



# Thresholds of Support to Children and Families in Wolverhampton



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# 1. Introduction

- 1.1 Welcome to Wolverhampton’s Thresholds to Support Guidance which replaces the Thresholds document of 2011. This document is the responsibility of Wolverhampton Safeguarding Children Board as outlined in Working Together to Safeguard Children 2015.
- 1.2 Its purpose is to assist everyone involved in making decisions about the most appropriate support to provide to children, young people and their families in relation to different levels of need. It also clarifies how different levels of support can be accessed as a new threshold of need is reached.
- 1.3 This Policy relates to the support available for children, young people and their families from
- Universal services
  - Early Help services (inc. Additional & Intensive support services; also known as targeted support)
  - Specialist services for more complex needs (including the level of need at which a case should be referred to the Local Authority Children’s Social Care for statutory assessment and statutory services under the following sections of the Children Act 1989:
    - Section 17 - children in need;
    - Section 47 - reasonable cause to suspect children suffering or likely to suffer significant harm;
    - Section 31 - care orders; and
    - Section 20 - duty to accommodate a child
- 1.4 This guidance contains advice and tools for all agencies and organisations involved in supporting vulnerable children, young people and their families. It recognises that many agencies and organisations as well as parents / carers and other family members provide support to children and young people.
- 1.5 A common understanding and use of the principles and processes contained in this guidance will result in:
- more effective support to all children, young people and their families across the whole range of need
  - equitable and consistent delivery of appropriate support
  - compliance with statutory requirements
- 1.6 This document should be read alongside the Wolverhampton Safeguarding Children’s Board (WSCB) procedures that reflect the legal framework underpinning work with children to promote their welfare and prevent abuse. These procedures are available at: [www.wolvesscb.org.uk](http://www.wolvesscb.org.uk)



## 2. The Wolverhampton Vision

2.1 In Wolverhampton we believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families.

2.2 By working together, we will develop flexible services which are responsive to children's and families' needs, and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises and towards effective intervention and support for children, young people and their families at an earlier stage.

2.3 We are committed to the following principles which inform the way we work with children and families:

- Wherever possible all children's and families' needs will be met by universal services.
- As soon as any professional is aware that a child has any additional needs he/she will talk to that child and their family and offer advice and support to meet that need.
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/ carers to make changes.
- We will offer support and services to help families find their own sustainable solutions. Once improvement is made, services will reduce or end so as not to create dependence.
- Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.

2.4 There are several factors that are essential to delivering effective Early Help:

a. An open, honest and transparent approach to supporting children and their families

- Parents are usually the best people to understand their child's needs, however parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than parenting failure.
- In the majority of cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage parents actively to help them to prevent problems from becoming more serious.

- All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making. It is important that they acknowledge and respect the contribution of parents and other family members.

b. Earlier, solution-focused and evidence based interventions

It is important that any problems are identified early so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating.

- We will all work with families as soon as any difficulties become apparent to help them to identify the things they want to change and the support they need.
- The most effective support is tailored to the family's needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.

c. A multi-agency/disciplinary approach to assessment, support and intervention

- Safeguarding and promoting the welfare of children is the responsibility of everyone in Wolverhampton who works or has contact with children and their families.
- The multi-agency/disciplinary approach ensures that children and families are understood and responded to in the round so that they receive the right support and practical help in a co-ordinated way when they need it.
- Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.
- A confident workforce with a common core of knowledge and understanding about children's needs
- Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with children bring to their role.
- The Wolverhampton Safeguarding Children Board will support individuals and organisations in the City to develop confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.



### 3. Identifying Need and Providing Support to Children, Young People and their Families

3.1 In Spring 2014 Wolverhampton launched the 'Families R First' programme which focuses on Early Help to children and their families, supporting children to remain safely within their families wherever possible.

3.2 Across Wolverhampton the Partnership are committed to working together in an open way with the child, young person and their family to:

- identify strengths and needs
- find practical and achievable solutions
- provide the right amount of information, advice and support.

3.3 Wolverhampton's approach to working with children and young people with additional needs recognises that better outcomes are secured by services working together. Our approach emphasises a commitment to integrated and multi-agency working at all levels: from Early Help, to responding to significant harm.

