

# Guide to Integrated Working

Services for Children and Families



November 2016

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## Executive Summary

This guidance is for the use of all those working with children, young people and their families and has been developed to support and improve multi agency working and to ensure the timeliness of early, effective and integrated services. The guide has been approved by the Wirral Safeguarding Children Board.

The Integrated Working Guide provides information and guidance on processes. It contains, guidelines on assessing need, how to complete a Family CAF and supporting literature. This guide can also be accessed online. Please visit

<https://www.wirralsafeguarding.co.uk/procedures/childrens-procedures/>

Wirral have also developed the Wirral neglect strategy. This has been developed to ensure our children's workforce is able to recognise neglect and provide an effective response which will improve outcomes for children, young people and their families. Integral in the strategy is the identification and engagement of families at the earliest opportunity by preventative services including effective assessment and development of a clear action plan. The Neglect strategy can be found at <https://www.wirralsafeguarding.co.uk/professionals/neglect/>

### Guide to definitions

The terms below are used in the guidance and the definitions may support you in completing the Common Assessment.

**Level One Universal** = Children/young people who make overall good progress in all areas of their development with no additional support.

**Level Two Additional Support** = A child identified as requiring additional support to reach their full potential.

**Level Three Targeted Support** = A child identified with additional needs requiring support from a number of services to reach their full potential.

**Level Four Statutory Services** = A child in need of safeguarding intervention.

**Family Common Assessment Framework (Family CAF)** is an assessment that identifies a child/young persons and their family's needs. It enables information to follow the child and family between services, and for specialist services to build their assessments from this. This assessment should be completed with child/young person and/or their parents/carers. Every practitioner working with children, young people and families should know about the Family CAF or how to complete one. Every organisation offering services to children should ensure at least some of their staff are equipped to complete common assessments.

**Team around the Family (TAF).** The child/young person and/or their parents/carers are part of the Team around the Family, agencies working with a child/young person and their family share information and work together to provide a co-ordinated service. The TAF agrees a plan of action, which will be reviewed. TAF meetings encourage multi agency working and improved communication.

**Locality Teams** are multi agency teams and can assist practitioners with case consultation and advice. There are three Locality teams, one in Wallasey, one in Birkenhead and one in South/ West Wirral. They have a key role in administering the Allocation Meetings, which allocate work on a multi-agency basis and track and review progress and outcomes for families. The Locality Managers lead the teams and are responsible for the Targeted Services in the Locality in addition to taking the lead on a specific service area, either Children's Centres, Youth Service Provision or Troubled Families.

For details visit <https://www.wirralsafeguarding.co.uk/professionals/what-is-early-help/>  
and supportive tools <https://www.wirralsafeguarding.co.uk/team-around-family-qa-tools/>

**Allocation Meetings** take place weekly and are chaired by the Early Help and CAF Manager. The meeting allocates referrals for those children and families who have additional needs and require a coordinated multi agency response. They are attended by front line managers from agencies working with children and families who can allocate the referrals to Lead Professionals who will undertake the Child and Family Assessment. The allocation meeting is also responsible for monitoring progress of and outcomes for families.

## **PART ONE**

### **Introduction**

The Children Act 2004, section 10 establishes a duty on Local Authorities to make arrangements to promote co-operation between agencies in order to improve children's well-being and a duty on key partners to take part in those arrangements.

Services for children and young people will be delivered most effectively if staff use processes that are common and integrated. Such processes used by staff in the universal, targeted and specialised services will promote better co-operation and aid the more effective delivery of services for children, young people and their families.

This guidance is for the use of all those working with children, young people and their families. It has been developed after consultation with a number of agencies and a range of "practitioner" groups. It outlines the structures and processes that are being developed in Wirral. This guidance is subject to an annual review and will change to reflect the latest developments and policies. Please check that you have the latest version by visiting:

<https://www.wirralsafeguarding.co.uk/team-around-family-qa-tools/>

It is the aim of integrated working:

*"To enable Wirral's children, young people and families to access services quickly in order to be secure, healthy, have fun and achieve their full potential."*

Wirral Children and Young People's Plan 2013-2016

If you do have any queries or comments regarding the guidelines please contact the appropriate Senior Locality Managers or Team Leaders/Team Managers.

Working Together 2015 places the responsibility for Early Help with the Local Safeguarding Children Boards. It emphasises the expectation that collaborative inter agency work will address the outcomes for the child of any actions taken and services provided. It is important that professionals ask the questions: Is this work going to have a positive impact on the life of this child, if so, what will it be like and what is going to happen if nothing changes? Working Together 2013 sets out the expectation that all children and their families should have access to early help services provided by local agencies that will use early assessment models such as the Family CAF and the principle of the Lead Professional, underpinned by the three domains of the assessment triangle. (page 20)

Professionals working in this arena will have obligations to share information and where they provide services to adults, they must consider the adult service user in their role as a parent and assess the impact on any children in their care or in contact with them.

### **Equality and Diversity Statement**

All practitioners working within the Team around the Family framework should be able to work effectively with people with disabilities and within multi ethnic communities. Plans should take account of this. The TAF process will promote the value of equal opportunities.

- Practitioners working within the TAF process will treat children and young people with equal fairness, respect and dignity, regardless of race, colour, disability, gender, sexuality, care of dependents, religious or political beliefs or unrelated criminal convictions. They should have consideration to their specific needs with regard to their age and development.
- Practitioners working within the TAF process will work with all other professionals and employees whether from statutory or voluntary sectors and afford them the respect and dignity, providing forums to express their views and perspectives regarding the needs of the children and families. It is understood that due regard will be reciprocated.
- All staff are bound by their own professional codes of conduct and will be held accountable to them for their professional conduct.

### **Rights of Children, Young People and Families**

Whenever there are concerns about a child, the family have a right to an open and honest explanation of the reason for concern. They are entitled to information about the duties and powers of relevant agencies and must be involved in all decisions affecting their lives. They should have full information, advice and support.

Every child is an individual with rights of their own. Children and young people have the right to express their views and they will be consulted and their views taken into account in all matters and decisions affecting their lives. (See Part 5 – Participation; Engaging with Young People).

Parents' views will be sought on all matters relating to their children's well-being. They should be encouraged and supported in making their own plans for the welfare and safeguarding of their children. A range of appropriate services will be made available to enable them to do this so that children maintain their optimum standard of health and development. Provision of appropriate services at the right time and commitment from parents and relevant agencies will provide children with the necessary opportunities to fulfil their potential and achieve better life outcomes.

### **Information Sharing**

Practitioners will discuss the limits of confidentiality and the reasons for sharing information during their initial contact with a child, young person or parent. They must ensure they get informed consent to the sharing of information in order to complete an assessment and secure the appropriate services.

If consent is not given or if the family refuse to consent to a referral agencies should follow the consultation process either through Locality teams or CADT. Prior to this consultation they should clearly identify any unmet needs that the child has. If, following consultation, the child does not meet the criteria for statutory involvement the agencies should inform the locality team and ask for further advice and/ or support with engagement skills.

Effective preventative services require active processes for identifying children and young people at risk of poor outcomes, and passing information to those delivering targeted support. To share such information, seeking consent should be the first option. Practitioners will proactively inform children, young people and families when they first engage with the service, about their service's policy on how information will be shared, and seek their consent. The approach to sharing information will be explained openly and honestly. Where this is done, young people and families will be aware how their information may be shared, and experience shows that most will give consent. Where information is confidential, and consent is refused, that will be respected, unless in the practitioner's judgement, the public interest justifies the sharing of information.

It is possible for all information held by the Children and Young Peoples Department to be shared by all members of staff in that department, as the department is the owner of the data regardless of the data base the information is stored on and all employees are bound by the same standards of confidentiality.

### **Data Protection Myth Buster**

- The Data Protection Act 1998 is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.
- Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.
- It helps us strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.
- It also helps us balance the need to preserve a trusted relationship between practitioner and client with the need to share information to benefit and improve the life chances of the client or protect the public.

### **Key Principles of Information Sharing and Assessment**

#### **1. To fully adopt the Common Assessment Framework (Family CAF)**

The Family CAF aims to reduce multiple assessments, reduce duplication, share information safely and with consent. It is an assessment framework that uses one common process for professionals, using common language and preventing overuse of jargon.

#### **2. To target services for vulnerable children**

From time to time some children will become 'vulnerable'. They may have difficulty making a transition from primary to secondary school, their development may be delayed, they may break the law, or they may have emotional difficulties. Others are always vulnerable because of their own development, family circumstances or environmental factors.

Early identification of 'vulnerable' children is critical in making sure targeted service can offer support early and promote improved outcomes for children and their families.

#### **3. To encourage and promote reasonable user participation**

To support children and families it is important to listen, hear what is being said and actively engage with the families as they are central to the success of early intervention and will be actively encouraged to be a part of the Information Sharing Assessment process.

#### **4. To facilitate Team around the Family (TAF)**

Depending on the nature of the child's vulnerability, it may be possible for one person from one agency to support the child. However, just as the child's needs cover more than one need area, different people with different skills may be necessary to support the child or young person and family. If necessary they would form a Team around the Family (TAF). A TAF can be called with two agencies. The TAF will then provide a framework for the agencies to be able to consider an appropriate support package for the family.

#### **5. To support access to specialist service for children with Complex and Acute needs**

Within our community a small number of children have complex or acute needs because of, for example, disability, abuse, rejection by their families, serious difficulties at schools, or severe mental health disorders – their own or their parents. It is important that while numbers are small, these children are identified early, so that appropriate specialist services, including immediate protection if necessary, can be provided.

