



PORTSMOUTH CHILDREN'S TRUST & PORTSMOUTH SAFEGUARDING CHILDREN BOARD

Embedding Inter-agency Early Help and Safeguarding Practice across Portsmouth

Protocol and Guidance
Identify, Assess, Plan, Lead, Review

FINAL

Updated for May 2015

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Introduction and Context

The Portsmouth Children's Trust has identified 5 key priorities for the 2014-2017 Children's Trust Plan:

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| Priority 1 | Improve the health, safety and well-being of children and families through locality-based integrated teams |
| Priority 2 | Improve education outcomes for school-age children |
| Priority 3 | Improve post-16 progression and reduce those Not In Education, Employment or Training (NEETs) |
| Priority 4 | Improve outcomes for Looked After Children |
| Priority 5 | Improve outcomes for children with Special Educational Needs and Disabilities |

All of these priorities have at their heart effective multi-agency working – ensuring all voluntary and public service delivery in Portsmouth (children's, adult's and family) is working together effectively to improve outcomes for children and families.

Priority 1 in particular is focused on ensuring that the children and adult's workforce – and the agencies that employ them – have effective practices, processes and procedures around early help and safeguarding. During 2015, we are exploring structural changes to services for children and families through locality Multi-Agency Teams. Regardless of the *shape* of services, we recognise the compelling evidence that that when agencies work more effectively together around shared processes and practices, children's needs are identified and met at an earlier point. This is better for children and their families and more cost effective for service delivery.

Effective inter-agency collaboration and joint working is a key strand in safeguarding and child protection – promoting good outcomes and keeping children safe from harm and abuse. When practitioners from different agencies work well together, they create a safety net for children. Practitioners are better able to identify the early onset of difficulty, assess the needs of children and families, and plan and implement appropriate responses. When practitioners and agencies work in isolation, gaps can be created through which children and families can fall.

This Protocol and Guidance builds on local learning and the outcomes of inspections, the finding of the Munro Review 2012 into safeguarding practice and the revisions to the national 'Working Together' Statutory Guidance in 2013 and in 2015.

We have completely updated this Guidance for 2015 onwards.

This Protocol and Guidance has three objectives;

- a) *Clarity* – to provide clear messages across the city around process and responsibility
- b) *Commitment* - to ensure cross-agency commitment to embedding effective integrated working, safeguarding and child protection practice
- c) *Accountability* – to ensure managers and practitioners are held accountable for playing their role in early help and safeguarding

The document is in three parts;

Part A. Vision and Strategy

Part B. Front-line Practice – Guidance

Part C. Front-line Practice - Support

This structure seeks to create a 'golden thread' - from the Children's Trust Board, through managers, to practitioners and then to families. This means each layer of the system functions effectively to strengthen multi-agency working for Early Help and Safeguarding.

PART A should be read by all so there is good understanding of the vision for early help in the city.

PART B is aimed particularly at front-line practitioners and their managers and supervisors, providing guidance on the use of the Single Assessment Framework and thresholds for services/ intervention.

PART C outlines the support available for practice in the city.

PART A: VISION AND STRATEGY

A1. The Vision for Early Help and Safeguarding in Portsmouth

Introduction

Portsmouth has a long history of inter-agency working to deliver well co-ordinated services to children and their families. In recent years we have started to see some improvement in particular outcomes for the children and young people of the city, and part of this improvement is due to improved partnership working. However, as part of our continuous improvement journey, we still have some way to go to fully embed multi-agency working and co-ordinated service support based on clearly identified and understood needs and strengths in families.

There is increased pressure to use our resources more effectively and efficiently to bring about improvements in the lives of children and young people. Too many children are in receipt of high-cost services because services did not intervene effectively at an earlier point. Similarly, many children receive multiple services that are not necessarily matched to their needs. Integrated inter-agency working is central to our efforts for reducing pressure on high-tier services and ensuring that delivery is not duplicated.

1. The Vision

Our vision for integrated service delivery is that the 'right children and families receive the right support at the right time'. To achieve this, we have to ensure that all practitioners across the children and adults workforce are able to:

Identify children who may be vulnerable to poor outcomes

Assess needs and strengths using the Single Assessment Framework (SAF)

Plan the right responses, interventions or services to meet the needs

Lead and deliver single-service or multi-agency support

Prevent harm and poor outcomes

If all children's and adults services work to shared Single Assessment Framework (SAF), planning and case management processes, children will be safer and early help will be more effective. The right child and family will get to the right support at the right time because their needs have been accurately understood *prior* to requests for support from other professionals and services.

Moreover, by working effectively together at an earlier point, assessment and planning processes will result in fewer children requiring higher tier and statutory intervention as families are empowered to meet needs earlier.

The expectation is that every agency will have fully embedded the five key components (see below) of early help and safeguarding practice.

When this is achieved, the network of services for children and families becomes a safety net through which no child or family will fall.

There will be times when children need a statutory response from Children's Social Care to improve their health or wellbeing OR protect them from harm. When this is necessary, it remains vital that agencies from across children's and adults services work effectively together through robust safeguarding and child protection practice.

2. The Five Key Components of Early Help and Safeguarding Practice in Portsmouth

These are the five key components for early help and safeguarding practice in Portsmouth.

a) The Single Assessment Framework (SAF)

The SAF is a shared inter-agency assessment and planning tool to enable those working with a child or family to gain a holistic view of needs and bring together the right services to meet those needs. Key to the SAF process is that needs are understood prior to targeted and specialist agency involvement.

The SAF has three aspects to it:

- the gathering of information
- the analysis of that information to form a view of needs - good analysis is key to implementing the right interventions
- a clear plan to meet need and achieve better outcomes

b) The Team Around the Child (TAC) or Team Around the Family (TAF) Practice

The TAC/ TAF is the multi-agency team of practitioners brought together as a result of the analysis of the needs following the assessment part of the SAF. TAC or TAF meetings consider the analysis of needs and strengths and use the 'planning' parts of the SAF paperwork to set clear actions for the family and agencies. Wherever possible these meetings should involve families directly.

c) The Lead Professional

The Lead Professional leads the Team around the Child/Family and keeps the family and agencies on task with the agreed multi-agency plan. Further guidance on the role of the Lead Professional is given on page

d) The Joint Action Team (JAT)

A multi-agency team managed through Children's Social Care to support and co-ordinate early help practice. See Section C for further information about the role of JAT.

e) 4LSCB Safeguarding Children Procedures

Portsmouth has shared Safeguarding procedures with Hampshire, Southampton and the Isle of Wight. The Procedures clearly outline the responsibilities and processes for child protection and are applicable to the full range of children and adults services.

Additionally, there is support for practice through the Portsmouth Safeguarding Children Board Safeguarding Training Programme.

3. Tiers of Need – Understanding Early Help and Safeguarding Practice

Between 2004 and 2010, the national Every Child Matters: Change for Children agenda which guided the implementation at a local level of the Children's Act 2004 - helpfully developed a conceptual framework differentiating between levels of need for children and young people. This is widely used and understood by practitioners and forms a key building block for embedding effective multi-agency working around early help and safeguarding.

Tier 1 describes children who are doing well, are expected to have good outcomes, and are safe and well supported through universal service delivery.

Tier 2 describes children with early identifiable needs, often around a specific issue (e.g. physical health) and often short-lived. These children will require some additional support through a universal service or from a targeted service to meet these needs. Most children 'bubble' into Tier 2 at some point during their childhood. However, it is at Tier 2 that we have to sharpen our identification of children whose needs are not being met and are at risk of moving into Tier 3.

