this by establishing a common understanding of the appropriate service response to identified levels of need. (Page 5)

Section B - Multi-Agency Thresholds - Definitions and Indicators. This section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. The correct identification of need is essential in judging the right service response. It also includes guidance on assessment, when to commence Early Help Assessment processes and/or when to make a referral to Children’s Social Care. (Pages 11-20)

Section C – The Escalation / De-escalation (Step up/Step Down) Process. This section outlines the processes to be followed by all practitioners when it is identified that a child’s needs have changed and warrant a different service response. For example, this may be when needs increase from those addressed through universal services (Tier 1) to those requiring multi-agency co-ordination (Tiers 2, 3 and 4) or where there is reduction in need from Tiers 3 or 4 (with input led by Children’s Social Care) to a lower tier on the continuum model.

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For safeguarding advice or to refer into Children’s Social Care call:

Contact & Referral – 0191 424 5010

Section A: The South Tyneside Continuum

SOUTH TYNESIDE CONTINUUM MODEL

	GOVERNANCE	NEED	SERVICE TIERS	ISSUES	OUTCOMES	
CONTINUOUS ASSESSMENT	Tier 4 Resource Allocations Panel/High Needs Panel/ Court/ICPC/Pre-proceedings	Child has suffered or is at risk of suffering “significant harm”; statutory social work intervention is required Needs that cannot be met safely at home. Intensive support needed to live safely at home. (Specialist practitioner/agency response)	All	Looked After Children Child Protection	Permanence Improved outcomes – child kept safely at home	STATUTORY INTERVENTIONS NO PARENTAL CONSENT REQUIRED TO WORK AT THIS LEVEL
	Tier 3 Resource Allocations Panel / Pre-proceedings	Circumstances for child/family are of serious concern; social work assessment is merited; social work input would be beneficial Support needed to live safely at home. (Specialist practitioner/agency response)	Children’s Social Care, specialist, targeted and universal	Child in Need	Improved outcomes – child kept safely at home	CSC ASSESSMENT UNDERTAKEN; SUPPORT OFFERED PARENT MUST BE MADE AWARE OF ANY REFERRAL
	Tier 2 Early Help led by targeted services (relatively small number at this level) Early Help led by universal services (majority of children/families at this level) Early Intervention (small number at this level)	Circumstances for child/family are “not good enough”; additional support required Complex needs and issues requiring specialist and/or targeted multi-agency response; Early Help Assessment and Plan required Additional needs and issues requiring multi-agency response (universal and targeted together); Early Help Assessment and Plan required Additional needs requiring single-agency response; No Early Help Plan required, although EH Assessment could help inform this decision	Specialist, targeted and universal Targeted and universal Universal (occasionally targeted)	Universal services unable to meet needs without targeted support Universal services able to meet needs with support Single piece of work required to meet need	Improved outcomes – CSC referral not needed Improved outcomes, family better able to support selves Need addressed, universal services sufficient going forward	PREVENTION AND EARLY HELP PARENTAL AGREEMENT REQUIRED TO WORK AT TIERS 1, 2 AND 3
	Tier 1 Universal Providers	Circumstances for child/family are “good enough” No additional needs; no additional support required. Open access services available to all.	Universal, including voluntary and community services	No identified issues	Circumstances for child/family continue to be “good enough”. Child/family thrives.	

In South Tyneside our Continuum Model is designed to reflect the levels of need that exist for children, young people and their families, recognising that needs may change. Sections 10 and 11 of the Children Act 2004 place agencies under duties to cooperate in promoting the safeguarding and welfare of children and young people. Our model is based upon this principle, ensuring a **shared responsibility**.

The agreed multi-agency thresholds are set out across four tiers of need which are:

Tier 1 – Universal services

All children and families require access to high-quality universal provision. Schools, youth services and voluntary agencies are vital to support family and community life at a local level. Most parents and families are able to meet the needs of their children with the support of universal provision. Where there are emerging additional needs, they are usually first identified within Tier 1 services.

Examples of universal (or Tier 1) services are: midwifery, health visiting, Children's Centres, nurseries, schools, leisure services, doctors (GPs), dentists.

There is an expectation that professionals from the universal services will, when required to do so, provide targeted support to children and families at Tier 2 (see below). Universal services remain in place regardless of which tier of need a child is experiencing.

Tier 2 – Targeted services

If a child or family requires a level of support that cannot be met by the universal services alone but does not require intervention by Children's Social Care, their needs fall within Tier 2.

For advice on supporting children and young people with Special Education Needs and Disabilities – SEND – please see page 21.

The needs of children requiring support at Tier 2 are wide-ranging. These are described in broad terms below.

Universal service providers will continue to support the child/family, and will often be the professionals who identify that the child/family requires additional support. Within the lower and middle range of Tier 2, the Lead Professional for the child/family will be the professional with whom the child/family has most contact or identified by the family as the person they would like to co-ordinate their support – usually a universal service provider such as a health visitor, nursery or school.

If the child/family's needs become greater, capacity will be added to the Team Around the Child/Family (TACF) by the targeted services – this could be an Outreach Worker from a Children's Centre, from the Early Help Service or a worker from Youth Justice – and the role of Lead Professional may transfer to them. The Universal Service providers will continue to form part of the TACF and to contribute to reviews of the child/family's progress.

From 2015 most families in the High Impact Families (HIF) Programme will fall within the scope of Tier 2.

For help and advice with the Early Help processes call:

Early Help Advice Team – 0191 424 6214

The range of support available to families at Tier 2:

- **Early Intervention – universal service plus single agency response - lowest end of Tier 2**

Where a child or family has one identified need, a single agency response is likely to be most appropriate. Examples of this are: speech and language therapy, support for parents with toilet training or sleep routines, poor dental health. It is not likely that an in-depth assessment of the family's circumstances is necessary, although a chronology of contacts and actions should be kept for reference by the professional providing support in case additional concerns are identified as work progresses. However, an Early Help Assessment should be considered where professionals and the family are not yet certain of the level of support that is required.

