



**South Tyneside Safeguarding Children Board**

## **Multi-Agency Thresholds Guidance**

**For help and advice with Early Help contact the Early Help Advice Team:**

**Tel: 0191 424 6363**

**For advice or support with a concern call:**

**Integrated Safeguarding Intervention Team (ISIT)**

**Tel: 0191 424 5010 during normal working hours, Mon–Thurs 8.30am- 5.00pm Fri 8.30–4.30**

**Tel: 0191 456 2093 outside normal working hours.**

## Contents

|  |           |
|--|-----------|
| <b>Introduction</b>  | <b>3</b>  |
| <b>The Multi-Agency Threshold Guidance is divided into 4 Sections:</b>   |           |
| <b>Section A</b> –Pyramid of Need Model. The four-level model aims to ensure children, young people and families receive the right support, at the right level at the right time. It does this by establishing a common understanding of the appropriate service response to identified levels of need.  | <b>6</b>  |
| <b>Section B</b> - Multi-Agency Thresholds - Definitions and Indicators. This section provides definitions and indicators for practitioners to assist in the identification of levels of need for children and young people. The correct identification of need is essential in judging the right service response. It also includes guidance when working with children and young people with Special Educational Needs | <b>7</b>  |
| <b>Section C</b> – The De-escalation (Step Down) Process. This section outlines the processes to be followed by all practitioners when it is identified that a child/young person's needs have changed and warrant a lower level of service response   | <b>17</b> |
| <b>Section D</b> – Additional information  |           |
| 1. An overview of the Early Help Assessment Framework  | <b>19</b> |
| 2. Definition of a Child in Need   | <b>19</b> |
| 3. Definition of a Child at Risk of 'Significant Harm'   | <b>20</b> |
| 4. Exceptional Circumstances   | <b>20</b> |
| 5. Information Sharing and Consent   | <b>20</b> |
| 6. Lead Professional – Role Description  | <b>21</b> |
| 7. Team Around the Child and Family Members' – Role Description  | <b>22</b> |

## Introduction

1. This Multi-Agency Thresholds Guidance is for practitioners and managers in all agencies that work with, or are involved with, children, young people and their families.
2. A **threshold** in this guidance is the point at which professionals discuss and 'weigh up' what is happening for a family and whether actions, or different actions, are needed to meet a child/young person's needs. A threshold is also a way for services to describe a transition between different levels of need and types of services required to meet those needs.
3. 'Weighing up' need involves analysis of assessment information and professional judgement. Almost always, this will involve discussions with the family.
4. Actions may include providing practical 'hands on' support to the family; undertaking an early help assessment and developing a support plan with the family; referring to specialist agencies; setting up a Team around the Child and Family; requesting support from the Early Help Team or referring to Children and Families Social Care.

The most effective part of any assessment is the **professional dialogue between agencies and families**. The definitions and indicators contained in this threshold guidance are intended to facilitate that dialogue, not replace it.

They are intended to provide a framework to identify when a child or young person may be at risk of poor outcomes. However, they must be used alongside **professional judgement**, effective inter-and intra-agency communication and good evidence-based practice based on up-to-date research.

5. The need for help can arise at any point in the life of a child or young person, so early help does not only mean help in the early years of a child/young person's life. Responsibility for raising children and young people lies with their families. Most parents and carers support their children and young people without the need for help from beyond their circle of family and friends.
6. Some need additional help at times - perhaps from local NHS or voluntary sector services, from Children's Centres, or schools, or from specialist services for particular issues. A small number of parents and carers, for various reasons, are unable to provide good enough care and statutory intervention is necessary to protect the well-being and development of a child or young person.
7. By providing early help we aim to improve children/young people's lives, prevent families from needing social care services, and keep families together where possible. We want to help parents to raise their families safely and well, building their ability to do this long-term without professional support.
8. This guidance will assist practitioners and managers in assessing and identifying a child/young person's level of need and **matching that need to the right**

**service response.** The purpose of the guidance is to help us to **provide the right support, at the right level, at the right time.** We know that failing to do this often means that there is an escalation of need, poorer outcomes for children and families and increased risk for the child/young person.

9. To effectively support children and families we need to **share information** across different agencies and professional disciplines. This is important when providing early help where a family has emerging problems, and it is essential when putting in place effective child protection services. Serious Case Reviews have shown repeatedly how poor information sharing has contributed to the deaths of, or serious injuries to, children/young people.

***It should be noted that all referrals should be with the consent of the parent/family unless this compromises the safety of the child/young person.***

10. Children, young people and their families have a right to expect that we will be open and honest with them when we are worried about them and think they need some help. A section on information sharing and consent can be found on page 19 of this guidance.
11. We are resolute in our aim to deliver **the right support, at the right level, at the right time** to address children, young people and families' needs.
12. Our ambition is for children/young to have the Best Start in Life. Our work is underpinned by the following key principles:
  - i. Overall **better outcomes for children, young people and families.**
  - ii. Providing effective **safeguarding** with a focus on identifying early indicators of harm and intervening quickly
  - iii. A **reduction in the demand** for more specialist services.
  - iv. Support which is based on **'levels of need'**.
  - v. An effective **universal** approach which creates an environment that identifies risk and need, and promotes resilience in children, young people and their families. This means we will focus more on **supporting families to support themselves.**
  - vi. A commitment to an **effective case management approach**, and Team Around the Child and Family, based on the principle of a **'key accountable professional'**.
  - vii. A commitment to a **greater focus on outcomes**, in particular, asking families **'What made the difference for you?'**
13. **Early identification and rapid support** are critical, so our universal and preventative services and partner agencies need to be able to spot signs of trouble or distress in families and intervene quickly to address these signs and symptoms in a way which increases a family's resilience.

