Early Family Support
Threshold Guidance
Introduction

Trafford CYPS provides a range of universal services for all children, young people and families to access. This document provides a threshold framework for receiving early family support in Trafford to be utilised when a child, young person or family need’s are not being met through universal services. The pathway to access early family support considers the common assessment framework as a pre requisite and considers two stages to providing support to children, young people and their families:

- **Stage 1:** Completing sections 1 and 2 of the common assessment framework (CAF), using a team around the child approach with a focus around the needs of the child/young person. Exploring if there are any prominent family or environmental risk factors using a red, amber, green rating which indicates if section 3 needs to be completed
- **Stage 2:** Where the CAF assessment reveals there are prominent risk factors around the needs of the adults and the family’s environment, section 3 of the CAF must be completed and a team around the family approach can be implemented to provide a co-ordinated package of support.

2. Levels of Need

1.1 Figure 1 gives an overview of the pathway of support for unmet needs. Figure 2 provides an overview of the levels of need in line with the assessment and delivery options for support within children and young people’s services. It illustrates where in the spectrum of need that early family support is placed. It also clearly states that this provision does not replace any pathways and process for any universal or specialist provision and it is does not change any pathway for safeguarding procedures. It is envisaged that the wider population of children and young people with unmet needs may be supported via level 1 universal service through single agency referrals and level 2 targeted services through the common assessment framework. It will be a smaller group that will need to access early family support which provides level 2/targeted support for the whole family.
Figure 1 Referral pathway for early family support

This is not a safeguarding pathway. For safeguarding concerns contact MARAT on 0161 912 5125

Child/Young Person has unmet need

Is more than one agency required?

NO

Single Agency Referral Form (SARF) to required agency (excluding MARAT)

Support / Intervention

Review

Needs met

Needs unmet (return to start of CAF process)

YES

Common Assessment Framework (CAF) Process (Team around the child, including support to parents)

CAF Meeting - significant adult risk factors identified

CAF Meeting/work at CAF

Review

Needs unmet

Needs met

Area Family Support Team Panel Meeting

Early Family Support (Team around the Family)

Consent/Engagement
Case allocated to lead professional
Key worker to carry out assessment
Key worker to engage partners via TAF meetings
TAF to support the development and delivery of the ‘action plan’

Review Case

Continued Support

More intensive provision (escalation)

Exit Strategy and advice to universal services

MARAT (Multi Agency Referral and Assessment Team)

Additional CYPS Services: CAMHS/Children in Care/Special Educational Needs Service/ Complex and Additional Needs Service
## Figure 2 Overview of the levels of need and family support

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Approach</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Agency Referral Form (SARF)</td>
<td>Individual service referrals</td>
<td>Specific service provision (tier 1 and 2)</td>
</tr>
<tr>
<td>Common Assessment Framework (CAF)</td>
<td>Team Around the Child</td>
<td>Range of service provision (tier 2 and 3)</td>
</tr>
<tr>
<td>Common Assessment Framework (CAF) (Team Around the Family) Whole Family Assessment</td>
<td>Team Around the Family</td>
<td>Area Family Support Teams</td>
</tr>
<tr>
<td>Statutory Assessment (Initial and Core)</td>
<td>Assessment according to statutory needs of case</td>
<td>Tier 3 and 4 CYPS Services (Child and Adolescent Mental Health Service / Special Educational Needs / Children in Care / Complex and Additional Needs / Social Care including MST / Me2)</td>
</tr>
</tbody>
</table>
Appendix A – Threshold guidance for level 2, targeted support.

This document aims to provide professionals with illustrative examples of how needs may present themselves and indicate where further assessment and support would be helpful. This is not an exhaustive list however the document provides examples under each of the three sections of the CAF to support professional judgement.

Babies, children and young people with tier 2 needs can be identified as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child, young person or family. These families will be living in greater adversity than most others or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met and multi agency support is required, a Case Coordinator will be identified to co-ordinate a plan of support using the common assessment framework.