Note One: *issues such as **poor school attendance, truancy or extreme behaviours** are likely to be symptomatic of greater underlying concerns and a multi-agency assessment and response should be considered. Professionals should ask themselves: "Once this single piece of work is complete, will the family be able to manage without any additional support?" If the answer to this question is "No", a single agency response is not appropriate and an Early Help Assessment of the child and family's circumstances should be undertaken.*

Note Two: *where there are concerns about **domestic violence, substance misuse or the young person's or parent's mental health**, a single agency response is never appropriate. These issues require Early Help to be the lowest level of support offered. A referral to Children's Social Care should also be considered. Professionals should ask themselves: "Is this child at risk of significant harm?" And then, "Is that risk immediate?". Immediate risks should be referred directly to Children's Social Care (Contact & Referral).*

- **Early Help led by the universal services – co-ordinated, multi-agency support by a Team Around the Child/Family (TACF) – the majority of activity at Tier 2**

Where a child or young person is not achieving expected outcomes and there are a number of concerns, Early Help is likely to be the most appropriate response. Early Help requires a thorough assessment of the family's circumstances to be completed *with* the family. In almost all cases the assessment should lead to the establishment of a multi-agency team around the child and family (TACF) co-ordinated by a Lead Professional. There is an expectation that the Lead Professional will be from the universal service which has most contact with the child/family (health visitor, nursery, school). Advice on assessments, plans, support and interventions can be sought from the Early Help Services (Early Years or Age 5+). Specific, time-limited pieces of work can also be carried out by an Outreach Worker from the Early Help Services where this is required by the

plan. The Early Help Outreach Worker will in these circumstances become part of the wider Team Around the Child and Family.

The Early Help Plan must be reviewed on a regular basis and progress for the family tracked and monitored (see Process Flow Chart on page 23).

Early Help should be offered for a time-limited period. Progress should be reviewed at least every three months, and ideally every six weeks. *After six months*, the TACF should determine whether the plan has made a difference for the family. If it has, should the family step down to universal services only? If it has not, should the plan continue? Or are there reasons why the child/family should be escalated to Child in Need? Professionals should ask themselves and the family: “Are we making a positive difference for this child/family?”

Note One: *a child with **special educational needs or a disability** should not be the subject of an Early Help Plan unless there are additional family circumstances which warrant it. The Education, Health, Care (EHC) Plan for that child should be sufficient. Although EHC Plans are only reviewed statutorily once a year, there is nothing to prevent more regular reviews if these would benefit the child/young person. See also page 21.*

Note Two: *where there are concerns about **domestic violence, substance misuse or the young person’s or parent’s mental health**, Early Help may be an appropriate level of support. However, a referral to Children’s Social Care should also be considered. Professionals should ask themselves: “Is this child at risk of significant harm?” And then, “Is that risk immediate?” Immediate risks should be referred directly to Children’s Social Care (Contact & Referral).*

Note Three: *If the parent/carer **refuses to consent** to an Early Help Assessment, the professional with the concern should not give up. The concern is still there and should be addressed. Support from other professionals should be sought to determine if a different approach might encourage the family to co-operate. However, lack of consent from the family is not, per se, a reason to refer the family to Children’s Social Care.*

- **Early Help led by the Early Help Services (Early Years or Age 5+) – intense support to prevent the child/family escalating to Tier 3 (Section 17, Child in Need) – a small number of cases at the highest end of Tier 2**

All of the circumstances for Early Help (above) will apply but:

- There may have been a rapid deterioration in the child/family’s circumstances which warrant an intensive response to prevent escalation into Children’s Social Care;
- There may have been a referral into Children’s Social Care which does not meet the threshold for Tier 3 intervention, but there are nevertheless significant concerns warranting an intensive response;
- An Early Help Plan has been in existence for six months or more and little or no progress has been made, usually due to lack of co-operation on the part of the parent/carer or to a significant change in circumstances.

The existing TACF will be strengthened, or one set up if not already in existence (although this ought to be rare), and the role of Lead Professional will almost always be allocated to the Early Help Services. Professionals from the universal services will remain in contact with the TACF and provide updates to review meetings.

Note One: *families ought not to progress directly from the universal services to the Early Help Services. Concerns should ideally be picked up by the universal services early enough to implement the Early Help processes first. However, if there are significant concerns, professionals should not delay in contacting the Early Help Services for advice.*

Note Two: *where there are concerns about **domestic violence, substance misuse or the young person's or parent's mental health**, targeted Early Help may be the most appropriate level of support. However, a referral to Children's Social Care should also be considered. Professionals should ask themselves: "Is this child at risk of significant harm?" And then, "Is that risk immediate?" Immediate risks should be referred directly to Children's Social Care (Contact & Referral).*

Tier 3 - Services to keep the child safely at home under a Child in Need Plan (CIN) – the threshold for the earliest intervention by Children's Social Care

A **Child in Need** is defined under the Children Act 1989 as "**a child unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.**" Children in Need may be assessed under Section 17 of the Act. These are children and young people not achieving expected outcomes who require more intensive support from a Team Around the Child and Family **co-ordinated by a Social Worker**, or via the provision of Direct Payments in the case of a disabled child.

The needs of the child or young person are likely to be more complex, but work at this level still **requires the consent of the parent/carer**. For this reason the referrer must make the family aware of the concern and that a referral is being made to Children's Social Care.

When a referral is made, the circumstances of the child/young person will be assessed by Contact and Referral.

If it is determined that the circumstances of the child/family do not meet the threshold for Tier 3 intervention, the referrer will be advised to contact the Early Help Advice Team (Tel: 0191 424 6214) with a view to undertaking an Early Help Assessment and setting up a Team Around the Child and Family. There is an expectation that the referring organisation will take on the role of Lead Professional for the family in the first instance. Meetings of the TACF and/or parental preference may mean that this role transfers to another professional as the plan progresses.

Occasionally it may be appropriate for the child/family to be re-routed directly to the Early Response Team if circumstances warrant it. The referrer will be expected to inform the work undertaken and be prepared to take on the role of Lead Professional once the ERT's work has been completed.

From January 2016 all contacts, referrals and all police Child Concern Notifications (CCNs) which do not meet the threshold for a Social Care Single Assessment will be

stepped down through the Multi-Agency Allocations Team (MAAT) processes for screening for early help involvement. This is to ensure that support is offered to all children, young people and families where a concern has been raised. The MAAT flow-chart, illustrating this process, can be found at Appendix 9, page 30.

If the circumstances of the child/young person do appear to meet the threshold for Tier 3 (Child in Need) a Single Assessment (SA) will be carried out by Children's Social Care.

Whilst a TACF at Tier 3 will always be co-ordinated by a social worker, referring professionals will be expected to be part of any TACF needed if and when Children's Social Care intervention ceases and the family is 'stepped down'.

Tier 4 – Services to keep the child safely at home under a Child Protection Plan; Need(s) that cannot be managed safely at home – child or young person will become Looked After; or Child or Young Person involved in the statutory Youth Justice system

A small proportion of children have more complex or significant needs where intensive support on a statutory basis is required to keep them safe and ensure their needs are met. These children meet the threshold for statutory intervention by specialist services.

This group includes children who require an assessment to be undertaken by a social worker; who may already have been assessed as a Child in Need (CIN); and those who have suffered or who are at risk of suffering **significant harm*** as defined under Section 47 of the Children Act 1989.