## Section A: The South Tyneside Pyramid of Need Model

In South Tyneside our Pyramid of Need Model is designed to reflect the levels of need that exist for children, young people and their families, recognising that needs may change. Sections 10 and 11 of the Children Act 2004 place agencies under duties to cooperate in promoting the safeguarding and welfare of children and young people. Our model is based upon this principle, ensuring a **shared responsibility**.

### Level 1: Universal Services - Early Help not needed

Most children and young people are at this level most of the time. This means that they don't have any additional needs, or their needs are fully met.

### Level 2: Prevention - Low level Early Help needed

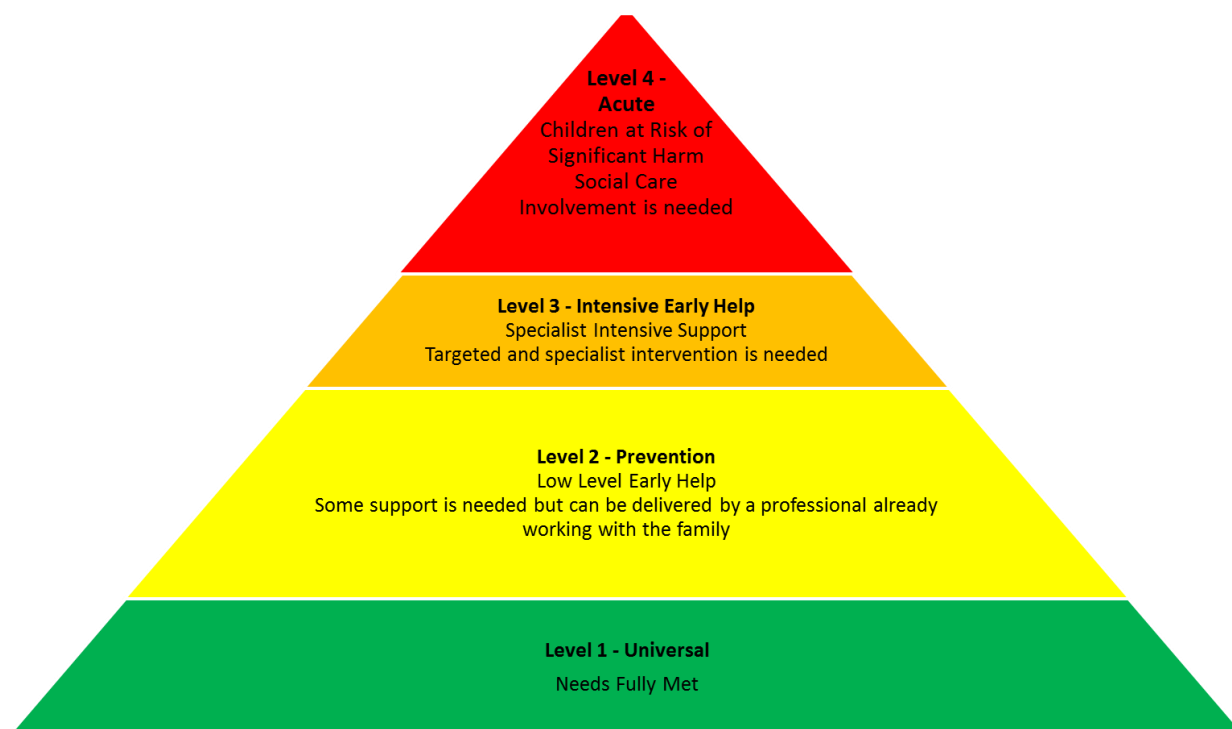
Children and young people have some additional needs. Extra support can usually be provided by those that already know them—for example their school, college, or pre-school, NHS community services such as Health Visiting, or any youth activities they attend.

### Level 3: Specialist - Intensive Support needed

The needs are more complex. This could include targeted Early Help or Child in Need (CIN) which can span across Levels 3 and 4.

**Level 4: Acute - Equates** to cases where specialist assessment indicates the need for more complex, intensive and structured interventions are required.

**If professionals feel that a child or young person's needs are at this level they should consult the Integrated Safeguarding Interventions Team (ISIT) who will advise on the best way forward.**



## **Section B: Multi-Agency Thresholds - Definitions and Indicators**

This section provides definitions and indicators for practitioners to assist in the identification of need for children and young people. It includes guidance on when to commence the Early Help Assessment process and/or make a referral to a specific agency including the Integrated Safeguarding and Intervention Team (ISIT) - Children's Social Care. Before initiating any action, it is recommended that professionals discuss the situation with the Early Help Advice Team and/or with ISIT if you feel that Social Work support may be required.