3.4 In summary, Wolverhampton's Model reflects our partnership commitment to:

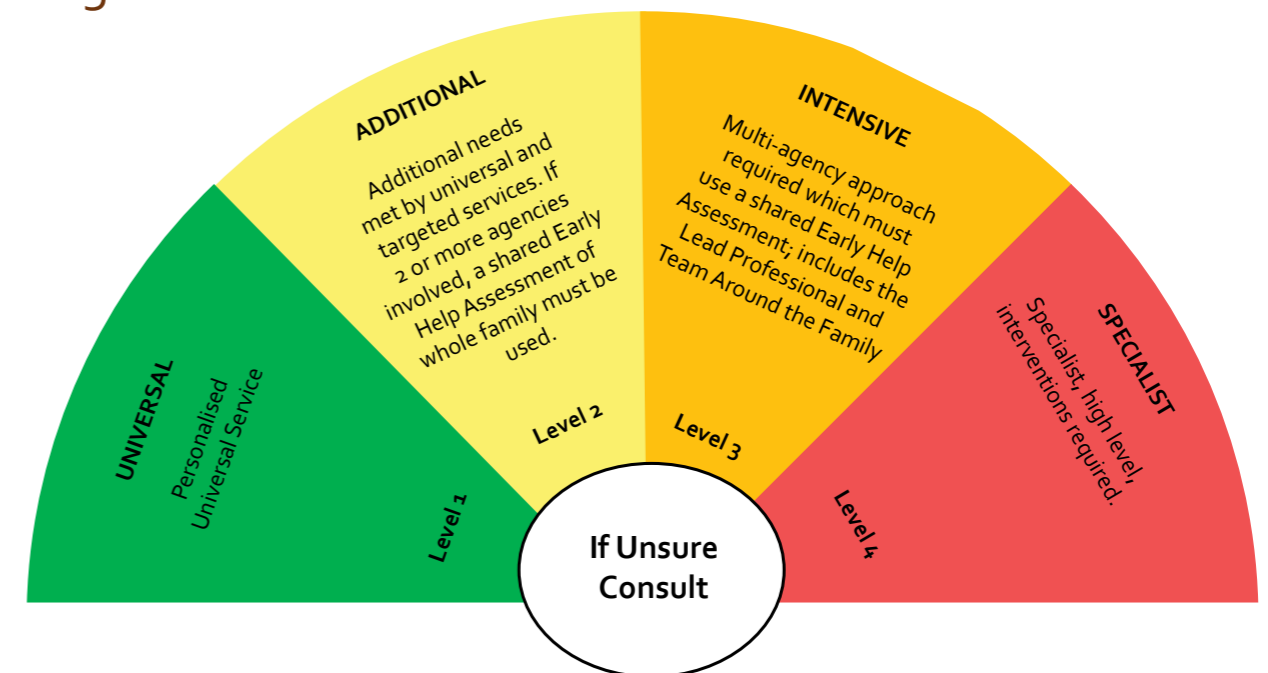
- A multi-agency coordinated approach to delivery of services
- Embedding the use of the Early Help Assessment in all agencies
- Providing help and support at the lowest level to prevent the escalation of need
- Improving information sharing between practitioners
- Ensuring access to specialist services for children and young people who have suffered, or are at risk of, significant harm



## 4. Wolverhampton's 'Thresholds to Effective Support' model

- 4.1 This guidance seeks to support practitioners in developing a common understanding of the different levels of support available to meet particular levels of need. In this guidance we have identified four different levels of need with corresponding levels of support / services to meet those needs.
- 4.2 Figure 1 illustrates the different ways that children, young people and their families can be supported. Remember, different levels of support may be required by a family at different times in the life of the family.
- 4.3 It is also important to recognise that children and young people's needs may be supported by services from the whole spectrum of this model at any one time.
- 4.4 All partners working with children, young people and their families will offer support as soon as we become aware of any additional needs. Partners should always work together to provide support to children, young people and their families at the lowest possible level in accordance with their needs.
- 4.5 If a child or young person's needs are so concerning when first identified that they require support from specialist services from the outset, a referral to the Central Referral Hub (01902 555392) or Out of Hours Emergency Duty Team (01902 552299) should be made.
- 4.6 Wolverhampton Safeguarding Children Board recognises neglect as a key feature of the life experiences of Wolverhampton's children. (see Appendix 1 for a summary).