Tier 3 describes an increased level of *complexity* and *severity*. Children at this level often face a range of difficulties that are increasingly entrenched. They will require clear understanding of needs and well managed multi-agency involvement. Effective assessment, case planning and intervention here is critical to avoid the need for statutory intervention.

Tier 4 describes children and young people who are highly vulnerable and require statutory intervention to meet needs and bring them back down the Tiers. This document includes more detailed criteria to help practitioners determine when to initiate a formal safeguarding response under the Children Act 1989.

The tables below provide a description of the Tiers of Need, and can be used to clarify the point at which a SAF process begins in Portsmouth.

- All children at Tier 2 would have been considered for a SAF if universal services consider that the child is at risk of escalation to Tier 3.
- All children and young people at Tier 3 will have a SAF, lead professional and Team around the Child/Family process in place.
- All children at Tier 4 will have a SAF led by a qualified social worker (or an appropriate statutory assessment around disability or youth offending).
- Children moving out of Tier 4 ('stepping down') will have a SAF in place to ensure a 'soft landing' into early help support.

The Portsmouth Early Help Profile will enable the Children's Trust to identify which children are at which Tier, and what has been done to assess and address their needs.

4. The Trajectory Model

Children may move up and down the Tiers throughout their childhood. The Trajectory Model on page 11 shows how children over time will move between the Tiers. The ideal is always Trajectory A – all needs met through universal services.

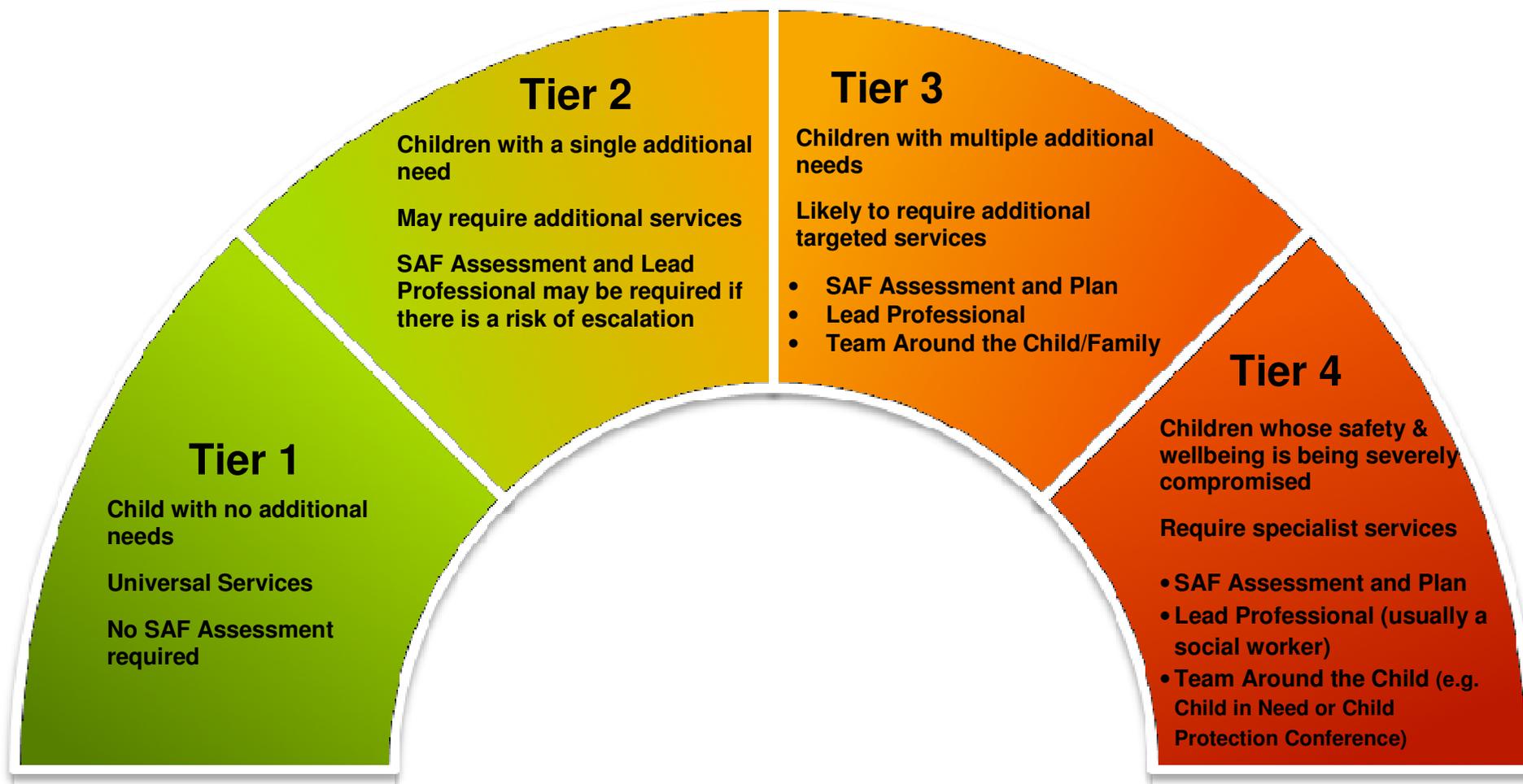
Many children will have additional needs at some point and rise to Tier 2 where extended support from universal services and perhaps some targeted support will be sufficient to meet needs and return to universal support – Trajectory B.

Some children will have a range of complicated needs and require highly co-ordinated multi-agency support through a SAF process – Trajectory C. In this example, early help support can prevent the child requiring statutory interventions.