1. Baby/Child/Young Persons development needs assessed under the common assessment framework

<table>
<thead>
<tr>
<th>Development area</th>
<th>Threshold guidance – illustrative examples</th>
<th>Protective factors</th>
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</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
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</tr>
<tr>
<td>Health: general health</td>
<td>• Diagnosed with long term or terminal illness</td>
<td>• Access to and use of GP and Dentists</td>
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<tr>
<td></td>
<td>• Mental/physical ill health</td>
<td>• Attendance of all developmental checks and immunisations appointments</td>
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<tr>
<td></td>
<td>• Identified developmental need</td>
<td>• Knowledge of and access to health information and advice</td>
</tr>
<tr>
<td></td>
<td>• Lack of access to or appropriate use of health services/advice/information</td>
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<tr>
<td>Physical development</td>
<td>• Disability needs unmet</td>
<td>• Positive response and actions to any concerns regarding potential development delays</td>
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<tr>
<td></td>
<td>• Excessive or insufficient weight gain</td>
<td>• Willingness to seek advice and support when required</td>
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<tr>
<td></td>
<td>• Concerns and/or delay in reaching developmental milestones</td>
<td>• Willingness to engage with support services</td>
</tr>
<tr>
<td></td>
<td>• Not attending routine appointments e.g. immunisations and developmental checks</td>
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<tr>
<td></td>
<td>• Poor self care/hygiene</td>
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<td></td>
<td>• Not registered with a General Practitioner and/or</td>
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<tr>
<td>Dentist</td>
<td>Speech language and communication</td>
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<tr>
<td>• Recurrent illness or health concerns beginning to have an impact on education, family or social functioning.</td>
<td>• Identified language and communication difficulties linked to other unmet needs. Examples:</td>
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<tr>
<td></td>
<td>• Aged 0–6 months, does not make sounds to themselves, like cooing, gurgling and babbling</td>
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<td>• Aged 6–12 months, does not show an understanding of words like ‘bye-by’ and ‘up’ especially when a gesture is used at the same time</td>
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<td>• Aged 12–18 months does not use up to 20 simple words, such as ‘cup’, ‘daddy’ and ‘dog’</td>
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<td></td>
<td>• Aged 18–24 months does not understand between 200 and 500 words</td>
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<td></td>
<td>• Aged 2–3 years does not put 4 or 5 words together to make short sentences, such as 'want more juice' or „he took my ball”</td>
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<td>• Aged 3–4 years does not describe events that have already happened e.g. 'we went park'</td>
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<td></td>
<td>• Aged 4–5 years does not use most sounds effectively. However, they may have some difficulties with more difficult words such as 'scribble' or 'elephant'</td>
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<td></td>
<td>• Aged 5–7 years does not use language in a range of social situations</td>
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<td>• Aged 7–11 years does not keep a conversation going by giving reasons and explaining choices</td>
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<td>• Aged 11–14 years does not know that they talk differently to friends than to teachers</td>
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<tr>
<td></td>
<td>• Aged 14–17 years can not tell long and very complicated stories.</td>
<td></td>
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</tbody>
</table>