Figure 1



## 5. Universal Support (Level 1)

5.1 Children and young people at this level are achieving expected outcomes and have their needs met within universal service provision. All children, young people, parents and carers can access these services directly.

5.2 Key universal services that may provide support to children, young people and their families at this level are: Schools, Colleges and Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, Police, Housing, Voluntary and Community organisations.

1. Development Needs of Infant, Child or Young Person	
<b>HEALTH</b> <ul style="list-style-type: none"> <li>• Good physical health</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Development checks/immunisations up to date</li> <li>• Accesses health services</li> <li>• Development milestones met including Speech &amp; Language</li> <li>• Appropriate height &amp; weight</li> <li>• Healthy lifestyle</li> <li>• Sexual activity appropriate for age</li> <li>• Good state of mental health</li> <li>• No substance misuse (including alcohol)</li> </ul>	<b>IDENTITY</b> <ul style="list-style-type: none"> <li>• Positive sense of self &amp; abilities</li> <li>• Demonstrates feelings of belonging &amp; acceptance</li> <li>• An ability to express needs</li> </ul>
<b>EDUCATION &amp; LEARNING</b> <ul style="list-style-type: none"> <li>• Good attendance at school/college/training</li> <li>• No barriers to learning</li> <li>• Achieving key stages</li> <li>• Planned progression beyond statutory school age</li> </ul>	<b>FAMILY &amp; SOCIAL RELATIONSHIPS</b> <ul style="list-style-type: none"> <li>• Stable &amp; affectionate relationships with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul>
<b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b> <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills</li> <li>• Good quality early attachments</li> </ul>	<b>SOCIAL PRESENTATION</b> <ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> </ul>
	<b>SELF-CARE SKILLS</b> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>
2. Parents and Carers:	
<b>BASIC CARE, SAFETY AND PROTECTION</b> <ul style="list-style-type: none"> <li>• Carers able to provide for child's needs and protect from danger and harm</li> </ul>	<b>FAMILY HISTORY AND FUNCTIONING</b> <ul style="list-style-type: none"> <li>• Supportive family relationships, including when parents are separated</li> </ul>
<b>EMOTIONAL WARMTH AND STABILITY</b> <ul style="list-style-type: none"> <li>• Carers able to provide warmth, praise and encouragement</li> </ul>	<b>HOUSING, EMPLOYMENT AND FINANCE</b> <ul style="list-style-type: none"> <li>• Housing has basic amenities and appropriate facilities</li> <li>• Appropriate levels of cleanliness/hygiene are maintained</li> <li>• Not living in poverty</li> </ul>
<b>GUIDANCE, BOUNDARIES AND STIMULATION</b> <ul style="list-style-type: none"> <li>• Carers provide appropriate guidance and boundaries</li> <li>• Supports development through interaction and play</li> </ul>	<b>FAMILY'S SOCIAL INTEGRATION</b> <ul style="list-style-type: none"> <li>• Good social and friendship networks exist which accommodate needs</li> </ul>
3. Family and Environmental Factors	

## 6. Additional Support (level 2) Early Help

6.1 Early Help to meet the needs of children, young people and families is provided by a wide range of organisations and services in the city.

6.4 An Early Help Assessment is a tool to identify any unmet needs of a child, young person and their family. The assessment process will collect information from the family, and any one working to support them in order to decide and agree how these needs will be met.

6.2 Anyone who has concerns that a child or young person's needs are not being met by universal provision must start an Early Help Assessment and seek to offer help. The information captured in the Early Help Assessment can be easily shared at a later stage if support from one or more other agencies is required to meet the needs identified.

6.5 For advice and information about how your agency or service can engage with Early Help and get access to use the online Early Help Assessment tool, contact your Early Help Locality Manager (0-5, or 5-18) – see Useful Telephone Numbers on last page.