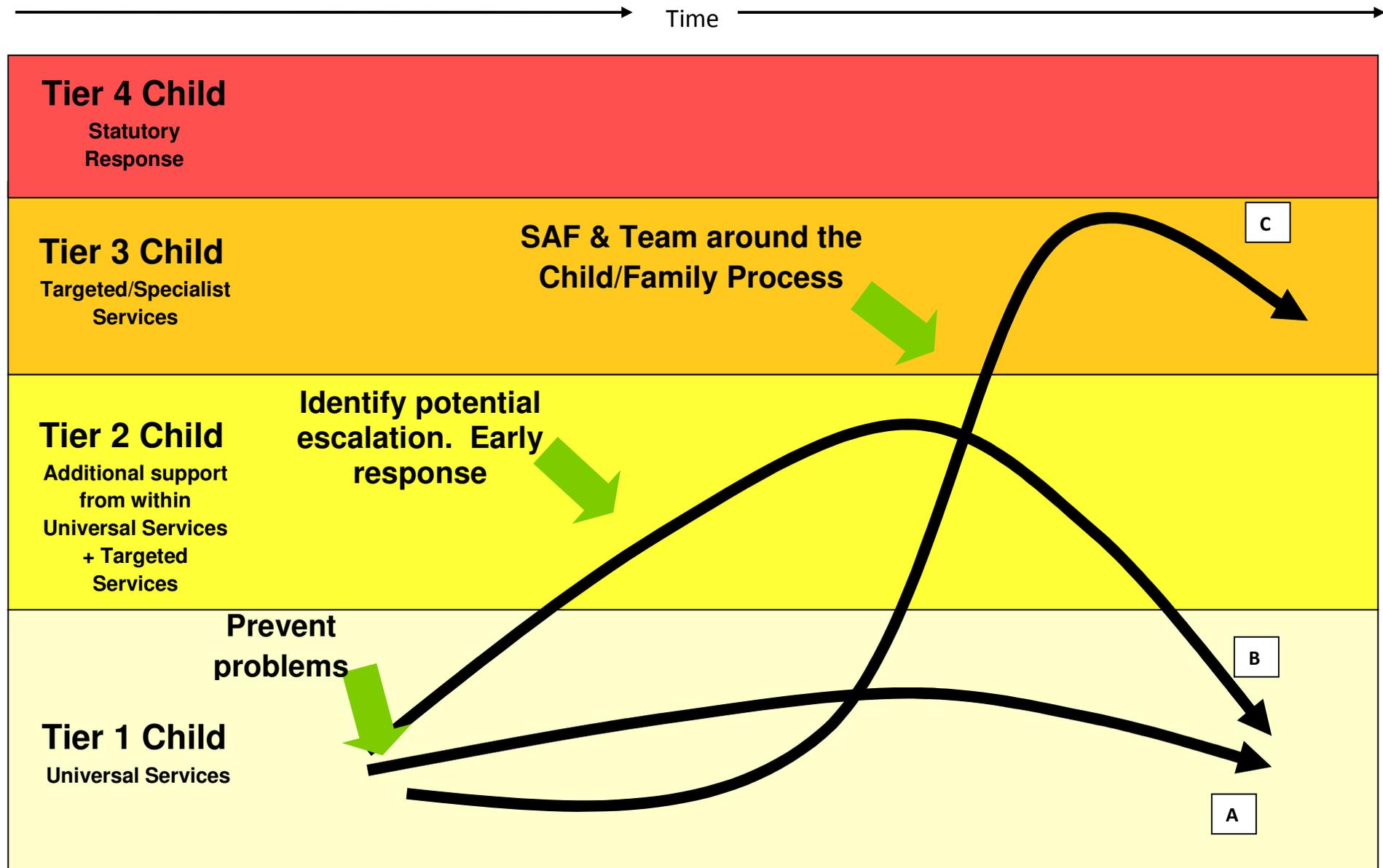
5. Portsmouth Thresholds Criteria

The Portsmouth Thresholds Criteria provides some examples of the kinds of needs that children may have, and what services may be required to meet their needs. This is not a complete list of children's possible additional needs but are examples which can guide practitioners. In many situations a combination of lower level obstacles may collectively mean the child meets a higher threshold. The table is designed to support professional judgement or discussion with others and with this guidance aims to assist practitioners and managers in determining levels of need and the appropriate responses to address them.

The Tiers of Need



The Trajectory Model



Portsmouth Thresholds Criteria (The Portsmouth Thresholds criteria document is being refreshed in the context of the wider strategy for early help and safeguarding by PSCB and will published by the end of 2015)

	Child Development	Parents and Carers	Family and Environment	Integrated Working Response
Tier 4	<ul style="list-style-type: none"> Children who require statutory intervention to protect them from harm Children whose development is such that a statutory Child in Need plan is required Young people prolifically offending 	<ul style="list-style-type: none"> Abusive and/or neglectful parenting 	<ul style="list-style-type: none"> Unsafe family environment 	<p>Social care or Youth Offending Team (YOT) assessment processes</p> <p>Statutory lead professional and Team Around the Child/Family</p>
Tier 3	<ul style="list-style-type: none"> Exiting Tier 4 (Social Care/YOT) Permanent exclusion/no school place Heavy substance misuse Persistent school absence (32 days) Fixed term exclusion over 10 days SEN School Action+ Complex disability Re-offending, anti-social behaviour and bullying behaviour Child to be placed at Harbour school Part-time timetable Hard to Place in education NEET over 3 months Diagnosed mental health condition Sexually problematic behaviour Teenage parent Chronic health concerns 2 year old pilot Nursery Education 	<ul style="list-style-type: none"> Parents with significant substance misuse Parents on mental health care pathway approach Parent in prison Domestic abuse Parents unable/unwilling to bring child/ren to appointments 	<ul style="list-style-type: none"> At risk of eviction Temporary accommodation 	<p>SAF assessment</p> <p>SAF plan</p> <p>Lead Professional and Team Around the Child/Family</p>
Tier 2	<ul style="list-style-type: none"> Young carer Low expected educational attainment Behavioural difficulties First-time offender Obese No post-16 destination at Year 11 	<ul style="list-style-type: none"> Inconsistent boundaries Poor supervision of child/ren Long term workless household Parents with learning difficulties 	<ul style="list-style-type: none"> Intergenerational poverty High debt levels Family worklessness Poor housing Social isolation/exclusion 	<p>Begin a SAF process if child is at risk of escalating into Tier 3</p>
Tier 1	<ul style="list-style-type: none"> Good development Good outcomes 	<ul style="list-style-type: none"> Good confident parenting Secure attachments 	<ul style="list-style-type: none"> Safe and stimulating 	<p>None</p>

A2. THE CHILDREN'S TRUST PROTOCOL

Children's Trust Partners have signed up to ten Principles and ten Commitments outlined below:

Ten Principles

1. High quality universal services are the most effective means by which we prevent poor outcomes and identify children who are at risk of poor outcomes.
2. Early identification and early help are more likely to be effective with families than specialist, high-tier interventions directed at entrenched family difficulties.
3. Integrated multi-agency practice is the central plank of our strategic approach to keeping children safe from harm and improving child and family outcomes.
4. Children with emerging unmet needs should be assessed holistically and within the context of their families using the Single Assessment Framework.
5. Targeted and specialist services should only become involved where children's needs have been clearly identified and understood and it is clear what the service brings to the delivery of the family plan.
6. A 'referral' to a service is an invitation to jointly assess a child/family or to jointly deliver the family plan through a Team around the Child/Family – a 'referral' is not a passing on of the problem.
7. Multi-agency support for children and families will be effectively co-ordinated by allocated Lead Professionals who lead Teams Around the Child/Family.
8. Effective integrated working and safeguarding processes through the SAF process is not additional to the day job – it is part of the role of a professional working with children, parents and carers.
9. Practitioners have to be enabled and supported to adopt effective integrated working practices. It is the role of service managers to embed high quality multi-agency early help, safeguarding and child protection practice within their agency.
10. The Children's Trust Board is responsible for governing the full and effective implementation of integrated working and safeguarding practice.

Ten Commitments

All Children's Trust Partners agree that:

1. Rigorous and systematic identification of children and young people vulnerable to poor outcomes will be achieved through the embedding of the Early Help Profile across universal settings for 0 – 19 years olds.
2. Compliance with the Early Help Profile is monitored by the Children's Trust.
3. All children and young people at Tier 3 will have a full Single Assessment Framework process in place including a holistic assessment, family-level plan, lead professional and Team around the Child/Family practice.
4. Children and young people at Tier 2 will have a SAF process initiated should there be a risk that the child or family may escalate to Tier 3.
5. All targeted and specialist services (Tier 3 and 4) invited to join a Team around the Child/Family will require that a quality SAF has been completed prior to the request for support. There are three exceptions;
 - immediate child protection concern
 - statutory youth justice processes
 - acute and emergency health issues, including mental health

Targeted and specialist services can however support universal services during a SAF assessment process.