Local Authorities, with the help of other organisations as appropriate, have a duty to make enquiries under Section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is **suffering, or is likely to suffer, significant harm***, to enable them to decide whether they should take any action to safeguard and promote the child's welfare.

There may be a need for immediate protection whilst the assessment is carried out. Children will often need to be accommodated outside of their immediate family or may require admission into hospital. In most cases the multi-agency involvement will be led by Children and Families Social Care. In the case of those young people whose criminal behaviour means that they are subject to custodial sentences or need to be remanded to custody, this work will be led by the Youth Justice Service with full multi-agency support.

*A definition of **significant harm** can be found on page 26.

Where it is suspected that a child is suffering or has suffered significant harm, an immediate referral to Children's Social Care should be made. **No parental consent is required** for this referral where it is suspected that the parent is the perpetrator, although it is good practice to inform the parent/carer that a referral has been made. Where the suspected perpetrator is someone other than a parent/carer, advice should be sought

from Contact and Referral about who is best placed to inform the parent/carer and when this should be done.

For advice about safeguarding or to refer into Children’s Social Care, call:

Contact and Referral – 0191 424 5010

The **Continuum Diagram**, page 5, and **Threshold Descriptors**, pages 11-20, should be viewed together as one tool. The Continuum Diagram provides an overview of the model whilst the Threshold Descriptors provide exemplars to describe factors which might lead to heightened concern at each tier and the assessment and plan that would be used at each tier to inform the support to be provided.

Guidance in relation to children **stepping up and down the continuum** is provided in Section C.

Section B: Multi-Agency Thresholds - Definitions and Indicators

This section provides definitions and indicators for practitioners to assist in the identification of need for children and young people. It includes guidance on when to commence the Early Help Assessment process and/or make a referral to a specific agency including Children’s Social Care. Before initiating any action, it is recommended that professionals discuss the situation with the Early Help Advice Team and/or with the Children’s Social Care Contact and Referral Team if you feel that Social Work support may be required.

Early Help Advice Team (EHAT)

Town Hall & Civic Offices
Westoe Road
South Shields
NE33 2RL

Tel: 0191 424 6214

E-mail: EHAT@southtyneside.gov.uk

Children’s Contact and Referral Team (Children’s Social Care)

Gordon House,
Gordon Street,
South Shields.
NE33 4JP

Tel: 0191 424 5010

Email: contactandreferralteam@southtyneside.gov.uk

Out of Hours Team

Gordon House - as above

Tel: 0191 456 2093

A **threshold** in this guidance is the point at which professionals discuss and ‘weigh up’ what is happening for a family and whether action, or different actions, are needed to meet a child’s needs. A threshold is also a way for services to describe a transition between different levels of need and types of services required to meet those needs.

‘Weighing up’ need involves analysis of assessment information and professional judgement. Almost always, this will involve discussions with the family.

Actions may include providing practical ‘hands on’ support to the family; undertaking an early help assessment and developing a support plan with the family; referring to specialist agencies; setting up a Team around the Child and Family; requesting support from the Early Response Team or referring to Children’s Social Care.

The most effective part of any assessment is the **professional dialogue between agencies**. The definitions and indicators contained in this threshold guidance are intended to facilitate that dialogue, not replace it.

They are intended to provide a framework to identify when a child or young person may be at risk of poor outcomes. However, they must be used alongside **professional judgement**, effective inter- and intra-agency communication and good evidence-based practice based on up-to-date research.

The definitions and indicators are **not intended to be a “tick list”** and there is no minimum number of concerns which would trigger a response.

The collective use of this guidance by local agencies will enable them to understand their own roles and responsibilities with regard to early help and to safeguarding. This will assist in working together, information sharing and in facilitating referrals between organisations. This will benefit children, young people and families by helping to judge whether they are receiving the services they require.

The use of this framework will support the principles underpinning ‘Working Together to Safeguard Children 2015’ which are:

“Local Authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area;”

“Whilst Local Authorities play a lead role, safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.”

and

“For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of children as early as possible can be critical to their future.”

Early Help Assessment Guidance

Support with completing an Early Help Assessment can be found in the Early Help Assessment Guidance, available on-line at:

<http://www.southtyneside.gov.uk/article/21979/Information-for-professionals>

under the section “Early Help Documentation”.

A guide to writing a SMART Early Help Plan can be found via the same link.

Threshold Definitions and Indicators

Following feedback at a number of Early Help / threshold briefings in the summer and Autumn of 2015, the Threshold Definitions and Indicators have been altered and simplified. As this is a working document, they will be further refined as processes become embedded.

Please note: the following are indicators and are not an exhaustive list. They are not intended to be used as a risk assessment checklist. Each child will need to be assessed against his/her individual circumstances.

There is no minimum or maximum number of indicators which will mean that a child or young person’s circumstances have reached a particular threshold.

Professional dialogue between agencies remains the best and safest way to assess the level of need for a child or family.

Tier 1: Universal Services

Children and young people at this level are achieving expected outcomes.

There are no unmet needs or need is low level and can be met by universal services or with some limited additional advice or guidance.

Children/young people, parents and carers can access services directly.

See also page 6.

Child's Developmental Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> • There are no concerns and the child/young person's health is good. Milestones have been met. <p>EDUCATION and LEARNING</p> <ul style="list-style-type: none"> • There are no concerns, attendance and achievement meet expectations. <p>EMOTIONAL and BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills • Good quality early attachments <p>IDENTITY</p> <ul style="list-style-type: none"> • Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • An ability to express needs <p>FAMILY and SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> • Appropriate dress for different settings • Good level of personal hygiene <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> • Age appropriate independent living skills 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Carers able to provide for child's needs and protect from danger and harm <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Carers able to provide warmth, praise and encouragement <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • Carers provide appropriate guidance and boundaries to help child develop appropriate values • Supports development through interaction and play <p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> • Supportive family relationships, including when parents are separated <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> • Housing has basic amenities and appropriate facilities • Appropriate levels of cleanliness/ hygiene are maintained • Not living in poverty <p>FAMILY'S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> • Good enough social and friendship networks exist <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • Good enough universal services in neighbourhood
<p>Assessment Process: Children, young people and families are accessing universal services and universal assessments will apply, such as those undertaken 'in house' by schools</p>	
<p>In Summary: The circumstances for this child/family are "good enough"</p>	

Tier 2: Targeted Services

If a child or family requires a level of support that cannot be met by the universal services alone but does not require intervention by Children’s Social Care, their needs fall within Tier 2.

NB: For children with Special Educational Needs and Disabilities (SEND), please see page 21.

Following an assessment with input from the family, a Team Around the Child/Family should be set up led by a Lead Professional.