6.3 Early Help is:

- More than just an assessment process
- A way of working
- A shared partnership tool to improve efficiency and effectiveness by sharing the workload, reducing duplication and eliminating repetition
- Built on the best of Common Assessment Framework – learning from past experience
- About identifying need at an earlier stage so that need can be met at the lowest possible level and better outcomes achieved sooner
- Built on the shared Information Sharing Protocols (3 tier system) signed up to by all key partners in the city

6.6 For more information on Early Help and the Early Help Assessment go to: [www.wolverhampton.gov.uk/earlyhelp](http://www.wolverhampton.gov.uk/earlyhelp)

6.7 Key services that may provide support to children, young people and families at this level are: Schools, Colleges and Training Providers, Children's Centres, Early Help Locality Team, Early Years Settings, Midwifery Service, Health Visiting Service, School Nursing Service, General Practitioners, Connexions, Targeted Youth Support, Police, Housing, Voluntary & Community organisations.

1. Development Needs of Infant, Child or Young Person	
<b>HEALTH</b> <ul style="list-style-type: none"> <li>• Slow in reaching development milestones</li> <li>• Missing immunisations or health assessments</li> <li>• Susceptible to minor health problems</li> <li>• Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)</li> <li>• Special Educational Needs / Disability requiring support</li> <li>• Inappropriate sexual activity to age</li> <li>• Previous pregnancy under 18 years</li> </ul>	<b>FAMILY &amp; SOCIAL RELATIONSHIPS</b> <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Has some difficulties sustaining relationships</li> <li>• Engaging in gang related activities</li> <li>• Undertaking occasional caring</li> </ul>
<b>EDUCATION &amp; LEARNING</b> <ul style="list-style-type: none"> <li>• Occasional truanting or non-attendance, poor punctuality</li> <li>• At risk of exclusion</li> <li>• SEN support (formerly known as 'School Action' and 'School Action Plus')</li> <li>• Few opportunities for play/socialisation</li> <li>• Not in education, employment or training</li> <li>• Identified language and communication difficulties</li> <li>• Not reaching educational potential</li> </ul>	<b>SOCIAL PRESENTATION</b> <ul style="list-style-type: none"> <li>• Can be over friendly or withdrawn with strangers</li> <li>• Personal hygiene starting to be a problem</li> </ul>

#### EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Low level mental health or emotional issues requiring intervention
- Substance misuse that is not immediately hazardous including alcohol
- Involved in behaviour seen as anti-social

#### IDENTITY

- Some insecurities around identity
- May experience bullying around 'difference'

### 2. Parents and Carers:

#### BASIC CARE, SAFETY AND PROTECTION

- 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
- Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home
- Some exposure to dangerous situations in home/ community
- Teenage parent(s)

#### SELF CARE SKILLS

- Not always adequate self-care—poor hygiene
- Slow to develop age appropriate self-care skills
- Overprotected/unable to develop independence

### 3. Family and Environmental Factors

#### EMOTIONAL WARMTH AND STABILITY

- Inconsistent parenting, but development not significantly impaired
- Post natal depression
- Perceived to be a problem by parent

#### GUIDANCE, BOUNDARIES AND STIMULATION

- May have different carers
- Inconsistent boundaries offered
- Can behave in an anti-social way
- Spends much time alone (TV, etc)
- Child not exposed to new experiences

#### FAMILY HISTORY AND FUNCTIONING

- Parents have relationship difficulties which may affect the child, such as domestic violence
- Experienced loss of significant adult

## 7. Intensive Support (level 3) Early Help

7.1 Children, young people and families with the levels of need outlined below will require more intensive support to add to and complement the support available from universal services. To co-ordinate this support an Early Help Assessment is essential.

7.3 The Lead Professional role can still be undertaken by the most appropriate member of the Team Around the Family, e.g. if needs have increased from an Early Help Assessment at level 2 the role can remain with existing Lead Professional. Advice or guidance may need to be sought from a specialist worker.

7.2 Where needs have increased from those present when concerns were initially raised, and prior to requesting the support of services at level 3 (see 7.3 below), practitioners are expected to have initiated an Early Help Assessment and worked together to meet the additional needs of the child, young person or family. Any additions to the Team Around the Family need to be discussed with the family and their consent gained.