6. All children moving down from Tier 4 interventions will have an up-to-date SAF and Plan to ensure universal and targeted services work effectively together to prevent escalation back into a statutory response at Tier 4 services.
7. All children and adults services will submit a bi-annual, self-assessment audit against the *Safeguarding Compact: Organisational Compliance Standards* to the Portsmouth Safeguarding Children Board.
8. All children and adults services will identify a 'SAF Champion' within their agency who will provide practical support to practitioners to embed SAF processes within their internal service processes.
9. All commissioning organisations will embed the *Safeguarding Compact: Organisational Compliance Standards* in their contracting arrangements.
10. Partners within the Children's Trust will provide relevant performance data around early help and safeguarding to the Portsmouth Safeguarding Children Board (PSCB), to allow it to exercise its responsibilities to scrutinise the effectiveness of early help and safeguarding practice.

PART B

SINGLE ASSESSMENT FRAMEWORK: PRACTICE GUIDANCE AND PROCEDURES

B1. What is the Single Assessment Framework?

The Portsmouth Single Assessment Framework (SAF) offers a systemic approach to identifying, understanding and responding to the needs of vulnerable children and their families. It aims to bring a consistent approach to assessment and Team around the Child and Family working across services in Portsmouth. This guidance should assist practitioners at all levels in all agencies to approach the task of assessment with increased confidence and competence.

The new SAF framework establishes one assessment which travels with the child and family, is added to and not repeated and brings together a number of existing, single agency assessments. Therefore, it replaces the pre-Common Assessment Framework, the Common Assessment Framework (CAF) and Initial and Core Assessments within Social Care. The aim is to prevent duplication for families and the need for multiple assessments. It is targeted at those children and families where unmet additional needs may place children at risk of poor outcomes.

The SAF has been developed for all practitioners working with children and families so that they can communicate and work together more effectively. It is suitable for use in all settings – universal, targeted and specialist (e.g. early years, schools, primary health care services, youth support service, voluntary or community sector and children’s safeguarding and social care services), to help identify and respond to problems quickly, before they become serious.

Whilst the SAF attempts to join up assessment for children and families, there are other assessment processes which exist for particular groups of children. The Education, Health & Care (EHC) Needs Assessment for example is another statutory and holistic multi-agency assessment by which children, young people and family's needs might be assessed, but where those concerns are primarily brought to light because of special educational needs. Some EHC Needs Assessments conclude with EHC plans. These plans and the provision within them are reviewed annually and can, where necessary, support children and young people in the long-term, including transitioning into adulthood. Services available to children and young people with special educational needs can be found at www.portsmouthlocaloffer.org. The underpinning approach within the EHC Needs Assessment process, wholly reflects the 10 key principles of the SAF.

The guidance is shaped around the simple process map:

STEP 1 – IDENTIFY children vulnerable to poor outcomes

Methods: Practitioners across services and the Early Help Profile

STEP 2 – ASSESS and ANALYSE children and families holistically

Method: The Single Assessment Form - The Assessment and Analysis

STEP 3 – PLAN interventions and services to meet the needs

Method: The Single Assessment Form –The Plan

STEP 4 - LEAD intervention and services to meet the needs

Method: Team Around the Child/Family Practice led by a Lead Professional

STEP 5 – REVIEW impact of the plan and interventions

Method: Team Around the Child/Family Review and The SAF Review form

B2. The principles of Portsmouth Single assessment

We have identified ten Practice Principles for effective assessment and planning for vulnerable children and families:

Practice Principle 1 - The 'think family' approach to multi-agency working

A 'think family' approach will be adopted for all assessments. This means that all the children in a family will be identified and their needs considered. Within this approach, it is important to identify and assess the needs of the adults looking after the children. As such, the SAF process requires the knowledge, skills and abilities of all practitioners working with children and adults to be properly used. A 'think family' approach means the contribution of all agencies needs to be recognised, including those who may not consider the children as the focus of their work.

A 'think family' approach means all the children in a family will be identified. However, it is important to treat each child as an individual. Each child has their own needs and the impact of parenting and their environment should be considered for each child throughout the assessment. It is important to recognise that each child will experience life differently according to their individual characteristics and how these are responded to. The SAF provides a process where the needs of each child can be considered and supported alongside the needs of other children in the family, with a team of professionals co-ordinating the assessment, plan and interventions.

In many cases, children will have additional needs because their parents/carers have additional needs; which impact upon their own wellbeing and their ability to care for their children. As such,

the parent's additional needs should be considered within the SAF assessment and planning process. Support for both the child and parent should be co-ordinated with both workers for the children and adult coming together to provide the 'Team around the Family'. The plan should reflect the support for both child and parent, and set expected measurable outcomes for the child.

Practice Principle 2 - Putting children at the centre of assessment

Care has been taken to ensure the Portsmouth SAF process helps practitioners focus on the needs of the child/ren within the family as it has to be acknowledged that 'failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children'. (Working Together 2015)

Within the single assessment, professionals should take proactive steps to talk to children directly to gather an understanding of what life is like for them in their household, ascertain their wishes and feelings about it and what needs to change. Where there are good observations of the child (especially very young children or children with communication difficulties) from other professionals, these should be included in the assessment. Again, the government guidance, Working Together 2015 tells us 'Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs'.

Practice Principle 3 - Consent and information sharing

It is good practice to work openly and honestly with families and this means seeking their consent to start the SAF process and share information, where required. Consent should always be documented in writing on the SAF form.

Consent should be obtained from the parent(s)/carer(s) and if appropriate the young person if they are under the age of 16 or over the age of 12 and have sufficient knowledge, understanding and intelligence to give informed consent. For older young people (16-18 years old), parental consent is not necessary, but should be explored and documented.

Practitioners should be mindful of any learning disabilities or other needs of adults, children and young people that could affect their ability to give informed consent.

The practitioner must make it clear that to secure support from other agencies, appropriate information will need to be shared with them. With the consent of the parent(s)/carer(s) and where appropriate the young person, the practitioner may gather any relevant information from other agencies to better inform the assessment.

If partial consent is given and families do not want certain information such as sensitive health information that has no bearing on the needs of the child shared with certain agencies then this should be respected and recorded on the form. When consent is not given, the practitioner will consider whether it is in the child/young person's best interest to over-ride consent. Information can be shared in the absence of consent where there is reason to believe a child is suffering or likely to suffer significant harm. In these circumstances the practitioner needs to record clearly why they are disposing of the need to gain parental consent.

If a family is not happy to go through the SAF process at this point, you should re-visit this decision with them at a later date, when they may feel happier and more confident to go ahead with the assessment. Continue to engage them in conversations focused on the needs of the child/ren and appropriate support. Refusal to take part in a SAF process should not be a barrier to providing support or intervention to the child/young person or family. If refusal to complete a SAF leaves a practitioner concerned about the child/young person's welfare, the practitioner should speak to their line manager or supervisor and appropriate action should be taken. This includes considering the decision to contact the Joint Action Team to make a referral to Children's Social Care.

Practitioners and managers should familiarise themselves with the current government guidance on information sharing:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Practice Principle 4 - Engagement

The SAF is intended to be a 'whole family' assessment which keeps the child and their needs at the centre. Whole family assessment means we need to work with families in a way to enable their co-operation, involve the family at the centre of our practice partnership and recognise the complexity of the family as a system.

