



# Early Help and Threshold Criteria for Intervention



**Children and Families First** | 2014  
Waltham Forest Working in Partnership



# FOREWORD

This document is for everyone working with children, young people and their families in Waltham Forest. It is important because the work it describes is at the heart of our arrangements to ensure that children, young people and families get the right support, advice and services in the right place and more importantly at the right time.

It sets out the ambitions and values that underpin the way we work together, share information, putting children and families first in everything we do to improve outcomes in their lives. It is all about the way we provide effective support to help them solve problems and find solutions at an early stage, at the point that needs become greater and when they become so acute that specialist statutory interventions are required.

Our Ambition is to focus on improving the quality of life for vulnerable children, young people and their families. We aim to promote independence, jointly commissioning services, supporting the most vulnerable through robust work with key partners, including, health, the police and the voluntary sector. We are robust in our core professional purpose of safeguarding and promoting the welfare of vulnerable children, young people and adults.

We have developed and strengthened our partnerships since first publishing our Integrated Working Guidance in 2008, through regular reviews that embrace local and national developments, to meet high expectations. Feedback from vulnerable families and partner agencies has identified the recognised benefits of working seamlessly together, both within and beyond Council departments to reduce duplication, provide a coordinated response and have a greater impact on people's lives. This underpinned the move to create a Families Directorate in 2011.

Under the governance of The Waltham Forest Health and Wellbeing Board, The Best Start in Life Strategy Board, our Local Children's Safeguarding Board and the national Working Together

Guidance 2013, which sit alongside the Council's Overview and Scrutiny Committees, the impact of our partnership work is robustly monitored and challenged. Quite rightly, the focus on monitoring and measuring the impact of our shared duty as Corporate Parents sits with the Corporate Parenting Board and the Children in Care Council, overseen by Overview and Scrutiny.

This document has been updated to reflect the learning from this challenge, recommendations from OfSTED, CQC inspections and to meet the expectations of the new frameworks for inspection across health, social care and education. Together, we want to strengthen our responsiveness to the needs of our community, to support and intervene as early as possible, ensuring that everyone who works with children, young people and families, on the spectrum from universal, through to the acute services, is served well by this guidance. It will drive our ambition for excellence, listening and responding to our children, young people and families to inform the way we deliver services to impact positively on their lives.



A handwritten signature in black ink, appearing to read 'Clare Coghill'.

**Councillor Clare Coghill**

Portfolio Holder for Children's Services



A handwritten signature in black ink, appearing to read 'Ahsan Khan'.

**Councillor Ahsan Khan**

Portfolio Holder for Health and Wellbeing

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# 1

## VISION AND VALUES FOR INTEGRATED WORKING

### Putting Children and Families First...Working Towards Excellence

**In Waltham Forest our vision is to secure high quality services for children, young people and adults, developing their independence, giving them the resilience and power to influence their journey through life and achieve their ambitions.**

In Waltham Forest we know that effective integrated working makes a real difference to the lives of children, young people and their families. Since implementing our partnership working arrangements, we can see examples of the impact of Early Help and Intervention, of the Gangs programme and the impact of our Stronger Families, Safer Communities 'payment by results' scheme. A greater proportion of our children and young people are being supported, have their needs met at earlier stages of intervention and the numbers of referrals to social care and the number of Looked After Children are comparatively low for the fifteenth most deprived authority in England.

We believe that this has been strengthened by:

- The comprehensive, diverse range of universal services provided by the Council's integrated delivery in libraries, leisure centres and The Resident's First programme of community events;
- Local community and estate initiatives, such as the Asham Homes offer for their residents, supporting children, young people and families;
- The strong relationship developing with schools and children's centres around social care and in special schools meeting the needs of children with disabilities and learning difficulties, reducing the need for residential placements.

- The partnership with health and the police to develop more effective joint commissioning arrangements and the MASH to meet our safeguarding duty and the needs of the Waltham Forest communities.
- The role of the voluntary sector and innovative partnerships, for example, with a YMCA that has secured outstanding judgements for service delivery and gained national acclaim for the 'POD' accommodation for young vulnerable adults, alongside breakfast clubs in schools and programmes for mentoring, guidance, education and employment.
- Putting children and young people first, giving them the right and opportunity to shape their own future.

### The Golden Threads of Success

We have agreed to ensure these seven golden threads of success to bring synergy and purpose to our work with children, young people and their families;

- Protection and Safeguarding
- Strong partnerships – working together
- Placing children and young people at the heart of all we do
- Listening to the child's voice and securing full participation
- Understanding and responding to need
- Early intervention and prevention
- Maximising potential to improve outcomes.

### A Value Based Service for Children and Families

We have worked with our partners, through the Waltham Forest Improvement Board and the Best Start in Life Board, to develop a value-based approach to working together, ensuring we put 'Children and Families first'.

These consistent values are the seven core beliefs that should guide and influence everything we do. We will ensure these principles are upheld to give a clear sense of purpose to all interactions with children and families. The way we conduct our work with children and families will demonstrate that we are:

- **Protective:** We will prioritise the safety and protection of children and young people;
- **Collaborative:** We will establish strong local partnerships, working together to achieve shared goals;
- **Inclusive:** We will include promote and embrace equality, diversity and human rights;

- **Responsive:** We will listen to and act on the views of children, young people and their families, involving them in decision making that impacts on their lives;
- **Pro-active:** We will design and commission services to meet changing needs and demands;
- **Pre-emptive:** We will support and intervene at the earliest possible time to prevent needs escalating;
- **Productive:** We will work hard to ensure we maximise the outcomes and improve the life chances of children, young people and families.

These values and aspirations to achieve our shared vision are embedded in all our documents, policies and procedures in Waltham Forest. This guide will support the development of stronger more effective partnership working for children and families.

## 2

# SHARED RESPONSIBILITY FOR IMPROVED OUTCOMES

**As a member of Waltham Forest's Children's Workforce you have a responsibility to use the key tools of Integrated Working, which are common across services and agencies, to deliver a coordinated response to Children, Young People and Families who need support or intervention at any stage of their journey through life.**

All professionals involved with children and families will know, understand and use the Thresholds across the 4 Level continuum from Universal Services and Early Help, through to Targeted Complex and Specialist Services to provide the right help and intervention at the right time in the right place.

## How are we organised to deliver high quality children's social care services?

- A single whole borough service for consistent specialist, high quality partnership delivery to the most vulnerable groups, including; Stronger Families, Safer Communities, 0-25 services for Looked After Children and moving towards consultation on a 0-25 service for children, young people and adults with a disability or learning difficulty, in the context of new legislation.
- The single 'Front Door', one point of contact for Safeguarding referrals and assessment through the Multi Agency Safeguarding Hub (MASH) in Children's Services and the One Contact Service for vulnerable adults in Adult Social Care, linked through Framework i, the management information system.
- Locality based services signposted and delivered through three Early Help and Intervention teams in the North, South and Central areas of Waltham Forest, mirroring the current GP and Adult Resource Centres. These locality hubs will increasingly respond flexibly to changes in demand, providing a coherent response to the needs of the community. Each community's early intervention strategy will provide bespoke solutions and services to meet local needs. The partnership includes: schools and colleges; children's centres; private and voluntary childcare; libraries and leisure centres; GPs; health clinics and hospitals; private care homes; day centres; estate programmes; third sector services; the business community, supported through the Stronger Families Safer Communities services.
- Development of the 'E' Market Place to signpost services and provide a menu of opportunities and contacts to inform personal choice and decision making, maximising the use of individual budgets and promoting personal responsibility.

# 3

## AN OVERVIEW OF INTEGRATED LOCALITY WORKING

There are three localities and these are referred to as North, Central and South.

We use the four staged model of intervention as a way of identifying need: **universal, vulnerable, complex** and **acute**, to provide the foundation for effective integrated locality working. Staged intervention is a process which enables services to plan to meet the needs of individual children and young people. This process should assist in clearly setting out what support is available and when it should be offered. It should also allow for earlier intervention by changing the way services are provided, using our integrated process to ensure we have effective ways of identifying children and families at increased risk.

The needs of children and families rarely fit into neat categories. Their needs often change over time and may cross different stages, i.e. high on one domain and low on another. These can be understood by referring to the London Continuum Levels of Need descriptors at **Section 7** of this document, which are understood and used across the Waltham Forest partnership.

The four levels of need are:

**Level 1 – Universal**

**Level 2 – Vulnerable**

**Level 3 – Complex**

**Level 4 – Acute**

### 3a

#### Universal Services

Universal services are key partners in the delivery of a preventative approach to improving outcomes for children and young people. They provide a range of support and interventions for those children and young people who need some help, usually provided when a parent or professional has a concern about a child or young person's needs.