|                                                                                                     | • Parents/carers have a good understanding of their own role in supporting development               |
|                                                                                                     | • No concerns regarding developmental delay                                                       |
|                                                                                                     | • Willingness to engage with support services where required including attendance at appointments |
| Emotional and social development | • Emotional/behavioural difficulties  
• Unable to cope with everyday life  
• Isolated/withdrawn  
• Target of bullying and discrimination in school/community  
• Suffered a significant bereavement  
• Low self esteem. | • Engages well with peers  
• Socialises with family and friends  
• Positive/good self esteem |
| Behavioural development | • Behavioural difficulties requiring further investigation/diagnosis  
• Low level alcohol misuse (current or historical) and lacks information  
• Low level substance misuse (current or historical) and lacks information  
• Displaying disruptive behaviour at school or in neighbourhood  
• At risk of criminal behaviour or anti-social behaviour  
• Associating with peers who are involved in anti social behaviour or crime  
• Showing emerging anti social behaviour and attitudes and/or low level offending  
• Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention  
• Identified as a bully or behaving in a discriminating way in the community or school  
• Not engaging with after school, sporting, social opportunities offered  
• Showing signs of early onset of sexual activity (13-14 years)  
• Sexually active (15+ years) with additional vulnerability  
• Teenage parent or pregnant or expectant father | • Knowledge of and willingness to access support services for alcohol and substance misuse if appropriate  
• Displaying positive behaviour in educational setting and community  
• No known or repeat anti social behaviour issues  
• Engages well in after school and community activities  
• Knowledge of and access to information and advice relating to contraception and sexual health  
• If pregnant, accessing appropriate support services  
• Shows a good understanding of right and wrong |
| (16-18 years) | • Limited access to contraceptive and sexual health advice, information and services  
• Lacks understanding of what is right or wrong and why. | • Positive/good self esteem  
• Positive sense of self  
• Observed to be confident  
• Displays a good level of interest and interaction with the things going on around them |
| --- | --- | --- |
| Identity, self esteem, self image and social presentation | • Low self-esteem  
• Victim of bullying or bullies others  
• Expressing thoughts of running away  
• Lacks confidence  
• Sense of self is negative (expressed in pictures, behaviour or words e.g. “I am naughty”)  
• Lack of interaction and interest in what is going on around them, child/young person withdrawn. | • Good peer relationships and social inclusion  
• Appropriate safeguards and guidance when using technology  
• Indications that bonding and attachments are well formed/forming well |
| Family and social relationships | • Limited peer relationships/social isolation  
• Some evidence of risky use of technology leading to e-safety concerns for the child/young person  
• Concerns about bonding and interaction issues including over familiarity or difficulties with attachments  
• Indications that bonding and attachment are not progressing in a healthy manner | • Appropriate behaviour and independent living skills  
• No signs of early onset of sexual activity  
• Seeks opportunities to do things for him/herself but also seeks support when required |
| Self care skills and independence | • Poor personal presentation  
• Lack of appropriate behaviour and independent living skills that increase vulnerability to social exclusion  
• Showing signs of early onset of sexual activity (13-14 years); sexually active young person (15+ years) with some risk taking behaviours e.g. inconsistent use of contraception  
• Doesn”t seek opportunities to do things for his/herself, lacks independence or a desire to build independence | • Appropriate behaviour and independent living skills  
• No signs of early onset of sexual activity  
• Seeks opportunities to do things for him/herself but also seeks support when required |
| Low level indicators of sexual exploitation | • Very independent and does not seek help or support when needed | • Appropriate dress for age  
• All monies and goods accounted for  
• Positive self image  
• No evidence/observations/concerns relating to eating disorders or other forms of self harm  
• Good level of contact with friends and family |
|---------------------------------|---------------------------------|---------------------------------|
| • Regularly coming home late or going missing  
• Over sexualised dress  
• Sexualised risk taking including on the internet  
• Unaccounted for monies and goods  
• Poor self image  
• Eating disorders  
• Low level self harm  
• Reduced contact with friends and family. | |
| Learning | • Not meeting EYFS developmental milestones in problem solving, reasoning and numeracy regarding: - numbers as labels for counting; calculating; shape, space and measures  
• Child is not meeting EYFS developmental milestones in knowledge and understanding of the world regarding: - exploration and investigation; designing and making; ICT; time; place; communities  
• Lacks interest, excitement or motivation in learning  
• Lacks confidence to try new activities  
• Struggles to maintain attention and/or lacks concentration. | • Meeting EYFS developmental milestones  
• Displays interest, excitement and motivation in learning  
• Shows confidence in trying new activities  
• Shows good level of attention and concentration |
| Understanding, reasoning and problem solving | | |
| Participation in learning, education and employment | • Concerns about attendance and poor punctuality at school or early years setting  
• Concerns regarding progress in settling into a new early years setting or school  
• Occasional truanting, non attendance or punctuality issues, attendance below 85%  
• Placed on school action due to concerns about foundation attainment | • Punctual attendance at early years or school setting  
• Acceptable overall attendance at early years or school setting  
• Managed transition between settings well  
• Appropriate cognitive stimulation  
• In education., training or employment |
- Placed on School Action due to concerns about Key Stage 1/Key Stage 2 attainment
- Placed on School Action due to concerns about GCSE attainment
- Placed on School Action Plus
- Not educated at school (educated at home by parents/carers)
- Cognitive development *may* be delayed through lack of stimulation
- Not in education, training or employment past 16 years
- Shows reduced interest in play appropriate to age
- Reduced access to books, toys or educational materials
- Does not or cannot access appropriate guidance.