It is important to recognise that undertaking an assessment relies on the quality of the relationship that can be established and built upon. Professionals should conduct their work using an open, honest and respectful approach. Evidence suggests that the most effective relationship to enable change is a partnership model which ensures the family are actively involved in the decision making processes and plan, builds on family strengths and is based on mutual trust and respect.

Practice Principle 5 - Evidence/ research based assessment and tools

The SAF is based upon a conceptual and evidence based model to support a systemic approach to assessment work. A conceptual model is defined as one which investigates the interaction of three key aspects of a child's life.

Within the Portsmouth SAF, the conceptual model adopted is the 'My World Triangle' -

<http://www.gov.scot/Topics/People/Young-People/gettingitright>

This model maintains the principles of the Assessment Framework for Children in Need and is used to assess the three important aspects of the child's world:

- **How the child grows and develops** - The child's developmental needs and any additional needs, including whether they are suffering or likely to suffer significant harm.
- **What the child needs from people who look after them** - Parents' or carers' ability to respond to those needs and whether they have any additional needs that may impact on their ability to respond to their child's needs.
- **The child's wider world** - The impact and influence of wider family, community and environmental circumstances.

The My World Triangle version of the Assessment Framework has been used in a response to strengthen the voice of the child and conduct assessments from a child's perspective.

Practice Principle 6 - Recognition of risk

Research shows that professionals need to get better at recognising and assessing certain types of abuse, such as **Neglect and Sexual Exploitation**. A good assessment should always consider and identify these issues and use additional tools to support the assessment and analysis of these issues. This in turn should help professionals better identify the nature of the intervention necessary to protect the child.

Research provides evidence that parents who abuse/neglect their children are frequently struggling with a range of problems, such as **poor mental health, learning difficulties, substance/alcohol misuse and domestic violence**. Such difficulties may increase the potential for abuse when they occur in combination or are compounded by other stressors, such as material deprivation, housing problems and unsupportive or inadequate social and familial networks.

PSCB promotes the use of evidence based, robust assessment tools which should be used alongside the SAF to help support professionals identify and assess these key risk factors as well as other areas of concern for children in Portsmouth. The following tools are available on the PSCB website -

<http://www.portsmouthscb.org.uk/professionals/resources-for-frontline-professional/>

- Neglect tool and guidance
- Domestic Abuse - CAADA DASH and DASH for young people
- Parental Alcohol/ Substance Misuse - PRAM/ SAM
- Child Sexual Exploitation – contact JAT for support to use the CSE toolkit
- Inappropriate sexualised behaviour

Practice Principle 7 - The importance of analysis

A high quality assessment is one in which information is built and revised throughout the process. Assessments can never inform planning and outcomes without a strong analysis of the information gathered. Practitioners should methodically and analytically consider the needs and risks, balanced alongside the child's and family's strengths, resilience and protective factors. This includes considering present and past events. It is important that comprehensive information is gathered and analysed in relation to family history.

Seeing the child in their whole world can help professionals better understand any risk the child may be exposed to in context. It may also help to identify the strengths and resources a family has that can be drawn upon when intervention may be necessary to protect a child. **The analysis about each child in the family will be used to formulate the plan of intervention with the whole family.**

Decision, review points and chronologies should be used to analyse the information and keep the assessment and plan on track. This is to ensure that risk and protective factors and that the impact of help are continually analysed and evaluated in terms of the improved outcomes and welfare of the child.

Practice Principle 8 - Getting planning right

Plans should be child outcome focused, so they assist the family and professionals in knowing what goals need to be reached or what progress should look like to improve the circumstances for the child. Care needs to be taken in ensuring that any action in the plan is linked to improving outcomes for children and not become overly focused on the needs of parents. Plans about each child in the family can be brought together to create a family plan which includes achievable, specific and measurable goals which can be reviewed on a regular basis. Review needs to focus on the improvements for the each child and their circumstances, not simply the completion of actions.

Practice Principle 9 - Vulnerable groups of children

Assessments for some groups of children will require particular care. The national Working Together Statutory Guidance in 2015 identifies the following groups who are particularly vulnerable to harm and poor outcomes:

- Young carers
- Unborn children where they are concerns
- Children with special educational needs
<http://www.portsmouthlocaloffer.org/local-offer-search/item/71>
- Asylum seeking children
- Children in hospital
- Disabled children
- Children with specific communication needs
- Children at risk of gang activity
- Children who are in the youth justice system
- Children at risk of Female Genital Mutilation
- Children at risk of going missing, being exploited and trafficked
- Children at risk of radicalisation
- Children returning home from care

For these children, it is important that practitioners are able to identify them as particularly vulnerable and secondly, that practitioners make sure that assessment processes are co-ordinated so that the child does not become lost between different agencies and different procedures.

Practice Principle 10 - Being timely

The SAF process should be completed in a timely way so as to promote timely decision making and timely intervention. A single assessment should be completed within 45 working days; however, depending on individual circumstances it may be possible to complete it sooner. A decision should be made at the outset of the process, with the family, as to how long it should take to complete the assessment. A child's age and stage of development should have a bearing on the timescales for the assessment, planning and action. There are often supports which can be put in place quickly for the child and family whilst the assessment is taking place, if this is deemed necessary.

B3. Single Assessment Framework: A Step-by-Step Guide to the Process

The focus of the Framework process and procedures is on ensuring clear and early identification of children and families with additional needs.

Step 1 - Identify

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

The SAF has been specifically designed to be used by any practitioners working in the children's and adults' workforce. It can be used for any unborn baby, new baby, child or young person who has additional or unmet needs. In Portsmouth, we expect every child at Tiers 3 and 4 to have a SAF process in place. We also expect children who are at Tier 2, but whose needs are not being met, would have a SAF in place to prevent escalation. See Tiers of Need diagram (page 11).

Early identification of children and young people with additional needs is best done through universal services. Midwives, health visitors, General Practitioners, schools and post-16 education providers are well placed to identify when a child or young person may be vulnerable to poor outcomes. In Portsmouth, the Early Intervention Audit is another tool which enables universal services to use data to identify which children require a single assessment to help meet their needs at an earlier point.

It is important to note the following:

- For many children and families, the implementation of a simple plan may well be enough to meet the needs identified. Furthermore, it should not be assumed that a single assessment and plan automatically leads to a multi-agency Team around the Child/Family. Many single assessments identify issues that can be addressed by the child, parents and universal services making small changes, without the need for referral to other services.
- The 'think family' approach - It is every professional's responsibility to identify concerns about children all of ages within a family. In relation to the single assessment, it is important that each child is treated as an individual and has an individual assessment. It might not be in your remit to undertake a single assessment for all of the children in the family, but in this instance, professionals should complete the single assessment on the child they are working with *and* share information about their concerns with key professionals working with the other children in the family. It is the responsibility of these key professionals to decide whether they need to carry out a single assessment on the children they are working with.