Services delivered at the universal level meet the needs of the majority of children and young people. These 'universal services' are those services (sometimes also referred to as mainstream services) that are provided to or are routinely available to, all children and their families. Universal services are designed to meet the sorts of needs that should enhance the lives and wellbeing of all our children.

They include:

- Early years settings, including registered child minders provision,
- Mainstream schools, including breakfast clubs and extra – curricular activities,
- Health Services provided by GPs, Midwives and Health Visitors,
- The Family Information Service,
- Estate and voluntary sector programmes,
- Leisure and Library activities for all, including free swimming for children and young people.

### 3b

#### Vulnerable Needs Requiring Targeted Support

Vulnerable needs requiring targeted support, when the needs of the child can no longer be fully met within Universal provision. These children and their families may have low level additional needs that are likely to be short term and that are sometimes known but unmet. In this context, a Common Assessment should be completed with the family and child or young person. At this point the Team around the Child and Family processes should commence if support is required from more than one professional service. The team is co-ordinated by a Lead Professional to provide a consistent link for the family

The team will consider:

- If a child is in need
- Her/his **stage** of needs
- Which needs must be met as a **priority** and
- Which is the most appropriate **service or services** to meet these needs

These referrals to Early Help and Intervention Services will also highlight the level of need and may sometimes accelerate the intervention to Level 3 services through the Early Intervention Multi Agency Panel. In addition, a lack of progress and improved outcomes for children and families through Level 2 intervention could trigger more robust support and intervention, meeting the Level 3 threshold.

### 3c Complex Needs

For children and young people whose needs are complex, the lead professional will be a social worker who will work closely with the child and family to ensure a single 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. In most cases the social worker will act as the lead professional to coordinate the work of all agencies with the child and family.

“Asset” is the risk assessment tool used to assess the likelihood of a Young Person going on to commit an offence and to identify what areas of work need to be undertaken to reduce this risk.

### Children In Need Referrals

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.

### Children with Learning Difficulties and Disabilities

Children with Learning Difficulties or Disabilities (LDD) 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.

Children and young people who have a Statement of Special educational Needs (SSEN) at Levels 3 and 4 have an action plan and targets to meet the aims of their statement. This agreed plan is monitored by the school and other professionals, contributing to a review of progress at the Annual Review. Schools are required to seek updated information from professionals working with the pupil and also seek views from parents and the pupil to inform the review process.

Some of these children and young people with a statement of special educational needs have learning as a main presenting need and have no link with social care or health services. Others have more complex needs, including lifelong disability and will meet the threshold for Levels 3 and 4, with a lead social worker and registered with the Children with Disabilities team in Children and Families.

### Stepping Up and Stepping Down

Children and young people whose needs are more complex in range, depth or significance and cannot be met by the Team Around the Child and Family process at Level 2, or if significant progress has not been made against expected outcomes in the Common Assessment Framework, can and should stepped up.

Alternatively, significant progress has been made through working with Specialist services and so the child/young person no longer needs to remain at Level 4 and can be ‘Stepped Down’ to Level 3 or maybe even Level 2 services. For example, the child/young person can ‘Step Down’ into Level 3, if the family have complex needs and require multi agency support that can be met via services under the Common Assessment Framework.

### 3d Acute Specialist Services

Acute Specialist Services are required where the needs of the child or young person are so great that statutory and /or specialist help and intervention is required to keep them safe or to ensure their continued development. These span the multi-agency partnership including; Children’s Social Care, Child and Adolescent Mental Health Services and Level 3 and 4 Youth Offending Services.

By effective integrated working in Waltham Forest, we aim to reduce the escalation of those children and families requiring targeted support to prevent more children requiring specialist and statutory interventions. To ensure the right support, in the right place at the right time.

In Waltham Forest we are developing a confident integrated workforce with a common core of knowledge and understanding to support and intervene effectively to safeguard children young people and families.

## Children with Acute Needs Including Those in Need of Protection

A very small number of children for whom targeted support will not be sufficient will have more significant and acute needs which meet the threshold for Stage 4 intervention. 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.

When a referral comes in an assessment is made as to whether the needs presented are acute and therefore at this point requires an immediate Level 4 response. The decision to undertake a Single 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 the Service Manager, in order to check that thresholds are being appropriately and consistently applied.

In the event that Stage 4 intervention is not appropriate, other services will be signposted and referrers advised in writing of the decision, reasons why and any action taken. The EIP Area Managers will receive a notification/recommendation for Level 2 and 3 interventions.

## Possible Indicators/Descriptors to be Determined by the Assessment for Level 4 Intervention:

- Children who have been physically sexually and/or emotionally abused
- Children whose life is endangered; they are suffering from significant injury or illness; they are experiencing exploitation or abuse
- Children who are left alone under the age of 8 years.
- Children who suffer from severe mental health problems or whose parents do

- Children who have been abandoned or who are missing from home regularly or for long periods
- Children with a substantial learning or physical disability whose needs cannot be met by the family
- Children whose parents are unable to meet their physical, emotional, intellectual, social or behavioural needs, including children who have frequent minor injuries and there is a delay in seeking medical attention by their primary care giver
- Unaccompanied children who are refugees or seeking asylum
- Children who are unlikely to achieve or maintain a reasonable standard of health and development without the provision of services
- Significant concerns about hygiene, clothing and diet (inorganic failure to thrive)
- Children who lives are threatened or impaired, resulting in likelihood of significant harm, by their offending behaviours
- Behaviour from themselves which presents a risk to themselves and/or others, including risk of sexual exploitation
- Living in a household where parents/carers are experiencing all, or a combination, of the following problems: poor mental health, substance/alcohol dependency and domestic violence to a degree which may lead to significant harm for the child
- Household members subject to Multi-Agency Public Protection Arrangements (MAPPAs) or Multi-Agency Risk Assessment Conference (MARAC) meetings
- Children who are Privately Fostered
- Teenage parents under 16

In common with many London boroughs, we have adopted and embedded the London Continuum Charts and thresholds of need, outlined in this document. This enables us to extend the integrated working across borough boundaries more effectively and to start from a common base of knowledge and understanding when members of staff are recruited from the local area and managers are promoted to join Waltham Forest from neighbouring boroughs.

It is also very productive in our cross borough 'working together' arrangements for practitioners to learn and share good practice.





“Ambition makes  
everything possible”

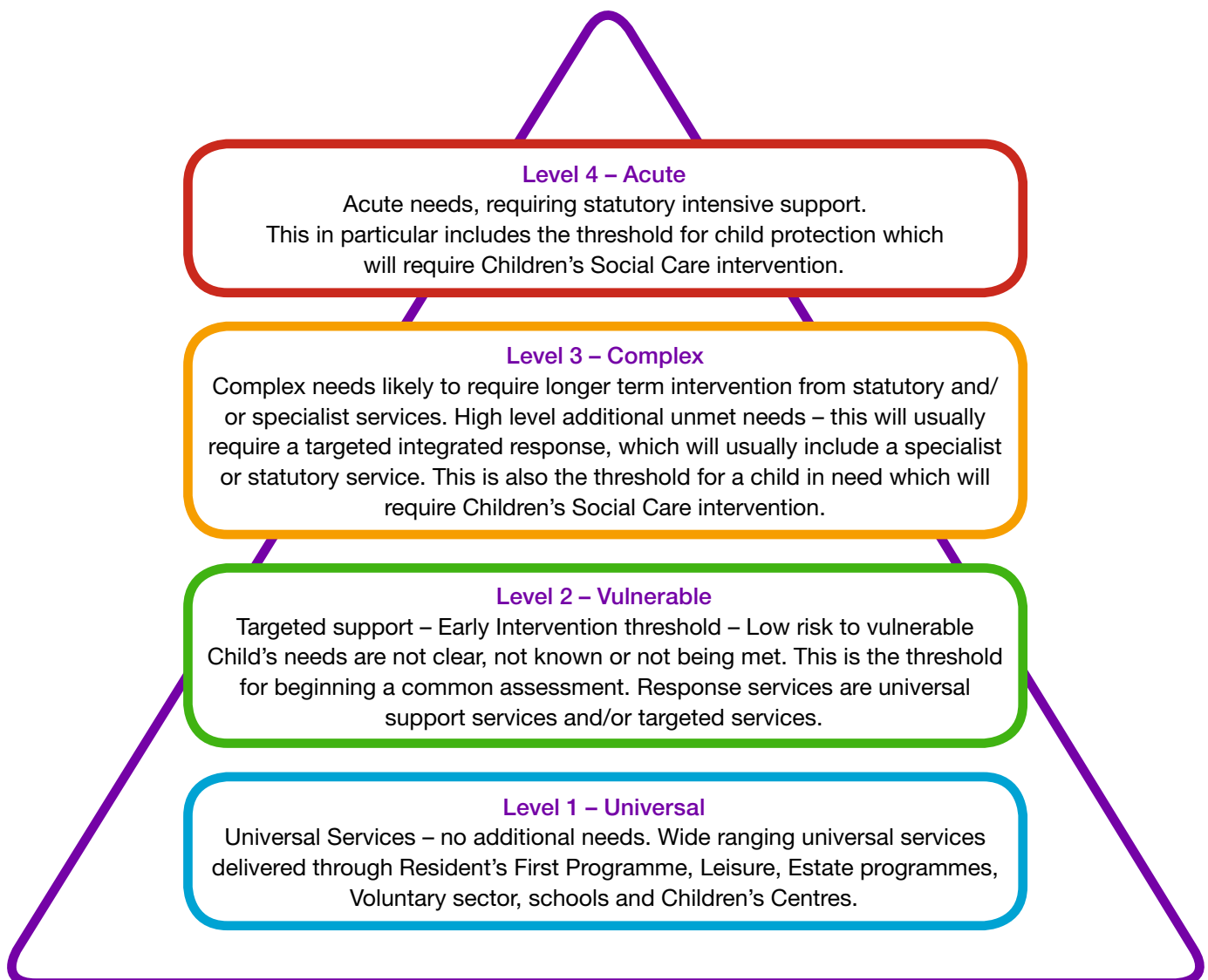
# 4

## STAGED MODEL OF INTERVENTION

The London Continuum of Need establishes a consistent approach for the four levels of need and corresponding service intervention, including the CAF process.