### 1. Development Needs of Infant, Child or Young Person

#### HEALTH

- Slow in reaching development milestones
- Missing immunisations or health assessments
- Susceptible to minor health problems
- Minor concerns ref: diet, hygiene, clothing, alcohol consumption (but not immediately hazardous)
- Physical or mental Disability requiring support services
- 'Unsafe' sexual activity
- Previous pregnancy under 18 years

#### FAMILY & SOCIAL RELATIONSHIPS

- Peers also involved in challenging behaviour
- Regularly needed to care for another family member
- Involved in conflicts with peers/siblings

#### EDUCATION & LEARNING

- Short term exclusion or persistent truanting, poor school attendance
- Previous permanent exclusion
- Education, Health and Care Plan (formerly known as Statement of Special Educational Needs)
- Persistent NEET

#### SOCIAL PRESENTATION

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

#### EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Difficulty coping with anger, frustration and upset
- Physical and emotional development raising significant concerns
- Early onset of sexual activity (13-14yrs)
- Hazardous substance misuse (including alcohol)
- Inappropriate sexual behaviour
- Offending or regular anti-social behaviour

#### SELF CARE SKILLS

- Poor self-care for age—hygiene
- Precociously able to care for self

#### IDENTITY

- Subject to discrimination
- Extremist views

# 8. Specialist Support - (Level 4)

- 8.1 There are some children, young people and families who require specialist help and support to meet their needs. Examples of Specialist Services are Children's Social Care, Child & Adolescent Mental Health Services (CAMHS) Tier 3 or Tier 4, and Youth Offending Team.
- 8.2 Any Early Help Assessment will form the basis of the statutory or specialist assessment, which will be led by a social worker, youth offending worker or a health professional.
- 8.3 The members of the Team Around the Family from any previous Early Help Assessment are expected to continue being involved in supporting the family.
- 8.4 The Lead Professional role will be taken on by one of the workers responsible for a statutory or specialist assessment.

## 1. Development Needs of Infant, Child or Young Person

<b>HEALTH</b> <ul style="list-style-type: none"> <li>Has severe/chronic health problems</li> <li>Persistent substance misuse</li> <li>Non-organic failure to thrive</li> <li>Fabricated illness</li> <li>Physical neglect</li> <li>Early teenage pregnancy</li> <li>Serious mental health issues</li> <li>Seriously obese</li> <li>Dental decay and no access to treatment</li> <li>Sexual exploitation/abuse</li> <li>Sexual activity under the age of 13 years</li> <li>Physical and mental disability requiring highest level of support</li> <li>Complex mental health issues requiring specialist intervention</li> </ul>	<b>FAMILY &amp; SOCIAL RELATIONSHIPS</b> <ul style="list-style-type: none"> <li>Experiences persistent discrimination</li> <li>Is socially isolated and lacks appropriate role models</li> <li>Alienates self from others</li> </ul>
<b>EDUCATION &amp; LEARNING</b> <ul style="list-style-type: none"> <li>No education provision</li> <li>Permanently excluded from school or at risk of permanent exclusion</li> <li>Significant development delay due to neglect/poor parenting</li> </ul>	<b>FAMILY AND SOCIAL RELATIONSHIPS</b> <ul style="list-style-type: none"> <li>Looked after child</li> <li>Care leaver</li> <li>Family breakdown related in some way to child's behavioural difficulties</li> <li>Engaged in gang activity</li> <li>Subject to physical, emotional or sexual abuse/neglect</li> <li>Is main carer for a family member</li> <li>Adoption breakdown</li> <li>Forced marriage of a minor</li> </ul>
<b>EMOTIONAL &amp; BEHAVIOURAL DEVELOPMENT</b> <ul style="list-style-type: none"> <li>Failure or rejection to address serious (re)offending Behaviour</li> <li>Neglect of emotional need</li> <li>Puts self or others in danger</li> <li>Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts</li> <li>In sexually exploitive relationship</li> <li>Frequently goes missing from home for long periods</li> <li>Child who abuses others</li> </ul>	<b>SOCIAL PRESENTATION</b> <ul style="list-style-type: none"> <li>Poor and inappropriate self-presentation</li> <li>Known to be part of a gang</li> </ul>
	<b>SELF-CARE SKILLS</b> <ul style="list-style-type: none"> <li>Neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> <li>Unaccompanied asylum seeker</li> </ul>