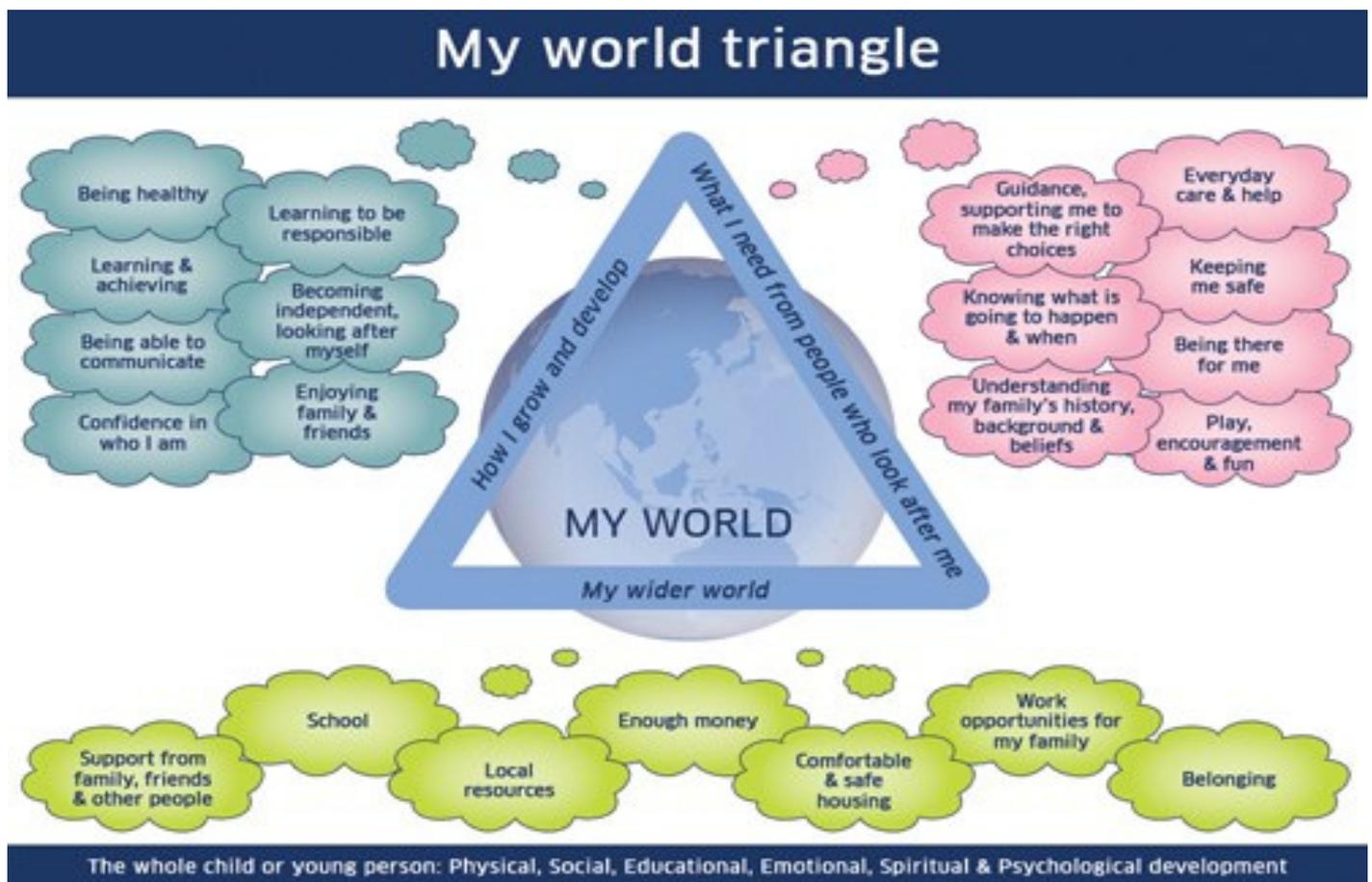
Step 2 - Assess and Analyse

2a - Assess

In Portsmouth we use the Portsmouth Single Assessment Framework (SAF) form to assess children's needs where there are concerns that they may be vulnerable to poor outcomes.

The Portsmouth SAF builds on the Department of Health guidance 'The Framework for Assessment of Children in Need and their Families' (DOH, 2000) and the Scottish Government guidance 'Getting it Right for Every Child: *My World Triangle*' (2010).

This model supports a systemic approach to assessment as well provides us with a mental map for assessments which strengthens the child's voice and helps us see things from the child's perspective.



This model has been widely used in early help and safeguarding assessment for nearly two decades. It enables professionals to investigate the interaction of three key aspects (or 'domains') of a child's life:

- **My wider world**
- **What I need from the people who look after me**
- **How I grow and develop**

The assessment step is fundamentally about the gathering of information around these three domains.

Domain 1 - My Wider World

The Portsmouth SAF starts with 'the wider world'. This helps practitioners locate the child in the environment in which they live and helps describe the family's story (history and functioning). It is often factors which exist in the child's world (family unit and community) which cause them the most significant risk or which have the most significant impact on them (and their parents). The communities where children grow up can have a significant impact on the well-being of both children and families. Communities can be supportive and protective or can add pressures and increase children and families' vulnerabilities. The level of support available from their wider family, social networks and within their neighbourhood can have a positive or negative effect. The role of siblings, wider family, teachers, friends and community group leaders may also be important. Faith and cultural environments need to be recognised. Looking at the inputs from people surrounding the child can give clues to where there are strong supports and where those supports are weak.

A child's wider world includes the environment where the family lives, the school children go to and other resources, as well as families' level of income. School can be a major source of support or stress. The wider world also includes the extent to which children and families feel included within their communities. Social exclusion can emanate from factors including racial and cultural discrimination. One of the protective factors likely to encourage resilience in children who are growing up in adversity is the continuing presence of a caring adult outside the child's family.

Domain 2 - What I need from the people who look after me (parents/ carers)

The next section of the assessment focuses on what the child needs from the people who look after them. The first part of this section is to establish who are the child's parents (are these the same as their main carers) and who has parental responsibility. For further information as to 'who has parental responsibility?' please go to the government guidance <https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>

Practitioners need to assess the parents' or carers' ability to respond to the child's needs and whether they have any additional needs, which may impact on this ability. It is important to build a picture of how well parents or carers are able to support a child's development, provide appropriate care and protection and wellbeing, so that the child thrives in all areas of their development

Families' histories, backgrounds and beliefs can have a significant impact on whether parent(s)/carer(s) feel confident in their ability to look after their children's well-being and encourage their progress and development.

Domain 3 - How I grow and develop

In order to understand and reach professional judgements about how well a child or young person is growing and developing, practitioners must think about different aspects of their life including physical growth and health, their progress in learning new skills and their attainment in school, their emotional wellbeing, confidence and increasing independence, developing social skills and relationships. Children need to develop their sense of identity and feel confident in who they are regardless of their age, gender, class, ethnicity and disability. To enable children to achieve a positive sense of identity, practitioners need to understand that children's identity develops and changes over time and in different circumstances. Information identity involves the effective analysis of identity and involves the practitioner building up a picture of the whole child and the

world in which they live. Practitioners should be starting to analyse and think about how the wider world and parents/ carers have impacted on the child in terms of their needs and progress in relation to their age and stage of development.

Important note: There may be some overlap between the different dimensions. Some health issues, for example, will have an impact on a child's achievement at school. In these cases, practitioners should opt for whichever domain seems relevant from their perspective, using more than one domain for information if issues are interconnected. The important thing is that the information is recorded. It is less important where it is recorded.

2b - Analysis

During and following the gathering of information, the practitioner will start to understand what is happening in the family's situation. This is called analysis. Analysis is the process of breaking down what is known about the complexity of a Child/young person and their family's circumstances into smaller parts, to gain a better understanding of what is, or may be happening, so that safe decisions can be made about what appropriate intervention can be offered.