The approach is designed to facilitate swift and easy access to appropriate services and help to remove barriers to integrated service delivery. It is acknowledged that children can move from one level of need to another and that agencies may offer support at more than one level to meet the needs. The London Continuum identifies a set of triggers and levels of need in accordance with the Common Assessment Framework as outlined in the Waltham Forest CAF Guidance document.

When there is an immediate need to protect a child because they are being harmed or at risk of harm the lead practitioner must contact the Local Authority Children’s Social Care ‘Front Door’ or the police directly and make a telephone referral. This must be followed up with a written referral.



# Concerned About a Child, Young Person or Family? Levels 1, 2, 3 and 4

## What is the nature of the concern?

### Level 1

#### Universal or Low level needs

Need is relatively low & individual / universal services able to take swift action

### Level 2

#### Vulnerable or emerging needs

Concerns for child's well-being, child's needs not clear, not known or not being met. A range of early help services may be required

### Level 3

#### Complex or serious needs

A child or young person has needs which without intervention would seriously impair their health or development, or put them at risk

### Level 4

#### Acute or Child protection concerns

A child or young person is at current risk of significant harm because of abuse or neglect

## What action should you take?

### Level 1

- Discuss with your manager how your own agency can address your concerns
- Consider with the family what help may be needed
- Get parental consent to provide support or refer to appropriate Universal services
- Consider using Pre CAF checklist & send copy to CAF Project Officer
- Consult with colleagues & establish if other agencies are involved
- Develop an individual agency plan to address needs

### Level 2

- Discuss with your Manager
- Check with CAF Project Officer whether completed CAF – If CAF completed liaise with Lead Professional (LP) – If no CAF completed talk with family and seek consent for (CAF) & consultation with other agencies
- Arrange a TACAF meeting inviting supporting agencies
- Identify a (LP)
- Complete a CAF seeking support from the EIP Service as required.
- Develop an action plan
- Send copy of CAF Project Officer

### Level 3

- Discuss concerns with your manager or safeguarding lead without delay
- Talk with the family
- Make a referral using the Multi Agency Referral form to the Referral & Assessment Team for a Child in Need (CIN) Assessment (S17, CA 1989)
- Provide a copy of the CAF & any plans, or other relevant assessments

### Level 4

- Discuss concerns with your manager or safeguarding lead without delay
- Talk with the family, unless this puts the child at risk
- Make an immediate referral using the Multi-Agency Referral form, to Referral & Assessment Team for a Safeguarding Assessment (S47, CA 1989)
- Provide a copy of the CAF assessment, other relevant assessments or plans

## What follow up action should you take?

### Level 1

- If unclear about services available contact the CYP Online Directory or Family Information Officer (FIS)
- Review progress within 4 weeks
- If sufficient progress not made within time frame consider involving other agencies and completing a CAF

### Level 2

- Review progress within 3 months
- If sufficient progress not made within time frame consider step up to EIP Service or refer to EIMAP for multi-agency advice or step up to social care
- Needs met, support ceases, close CAF, support to continue at universal and family level

### Level 3

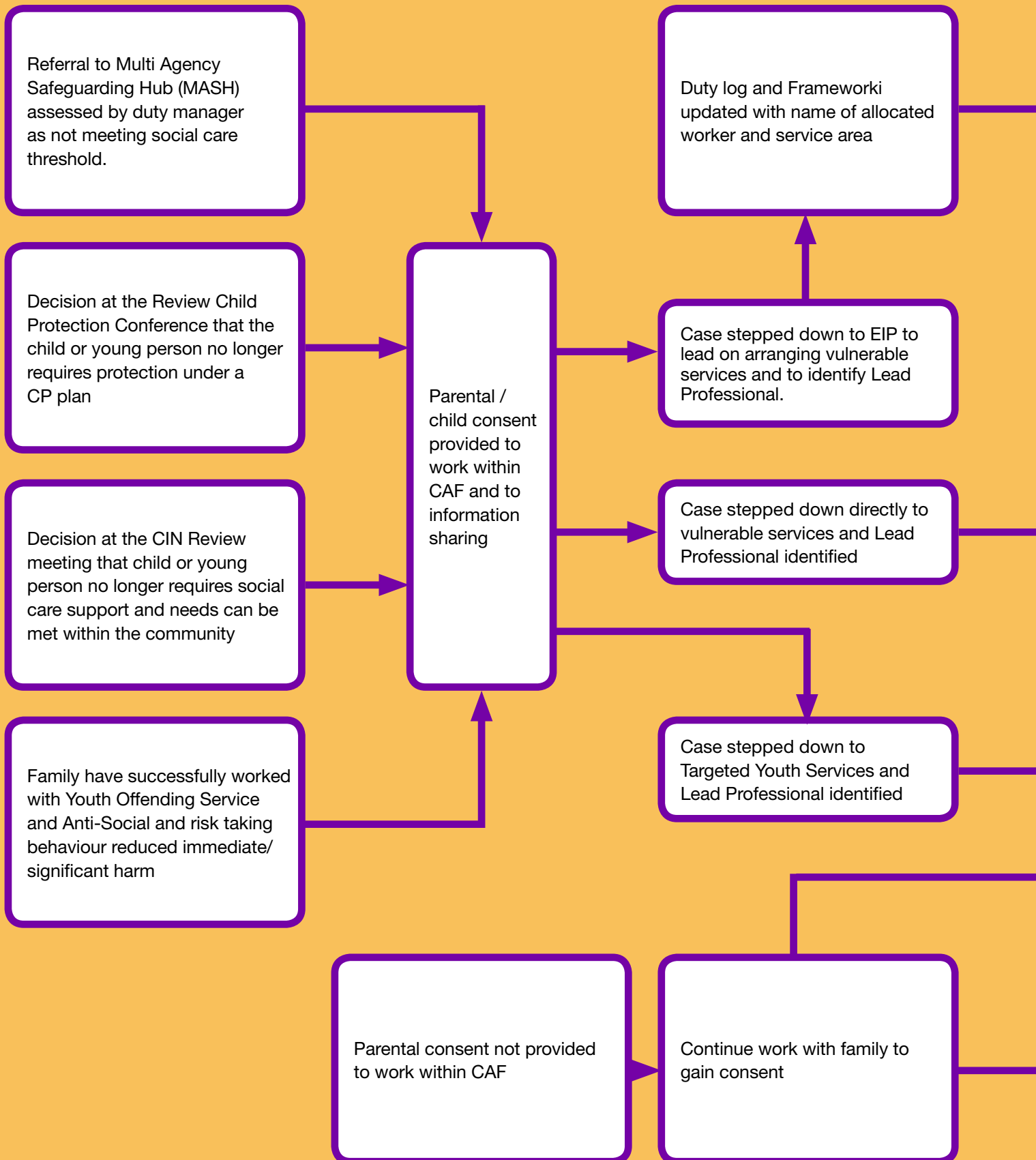
- Contribute to the CIN assessment providing relevant information to inform assessment
- Attend CIN meetings
- Continue to support family and consider whether support plan can be stepped down to your agency for future support if appropriate