**For help and advice with Early Help contact the Early Help Advice Team:**

**Tel: 0191 424 6363**

**For advice or support with a concern call:**

**Integrated Safeguarding Intervention Team (ISIT)**

**Tel: 0191 424 5010 during normal working hours, Mon–Thurs 8.30am- 5.00pm  
Fri 8.30–4.30**

**Tel: 0191 456 2093 outside normal working hours.**

### **Multi Agency Allocations Team (MAAT)**

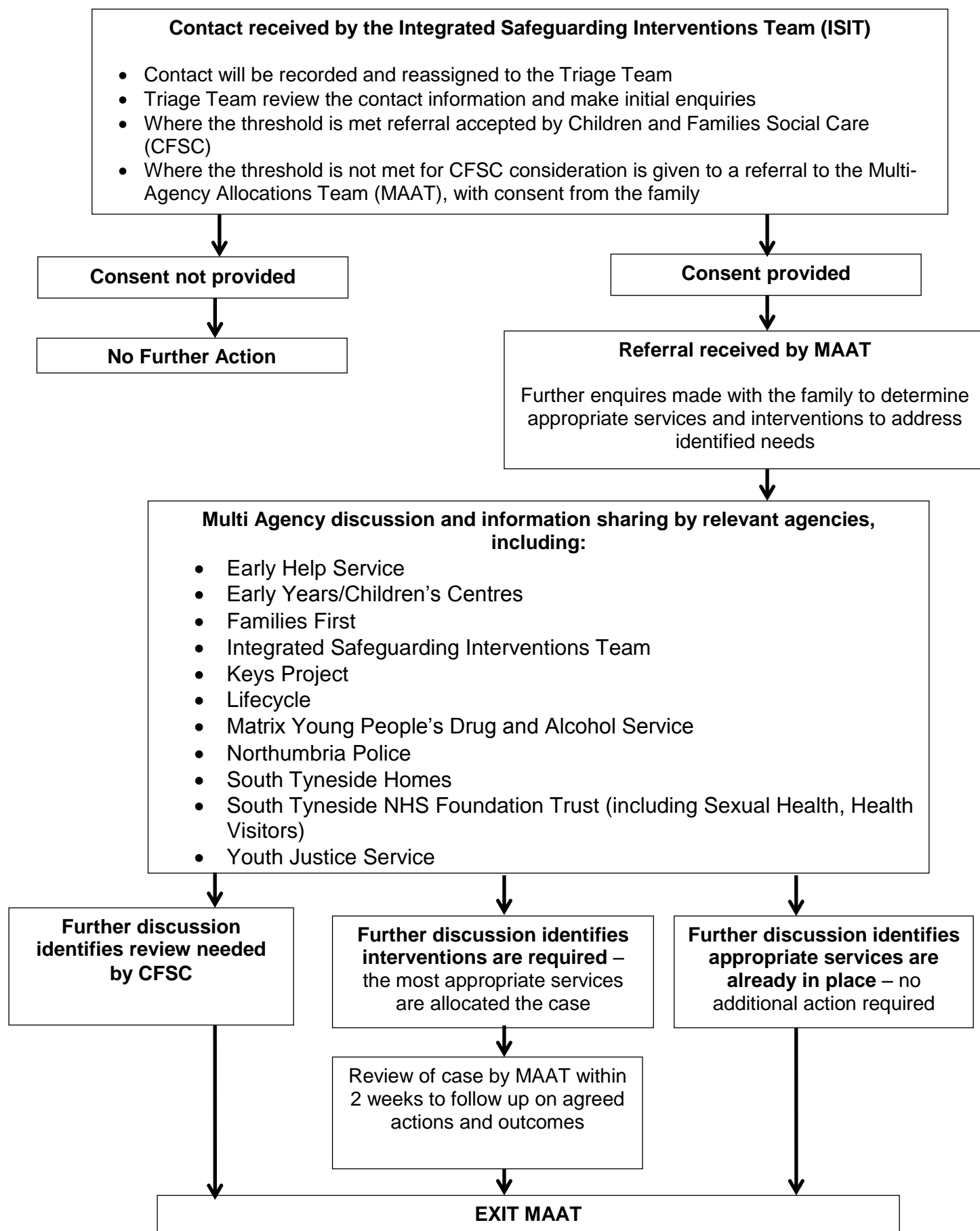
In South Tyneside partners have established and agreed a tiered approach with mechanisms to support children, young people and families requiring interventions at all levels. There is evidence however, that a significant number of contacts and referrals into Children's Social Care do not meet the Tier 3 threshold. Partners have agreed that the response to these contacts and referrals should never be **“no further action”**, experience tells us that consent based re-directing of such contacts and referrals to MAAT for a more appropriate level of support can yield better outcomes for children, young people and families.

#### **Purpose / role of the group:**

The purpose of the MAAT is to ensure a multi-agency response to those referrals that do not meet the threshold for Children and Families Social Care (CFSC) by providing **the right support, at the right level, at the right time in the form of Early Help interventions**. We know that failing to do this often means that there is an escalation of need, poorer outcomes for children and families and increased risk for the child.

**NB: Referrals to the MAAT are received from Contact and Referral, with the consent of the family, when thresholds are not met.**

## **MULTI-AGENCY ALLOCATIONS TEAM PROCESS**



## **Early Help**

Early Help is an '**approach**'. The aim of this approach is to support families who require more than the standard 'Universal Services'. Consent is required and parents/ carers need to be clear on what they are consenting to. Where a child or family would benefit from co-ordinated support from one organisation or agency (e.g. education, health housing, police etc) there should be an inter-agency assessment. These early help assessments should be evidence based, clear about the action to be taken and services to be provided. The Early Help Plan is a co-ordinated approach to support families. The role of professionals in the plan is **equal**. All Early Help plans **MUST** be registered with Early Help Advice Team, (EHAT).

### **Follow the link for the Early Help Documentation**

A Team around the Child and Family (TACF) at Level 3 will be co-ordinated by the most appropriate professional. It should be noted that children and young people with specialist needs may need to be on an Early Help Plan for a longer period.

The **Pyramid of Need Diagram**, page 5, and the **Framework of Indicators**, pages 8 - 13, should be viewed together as one tool. The Pyramid of Need Diagram provides an overview of the model whilst the Framework of Indicators provide examples to describe factors which might lead to heightened concern at each level.

There is no minimum number of concerns which would trigger a response.

The collective use of this framework by local agencies will enable them to understand their own roles and responsibilities with regard to early help and to safeguarding. This will assist in working together, information sharing and in facilitating referrals between organisations. This will benefit children, young people and families by helping to judge whether they are receiving the services they require

Guidance in relation to children/young people **stepping down the continuum** is provided in Section C.