#### **What issues do I need to consider when sharing information?**

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

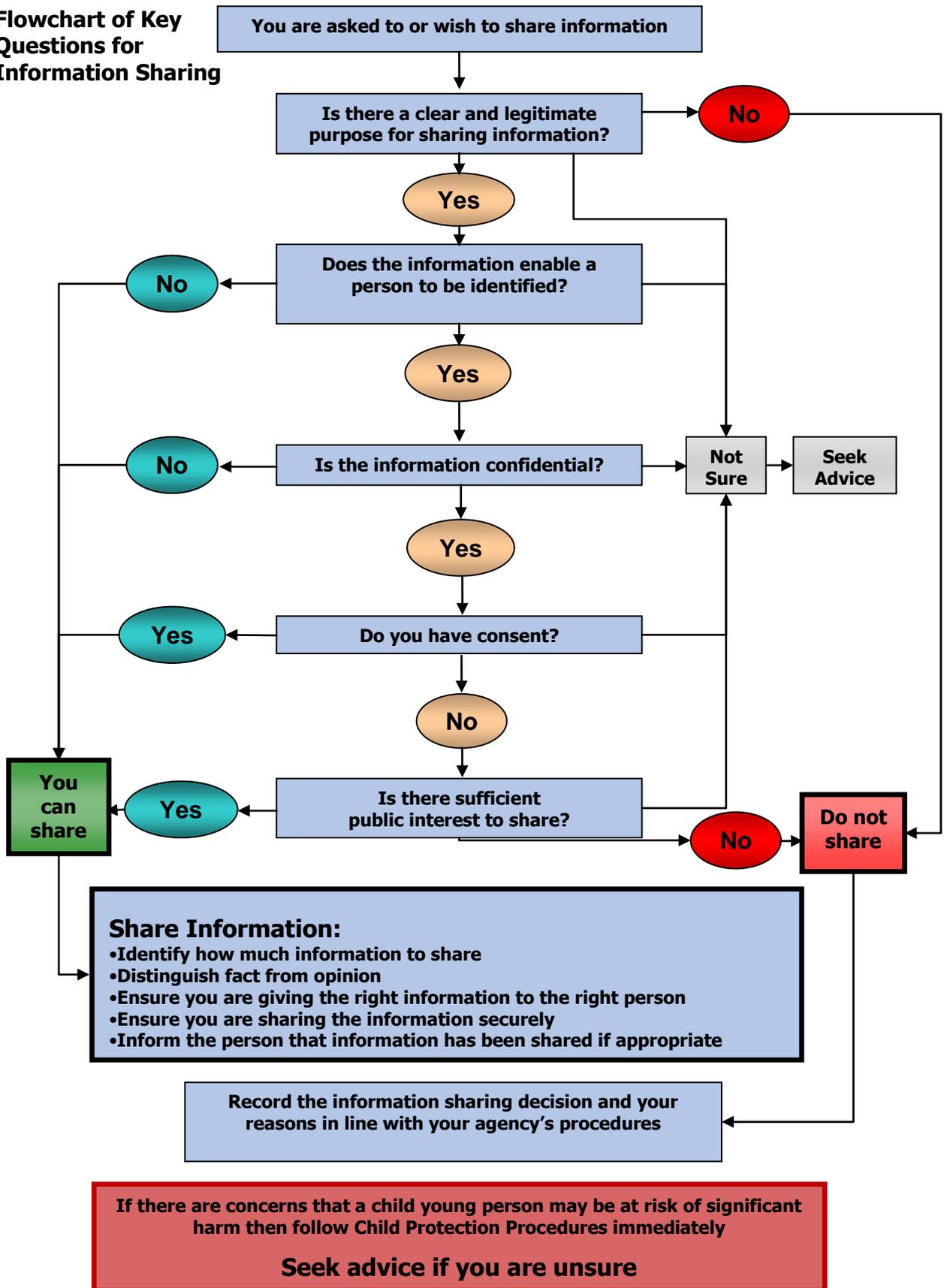
#### **Key Objectives:**

- Identify children and young people who may have additional needs requiring additional support
- Improve effective information sharing among agencies and practitioners working with children and young people
- Use the Common Assessment processes ensuring continuity for families, young people and children
- Contribute to the development of locally responsive services and effective joined up working through the Team around the Family approach
- Signpost to appropriate services, at the right level, in the right way and at the right time
- Build on existing good practice. Practitioners in Wirral already work well together and the aim is to provide structure to support this process. It is important to monitor and assess outcomes as this will help inform future commissioning and development of services

For further information please see the DfE guidance, Information Sharing: Guidance for Practitioners and Managers at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419628/Information\\_sharing\\_advice\\_safeguarding\\_practitioners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

**Flowchart of Key Questions for Information Sharing**



## **PART TWO**

### **Children and Young People with Additional or Acute Needs**

#### **Introduction**

For the majority of children and young people, high quality universal services will be sufficient to meet their needs. These services, which are provided for all children – for example through health visitors, early years providers, children’s centres, schools, colleges, Connexions and the voluntary sector – have an important contribution to make in promoting well-being and preventing problems.

However, the experiences and circumstances of some children and young people will affect their capacity to thrive and reach their full potential. These children and young people may require support over and above that provided by universal services. This group of children and young people can be called children with additional needs. The definition of this group of children and young people is inevitably broad but they include:

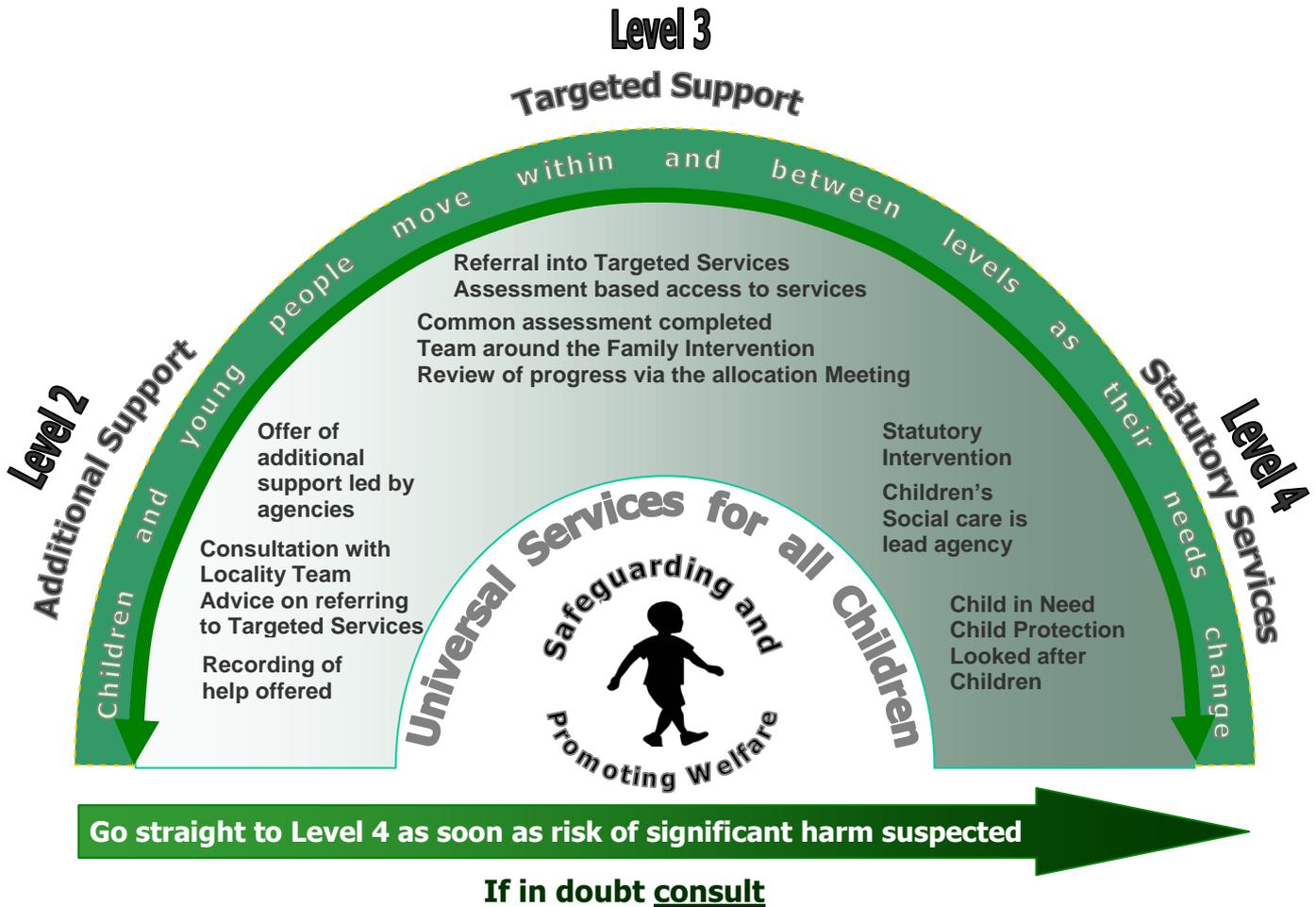
- Disruptive or anti-social behaviour
- Disengagement from education
- Overt parental conflict or lack of parental control
- Involvement in or risk of offending
- Poor attendance or exclusion from school
- Substance misuse
- Special educational needs
- Disabilities
- Pregnancy and parenthood

There is a much smaller group of children and young people who have more significant needs. These will meet the threshold for support from specialised services. These children and young people are described as having specialised needs. These needs include:

- Children who are the subject of a child protection plan
- Children in care
- Care leavers
- Children for whom adoption is the plan
- Children with significant special educational needs
- Children with complex disabilities or complex health needs
- Children diagnosed with significant mental health problems
- Young offenders involved with youth justice services (community and custodial)

The “windscreen” overleaf shows the continuum of need graphically.

## Continuum of Need



## Thresholds of Need

Thresholds of need give practitioners a common understanding of need and eligibility for preventative and protective services. Practitioners can then assess need, priorities and respond appropriately. Four levels of need have been developed to achieve this:

There will be times when there are differences of views/perceptions on how best to support a child and family and the levels of intervention required by different agencies. In the first instance this should be resolved within the multi-agency group and if agreement is not reached and cases are 'stuck' then the practitioner who disagrees with the outcome should notify their manager who in turn should consult with the appropriate Locality Manager.

Assessment should be thought of as being along a flexible and dynamic continuum. Children can enter the continuum of need at any point and may move in different directions through the thresholds at different times in their lives or at different times during agencies' contact with them. Within each threshold, there are identified planning responses and a range of possible services available to the child and their family.

The indicators which give guidance on the thresholds of need are set out on pages 13-16.

**If at any point there are any indications of significant harm, a referral should be made to the Central Advice and Duty team, Social Care 0151 606 2008. Staff may consult CADT or Early Help Social Workers regarding safeguarding concerns.**

Where agencies providing services to children and their family identify gaps in service provision they should advise the Locality manager. This will usually follow assessment and intervention from the assessing agency.

### **Level 1 – Universal Services**

These are children and young people who make good overall progress in all areas of development. All children and young people are entitled to receive support from these services which are available to everyone, irrespective of their needs. This includes: GP's, health visitors and school nurses, schools, youth service, leisure and play facilities and housing.