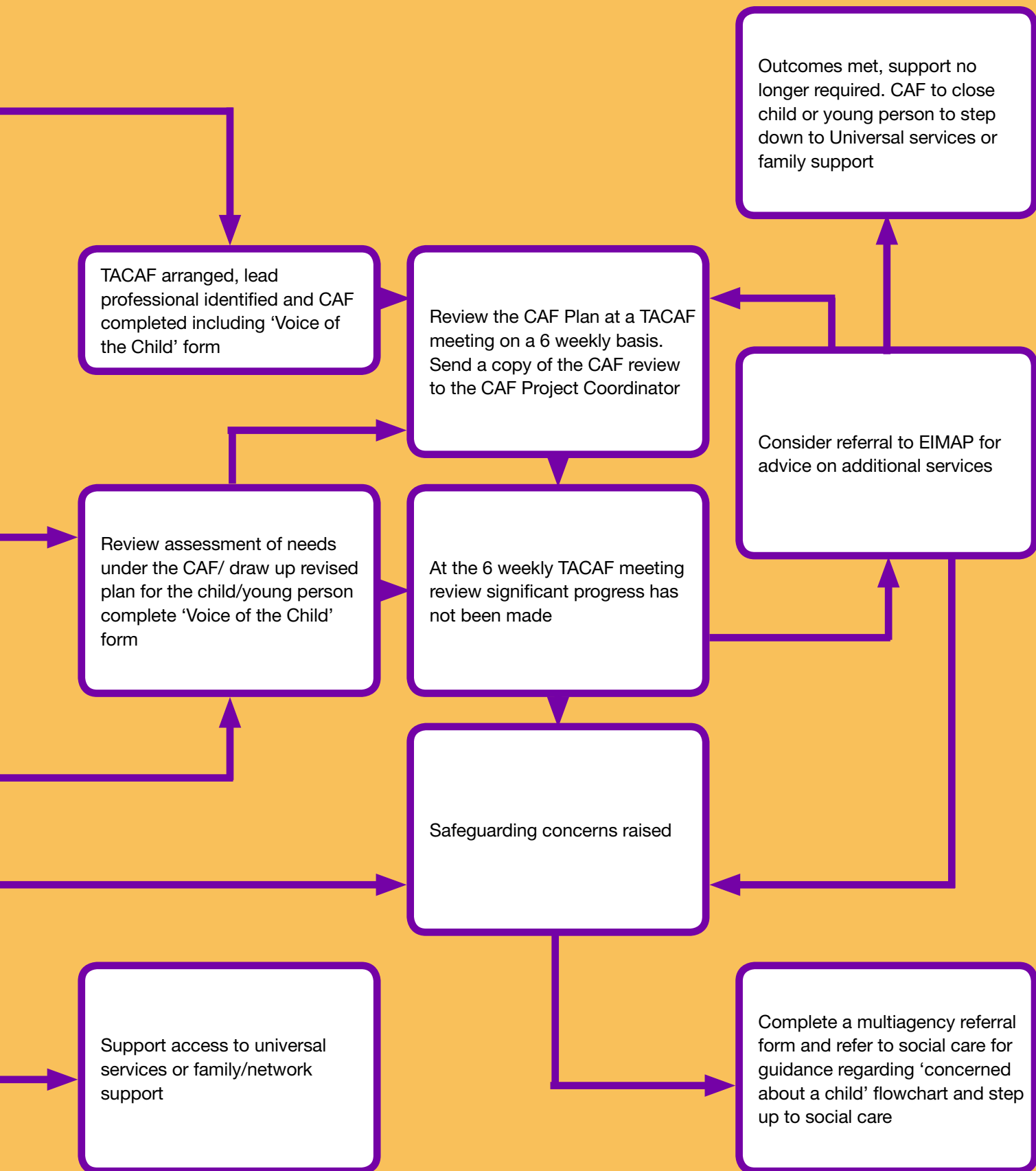
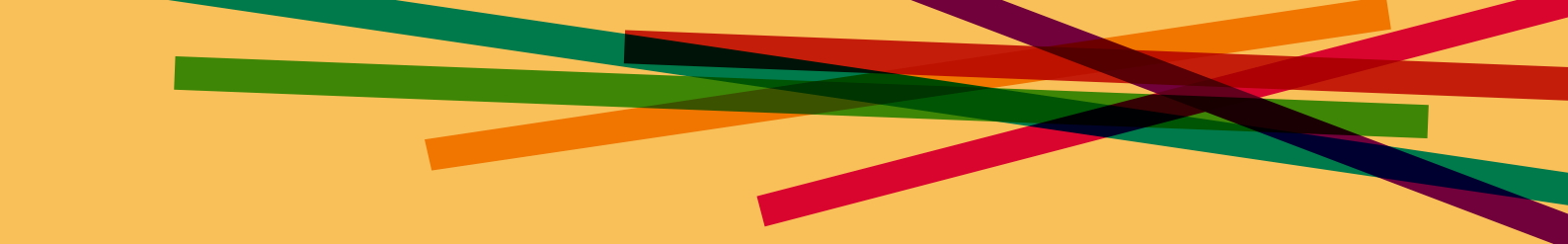
### Level 4

- Contribute to the S47 investigation providing relevant information to inform assessment
- Provide report and attend Child Protection Conference
- Attend CP Core Group meetings and be available to continue support family support plan to be stepped down to your agency as appropriate

The Flow Chart above provide an 'aide memoire' of the journey of travel from Universal Services through to Level 2 for Vulnerable children. From Level 2 to Level 3 for children and families with Complex needs. From Level 3 to Level 4 Acute needs. A continuum of Needs.

# Step Up and Step Down Process.





# 5 INFORMATION SHARING

## 5a Seven Golden Rules for Information Sharing

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 Waltham Forest's child protection procedures immediately.

## Seven Key Questions for Information Sharing

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?

## 5b The Lead Professional

A Lead Professional is a member of the Children's Workforce in Waltham Forest who takes the lead to co-ordinate provision for a child or young person and their family.

They act as a single point of contact when a range of different agencies are supporting a family to help make sure that **effective integrated working, information sharing and sound holistic assessment** takes place.

A Lead Professional is required whenever a child or young person has had an assessment to identify additional needs to support planning and reviewing of the interventions through the Waltham Forest Common Assessment Framework. They also take the primary role in the Team Around the Child and Family. The Waltham Forest Common Assessment Framework Handbook and information about using the CAF, with the relevant forms are available on the Waltham Forest website.

If the child or young person is being supported via specialist services, the Social Worker automatically becomes the lead professional. It is however important to remember that child protection is everyone's duty and responsibility.

## Vision and Core Functions for the Lead Professional

Our vision is that all children and young people with additional needs who require support from more than one practitioner should experience a seamless and effective service in which one practitioner takes a lead role to ensure that services are coordinated, coherent and achieving intended outcomes.

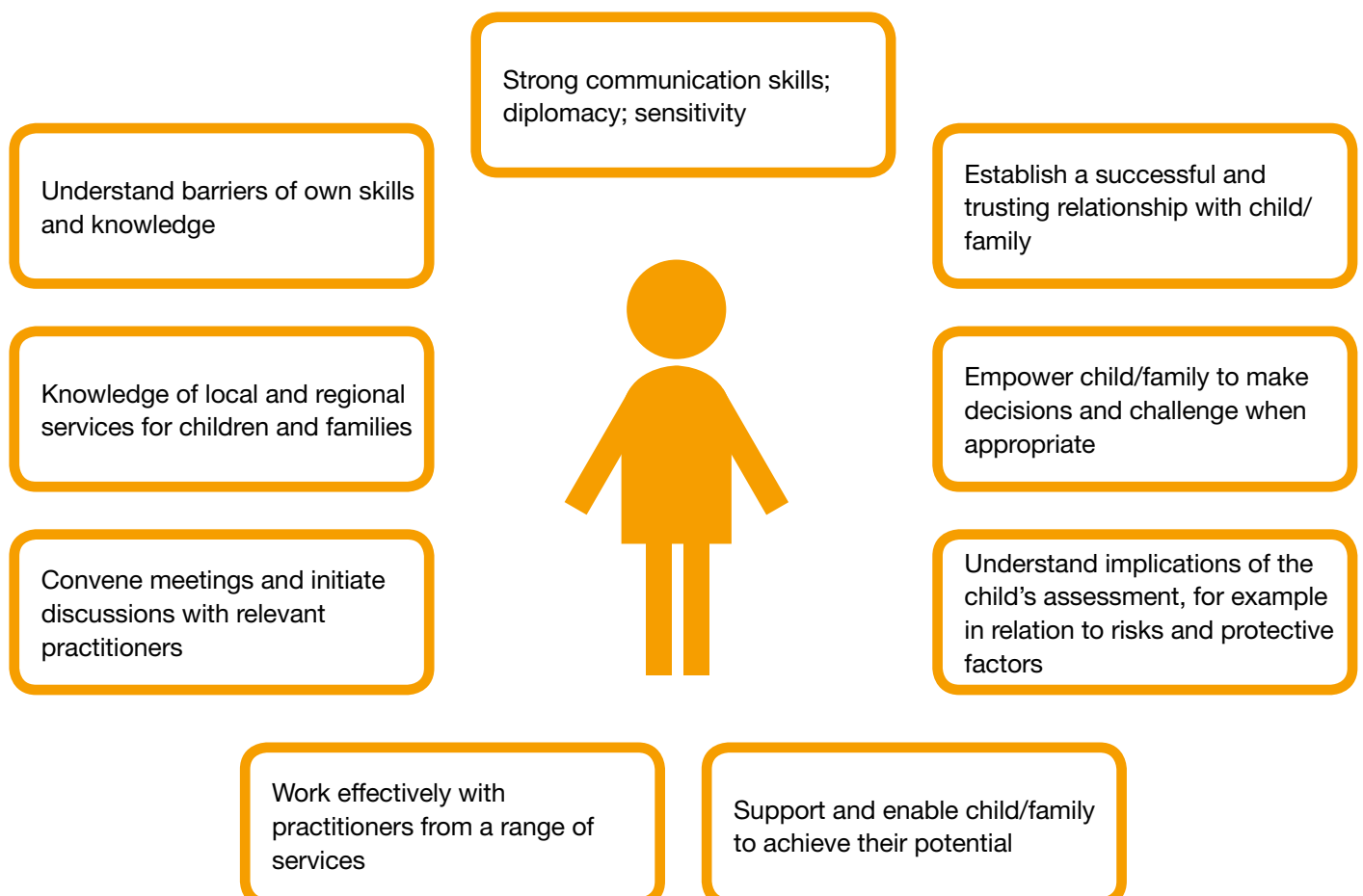
The Lead Professional is not a job title or a new role, but a set of functions to be carried out as part of the effective and coordinated delivery of integrated support and information sharing to improve outcomes and make an impact.