## **Framework of Indicators**

The following tables are illustrative of the levels of needs and types of intervention that should be considered. These are not an exhaustive and as this is a working document, they may be further refined as processes become embedded.

*Please note: the following are **indicators**. They are not intended to be used as a risk assessment checklist. Each child/young person will need to be assessed against his/her individual circumstances.*

*There is no minimum or maximum number of indicators which will mean that a child or young person's circumstances have reached a particular threshold.*

*Professional dialogue between agencies and families remains the best and safest way to assess the level of need for a child or family.*



| <b>Level 1: Universal</b><br>Needs fully met.            |  |
|--|--|
| <b>Child / Young Person's Developmental Needs</b>        |  |
| <b>Abuse and Neglect:</b>                                | No physical or material signs of neglect; any injuries within developmental age range; emotionally warm and stable family environment  |
| <b>Learning, Education and Employment:</b>               | Adequate academic progress; meeting developmental milestones   |
| <b>Health:</b>   | Healthy, no physical or mental health condition or disability; access to health services; taken to appointments; regular physical activity and healthy diet; no history or substance misuse  |
| <b>Emotional Wellbeing:</b>                              | Positive sense of self; emotionally resilient  |
| <b>Social Development:</b>                               | Strong friendships and positive, respectful social interactions  |
| <b>Behaviour:</b>  | Age appropriate, legal activities; self-control appropriate to age and development; does not run away from home or go missing;   |
| <b>Environmental Factors:</b>                            | Family is integrated into community; finances used appropriately / in best interest of child/young person, even where limited; stable, suitable accommodation; no negative impact from local area; does not have caring responsibilities |
| <b>Parental and Family Factors</b>                       |  |
| <b>Protection from harm – physical and sexual abuse:</b> | The child/young person is protected from danger or significant harm, and is not subject to sexual, emotional or physical abuse   |
| <b>Neglect:</b>  | The child/young person's physical and material needs are met   |
| <b>Domestic Abuse:</b>                                   | There is no history of incidents of domestic abuse in the family   |
| <b>Perinatal Period:</b>                                 | Take up or ante / post-natal care; coping with parenthood and accessing support as required  |
| <b>Parenting Capacity:</b>                               | To promote child/young person's health, learning and education, emotional wellbeing; consistent parenting and emotional warmth   |
| <b>Extremism:</b>  | No evidence of involvement in or support for extremism   |
| <b>Drug and Alcohol Use:</b>                             | No evidence of impact on child/young person or on parenting ability  |
| <b>Physical or Mental Ill Health or Disability:</b>      | No evidence of impact on child/young person or parenting ability   |
| <b>Criminal or Anti-Social Behaviour:</b>                | No history of criminal activity in family; no family gang involvement  |

**Level 2: Prevention - Low Level Early Help Needed**

Some support is needed but can be delivered by a professional already working with the family.

**Child / Young Person's Developmental Needs**

|  |  |
|--|--|
| <b>Abuse and Neglect:</b>                  | Signs of neglect; dirty, unkempt; injuries; parenting lacks emotional warmth   |
| <b>Learning, Education and Employment:</b> | Underachieving; additional support needed to meet all developmental mile-stones; at risk of becoming NEET (not in employment, education or training)   |
| <b>Health:</b>                             | Early indication of unmet physical or mental health condition or disability; not brought to health appointments or immunisations; no physical activity / unhealthy diet impacting on health; early signs that drug or alcohol use is having a negative impact on social well being |
| <b>Emotional Wellbeing:</b>                | Poor self-esteem; requires additional emotional support; shows early signs of negative, anti-social or criminal behaviour  |
| <b>Social Development:</b>                 | Limited social interaction; language and communication difficulties; victim or perpetrator of bullying – some support required   |
| <b>Behaviour:</b>                          | Evidence of anti-social behaviour; short lived sympathy for violent / extreme ideology; lack of age appropriate self-control; risk of negative use of internet and social media; missing from home episodes; socially isolated as a result of intolerant views                     |
| <b>Environmental Factors:</b>              | Family is socially isolated; caring responsibilities; short of food, warmth or clothing; unclean accommodation with potential health and safety hazard; anti-social behaviour in local area has negative impact  |

**Parental and Family Factors**

|  |   |
|--|---|
| <b>Protection from harm – physical and sexual abuse:</b> | Physical, emotional and sexual abuse: evidence of sexual abuse or inappropriate sexual behaviour but child/young person is protected from this; child/young person not protected from accidental harm; early indication of over presenting for health care; physical chastisement within legal limits impacts on child/young person's emotional wellbeing and/or leads to concerns of escalation without intervention; harmful traditional practices are culturally prevalent, but child/young person is protected from these |
| <b>Neglect:</b>  | Evidence of neglect of the child/young person's physical and material needs, increasing their vulnerability   |
| <b>Domestic Abuse:</b>                                   | Parent/carers subject to non-physical abuse; violence in family, impact mitigated by protective factors   |
| <b>Perinatal Period:</b>                                 | Ambivalent to / irregular take up of ante / post-natal care; struggles to parent effectively but open to support  |
| <b>Parenting Capacity:</b>                               | Limited parenting capacity to promote child/young person's health, learning and education, emotional wellbeing; difficulties in setting boundaries and establishing and maintaining a routine   |

|   |  |
|---|--|
| <b>Extremism:</b>                                   | Some support for extreme views or ideology, but no evidence of active involvement with extremist organisation          |
| <b>Drug and Alcohol Use:</b>                        | Emerging evidence of impact on child/young person  |
| <b>Physical or Mental Ill Health or Disability:</b> | Physical or mental ill health or disability of parent/carer/sibling affects ability to meet child/young person's needs |
| <b>Criminal or Anti-Social Behaviour:</b>           | History of criminal activity in family   |

### **Level 3: Intensive Early Help**

Targeted and specialist support is needed.