### **Level 2 – Additional Support**

Some children/young people require support beyond that provided by their families and universal services. Their life chances would be improved with effective, single agency support. Any practitioner working with a child/young person or their family may identify, in the presentation or behaviour of a child/young person, that they have additional needs, which could be met by a single agency or service.

The thresholds of need (pages 13-16) will help determine whether or not the child's needs can be addressed within one's own agency or from other services. If these needs can be met in a co-ordinated manner by the single agency service there is no need to do anything else. Informal or formal consultation may help at this point.

### **Level 3 – Targeted Support (Family CAF)**

Some children/young people will have more complex needs. Their life chances will be almost certainly improved by effective multi-agency support.

If a practitioner believes that a multi-agency response may be required and appropriate consent has been given, he/she should complete a referral to Targeted Services. This referral should focus on the strengths as well as the areas in which families need to make changes. The referral should be discussed with child, young person and/or their parent/carer and consent obtained in respect of both the referral and information sharing. The referral will be considered by multi agency managers at a Locality meeting and the most appropriate lead professional will be identified, to carry out the child and family assessment. The progress of the assessment and the implementation of the plans will be considered as appropriate by the Locality Allocation meeting where assessments regarding progress towards identified outcomes and decisions regarding further agency involvement will be made.

Flowcharts detailing the consultation and Targeted services pathways for practitioners considering undertaking a Family CAF are shown on pages 30-33.

**If the multi-agency group is unsure on how to proceed, the Lead Professional should consult the appropriate Locality Social Worker. Contact numbers are on the CAF webpage: <https://www.wirralsafeguarding.co.uk/team-around-family-qa-tools/>**

**Level 4 – Statutory Services (Section 17, Child in Need, Section 47, Looked After Children).**

**Where a child is at risk of significant harm, or has experienced significant harm a referral must be made to Social Care without delay. The referral point is at Central Advice and Duty team (CADT), Social Care 0151 606 2008.**

CADT provides a single access point to children's social care in Wirral. CADT can also be used for consultation purposes if the caller is unclear on how to proceed, in which case you should expect a written record of the consultation.

Upon making a referral CADT will require the following:

- Full details about the child and their circumstances
- Clear details on what concerns you have about the child
- Whether or not the family are aware that you have contacted CADT
- A multi agency referral form following the conversation
- Your availability to undertake a joint visit to the family with a Social Worker

**MASH**

The Multi-Agency Safeguarding Hub (MASH) is a partnership between Wirral Local Authority children's and adults social care, Wirral NHS health services, Merseyside Police, the Probation Service and education services working together to safeguard children, young people and adults at risk.

When a professional, family member or member of the public is concerned about a child or young person's welfare or safety, they should contact CADT (Central Advice and Duty Team) for advice. If necessary CADT will advise that a referral is made into the service. For some of these cases CADT will want to quickly gather relevant information about the young person or adult at risk held by different agencies. The MASH is the mechanism used to gather together this key information.

Callers should expect the following information from CADT:

- Whether or not a referral will be accepted
- If accepted the referral will be passed to the relevant assessment team
- An initial assessment will be completed and you will be advised of the outcome of this assessment
- Advice on how to proceed if referral is not accepted Please note No Further Action is not acceptable in Wirral – you should always be advised of next steps

Social Care has a duty to take the lead role in all cases where they have accepted a referral and an assessment is undertaken. This means that the Lead Professional role is always carried out by the social worker whilst a case remains open to them.

When Social Care withdraws, and a targeted response is still required, the case will be stepped down to Team Around the Family. Transfer of Lead Professional should always happen at a Child in Need or Team around the Family Meeting.

### **Indicators of Levels of Need**

The indicators on the following pages are provided only as a guide to where certain situations may fit in with the model. These are not definitive examples, but are illustrative to help practitioners have a shared understanding of the whole needs of a child / young person. In all instances, the practitioner will have to make a judgment about whether or not the child/ young person 'fits' the broad definition at each level.

A child's circumstances must be considered in the context of existing policies and procedures and should always be followed. For example there are established Wirral Safeguarding Children Board (WSCB) policies and procedures on teenage pregnancy, drug and alcohol use, special educational needs etc and it is necessary for all those working with Children and Young People to understand and have access to these policies.

Up to date access to WSCB policies and procedures are available at

<http://wirralscb.proceduresonline.com/index.htm>

## Thresholds of Need

### Level One – Universal Services

#### **1. Development Needs of Baby (including unborn Child), Child or Young Person**

##### **Health, e.g.**

- Physically well
- Adequate diet/hygiene/clothing
- Developmental checks/immunisations up-to-date
- Regular dental and optical care
- Health appointments are kept
- Developmental milestones met
- Speech and language development met

##### **Education and Learning, e.g.**

- Skills/interests
- Success/achievement
- Cognitive development
- Access to books/toys, play (CSE) Good engagement (CSE) Engaged in full time education, training or employment

##### **Emotional and Behavioural Development, e.g.**

- Feelings and actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate empathy

##### **Identity, e.g.**

- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- A sense of self
- An ability to express needs

##### **Family and Social Relationships, e.g.**

- Stable and affectionate relationships with care givers
- Good relationships with siblings
- Positive relationships with peers

##### **Social Presentation, e.g.**

- Appropriate dress for different settings
- Good level of personal hygiene

##### **Self-care Skills, e.g.**

- Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills

#### **2. Parents and Carers**

##### **Basic Care**

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care

##### **Ensuring Safety**

- Protect from danger or significant harm, in the home and elsewhere

##### **Emotional Warmth**

- Show warm regard, praise and encouragement

##### **Stimulation**

- Facilitates cognitive development through interaction and play
- Enable child to experience success

##### **Guidance and Boundaries**

- Provide guidance so that child can develop an appropriate internal model of values and conscience (CSE) Significant understanding and good communication

##### **Stability**

- Ensure that secure attachments are not disrupted
- Provide consistency of emotional warmth over time
- Ensure children access the education available to them

#### **3. Family and Environmental Factors**

##### **Family History and Functioning**

- Good relationships within family, including when parents are separated
- Few significant changes in family composition

##### **Wider Family**

- Sense of larger familial network and good friendships outside of the family unit

##### **Housing**

- Accommodation has basic amenities and appropriate facilities (CSE) meets the young persons needs

##### **Employment**

- Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful

##### **Income**

- Reasonable income over time, with resources used appropriately to meet individual needs

##### **Family's Social Integration**

- Family feels integrated into the community
- Good social and friendship networks exist

##### **Community Resources**

- Good universal services in neighbourhood (CSE) No missing episodes

##### **Sexual Exploitation**

- (CSE) Young person does not place themselves at risk. Concerns appear to relate to 'normal teenage behaviour'

## Level One – Universal Services

## Thresholds of Need

### Level Two – Additional Support

#### 1. Development Needs of Baby (including unborn Child), Child or Young Person

##### Health, e.g.

- Defaulting on immunisations/checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet/hygiene/clothing
- Smokes

(CSE) Some concern about use of drugs

(CSE) Some concerns about use of alcohol

- Starting to default on health appointments
- Contenance problems, over/underweight
- Teenage pregnancy (targeted service)

(CSE) Young person is beginning to engage with sexual health issues/ decreasing the risk of harm

##### Education and Learning, e.g.

- Have some identified learning needs that place him/her on Early Years/School Action/School Action Plus of the Code of Practice
- Poor punctuality
- Pattern of regular school absences
- (CSE) Some engagement, occasional contact with pastoral network
- Not always engaged in learning, e.g. poor concentration, low motivation and interest
- Not thought to be reaching his/her educational potential
- Reduced access to books/toys
- (CSE) Registered in full time education/training or employment with irregular attendance

##### Emotional and Behavioural Development, e.g.

- Some difficulties with peer group relationships and with adults
- Single episode of self harm (inc substance misuse)
- Some evidence of inappropriate responses and actions
- Can find managing change difficult
- Starting to show difficulties expressing empathy

##### Identity, e.g.

- Some insecurities around identity expressed, e.g. low self-esteem for learning
- May experience bullying around "difference"
- (CSE) Some sense of own and others sexual rights

##### Family and Social Relationships, e.g.

- Some support from family and friends
- Has some difficulties sustaining relationships

##### Social Presentation, e.g.

- Can be over-friendly or withdrawn with strangers
- Can be provocative in appearance and behaviour
- Personal hygiene starting to be a problem

##### Self-care Skills, e.g.

- Not always adequate self-care, e.g. poor hygiene
- Slow to develop age-appropriate self-care skills

#### 2. Parents and Carers

##### Basic Care

- Parental engagement with services is poor
- Parent requires advice on parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met
- (CSE) Stays out late, no missing episodes

##### Ensuring Safety

- Some exposure to dangerous situations in the home or community
- Parental stresses starting to affect ability to ensure child's safety

##### Emotional Warmth

- Inconsistent responses to child by parent(s)
- able to develop other positive relationships
- (CSE) Some mutual understanding and positive communication

##### Stimulation

- Spends considerable time alone, e.g. watching television
- Child is not often exposed to new experiences

##### Guidance and Boundaries

- Can behave in an anti-social way in the neighbourhood, e.g. petty crime
- Parent/carer offers inconsistent boundaries
- (CSE) Some concerns raised about influence on their young people or young person being influenced

##### Stability

- Key relationships with family members not always kept up
- May have different carers
- Starting to demonstrate difficulties with attachments

#### 3. Family and Environmental Factors

##### Family History and Functioning

- Parents have some conflicts or difficulties that can involve the children
- Has experienced loss of significant adult, e.g. through bereavement or separation
- May be needed to look after younger siblings
- Parent has physical/mental health difficulties
- Multiple changes of address

##### Wider Family

- Some support from friends and family

##### Housing

- Adequate/poor housing
- Family seeking asylum or refugees
- (CSE) Young person is generally satisfied with accommodation. Accommodation meets most of the needs of your person. Some concerns about longer term stability

##### Employment

- Periods of unemployment of the wage earning parent(s)
- Parents have limited formal education
- Parents starting to feel stressed around unemployment or work situation

##### Income

- Low income

##### Family's Social Integration

- Family may be new to the area
- Some social exclusion experiences

##### Community Resources

- Adequate universal resources but family may have access issues

##### Sexual Exploitation

- (CSE) Some concerns eg the young person has an older boyfriend, but does not appear to be exploited or previous sexual exploitation but now significant protective factors in your person's life reduces risk