From 2015 most families in the High Impact Families (HIF) Programme will fall within the scope of Tier 2.

See also page 6.

Advice on Early Help can be sought from the Early Help Advice Team – 0191 424 6214	
Child’s Developmental Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> • There may be concerns (ranging from emerging to significant) that health needs are not being met adequately. Milestones may not have been met, immunisations may not be up to date • There may be concerns (ranging from emerging to significant) about diet, hygiene, clothing, alcohol, sexual activity, sexualised behaviour (at any age) <p>EDUCATION and LEARNING</p> <ul style="list-style-type: none"> • There may be concerns (ranging from emerging to significant) about educational achievement, punctuality, attendance, truancy, bullying. • Limited opportunities for play/socialisation • At risk of not reaching educational potential <p>EMOTIONAL and BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> • There may be concerns (ranging from emerging to significant) about mental health or emotional issues requiring intervention. There may be attachment issues. • May be becoming involved in anti-social behaviour <p>IDENTITY</p> <ul style="list-style-type: none"> • Some insecurities around identity • May experience bullying around ‘difference’ <p>FAMILY and SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Some or limited support from family and friends • Has some difficulties sustaining relationships • Undertaking occasional caring responsibilities • Child adopted from care • Low parental aspirations <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> • Can be over-friendly or withdrawn with strangers • Personal hygiene starting to be a problem, young child unkempt or dirty 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Parental engagement with services is sporadic or poor • Parent requires advice on parenting issues or home conditions are inadequate/variable/erratic/chaotic • Professionals have concerns (ranging from emerging to significant) around child’s physical needs being met • Teenage/young parent(s) or very large family (parenting capacity issues) <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Inconsistent parenting • Post natal depression / birth trauma • Child perceived to be a problem by the parent <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • Child may have numerous different carers • Inconsistent boundaries offered • Child spends much time alone (TV/computer, etc) • Child not exposed to new experiences <p>THE “TOXIC TRIO” Concerns about domestic violence, substance abuse or parental mental health will determine:</p> <ol style="list-style-type: none"> a) the response and b) the level of support offered (see pages 7-9)
	<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> • Multiple parental partners, complex family genogram, experienced loss of significant adult(s), lack of appropriate role models, “hidden male” on scene • Parent has health difficulties • Some or limited support from family and friends <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> • Families affected by low income, unemployment or debt

<p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> • Not always adequate self-care — poor hygiene • Slow to develop age appropriate self-care skills • Overprotected/unable to develop independence 	<ul style="list-style-type: none"> • Parents have limited formal education or have SEND • Just adequate or poor housing • Family seeking asylum or refugees <p>FAMILY’S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> • Family network may not be supportive • Some social exclusion problems <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • Adequate universal resources but family may have access issues <p>Almost all families that meet the criteria for the High Impact Families Programme (HIF) will require support at Tier 2. Some, however, may require support at Tier 3.</p>
<p>Assessment Process:</p> <p>When indicators at Tier 2 are evident for a child or young person, a range of responses is available:</p> <ul style="list-style-type: none"> • Early Intervention – universal services with single agency support (see page 7 for detail) • Early Help led by the universal services – co-ordinated, multi-agency support (see page 7 for detail) • Early Help led by the Early Help Services – intensive co-ordinated support (see page 8 for detail) <p>It is important to remember that Early Help processes require parental consent before they can be completed or shared with other professionals / agencies. However, not having consent should not mean that support is withdrawn or not offered. A dialogue with other agencies should be started to find a professional who is able to engage the family.</p> <p>Please see Early Help process map (Page 23) for pathway to support children and their families with this level of need.</p>	
<p>In summary:</p> <p>The circumstances for this child/family are “not good enough” and support should be offered at the earliest opportunity by universal service providers, targeted service providers or both, to support a change in those circumstances.</p>	

Tier 3: Services to keep the child safely at home under a Child in Need Plan (CIN) – the threshold for the earliest intervention by Children’s Social Care

A child unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

NB: For children with Special Educational Needs and Disabilities (SEND), please see page 21.

Children in Need may be assessed under Section 17 of the Children Act 1989.

See also page 9.

Where a referrer believes that social work intervention is necessary, s/he should ask her/himself what it is that social work intervention could add to an Early Help Plan, if one is already in existence? Referring professionals should be clear what they require of Children’s Social Care.

There is a statutory duty to conduct a Single Assessment where children meet the threshold for Tier 3 services, however, Children’s Social Care are only able to set up a Child in Need Plan with parental consent. Where parents/carers are unwilling to engage with Children’s Social Care, cases will be stepped down to Early Help for support.

Parents/carers must be made aware by the referrer that a referral has been made.

Advice can be sought from Contact and Referral – 0191 424 5010

Child’s Developmental Needs	Parents and Carers
<p>HEALTH – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Mental health • Chronic/recurring health problems (including malnutrition or morbid obesity) • Missed routine and non-routine health appointments • Diet, hygiene, clothing • Conception to child under 16 • Sex with multiple partners • Administration of substances in a hazardous manner (sharing equipment etc) • Substance misuse impacts negatively on their risk taking behaviour (eg unprotected sex) • Disability requiring significant support services <p>EDUCATION and LEARNING – <i>significant concerns around some or all of the following (BUT other factors must be present in addition to these):</i></p> <ul style="list-style-type: none"> • Permanent exclusion or previous permanent exclusion • Identified learning needs • Not achieving milestones or key stage benchmarks • Limited access to appropriate toys and stimulation • Persistent NEET (Not in Education, Employment or Training) <p>EMOTIONAL and BEHAVIOURAL DEVELOPMENT – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Difficulty coping with anger, frustration and upset • Physical and emotional development delay • Significant attachment difficulties e.g child adopted from care 	<p>BASIC CARE, SAFETY AND PROTECTION – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Parent cannot provide adequate care • Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent’s ability to meet the needs of the child • Previously subject to child protection plan • Teenage parent(s), very young parent, parent of large number of children (issues of parenting capacity) • Either or both parents previously looked after <p>EMOTIONAL WARMTH AND STABILITY – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Child often scapegoated • Child is rarely comforted when distressed • Child receives inconsistent/poor care • Parent has no other positive relationships <p>GUIDANCE, BOUNDARIES AND STIMULATION – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Few age appropriate toys in the house • Parent rarely intervenes in disputes between siblings, leading to regular conflict