#### **Child / Young Person's Developmental Needs**

|  |  |
|--|--|
| <b>Abuse and Neglect:</b>                  | Consistent physical and material signs of neglect; injury; volatile and unstable family environment - emotional neglect increasing vulnerability   |
| <b>Learning, Education and Employment:</b> | Seriously underachieving despite sustained interventions; targeted support needed to meet developmental milestones; NEET   |
| <b>Health:</b>                             | Physical or mental health condition or disability significantly affects daily functioning; chronic health problems due to not being brought; increasingly presented to health care from various providers; no physical activity / unhealthy diet seriously impacting on health despite sustained interventions; substance misuse dependency impacts mentally and physically  |
| <b>Emotional Wellbeing:</b>                | Poor self-esteem / sense of identity impacts on daily outcomes; concern of suicide or self-harm; significant deterioration in behaviour and engagement in risky behaviours; fails to meet developmental milestones due to inability of parent/ carer to provide emotional support; involvement in negative; antisocial or criminal behaviour and at greater risk of being groomed or exploited by others   |
| <b>Social Development:</b>                 | Socially isolated; significant communication difficulties; negative interactions and lack of respect; victim or perpetrator or persistent or severe bullying despite early help interventions  |
| <b>Behaviour:</b>                          | Anti-social behaviour; has associations/affiliation with negative peer groups involved in offending behaviour; expresses support for extremism and violence; regular lack of age appropriate self-control; engaged in or victim of harmful use of internet and social media; negative behaviour associated with extremism; persistently missing from home – concern around extremism related to this; caring responsibilities have negative impact; negative and intolerant interactions with others |
| <b>Environmental Factors:</b>              | Family socially excluded – adverse impact on child/young person; regularly short of adequate food, warmth or clothing due to other prioritisation of financial resources; consistently dirty accommodation with health and safety hazards;   |

|  |   |
|--|---|
|  | child/young person victim of anti-social behaviour or crime in local area and at ongoing risk; local area has significant levels of crime and ASB, family at risk of having limited financial resources increases vulnerability of child/young person to criminal activity;   |
| <b>Parental and Family Factors</b>                       |   |
| <b>Protection from harm – physical and sexual abuse:</b> | Physical and sexual abuse: parent / carer unable to protect family from significant harm; possible inappropriate sexual behaviour from parent / carer; family home previously been used for criminal activity; physical chastisement beyond legal limits; concern child/young person may be subject to harmful traditional practices  |
| <b>Neglect:</b>  | Regularly neglectful of child/young person's physical and material needs, impacting on outcomes; and placing at risk of grooming or exploitation  |
| <b>Domestic Abuse:</b>                                   | Parent/ carer has previously experienced and evidence of current domestic abuse; domestic abuse within the family with limited sign of change or recognition of adverse emotional impact on the child/young person; child shows sign of emotional abuse and behaviours such as adolescent to parent violence and abuse that indicates risk of becoming perpetrator or victim of abuse |
| <b>Perinatal Period:</b>                                 | Does not access ante / post-natal care; post-natal depression; sustained difficulties in parenting effectively and will not accept support  |
| <b>Parenting Capacity:</b>                               | Very limited parenting capacity impacts adversely on child/young person's health, learning and education; child/young person is emotionally neglected and vulnerable to exploitation; significant risk of parent-child/young person relationship breakdown; parent/ carer unable to set boundaries; weak or negative family network   |
| <b>Extremism:</b>  | Family members, parents or carers expose child/young person to involvement in activity that supports or endorses extremism  |
| <b>Drug and Alcohol Use:</b>                             | Evidence of drug and alcohol use by parents, carers and family members impacting on child/young person  |
| <b>Physical or Mental Ill Health or Disability:</b>      | Physical or mental ill health or disability of parents / carers / family members impacts on the care of the child/young person  |
| <b>Criminal or Anti-Social Behaviour:</b>                | Criminal record relating to violent or serious crime may impact on child/young person in household  |

**Level 4: Acute – Children/Young People at Risk of Significant Harm**

Children and Families Social Care involvement is needed.

**Child / Young Person's Developmental Needs**

|  |   |
|--|---|
| <b>Abuse and Neglect:</b>                  | Extreme physical signs of neglect; material neglect causing significant harm; unaccounted injuries and disclosure; long term emotional neglect places child/young person at high risk of / involvement in sexual or other exploitation as perpetrator or victim   |
| <b>Learning, Education and Employment:</b> | Significant delay / impairment to developmental milestones; at risk of significant harm as a result   |
| <b>Health:</b>                             | Complex physical or mental health condition or disability has significant adverse impact; complex and chronic health problems due to lack of access to services; no physical activity / unhealthy diet seriously impacting on health and placing at risk of significant harm despite sustained interventions; substance misuse dependency places child/young person at significant risk of harm   |
| <b>Emotional Wellbeing:</b>                | Negative sense of self leads to significant harm; child/ young person is exploited and harmed by others as a result; development significantly impaired; self-harming or suicidal; at high risk of CSE  |
| <b>Social Development:</b>                 | Completely isolated; little or no communication skills or positive interaction with others; negative interactions and lack of respect; victim or perpetrator of persistent or severe bullying which places wellbeing at risk  |
| <b>Behaviour:</b>                          | Involved in persistent, serious criminal activity, possession with intent to supply drugs/offences; expresses support for extremism and violence; little or no age appropriate self-control places self and others at risk; significant concerns child/young person is at risk of harm due to internet and social media activity; significant concern child/young person is being groomed for involvement in extremist activity; strong links with extremist individuals / groups; child/young person persistently missing with significant concern about sexual exploitation and / or criminal activity; caring responsibilities have significant negative impact with no sign of change |
| <b>Environmental Factors:</b>              | Children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting Significant Harm. In each case, it is necessary to consider any ill treatment alongside the family's strengths and supports.   |