- Displays a good level of interest in age appropriate play
- Knowledge of and access to information and guidance to support learning and employment aspirations

| Progress and achievement in learning | Few or no qualifications leading to not being in education, employment or training (NEET) | In employment, training or working towards a qualification.  
Achieving expected/predicted targets |
| Aspirations | No aspirations  
Expresses wishes to become pregnant at a young age  
Lacks curiosity and a strong exploratory impulse. | Evidence of aspirations clear  
Displays curiosity and explorative thoughts and behaviours. |

3. Parenting and carer support needs assessed under the common assessment framework

<table>
<thead>
<tr>
<th>Development area</th>
<th>Threshold guidance – illustrative examples</th>
<th>Protective factors</th>
</tr>
</thead>
</table>
| Basic care, ensuring safety and protection | Requiring support to provide consistent care i.e. safe and appropriate child care arrangements, adequate diet  
Provides poor supervision and attention to safety | Basic needs met including appropriate attendance at relevant health checks  
Adequate safety measures in the... |
<table>
<thead>
<tr>
<th>Emotional warmth and stability</th>
<th>issues</th>
<th>home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired</td>
<td>• Appropriate supervision and parental controls regarding adult materials/content</td>
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<tr>
<td></td>
<td>• Lack of response to concerns raised about child's welfare</td>
<td>• Family aware of local support services, how to access them and a willingness to engage with services as appropriate</td>
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<tr>
<td></td>
<td>• Indications that bonding and attachment are not progressing in a healthy manner</td>
<td>• Family is clear on who to contact and plan of action in the event of an emergency.</td>
</tr>
<tr>
<td></td>
<td>• Multiple carers affecting consistency in parenting</td>
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</tbody>
</table>

issues
• Requiring support where child/young person presents management problems to their parents/carers and other members of the community
• Concerns regarding the impact of a child with a complex need on siblings
• Isolated and/or unsupported parents/carers
• Families with a high number of children or families with more than three children under five
• Concern about child/young person's attendance at health appointments, especially if child is under five or has a specific health problem or condition
• Exposure to inappropriate adult images/content/material i.e. pornographic or violent scenes from websites, video games, films and other media forms
• Disorganisation causing challenge and failure to ensure child attends pre-school despite families best wishes/intent for attendance
• Frequently not collected promptly at the end of the school, (or not by a suitable adult)
• Not engaging with school to address identified special educational needs.
Following the completion of section 1 on the baby/child/young persons development and section 2 on the identification of parenting support; the family members will be asked to rate the following areas of potential support on a red, amber, green basis to indicate if the early family support/section 3 of the CAF will be helpful in further identifying support for the whole family. This is a more detailed list covering ten areas of adult and environmental risks which replaces the following 4 broad areas of support in the previous CAF assessment; Family history, functioning and well being; Wider family; Housing, employment and financial considerations; and Social and community elements and resources including education.

<table>
<thead>
<tr>
<th>Area support</th>
<th>Red – immediate support required</th>
<th>Amber – some support required</th>
<th>Green – no support required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education, employment and training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Anti social behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
and offending

4. Financial considerations (poverty factors)

5. Physical health

6. Mental health

7. Alcohol use

8. Substance use

9. Family structure, routine and relationships

10. Caring responsibilities

Other area; please describe

The family section/section 3 of the CAF will lead to a wider range of agencies contributing to the support package for the family. The areas to be completed in the family section/section 3 are more thorough than the original family and environmental section of the CAF. Only the sections where families highlight the need for support in the red/amber rating will be completed in full. Where the family rates an area green and states there is no support required, this section of the assessment will not be completed. Support and advice is available from the Senior Family Support Practitioners in completing the family support section of the CAF.