## Level Two – Additional Support

## Thresholds of Need Level Three – Targeted Support

### 1. Development Needs of Baby (including unborn Child), Child or Young Person

#### Health, e.g.

- Concerns re diet, hygiene, clothing
- Has some chronic health problems
- Missing routine and non-routine health appointments
- (CSE) Suspended drug and/or alcohol use or dependency
- Developmental milestones are unlikely to be met
- Concerns around mental health
- Teenage pregnancy (multi agency response)
- (CSE) No engagement with sexual health issues/health is at risk

#### Education and Learning, e.g.

- Significant learning needs and may have a Statement of Special Educational Needs
- Poor school attendance and punctuality (CSE) Brief, early stages or sporadic contact with pastoral network
- Some fixed term exclusions
- Not engaged in Education or reaching Educational potential (CSE) Not engaged in education, training, or employment, BUT shows an interest in accessing educational or training opportunities

#### Emotional and Behavioural Development, e.g.

- Finds it difficult to cope with anger, frustration and upset
- Disruptive/challenging behaviour at school or in neighbourhood and at home
- Cannot manage change
- Unable to demonstrate empathy
- Repeated episodes of self harm

#### Identity, e.g.

- Is subject to discrimination, e.g. racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations

(CSE) No awareness of own rights and sexual risk awareness, some sense of others

#### Family and Social Relationships, e.g.

- Has lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/siblings
- Regularly needed to care for another family member

#### Social Presentation, e.g.

- Is provocative in behaviour/appearance
- Clothing is regularly unwashed
- Hygiene problems

#### Self-care Skills, e.g.

- Poor self-care for age, including hygiene
- Precociously able to care for self

### 2. Parents and Carers

#### Basic Care

- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Previously looked after by Local Authority
- Professionals have serious concerns regarding e.g. parental drug and alcohol misuse, learning difficulties, mental health etc

(CSE) Frequent and short missing episodes

#### Ensuring Safety

- Perceived to be a problem by parents
- May be subject to neglect
- Experiencing unsafe situations

#### Emotional Warmth

- Receives erratic or inconsistent care
- Has episodes of poor quality of care
- Parental instability affects capacity to nurture
- Has no other positive relationships
- (CSE) Poor and negative communication, some warmth

#### Stimulation

- Not receiving positive stimulation, with lack of new experiences or activities

#### Guidance and Boundaries

- Erratic or inadequate guidance provided
  - Parent does not offer a good role model, e.g. by behaving in an anti-social way
- Concerns raised that young person may be exposed other young people to risk

#### Stability

- Has multiple carers
- Has been "looked after" by the Local Authority

### 3. Family and Environmental Factors

#### Family History and Functioning

- Incidents of domestic violence between parents
- Acrimonious divorce/separation
- Family have serious physical and mental health difficulties

#### Wider Family

- Family has poor relationship with extended family or little communication
- Family is socially isolated

#### Housing

- Poor state of repair, temporary or overcrowded
- (CSE) In temporary accommodation

#### Employment

- Parents experience stress due to unemployment or "overworking"
- Parents find it difficult to obtain employment due to poor basic skills

#### Income

- Serious debts/poverty impact on ability to have basic needs met

#### Family's Social Integration

- Parents socially excluded
- Lack of a support network

#### Community Resources

- Poor quality universal resources and access problems to these and targeted services

#### Sexual Exploitation

(CSE) Known or suspected exploitation in the past. Young person's lifestyle and behaviour has potential to place them at risk eg associating with peers who are sexually exploited multiple risk taking eg missing frequently and concerns about drugs and alcohol

## Level Three – Targeted Support

## Thresholds of Need Level Four – Statutory Services

<b>1. Development Needs of Baby (including unborn Child), Child or Young Person</b>	
<p><b>Health, e.g.</b></p> <ul style="list-style-type: none"> <li>• Has severe/chronic health problems</li> <li>• Persistent substance misuse (CSE) Appears to be dependant on drugs and/or alcohol</li> <li>• Developmental milestones unlikely to be met</li> <li>• Teenage pregnancy (acute level of need)</li> </ul> <p>(CSE) No engagement with sexual health issues/health is at risk</p> <ul style="list-style-type: none"> <li>• Serious mental health issues</li> </ul> <p><b>Education and Learning, e.g.</b></p> <ul style="list-style-type: none"> <li>• Is out of school (CSE) No engagement or contact with pastoral networks in school</li> <li>• Permanently excluded from school or at risk of permanent exclusion</li> <li>• Has no access to leisure activities</li> </ul> <p>(CSE) Not engaged in education, training or employment. Shows no interest in accessing educational or training opportunities</p> <p><b>Emotional and Behavioural Development, e.g.</b></p> <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Puts self or others in danger, e.g. missing from home or care</li> <li>• Suffers from periods of depression</li> <li>• Suicide attempts</li> <li>• Children at risk of sexual exploitation</li> </ul>	<p><b>Identity, e.g.</b></p> <ul style="list-style-type: none"> <li>• Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability</li> <li>• Is socially isolated and lacks appropriate role models</li> </ul> <p>(CSE) No sexual awareness or assertions or rights</p> <p><b>Family and Social Relationships, e.g.</b></p> <ul style="list-style-type: none"> <li>• Periods of being accommodated by the Local Authority</li> <li>• Family breakdown related in some way to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse or Neglect, incl children subject to child protection plans</li> <li>• Is main carer for family member</li> <li>• Unaccompanied asylum seekers</li> <li>• Where parents have made private fostering arrangements (CSE) Places other young people at risk</li> </ul> <p><b>Social Presentation, e.g.</b></p> <ul style="list-style-type: none"> <li>• Poor and inappropriate self-presentation</li> </ul> <p><b>Self-care Skills, e.g.</b></p> <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> </ul>
<b>2. Parents and Carers</b>	<b>3. Family and Environmental Factors</b>
<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>• Parents unable to provide "good enough" parenting that is adequate and safe, including unborn children</li> <li>• Parents' mental health problems or substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> </ul> <p>(CSE) Frequent and prolonged missing episodes</p> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>• There is instability and violence in the home continually</li> <li>• Parents involved in crime</li> <li>• Parents unable to keep child safe</li> <li>• Victim of crime</li> </ul> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> </ul> <p>(CSE) Poor communication, low warmth, attachment or trust</p> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>• No constructive leisure time or guided play</li> </ul> <p><b>Guidance and Boundaries</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>• Beyond parental control</li> <li>• Has no-one to care for him/her</li> </ul>	<p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>• Significant parental discord and persistent domestic violence</li> <li>• Poor relationships between siblings</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>• No effective support from extended family</li> <li>• Destructive/unhelpful involvement from extended family</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Physical accommodation places child in danger</li> </ul> <p>(CSE) Homeless</p> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Chronic unemployment that has severely affected parents' own identities</li> <li>• Family unable to gain employment due to significant lack of basic skills or long-term difficulties, e.g. substance misuse</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• Extreme poverty/debt impacting on ability to care for child</li> </ul> <p><b>Family's Social Integration</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• No supportive network</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> </ul> <p><b>Sexual Exploitation</b></p> <p>Young person has disclosed current exploitation: although young person may not recognise it as this. Behaviours and information given strongly suggest exploitation</p>

## Level Four – Statutory Services

## PART THREE

### Family CAF and Team Around the Family

#### Introduction

The Team Around the Family (TAF) forms part of Wirral's response to the 'Every Child Matters' agenda, Children Act 2004 and has been reviewed and remodelled to reflect the requirements of the Munro review 2011 and Working Together 2015 in respect of Wirral's early help offer. It is a model of multi-agency service provision. The TAF brings together a range of different practitioners from across the children and young people's workforce to support children, young person and their family. The members of the TAF develop and deliver a package of outcome focused support to meet the needs identified through the common assessment (Family CAF).

The Team Around the Family Model is used and supported by the Locality teams and services are allocated via Locality Gateway meetings. The model is overseen by Wirral Safeguarding Children Board.

The model places the child at the centre of all activity and requires family members to be fully involved in the process. **Services require appropriate consent from family members before undertaking any work using the model.**

The model enables practitioners:

- To build up a picture of a child's additional needs at an early stage
- To share this picture with other appropriate professionals, including those from the voluntary, community and faith sectors where relevant
- To plan in collaboration with partners and with the family how to meet identified needs
- To decide whether and at what point a more specialised assessment is needed.

Sharing information between agencies about these children will provide a mechanism for a consistent response to unmet need. It will enable children to receive preventative and targeted services at the earliest opportunity, and provide appropriate practical solutions with minimum intrusion into family life.

#### Principles Underpinning the Team Around the Family Model

- The child or young person's welfare and safety is paramount
- Assessment is child centred and focuses on all potential needs of the child or young person and their families.
- Parental/carer involvement is at the centre of planning and provision of services
- Duplication of assessment and intervention and unnecessary intrusion into family life is minimised
- Agencies should work with children, young people and families in the spirit of openness and involve them at all stages
- Information should be shared with consent whenever possible (see Information Sharing Protocol)
- Services should always consider and respect any cultural, racial and spiritual needs.
- If a parent/carer will not co-operate with the assessments, then the practitioner will have to consider whether the concerns are as significant as to warrant a referral for a statutory assessment.
- A response of No Further Action is not acceptable in Wirral.

The Model does not replace child protection procedures that safeguard children in need of protection from significant harm.

### **Consultation**

Consultation is part of an ongoing assessment process and, subject to the Information Sharing Protocol, practitioners should feel free to consult with each other when determining a course of action for a child or young person. Practitioners need to be clear about their purpose in seeking and sharing information.

When formal consultation takes place, this must be recorded by the consultant and a copy must be sent to the consultee. The consultant needs to keep a copy of the advice given and store the record securely as per their service's own procedures.

**Consultation is not a referral** to another agency or a transfer of 'ownership' unless the agreed outcome is a referral.

### **Who Provides Consultation?**

Consultation is available from those agencies and services which work to the Team around the Family Model but specifically from Locality Social Workers, Locality Managers, Service Team Leaders and CADT

### **During Consultation**

- Be clear about what you want from the consultation and be open in your approach to suggestions about the way forward
- Make notes on the agreed outcome and clarify any disagreements about the outcome of the consultation
- If concerns about the child are particularly complex seek agreement that ongoing consultation is necessary. Whenever possible this should be with the same person each time and face to face if possible
- A record should be kept by the agency or service providing consultation.

### **Following Consultation**

- A copy of the consultation should be sent to the person seeking the advice by the person providing the consultation and this should be recorded according to the agency procedures.
- It is the responsibility of the practitioner who initiated the consultation to inform the family of the outcome of the consultation and any action that may follow.