To help analyse and make sense of the information gathered practitioners should do the following:

- Divide the information into strengths, pressures and weaknesses
- Take into account the children's age, vulnerabilities and their circumstances that might affect their future wellbeing,
- Consider the capacity of the parents to effect any changes in accordance with a timeframe appropriate to the child's age and development

Every child has positive and negative things in their lives. What counts is the balance between the strengths and weaknesses, what can be built upon and what can be changed. When pressures are identified in all three dimensions of the triangle it is likely that a child will have complex needs.

Practitioners should take account of factors that may enhance a family's capacity to cope with stresses or problems, such as the availability of extended family support, good relationships with friends or neighbours or factors promoting personal resilience. When adult services are working with a parent/ carer, they should consider how their help can impact on the needs of the whole family.

There may be times when practitioners, parents and carers interpret information that has been explained to them in different ways. Therefore, effective communication is vital when sharing and discussing information. When this happens the alternative interpretations can be noted, but each agency should evidence their views and seek to come to a consensus about the meaning of the information shared in terms of its impact on the child or young person.

It is important that the evidence for any concerns is clear, the strategies that have already been tried to reduce the concerns and how effective these have been. This will assist practitioners in developing an effective plan to address the current concerns that have been identified.

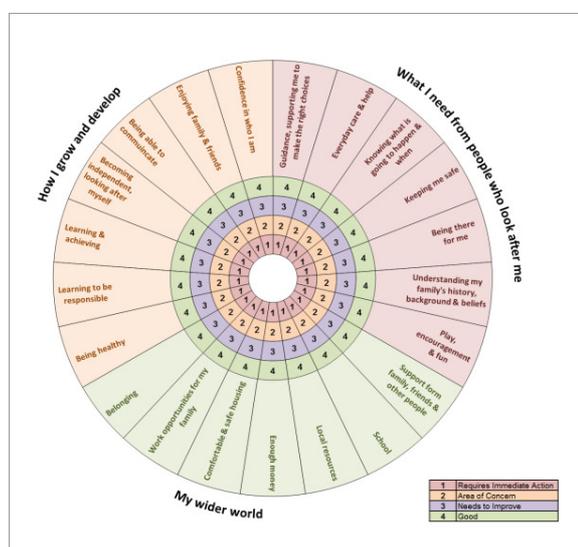
The **Single Assessment Framework Wheel** is a useful tool for helping practitioners and families to consider and contextualise the focus of the child's needs against the strengths and protective factors within their direct family and wider environment. It is important to remember that a family's

opinion of their situation may differ from that of professionals. Asking the family to rate different aspects of their situation can be particularly useful for helping a family to think about why they might find some areas challenging and start to think about what might need to change to improve that particular aspect of their child's world. If there is a difference of opinion this can also provide a good opportunity to sensitively challenge the family to reflect upon their own understanding of the situation.

We would encourage practitioners to use the SAF Wheel as a means to agree with the family a 'photograph' of where the family is right now – what's going well and what needs work. It's a powerful visual aid for families. The Wheel will also be revisited later on as part of SAF Review – what has got better, what areas still need improvement or have worsened?

'Having looked at the SAF Wheel, what is our understanding of what is happening in the family?'
For example;

- What does all this information tell us about the family?
- What are the linkages between the three domains – for example...how is environment impacting on parenting? How is the parenting impacting on child development? Is the parenting the same or similar across all the children?
- Are there any issues that jump out as the ones blocking progress in the family?
- What needs to change?
- What can be built upon?



Decision making and timescales

The timescale for completion of the single assessment should be agreed by the practitioner undertaking this piece of work, in consultation with the family and by agreement of their line manager.

A single assessment framework should always be completed within 45 working days; in many cases, it will be possible to complete the single assessment in a shorter timescale.

Completing the SAF includes the convening of the Team Around the Child/ Family and establishing the plan of intervention. It should be remembered that 9 weeks is long time in a child's life therefore practitioners should aim to ensure assessments and plans are completed at the earliest opportunity.

A **Single Assessment** should lead to one of the following:

Scenario 1 - No further action needs to be taken. The assessment has shown that the child or young person and their family's needs are being met.

- a) Send a copy of the SAF to the Joint Action Team.
- b) File a copy in your agency records as this SAF can be built upon at a later date if a further concern emerges.

Scenario 2 - The SAF confirmed there are additional needs, but they can be met within your agency or one other.

- a) Produce a Plan of intervention that addresses the identified needs for the child and their family
- b) Send a copy of the SAF to the Joint Action Team.
- c) File a copy in your agency records and use it at a later date to review the progress towards improved outcomes for the child.

Scenario 3 - The SAF confirmed there are unmet needs and they can best be met through integrated multi-agency support.

- a) Gather more information from other agencies who are involved with the family to further enhance the assessment.
- b) Set up an Initial Team around the Child meeting. – see guidance below.
- c) Use this meeting to develop a Family Plan.

Step 3 – Plan

The third step in the SAF process is developing a good plan. The plan should be built from the analysis of each child and the family. Parents, carers, children and young people should be fully involved in the assessment and planning process to understand what change is needed. Their views should always be taken into account, their strengths should be recognised and they should be appreciated for their achievements.

The plan will be used to record what needs to be done to improve each child's and the family's situation; clarifying what is expected to be done, who will do it and by when. The plan should identify actions and activities, the improvements they are intended to make and how the progress will be measured. It should always be a working document and should be easily understood by everyone involved.

Features of a good SAF Plan

A good plan has the following features;

- Anticipated outcomes – what should change for the child be as a result based on the needs identified in the assessment
- Builds on the strengths and does not assume that families need a referral to another service to make change.
- Actions are based on the concept of 'SMART' planning i.e Specific, Measurable, Achievable, Realistic and Time-bound.
- Has a clear and realistic focus, based upon the family's willingness and motivation to make the changes required. Does not overwhelm families with too many actions, or expects changes too quickly.
- Agreement and ownership by the child and family.
- Clear actions – what is to be done by whom and by when (including the family) and how and when the plan will be monitored and reviewed
- 'Think family' approach – If there are single assessments on other children in the family, practitioners need to bring together these assessments and develop one plan for the family.

Step 4 – Lead

Leading the Team around the Child/Family

If the child has been assessed and it is felt that there is a need for multi-agency support, the person completing the SAF will arrange an initial Team around the Child/Family Meeting to:

- Agree the SAF plan and package of support for the child/ young person and family.
- Identify the Lead Professional.
- Set up further TAC/TAF meetings to review the plan.

Preparation for Initial Team around the Child Meetings

- The person completing the SAF, with consent from the family should send copies of the SAF to meeting participants and JAT alongside arrangements for the meeting, with plenty of notice if possible. Meeting participants should respond to the invitation as soon as possible. If they cannot attend the meeting, it would be useful to provide written information about support they could offer to meet the child or young person's needs.
- The person completing the SAF should discuss the format for the meeting with the child/ young person and family members
- Participants to bring to the meeting relevant information about the child/ young person and family and have considered type of support that meets the needs identified
- The person completing the SAF to have identified a Chair for the meeting.