Please note: Where the family indicate a need for support in more than two areas, and the Line Manager is in agreement this signifies that their level of need has escalated to level 3 of the threshold criteria.

The following indicators relate to parents, expecting parents, carers and any other adults living in the household or with significant impact on family life.

### 3. Family and environmental needs assessed under the common assessment framework

<table>
<thead>
<tr>
<th>Development area</th>
<th>Threshold guidance – illustrative examples</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education, employment and training</td>
<td>• Experiencing long periods of unemployment and low income which significantly affects the wider family unit</td>
<td>• Identified aspirations</td>
</tr>
<tr>
<td></td>
<td>• Unable to gain employment due to significant lack of basic skills or long term difficulties.</td>
<td>• Other members of family in employment, training and education</td>
</tr>
<tr>
<td></td>
<td>• Adult within the family with learning difficulties that</td>
<td>• Basic numeracy and literacy skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transport to access employment.</td>
</tr>
</tbody>
</table>
| may impact on health or development of the child/young person unless appropriate support provided. | training and education
- Motivation to access employment, training and education.

2. Housing
- Living in housing in poor state of repair
- Living in housing with overcrowding (as per local housing guidelines) that has potential impact on child’s health or development
- At risk of homelessness
- Experiencing frequent changes of address and schools
- Living in adverse living conditions impacting on child’s wellbeing
- Health problems exacerbated by living in an impoverished physical environment
- Living in temporary accommodation
- Asylum seeking families with no recourse to public funds.
- Willingness to engage in meetings and respond to contact (letters/phone calls/visits)
- Motivation to improve living conditions
- Support of wider family to improve living conditions
- Identified goals to improve living conditions
- Paying the rent and other priority debts/bills maintaining any agreement to pay off arrears (if applicable).