| <b>Parental and Family Factors</b>                       |  |
|--|--|
| <b>Protection from harm – physical and sexual abuse:</b> | Parents unable to provide parenting that is adequate and safe; parents unable to care for previous children/young people; parents are involved in crime; parents unable to keep child/young person safe; victim of crime; parents inconsistent, highly critical or apathetic towards child/young person      |
| <b>Neglect:</b>  | Neglectful of child/young person's physical and material needs, impacting on outcomes; and placing at risk of grooming or exploitation; child/young person is rejected or abandoned  |
| <b>Domestic Abuse:</b>                                   | There is instability and violence in the home continually; persistent domestic abuse   |
| <b>Perinatal Period:</b>                                 | Does not access ante/post-natal care; post-natal depression; sustained difficulties in parenting effectively and will not accept support   |
| <b>Parenting Capacity:</b>                               | No effective boundaries set by parents; regularly behaves in an anti-social way in the neighbourhood; child/young person beyond parental control; subject to a parenting order which may be related to their child/young person's criminal behaviour, antisocial behaviour or persistent absence from school |
| <b>Extremism:</b>  | Family members, parents or carers involve child/young person in activity that supports or endorses extremism   |
| <b>Drug and Alcohol Use:</b>                             | Persistent drug and alcohol use by parents, carers and family members, significantly affect care of the child/young person   |
| <b>Physical or Mental Ill Health or Disability:</b>      | Parents' mental health problems significantly affect care of child/young person;   |
| <b>Criminal or Anti-Social Behaviour:</b>                | Parents/carers are involved in criminal activities   |

### **Children and Young People with Special Educational Needs and/or Disabilities (SEND)**

Following feedback from partners about the levels of need, it became apparent that children and young people with SEND do not fit neatly into the descriptors above. The following advice is therefore offered in relation to support for children and young people with SEND:

Almost all children/young people with SEND will require a long-term, multi-agency Team Around the Child/Family (TACF) package of support.

For most, this TACF will involve the universal services (school or nursery, GP, school nurse or health visitor) and some of a range of targeted services (eg: speech and language, portage, specialist medical support).

For a lesser number, there will also be a need for social work input due to family circumstances.

Where there is no need for social work input, the child or young person can be supported in one of three ways:



- a) Children/young people who are registered pupils of a school or college, whether in nursery, of statutory school age or post-16 with Additional Needs, should be supported through the school/ college's own support processes or by an Education, Health and Care (EHC) plan. Parents and carers have the right to request a needs assessment if they believe their child/young person may require an EHC Plan. In addition a young person can request an assessment themselves from Year 12 onwards. Whilst an EHC plan must be reviewed statutorily once a year, settings should hold reviews throughout the year to monitor the child/young person's progress.
- b) Children who have not yet started school should be supported by an Early Help Plan (as there is no other vehicle currently available for support pre-school). Once the child/young person joins a school consideration should be given to converting the EH Plan to an EHC Plan, or the child/young person should be support by the school's processes for children/young people with Additional Needs and the EH Plan closed.
- c) In exceptional circumstances, it is possible to run an Early Help Plan concurrently with an Education, Health and Care Plan (or pre-existing statement of SEN). Examples of this would be where a child/young person has not yet had their statement of SEN converted to an EHC Plan, or where the existence of an EH Plan is a motivator for parents and professionals. However, the TACF should assess the value of running two plans concurrently, both in terms of time/resource and of outcomes for the child/young person and family.

Where it is deemed that there is a need for social work input for a child or young person with SEND, a Single Assessment will be carried out by Children's Social Care under Section 17 of the Children Act. If the assessment determines that a Child in Need plan is required, this will be co-ordinated by a social worker. Other professionals supporting the child/family will join the team around that child/family.

## Section C: The De-escalation (Step Down) Process

Our aim is to identify need at the earliest opportunity and respond to it with timely and effective services. Ensuring the right service to the right family at the right time is critical to the success of this aim. We recognise that a child/young person and/or family's needs can and do change over time. This may be in response to agency intervention or changing circumstances within the family, or it may be as a result of a lack of change and parental motivation/ or ability to change. This may affect the nature and/or level of the risk to the child/young person. Whatever the cause of the change, our services need to be able to recognise it and respond appropriately.

Disagreements about agency responsibilities for responding to identified need that cannot be resolved through discussions between the referring and the receiving professional should be addressed through South Tyneside's LSCB dispute resolution process

[http://www.proceduresonline.com/nesubregion/South\\_Tyneside\\_SCB/p\\_conflict\\_res.html?zoom\\_highlight=Professional+Disputes](http://www.proceduresonline.com/nesubregion/South_Tyneside_SCB/p_conflict_res.html?zoom_highlight=Professional+Disputes)