## **Child and Family Common Assessment Framework**

### **What is the Child and Family Common Assessment Framework?**

The Child and Family Common Assessment Framework (Family CAF) is a standardised approach on Wirral to conducting an assessment of additional needs. Family CAF is a key part of delivering services that are integrated and focused on achieving improved outcomes for children and young people. The Family CAF has been designed to help practitioners assess needs at an earlier stage and then work with families, alongside other practitioners and agencies, to meet them.

Most children, young people and families will never require a Family CAF to be completed. This is because most families are able to meet the needs of their children with support from extended family, community and universal services.

### **When to complete a Family CAF:**

- If a multi agency response is required and you have been asked to complete the assessment on a family by your manager as a result of allocation at a Locality Allocation meeting.
- It will help the child/young person and their families to achieve improved outcomes (this decision is likely to require professional judgement) and
- Appropriate consent has been obtained

### **A Child and Family Common Assessment is not required if:**

- Progress is satisfactory
- Needs are already identified and your service can meet the full range of those needs in a coordinated way
- Needs are clear and can be met by the family or by another agency.
- You have not referred to Targeted Preventative Services

### **For an early help assessment to be effective:**

- The assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;
- A teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen; and
- If parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

### **IF ANYTHING CHANGES FOLLOWING ALLOCATION THE GATEWAY MUST BE INFORMED**

#### **The principles and parameters of a good assessment**

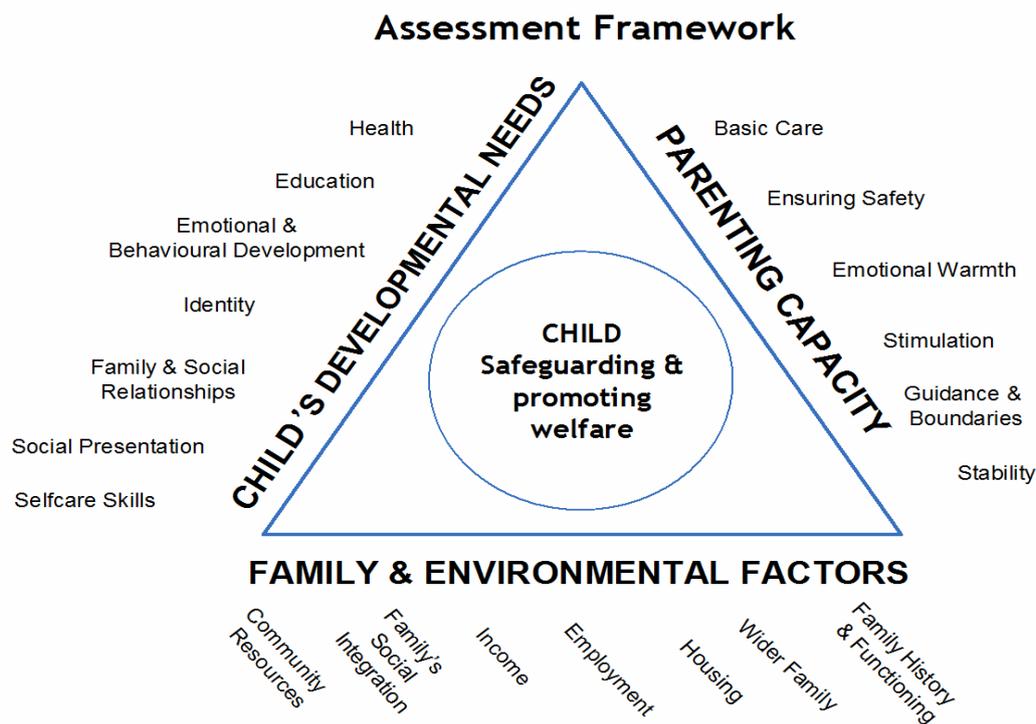
##### **High quality assessments:**

- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
- are rooted in child development and informed by evidence;
- are focused on action and outcomes for children;
- are holistic in approach, addressing the child's needs within their family and wider community;
- ensure equality of opportunity;
- involve children and families;
- build on strengths as well as identifying difficulties;
- are integrated in approach;
- are a continuing process not an event;
- lead to action, including the provision and review of services; and
- are transparent and open to challenge.

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good

assessment is one which investigates the following three domains, set out in the diagram below:

- the child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- parents' or carers' capacity to respond to those needs; and
- the impact and influence of wider family, community and environmental circumstances.



The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- information is gathered and recorded systematically;
- information is checked and discussed with the child and their parents/carers where appropriate;
- differences in views about information are recorded; and
- the impact of what is happening to the child is clearly identified.

(Reference: Working together 2015)

## **Consent**

If the family have consented and signed Family CAF prior to the meeting but they don't attend/engage the TAF meeting will go ahead.

If consent is not given to refer to Targeted Services or complete a Family CAF the agencies concerned will attempt to engage with the family. Sometimes a different practitioner approaching the family may be successful. It may be useful at this stage to consult with the relevant Locality Team for advice. The consultation documentation should be used and the reasons for dispensing with consent should be recorded. Risk should be reassessed in the light of the withholding of consent.

The family must be informed of the reasons why the meeting is going ahead and will be given copies of the minutes following the meeting. If a family chooses not to engage the agency working with the family will discuss potential consequences of non engagement and this should be recorded.

If at any stage it becomes clear that there are safeguarding issues then referrals must be made to CADT using existing procedures.

## **The Lead Professional**

The Lead Professional (LP) can be from any statutory or non statutory organisation - the important thing is that the person chosen should be the person best suited to the LP role for the child or young person and family in question.

### **What is the role of the Lead Professional?**

The Lead Professional will deliver core functions as part of their work:

- Act as a single point of contact for the child or family;
- Undertake the Child and Family Assessment
- Co-ordinate the delivery of the services.
- Reduce overlap and inconsistency in the services received.
- Report progress to the Locality Gateway meeting as required

The Lead Professional is accountable to their home agency for their delivery of the lead professional functions. They are not responsible or accountable for the actions of others. However they are responsible for raising any gaps in service where outcomes have not been achieved at Allocation/ review meetings.

### **Who can be a Lead Professional?**

Lead Professionals need the knowledge, competence and confidence to develop a successful and productive relationship with the child and family. They should communicate without jargon, be able to organise meetings and communicate with different practitioners using the Child and Family Common Assessment Framework to develop support plans based on identification of outcomes with the family.

The role of Lead Professional can be taken on by many different types of practitioners in the children's workforce as the skills; competence and knowledge which are required to carry out the role are similar regardless of professional background or job. The role is defined by the functions and skills, rather than by particular professional or practitioner groupings.

The criteria for selecting a Lead Professional at the gateway allocation meeting will include:

- ◆ The predominant needs of the child or family;
- ◆ The level of trust built up with the child or family;
- ◆ The wishes of the child or family;
- ◆ The person with primary responsibility for addressing the child or family's needs;
- ◆ A clear statutory responsibility to lead on work with the child or family;
- ◆ A previous or potential ongoing relationship with the child;
- ◆ The skills, ability and capacity to provide leadership and co-ordination in relation to other practitioners involved with the child or family;
- ◆ An ability to draw in and influence universal and specialist services;
- ◆ An understanding of the surrounding support systems which are available to manage and sustain this.

## **PART FOUR**

### **Targeted Preventative Services**

The Children Act 2004 places a responsibility on local authorities to enhance and improve multi-agency working and information sharing, working more collaboratively around a preventative agenda. This responsibility has been emphasised by Munro review of child protection 2011.

Wirral Council established a service in September 2013 to improve the targeting of and accountability for preventative services. This service focuses on four main areas:

- The development of a single front door to access packages of support for children and families in Wirral.
- The establishment of Locality Allocation meetings whose duties include the allocation of a LP to undertake a Family Common Assessment, the monitoring of Team around the Family and of interventions to evaluate impact.
- The development of the Family Support Service that provides packages of support and the co-ordination of multi agency support to families with a single Lead Professional.
- Locality working through a range of community support services based and serving the areas with the highest levels of need and providing more targeted interventions as part of the Team around the Family approach.

### **The Locality Allocation Meetings**

The three localities across Wirral align with the four parliamentary constituencies and replace the area team boundaries previously established. The localities are illustrated on the map overleaf on page 24.

Each Allocation meeting will act as the allocation point for services required by any child, young person or family identified as in need of additional support by any agency/ organisation. These replaced the existing Area Team meetings and other panels and access routes into targeted services

The Allocation will:

- Ensure information sharing about the child, young person or family in order to ensure appropriate intervention
- Support integrated care planning across multi-agency partners
- Agree appropriate LA family support interventions
- Monitor and track interventions on a regular basis to ensure impact and outcomes are achieved
- Review and develop processes for integrated working with a focus on whole family assessments

There are three Locality Managers. (1 for Wallasey, 1 for Birkenhead, 1 for South & West Wirral) These managers will have 4 distinct responsibilities:

- Line management responsibility for an area of service delivery
- The management of Locality allocation of work into Children's Services and the co-ordination of multi-agency support
- Work with the Corporate Constituency Boards and supporting the activity and work of these boards

The service areas each Locality Manager will have responsibility for are:

- Children's Centres, Early Years & Childcare services
- Restorative Practice which will include ESW and YOS
- Targeted Youth Support (Previously Universal Youth Support)