<ul style="list-style-type: none"> • Early onset of sexual activity (before age 14), or inappropriately sexualised behaviour at any age • Hazardous substance misuse (including alcohol) • Offending or regular anti-social behaviour <p>IDENTITY – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Subject to discrimination • Worryingly low self-esteem • Extremist views <p>FAMILY and SOCIAL RELATIONSHIPS – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Peers also involved in challenging behaviour • Regularly needed to care for another family member • Involved in conflicts with peers/siblings • Adoptive family under severe stress <p>SOCIAL PRESENTATION – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Clothing regularly unwashed • Poor presentation and hygiene • Is provocative in behaviour/appearance <p>SELF-CARE SKILLS – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Poor self-care for age—hygiene • Precociously able to care for self 	<ul style="list-style-type: none"> • Inconsistent parenting impairing emotional or behavioural development <p>FAMILY HISTORY AND FUNCTIONING – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Evidence of domestic abuse • Acrimonious divorce/separation • Family members have physical and/or mental health difficulties • Parental involvement in crime • Evidence of problematic substance misuse (including alcohol) <p>THE “TOXIC TRIO” – if domestic violence, substance misuse and parental mental health are issues for the family, intervention at this tier will almost always be required</p> <p>HOUSING, EMPLOYMENT AND FINANCE – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Overcrowding, temporary accommodation, homelessness, long-term unemployment • Unacceptable home conditions, poor hygiene in the home, poorly maintained bed/bedding • Serious debts/poverty impacting on ability to care for child <p>FAMILY’S SOCIAL INTEGRATION – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Family socially excluded • Escalating victimisation <p>COMMUNITY RESOURCES – <i>significant concerns around some or all of the following:</i></p> <ul style="list-style-type: none"> • Parents socially excluded with access problems to local facilities and targeted services
<p>Assessment Process:</p> <p>Where a significant number of these indicators are present at a level of concern which is high enough to warrant Social Care intervention, a team around the child or family must be established and the Social Worker will be the lead professional in most instances. This will be mainly through referral to Children’s Social Care for a formal Single Assessment.</p> <p>See safeguarding procedures http://southtynesidescb.proceduresonline.com/index.htm</p>	
<p>In summary:</p> <p>The circumstances for this child/family are of serious concern, a single assessment is merited and input by Children’s Social Care under Section 17 of the Children Act 1989 would be beneficial.</p>	

Tier 4: Services to keep the child safely at home under a Child Protection Plan or Need(s) that cannot be managed safely at home – child or young person will become Looked After

Children and young people who *have suffered* or *are at risk of suffering significant harm*.

These children may be kept at home under a Child Protection (CP) Plan, or they may need to be accommodated outside of their immediate family, or they may require admission into hospital. In all cases the multi-agency involvement would be led by Children and Families Social Care.

* Definitions of “significant harm” can be found on pages 26.

Where a professional believes that the circumstances for a child or young person have met the definition of “significant harm,” a referral into Children’s Social Care must be made. There is no requirement to seek parental consent for this referral where this would put the child/young person at further risk.

Advice can be sought from Contact and Referral – 0191 424 5010

Child’s Developmental Needs	Parents and Carers
<p>HEALTH</p> <ul style="list-style-type: none"> • Has severe/chronic health problems • Persistent substance misuse • Non-organic failure to thrive • Fabricated illness • Early teenage pregnancy • Serious mental health issues • Seriously obese • Dental decay and no access to treatment • Sexual exploitation/abuse • Sexual activity under the age of 13 • Disability requiring highest level of support <p>EDUCATION and LEARNING</p> <ul style="list-style-type: none"> • No education provision • Permanently excluded from school (with no plan for future education) • History of previous exclusions • Significant developmental delay due to neglect/poor parenting <p>EMOTIONAL and BEHAVIOURAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Regularly involved in anti-social/criminal activities • Puts self or others in danger • Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts • In sexually exploitive relationship • Frequently goes missing from home for long periods • Child who abuses others 	<p>BASIC CARE, SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Parents unable to provide “good enough” parenting that is adequate and safe • Parents’ mental health problems or substance misuse significantly affect care of child • Parents were unable to care for previous children • There is instability and violence in the home continually • Parents are involved in crime • Parents unable to keep child safe • Victim of crime <p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child • Child is rejected or abandoned <p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood • Child beyond parental control • Subject to a parenting order which may be related to their child/young person’s criminal behaviour, antisocial behaviour or persistent absence from school

<ul style="list-style-type: none"> • Severe attachment problems and/or severe emotional development delay <p>IDENTITY</p> <ul style="list-style-type: none"> • Experiences persistent discrimination • Is socially isolated and lacks appropriate role models • Alienates self from others • Distorted self image <p>FAMILY and SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Looked after child • Care leaver • Family breakdown related in some way to child’s behavioural difficulties • Subject to physical, emotional or sexual abuse/neglect • Female genital mutilation (FGM) • Is main carer for a family member • Adoption breakdown • Forced marriage of a minor <p>SOCIAL PRESENTATION</p> <ul style="list-style-type: none"> • Poor and inappropriate self-presentation <p>SELF-CARE SKILLS</p> <ul style="list-style-type: none"> • Neglects to use self-care skills due to alternative priorities, e g substance misuse • Unaccompanied asylum seeker 	<p>FAMILY HISTORY AND FUNCTIONING</p> <ul style="list-style-type: none"> • Significant parent discord and persistent domestic abuse • Child looked after by a non-relative within scope of private fostering arrangement • Destructive relationships with extended family • Parents are deceased and there are no family/friends options • Parents are in prison and there are no family/friends options <p>THE “TOXIC TRIO” – if domestic violence, substance misuse and parental mental health are issues for the family, intervention at this tier will frequently be required</p> <p>HOUSING, EMPLOYMENT AND FINANCE</p> <ul style="list-style-type: none"> • Physical accommodation places child in danger • No fixed abode or homeless • Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc • Extreme poverty/debt impacting on ability to care for child <p>FAMILY’S SOCIAL INTEGRATION</p> <ul style="list-style-type: none"> • Family chronically socially excluded <p>COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • Poor quality services with long-term difficulties with accessing target populations • Restricting and refusing intervention from services
<p>Assessment Process: See safeguarding procedures http://southtynesidescb.proceduresonline.com/index.htm</p>	
<p>In Summary:</p> <p>Either: There is evidence that the child/young person has suffered or is at risk of suffering significant harm, or a disclosure of abuse has been made; or It is unsafe for the child/young person to remain at home.</p>	

Children and Young People with Special Educational Needs and/or Disabilities (SEND)

During extensive consultation between partners about the tiers of need, it became apparent that children and young people with SEND do not fit neatly into the descriptors above. The following advice is therefore offered in relation to support for children and young people with SEND:

Almost all children with SEND will require a long-term, multi-agency Team Around the Child/Family (TACF) package of support.