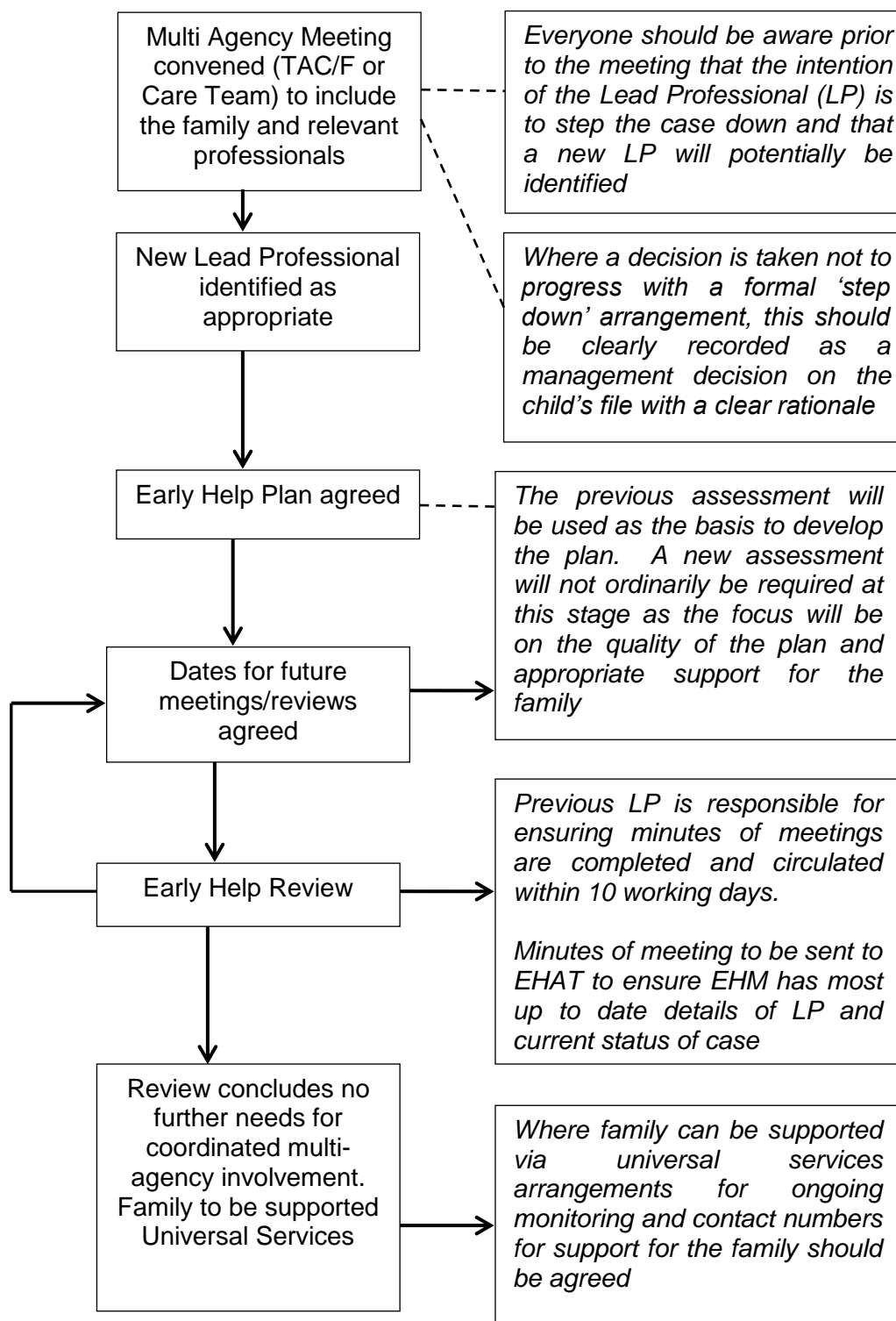
With low level additional needs a child/young person or family is most likely to benefit from the provision of targeted **early intervention** within a universal service context. A child/young person may for example require a small amount of additional support within the classroom or additional health screening. Such cases do not represent a 'stepping up' of need or response, only additional support within the universal service context.

The '**stepping down**' flow chart on the next page indicates how the support should continue to be offered to families as they move down the continuum of need. The Lead Professional may change but the multi-agency team and support to the family will continue to be offered where a need continues to exist. Cases closing to Children's Social Care will routinely 'step down' into an early help process unless there is a clear rationale and multi-agency agreement why this is unnecessary. The multi-agency team, with the child/young person and family, will identify who is the most appropriate professional to be the new Lead Professional when a family 'steps down'.



## De-escalation/Stepping Down Process

Where the needs of the child/young person and family can be met via a lower level of intervention:



## **Section D – Additional information**

### **1. Early Help Assessment Framework**

#### **1.1 Overview**

- A consent-based process — we need the agreement of a parent/carer or of a competent young person/older child/young person before using the Early Help process. However, failure to acquire consent should not be a reason to give up or to withdraw support. Professionals should engage with other services to try to find someone with whom the family has a good relationship who may be able to obtain consent.
- A multi-agency assessment, planning and review process used across all services working with children, young people and families
- Includes common forms for recording holistic assessments, plans and reviews in a structured way
- Designed to be shared between services and used as a starting point for planning coordinated multi-agency action

#### **1.2 Who might have an Early Help assessment?**

An early help assessment can be carried out with any child or young person from pre-birth up to age 17 years and 364 days, where there are indicators or need at Level 2 or 3, where the child or young person's needs are unclear, or not being met by the universal services.

#### **1.3 Which practitioners should use the Early Help process?**

- Any practitioner in the children's workforce should use the Early Help process. Many adults accessing services are also parents/carers and may need some support or help for their child/young person.
- The Early Help Assessment is most likely to be used by practitioners in the universal services or those providing early intervention, early help or targeted support.

### **2. Definition of a “Child in Need”**

#### **2.1 The legal definition of a ‘Child in Need’ is given in section 17[10] of the Children Act 1989: For the purposes of Part III of the Act a child/young person shall be taken to be in need if;**

[a] He is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority;

[b] His health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

[c] He is disabled.

