



E S S E X  
Safeguarding  
Children  
B O A R D

# Effective Support for Children and Families in Essex

Guidance for all practitioners in working together  
with children and families to provide early  
help and targeted and specialist support



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# 1. Introduction

This guidance is for everyone who works with children and young people and their families in Essex. It is about the way we can all work together, share information, and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage, at the point that needs become more apparent and when needs become so great that specialist statutory interventions are required.

All children and young people will receive **Universal services**, such as maternity services at birth; health visiting and children's centre in early years; school and youth services for older children. Universal services seek, together with parents and families, to meet all the needs of children and young people so that they are happy and healthy and able to learn and develop securely. Universal services are provided as of right to all children including those with additional and intensive needs.

However, some children, either because of their own additional needs or because of less advantageous circumstances will need extra help to be healthy and safe and to achieve their potential. In Essex, we want to offer help and support to these children and to their families at an early point, in a voluntary way that does not leave them feeling singled out as different.

A large amount of public money is invested in services for children and families in Essex. This guidance provides a way of working together so that we use that public money and staff resources more effectively to bring about positive changes for children and families.

Early help may occur at any point in a child or young person's life and includes both interventions early in life as well as interventions early in the development of a problem. We seek to offer support early to help families solve problems or to reduce the impact of problems that have already emerged.

To do this we need to work together in an open way with the child and their family to identify

strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

In this guidance we have identified four levels of need: **Universal, Additional, Intensive and Specialist**. Services for children with additional and intensive needs are sometimes known as targeted services, such as behaviour support or additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services.

Children with **Additional** needs are best supported by those who already work with them, such as children's centres or schools, organising additional support with local partners as needed.

For children whose needs are **Intensive**, a co-ordinated multi-disciplinary approach is usually best, involving a **Shared Family Assessment (SFA)** and a **Lead Professional** to work closely with the child and family to ensure they receive all the support they require.

**Specialist** services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. Examples of specialist services are Children's Social Care, Child & Adolescent Mental Health Service (CAMHS) Tier 3 & 4 or Youth Offending Service.

By working together effectively with children with additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

**Effective Support for children and families** is also relevant to staff working in other service areas such as adult mental health, community health, adult social care, housing and leisure. It fits with the Whole Essex Community Budget and Family Solutions approach that partners across Essex are adopting.

## 2. A vision for effective support for children and families in Essex

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

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

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

- **Wherever possible all children's and families' needs will be met by universal services.**
- **As soon as any professional is aware that a child has any additional needs he/she will talk to that child and their family and offer advice and support to meet that need.**
- **Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make changes.**
- **We will offer support and services to help families find their own sustainable solutions. Once improvement is made services will reduce or end so as not to create dependence.**
- **Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.**

There are several factors that are essential to deliver effective early intervention:

### **An open, honest and transparent approach to supporting children and their families**

Parents are usually the best people to understand their child's needs, however parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than parenting failure.

In the majority of cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage parents actively to help them to prevent problems from becoming more serious.

All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making. It is important that they acknowledge and respect the contribution of parents and other family members.

### **Earlier, solution focused and evidence based interventions**

It is important that any problems are identified early so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

We will all work with families as soon as any difficulties become apparent to help them to identify the things they want to change and the support they need.

The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

**A multi-agency/disciplinary approach to assessment, support and intervention**

Safeguarding and promoting the welfare of children is the responsibility of everyone in Essex who works or has contact with children and their families.

The multi-agency/disciplinary approach ensures that children and families are understood and responded to in the round so that they receive the right support and practical help in a co-ordinated way when they need it.

Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

**A confident workforce with a common core of knowledge and understanding about children's needs**

Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role.

We will support individuals and organisations in Essex to develop confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.



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

The conceptual model and windscreen is a way of developing a shared understanding and explaining the Essex approach across all our services and partnerships, ensuring a consistent approach is applied by all practitioners and managers. The model illustrates how we will respond to the requirements of children and families across four levels of need (**Universal, Additional, Intensive and Specialist**).

In this model all services and interventions seek to work openly with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level. We agree to work with children and families to prevent their needs escalating to a higher level and we will actively seek not to refer to services at a higher level unless and until we have done everything possible to meet needs at the current level.