For most, this TACF will involve the universal services (school or nursery, GP, school nurse or health visitor) and some of a range of targeted services (eg: speech and language, portage, specialist medical support).

For a lesser number, there will also be a need for social work input due to family circumstances.

Where there is no need for social work input, the child or young person can be supported in one of three ways:

- a) Children who are registered pupils of a school or college, whether in nursery, of statutory school age or post-16, should be supported by an Education, Health and Care (EHC) plan or through the school/ college's own processes for supporting children with Additional Needs.
Whilst an EHC plan must be reviewed statutorily once a year, there is no reason why more frequent reviews cannot be held if this is in the best interests of the child/family.
- b) Children who have not yet started school should be supported by an Early Help Plan (as there is no other vehicle currently available for support pre-school). Once the child joins a school the EH Plan should be converted to an EHC Plan, or the child should be support by the school's processes for children with Additional Needs and the EH Plan closed.
- c) In exceptional circumstances, it is possible to run an Early Help Plan concurrently with an Education, Health and Care Plan (or pre-existing statement of SEN). Examples of this would be where a child/young person has not yet had their statement of SEN converted to an EHC Plan, or where the existence of an EH Plan is a motivator for parents and professionals. However, the TACF should assess the value of running two plans concurrently, both in terms of time/resource and of outcomes for the child and family.

Where it is deemed that there is a need for social work input for a child or young person with SEND, a Single Assessment will be carried out by Children's Social Care under Section 17. If the assessment determines that a Child in Need plan is required, this will be co-ordinated by a social worker. Other professionals supporting the child/family will join the team around that child/family.

Section C: The Escalation / De-escalation (Step up/Step Down) Process

Our aim is to identify need at the earliest opportunity and respond to it with timely and effective services. Ensuring the right service to the right family at the right time is critical to the success of this aim. We recognise that a child and/or family's needs can and do change over time. This may be in response to agency intervention or changing circumstances within the family, or it may be as a result of a lack of change and parental motivation/ or ability to change. This may affect the nature and/or level of the risk to the child. Whatever the cause of the change, our services need to be able to recognise it and respond appropriately.

Disagreements about agency responsibilities for responding to identified need that cannot be resolved through discussions between the referring and the receiving professional should be addressed through South Tyneside's LSCB dispute resolution process <http://www.southtyneside.gov.uk/article/22776/Child-protection-procedures>.

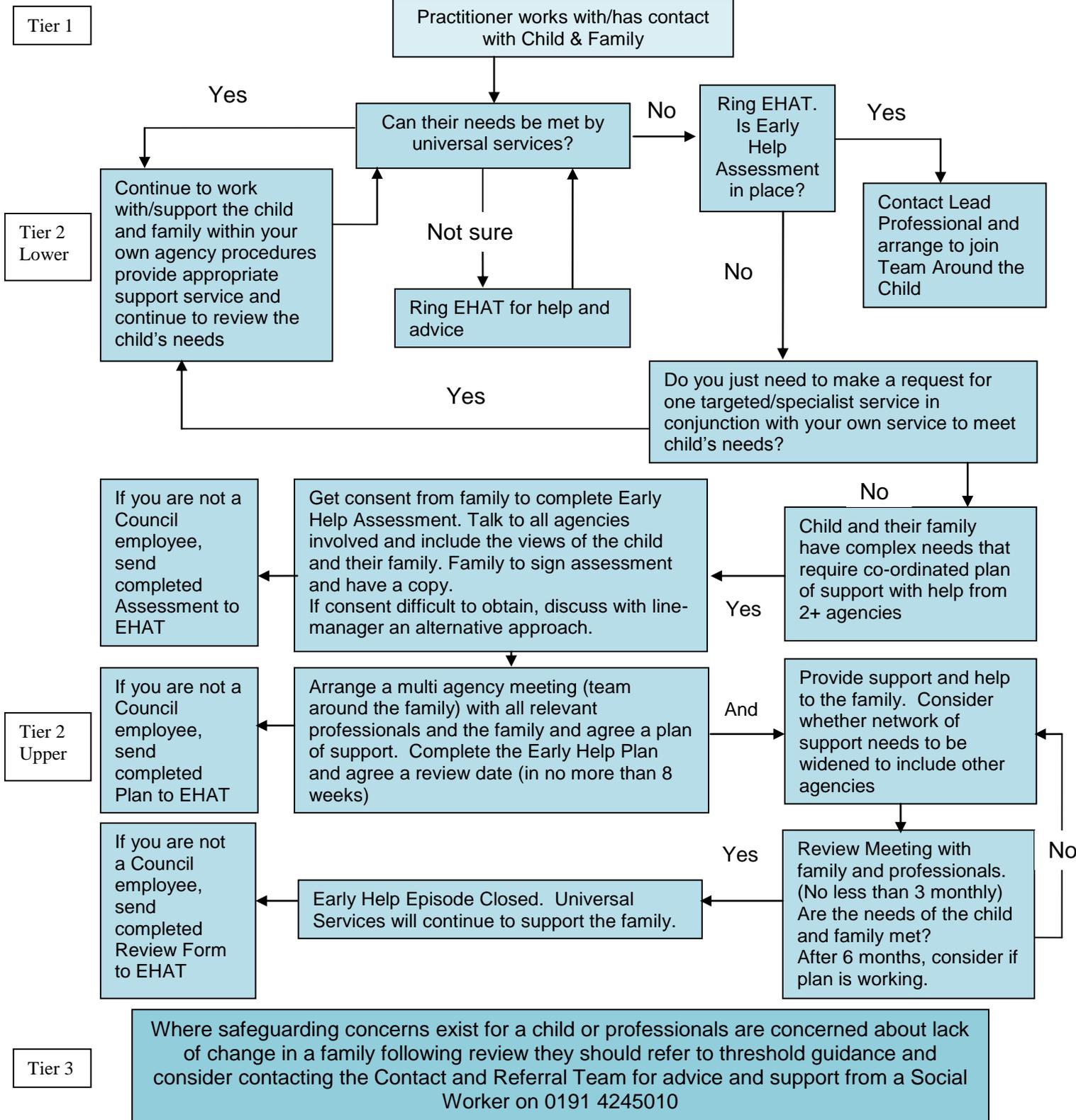
With low level additional needs a child or family is most likely to benefit from the provision of targeted **early intervention** within a universal service context. A child may for example require a small amount of additional support within the classroom or additional health screening. Such cases do not represent a 'stepping up' of need or response, only additional support within the universal service context.

The **Early Help** process flow chart on page 23 illustrates how children and their families will receive early help and support via universal and targeted services, and how decisions will be reached to refer into children's social care when a safeguarding threshold has been met (this is termed '**stepping up**').