### **3. Definition of a child/young person “at risk from significant Harm”**

- 3.1 The Children Act 1989 introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of a child/young person. Section 47 of the Act places a duty on the local authority to make enquiries when it has 'reasonable cause to suspect that a child/young person who lives, or is found, in their area is suffering, or is likely to suffer, significant harm'.
- 3.2 Sometimes a single traumatic event may constitute Significant Harm, e.g. a violent assault, suffocation or poisoning. More often, Significant Harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child/young person's physical and psychological development.

### **4. Exceptional circumstances – Significant Harm and Putting Others at Risk of Harm**

- 4.1 If at any time you consider that a baby, child or young person is a child in need, which includes being at risk of significant harm, you must follow Safeguarding Children's Procedures, available at:  
[http://www.proceduresonline.com/nesubregion/South\\_Tyneside\\_SCB/index.html](http://www.proceduresonline.com/nesubregion/South_Tyneside_SCB/index.html)
- 4.2 Similarly, children or young people putting others at risk of harm e.g. by their threatening behaviour, should also be determined as a child in need.

### **5. Information sharing and Consent**

- 5.1 Information sharing will be proportionate and supported by the principles enshrined in the following legislation/documentation:
- Section 10 Children's Act 2004 – Duty to cooperate to improve well-being of children/young people
  - Section 11 Children's Act 2004 – Duty to safeguard and promote the welfare of children/young people
  - 'Working Together to Safeguard Children 2018' – How organisations and individuals should work together to Safeguard and Promote the welfare of children/young people
  - Local Safeguarding Children Board - Policies, procedures, protocols and guidance.
  - Education Act 2002 – Making arrangements to carry out their functions with a view to safeguarding and promoting the welfare of children (Safeguarding Children in Education)
  - Seven Golden Rules for Information Sharing (July 2018)

***Note: the GDPR does not mean that information cannot be shared where there are safeguarding concerns***

## **6. Lead Professional – Role Description**

6.1 A lead professional is the member of a 'Team Around a Child and Family' (TACF) with responsibility for co-ordinating the work of the team, acting as a single point of contact for the family and ensuring family members receive the support they need. Where the child/young person is an open case to Children and Families Social Care, the social worker will always be the lead.

6.2 The role requires flexibility and must reflect the needs of the children/young people and family concerned. The lead professional will have a specific agency contribution to make as well as operating as the lead professional. The key objective of the role is to facilitate and co-ordinate the timely delivery of effective support to the family and ensure that the issues of concern for the child/young person and their family are addressed and that outcomes for the child/young person improve.

6.3 Role:

As a lead professional your key roles will be to:

- Keep in touch with the child/young person and family and act as a single point of contact between the family and the agencies involved
- To develop / build on effective working relationships with the child/young person, family and partner agencies
- To understand the role of other professionals and co-ordinate the support
- To agree with partners and the child/young person and family the initial plan and then to monitor and review the plan ensuring it remains child/young person focused
- To ensure there are regular TAC/F meetings and reviews to monitor process.
- To discuss the case in supervision / with line manager and obtain managerial sign off for decisions, particularly at key transition points.
- To ensure necessary action is taken at the point of case transfer to another lead professional or case closure.
- Take part in relevant training and development
- To fulfil your specific agency role in relation to the plan

6.4 Who can be a lead professional?

Any professional involved in the team around a child / young person / family can act as lead professional. The person chosen to act as lead professional must have an effective relationship with the child/young person and family and should be the professional that has the expertise and resources that are best able to meet the needs of the child/young person/family and fulfil the role set out above.

6.5 How is it different from the role of social worker?

The essential difference is that a social work role is grounded in statutory or specialist service provision and designed to meet complex needs. Where a

child/young person has an identified key worker from a statutory agency that person will lead the Team Around the Child and Family.

## **7. 'Team Around the Child and Family' Members'**

### **7.1 What is a 'Team Around a Child and Family'?**

A 'Team Around a Child and Family' (TACF) comes into operation when a child/young person or family have additional needs that fall within Level 2 of South Tyneside's threshold guidance / continuum of need. At this point, the child/young person and / or family may have been assessed as having significant needs that require a multi-agency response. Where the needs are of such significance as to require the involvement of statutory social work intervention the TAC/F may take the form of a care team or care group.

At Level 2 the TACF will, in partnership with the child/young person and family, identify a Lead Professional that will have particular responsibility for co-ordinating the work of the TAC/F and maintaining communication with the child/young person and family.

At levels 3 and 4 the TACF will be co-ordinated by either a Social Worker or Youth Justice Officer as appropriate.

Regardless of the level of need or the identity of the lead professional the support from the TAC/F will follow the child/young person and family for as long as it is needed i.e. The multi-agency team will remain stable even if the lead professional changes. Professionals can be co-opted onto or leave the TAC/F if the needs of the family change.

### **7.2 Role**

Each TACF member will have a specific role, usually tied to their agency / professional role. Particular duties include:

- Maintaining contact with the child/young person and family in accordance with their professional role and the agreed multi-agency plan
- Seeking consent and sharing relevant information with the lead professional and other agencies as necessary
- Attending and contributing to planning and review meetings
- Supporting smooth running of meetings and helping with administrative arrangements
- Taking ownership of their role within the TACF plan, implementing necessary actions and understanding the role played by others in delivering the plan
- Establishing / building upon relationships with the child, young person, family and partner agencies
- Taking part in relevant training and development
- To discuss the case in supervision / with line manager
- To ensure professional concerns are identified, reported and acted upon

### 7.3 Who can be a TACF Member?

Any professional, staff member or volunteer working with an agency that is identified as having a role in the plan in addressing the identified needs of the child, young person or family can be asked to take part in a TACF. The agencies involved will be identified as a result of the assessment and the identified support needs of the family. The membership of the group will be regularly reviewed and discussed with the family. If further referrals are made, new members may join. As pieces of work are successfully completed, some TAC/F members may no longer be required.