## 2. Parents and Carers:

### BASIC CARE, SAFETY AND PROTECTION

- Parent is struggling to provide adequate care
- Parental learning disability, parental substance misuse (including alcohol) or mental health
- Impacting on parent's ability to meet the needs of the child
- Previously subject to child protection plan
- Teenage parent(s)
- Either or both previously looked after
- Private fostering/young carer

### EMOTIONAL WARMTH AND STABILITY

- Child treated as a scapegoat
- Child is rarely comforted when distressed
- Receives inconsistent care
- Has no other positive relationships

### GUIDANCE, BOUNDARIES AND STIMULATION

- Few age appropriate toys in the house
- Parent rarely referees disputes between siblings
- Inconsistent parenting impairing emotional or behavioural development

## 3. Family and Environmental Factors

### FAMILY HISTORY AND FUNCTIONING

- Evidence of domestic violence/potential honour based violence/forced marriage
- Acrimonious divorce/separation
- Family members have physical and mental health difficulties
- Parental involvement in crime
- Evidence of problematic substance misuse (including alcohol)

### HOUSING, EMPLOYMENT AND FINANCE

- Overcrowding, temporary accommodation, homelessness, unemployment
- Serious debts/poverty impacting on ability to care for child

### FAMILY'S SOCIAL INTEGRATION

- Family socially excluded
- Escalating victimisation

### COMMUNITY RESOURCES

- Parents socially excluded with access problems to local facilities and targeted services
- Children from families experiencing a crisis likely to result in a breakdown of care arrangements



## 2. Parents and Carers:

### BASIC CARE, SAFETY AND PROTECTION

- Parents unable to provide "good enough" parenting that is adequate and safe
- Parents' mental health problems or substance misuse significantly affect care of child
- Parents unable to care for previous children
- There is instability and violence in the home continually
- Parents are involved in crime
- Parents unable to keep child safe
- Victim of crime
- Child subject to public law proceedings in the family court

### EMOTIONAL WARMTH AND STABILITY

- Parents inconsistent, highly critical or apathetic towards child
- Child is rejected or abandoned
- Has multiple carers
- Has been 'looked after' by the Local Authority

### GUIDANCE, BOUNDARIES AND STIMULATION

- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood
- Child beyond parental control
- Subject to a parenting order which may be related to their child/young person's criminal behaviour, anti-social behaviour or persistent absence from home.

## 3. Family and Environmental Factors

### FAMILY HISTORY AND FUNCTIONING

- Significant parent discord and persistent domestic violence/honour based violence/forced marriage
- Child looked after by a non-relative within scope of private fostering arrangement
- Destructive relationships with extended family
- Parents are deceased and there are no family/friends options
- Parents are in prison and there are no family/friends options

### HOUSING, EMPLOYMENT AND FINANCE

- Physical accommodation places child in danger
- No fixed abode or homeless
- Extreme poverty/debt impacting on ability to care for child

### FAMILY'S SOCIAL INTEGRATION

- Family chronically socially excluded

### COMMUNITY RESOURCES

- Poor quality services with long-term difficulties with accessing target populations
- Restricting and refusing intervention from services

# 9. Referral for Specialist Support from Children's Social Care

9.1 Before submitting a referral to the Central Referral Hub

- Seek support from your Designated Child Protection Lead
- Discuss your concerns with the parent/carer/young person unless you feel to do so would place the child in increased risk of significant harm or would risk your own personal safety

9.2 It is expected that an Early Help Assessment would have been completed prior to a referral to specialist services.

9.3 The Early Help Assessment will be used as a basis for a referral as it will provide the following:

- a current assessment,
- a record of progress to date and
- Team Around The Family

9.4 The completion of a Early Help Assessment must not delay the process if a professional is concerned that a child is, or may be, suffering significant harm. In such cases a referral, should be made to Wolverhampton Central Referral Hub as soon as is possible. The referral should be made initially, via telephone, and then followed up with the completion of a [Multi-Agency Referral form \(MARF\)](#).