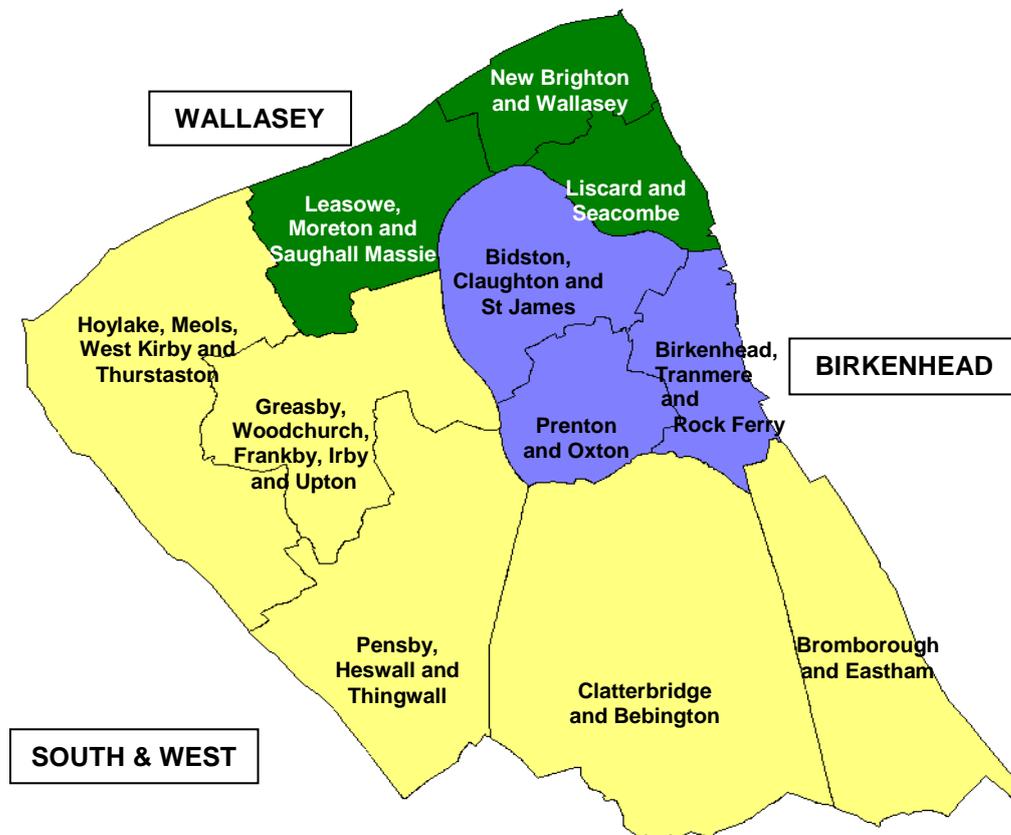
Each locality have a range of services 0-19 that work together to support children, young people and families in the locality. The route through which this support is accessed is the Allocation Meeting. The Allocation is made up of Team Leaders from across the service areas who review referrals made through the Gateway, allocate work through Lead Professionals and review progress on cases to ensure intervention has impact and outcomes are achieved for children, young people and families.

Each team will have a compliment of staff from each area of service led by Team Manager/Leader roles:

- Early Years Team Leader
- Targeted Youth Support Team Leader
- A Restorative Practice Team Leader
- Family Support Team leader
- Gateway Support Worker
- Gateway Social Worker (step up/step-down)

The membership of this group is enhanced by Front Line Managers from multi agency children's services and is the team who meet to review referrals, allocate work and monitor support and intervention across the locality.

#### Map showing the footprint of the Gateway Locality Teams



### **Referral to the Gateway - What do I do if I think a child has additional needs?**

- Discuss your concerns with the person who has parental responsibility for the child and with the child/ young person as appropriate.
- Ensure you get consent to refer and to share information.
- If you are unsure about the appropriateness of the referral contact the Locality Social Worker or a Locality Team Leader for a consultation.
- Complete the (Request for Services) referral form and send it to:  
[cadtsocialcare@wirral.gcsx.gov.uk](mailto:cadtsocialcare@wirral.gcsx.gov.uk)
- You should expect to receive notification of the outcome of your referral within 10 working days.
- The Gateway team will collect relevant background information about the family to ensure there is a record of anyone else working with the family either now or in the past.
- The Locality allocation meeting (attended by someone from key agencies who can allocate work) will identify the person most appropriate to undertake the Child and Family Assessment and act as the Lead Professional.

### **What happens next?**

- The identified Lead Professional (LP) will receive the CAF and LP pack and complete the assessment within 20 working days. The assessment will be pre -populated by the information collated by the Gateway Team which will need to be sensitively checked with the family.
- The LP will call a Team around the Family Meeting (TAF), within 10 working days of the completion of the assessment. This group will develop a contract with the children, young people and family based on the assessment. This will identify the priority outcomes, the support provided and the consequences of not achieving the outcomes.
- The progress of the family will be reviewed by the TAF

### **Multi-Agency Training and Support**

A rolling programme of training for all staff working with children and families, including those in adult services, working with adults who are parents or carers is available. The training includes:

- Keeping the child at the centre.
- Information Sharing
- Skills needed to complete whole family assessments
- The role, knowledge and skills of a lead professional.
- Skills in chairing multi – agency meetings
- The Gateway and TAF processes
- Focus on targeting and outcomes
- Completion of forms
- Escalation and de-escalation processes

The delivery of the training will be the responsibility of the Targeted Preventative Services Team Leaders. All training applications and dates are available on the link below:

<https://www.wirral safeguarding.co.uk/courses/>

In addition, all professionals in the children's workforce can access the programme of multi-agency training provided by the Wirral Safeguarding Children Board:

<https://www.wirral safeguarding.co.uk/courses/>

## **Locality Allocation Meetings**

### **Terms of Reference**

Each Locality is established by the Senior Locality Manager (LM) on behalf of the Local Authorities' Children and Young People's Department.

#### **1. Purpose**

The Allocation meeting includes representatives from partner agencies, including specialist services. It provides a forum for:

- Allocating Lead Professionals to assess and deliver services to families.
- Partnership review and monitoring of cases which are deemed not to be or making insufficient progress.
- Identifying barriers to successful outcomes.
- Applying partnership solutions to meet the wide ranging needs of children, young people and their families.
- Professionals to gather advice from colleagues working in other areas.
- Identifying gaps in service delivery, raising awareness of these and outlining possible resolutions to them.

#### **2. Composition**

The Allocation meeting shall consist of the Senior Locality Manager (Chair), assisted by multi agency members. For cases requiring specialist input or knowledge the respective specialists or organisation representatives will be invited to attend the meeting.

##### ***Multi Agency Managers***

- Locality Managers, Family Support Team Leaders/managers from the Locality
- Locality Social Worker
- Gateway Support Worker
- Family Support Manager
- Rep from the Primary Sector
- Rep from Secondary Sector
- Health Visitor Manager
- CAMHS
- VCF Sector

#### **3. Allocation Meetings**

Meetings to allocate, review and monitor cases will be held on a weekly basis. Every other meeting will include multi agency parties as appropriate.

#### **4. Chair and Vice Chair**

The Senior Locality Manager will act as Chair. In the absence of the Senior Locality Manager the Family Support Manager will act as chair. Where both the Chair and Vice Chairperson are absent; one of the Team Managers from Targeted Services will act as Chair for the purpose of conducting the business of that meeting only.

#### **5. What will happen at the meeting?**

Practitioners should follow these format guidelines:

1. Welcome and Introductions – where practitioners are attending to present their concerns, consideration should be given to their priorities, altering agendas as necessary;

2. Chairperson to go through minutes of last meeting to review interventions and agreed actions;
3. All to feedback on progress since last meeting;
4. Chairperson to read through a new CAF / referral, highlighting main issues and key needs;
5. Attendees to listen and provide advice / guidance on support options available for each particular child, young person or family;
6. Services to accept and/or allocate tasks as appropriate to bring back to their teams for further action.

The following are examples of tasks for agencies and professionals that may be allocated at a Gateway Meeting:

To act as a Lead Professional to undertake a Child and Family Assessment  
To accept a referral and offer a single-agency service  
To meet with other professionals to co-ordinate care  
To meet with the family to share the outcomes of the Gateway Meeting  
Actions and tasks to be recorded for review at the next Gateway Meeting  
Repeat steps d) through to g) for each new referral  
Review as appropriate

### **What are the family's obligations?**

Targeted Preventative Services and partner agencies aim to engage families at every opportunity while offering them support. It is a voluntary process, led by the family, meaning that at any time the family may choose not to engage. If this happens, practitioners should determine why the family no longer wishes to participate and should attempt to make any possible changes which could keep the family engaged.

If, following extensive and flexible attempts to offer support, the family maintains that they do not want help, this refusal or withdrawal from services, along with the reason why, should be noted and the families circumstances should be risk assessed based on the information available and the refusal to consent to information sharing or the provision of services. Practitioners should always consult the Senior Locality Manager in such instances.

### **Information Sharing**

All families or young people will need to give explicit written consent for information to be gathered as part of the referral process and to be discussed at a Allocation meeting. This will be recorded on the Referral Form. Information will be collated following referral by the Gateway team and presented to the Allocation meeting.

The meetings do not have families present as they are predominantly about service processes and procedures rather than detailed care planning for the family. Therefore, all information shared should be limited, factual and relevant, enabling practitioners to effectively consider support options for those families.

Allocation meetings do not agree specific care plans, these are agreed at the Team around the Family meeting.

Some families may have accessed services in the past and the Allocation Meeting is an opportunity for services to share relevant information on the history of service intervention to ensure that existing work is built upon, not repeated or duplicated.

Ultimately, the amount of information shared between agencies will always depend on professional judgement and should always be done in the best interests of the child.

## **PART Five**

### **Participation - Engaging Children and Young People**

#### **What is Participation?**

Participation is when children and young people have the opportunity to be actively involved in:

- deciding what should be discussed
- being able to get the information they need
- having their say on matters that affect them
- making their own decisions
- developing their own ideas and strategies

#### **Why is Participation important?**

The right of children and young people to participate in decisions that affect them has been firmly endorsed through the United Nation's Convention on the Rights of the Child (Article 12.1, 1989).

***'Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child'.***

The UN Convention also states that all children have the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation and participate fully in family, cultural and social life.

#### **Participation and Targeted Preventative Services**

Children and young people's active participation is at the heart of Targeted Preventative Services. It is vital that children and young people participate and are engaged in all decisions that affect them. This includes active participation in:

##### **1. Participation in all Targeted Preventative Services Assessments**

A child friendly contribution to the Child and Family Common Assessment can be used with children and young people to gather their views on the issues affecting their lives and the support they need. This format enables practitioners to work more closely with the child/young person in a language they understand and can relate to.

Child friendly resources including a simplified version of the Team around the Family (TAF) plan have been developed to further include children in the process.

Team around the Family (TAF) meetings are designed to be child centred and the needs of the child / young person should be at the forefront of any meeting. Members of the TAF meetings, particularly the Lead Professional, should ensure that children and young people play a full part in any decision sharing process.

Children and young people are encouraged to attend Team around the Family meetings so that they know exactly what is being discussed and what different services are doing to support them.

## **2. Participation in measuring the distance travelled as a result of involvement with Targeted Preventative Services**

Being consulted and participating in decision-making helps children and young people gain a better understanding of their own needs and how these can be expressed to adults.

To enable professionals to assist children and young people to identify their progression when involved in Targeted Preventative Services, a distance travelled tool has been developed. This tool has been designed to enable children and young people themselves to be actively involved in measuring and assessing their own development prior to and as a result of being involved with Targeted Preventative Services.