These core functions are to:

- Act as a single point of contact for the child and family to build trust and engagement in making choices and effect change.
- Co-ordinate the delivery of actions agreed by the practitioners involved to ensure that children and families receive an effective service that is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in a plan.
- Reduce overlap and inconsistency in the services received.

## Useful Skills for the Lead Professional

The Waltham Forest CAF Handbook sets out comprehensive guidance for the skills required for an effective lead professional.



## Examples of the tasks a Lead Professional will need to carry out to support the child and family:

- Build a trusting partnership with the child and family (or other carers) to secure their engagement and involvement in the process
- Be the single point of contact for the family and a sounding board for them to ask questions and discuss concerns. Agencies supporting the family must keep the Lead Professional informed of the support they are providing
- Co-ordinate the effective delivery of an agreed set of actions possibly by a Team around the Child and Family (TACAF) which provide a solution-focused package of support. Agree a process by which this will be regularly reviewed and monitored by chairing family friendly meetings/discussions and sharing the decisions taken after each meeting
- Receive regular feedback from supporting agencies/ services
- Regular reviews of the Common Assessment Framework with parents and young people which identify achievements against desired outcomes and/or may identify services to meet any additional needs
- Be the single point of contact for all practitioners who are delivering services to the child, including staff in universal health and education services to ensure that the child continues to access this support
- Continue to support the child or family in a 'Step Up' model if more specialist assessments need to be carried out, reviewing and tracking outcomes for the child/young person
- Support the child through key transition points and, where necessary, ensure a careful and planned "handover" takes place if it's more appropriate for someone else to be the lead professional in a 'Step Up' process

Action planning requires a methodical process that clearly identifies the components and steps needed for improved outcomes.

This process requires:

- **accuracy** – the assessment provides an accurate representation of the strengths and needs of the child or young person
- **clarity** – the assessment is clear, concise and understandable by all those involved and any practitioners who may get involved or take responsibility for the child or young person's case at a later stage
- **inclusivity** – the assessment represents the views and opinions of the child or young person and/or family. this is reflected through their language and expressions
- **equal opportunity** – the assessment is not biased and gives positive expression to the opinions and experiences of the child or young person and/or their parents/carers without prejudice or discrimination. ("All About Me" support tool for practitioners to use with children/young people to express their wishes)
- **authenticity** – the assessment is an accurate, evidence-based record of the discussion
- **professionalism** – the assessment is non-judgemental and follows organisational codes of practice for recording/writing public documents
- **solution-focused** – the assessment promotes an approach that focuses on what the child or young person and their parents/carers want to achieve
- **practical** – the assessment identifies the strengths and needs clearly and specifically to allow for identification of appropriate action

Both the initial plan and delivery plans should state clearly what is to be done, by when and by whom. The plans should also include the anticipated outcomes, how these will be measured and details of how the plan will be monitored, reviewed and evaluated.



# 6

## INFORMATION SHARING NETWORKS

### 6a

#### Early Intervention Multi-Agency Panels

**EIMAPs** are an important part of Waltham Forest's Early Intervention and Prevention Strategy, which aims to reduce the need for higher level support in the future. EIMAPs bring together managers from all key partner agencies working with children and families, on a monthly basis, to ensure that early intervention through the CAF is working effectively in each of the 3 Locality areas.

The strategic meetings unleash the operational capacity to support and secure progress for children and families.

#### Scope and Role of the Multi Agency Panels

The Terms of Reference are clearly set out in the CAF Handbook:

- Monthly meetings with specific time slots for the North, South and Central locality teams
- Aimed at Level 2 and Level 3 early intervention
- Age range from the unborn child through to planned transition into adult services
- Step Up and Step Down cases from Children's Social Care
- Case monitoring and 'trouble shooting' for up to 12 cases, with consent from the young person/ parent or carer. Without consent, cases will be anonymised

#### What happens at an EIMAP?

- An overview of CAF activity, monitored by locality, to drive up the quality of coordinated common assessments
- Discussion on specific cases, agreed action and interventions to release cases that are 'stuck' or require a different approach. Discussion and review of the relevance and impact of the coordinated approach within individual cases
- Case practitioners present cases at the EIMAP supported by the EIP locality manager
- EIMAP members log information and decisions around unmet or emerging needs to inform future service planning
- Commitment and input from a wide range of children and adult services to secure appropriate family based interventions and support

#### Impact of the Early Intervention Networks.

- A clear 'One Stop' shop of accessible public and voluntary sector services available to children and their families, the impact of which is closely tracked and monitored
- An increase in the take up of multi-agency services delivered within each locality, through an effective partnership with schools and children's centres.
- Acceleration of the impact of service delivery through regular monitoring and 'trouble shooting' panels.
- Improved attendance and educational attainment.
- Reduced exclusions
- Improved targets and progress in Children's Centres, all graded good or outstanding by OfSTED
- Improved partnership outcomes for children and young people recognised in the CQC Health inspection report (October 2013)

# Good and Outstanding Practice Case Studies

## Changing Lives – Good and Outstanding Practice

### Early Intervention Panel Case

#### The Case

- Single mother with 3 children victim of DV and on-going dispute with father around contact
- Children's attendance/punctuality at school sporadic and impacting on attainment.
- Children suffering as a result of emotional impact of DV
- IA completed April 2013 and following a CIN stepped down to EIP to support
- Support requested with housing, injunction for DV, effective links with school, improvement in attendance at school, emotional support for children and counselling support for mother.

#### Impact

- Children able to remain within their family unit
- Parent able to protect her children more effectively
- Counselling secured for mother via IAPT and children via play therapist.
- Reduced need for statutory intervention
- Children's attendance at school improved
- Children's educational attainment improved
- Parent's employability enhanced.
- Children's home environment stable and secure.

#### Outcomes:

- Family CAF completed- Multi agency approach
- Child's voice incorporated into action plan.
- Injunction was put in place via Report I
- Family awarded additional preference with housing
- Mother started a course to help gain employment
- Reception class place secured for youngest child
- Children's attendance improved to 99%
- Case stepped back down to Universal services.

#### Ofsted Criteria:

The views and experiences of children young people and their families are at the centre of service design Children young people and families are offered help when needs and concerns are first identified and as a consequence of early help children's circumstances improve and in some cases the need for targeted services is lessened.

## EIMAP Changing Lives – Good and Outstanding Practice

### WF Student Social Work Programme – Level 2 and Level 3

#### The Scheme:

- Early Intervention Service in partnership with schools and Children's Centres
- A successful 5 year programme with 5 HE institutions
- Increase from 2 SW students in 2008 to 60 in 2013-2014
- Placements in EIP team/ PRUs/schools/ children's centres
- QA through HE and Social Workers in EIP/Social Care
- Funding/income for LA and shared training/CPD opportunities i.e. Practice Educator places for WF staff
- The best SW recruited to WF on qualification know the service and SW standards.

#### Impact

- Enhanced capacity to deliver Level 2 intervention and support for children and families
- Home school links strengthened through additional capacity
- School LA partnership strengthened with understanding of thresholds, reducing escalation to Level 3
- The right support at the right time recorded on CAF and delivered
- Timely support for individual children and families in advocacy, direct support ,home visits, behaviour management, CAF
- On – site training and professional development for on-site staff developing professional partnerships.