The Levels of Need table below, the Essex Effective Support Windscreen on page 8, and the more detailed indicators of need set out on pages 17 to 21, together illustrate how Early Help operates in Essex and clarify the threshold between each level. This guidance seeks to give clear advice to all professionals and the public on the levels of need and thresholds for different services and responses in Essex. However we recognise that each child and family member is an individual, each family is unique in its make up and reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement.



# Levels of need table

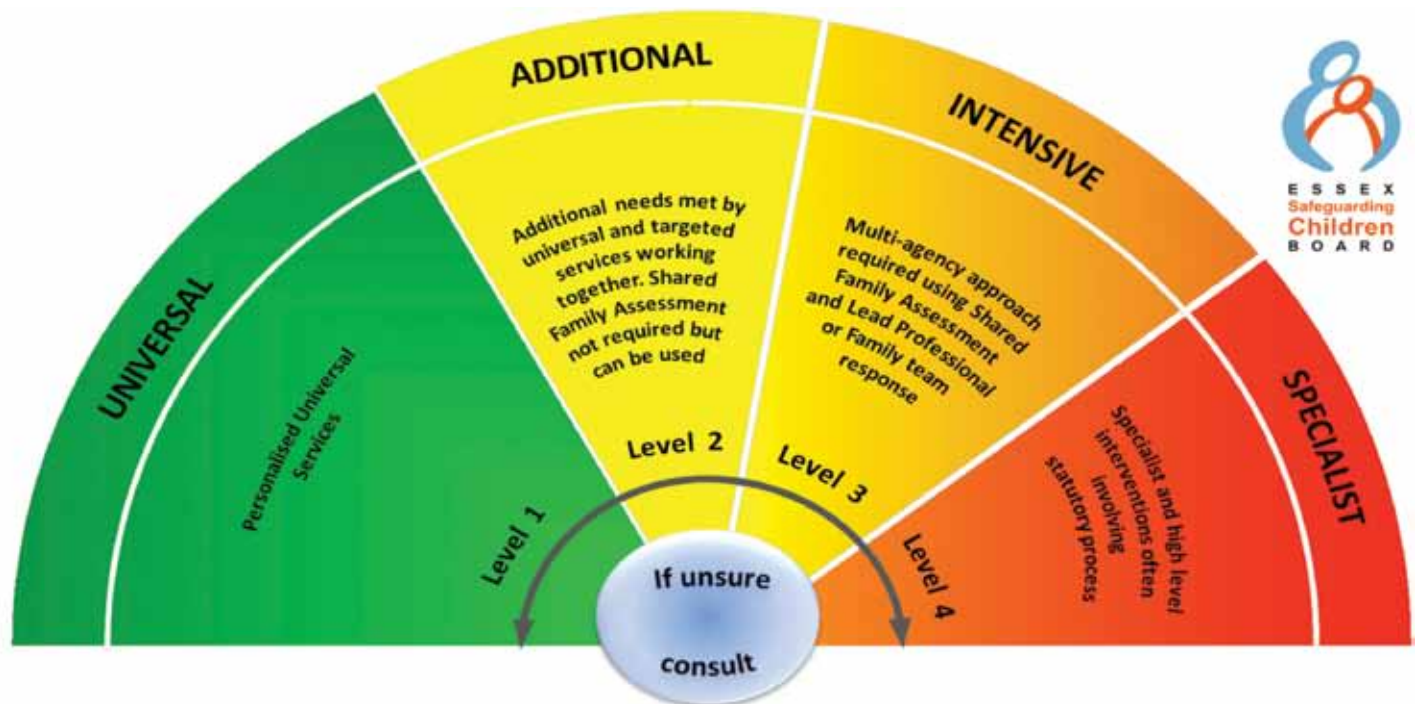
Levels and Referral Routes	Needs	Services (examples)	Outcome
<b>Level 1</b> <b>Universal</b> <b>Open access to provision</b>	<p>All children and families who live in the area have core needs such as parenting, health and education.</p>	<p>Early years, education, primary health care, maternity services, housing, community health care, youth centres, leisure services.</p> <p>Children are supported by their family and in universal services to meet all of their needs.</p>	<p>Children and young people make good progress in most areas of development.</p>
<b>Level 2</b> <b>Additional</b> <b>Two or three services work together to meet child and family needs, co-ordinated by a service that knows the child/family best.</b> <b>A Shared Family Assessment, Lead Professional and/or Team around the Family meeting is not usually needed but can be used.</b>	<p>Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour, or to meet specific health or emotional needs or to improve material situation</p>	<p>Parenting support;</p> <p>school holiday and short breaks provision for disabled children;</p> <p>extra health support for family members;</p> <p>behavioural support;</p> <p>housing support;</p> <p>additional learning support;</p> <p>CAMHS tier 2 support to schools;</p> <p>School Action /School Action Plus; help to find education and employment;</p> <p>Speech and Language Therapy; children’s centres;</p> <p>targeted youth work</p> <p>Services provided on a voluntary basis</p>	<p>The life chances of children and families will be improved by offering additional support</p>

Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 3</b></p> <p><b>Intensive</b></p> <p><b>Essex Request for Support Form, Shared Family Assessment (SFA) Lead Professional, Team around the Family, Multi-disciplinary/agency approach.</b></p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:</p> <ul style="list-style-type: none"> <li>• Have a disability resulting in complex needs</li> <li>• Exhibit anti-social or challenging behaviour</li> <li>• Suffer neglect or poor family relationships</li> <li>• Have poor engagement with key services such as school and health</li> <li>• Are not in education or work long-term</li> </ul>	<p>Because of the complexity of needs, especially around behaviour and parenting, a multi-disciplinary/agency co-ordinated plan developed with the family is needed, co-ordinated by a lead professional or family (key) worker.</p> <p>A wide range of services might be involved in meeting the family's needs</p> <p>Families needing substantial support to care for a disabled child</p> <p>Services provided on a voluntary basis</p>	<p>Life chances will be significantly impaired without co-ordinated multi-agency support.</p>
<p><b>Level 4</b></p> <p><b>Specialist</b></p> <p><b>Children`s Social Care Child Protection Care Proceedings Youth Treatment Orders/Custody Hospital in-patient</b></p>	<ul style="list-style-type: none"> <li>• Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect</li> <li>• Children with significant impairment of function/learning and/or life limiting illness</li> <li>• Children whose parents and wider family are unable to care for them</li> <li>• Families involved in crime/misuse of drugs at a significant level</li> <li>• Families with significant mental or physical health needs</li> </ul>	<p>Children's Social Care Youth Offending Service</p> <p>Criminal Justice system</p> <p>Tier 3 &amp; 4 CAMHS</p> <p>In patient and continuing health care</p> <p>Fostering and residential care</p> <p>Health care for children with life limiting illness</p> <p>Services for children with profound and enduring disability</p> <p>Referral should be made to services with the power to undertake statutory non-voluntary intervention and services with specialist skills.</p>	<p>Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role</p>



# The Essex Effective Support Windscreen

Multi Agency Guidance: Working in partnership to help children and families improve their lives



*All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accord with their needs.*

## 4. Access to services in Level 2 - Additional

Practitioners are expected to work together to meet the child or young person's additional needs and they may need to engage with other services to do so.

Practitioners can access services at Level 2 **Additional** using their own service specific form/letter or they can use the **Essex Request for Support Form (ERSF)**.

The **Essex Request for Support Form (ERSF)** has been developed and partners may use this form if they choose to access support at level 2 as well as at level 3. The **ERSF** should be accompanied by the **Essex Consent Form** which parents should sign to give consent to the referral and to information sharing. We should also ask young people who demonstrate Gillick competency especially those aged over 15, to give their consent.

Where the problems or needs are more complex, practitioners should consider completing a **Shared Family Assessment (SFA)** with the family. A SFA is a tool to use with the family to discuss and record their views and the needs, strengths and goals that they identify, leading to a plan to support them.

### Early Help and Advice Hub

Essex is developing an **Early Help and Advice Hub (Hub)** which will support activity at levels 2 and 3. Information, advice and guidance will be available to advise practitioners on services available and offer an opportunity to discuss the best course of action or signpost to available help.

The **Hub** will hold a database of all the **SFA's** in Essex, replacing CAFFPoint.

## 5. Access to services in Level 3 - Intensive

Prior to requesting services at level 3, **Intensive**, practitioners are expected to have worked together to meet the **Additional** needs of the child and their family. Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide, they should discuss this with the family and complete either a shared family assessment or an Essex request for support form. The SFA or ERSF should be sent to the hub, who will record on the database and pass to the local **Family Solutions (FS)** team or other appropriate level 3 service.

### Shared Family Assessment (SFA)

The **SFA** should be used when there are concerns and/or issues within a family that have not been resolved by additional support from universal services or by referral to another agency.

The **SFA** is used when a co-ordinated response with a lead professional and more intensive engagement with the family is needed to address issues at a significant level such as behaviour, parenting, developmental delay or other multi-faceted problems. The **Family Solutions** teams will use the **SFA**, or build on an existing **SFA** as the tool for working with families to identify and record their needs, and the needs of each family member.

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

The purpose of a **SFA** is to produce a plan owned by the family which sets out what changes the family want to make, what each family member and relevant practitioners will do to make and support the changes. Once a plan is developed the lead professional/ family (key) worker will work with the family and relevant services to implement and review the plan.

The completed **SFA** remains the responsibility of the assessing agency/ service to retain in accordance with their own record keeping procedures. The **SFA** should be entered on the shared database administered by the **Early Help and Advice Hub (Hub)**. A copy of the completed **SFA** should be given to all family members that were involved, including children and young people, age and understanding permitting.

### Family Solutions (FS)

Out of the Essex Family prototypes, the national 'Troubled Families' programme and Whole Essex Community Budgets, partners across Essex have developed **Family Solutions (FS)**, multi-disciplinary/agency family teams which will work with families with multiple needs intensively on a voluntary basis.

**Family Solutions** will work with families for up to a year, who have two or more of the following difficulties:

- Families with no member in work
- Families with significant non-school attendance (for whatever reason)
- Families with members involved in crime or anti-social behaviour
- Families affected by domestic violence
- Families living with drug and alcohol misuse
- Families where children are in need and open to social care
- Families where children exhibit significant behavioural difficulties
- Families facing eviction or with significant rent arrears or neighbour disputes
- Families with one or more member of the household with (tier 2) mental health needs

FS teams will have a range of professionals from different backgrounds who will provide the Key Worker/Lead Professional role and work with the family to help them find solutions to their needs. Other services are still able to act as lead professional and arrange **Team around the Family (TAF)** meetings as appropriate.

The **Hub** will act as the entry point into **FS** and within the **Hub** there will be experienced practitioners who will screen the **ERSF** and **SFA** to ensure that the appropriate level of support will be received for the child, young person and/or family.

**FS** offers family support to families on a voluntary basis who are not likely to suffer significant harm, by finding solutions collaboratively as a family.

Arrangements have been developed between Children's Social Care (CSC) and the **FSS** to

facilitate a consistent step down for support once high level specialist needs have been met. Likewise, where concerns arise about significant harm FS or the lead professional should refer to the children's social care initial response team (IRT).

Support for families who have been through the FS programme and whose needs have reduced from **Intensive** to **Additional** will be negotiated between **FS** team and relevant targeted services.

## 6. Access to services in Level 4 - Specialist children's Social Care

The **SFA** should not delay the process if a professional is concerned that a child is, or may be, suffering significant harm. In such cases the professional should make a referral to Essex Council Children's Social Care (CSC) Initial Response Team (IRT), based at Essex House, Colchester – Tel. **0845 6037627**  
Secure email: [initialresponseteam@essex.gcsx.gov.uk](mailto:initialresponseteam@essex.gcsx.gov.uk)

Where there is doubt about the most appropriate service pathway to take, anyone concerned about the welfare of a child should consult with their own manager and/or designated member of staff and, where they remain unsure, contact CSC Initial Response Team (IRT) on **0845 6037627** and ask for the **consultation line**.

New referrals and referrals on closed cases should be made to Essex Council's CSC Initial Response Team (IRT) on **0845 6037627**. Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral. The referrer can always ask to discuss their concerns with a qualified social worker in IRT if they are uncertain before they

make a referral on the above consultation line.

CSC engagement with children in need is upon a voluntary basis. Parents, or young people who are **Gillick Competent**, can refuse some or all such offers of assistance. Often families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. The shared family assessment is a useful way of engaging children in need and their families on a voluntary basis and many problems can be resolved this way.

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

For children in need, referral to children's social care is appropriate when more **substantial interventions are needed: where a child's development is being significantly impaired because of the impact of complex parental mental**

**ill health or learning disability or substance misuse, or very challenging behaviour in the home.** A Social care referral is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations CSC will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

The second area of CSC responsibility is **child protection** – that is where CSC must make enquiries under section 47 of the Children Act 1989 to determine whether **a child is suffering or is likely to suffer significant harm.** The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

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

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to refer a child to children's social care when it is believed or suspected that the child:

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

Additional information or concerns on open cases should be made to the allocated social worker (or in their absence the manager or the duty social worker). If you are unsure who the social worker or team is, you can contact IRT to find out or to pass on the information.

When CSC undertakes a S.47 child protection enquiry, the **SET** (Southend, Essex and Thurrock) child protection procedures are followed.



# 7. What happens to a childrens social care referral

In IRT, the person answering the phone is often a trained unqualified worker. This worker will respond to queries, give information and signpost to other more appropriate services. All calls/faxes/emails into IRT on closed cases are logged onto the electronic system as **Contacts** (calls on open cases are recorded on open case notes and passed to the allocated worker). Where a contact is potentially a child in need referral or a child protection referral IRT will gather further information that day. Some contacts may be dealt with by the provision of advice or signposting or the provision of an immediate solution. Section 47 child protection referrals will usually be passed to the local Assessment and Intervention (A&I) team within an hour.

All contacts will be seen by a manager within one working day to decide a course of action. These may be:

- No further action
- Advice and information given
- Sign-posted to other services or to the Early Help Advice Hub
- Held on the IRT duty desk until the end of the next working day (at most) to gather more information
- Accepted as a referral and allocated to a social worker in the relevant local Assessment and Intervention (A&I) team

The outcome of the enquiry will be fed back to the referrer.

When a referral is received in the local A&I team, it will usually be allocated to a social worker. In most cases an **initial assessment** will be undertaken; this will include seeing the child alone (where age appropriate), meeting parents and discussing concerns and gathering current and historical information from all relevant professionals to form a judgment about needs and risks in order to develop a plan or agree further actions to support the child. The outcome may be the provision of advice or linking up with relevant provision, a child in need plan, a **fuller combined assessment** (formerly called a core assessment), request for a **SFA** to support the child/family, or no further

action. The outcome of the referral will be fed back to the referrer and to any agencies from whom information has been sought.

The initial assessment may lead to a **child in need plan** or, if the situation is complex, the initial assessment will be extended to a full assessment. This assessment has a target for completion of 35 working days including much more detailed information from other agencies and detailed exploration into family background and dynamics and the needs of the children. A full assessment will often lead to a child in need plan or other action as is deemed necessary.

Whenever there are **child protection concerns** a **'section 47 enquiry'** is undertaken. This will involve liaison with police and other agencies and will include a **strategy discussion**, often through a meeting, to decide and plan the actions needed. An assessment of the child's circumstances including risks and needs is undertaken following the strategy meeting. This may lead to a decision that there are no concerns, to a voluntary child in need plan, or to some form of statutory intervention often through an **initial child protection conference**. If a child protection conference is required, this is usually within fifteen days of the strategy meeting.

If the conference agrees, a **child protection plan** is put in place. The child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant harm. Should the circumstances of the child/young person not improve or where further serious incidents occur, a decision may be made to apply to the court for **care proceedings**. The first step in this process is usually to have a legal planning meeting and issue parents with a formal **Public Law Outline (PLO) letter** stating what must improve to avoid care proceedings.

Once CSC and other specialist intervention has successfully reduced the level of need for the child or young person, **universal** or targeted services may be asked to continue to support the child and family through the **'effective support'** processes described above.

# 8. Consulting with other services, schools and settings

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

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

If the consultation is external (between practitioners from different organisations) you should use the **Essex Children's Trust Charter** information sharing protocol to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should be aware that the consultation is taking place and where appropriate, be given the opportunity to be involved.

## Principles of consultation

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

informed of the outcomes and decisions taken as a result

- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family; however it is important that you have due regard for the principles of confidentiality
- All internal consultation should be carried out using your own agency's information sharing procedures. Any external consultation should be carried out using the **Essex Children's Trust Charter** Information Sharing Protocol
- All consultations should be recorded to ensure clarity and allow you to evidence any decisions that have been made

## Children's Social Care consultation

If you have concerns about a child and want an opportunity to talk these through with Children's Social Care before deciding the best course of action, please contact the Initial Response Team (IRT) on **0845 6037627** and ask for the **consultation line** to talk an issue through with a social worker.

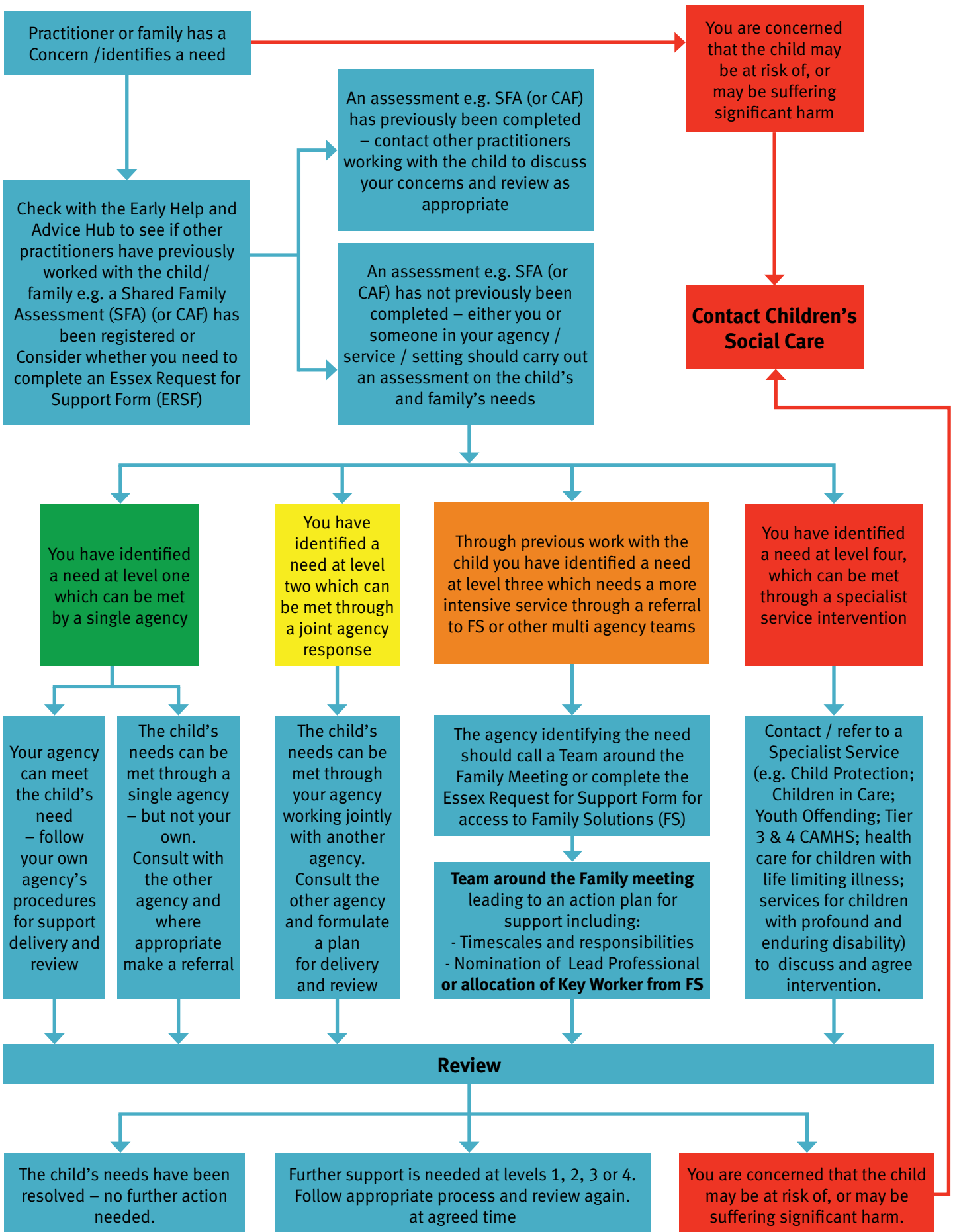
Whatever the outcomes or decisions, the consultation must always be recorded. If, following a consultation, a professional wishes to refer, they should do this separately.

## Consultation at levels 2 and 3 – *Additional and Intensive*

Essex will develop an **Early Help and Advice Hub** which will support activity at level 2 and 3. Information, Advice and Guidance will be available through consultation to advise practitioners on processes, services available, use of documentation and pathways.

At any time during the **Shared Family Assessment** process it is important that practitioners feel that they can ask for help and advice and draw on the expertise of other practitioners. All practitioners and services, schools and settings, working with families should feel able to consult with one another at any time before deciding on a course of action or way forward.

# 9. Effective support process diagram



# 10. Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. The indicators are a guide and not a pre-determined level of response.

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

## Health

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

## Emotional Development

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

## Behavioural Development

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

## Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

## Family and Social Relationships

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

## Learning

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

## Basic care, ensuring safety and protection

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

## Emotional warmth and stability

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

## Guidance, boundaries and stimulation

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

## Family functioning and well-being

- Good relationships within family, including when parents are separated

## Housing, work and income

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

## Social and community including education

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



**Level 2 - ADDITIONAL NEEDS:** Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together however a 'team around the family' and a Lead Professional is not likely to be required. No need for specialist services.

### **Health**

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

### **Emotional Development**

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

### **Behavioural Development**

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from CAMHS

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

- Some insecurities around identity expressed

e.g. low self-esteem, sexuality, gender identity

- May experience bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/appearance e.g. in appropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying

### **Family and Social Relationships**

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Unresolved issues arising from parents' separation, step parenting or bereavement

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

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

### **Learning**

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

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

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents

- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to doctor/casualty
- Parent/carer stresses starting to affect ability to ensure child's safety;

#### **Emotional warmth and stability**

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

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

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

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

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home

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

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

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

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

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



**Level 3 - INTENSIVE:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at a Level 3 criteria. More than one service is likely to become involved, with a ‘team around the family’ approach using the Shared Family Assessment and a Lead Professional. Family Solutions can support at this level and access is through the Early Help and Advice Hub using an Essex Request for Support Form.

### **Health**

- Child has some chronic/recurring health problems; not treated, or badly managed
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- ‘Unsafe’ sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming

### **Emotional Development**

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

### **Behavioural Development**

- Persistent disruptive/challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences/re-offend
- Additional needs met by CAMHS Tier 2
- Prosecution of offences resulting in court orders, custodial sentences or ASBOs or Youth Offending early intervention

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

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

### **Family and Social Relationships**

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

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

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

### **Learning**

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

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

- Parent/carer is failing to provide adequate care
- Parents have found it difficult to care for previous child/young person
- Domestic violence in the home
- Parent’s mental health problems or substance misuse significantly affect care of child/young person
- Non-compliance of parents/carers with services
- Child/young person may be subject to neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them

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

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

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

- Chronic unemployment that has severely affected parents’ own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse

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

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family

**Level 4 - SPECIALIST:** Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a ‘team around the child’ approach, and a Lead Professional, commonly in a statutory role. At times statutory intervention may be required.

### **Health**

- Child/young person has severe/chronic health problems
- Failure to thrive
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- Sexual exploitation
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional

### **Emotional Development**

- Puts self or others in danger e.g. missing from home
- Severe emotional/behavioural challenges
- Puts self or others at risk through behaviour
- Severe emotional / behavioural challenges

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

- Failed Education Supervision Order – 3 prosecutions for non-attendance: family refusing to engage
- Child/young person likely to put self at risk
- Evident mental health needs

### **Family and Social Relationships**

- Relationships with family experienced as negative (‘low warmth, high criticism’)
- Rejection by a parent / carer;; family no longer want to care for - or have abandoned –child / young person
- Periods accommodated by Council

- Family breakdown related to child’s behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

### **Learning**

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

### **Other indicators**

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refuge / asylum seeker
- Privately fostered
- Abusing other children
- Young sex offenders
- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit/ prison

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

- Parent / carer’s mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children
- Instability and violence in the home continually
- Parents / carers involved in violent or serious crime, or crime against children
- Parents/carers own needs mean they are unable to keep child / young person safe
- Severe disability – child / young person relies totally on other people to meet care needs
- Chronic and serious domestic violence involving child/young person
- Disclosure from parent of abuse to child / young person
- Suspected/evidence of fabricated or induced illness

### **Emotional warmth and stability**

- Parent’s own emotional experiences impacting on their ability to meet child/young person’s needs
- Child has no-one to care for him/her
- Requesting young child be accommodated

**Guidance, boundaries and stimulation**

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control

**Family functioning and well-being**

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

**Housing, work and income**

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



# 11. Glossary

A&I	Assessment and Intervention Team
CAMHS	Child and Adolescent Mental Health Service
CSC	Children's Social Care
ERSF	Essex Request for Support Form
FS	Family Solutions
IRT	Initial Response Team
SFA	Shared Family Assessment
TAF	Team Around the Family

# 12. Useful weblinks

Documents and Services	Hyperlink to document
Early Help and Advice Hub	<a href="http://www.essex.gov.uk/familysolutions">www.essex.gov.uk/familysolutions</a>
ECC999	<a href="http://dnn.essex.gov.uk/Portals/15/Documents/Local%20Practices/Inter-agency%20Referral%20-%20ECC999.doc">http://dnn.essex.gov.uk/Portals/15/Documents/Local%20Practices/Inter-agency%20Referral%20-%20ECC999.doc</a>
Effective Support for Children with Disabilities and their families in Essex	<a href="http://www.essex.gov.uk/health-social-care/Care-Children/Children-disabilities-special-needs/Pages/Default.aspx">http://www.essex.gov.uk/health-social-care/Care-Children/Children-disabilities-special-needs/Pages/Default.aspx</a>
Essex Children's Trust Charter	<a href="http://www.essexpartnershipportal.org/pages/index.?page=information-sharing-protocols-and-templates">http://www.essexpartnershipportal.org/pages/index.?page=information-sharing-protocols-and-templates</a>
Essex Shared Family Assessment Guidance which includes: <ul style="list-style-type: none"> <li>• Consent Form</li> <li>• Essex Request for Support Form</li> <li>• Shared Family Assessment</li> </ul>	<a href="http://www.essex.gov.uk/familysolutions">www.essex.gov.uk/familysolutions</a>
Family Solutions	<a href="http://www.essex.gov.uk/familysolutions">www.essex.gov.uk/familysolutions</a>
SET procedures	<a href="http://dnn.essex.gov.uk/Portals/15/Documents/Training/SET%20Procedures%202011.pdf">http://dnn.essex.gov.uk/Portals/15/Documents/Training/SET%20Procedures%202011.pdf</a>

Website	Content	Link
Essex Safeguarding Children's Board	<ul style="list-style-type: none"> <li>• Information related to safeguarding and promoting the welfare of children</li> <li>• Details of training and development</li> </ul>	<a href="http://www.escb.co.uk">www.escb.co.uk</a>
Integrated Working	<ul style="list-style-type: none"> <li>• Information, news and training for education professionals</li> <li>• E-learning and information portal for practitioners</li> </ul>	<a href="https://ecclms.co.uk/goecclms.asp">https://ecclms.co.uk/goecclms.asp</a>
Essex Schools info link	<ul style="list-style-type: none"> <li>• Information specifically for schools</li> </ul>	<a href="http://secure.essexcc.gov.uk/vip8/si/esi/dis/home/index.jsp">http://secure.essexcc.gov.uk/vip8/si/esi/dis/home/index.jsp</a>

## Legislation

### **The Children Act 1989**

[http://www.opsi.gov.uk/acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm)

### **The Children Act 2004**

<http://www.opsi.gov.uk/acts/acts2004/40031-c.htm#10>

### **Education Act 2002**

<http://www.opsi.gov.uk/ACTS/acts2002/20020032.htm>

### **Data Protection Act 1998**

<http://www.opsi.gov.uk/ACTS/acts1998/19980029.htm>

## Guidance

### **Gillick Competence**

[http://www.nspcc.org.uk/inform/research/questions/gillick\\_wda61289.html](http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html)

### **Information Sharing guidance**

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008>

### **Lead Professional guidance**

<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0068961/the-lead-professional>

# 13. Acknowledgements

## **The Review of Assessment, Referral and Access to Services**

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