## **3. Participation in the design, delivery and evaluation of Targeted Preventative Service provision**

It is important that children and young people have ownership of any service provision that affects their lives and well being. Children and young people should be actively involved in the design, delivery, monitoring and evaluation of all targeted and preventative services. Professionals should enable this by providing an empowering environment in which children and young people can initiate ideas and are enabled to make decisions and shape service provision.

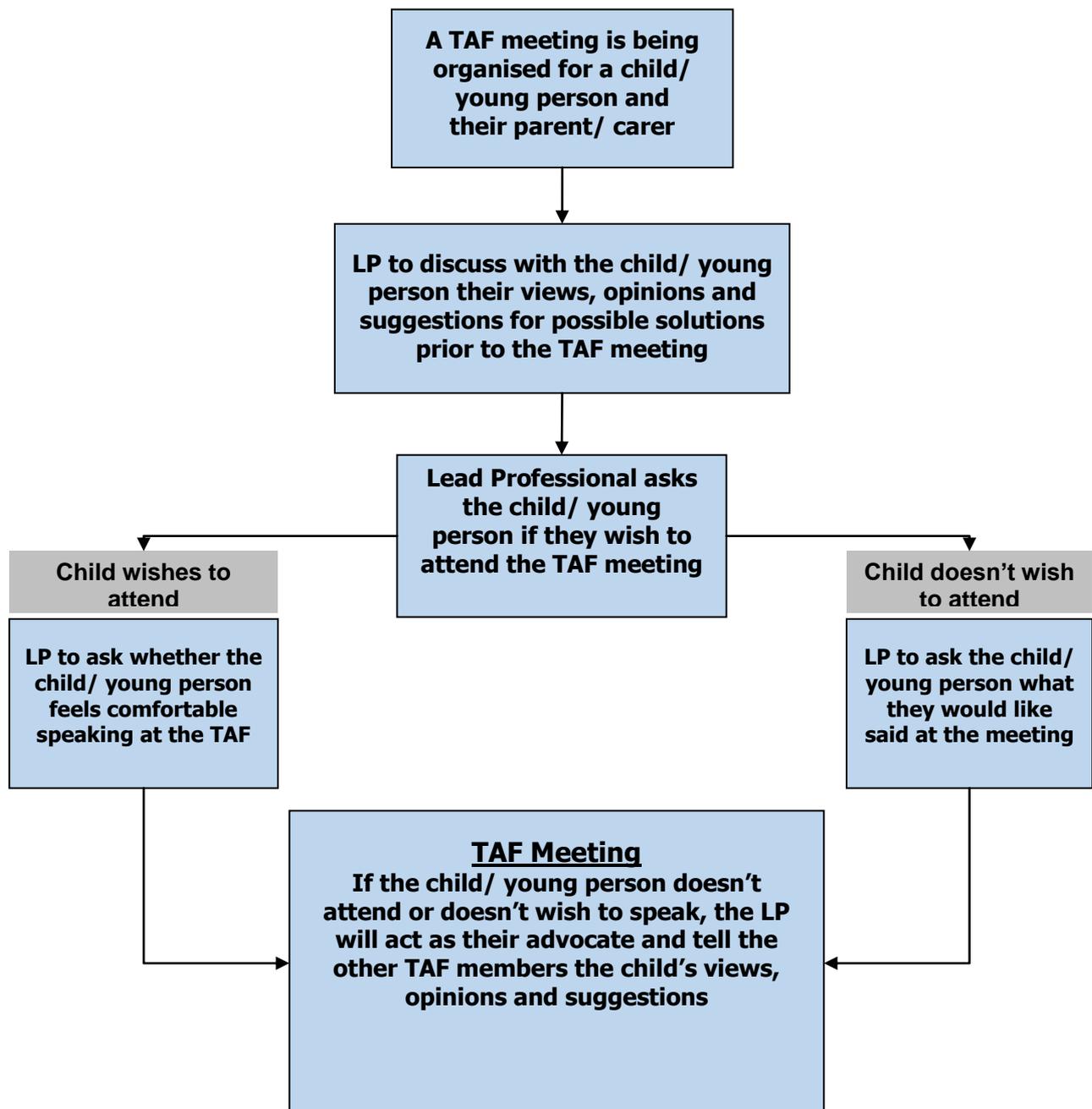
To enable greater children and young people's participation, Wirral has developed the Children and Young People's Charter of Participation. The Charter seeks to ensure that all children and young people in Wirral have the opportunity to participate in the decisions that affect their lives and have access to the services that are appropriate to their needs.

All Tools designed to support the participation of children and young people can be found by following this link: <https://www.wirralsafeguarding.co.uk/team-around-family-qa-tools/>

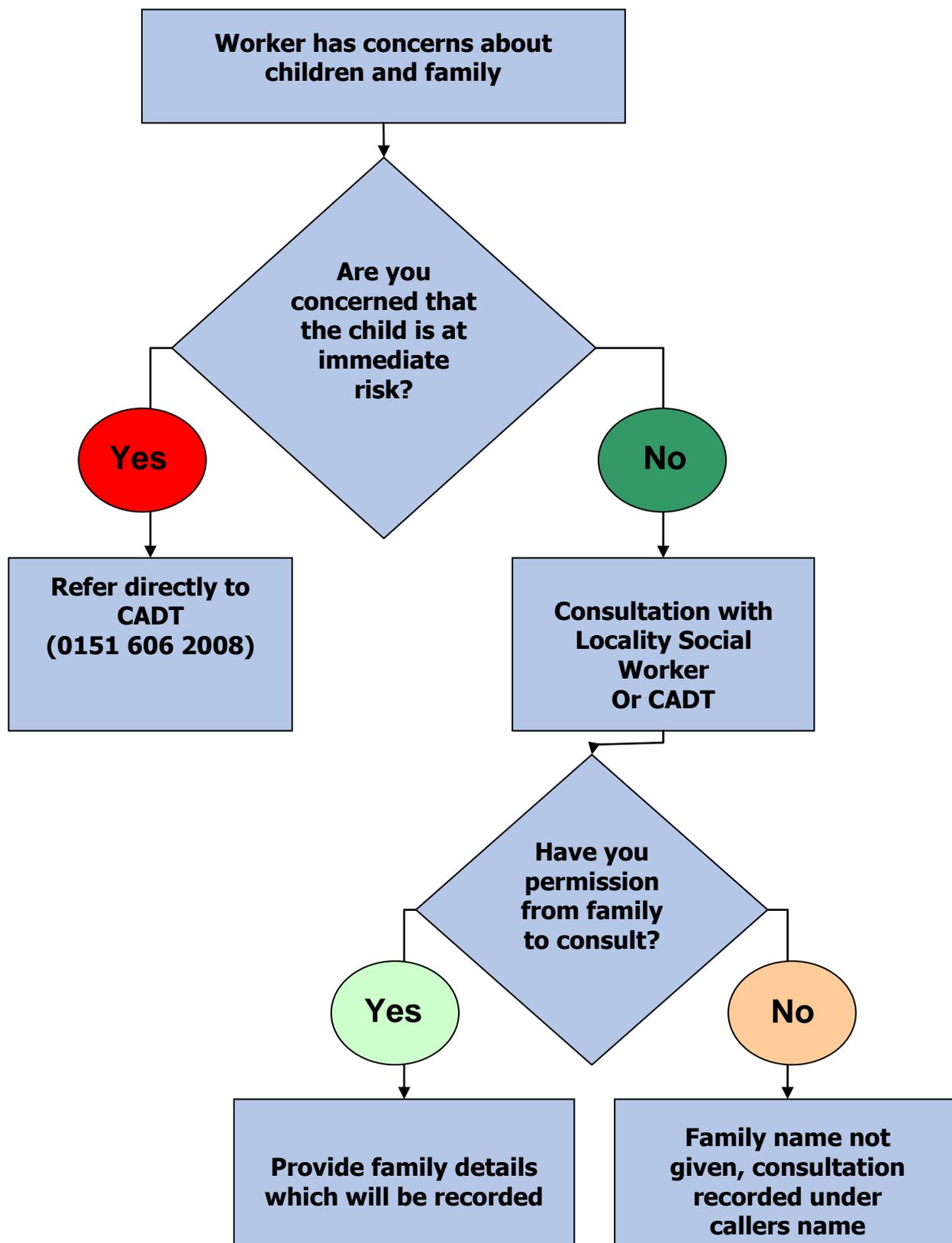
## APPENDICES

### Appendix 1

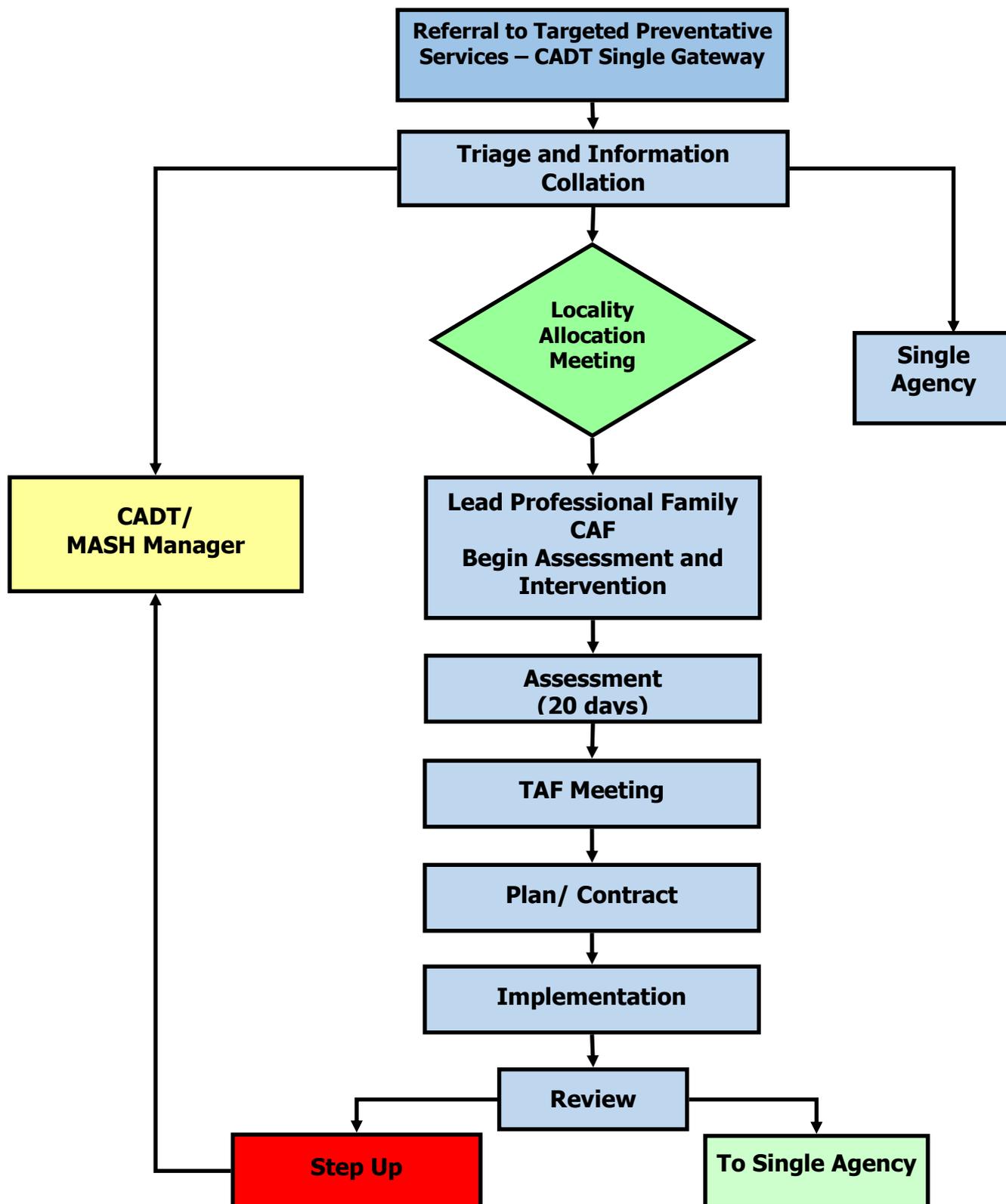
#### The role of the Lead Professional in Engaging Children and Young People



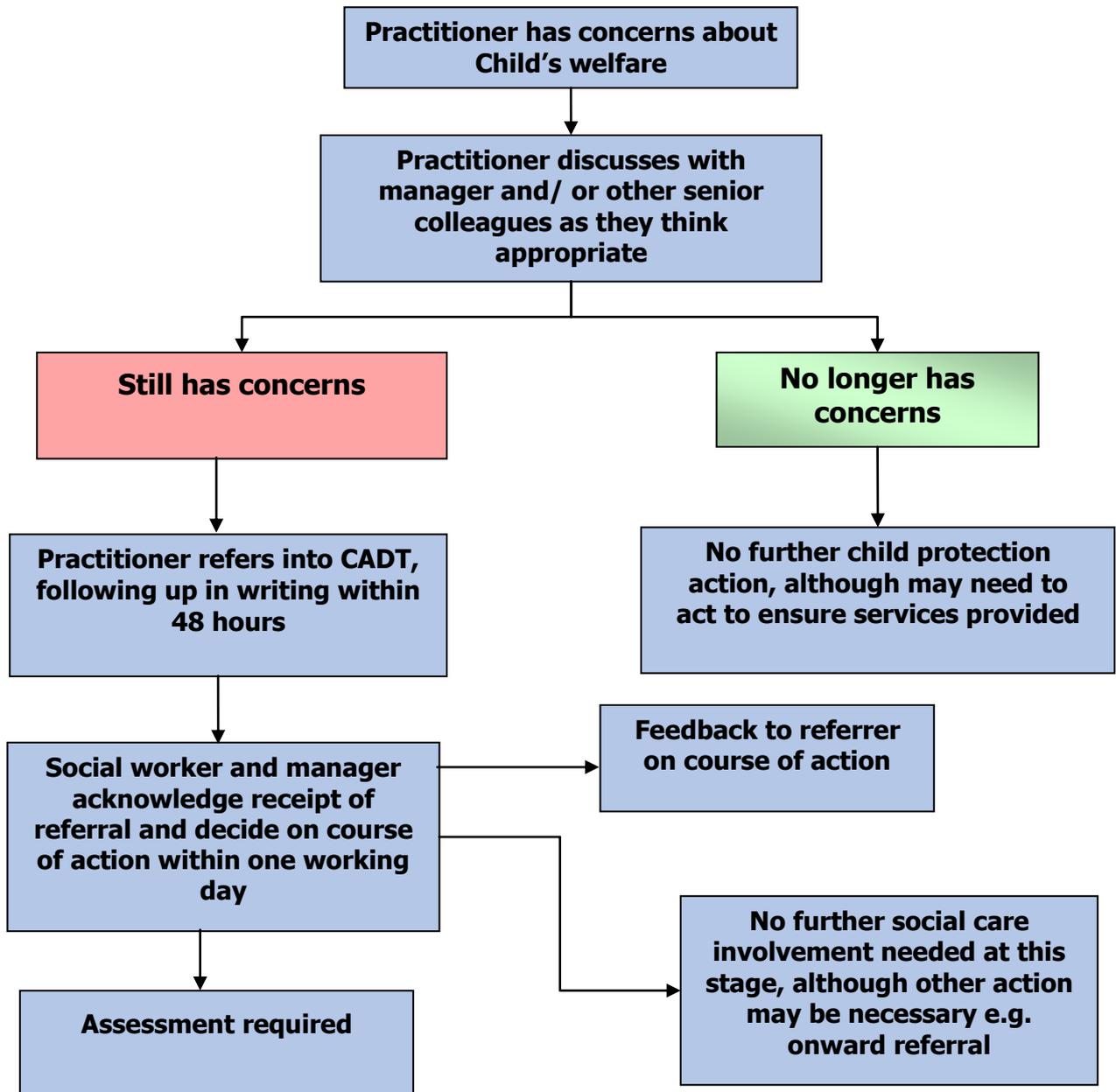
**Appendix 2:- Flowchart - Consultation Process**



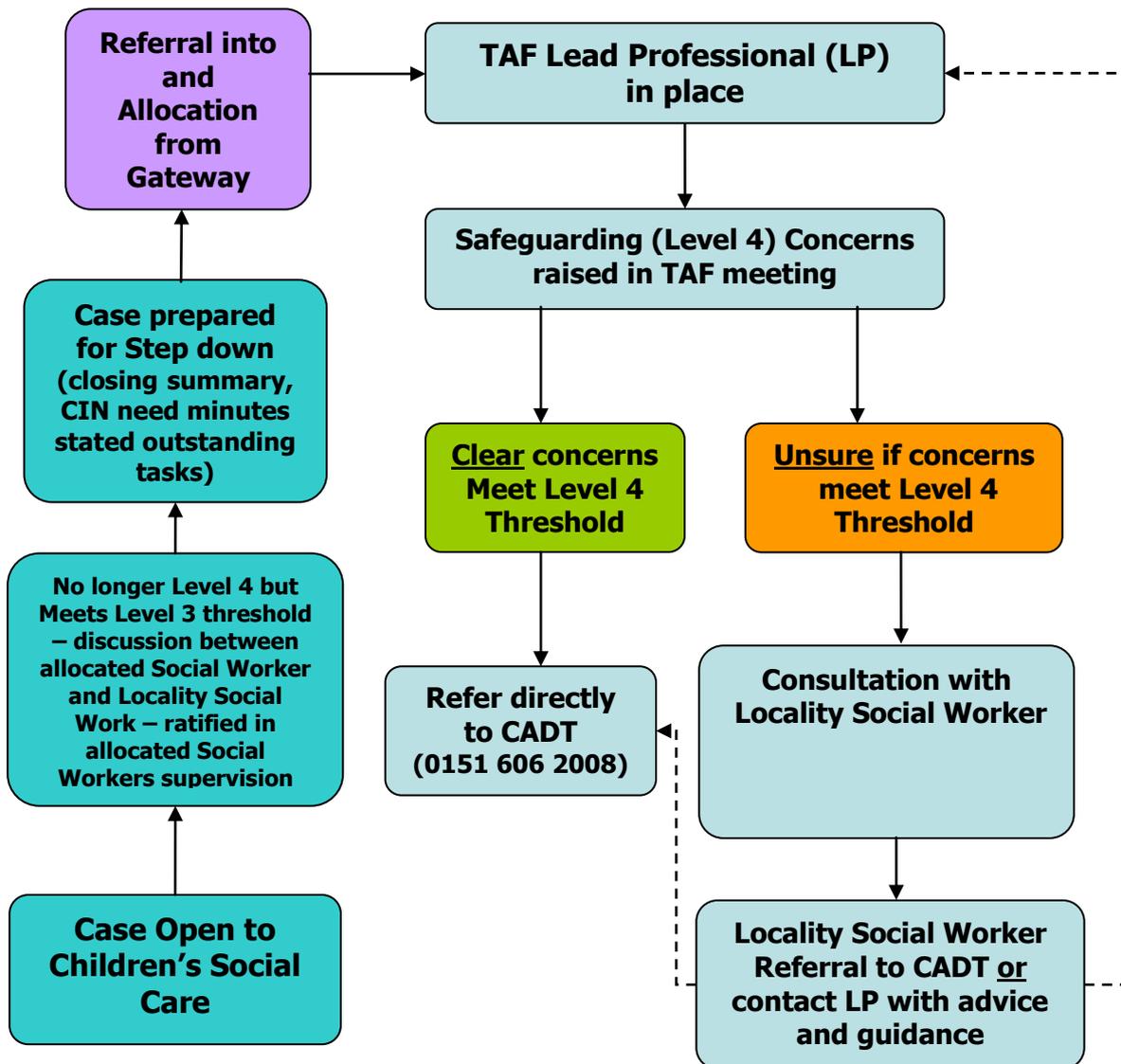
**Appendix 3 - Flowchart – Referral into the Gateway**



**Appendix 4 - Flowchart - Social Care Referral**



**Appendix 5- Step up Step Down Process**



## **Appendix 6**

### **Useful links**

1. **Team Around the Family QA Tools Contact List, CAF, Family CAF and Team around the Family Resources**

<https://www.wirralsafeguarding.co.uk/team-around-family-qa-tools/>

2. **Wirral Targeted Preventative Services –Early Help Offer and Strategy documents**

<https://www.wirralsafeguarding.co.uk/professionals/what-is-early-help/>

3. **Wirral Safeguarding Children Board Online Safeguarding Policies and Procedures**

<http://wirrallscb.proceduresonline.com>

3. **Wirral Safeguarding Children Board Website**

<https://www.wirralsafeguarding.co.uk/>