# 10. Stepping Up and Stepping Down – providing support at the appropriate level

10.1 The Early Help Assessment process should also be completed to support a child, young person or family stepping down from specialist services to Intensive or Additional support e.g. for a child whose Child In Need plan is closing, or a young person exiting support from the Youth Offending Team.

10.2 It is expected that the Team Around the Family which provided support alongside the specialist assessment will maintain its membership with only the Lead Professional changing as the plan steps down.

Or similarly;

10.3 As a child's additional needs increase, the Team Around the Family will agree that other specialist services are needed and the Lead Professional or a delegated team member Will seek their support via a referral and the plan steps up with a change of Lead Professional to a practitioner responsible for the statutory or specialist assessment.

10.4 It is again worth emphasising that agencies are expected to complete an Early Help Assessment as soon as they identify additional needs in children and young people. They should not wait until their concerns are so heightened that they feel the only path available to them is a referral to specialist services.

## 11. What happens when a referral is made to Children's Social Care?

- 11.1 On receipt of a referral for support (utilising the [Multi-Agency Referral Form](#)) the Central Referral Hub will determine the course of action which may result in one of the following outcomes:
- No further action is taken by Social Care - the referrer will then be signposted to other services and / or provided with information and advice. This may include the need to complete an Early Help Assessment. The referrer will then be sign-posted to other services and / or provided with information and advice which may include the need to complete a Early Help Assessment or
  - A single social work assessment is undertaken by social care
- 11.2 In the event that an agency decides not to take the advice offered or decides not to complete an Early Help Assessment, they must be aware that they remain accountable for that decision, and responsible for ensuring that the additional needs of that child, young person or family are addressed adequately by their agency alone.
- 11.3 In some cases there may be disagreement with the decision made. In this situation the referrer should consult their line manager. This may result in a discussion between the managers in the referring agency and the Central Referral Hub. Please see the [WSCB Escalation Policy](#) for further advice.
- 11.4 The provision of Children's Social Care intervention occurs after a Single Assessment is completed (as described in Working Together to Safeguard Children, 2013) which
- gathers important information about a child and family;
  - analyses their needs and/or the nature and level of any risk and harm being suffered by the child;
  - decides whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47); and
  - provides support to address those needs to improve the child's outcomes to make them safe. (Chapter 1:27)

## 12. Child in Need / Section 17 Explained

- 12.1 Section 17 of the Children Act 1989 places a general duty on every local authority to safeguard and promote the welfare of children who are in need within their area.
- 12.2 Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and level of services appropriate to the child's needs.
- 12.3 The Children Act 1989 states that a child shall be considered "in need" if:
- S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
  - Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; and/or
  - S/he is disabled.
- 12.34 A referral to the Children's Social Care Central Referral Hub should be made if initial attempts to improve the situation have been unsuccessful, accompanied by evidence of the actions taken.

## 13. Child Protection Referrals / Section 47 Children Act 1989 Investigations

- 13.1 Section 47 of the Children Act 1989 requires the local authority to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child. Children's Social Care will carry out a Single Assessment as a means of conducting the Section 47 enquiries.
- 13.2 The purpose of the Single Assessment is to determine whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, health, education and other services have a statutory duty to help children's social care to carry out the Section 47 enquiry.
- 13.3 When a practitioner considers a child is at risk of significant harm a telephone referral should be made to the Central Referral Hub followed by completion of the 'Wolverhampton Safeguarding Children Board [Multi-Agency Referral Form](#)' (MARE).
- 13.4 There should be no delay in seeking immediate guidance in referring by telephone any child that is considered to be at immediate risk of harm, which may include:
- Children who have been physically or emotionally abused or significantly harmed through a deliberate act, neglect or domestic violence



- Children who have been sexually abused or are being groomed for sexual purpose
- Fabricated or induced illness
- Forced marriage of a minor
- Parent involved in serious criminal acts that may impact on the child, e.g. abusive images of children, drug dealing