The '**stepping down**' flow chart on page 24 indicates how the support should continue to be offered to families as they move down the continuum of need. The Lead Professional may change but the multi-agency team and support to the family will continue to be offered where a need continues to exist. Cases closing to Children's Social Care will routinely 'step down' into an early help process unless there is a clear rationale and multi-agency agreement why this is unnecessary (which would be rare). The multi-agency team, with the child and family, will identify who is the most appropriate professional to be the new Lead Professional when a family 'steps down'.

Early Help Process

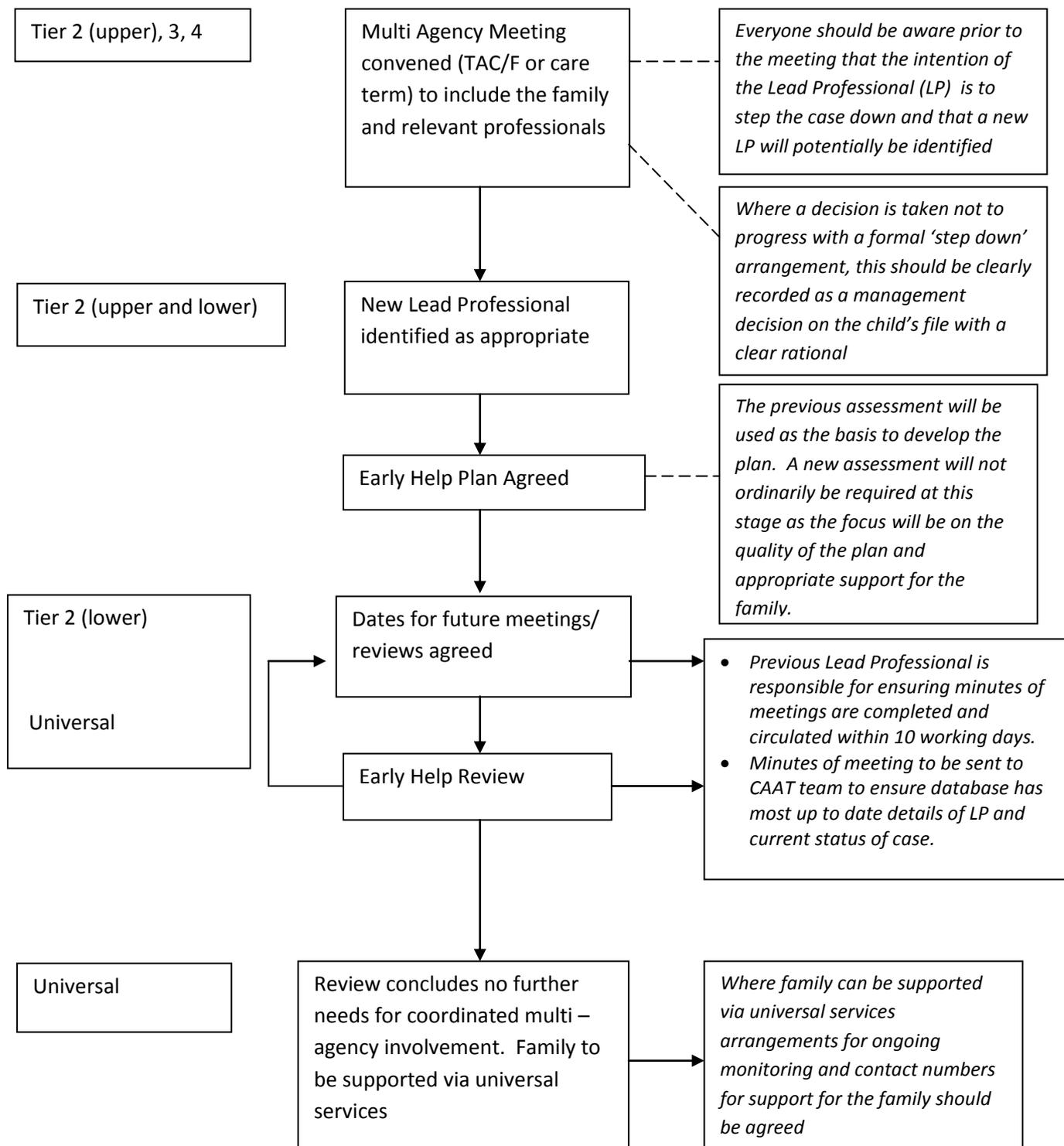
Contact the Early Help Advice Team (EHAT) for help and support at any time on:
 Telephone: 0191 424 6214
 Current E-mail: EHAT@southtyndeside.gov.uk (a secure e-mail address is being set up)



De-escalation/Stepping Down Process

Where the needs of the child and family can be met via a lower tier of intervention:

Tiers of need



Section D – Appendices

1. An overview of the Early Help Assessment Framework (Please also see the LSCB procedures chapter – Early Help Processes

<http://www.southtyneside.gov.uk/article/22776/Child-protection-procedures>)

- A consent-based process — we need the agreement of a parent/carer or of a competent young person/older child before using the Early Help process. However, failure to acquire consent should not be a reason to give up or to withdraw support. Professionals should engage with other services to try to find someone with whom the family has a good relationship who may be able to obtain consent.
- A multi-agency assessment, planning and review process used across all services working with children, young people and families
- Includes common forms for recording holistic assessments, plans and reviews in a structured way
- Designed to be shared between services and used as a starting point for planning coordinated multi-agency action

Who might have an Early Help assessment?

An early help assessment can be carried out with any child or young person from pre-birth up to age 17 years and 364 days, where there are indicators or need at Tier 2, or where the child or young person's needs are unclear, or not being met by the universal services.

Which practitioners should use the Early Help process?

- Any practitioner in the children's workforce should use the Early Help process. Many adults accessing services are also parents/carers and may need some support or help for their child.
- The Early Help Assessment is most likely to be used by practitioners in the universal services or those providing early intervention, early help or targeted support.

What does a good Early Help Assessment or a good Early Help Plan look like?

Professionals can seek advice about how to conduct an Early Help Assessment and develop a SMART Early Help Plan by consulting "Early Help Documentation" available at <http://www.southtyneside.gov.uk/article/21979/Information-for-professionals>

2. Definition of a "Child in Need"

The legal definition of a 'Child in Need' is given in section 17[10] of the Children Act 1989: For the purposes of Part III of the Act a child shall be taken to be in need if;

[a] He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;

[b] His health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

[c] He is disabled.

3. Definition of a child “at risk from 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 a child. Section 47 of the Act places a duty on the local authority to make enquiries when it has 'reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'.

Sometimes a single traumatic event may constitute Significant Harm, e.g. a violent assault, suffocation or poisoning. More often, Significant Harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting Significant Harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.