#### Outcomes:

- 90% students felt placements enabled them to meet standards
- 80% felt supported through process
- Students saw results of family partnership working
- Students enjoyed being part of a team, working to capture voice of the child
- A great experience, both personal and professional
- 100% schools said it helped meet ECM outcomes
- 81% rated scheme excellent/ 19% good
- Some families had real life changing support
- 100% schools will continue in scheme

#### Ofsted Criteria:

Professional relationships between the local authority and partner organisations are mature and well developed. The views and experiences of children young people and their families are at the centre of service design. Children young people and families are offered help when needs and concerns are first identified and as a consequence of early help children's circumstances improve and in some cases the need for targeted services is lessened.

### Leyton Children's Centre Case Study

The Centre has improved outcomes for all families at Levels 1 and 2

73% cases most in need of intervention closed this year

65% cases of children on CP plan 'stepped down' due to successful intervention

#### The Family Background:

- Mother and children – victims of DV from 2006-2011
- Father has an injunction in place
- Children see father through CAFCASS supported visits.
- Children were not attending Nursery or School as they were moved to temporary accommodation
- One of the children suffering asthma which resulted in a hospitalised attack, possibly triggered by poor living conditions
- Mother was stressed over financial constraints, benefit cuts and unemployment
- Mother in need of parenting support for managing the children's behaviour
- Older child presented aggressive behaviour in Nursery.

#### Impact

- Identified family through a Positive Parent Workshop run by the centre and partnership with local nursery school
- Supported family to gain places to school and nursery through work with LA Admissions /Housing Association
- New housing was obtained for the family in an area closer to their family network and is of a good standard
- Parenting support workshop has assisted in managing the behaviour of the children
- Mother supported into part-time work and advised about the benefit entitlements she can receive
- Using advice given by the Centre she has obtained free childcare provision through child minders
- Mother feels less stressed and supported
- Mother more confident managing her children's behaviour
- Good partnership working between the school and centre for smooth transition to reception for the older child, with support from EP.

#### Outcomes:

- Children and mother safeguarded/ supported by the centre.
- Children's behaviour improved
- Excellent partnership working for transition into school.
- Housing near family and Centre support networks.
- Mother in work and managing finances
- 100% satisfaction with work at the centre.

#### Ofsted Criteria for the inspection of Children's Centres:

- Professional relationships between the Children Centre and partner organisations are mature and well developed
- The Children Centre enables parents and carers to improve the skills needed to bring children up to do their best
- Targeted support is given to those families who need it the most
- The role of the Children Centre in promoting school readiness is good
- The Children Centre is making the most of free childcare entitlements for childcare
- The Children Centre is effective in supporting parents into employment and training
- The duty is to ensure that all children are safeguarded and their welfare promoted
- The views and experiences of children young people and their families are at the centre of service design
- Children young people and families are offered help when needs and concerns are first identified and as a consequence of early help children's circumstances improve.

## 6b Stronger Families Safer Communities

The Stronger Families Safer Communities Division comprises of four service areas that have been brought together to deliver the National Troubled Families Programme. The four services areas are; Targeted Youth Support, Education Welfare Service, Youth Offending Service and Community Safety. These services are going through a programme of change, transforming the skill set of the staff to enable them to work using a “whole family” approach. This approach is augmented by the use of Multi-Systemic Therapy for those acute cases within the division.

The integrated approach to working with police, probation and other agencies improves the outcomes for vulnerable young people and the most challenging families from Level 2 through to Level 4.

**The Targeted Youth Service** works across the borough securing focused targeted work in response to the analysis and intelligence of youth activity, as part of the Early Intervention strategy. This links to the very successful Gangs Prevention Programme that has attracted national acclaim in reducing gang activity, anti – social behaviour and youth crime. This service has effective links with schools, colleges and the health service to contribute to the delivery of restorative justice programmes, sexual health services and reductions in teenage pregnancy and youth crime.

**The Gangs Prevention Programme** consists of 4 key areas of work; Enforcement, Youth Advancement, Community Engagement and Family Partnership. The Family Partnership approach is borne out of the success of the Family Intervention programme, and is a multi-agency team that is built on integrated working and effective multi-agency information sharing.

**Anti-Social Behaviour Team** challenges ASB whether it is perpetrated by adults or by juveniles. The service uses a range of civil enforcement measures and also seeks to provide supportive interventions that will help secure behaviour change. Close collaboration with substance misuse services, Enforcement and Police are integral to the team’s daily functions.

**The Youth Offending Service** delivers a comprehensive response to the families of all young people who are sentenced by the Courts. The service works on “end to end” principles and seeks to deliver “whole family” interventions to those families with complex or acute needs.

**The Education Welfare Service** delivers a statutory service to those families where a child is Persistently Absent, through management of School Attendance Panels and through prosecutions within the Courts. In addition, the Education Welfare Service works in partnership with the Metropolitan Police Service in weekly Truancy Sweeps. The EWS also hold the responsibility for safeguarding children and young people within Elective Home Education.

**The Families programme** works to the national Troubled Families agenda, maximising the impact of the integrated multi-agency working. The impact of the programme is evidenced through the ‘Payment by Results’ data, placing Waltham Forest as best performing among statistical neighbours for outcome based payments.

**The Stronger Families Safer Communities** services have the strongest links with social care, the police and health, focusing on; sexual health, sexual exploitation, domestic violence and crime. The Level 4 work with MAPPA and MARAC, enables the multi-agency services to bring a relentless commitment to safeguarding, tackling crime, domestic violence and sexual exploitation through co-ordinated action planning and service delivery.

**MARAC – Multi Agency Risk Assessment** Conferences brings Waltham Forest agencies together to talk about the safety and well-being of people experiencing domestic abuse and their children. At these meetings, information about high risk domestic abuse victims is shared and action and intervention agreed. Agencies agree a risk –focused coordinated safety plan to support the victim and their children, which are monitored through the MARAC.

**MAPPA – Multi Agency Public Protection Arrangements** are in place in Waltham Forest to discharge the duty to cooperate around the risk management of the significant few violent, dangerous and/ or sexual offenders. Representation from the Families Directorate, Police Probation and the Prison Service contribute to the risk assessment and co-ordinated plans that are regularly reviewed.

# Examples of Good and Outstanding Practice

## Level 2 Troubled Family Case Study

The definition of a Troubled Family is defined as; "...households who;

- are involved in crime and anti-social behaviour
- have children not in school
- have an adult on benefits
- cause high costs to the public purse."

### The Family Background:

- History of DV between parents
- Mum now lives alone with five children in a 2 bedroom property
- Mum is on out of work benefits and the family suffers with little money and overcrowding
- 17 year old son was on Referral Order for Robbery and went missing for 5 months and then found after being arrested for possession of class A drugs
- Assessment reveals that strangers approach the house saying son owes money
- Son admits that he owes people money
- Although not diagnosed with Special Educational Needs, son has very low literacy and numeracy skills
- Mum is a qualified pharmacist.

### Impact:

- Whole Family work being carried out by the YOS worker as 17 year old on Supervision Order
- Referral made to 722, and young person is engaging with this service
- Decision made by family that eldest daughter at university studies will work part time and contribute to the mortgage
- Referral made to DWP Employment Advisor for mum,
- Mum took up part time job as a meals supervisor
- Through the support of DWP employment advisor mum is now applying for pharmacy jobs
- DWP employment advisor working with eldest daughter to manage finances and keep University place going.

### Outcomes:

- Asset completed and action effective
- Whole family supported to improve quality of life and financial management
- Homelessness avoided through financial management and support back into work
- Daughter in part time employment and contributing to household budget
- Risk to family reduced through work with son
- Effective police and YOS support reducing risk
- Son completed Order and has not reoffended

### Ofsted Criteria:

- Children and young people receive help that is proportionate to risk; children and families are not routinely subjected to formal child protection investigations if these are not necessary
- For children who need help and protection, assessments (including common or early help assessments) are timely, proportionate to risk, and informed by research and by the historical context and significant events for each case. They result in direct work with families, develop in response to that direct work, and they address all domains of the local framework for assessment.



## Level 3 Gang's Prevention Programme Case Study

The Gangs Prevention Programme has four strands; Family Partnership, Enforcement, Youth Advancement and Community Engagement.  
This case study focuses on Family Partnership

### The Family Background:

- 'E' victim of serious physical assaults
- Stabbed by a gang affiliate
- Convicted of robbery
- Fixed term exclusion from mainstream school
- Non engagement at PRU
- Violent incidents outside the family home
- Mother receiving support for mental health issues
- Step Father substance misuse
- 'E' became a Looked After Child for short periods.

### Impact:

- Effective change focused relationship forged with family
- Restorative approaches in care home
- Suitable accommodation secured out of the borough
- 'E' returned to live in the family home
- Younger sibling supported to maintain current education provision
- Multi-Systemic Therapy commenced
- No reported incidents of violent assaults.

### Outcomes:

- No police intelligence of further gang involvement
- No further violent assaults
- 'E' back in mainstream education provision
- Family reunited

### Ofsted Criteria:

- Children and young people are protected, the risks to them are identified and managed through timely decisions and the help provided reduces the risk of, or actual, harm to them
- Children, young people and families benefit from stable and meaningful relationships with social workers. They are engaged in all actions and decisions and understand the intentions of the help they receive. Where families refuse to engage there are continued attempts to help them to do so.

## Level 4 Triage Case Study – The Youth Offending Service

A locally agreed out of court disposal given by the police to young people who commit first time, minor offences. They are bailed by the police and given an opportunity to engage with TYSS practitioners from the SFSC Division, this is part of a preventative scheme of work to deter young people from crime by using Restorative Approaches to dealing with the offence committed.

### The Family Background:

- 16 year old female arrested for the offence of ‘malicious communications’
- The young person admitted the offence and had no previous convictions
- Anger management and self-esteem were key factors related to the commissioning of the offence.
- Parents were supportive and concerned their daughter had been arrested
- Assessment identified the need for additional support with learning and developing, emotional well-being, anger management and self-esteem. These factors were all related to her committing this offence
- She had just left year 11 and had not secured a college place.

### Impact:

- CAF assessment completed and action plan implemented
- YOT worker delivered two one to one sessions with the young person focusing on the offending behaviour
- It was apparent that the young person fully understood the consequences of her behaviour and the impact further offending would have on her and her family.
- Referral made to the Careers Service – appointment made and kept , with continued to access to support, advice and guidance she is now in full time education.
- A referral to Targeted Youth Support Service to support emotional well-being and self-esteem through positive activities over the summer holidays.
- Parent’s informed about parenting support available in the borough and Parent line and how to escalate any concerns they may have in the future.
- Contact made with GP to secure a referral for counselling
- No further incidents or arrests.

### Outcomes:

- Offence analysis worksheet completed and action demonstrates impact
- Young person supported into FE College and sustained placement
- Parents supported effectively and informed of how to access future support
- Young person kept out of the criminal justice system – no reoffending
- Bail cancelled – no criminal record
- Restorative Justice approach effective

### Ofsted Criteria:

- Children, young people and families are offered help when needs and/or concerns are first identified and, as a consequence of the early help offered, children’s circumstances improve and, in some cases, the need for targeted services is lessened or avoided
- Information-sharing between agencies and professionals is timely, specific and effective and takes full account of the requirements set out in legislation and guidance about the need to obtain parental consent for enquiries to be made, except where in seeking that consent a child is likely to suffer significant harm or further harm.



## 6c

### The MASH – Waltham Forest’s Multi-Agency Safeguarding Hub

Waltham Forest is extending the current integrated working arrangements across the Police, Social Care, Early Help and Stronger Families Safer Communities to include Health and Education in a single Safeguarding hub. The MASH will be strengthened with an IDVA (Independent Domestic Violence Advocate).

The MASH team has immediate access to databases across key agencies and services, enabling them to share relevant information, make informed decisions relating to assessing the risk to children, young people and 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 receive appropriate Early Help support;
- A rapid and comprehensive picture is built up of any child, young person or family giving cause for concern.
- Thresholds for accessing services are consistently applied to streamline pathways that divert referrals away from specialist services.

**[www.walthamforest.gov.uk/Pages/Services/mash.aspx](http://www.walthamforest.gov.uk/Pages/Services/mash.aspx)**

## 6d

### The Waltham Forest Local Safeguarding Children’s Board

The Waltham Forest LSCB coordinates the work of statutory partners in helping, protecting and caring for children in the local area. It has the accountability for monitoring the impact of these local arrangements. The Waltham Forest Local Safeguarding Children’s Board:

- Monitors and evaluates the impact of multi-agency training in the protection and care of children and young people on management and practice;
- Monitors and reviews policies and procedures to ensure the thresholds of intervention are known, understood and operate effectively to safeguard children, young people and their families;
- Audits data and case work robustly to challenge practice and identify areas for improvement in front-line practice and performance;
- Serious case reviews, management reviews and child deaths are used to inform learning and drive improvement;
- The Independent Chair facilitates the process by which partners hold each other to account for the quality and impact of their safeguarding procedures and practice, providing challenge and advice;
- Enables the Health and Wellbeing Board, the Chief Executive and the Cabinet Portfolio Holders to assess whether they are fulfilling statutory functions to help and protect children and young people.

The LSCB Annual Report provides the transparent assessment of the multi-agency performance and key areas for improvement.

# 7 LONDON CONTINUUM THRESHOLD FOR LEVELS 1 TO 4

**Level 1** No additional needs, only requiring universal service support

Features	Universal Example Indicators	Assessment Process
<p><b>Children with no additional needs</b></p> <p>Children whose developmental needs are met by universal services</p>	<p><b>Developmental Needs</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• Achieving key stages</li> <li>• Good attendance at school/college/training</li> <li>• No barriers to learning</li> <li>• Planned progression beyond statutory school age</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Good physical health with age appropriate developmental milestones including speech and language</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Good mental health and psychological well-being</li> <li>• Good quality early attachments, confident in social situations</li> <li>• Knowledgeable about the effects of crime and antisocial behaviour</li> <li>• Knowledgeable about sex and relationships and consistent use of contraception if sexually active</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Stable families where parents are able to meet the child's needs</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>Family History and Well-Being</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Child fully supported financially</li> <li>• Good quality stable housing</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Good social and friendship networks exist</li> <li>• Safe and secure environment</li> <li>• Access to consistent and positive activities</li> </ul> <p><b>Parents and Carers</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parents able to provide care for child's needs</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parents provide secure and caring parenting</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parents provide appropriate guidance and boundaries to help child develop appropriate values</li> </ul>	<p><b>No common assessment is required</b></p> <p>Children should access universal services in a normal way</p> <p><b>Key universal services that may provide support at this level:</b></p> <p>Education</p> <p>Children's Centres &amp; Early Years</p> <p>Health visiting service</p> <p>School nursing</p> <p>GP</p> <p>Play Services</p> <p>Integrated Youth Support Services</p> <p>Police</p> <p>Housing</p> <p>Voluntary &amp; Community Sector</p>

## Level 2 – Low to Vulnerable Targeted Support

Features	Low to Vulnerable – Example Indicators	Assessment Process
<p><b>2a Vulnerable</b></p> <p>These children have low level additional needs that are likely to be short-term and that may be known but are not being met</p> <p><b>2b Vulnerable</b></p> <p>Child's needs are not clear, not known or not being met</p> <p>Child with additional needs – requiring multi-agency intervention Lead professional and Team around child</p>	<p><b>Developmental Needs</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>Occasional truanting or non attendance</li> <li>School action or school action plus</li> <li>Identified languages and communication difficulties</li> <li>Reduced access to books, toys or educational materials</li> <li>Few or no qualifications</li> <li>NEET</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Slow in reaching developmental milestones</li> <li>Missing immunizations or checks</li> <li>Minor health problems which can be maintained in a mainstream school</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>Low level mental health or emotional issues requiring intervention</li> <li>Pro offending behaviour and attitudes</li> <li>Early onset of offending behaviour or activity (10-14)</li> <li>Coming to notice of police through low level offending</li> <li>Expressing wish to become pregnant at young age</li> <li>Early onset of sexual activity (13-14)</li> <li>Sexual active (15+) with inconsistent use of contraception</li> <li>Low level substance misuse (current or historical)</li> <li>Poor self esteem</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>Families affected by low income or unemployment</li> <li>Parents/carers have relationship difficulties which may affect the child</li> <li>Parents request advice to manage their child's behaviour</li> <li>Children affected by difficult family relationships or bullying</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>Overcrowding</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>Insufficient facilities to meet needs e.g. transport or access issues</li> <li>Family require advice regarding social exclusion e.g. hate crimes</li> <li>Associating with anti social or criminally active peers</li> <li>Limited access to contraceptive and sexual health advice, information and services</li> </ul> <p><b>Parents and Carers</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>Inconsistent parenting, but development not significantly impaired</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>Lack of response to concerns raised regarding child</li> </ul>	<p>A common assessment should be completed with the child to identify their strengths &amp; needs and to gain specialist support</p> <p>Programmes aiming to build self-esteem and enhance social/life skills Positive activities</p> <p><b>Key agencies that may provide support at this level:</b></p> <p><b>Universal and targeted</b></p> <p>Youth crime prevention services. Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices</p> <p>Health, education Childrens Centres &amp; Early Years</p> <p>Educational psychology</p> <p>Educational Welfare</p> <p>Specialist Play Services</p> <p>Integrated Youth Support Services</p> <p>Voluntary &amp; community services</p> <p>Family support services</p> <p><b>Reference sector specific charts</b></p>

