



Strategic Partnership Boards
SAFETY SAFEGUARDING WELLBEING



Bitesize video guide: Thresholds and practice for working with children and families in Waltham Forest

Hello, we are:

Brenda, Child Protection Officer from Leytonstone School

June, Named Nurse Safeguarding Children from Barts Health

Asma, Deputy Manager and DSL/SENDSCO from Sunbeam Family Services Ltd T/A Sugar Plum Tree Nursery

Pearl, Senior Early Help Social Worker from the MASH

Brenda: As a Safeguarding Lead in a school, I'm really pleased to have this local guidance and protocol to help practitioners understand how to effectively utilise thresholds to support families to access the right support at the right time. Here are some key principles of the new Thresholds Guidance, Right Conversation, Right Action, Right Time:

- 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.
- Support practitioners to use their professional skills to have a quality conversation that build relationships and identifies the strengths and needs of families in the context of their community, environment and of their own experience.
- Provide a number of potential indicators of need across a broad spectrum, that can be used to enhance understanding of risk and to support information sharing between agencies to help improve children's outcomes.
- Provides clear and simple information on how to respond with the right conversation, right action, at the right time.

We had a family with complex needs that we knew would not meet the threshold for social care.

We were very concerned about the child's behaviour and disengagement in school and his mother shared similar worries. A referral was made to Early Help and CAMHS which led to a team around the child meeting to discuss all the issues.

The meeting enabled all the agencies and the mother to explore the issues and clearly identify the needs and organise a support package to address them that supported mother and school-based staff to regulate his behaviour in school and at home.

The mother attended a parenting course, which helped her to develop alternative ways to manage her child's behaviour in the home and mirror what was expected of him in school.

The collaborative working of agencies addressed the needs for this family by having the right conversation, which resulted in the right actions at the right time, preventing the needs and risks increasing.

Pearl: As a Senior Social Worker in MASH, I spent a lot of time looking at the referrals for help, support and protection. Sometimes it can be very difficult to establish the right response from the information we get and I always find having a conversation with practitioners can really help to establish the right action at the right time. For example, I received a referral from A&E stating that they were concerned about the patient as this was their third presentation to A&E due to alcohol misuse. As the family consisted of a 7yr old, 13yr old and a 15yr old as well as mum and dad it was difficult to determine who they were speaking about, I contacted the referrer (a staff nurse) by phone who clarified the situation, I was then able to put the appropriate services in to support the family as well as give advice about future referrals and the importance of giving vital information on the referral form.

In Waltham Forest, we use the London Child Protection Procedures and the iTHRIVE conceptual framework to help guide us to understand need and the level of offer in response to need.

The threshold guidance 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 and with the MASH.

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 between agencies, professionals and families. That's why this part of the guide is absolutely critical.

Asma: The Think Family vision is for all families in Waltham Forest to be independent, resilient, well and safe. We are striving to deliver this ambition to our families within our Children's Centres.

We supported a family who was living in poor living conditions in a rented property, which was affecting the family's overall safety and well-being. The family consisted of two young children aged 2 and 4 years old who was identified with SEND needs. We referred the family to the Early Help Service who helped the family understand their rights regarding their housing and the landlord then made urgent repairs immediately. The nursery SENCO requested the development of an Education Health and Care Plan to support the child's SEND needs and ensure he got an appropriate school placement and support in school. The SENCO supported family and the child in the transition process by visiting the school alongside the family and child. The family were supported with an application for disability living allowance which was successful and the 2 year received 15 hours early education.

For most children access to support from families, their networks and communities and universal services 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.

To support vulnerable children and young people to achieve the Think Family vision, we believe we must take a whole family approach. Everyone that works with children and families has a role whether they provide an offer of support in the community, or in a universal, targeted or statutory service.

Understanding the roles and responsibilities of the different agencies within the Children's Services System is critical to ensuring that children get the right action at the right level at the right time, and also to ensuring that we make the best use of resources to improve outcomes.

June: As the Named Nurse for Safeguarding I'm working in a busy hospital where it can be challenging to have the Right Conversation, at the right time, to establish the right action, for example. Staff can often find it difficult talking to a young person when they come to the Emergency Department with mental health problems. If a young person comes feeling low in mood staff have said that they lack confidence in caring for these young people. We now have a training package known as 'We can talk' and staff are feeling more confident in knowing how to talk to these children to support them with their emotional health.

However basic principles can help us all in our support of families. These are your messages that I will be taking back to my team at Whipps Cross Hospital, I hope that will also help you.

Working with whole families in their networks & communities

We work as change agents with the whole family in a joined-up way. We use our professional skills to draw on family strengths and support family members to help each other.

Quality conversations

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 professional skills to build relationships and family skills that improve outcomes.

Helping families to help themselves and each other

All our interventions with families must be focused on using our professional skills to develop our families own skills, capacity and relationships.

It's all about the right conversation, the right action at the right time

Thank you and goodbye