- Sexual exploitation through prostitution
- An adult assessed as being a risk to children is having contact with or living with a child in the same household
- The child witnesses domestic violence or other violent or sexually harmful acts

## 14. Looked After Children

14.1 Children's Social Care also has a statutory responsibility to support 'Looked After Children' and to care leavers.

14.2 The term 'looked after children' refers, under the 1989 Act, to all children and young people being looked after by a local authority, namely:

- (a) those subject to care orders or interim care orders (under sections 31 and 38 of the 1989 Act);
- (b) those children who have been placed, or are authorised to be placed, with prospective adopters by a local authority (section 18(3) of the 2002 Act)
- (c) those who are voluntarily accommodated under section 20 of the 1989 Act.
- (d) those who are subject to court orders with residence requirements in accordance with section 21 of the 1989 Act.

14.3 This criteria may include situations where:

- A child has been abandoned and there are no family/ friends options
- Parents are deceased and there are no family/ friends options
- Parents are in prison and there are no family/ friends options
- A child whose welfare can only be safeguarded by the provision of accommodation outside the family home
- A child is beyond parental control placing themselves and/or others at serious risk
- Meets criteria for secure accommodation
- Child remanded to Local Authority care by the court
- Unaccompanied asylum seekers who require accommodation
- Disabled children in receipt of respite care exceeding 90 days a year
- Eligible & Relevant Care Leavers

## Appendix 1

### Neglect

#### What is Neglect?

Neglect is an act of omission. It is a failure to do something, to act or to care adequately for a child or young person. Whoever is providing the care, chronic neglect can be viewed as the sustained and chronic breakdown in the relationship of care... Neglect is seen to occur when a child or young person's needs are not met

[Department of Education, 2012 Childhood Neglect: Improving Outcomes for Children, hand-out H11. HMSO](#)

It may be difficult to distinguish between neglect and material poverty but persistent failure to provide basic needs is integral to neglect. Neglect is a serious form of maltreatment and can be fatal.

#### Indicators of Neglect

- The persistent failure to meet a child's basic physical or psychological needs
- Repeated inadequate provision of food
- Exposure to physical circumstances that are inappropriate or unsafe for a child's developmental stage
- Abandonment of a child or young person

#### Contributing factors of neglect

These are many and varied. Research has identified factors which increase the likelihood of neglect:

- Parental mental health problems
- Substance misuse
- Domestic violence
- Unemployment
- Poverty
- Poor parental functioning (including learning disabilities)
- Inadequate housing

The normal procedure route as identified in the Thresholds to Support document should be followed where there is concern for a child who may be experiencing neglect.



# Appendix 2 - Useful Contacts

## Central Referral Hub (CRH)

01902 555392

## Emergency Duty Team (EDT)

01902 552299

Practitioners can obtain information about the range of support available from Locality Teams as follows:

### 0-5 Early Help Service

Team 1	01902 550734
Team 2	01902 556416
Team 3	01902 558128
Team 4	01902 551979
Team 5	01902 556585
Team 6	01902 550887
Team 7	01902 550960
Team 8	01902 553945

### 5-18 Early Help Service

Team 1	01902 550038
Team 2	01902 559898
Team 3	01902 550670
Team 4	01902 557935
Team 5	01902 550609
Team 6	01902 556010
Team 7	01902 555927
Team 8	01902 555987

## Youth Offending Team

01902 553722

## Safeguarding Adult and Children Service

01902 550477

## Wolverhampton Safeguarding Children Board (WSCB)

01902 550645

### Useful links

1. Multi-Agency Referral Form (MARF)  
[http://www.wolvesscb.org.uk/files/marf\\_for\\_referrals.doc](http://www.wolvesscb.org.uk/files/marf_for_referrals.doc)
2. WSCB Escalation Policy  
[http://www.wolvesscb.org.uk/user\\_controlled/lcms\\_area/uploaded\\_files/WSCB%20Escalation%20Policy%2C%20January%202014-%20FINAL.pdf](http://www.wolvesscb.org.uk/user_controlled/lcms_area/uploaded_files/WSCB%20Escalation%20Policy%2C%20January%202014-%20FINAL.pdf)





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