# Level 3 – Complex Additional needs requiring integrated targeted support or Section 17

Features	Medium Risk – Example Indicators	Assessment Process
<p><b>Children with high level additional unmet needs</b></p> <p>Complex needs likely to require longer term intervention from statutory and/or specialist services</p> <p><b>Child in need:</b></p> <p>These children may be eligible for a child in need service from children’s social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as “high risk” in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional</p> <p>Developmental Needs</p>	<p><b>Developmental Needs</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• Short term exclusions or at risk of permanent exclusion, persistent truanting</li> <li>• Statement of special educational needs</li> <li>• No access to books, toys or educational materials</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Disability requiring specialist support to be maintained in mainstream setting</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Chronic/recurring health problems</li> <li>• Missed appointments – routine and non-routine</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Age 13–16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage or has contracted an STI</li> <li>• 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent</li> <li>• Under 18 and pregnant</li> <li>• Coming to notice of police on a regular basis but not progressed e.g. missing episodes</li> <li>• Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention</li> <li>• Evidence of regular/frequent drug use which may be combined with other risk factors</li> <li>• Evidence of escalation of substance use</li> <li>• Evidence of changing attitudes and more disregard to risk</li> <li>• Mental health issues requiring specialist intervention in the community</li> <li>• Significant low self esteem</li> <li>• Victim of crime including discrimination</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate behaviour and independent living skills, likely to impair development</li> </ul>	<p>The common assessment can be used as supporting evidence to gain specialist / targeted support</p> <p>The common assessment may also be completed to support child moving out of complex needs</p> <p>Statutory or specialist services assessment (NB a common assessment must NOT replace a specialist assessment)</p> <p><b>Key agencies that may provide support at this level:</b></p> <p>LA children’s social care</p> <p>Other statutory service e.g. SEN services. Specialist health or disability services</p> <p>YISP</p> <p>Youth Offending Team</p> <p>Targeted drug and alcohol</p> <p>CAMHS</p> <p>Family support services</p> <p>Voluntary &amp; community services</p> <p>Services at universal level</p>
	<p><b>Family and Environmental Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• History of domestic violence</li> <li>• Risk of relationship breakdown with parent or carer and the child</li> <li>• Young carers , Privately fostered, children of prisoners, periods of LAC</li> <li>• Associating with unknown adults or other peer age young people at risk of harm</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Severe overcrowding, temporary accommodation, homeless, unemployment</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Child appears to have undifferentiated attachments or appears isolated from friends/family</li> <li>• Family require support services as a result of social exclusion</li> <li>• Parents socially excluded, no access to local facilities</li> </ul>	<p>Targeted drug and alcohol</p> <p>CAMHS</p> <p>Family support services</p> <p>Voluntary &amp; community services</p> <p>Services at universal level</p>
	<p><b>Parents and Carers</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parental non compliance</li> <li>• Physical care or supervision of child is inadequate</li> <li>• Parental learning disability, parental substance misuse or mental health impacting on parent’s ability to meet the needs of the child</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting impairing emotional or behavioural development</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parent provides inconsistent boundaries or responses</li> </ul>	<p>Services at universal level</p> <p><b>Reference sector specific charts</b></p>

## Level 4 – Acute Additional needs requiring specialist or statutory integrated response OR child protection Section 47

Features	High Risk – Example Indicators	Assessment Process
<p><b>Complex additional unmet needs</b></p> <p>These children require specialist/ statutory integrated support</p> <p><b>Child Protection</b></p> <p>Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order</p> <p>Agencies should make a <b>verbal</b> referral to children’s social care accompanied by a <b>written</b> referral</p>	<p><b>Developmental Needs</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>Chronic non-attendance, truanting</li> <li>Permanently excluded, frequent exclusions or no education.</li> </ul> <p><b>Provision</b></p> <ul style="list-style-type: none"> <li>No parental support for education</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>High level disability which cannot be maintained in a mainstream setting</li> <li>Serious physical and emotional health problems</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>Challenging behaviour resulting in serious risk to the child and others</li> <li>Failure or rejection to address serious (re)offending behaviour. Likely to be in Deter cohort of youth offending management</li> <li>Known to be part of gang or post code derived collective</li> </ul> <p><b>Family and Environmental Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>Suspicion of physical, emotional, sexual abuse or neglect</li> <li>High levels of domestic violence that put the child at risk</li> <li>Parents are unable to care for the child</li> <li>Children who need to be looked after outside of their own family</li> </ul> <p><b>Parents and Carers</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>Parent is unable to meet child’s needs without support</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>Parents unable to manage and risk of family breakdown</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>Parent does not offer good role model e.g. condones antisocial behaviour</li> </ul>	<p><b>Additional services:</b></p> <p>The common assessment can be used as supporting evidence to gain specialist / targeted support</p> <p>Statutory or specialist services assessment (NB a common assessment must NOT replace a specialist assessment)</p> <p><b>Key agencies that may provide support at this level:</b></p> <p>Specialist health or disability services</p> <p>Youth Offending Team</p> <p>CAMHS</p> <p>Family support services</p> <p>Voluntary &amp; community services</p> <p>Services at universal level</p> <p>Comprehensive assessment and formulation of substance specific care plan</p> <p><b>Reference sector specific charts</b></p>

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## MOVING FORWARD – FUTURE PLANNING 2014-2016

**This integrated working document has been reviewed to reflect the shared commitment and vision within the Families Directorate to put ‘Children and Families First, Working Towards Excellence’.**

The future landscape is moving quickly and will have a clear impact on the design and delivery of services for children and families, strengthening our partnership with other agencies. We have considered the legislative framework and the changing dynamics of the local context within Waltham Forest.

These drivers will be instrumental in our review of the arrangements for Integrated Working across Waltham Forest and the publication of Waltham Forest Working in Partnership 2014-2016.

They include:

- The legislative framework for Children, Young People and Young Adults with Disabilities and Learning Difficulties from 0-25. We are developing a; ‘One Family, One Contact, One Plan’ to streamline the journey for our most vulnerable children and families across the Families Directorate, working in close partnership with health and the voluntary sector. This will enable us to design and launch the Health, Education and Care plans from September 2014;
- The drive towards strengthening further our locality working, dovetailing with the Public Health commissioning agenda, underpinned by the plan to create three locality based Well – Being Hubs;
- The development of the national Troubled Families Programme to include the children subject to Child Protection and Children in Need. This will inform and influence our very successful programme in Stronger Families Safer Communities, our commissioning intentions and work with families;
- Working to embed the expectations and standards set within the OfSTED inspection framework;

- Working with partners to achieve the standards and expectations set out in the Care Quality Commission Strategy for more robustly monitoring and regulating health and social care, including the new framework for inspecting Mental Health services;
- The Redefining Waltham Forest Programme to increase efficiency and review the way we do business to focus more than ever on the outcomes for children and families. The challenge is; ‘to do something new and difficult which requires great effort and determination’.

In meeting the challenge, we will value and respect the views of all stakeholders, expecting a high level of internal and external challenge to be focused on the services we commission or provide together, responding to the crucial questions:

**Are they safe?**

**Are they effective?**

**Are they caring?**

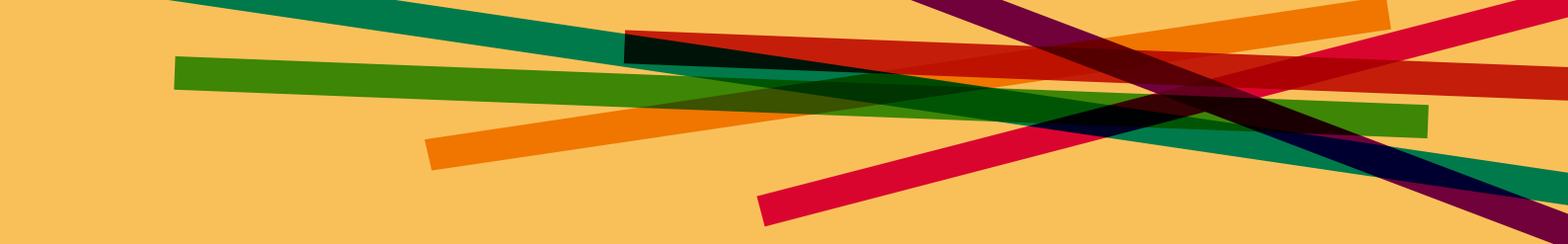
**Are they responsive?**

**Are they well-led?**

**Are they delivered in true partnership with our children and their families?**

This document will be updated online as we continually work towards excellence.

[www.walthamforest.gov.uk/children-young-people-and-families](http://www.walthamforest.gov.uk/children-young-people-and-families)



We are robust in our core professional purpose of safeguarding and promoting the welfare of vulnerable children, young people and adults





# Children and Families First

Waltham Forest Working in Partnership