3. Anti social behaviour and offending
- Living in a household with/or has family members who are known offenders
- Demonstrating low level anti social behaviour towards others
- Family members associating with anti social or criminally active peers.
- Close relationship with a positive role model within the family.
- Accessing a range of extra-curricular activities.
- Services are already in place tackling welfare issues which will have an impact on the risk of offending behaviour, just needs time.
- Close relationship with a mentor/teacher in school who could speak with young person about behaviour.
- Young person works closely with Youth worker in local community and is willing to access their provision.
| 4. Financial considerations (poverty factors) | • In or at risk of significant debt  
• Affected by low income, affecting access to appropriate services to meet child"s needs  
• Affected by low income plus adverse additional factors which affect the child/young person"s development  
• Dependant on state benefits  
• Relying on inadequate material goods  
• Relying on inadequate transport provision. | • Young person demonstrates ambition and has future plans.  
• If the young person has just gained a police disposal, this may be enough to deter them from re-offending. |
|---|---|---|
| 5. Physical health | • Disability needs unmet  
• Health problems that may impact on child"s health or development unless appropriate support is provided.  
• Consistently missed appointments  
• Health needs unmet. | • There is an acknowledgement of the impact of debt  
• There is a desire to manage debts  
• Source of income is consistent  
• A plan is in place to reduce impact of debt on family life  
• Family knowledgeable of any benefit entitlement  
• Money is managed well and debt has no impact on family life |
| 6. Mental health | • Identified learning disability and/or mental illness  
• Mental health issues that may impact on the health or development of child unless appropriate support provided  
• Low level mental health or emotional issues requiring level 2 support  
• Emotional reliance/dependency on key worker/support services. | • Family has access to and use health services and information appropriately  
• Impact of ill physical health is none/minimal on parenting capacity  
• Family members are physically healthy.  
• They are registered with a GP and a Dentist  
• There is no concern for any family members emotional well being  
• Having things in their life that a source of happiness  
• There is no family history of mental health related issues  
• Any mental health issue has little or no impact on parenting capacity |
| 7. Alcohol use | • Alcohol use that may impact on the health or development of child unless appropriate support provided. | • If alcohol misuse is present, an acknowledgement that it is causing a problem or harm to themselves or their immediate family and friends.  
• Alcohol consumption within the family is a cause for concern for them.  
• If alcohol misuse is present, a willingness to engage with treatment services.  
• A motivation for lifestyle changes.  
• Support of family members (not essential as many people live alone).  
• A GP or prepared to sign up with a GP.  
• They understand the trigger points to their substance misuse and how to minimize their exposure to them. |
|---|---|---|
| 8. Substance use | • Substance use that may impact on the health or development of child unless appropriate support provided. | • Motivation to reduce or manage substance misuse.  
• Support of wider family to support them through treatment.  
• Young children with whom they wish to re-engage.  
• A GP or prepared to sign up with a GP.  
• They understand the effects and dangers of substance misuse.  
• If substance misuse is an issue, they are willing to engage with a GP or prepared to sign up with a GP or other relevant treatment services.  
• They understand the trigger points to... |
<table>
<thead>
<tr>
<th>9. Family structure, routine and relationships</th>
<th></th>
<th>their substance misuse and how to minimize their exposure to them</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relationship difficulties between partners or family members</td>
<td>• Family members have clearly defined roles</td>
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<tr>
<td>• Families with several children under age of five years old which could include multiple births</td>
<td>• Family have a range of positive strategies to use in times of difficulty</td>
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<tr>
<td>• Low level concerns about domestic abuse between any members of the family/household</td>
<td>• Conflicts are resolved in a consistent and fair way</td>
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<tr>
<td>• Domestic abuse incident in household past and present</td>
<td>• Family communicate any concerns for each other well with concern</td>
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<tr>
<td>• Affected by new family relationships</td>
<td>• The family have a good sense of routine</td>
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<tr>
<td>• Involved in contact/residence disputes including relationship breakdown and mediation</td>
<td>• Measures are in place to ensure stability for the child/ren in the event of an emergency/significant event.</td>
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<tr>
<td>• Inappropriate role models</td>
<td>• Family members communicate well with each other</td>
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<tr>
<td>• No or limited extended family network</td>
<td>• Family are willing to share information about significant events impacting on family life</td>
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</tr>
<tr>
<td>• Young Person is a teenage parent</td>
<td>• There is a close support network of friends and family</td>
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<tr>
<td>• Parent/Carer/Adult was Looked After Child (LAC)</td>
<td>• Relationship with any non resident parent/carer is consistent, clear and positive.</td>
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<tr>
<td>• Socially excluded, have no access to local facilities and require support services</td>
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</table>
| 10. Caring responsibilities | • Child/Young Person is a young carer  
• Parent/Carer/Adult has caring responsibilities for family member that affects their own ability to enjoy and achieve. | • Family have been provided with information and access to support services  
• Any present caring needs are age appropriate, well balanced and has little or no affect on family life.  
• Willingness to accept need for referral and engage in meetings and respond to contact (letters/phone calls/visits)  
• Support of wider family to help in reduction of caring roles by providing help to the cared for and support for the young person, perhaps respite or being available to talk to and listen.  
• Identified goals/practical plan to achieve this. |
| --- | --- | --- |
| 11. Other | • Vulnerable children/young people, left at home, alone  
• Single incident of sexualised behaviour within the family which has come to the notice of Carer/Professionals  
• Over-reliance on formal support of service. | For further advice and guidance on early family support and the Family Common Assessment Framework please contact the Senior Family Support Practitioner in the relevant Area Family Support Team:  
North Area – Emma Bamlett on 0161 912 5034  
South Area – Blue Matthews Mason on 0161 911 8225  
West Area – Jag Hoonjan 0161 746 3810/Tamzin Allen on 0161 746 3825 |