4. Exceptional circumstances – Significant Harm and Putting Others at Risk of Harm

If at any time you consider that a baby, child or young person is a child in need, which includes being at risk of significant harm, you must follow Safeguarding Children's Procedures (available at <http://southtynesidescb.proceduresonline.com>)

Similarly, children or young people putting others at risk of harm e.g. by their threatening behaviour, should be also be determined as a child in need.

5. Information sharing and Consent

Information sharing will be proportionate and supported by the principles enshrined in the following legislation/documentation:

- Section 10 Children's Act 2004 – Duty to cooperate to improve well-being of children.
- Section 11 Children's Act 2004 – Duty to safeguard and promote the welfare of children.
- 'Working Together to Safeguard Children' – How organisations and individuals should work together to Safeguard and Promote the welfare of children.
- Local Safeguarding Children Board - Policies, procedures, protocols and guidance.
- Education Act 2002 – Making arrangements to carry out their functions with a view to safeguarding and promoting the welfare of children (Safeguarding Children in Education).
- Seven Golden Rules for Information Sharing.

6. Lead Professional – Role Description

A lead professional is the member of a 'Team Around a Child and Family' (TACF) with responsibility for co-ordinating the work of the team, acting as a single point of contact for the family and ensuring family members receive the support they need. Where the child is an open case to Children's Social Care, the social worker will always be the lead.

The role requires flexibility and must reflect the needs of the children and family concerned. The lead professional will have a specific agency contribution to make as well as operating as the lead professional. The key objective of the role is to facilitate and co-ordinate the timely delivery of effective support to the family and ensure that the issues of concern for the child and their family are addressed and that outcomes for the child improve.

Role

As a lead professional your key roles will be to:

- Keep in touch with the child and family and act as a single point of contact between the family and the agencies involved
- To develop / build on effective working relationships with the child, family and partner agencies
- To understand the role of other professionals and co-ordinate the support
- To agree with partners and the child and family the initial plan and then to monitor and review the plan ensuring it remains child focused
- To ensure there are regular TAC/F meetings and reviews to monitor process.
- To discuss the case in supervision / with line manager and obtain managerial sign off for decisions, particularly at key transition points.
- To ensure necessary action is taken at the point of case transfer to another lead professional or case closure.
- Take part in relevant training and development
- To fulfil your specific agency role in relation to the plan

Who can be a lead professional?

Any professional involved in the team around a child / family can act as lead professional. The person chosen to act as lead professional must have an effective relationship with the child and family and should be the professional that has the expertise and resources that are best able to meet the needs of the child/ family and fulfil the role set out above.

How is it different from the role of social worker?

The essential difference is that a social work role is grounded in statutory or specialist service provision and designed to meet complex needs. Where a child has an identified key worker from a statutory agency that person will lead the Team Around the Child and Family. If the key worker is a social worker the case sits at Tier 3 or 4 on the continuum.

7. 'Team Around the Child and Family' Members' - Role Description

What is a 'Team Around a Child and Family'?

A 'Team Around a Child and Family (TACF) comes into operation when a child or family have additional needs that fall within Tier 2 of South Tyneside's threshold guidance / continuum of need. At this point, the child and / or family may have been assessed as having significant needs that require a multi-agency response. Where the needs are of

such significance as to require the involvement of statutory social work intervention the TACF may take the form of a care team or care group.

At Tier 2 on the continuum the TACF will, in partnership with the child and family, identify a Lead Professional that will have particular responsibility for co-ordinating the work of the TACF and maintaining communication with the child and family.

At levels 3 and 4 the TACF will be co-ordinated by either a Social Worker or Youth Justice Officer as appropriate.

Regardless of the tier of need or the identity of the lead professional the support from the TAC/F will follow the child and family for as long as it is needed i.e. The multi agency team will remain stable even if the lead professional changes. Professionals can be co-opted onto or leave the TAC/F if the needs of the family change.

Role

Each TACF member will have a specific role, usually tied to their agency / professional role. Particular duties include:

- Maintaining contact with the child and family in accordance with their professional role and the agreed multi-agency plan
- Seeking consent and sharing relevant information with the lead professional and other agencies as necessary
- Attending and contributing to planning and review meetings
- Supporting smooth running of meetings and helping with administrative arrangements
- Taking ownership of their role within the TACF plan, implementing necessary actions and understanding the role played by others in delivering the plan
- Establishing / building upon relationships with the child, family and partner agencies
- Taking part in relevant training and development
- To discuss the case in supervision / with line manager
- To ensure professional concerns are identified, reported and acted upon

Who can be a TACF Member?

Any professional, staff member or volunteer working with an agency that is identified as having a role in the plan in addressing the identified needs of the child or family can be asked to take part in a TACF. The agencies involved will be identified as a result of the assessment and the identified support needs of the family.– The membership of the group will be regularly reviewed and discussed with the family. If further referrals are made, new members may join. As pieces of work are successfully completed, some TAC/F members may no longer be required.

8. The role of Managers

Front line managers/supervisors are responsible for supporting practitioners to deliver effective early help.

This will include:

- Ensuring early help assessments and early help plans are of good quality and thorough
- Consideration of the family as a whole and of the support each individual may need
- Ensuring that assessments consider everyone in the family and the support that each individual may need
- Ensuring that early help support plans are of good quality with a clear focus on the support and help that will be offered to the family in order to help them to make change
- Ensuring that the child has been seen and spoken to
- Ensuring that the right agencies are involved in the TAC/F
- Ensuring that there are clear goals for change and that the family understand them
- Ensuring that the plan is regularly reviewed at no less than three monthly intervals and that timely progress is being made
- Ensuring that a full review of any case is conducted after six months to ensure that the plan remains appropriate and the needs of the child/ren are being appropriately met
- Ensuring that timely referrals are made into children's social care where this is appropriate
- Ensuring that step/step down processes are robust
- Appropriate use of the LSCB dispute resolution process in instances where there is professional disagreement about thresholds or the actions of other agencies.

All provider agencies are represented at the Early Help Operational Management Group where performance information and quality issues will be monitored across the partnership. Agencies represented on this group include:

- Children and Families Social Care
- Children's Centres
- Services for Young People
- Early Response Team
- Matrix – Young People's Substance Misuse Service
- Health Visiting, School Nursing and Midwifery
- Public Health
- Adult Substance Misuse
- NTW CYPS
- Educational Psychology
- Adult Mental Health Service
- Domestic Abuse Services
- Schools (Nursery, Primary, Secondary and Special)
- Alternative Education
- South Tyneside College
- Youth Justice Service
- South Tyneside Homes

9. Multi-Agency Allocations Team process to ensure support is offered at all levels:

