

A GUIDE TO THRESHOLDS AND PRACTICE FOR WORKING WITH CHILDREN AND FAMILIES IN WALTHAM FOREST

RIGHT CONVERSATION **RIGHT ACTION** **RIGHT TIME**

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RIGHT CONVERSATION

RIGHT ACTION

RIGHT TIME

The Guide has been developed to help practitioners understand and apply our approach to working with children, families and communities in Waltham Forest. It sets out our vision and values, and the role and responsibilities of all agencies to work together so that every child in the borough has the best possible outcomes.

The Think Family vision is for all families in Waltham Forest to be **safe, well, independent, and resilient**. This means helping people to help themselves and each other by developing skills and building relationships.

Whatever their circumstances or their level of need, children should always have access to support from their family, their networks, their community, and from universal services, such as schools, Children and Family Centres, the Police and the voluntary and community sector. For most children this will provide all the opportunities they need to reach their potential. However, there are times when children's needs mean they require more support to improve their outcomes, either due to the increasing complexity of their own needs, or the impact of external factors in their life.

Understanding the roles and responsibilities of the different agencies within the Children's Services System to support vulnerable children and families is critical to ensuring that they get the right action at the right level at the right time, and also to ensuring that we make the best use of limited resources to improve outcomes. Working Together to Safeguard Children (March 2015) requires Local Safeguarding Children Boards to set out clearly the action to be taken locally where there are concerns about a child's safety or welfare, including thresholds for intervention. This Think Family Guide to Thresholds and Practice for Working with Children and Families in Waltham Forest has been co-produced with agencies from across the agency partnership to meet this requirement. It aims to:

- build a shared understanding of our **Think Family vision**, our theory of change and the role of different agencies in delivering good outcomes for all children in Waltham Forest. The Guide is primarily for practitioners, though it may also be useful for families to understand the sources of help they can use when they need it.
- support practitioners to use their professional skills to have **quality conversations** that build relationships and identify the strengths and needs of a child or young person in the context of their family, community, environment and of their own experiences.
- provide a number of potential **indicators of need** across a broad spectrum which can be used to enhance the understanding of risk and to support information sharing between agencies to help improve children's outcomes.
- provide clear, simple information on how to respond with the **right conversation, right action, at the right time**.

The Think Family practice model set out in this Guide is the culmination of many years of partnership working across the Children's Services System. Since our first Integrated Working Guidance was published in 2008, we have developed our understanding of how best to support vulnerable children in our borough, drawing on our own experience, on good practice from elsewhere, and the learning from Ofsted and CQC inspections.

The Guide reflects a huge amount of progress across the system since 2014 when our previous Thresholds Guidance was published, including:

- establishing the MASH as a single front door for all concerns about vulnerable children in the borough
- commissioning a new Children and Family Centre model integrating early education, health services and family support
- developing a new integrated Disability Enablement Service for children with SEND

Key to driving this progress has been the Waltham Forest Safeguarding Children Board, which is a critical forum for the agencies working with children and families to come together to think collectively about the Children's Service System and how to start quality conversations and build relationships that will improve outcomes for vulnerable children.

We know that this new document is just one step forward. More important will be the training and development, the conversations we will have with each other and the work we will do with children and families in Waltham Forest to put what is written here into action, so that our **Think Family** vision becomes a reality.

We look forward to working with you on this shared endeavour over the coming years.

Councillor Grace Williams: Lead Member for Children
Dave Peplow: Independent Chair of the Local Safeguarding Children Board

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Terminology used in this guidance

‘Waltham Forest’ and ‘partnership’: when we use these phrases, we mean all the organisations and services that work with children, young people and families across Waltham Forest. This includes - but is not limited to - schools, early education providers, colleges, health services and commissioners, voluntary and community organisations, the police, probation services, the local authority and the Local Safeguarding Children’s Board.

Family: we recognise that family means different things to different people. We know that different communities and cultures consider family in a different way and this is not static and that each resident will have their own understanding and definition of ‘family’. This may include close friends and extended family members and so family is how each resident defines it. When we use the term ‘family’ we also include parents and carers who support and nurture the health and development of children and young people, and as such we do not use the phrase ‘parents and carers’ in each instance, unless it is necessary to specify a parenting or caring function, for example in relation to attachment theory or young carers.

Vulnerable Child is the term used in Waltham Forest for a child or young person who is at risk of experiencing one or more poor outcomes without the provision of additional help or support to the child or their family. To be concise, we do not use the phrase ‘children and young people’ in every instance and references to ‘children’ can be taken to denote ‘children and young people’.

All children and young people receive Universal Services, from education, health or the police, however, some children have needs or circumstances that require extra support so that they can be safe, well, resilient and independent and achieve their potential.

Early Help is the term used in Waltham Forest to describe our approach to providing support to potentially vulnerable children and their families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. Early Help means taking action to support a child, young person or their family both at an early stage in a child’s life to prevent problems from occurring and/or at the first sign of a problem to prevent that problem from getting worse.

Early Help is everybody’s responsibility, which means that our approach to safeguarding and Early Help are everybody’s business, and collectively we work to make sure that children and families get the help and support at the earliest opportunity.

Emerging needs: we use this term to refer to children’s needs in relation to their health and development, or their circumstances that can usually be addressed by an offer of support from a single agency in universal services.

Practitioner: this term means anyone who works with children and families. This includes staff who have only occasional contact with families, staff whose main role is work with families and managers and leaders in agencies who have responsibility for work with families.

Resilience: this term is used often in the guidance and is a key concept in our approach to providing services for children and families. Resilience is what helps someone to prevent, reduce or overcome the damaging effects of difficult experiences. It is the ability to bounce back and successfully adapt to situations in spite of the challenges of everyday life.

PART ONE

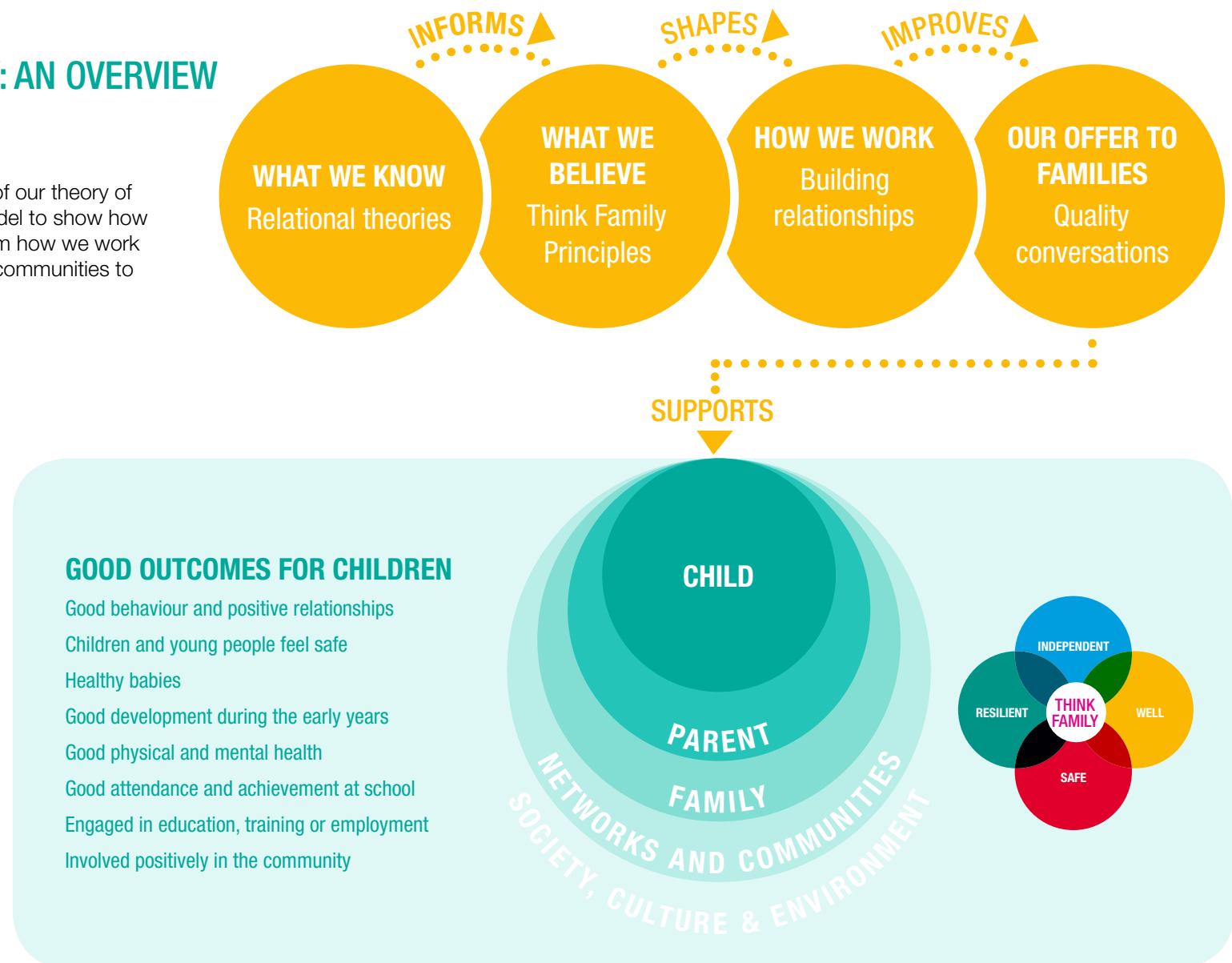
THINK FAMILY: AN OVERVIEW

- 1.1 **Our Theory of Change**
- 1.2 **Our THINK FAMILY Vision**
- 1.3 **Our THINK FAMILY Principles**
- 1.4 **Our THINK FAMILY Commitments to children and families**

PART 1: THINK FAMILY: AN OVERVIEW

1.1 Our Theory of Change

Building relationships is at the heart of our theory of change, which is set out in this model to show how our knowledge and principles inform how we work in partnership with families in their communities to improve outcomes for children:



1.2. Our THINK FAMILY Vision

AMBITIOUS GOALS

We want all families in Waltham Forest to be **safe**, **well**, **resilient** and **independent**

Safe: Being safe is a fundamental right for all people, and is an essential foundation for people to enjoy a good quality of life. We want all of our families and everyone in our communities to be safe from harm – be that abuse, neglect, exploitation, or the harmful effects of crime, violence, substance misuse or extremism.

Well: We know that achieving a good level of wellbeing enables our residents to enjoy a high quality of life. We want all families and members of our communities to be mentally, emotionally and physically healthy, and enjoy a positive and fulfilling experience of life in our borough. There is a real opportunity to improve the wider influences which will improve health and wellbeing.

Resilient: We want our residents to have the skills, knowledge and capacity to cope with, manage and reduce problems that may arise in their lives, and restore their wellbeing for themselves using the resources they have in their communities and social networks.

Independent: We want more of our residents to be leading independent lives, realising their own ambitions without the need for intervention from professionals and going further, to give something back to those who may be more vulnerable.

Of course, these four goals are closely interrelated: only when an individual is safe, can they be well, and it is resilience which enables a family to be independent. These are the goals which give shape to our **Think Family** approach and which will drive our services in future.

Our ambitious goals require new principles and commitments that are based in a **strengths-based approach** to working with families: building their skills and capacity to help themselves and each other.



1.3 Our THINK FAMILY Principles

Right Conversation, Right Action, Right Time: identifying needs and risks

1. The child's wellbeing and safety are paramount. We will use clear, systematic methods to identify strengths, needs and risks and proactively seek out vulnerable families that are most likely to have poor outcomes in future and engage them in new and different approaches to build their skills, capacity and relationships, and so diverting them from more costly intervention at a later stage.

Working with whole families in their networks & communities

2. We work as change agents with the whole family in a joined-up way. We use our skills to draw on family strengths and support family members to help each other. This means thinking about the family in the widest sense, including the influences of siblings, step-parents, friends, neighbours, and communities, and this also means understanding the impact of family dynamics, relationships and local networks on individual and family wellbeing.

Quality conversations

3. The starting point for every practitioner concerned about a child should be a quality conversation with every member of the family and with other professionals. Practitioners are change agents that use their skills to build relationships and capacity within families to improve outcomes.

Early Help is a commitment to collaboration: it's everyone's responsibility

4. We are committed to Early Help as collaboration, not a particular provision. Promoting the wellbeing of children is the responsibility of everyone who comes into contact with children and families. We will work together across agencies so children can reach their potential and achieve good outcomes.

Helping families to help themselves and each other

5. All our interventions – whether big structured programmes or individual conversations with families – must be focused on using our professional skills to develop family skills, capacity and relationships. This is how we will judge our success both at the macro (borough-wide) and micro (family) levels.

A clear offer in response to identified needs

6. We will be absolutely clear about the offer that we are making to families, so that people understand that they are entitled to early help. This will include a full description of our offer and what it looks and feels like from the family perspective.

Evidence-based prevention and action

7. The offer must be informed by evidence: we will plan and commission services based on a sound understanding of data on need, we will use verified prevention and early action methods, and we will also use theories of change to engineer change in the wider children's services system, upskilling staff and changing the way we practice across the board.

1.4 Our THINK FAMILY Commitments to children and families

We will:

- Recognise that families are experts in their own lives, and are best placed to meet the needs of children with the support from their networks, communities and from universal services.
- Recognise that parenting is challenging at times and that with some support from their network and from professionals – and sometimes from statutory intervention – parents can develop their own skills and capacity and provide what children need to achieve good outcomes.
- Make every communication count.
- Not pass the buck.
- Offer one main point of contact, called a lead professional or a key worker, who will act as a change agent in working with the family.
- Make assessments uncomplicated and robust.
- Provide services that are easy to access, safe, practical and useful.
- Recognise that children's needs and circumstances are varied, and offer variety in response.
- Work in partnership with families, not 'do to' families, to improve children's outcomes, build resilience and sustain improvements. The quality of the relationship within and between families and professionals has a direct impact on the effectiveness of the help that is offered.
- Make necessary judgements in balancing the right of a child to be with their birth family with their right to protection from abuse and neglect.
- Reduce unnecessary intrusion and duplication in the lives of vulnerable children whenever possible, through outcome-based interventions and integrated working.
- Recognise children as individuals with rights, including their right to participate in decisions about them in line with their age and maturity.
- Seek the voice of the child when considering their needs. This may take place without the presence of a child's parents. The child will be involved directly where possible and appropriate.
- Involve families in all decisions about how to improve outcomes for children, and in agreeing what support is needed unless this poses a risk to the child.
- Accept that uncertainty and risk are features of safeguarding work: risk management can only reduce risks, not eliminate them.
- Measure the success of our safeguarding and Early Help systems when children are receiving effective help that improves outcomes.



PART TWO

INTRODUCING THE THINK FAMILY THRESHOLDS

- 2.1 A framework for identifying children's needs and risks
- 2.2 What to do if you are concerned about a child or family

2.1 A framework for identifying children’s needs and risks

It’s vital that all practitioners develop a good understanding of how to use their professional skills to identify and assess the needs and strengths of children and families, and how agencies can work together to ensure that the **right children get the right action at the right time**.

The guidance in this document will provide a foundation of knowledge for all practitioners, but it’s the **quality conversations** that will build relationships and make a difference to children’s outcomes. These are conversations between practitioners and families, practitioners and their line managers, designated safeguarding leads, Early Help coordinators or with the MASH when they have concerns about specific children.

If we don’t develop sufficient understanding of needs, strengths and risks through quality conversations with colleagues and with families, we can make unnecessary referrals that clog up the children’s services system and divert resources away from the children who need them most. This can also create frustration and resentment between agencies, professionals and families. That’s why this part of the guide is absolutely critical.

The Continuum of Needs used in Waltham Forest is drawn from the pan-London Threshold Document: Continuum of Help and Support: www.londoncp.co.uk/files/revised_guidance_thresholds.pdf.

London Continuum	Waltham Forest	iThrive	Response
Tier 1	Good outcomes Level 1 Emerging needs	Thriving Advice	Community & Universal Universal Plus
Tier 2	Level 2 Multiple needs	Help	Whole Family Intervention
Tier 3	Level 3 Complex needs	More Help	Child in Need
Tier 4	Level 4 Acute needs	Risk Management	Statutory / Specialist

We have also been informed by the iTHRIVE conceptual framework to help us understand need and the level of offer in response to need.

Although the needs of children and families rarely fit into neat levels – for example, different children in the family may have different levels of need and individual children’s needs may change over time – levels help us to consider the key issues for a family and what the right action might be. There is more information and guidance on the continuum of need and the four levels on pages 30-36.

Four Levels of Need

Tier 1: Children with no additional needs = Good Outcomes

These are children with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child-focused care giving from their parents or carers and the community. The majority of children require support from universal services alone.

What is the difference between **Good Outcomes** and **Level 1 Emerging needs**?

In Waltham Forest, we make a clear distinction between **Good Outcomes** where children have no additional needs, and **Level 1 Emerging needs** to reflect those children who have low level vulnerability whose additional needs can be met by a single agency in universal services.

Tier 2: Early Help = Level 2 Multiple needs

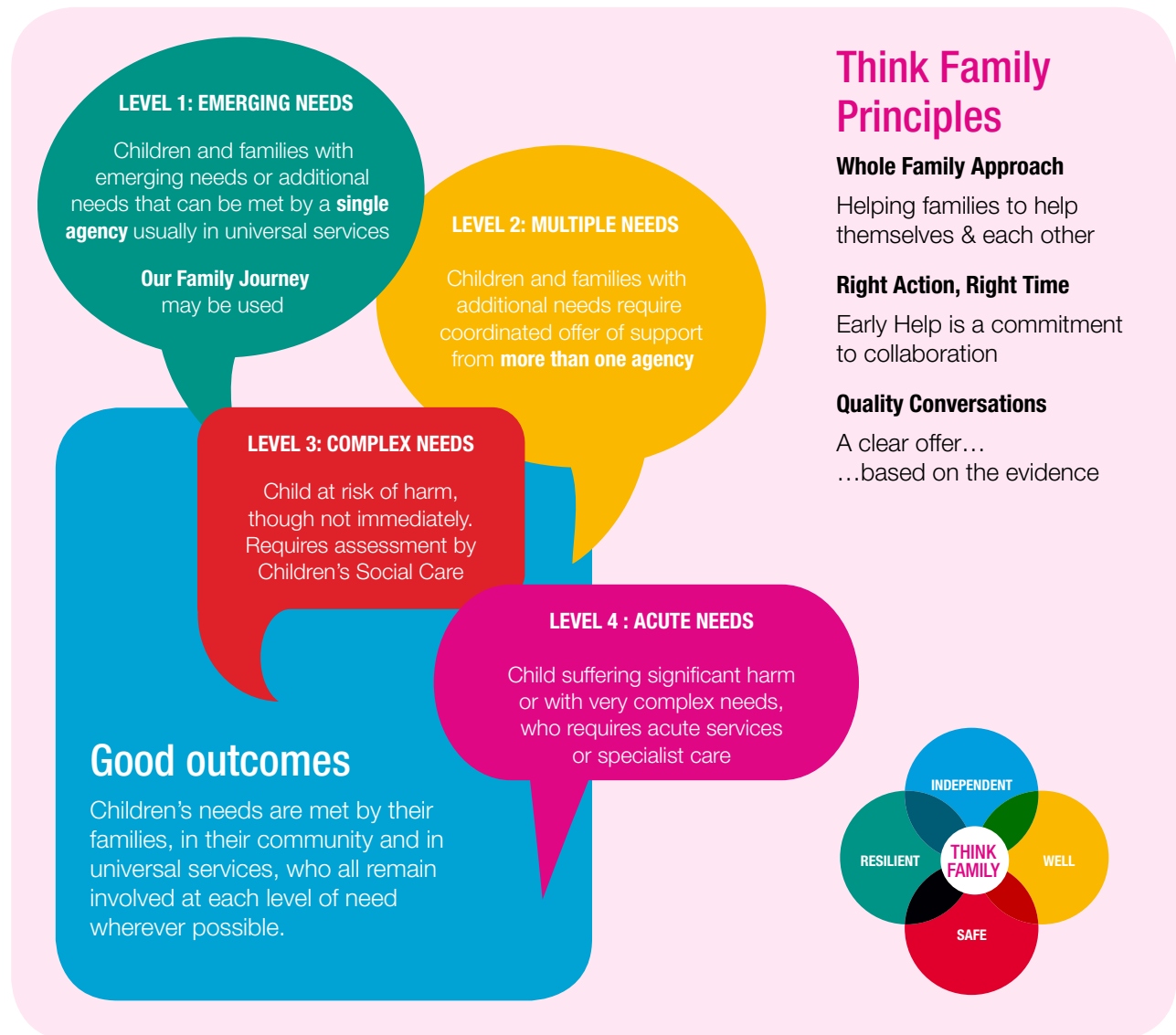
These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving. This is the threshold for a multi-agency Early Help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children’s centres. These will be provided within universal or targeted services provision and do not include services from children’s social care.

Tier 3: Children with complex multiple needs = Level 3 Complex needs

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children’s needs may be secondary to the adults needs. This is the threshold for an assessment led by children’s social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children’s social care.

Tier 4: Children in acute need = Level 4 Acute needs

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children’s social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.



2.2 What to do if you are concerned about a child or family

It is everybody's responsibility to assess those children and young people they come into contact with, and where a need is identified to respond early by holding conversations within and between practitioners in:

- Universal,
- Early Help and Targeted,
- Statutory and Specialist Services,

Conversations are held to identify how those needs can be met collectively by family, community and services.

As children's needs are met and concerns are reduced, we continue these conversations in order to provide appropriate support for the child and their family until that support is no longer required.

Working Together to Safeguard Children (2015) states:

'If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional.'

If you feel that a child or young person is at immediate risk of harm **please call the police on 999 for an immediate response.**

If you don't believe the risk requires immediate action, contact the Waltham Forest Multi Agency Safeguarding Hub (MASH) team to discuss your concerns, and to make a Request for Protection.

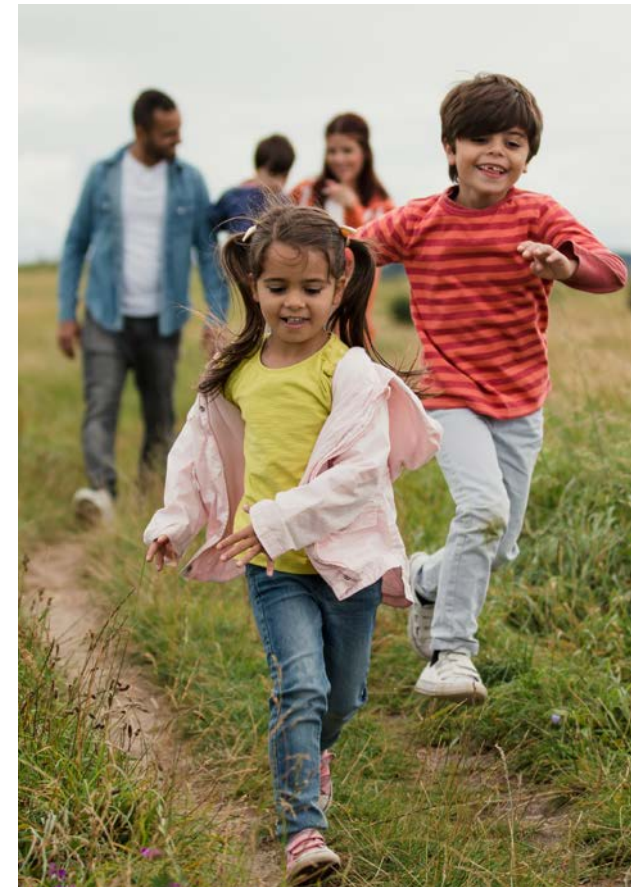
020 8496 2310

(Monday to Thursday 9am-5.15pm, Friday 9am-5pm),
020 8496 3000 (out of hours)

A social worker from the MASH team will speak to you. He/she will need to get as much information as possible about the child and the family.

When in doubt, always hold a conversation with your line manager or agency safeguarding lead.

Always consider the need for consent.



If you think a child is at immediate risk of harm, or you think a conversation will put a child at risk of harm, then you should contact the Police on 999.

It is vital that practitioners are aware how need and risk intersect. Indicators of immediate risk include any child:

- who has been physically sexually and/or emotionally abused
 - with two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children)
 - whose life is endangered; they are suffering from significant injury or illness; they are experiencing exploitation or abuse
 - whose life is threatened or impaired by their offending behaviours resulting in likelihood of significant harm
 - whose behaviour presents a risk to themselves and/or others, including risk of sexual exploitation
 - who is being traumatised injured or neglected as a result of domestic violence
 - who suffers from severe mental health problems or whose parents do
 - who has been abandoned or who are missing from home regularly or for long periods
 - with a substantial learning or physical disability whose needs cannot be met by the family
 - whose parents are unable to meet their physical, emotional, intellectual, social or behavioural needs
 - who is an unaccompanied refugee or is seeking asylum
 - who is unlikely to achieve or maintain a reasonable standard of health and development without the provision of services
 - where there are significant concerns about hygiene, clothing and diet (inorganic failure to thrive)
 - who is living subject to Multi-Agency Public Protection Arrangements (MAPPA) or Multi-Agency Risk Assessment Conference (MARAC)
 - who is pregnant under the age of 13
 - who is subject of parental delusions
 - who is at risk of sexual exploitation or trafficking.
 - FGM, honour based violence or forced marriage.
- Indicators of immediate risk also include:
- medical referral of non-organic failure to thrive in under-fives
 - an individual (adult or child) posing a risk to children
 - a delay in seeking medical attention by the primary care giver of a child
 - direct allegation of sexual abuse made by child or abuser's confession to such abuse
 - any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child
 - an allegation or suspicion about a serious injury / sexual abuse to a child
 - any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority
 - any allegation suggesting connections between sexually abused children in different families or more than one abuser
 - allegation or suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness
 - repeated allegation or reasonable suspicions of non-accidental injury
 - repeated allegation involving serious verbal threats and/or emotional abuse
 - allegation or reasonable suspicion of serious neglect
 - inconsistent explanations or an admission about a clear non-accidental injury
 - substance dependency and/or domestic violence to a degree which may lead to significant harm for the child
 - no available parent and child vulnerable to significant harm (e.g. an abandoned baby).

PART THREE

THINK FAMILY: PRACTICE MODEL

3.1 The importance of quality conversations

3.2 Helping families to help themselves and each other – developing skills and building relationships

3.3 Working with whole families in their networks & communities

3.4 Early Help as collaboration

3.5 Taking a structured approach

3.6 Sharing information

3.7 Understanding children's behaviour as an indicator of need

3.8 Developing clear plans

3.1 The importance of quality conversations

The starting point for all practitioners if they are concerned about a child should be a quality conversation.

We use this term to describe the phone calls and meetings that take place between practitioners working at every level of need in Universal, Targeted, Statutory and Specialist Services and with families and the community.

Using a check list approach to indicators of need can tend to highlight family weaknesses. By contrast, a quality conversation can take into consideration the complexity of individual children and family situations and can place more emphasis on their strengths and assets.

When a child's needs cannot be met by family, community and universal services alone, quality conversations will strengthen and improve joint planning, decision making, collaborative working and a partnership approach to taking the right action, at the right level, at the right time.

If we don't develop sufficient understanding of strengths, needs and risks through quality conversations with families and colleagues, we can make unnecessary referrals to the MASH, which clog up the system, diverting resources away from the children who need them most. This can create frustration and resentment between agencies and families across the children's services system. That's why this part of the guidance is critical.

The ingredients of quality conversations

1. Active Listening:

giving time and space, picking the right environment, really listening and not just waiting to speak

2. Identifying Assets and Strengths:

finding out what matters to the other person, what their hopes and dreams are, their personal strengths and the assets around them which may include family members, friends, activities they enjoy or community groups they are part of

3 Enabling the Child or Family to Take the Lead:

we have to resist the urge to "solve the problem" for families but rather enabling them to reflect and set personal goals to which they are more likely to be committed

In the first instance, unless this is likely to increase the risk of harm to the child, the first step for all practitioners who are concerned about a child's wellbeing should be to start a conversation with the child or family to gain an understanding of the child's experiences, wishes and feelings, parental wellbeing, the family environment and the other agencies involved with the family.

Once there is a good shared understanding of what the issues are, the practitioner should try to help the child and family explore possible solutions. The default option should not be to suggest a source of support which is external to the family. It should be to identify what the child and family can do themselves to address the problems and/or stop it developing.

If external support is needed, practitioners should explore what capacity there is in the wider extended

family or community to help the child or family, for example from grandparents, friends and neighbours, other parents or community organisations. Practitioners should also reflect on what they or their colleagues can do to help and make sure this is communicated clearly.

The importance of this conversation with the child and family cannot be underestimated. In many cases, conversations will happen repeatedly over a period of time and the relationship that is formed in the process will be critical to promoting and enabling change. Through this relationship, practitioners are able to explore issues, set expectations, develop skills, provide advice and challenge families to make changes where necessary.

This move towards quality conversation as the key to addressing concerns about vulnerable children, young people and families represents a critical shift in the way we understand our roles and responsibilities for working together to meet need. Seeking advice and support from other agencies must not be about passing a case on but about bringing in additional sources of support to help meet identified needs. In this way, we place building relationships at the heart of what we do, because this will form a strong basis for sustainable change in the lives of families.

If practitioners are concerned that a child may be at risk of harm and/or aren't sure what services might be available, then they should have a conversation with their line manager and/or the Safeguarding and Early Help Lead within their agency. They may also need to speak to a local Early Help Coordinator or, if it's an emergency and a child is at risk, the MASH or the Police.

3.2 Helping families to help themselves and each other – developing skills and building relationships

Evidence shows people need both cognitive skills like numeracy and language skills, and social and emotional capabilities to help them achieve the outcomes that they, and others, value in their lives now and for the future. From a wide review of existing research, focus groups and expert panels, the Young Foundation have identified a core set of social and emotional capabilities that have been found to have particular value:

Communication:

explaining, expressing, presenting, listening, questioning

Confidence & agency:

self-reliance, self-esteem, self-belief, ability to shape your own life and the world around you

Planning and problem solving:

navigating resources, organising, setting and achieving goals, decision-making, researching, analysing, evaluating risks

Relationships & leadership:

motivating others, valuing others' contributions, negotiating, managing conflict, empathising

Creativity:

imagining alternative ways of doing things, applying learning in new contexts, remaining open to new ideas

Resilience & determination:

self-disciplined, self-management, concentrated, having a sense of purpose, persistent

Managing feelings:

reviewing; reflecting, self-regulating

(A framework of outcomes for young people – The Young Foundation, July 2012)

Skills & capabilities

E.g., to solve problems, communicate effectively, manage conflict, plan ahead, etc.

Quality of relationships

with those that work with them, their family, friends, neighbours and wider community

3.3 Working with whole families in their networks & communities

Think Family also means thinking community. This is Think Family in its widest sense. We know that isolation is a key issue in our community and a key reason why families turn to the Council and statutory partners like the specialist health services and the police for help. We also know that many residents would welcome the opportunity to give something back. The evidence is clear that people who are proactively engaged in their communities are happier and healthier.

Working with families in their networks is about sharing our knowledge and experience and empowering community groups, schools, GPs, pharmacists and others to provide support themselves without having to refer for specialist advice. We want to change the culture of the borough, using a public health model to get positive messages out about how to safe stay, well, resilient and independent so the Council is not the first port of call when things go wrong. This change starts with quality conversations...

Every practitioner's role is to be a change agent in the lives of families, using professional skills to build on the existing skills and strengths within the family, including relationships with the community and wider networks. Practitioners develop techniques to identify how family members are doing, paying attention to the problems that they face and working with them so that they can tap into resources to help themselves and each other.

3.4 Early Help as collaboration: *it's everyone's responsibility*

Key to the Think Family approach to supporting children and families in Waltham Forest is our commitment to redefining Early Help as collaboration between family, community and all the agencies that work with children.

Early Help is everyone's responsibility.

All children and families receive support in their family and the community and from Universal Services, such as education, health, the police, or organisations in the voluntary sector. However, some children have additional needs or circumstances that require extra support so that they can be safe, well, resilient and independent and achieve their potential.

Early Help is the term used in Waltham Forest to describe our approach to providing support to potentially vulnerable children and their families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future.

The purpose of **Early Help** is - through prompt and targeted action - to prevent issues and problems becoming acute, chronic and costly to the child, young person, the family and the wider community.

Although research shows that the most impact can be made during a child's **early years, Early Help is not just for very young children** as problems may emerge at any point throughout childhood and adolescence.

Early Help may be needed to address needs and risks at any point in a child or young person's life, and we seek to offer support quickly to reduce the impact of problems that may have already emerged. Families are best supported by those who already work with them to organise additional support with local practitioners when this is needed.

Early Help may be provided through an increase in the levels of universal services, or services provided or commissioned within universal services; this includes family support provided by schools and third sector agencies.

For children whose needs and circumstances make them more vulnerable, a coordinated multi-disciplinary approach is usually best, based on an Early Help assessment using **Our Family Journey, with an identified Lead Professional** to work closely with the child and family to ensure they receive the support they require. A range of **Targeted Services are available to support Whole Family Intervention**.

Specialist Services are provided where the needs of the child are such that statutory intervention is required to keep them safe or to ensure their continued development. By working together effectively we seek to reduce the number of children and families requiring statutory interventions and specialist services.

Services for adults play an essential role in our Early Help approach. Many adults have additional needs e.g. substance use, mental health needs, parental learning disabilities and domestic violence which can impair their parenting capacity. Services which

mainly work with children and young people or with adults need to adopt the **Think Family** approach to secure better outcomes for children and families with additional needs, by taking into account the circumstances of the whole family and by co-ordinating the offer of support.

The Waltham Forest approach to Early Help requires a structured approach and strengths-based practice in working with families. This means building the skills and capacity of family members, so that they can help themselves and each other.



The Four Levels of Need: what level is Early Help?

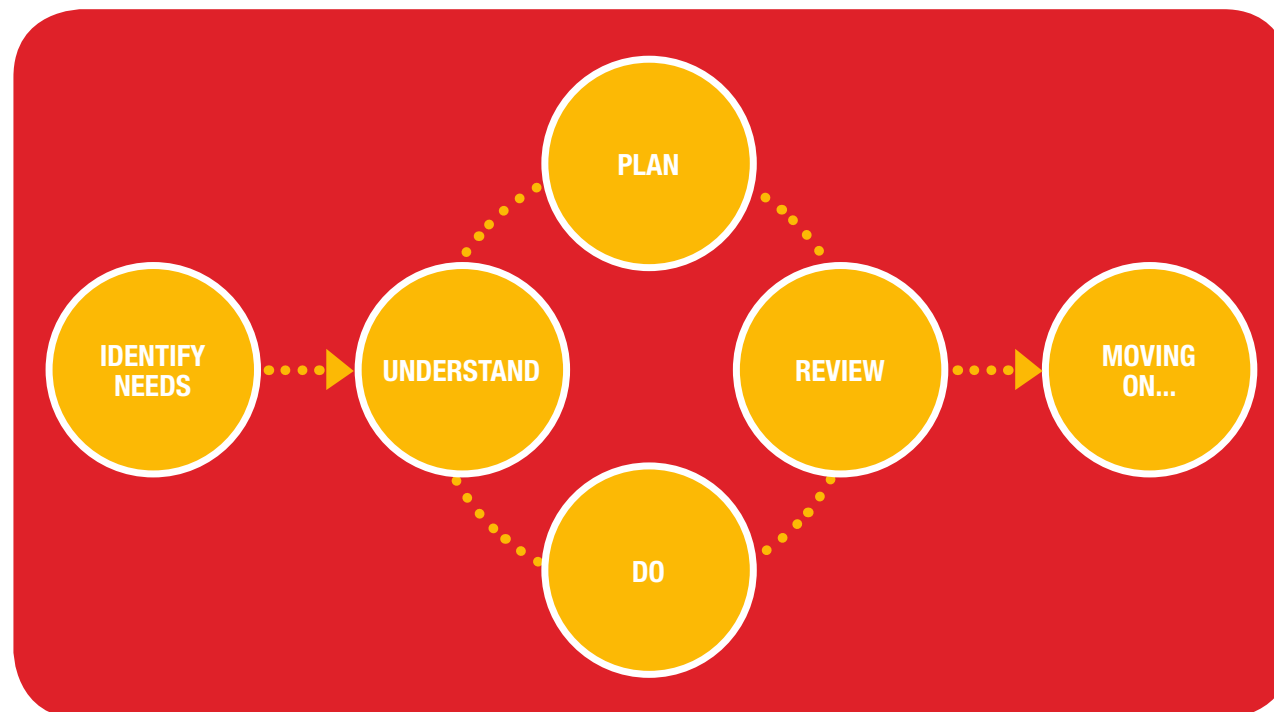
The table below shows the relationship between the London Thresholds Document and Professor Eileen Munro’s prevention model, which informs our understanding of **Early Help as a commitment to collaboration**. The table shows that a level of Early Help response is required across Tier 1 and Tier 2 of the London Thresholds Document:

London Thresholds	Needs	What’s happening for the family?	What’s the Early Help response?	Munro Prevention Model
Tier 1	Good outcomes	There are no support needs and the family is able to function and cope well. When faced with adverse circumstances their network within their community are able to offer the right support.	Community Utilising London Thresholds and building on the resources in local community – Think Family approach	Primary prevention To ameliorate the effects of socio-economic disadvantage
		There are no additional needs. The family is broadly able to cope, but sometimes need additional help to access universal services. We want our children and families to use and access these services as their first port of call when they need any help, support or advice.	Universal Universal Services support all children and families to be safe, well, resilient and independent	Secondary prevention To respond quickly to low level problems to prevent them getting worse.
	Level 1 Emerging needs	<ul style="list-style-type: none"> • A level of Special Educational Need and/or Disability • Low level attendance issues. – • Potential/risk of being NEET – • Low level health needs – • Risk of substance misuse or domestic violence 	Universal Plus Additional support is needed by the family. Support is delivered in the Universal setting and aims to prevent families from becoming part of an on-going cycle of delivery, and to avoid escalation of need which may result in families needing statutory intervention.	
Tier 2	Level 2 Multiple needs	<ul style="list-style-type: none"> • School exclusion or persistent absence • Disability/SEN • Chronic health needs • Offending • Substance misuse • Mental health concerns 	Whole Family Intervention Where people are especially vulnerable, and have multiple needs, we want to meet those needs in a supportive, innovative and cost-effective way.	Tertiary prevention To provide support and therapeutic solutions to counter effects, of long term suffering.

3.5 Taking a structured approach to Early Help

Following a clear and structured approach will help you to make sure that the work you do together with a family leads to effective actions that will bring about and sustain changes, and result in positive outcomes for children.

This process will support any practitioner in any setting to build and maintain professional and constructive relationships with families and to produce evidence of the work, for example if you have to share information with other agencies, like the MASH, or Ofsted. This structured approach is designed so that your work maintains clear intentions, professional boundaries and a focus on outcomes. The following diagram highlights the basic steps of the structured approach for providing Early Help at any level:



Three principles should inform every stage of this structured approach:

- Record the strengths, needs and risks factors of the child and family that you identify through conversation and information sharing
- Have the right conversation, to provide the right action, at the right level, at the right time
- Follow the safeguarding procedures for your agency if you have any concerns that a child or young person may be at risk of significant harm

How each agency follows these principles will vary in practice, however the outcomes should always be the same:

- Practitioners notice where children and young people are not making expected progress towards good outcomes
- Families are identified for and receive Early Help when and where it is needed
- Requests for protection are made at the right time if there are concerns that a child is suffering or at risk of significant harm

The **Our Family Journey** tool brings together the vital steps of the structured approach. Any agency can use **Our Family Journey** effectively to record the needs of vulnerable children and families. An important step - that is often missed out – is to prepare for work with a family, including:

- making space in your timetable
- checking records for work that has already been done previously by your agency
- planning how you will gather information including conversations with colleagues
- consider whether there is information held by other agencies

When you record presenting needs and strengths, statements should be in simple, straightforward language that makes sense to the family without minimising the seriousness. Often the experience of discussing needs and strengths in a straightforward manner will bring the situation into perspective and can help families to better assess their own situation. Recording conversations will practitioners and families to plan and review together, and will provide evidence of the progress made along the way and improved outcomes for children.

3.6 Sharing information

There are seven golden rules for information sharing about vulnerable children, young people and families that we abide by in Waltham Forest:

1. The Data Protection Act provides a framework to ensure that personal information is shared appropriately. It is not a barrier.
2. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
3. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom the information will, or could, be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
4. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
5. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
6. Consider safety and well-being: Base your information sharing decisions on considerations on the safety and well-being of the person and others who may be affected by their actions.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

If at any time you think a child is at risk of immediate/significant harm you must follow make a request for protection immediately [restate how this can be done]

Practitioners can work out when to share information by asking themselves the following questions:

1. Is there a clear and legitimate purpose for information sharing?
2. Does the information enable a living person to be identified?
3. Is the information confidential?
4. Do you have consent?
5. Is there sufficient public interest?
6. Are you sharing appropriately and securely?
7. Have you recorded your decision properly?

Identifying needs and making a referral: what's the difference?

A referral is a formal process used to log a concern or issue and to inform others that some action needs to be taken. For some settings, there is a formal referral route: either a practitioner makes a written request for Early Help to be provided, or sometimes a child or family self-refers using a written request. The referral route must be known and understood by everyone in your agency or setting, because a concern can be noticed by any practitioner.

What if there isn't a formal referral process within my agency?

Where there is no formal referral process – for example, where initial contact with a child or family is their attendance at an activity such as a friendship group or a parenting course – it is good practice to record the contact. No matter what size of organisation, all agencies should have a clear referral process that staff can use to indicate that a child or young person has a need for additional help. It is good practice to have a clear recording process in place in school for staff to use to log concerns.

What goes into a referral?

The referral can include any valid and relevant information or previous assessments that have been carried out by the practitioner making the referral. A referral that logs concerns or identifies a need should also give the reason for the referral and the outcomes that are expected.

Remember: right conversation, right action, at the right time...

The quality of service and the improved outcomes for children are the most important aspects of your work. Although it is important to follow a process and to record your work, these two aspects should not take priority over making sure that families get the right action at the right time.

When working with families and with other professionals to identify needs, it remains vital that you always take into account the views and perceptions of children, young people and their families about their own circumstances.

A child's social and emotional development has significant implications for their current and later ability to function in society, for their current education and for their future employment. A child with barriers to development may be at risk of poor relationships with peers, issues with behaviour and problems with academic progress. Children and young people who experience barriers to learning, development and progress show early signs of need for extra help. Some of the signs are clear and obvious to practitioners, but others may be hidden from immediate view.

3.7 Understanding children's behaviour as an indicator of need

Indicators of need may only show a little at first, and sometimes not at all. It is normal that the behaviour of children varies over time and in different situations. However, it is difficult to define exactly what is meant by 'normal' behaviour...

'Normal' behaviour, 'problem' behaviour and 'challenging' behaviour

The problem with the idea of 'normal' behaviour is that there are lots of different perceptions of what counts as normal. Acceptable behaviour varies at different ages, with different beliefs, experiences, and cultures. Different schools have different ideas about what counts as normal behaviour and there is often a difference between what happens at home and what is expected at home.

Whenever behaviour is perceived by practitioners or parents as a 'problem', it raises a number of further questions:

- What is the root cause of the problem?
- Who is there a problem for?
- Who has to change to solve the problem?

When a child or young person is seen as the problem, it can be difficult for practitioners to work together with them to find solutions, especially if children have been used to being seen as a problem.

'Problem' behaviours may represent actions that feel right to the child or young person because of difficult circumstances. Even if these behaviours are understandable or proportionate to the situation, they might still be seen by parents and staff as challenging.

It is a good idea to understand problems as a gap between what a child or young person needs and what is being provided for them. The term challenging behaviour is useful because it does not identify the young person as a problem. It is helpful to discuss challenging behaviour as something that can create a barrier to making progress towards goals positive outcomes.

The observable or 'externalising' aspects of behaviour

Above the surface are the observable aspects of behaviour. These are likely to be just a small part of the overall picture but are often where most of the attention is focused. Challenging behaviour might include defiance, verbal abuse, vandalism, fighting and other forms of aggression.

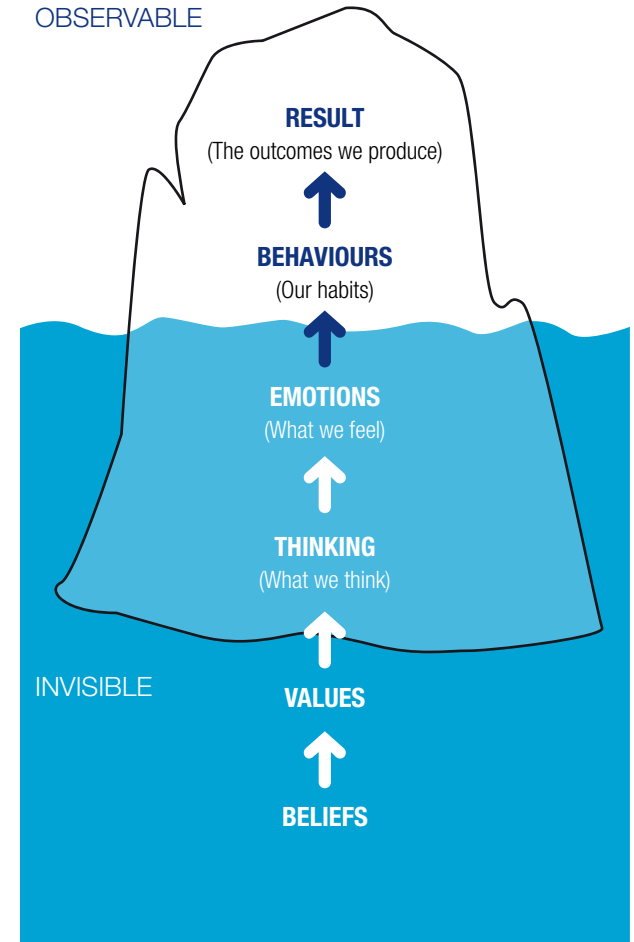
Children and young people with these behaviours can usually be referred within your setting for additional support, because they often have an impact on the progress and wellbeing of others. These behaviours are usually linked to barriers in social development.

The invisible aspects of behaviour

Below the surface are the invisible or hidden aspects of behaviour – the things that underlie, motivate and sustain behaviour. These are likely to be a big part of the overall picture. Work needs to be done to understand and change the hidden aspects of behaviour not just the observable aspects This could involve difficulties with socialising, excessive fears, phobias, anxiety, and depression.

Children may try to avoid situations that they find difficult, and young people may become withdrawn, might self-harm, and even consider taking their own life. These behaviours are usually linked to barriers in emotional development. The invisible behaviours can be more difficult to detect and sometimes children and young people are not referred for additional support when they need it. Even though these behaviours are usually not disruptive for others, they must also be identified as without help, they can lead to serious and harmful consequences for children and young people.

It is important to recognise the difference between the observable and hidden aspects of behaviour. Many of the problems that are experienced by children and young people feature a combination of the two aspects, and practitioners and family members can make the mistake of focusing only on the more obvious observable aspects.



Compare Good outcomes with Level 1 Emerging needs

Use the table below to compare good outcomes with emerging needs that you might notice in your setting:

LEARNING/EDUCATION

Good Outcomes	→	Level 1 Emerging needs
<ul style="list-style-type: none"> Achieving key stages Good attendance at nursery/school/college training No barriers to learning Planned progression beyond statutory 		<ul style="list-style-type: none"> Occasional truanting, non-attendance, or late attendance SEN Support in an education setting – a graduated approach Learning difficulty or disability requiring special educational provision Identified language or communication Needs Reduced access to books, toys, leisure activities or educational materials Few or no qualifications Not in Employment, Education or Training (NEET)

HEALTH

Good Outcomes	→	Level 1 Emerging needs
<ul style="list-style-type: none"> Good physical health with age appropriate developmental health including speech and language 		<ul style="list-style-type: none"> Slow in reaching developmental milestones Missing immunisations, checks or dental/eye test check ups Inconsistent in attending medical/routine appointments

SOCIAL, EMOTIONAL, BEHAVIOURAL, IDENTITY

Good Outcomes	→	Level 1 Emerging needs
<ul style="list-style-type: none"> Good mental health and psychological wellbeing Good quality, early attachments, confident in social situations Knowledgeable about the effects of crime and anti-social behaviour Knowledgeable about sex relationships and the consistent use of contraception if sexually active 		<ul style="list-style-type: none"> Low level mental health or emotional issues requiring intervention Pro offending behaviour and attitudes Early onset of offending behaviour or activity Coming to notice of police through low level offending Expressing a wish to become pregnant at a young age Early onset of sexual activity Sexually active with inconsistent use of contraception Low level substance misuse (current or historical) Poor self-esteem

SELF-CARE AND INDEPENDENCE

Good Outcomes



- Age appropriate independent living skills

Level 1 Emerging needs

- Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion

FAMILY AND ENVIRONMENTAL FACTORS FAMILY HISTORY AND WELLBEING

Good Outcomes



- Supportive family relationships

Level 1 Emerging needs

- Parents/carers have relationship difficulties which may affect the child
- Parents request advice to manage their child's behaviour
- Children affected by difficult family relationships and/or housing, employment and financial issues.
- Families affected by low income or unemployment
- Transport or access issues
- Family requires advice regarding social exclusion, e.g. hate crimes
- Associating with anti-social or criminally active peers or older figures
- Limited access to sexual health advice, information and services

HOUSING, EMPLOYMENT AND FINANCE

Good Outcomes



- Child supported financially
- Good quality stable housing

Level 1 Emerging needs

- There are some debts or financial concerns which affect the child
- Issues with housing such as furniture, noise, an extra person at home or temporary disturbances

BASIC CARE, SAFETY AND PROTECTION

Good Outcomes



- Parents able to provide care for child's needs

Level 1 Emerging needs

- Inconsistent care, e.g. inappropriate child care arrangements or young

EMOTIONAL WARMTH AND STABILITY

Good Outcomes



- Parents provide secure and caring parenting

Level 1 Emerging needs

- Inconsistent parenting, but development not significantly impaired

GUIDANCE, BOUNDARIES AND STIMULATION

Good Outcomes



- Parents provide appropriate guidance and boundaries to help child develop positive behaviours and values.

Level 1 Emerging needs

- Lack of initial guidance, boundaries or stimulation in parenting style which may contribute to child's challenging behaviours or attitudes.

Compare Good outcomes with Level 1 Emerging needs with Level 2 Multiple needs with Level 3 Complex needs

Good outcomes

- A male child age 6 who has occasional poor punctuality, and is sometimes shy, however the child is making expected progress in learning and attainment in Year One.
- One sister age 18 lives at home;
- Parental divorce previous year, father is in contact with family, and provides financial support.
- A younger sibling died of a congenital condition shortly after birth three years ago, and mother received counselling when referred by the hospital.
- Maternal grandmother also lives at family home and helps mother with childcare
- Mother engages with school regularly for support from pastoral staff.
- Mother is employed, working a part time retail job and also receives some benefits.

Emerging needs

- This child is now age 7, and school believes he has some emotional health problems as he is frequently withdrawn in class, has occasional poor punctuality and educational progress has stalled compared with the previous year.
- Sister has left family home for university.
- Father is no longer in contact with family, is now overseas and does not provide financial support.
- There has been a recent and unexpected bereavement of maternal grandmother.
- Mother engages with school regularly for support from pastoral staff.
- Mother has disclosed to the school Learning Mentor that she has depression and anxiety, but that she is seeking help.

Multiple needs

- This child has continued to be withdrawn in class, has disengaged from his learning, has frequent poor punctuality, attendance has dropped to 91%, and educational attainment has dropped over the term.
- The child occasionally comes to school wearing dirty clothing.
- The school Learning Mentor has provided one-to-one support, which has not improved outcomes over the course of the term.
- The child tells school during a drawing and talking activity that since father left home, sister went to university, and grandmother died, his mother's behaviour has changed: mother does not get out of bed, and does not cook or clean the house. The child explains: "it's not nice to be home" and he is, "worried about Mum. She thinks it's her fault that Dad left us."
- Mother has disclosed that she is struggling with mental health issues and explained to School Safeguarding Lead that she has sought support but has waited for two months for a response to her GP's referral. Mother has asked if the school can refer her for bereavement counselling.
- Mother disclosed that she has been made redundant from her job, and is currently unemployed, looking for work, but worried about her benefits.

Complex needs

- This child's attendance had dropped below 85%. There has been poor progress in learning and attainment is poor.
- The school is concerned that the child is missing school, and when he is present he appears to have very low mood. School believes that the child is at risk of poor outcomes through neglect, with indicators like a dangerously untidy home, dirty clothing and poor hygiene.
- The Our Family Journey tool has been completed and one Team around the Family (TAF) meeting was carried out to agree a Family Plan. However, since then there has not been progress for four months during which time mother has not attended meetings to review the Family Plan.
- The Lead Professional (LP) working with the family believes that mother's mental health has deteriorated during the previous four months. The LP is concerned that mother is refusing support from all professionals and has stopped attending counselling.
- Mother has not left the house for seven weeks and refuses home visits from the Lead Professional.
- Mother has been out of work for 6 months, has had some of her benefits reduced, and is at risk of eviction.

3.8 Developing clear plans

Ten tips for a successful Family Plan

An action plan is most effective when it is written up in a simple, clear way. Here are some tips on how to make an action plan that works:

1. Collaborate

The process of creating and agreeing a plan together can be a powerful experience for a family, so the plan should be made together.

2. Define small steps

The plan will work best if the change required is clearly defined, and should include the small steps to be taken to make change and sustain it.

3. Networks and community

Always take into account support and advice that might be available in the family, the local network and from within the community.

4. Not too difficult...

Don't set actions or goals that are very difficult or challenging that have a poor chance of success. This will likely demoralise the families you work with and can move them further away from putting a plan in place. Agree actions that you know can be achieved and that bring families steps closer to better outcomes for their children.

5. ...but not too easy either!

A plan where the steps are too easy to achieve will not result in significant change. Don't be tempted to write down steps and actions that you know parents already do on a day-to-day basis. Make sure there is some challenge in the agreed plan.

6. Agreements are always two-way

Including work that you will do as well as work that the family will do is a way to gain and maintain trust. For example you might go to an appointment about school attendance alongside a parent or you might agree to contact an agency on behalf of a parent if there is conflict or the parent needs support. However, avoid the temptation to try and solve the family's problems for them. The family must be a part of the solution, and build their skills and confidence to sustain the change.

7. When and who?

Give each step a time or day and record who will carry out that step. The plan might have actions for more than one person because it is collaborative.

For example, there may be different steps for children, parents and agreed actions for you as the practitioner. Always remember to include the date and the person responsible.

8. Guide and Demonstrate

There may be some tasks that need to be done that parents or other family members don't know how to perform, have never done before or that they find difficult to do. This might be parenting methods for managing behaviour, advice on managing money or helping children with their homework. Be prepared to guide parents through the actions on the plan, and to demonstrate, explain or even teach certain tasks and include this in the plan you make together.

9. Add reward...

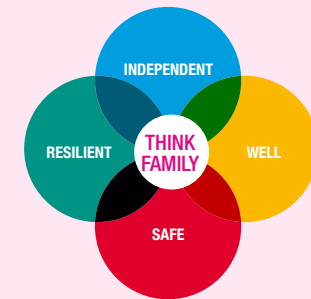
Include the benefits or positive consequences of carrying out the tasks in the action plan. Children, young people and adults are motivated by many different things. It's a good idea while you're getting to know the family members to learn the motivators. If you know what rewards people respond to, you are more likely to agree a plan that will result in successful changes.

10. Sign up

Plans are useful way to gain agreement on actions, and while they have no legal validity, it's a good idea for you and the family members who have actions to sign the plan

A CLEAR OFFER TO FAMILIES IN RESPONSE TO IDENTIFIED NEEDS

Think Family Principles



LEVEL 1: UNIVERSAL PLUS

Services at Universal and...

Student welfare, safeguarding, pastoral, inclusion teams and SEN support in education settings including services commissioned by schools

Family Support for emerging needs in Children and Family Centres

Early Help Engagement Advisors

LEVEL 2: WHOLE FAMILY INTERVENTION & TARGETED

Services at Level 1 and...

Early Help Family Practitioner
 Functional Family Therapy
 Behaviour Attendance and Children
 Missing Education
 Youth Offending Service
 Intensive Adolescent Support Team
 Family Nurse Partnership
 CAMHS Level 2

LEVEL 3: CHILD IN NEED & SPECIALIST

Services at Levels 1, 2 and...

Statutory assessment and risk management by Children's Social Care
 Overnight short breaks
 Specialist Health Services
 CAMHS Level 3

LEVEL 4 : CHILD PROTECTION & SPECIALIST

Services at levels 1-3 and...

Disability Enablement Service
 Acute health services
 CAMHS Level 4
 Looked After Children

Universal

Midwifery and GP
 Schools and education settings
 Children and Family Centres

Health Visitors
 School Nurses
 Voluntary, Community and Faith organisations

PART FOUR

UNDERSTANDING

THE SYSTEM

4.1 Waltham Forest's MASH - Multi-Agency Safeguarding Hub

4.2 Universal Services

4.3 Universal Plus at Level 1: Emerging Needs

4.4 Working with children and families in schools at Level 1: Emerging Needs

4.5 Whole Family Intervention at Level 2: Multiple Needs

4.6 Statutory services at Level 3: Complex needs

4.1 Waltham Forest's MASH - Multi-Agency Safeguarding Hub

Waltham Forest has developed a single front door into Early Help and Children's Social Care that is based within MASH.

All Requests for Support and Protection must go to the MASH.

Requests must have the consent of the family unless it would put a child at risk.

The MASH acts as a single front door for all children's safeguarding in Waltham Forest and protects children and young people from harm, neglect and abuse. It is made up of professionals across the public sector to deliver a true multi-agency approach when dealing with children's safeguarding:

REPRESENTATIVES FROM...

Health

MET Police

London CRC Probation Service

Waltham Forest Council Early Help

Waltham Forest Council Early Help

Waltham Forest Council Housing

IDVA (Victim Support)

Gangs Bronze multi-agency panel

HELP TO DEAL WITH REFERRALS...

related to health and child development by liaising with other health professionals from the community and hospitals

related to criminal activity

related to reoffending and high-risk offenders released into the community

concerning children in education alongside the borough's schools

Requiring early interventions to prevent persistent problems arising e.g. truancy

related to children's safeguarding issues in residential properties across the borough

related to domestic abuse

where interventions are required for those involved with, or at risk from, or victims of gang activity

The MASH team has immediate access to databases across key agencies and services, enabling them to share relevant information and make informed decisions about the level of need of children, young people and their families.

The MASH works effectively and efficiently, learning from serious case reviews, to ensure:

- Safeguarding referrals reach social work services as quickly as possible
- Families who do not pose a safeguarding risk can help themselves and each other with appropriate support from universal services
- A rapid and comprehensive picture is built up of any child, young person or family giving cause for concern.

To contact MASH, call **020 8496 2310** (Monday to Thursday 9am-5.15pm, Friday 9am-5pm),

020 8496 3000 (out of hours)

A social worker from the MASH team will speak to you. He/she will need to get as much information as possible about the child and the family.

4.2 Universal Services

Universal services are:

- delivered to meet the needs of the majority of children
- provided routinely and available to all children and families
- fundamental to improving outcomes for children
- the foundation of support for families and will continue to be involved in conversations with the family at every level of need.
- vital in their role of identifying emerging needs and risks of vulnerable children at the earliest opportunity
- best placed to build relationships with children and families on a regular basis
- an integral part of the delivery of whole family intervention, specialist and statutory services, wherever this does not put a child at risk.

They include:

- Early years' settings, including nursery provision, and registered childminders;
- Schools and further education for children ages 4-18, including breakfast clubs and extra-curricular activities; there is more information about working with families in schools on pages 48-49.

- Primary Health Services provided by GPs, pharmacies, midwives, health visitors and school nurses.
- Early Help Engagement Advisors and Family Information Services.
- Leisure and Library activities for all, including free swimming for children and young people.



4.3 Universal Plus at Level 1: Emerging Needs

Where children and families have emerging and additional needs that are likely to be short term, universal services will provide additional support. Universal services engage families in quality conversations, helping them to recognize and access the support that is available to them to improve outcome for children.

Our Family Journey

The **Our Family Journey** tool has been designed so that all practitioners within universal services can help families to understand the issues they are facing and take the right action at the right time. The Our Family Journey tool closely follows the structured approach for Early Help at every level that is set out at page 22 of this Guide.

Early Help Coordinators

Early Help Coordinators provide advice and guidance to schools and education settings so that practitioners who work with vulnerable children and families in universal services can identify and understand the emerging and additional needs of families, following the clear structured approach.

Team Around the Family

Early Help Coordinators can also advise practitioners in Universal Services on how to set up and deliver **Team around the Family (TAF)** meetings in their settings.

A **TAF** meeting is the method used in Waltham Forest when a family needs input from more than one professional service, and the offer will be coordinated by a professional in the universal setting.

Using **Our Family Journey** and **TAF**, practitioners in universal settings can develop a **Family Plan** that focuses on good outcomes, considering:

- Who in the family requires additional help and support
- The emerging needs in the family
- Which needs must be met as a priority
- What the family can do to help themselves and the sources of support within the community that they can draw on
- The support that may be needed from professional agencies

The Think Family principles ensure that the whole family's needs are understood and supported and agreeing on who should act as the Lead Professional for the family providing a single point of contact.

If, following **Our Family Journey** and a **Family Plan**, it is clear that the family's needs have not been met, universal services can speak to an Early Help Coordinator or Early Help Social Worker about taking the case to an **Early Help Panel**.

If needs are not met through universal plus, and they may be at Level 3, 4 or 5. **A Request for Help & Protection should be completed and sent to MASH.**

4.4 Working with children and families in schools at Level 1: Emerging Needs

Practitioners in school are especially well placed to identify emerging needs as they work with children every day. For many children - and particularly those new in the borough - when emerging needs are identified in school, it will be the first time that they have had daily contact with practitioners from the children's services community.

Low level and emerging needs at Level 1 are usually identified and addressed in the school context, so that the situation improves for the child and then no further help is needed. Sometimes - despite the best efforts of school staff to provide Early Help - the situation does not improve, and extra support is needed. This might indicate that there is need at Level 3.

When indicators of Level 2 need are identified, staff providing universal services in schools must take responsibility themselves for exploring the issues with the child and family as far as they can, even where help may be provided by another agency.

This responsibility means that every member of staff in school needs to be aware of the signs to look out for, which may be related to changes in any of the following areas:

- Engagement and progress in learning
- Physical and mental health

- Social, emotional, behavioural, identity
- Self-care and independence
- Family and environmental factors
- Family history
- Parents and carers
- Basic care, safety and protection
- Emotional warmth and stability
- Guidance, boundaries and stimulation

Schools are vital to the support and protection of children, and particularly to those who are most vulnerable. Good quality, effective Early Help and intervention in school is focused on the experience, strengths and needs of children and families and has clear structure and support strategies for meeting those needs.

The school leadership team sets the example for the whole school. It is important that leaders model the values of a school safeguarding culture, because this will support staff to be active and confident in identifying and sharing concerns as they arise. A school safeguarding culture will include:

- High quality training provided to all staff and specialist training provided to those with specific lead responsibility for safeguarding, also known as the Designated Safeguarding Lead.
- A zero threshold is in place for the level of concerns that get recorded and discussed: no concern is too small to be considered. Staff should always feel confident to discuss their worries with the designated safeguarding lead.

All staff have access to the recording system used in the school. This promotes communication across the school staff team, extending to midday supervisors, learning mentors, office staff and caretakers as well as teachers.

Waltham Forest schools provide parental engagement, short-term interventions and additional activities to support families. There are a range of different methods, for example:

- Family networking events e.g. coffee morning, after-school events, etc.
- Parent information and guidance sessions
- Home-school support workers
- Evidence-based parenting e.g. Triple P
- Extended schools e.g. English for speakers of other languages (ESOL)

Schools can also access additional support for vulnerable children and families from a number of Early Help services including:

- Children and Family Centres
- Families First: intensive whole family intervention at Level 2 multiple needs
- Domestic and sexual violence services

Keeping Children Safe in Education: 2016 Guidance on safeguarding and Early Help in schools

In September 2016, the government updated the statutory safeguarding guidance for schools: ***Keeping children safe in education***

The guidance clearly sets out the school's role and responsibility for everyone who comes into contact with children and families and the important role they play in being able to *"identify concerns early and provide help for children, to prevent concerns from escalating"*.

Keeping Children Safe in Education provides further guidance on:

1. safeguarding systems, including schools child protection policies and the appointment of a designated safeguarding lead;
2. the checks necessary to carry out recruitment safely;
3. dealing with allegations of abuse made against staff members.

4.5 Whole Family Intervention at Level 2: Multiple Needs

Where children and families have multiple needs, and these needs cannot be met by a single agency coordinating support from the community and universal services, a multi-agency approach is required.

A multi-agency approach may start in one of the following ways:

- Request for Support is made to MASH and the case is referred to Local Authority Early Help Service or another agency coordinating targeted early help
- A case is discussed at Early Help Panel, which identifies multiple needs, and recommends the case be stepped up to the Early Help Service
- A case is stepped down from Children's Social Care to the Early Help Service or another agency coordinating targeted early help

Lead Professional for Whole Family Intervention

When families have multiple needs a Lead Professional is required to be the single point of contact for the Family Plan, either from the Early Help Service within the Local Authority or from another agency that agrees to coordinate support from more than one source. The Lead Professional works closely with the family to develop an understanding of strengths, needs and goals for change using the Our Family Journey. This approach draws on all of the Think Family principles and requires that practitioners maintain a strength-based approach in work with the family and collaboration with other professionals.

Children with additional needs who require support from more than one practitioner should experience a seamless service in which one practitioner takes a lead role to ensure that support is coordinated, coherent and improving outcomes. The Lead Professional also continues to support the family to build their skills and relationships, and tap into support available from the community and from universal services.

When a child and family are supported by statutory or specialist services, a Social Worker will take the role of the Lead Professional. However, universal services will remain in contact with the family and where this does not put the child at risk will play a key part of the Family Plan.

The principles of the Lead Professional approach to Whole Family Intervention

ONE FAMILY.

Considering the family as a whole: the needs of children in the wider family and community context. Simple, streamlined referral, assessment, steps up and step down processes.

ONE WORKER.

A dedicated worker, dedicated to families: a relationship with one trusted Lead Professional who can engage the child and family, coordinate the Family Plan, as agreed in Our Family Journey.

ONE PLAN.

A common purpose and agreed action: an integrated offer that brings together a range of expertise using the Team Around the Family.

Practical, hands-on family coaching with a persistent, hopeful, assertive & challenging approach: embedding positive change through building relationships, and empowering families to resolve their own challenges and to build resilience for the future.

4.6 Statutory services at Level 3: Complex needs

For children and young people whose needs are complex, the lead professional will be a social worker who will carry out a Child and Family Assessment and deliver the right support and intervention. These children will be eligible for social care services, outlined in a Children in Need plan, because they are at risk of moving to a higher threshold for intervention from specialist services.

Children in Need

Section 17 of the Children Act 1989 places a general duty on every Local Authority to safeguard and promote the welfare of children living within their area who are in need and to promote the upbringing of such children, wherever possible by their families, through providing an appropriate range of services.

Step Up

Cases are stepped up from Level 2 to Level 3 when:

- Children and families have needs that are more complex in range, depth or significance and cannot be met by the Team Around the Family process
- Children and families who have not made significant progress at Level 2 against expected outcomes



Step Down

Cases are stepped down from Level 3 to Level 2 or Level 1 when:

- Significant progress has been made by working with statutory or specialist services and so the child no longer needs to remain at Level 3 and can be stepped down safely. For example, the child can step down to Level 3, if the family have multiple needs and require multi-agency support that can be met via the Our Family Journey tool.



Children with Special Education Needs and Difficulties and Disabilities

Children with Special Education Needs Difficulties or Disabilities (SEND) have needs that will cross the four levels of intervention dependent on the severity of their needs, the changing family circumstances and the child's needs over their life journey.

Waltham Forest has developed an Education, Health and Care (EHC) pathway with parents, young people and professionals across education, health and care services. The aim of the pathway is to make a meaningful difference to the lives of children, young people and their families.

The pathway has six steps for the child or young person and their family to support children and young people with SEND.

Step 1: SEND support

Most children with SEND will have their needs met in mainstream early-years 'settings' (such as nurseries and pre-schools), schools and colleges, and won't need to move beyond this step. Some children with very complex needs and/or multiple disabilities will go straight to step 2.

Step 2: my referral

If a child has complex or long-term needs which cannot be met in mainstream education or needs help from social care and health services, then he or she may need an assessment for an education, health and care (EHC) plan. This is called an EHC needs assessment.

Step 3: my story

The assessment is all about collecting information, which involves the child and their family and the professionals who work with the child. All the professionals involved will write a report about the child for the assessment, which they must do within six weeks.

Step 4: my plan

If, following the assessment, it is decided that a child needs an EHC Plan the information collected during the assessment will be used to make the plan.

Step 5: My budget

When an EHC plan is written, a parent or young person can request a personal budget to use to buy some of the services set out in that plan.

Step 6: my review

Schools and colleges should check that children and young people with EHC plans are making progress towards good outcomes. A review should take place at least once a year.

4.7 Statutory and Specialist services at Level 4: Acute Needs

A very small number of children will have more significant and acute needs which meet the threshold for Level 4. This includes children who are experiencing significant harm or where there is a likelihood of significant harm and children at risk of removal from home. Level 4 also includes children with severe and critical special education needs and disabilities (SEND).

Acute and Specialist Services include; Children's Social Care, Child and Adolescent Mental Health Services, Police and Youth Offending Services.

When a Request for Protection is made, a decision is made by a social worker whether the needs presented are acute and require an immediate Level 5 response. The decision to undertake a Child and Family Assessment or to instigate Section 47 Procedures will be made by a Team Manager or an appropriately qualified and experienced Social Worker deputising for the Manager, such as a Practice Manager or a Senior Practitioner. There is often a further stage of oversight and scrutiny by a Service Manager, in order to check that thresholds are being appropriately and consistently applied.

In the event that intervention at Level 3 or Level 4 is not appropriate, the MASH will advise the referrer in writing of the decision, the reasons why and any action taken. In the event that a Level 2 response is appropriate, the MASH will contact the relevant Area Manager in the Local Authority Early Help Team.

PART FIVE

OWNERSHIP AND GOVERNANCE

- 5.1 **The Waltham Forest Local Safeguarding Children Board (WFSCB)**
- 5.2 **The Early Help Partnership Board (EHPB)**

5.1 The Waltham Forest Local Safeguarding Children Board (WFSCB)

The Waltham Forest Safeguarding Children Board (WFSCB) ensures that all local children's agencies within Waltham Forest work together for the safety and wellbeing of children and young people.

Local safeguarding children boards are a statutory requirement for ensuring and monitoring the effectiveness of local agencies that provide services for children up to the age of eighteen. The board works with partner agencies to promote the safety and wellbeing of children and young people within the borough.

The WFSCB follows guidance from Working Together to Safeguard Children 2015, and in accordance with the children Act 1989 and the Children Act 2004.

The WFSCB is not accountable for the operational work of partner agencies; this remains with the individual organisations and services.



5.2 The Early Help Partnership Board (EHPB)

The Waltham Forest Safeguarding Children Board holds partners to account for quality and delivery of Early Help in Waltham Forest through the Early Help Partnership Subgroup. This subgroup:

- reports to Waltham Forest Safeguarding Children Board
- acts as the multi-agency strategic governing body in relation to both the Troubled Families Programme and Early Help for families in Waltham Forest
- ensures that the Early Help system is focused on delivering measurable outcomes for children
- influences and oversees the spend of payment by results achieved through Phase 2 of the Troubled Families programme
- oversees developments on a wide range of strategies, policies and projects to support families with multiple and complex needs within Waltham Forest
- sets priorities informed by: SafetyNet, Health and Wellbeing Executive, Waltham Forest Safeguarding Children Board and Safeguarding Adults Board
- sets priorities based on the findings and recommendations of the Joint Strategic Needs Assessment

NOTES

A GUIDE TO THRESHOLDS AND PRACTICE FOR WORKING WITH CHILDREN AND FAMILIES IN WALTHAM FOREST

www.walthamforest.gov.uk/wfscb