There is a standard agenda for TAC meetings which is:

- Welcome and introductions
- Explanation of the purpose of the meeting
- Discussion of areas of strength and concern for family and professionals
- Look at the SAF Plan of support for the child, young person and family and review progress, agree new actions which are able to affect change and improve outcomes
- Time, date and place of next review meeting

The Role of the Chair

The chair of the TAC/TAF meeting needs to manage the meeting to ensure a clear purpose and a focus on the outcomes is to be achieved

The role and responsibility of the Chair is to:

- set the right tone for the meeting – welcoming, introductions, setting expectations and boundaries
- identify the key issues – and reasons for the meeting.
- seek clarification of an issue or proposed action which is unclear.
- clarify the meaning of words used, or the way issues are described, including parent(s)/carer(s) understanding of 'jargon' that has been used.
- keep the meeting focused on the needs and concerns of the child or young person.
- Maybe say everyone should be provided with an opportunity to discuss their concerns
- mediate or finding some common ground over disagreements.
- recognise when a set of issues require formal referral and when to end a meeting.
- summarise and confirm issues and agreements.

On occasion support might be sought to chair a meeting. Members of the JAT or other managers may fulfil this role in the short-term.

The role of the Lead Professional

Any practitioner, working with children and young people in Portsmouth can potentially assume the Lead Professional role as long as they have the required skills and confidence. A useful concept to hold on to is seeing the Lead Professional as 'holding on to the baton' for a particular child. There is an expectation that each agency will expect staff to take on this role and support them to do so.

The person completing the SAF may be identified as the most appropriate person to be the Lead Professional but this is not always the case.

Often, although not always, a key factor in deciding who the Lead Professional should be will be the relationship they have with a child and their family. It is important that children and their families have a good working relationship with their lead professional and feel that they are consulted when decisions are made. However, it is also important that professional boundaries are maintained to stay objective.

For children with complex needs however, the role of the Lead professional is often governed by statutory requirements – see diagram 'Tiers of Need' on page...and procedures for single assessment under Section 17 and 47 of the Children Act.

'Think Family' approach - Ideally there should be one Lead Professional for the family but if, for example there are big age/issue differences for the children or very complex issues, it may be appropriate for two practitioners to jointly undertake the LP role liaising closely together to ensure continuity for the family and consistency of support.

The Lead Professional has a clear role which is:

1. To act as the single point of contact to ensure that children and families get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered.
2. The Lead Professional will have a general overview of the child/ young person's circumstances and the range of services in place. Building a trusting relationship with the child and family to secure their engagement and involvement in the process.
3. To ensure that the child and their family remain central to any decisions made about them, providing the child and family with sufficient information to empower them to make their own decisions, and enabling the child or family to use the Lead Professional as a sounding board.
4. To ensure that the agreed Action Plan is understood by everyone involved and who needs to do what, by when to make change happen.
5. To co-ordinate Team around the Child meeting to check whether the SAF plan and the provision of support has had the intended outcomes. They will make sure the SAF plan is updated where necessary or if a change of plan is needed in light of new developments.

The Lead Professional is not:

- An 'expert' in everything.
- Automatically the person who undertook the SAF assessment.
- Responsible or accountable for the actions of other practitioners or services.

What skills are required for Lead Professionals?

Many practitioners routinely carry out these functions in their day to day work with children and families. The Lead Professional role offers a degree of credibility and authority to practitioners which should aid them to carry out the role more effectively. It is recognised that most practitioners already have most of the skills required to carry out the role effectively.



The relationship between Lead Professional and colleagues in the Team around the Child and Family

It is the Lead Professional's responsibility to make sure everyone is clear about the different roles they have and the contributions they have to implement the Plan.

In some cases, although much of the day-to-day work with the child or family may be carried out by practitioners other than the Lead Professional, the Lead Professional should at least have sufficient direct contact with the family to ensure that they are well informed and that the Plan is working properly and to good effect.

Over time, circumstances may change and it may be appropriate for a different practitioner to take over the role of Lead Professional. Whenever this happens, as at any other time, the child and family need to be fully involved in any decisions and changes that affect them.

Team Around the Child/ Family (TAC/TAF) members are:

- jointly responsible for developing and delivering the delivery plan identified through the SAF.
- responsible for delivering the activities they agreed to carry out as part of the delivery plan.
- responsible for keeping the other members of the team informed about progress in their area of responsibility.
- expected to contribute to take minutes and chair meetings as necessary and support the lead professional by providing information and offering guidance and advice.

Step 5 - Review

The Team around the Child/Family should set a date for a review meeting to take place no longer than 12 weeks following the date of the first meeting and at regular intervals thereafter.

Progress should be reviewed at each meeting and the SAF Plan should be updated at each meeting so it remains focused and relevant. All members of the team should make sure that the support is provided as agreed in the plan and that the issues do not drift. The duration of the work will depend very much on the nature of the problems and engagement of the family in the interventions.

The SAF Review document should be used to review the progress of the support plan - follow the link to the Review document.

Prior to each TAC/TAF Review, the TAC Review Form should be completed with the child/family in an attempt to measure progress. The TAC/TAF should check progress and consider whether actions have been delivered and whether they have been effective in achieving the outcomes agreed at the outset. Barriers to the achievement of progress should be identified and actions reviewed. In reviewing the outcomes of the plan with the child and family, practitioners need to ask these questions:

- What has improved for the child's and their circumstances?
- What, if anything, has got worse or stayed the same?
- Have the outcomes in the plan been achieved?
- If not, is there anything in the plan that needs to be changes?
- Is the current threshold for intervention still appropriate?
- Are the right services supporting the child and their family?
- Is it safe to end this plan? What would be safe enough?

If there is no change in the family's situation or the child's is at risk of harm despite the SAF Plan being in place, consideration must be given to what additional support needs to be offered. Practitioners should also seek support and case management supervision from their manager. Furthermore, contact and discuss the case with the JAT with regards to determining whether the child or young person needs are such that they need to be escalated to social care on 0845 671 0271.

It is useful to consider the following prior to escalation:-

- Have the most appropriate agencies been involved in the TAC to meet the child/ family needs and who sees them regularly?
- The purpose of escalation – what is the TAC/F most worried about and what is needed now?

Closing a SAF

The SAF can be closed if:

- during a TAC/TAF meeting, a decision is reached that the intended outcomes of the action plan have been achieved.
- the child or young person and family decide they no longer want to be involved in the SAF and the child or young person's progress is satisfactory.
- the young person is transferred to Adult Services at the age of 19 i.e. is a highly vulnerable young people such as those with significant disability and special educational needs
- the child or young person moves to another Local Authority area. Although, it would be helpful if the Lead Professional could pass on relevant information to practitioners in the new Local Authority area, with consent.

The Lead Professional needs to contact the Joint Action Team and let them know the SAF is no longer active.

When child or young person is in a transition stage i.e. transferring to another Local Authority or moving from Children's to Adults Services, it is important that their single assessment and all other important information travels with them.

B4. Step-by-Step Guide to the SAF Form

See Appendix 1

B5. Single Assessment Procedures under the Children Act 1989

B5.1 Assessment under Section 17 of the 1989 Act

- Social workers in the Children's Social Care Family Support Teams carrying out assessments under Section 17 of the Children Act will use the single assessment.
- In many cases, the existing single assessment will be built upon by the social worker to determine whether the child needs statutory service provision under Section 17 of the Children Act. The existing Team around the Child/Family will continue to work with the child and family, with the social worker taking the Lead Professional role.
- The social worker should ensure that the support plan interventions are appropriate and in place, lead the assessment, ensure that partner agencies contribute timely and relevant information and ensure that the multi-agency chronology of significant events is completed within the SAF process.
- A series of check points will need to be put in place where the assessment is being undertaken to determine whether a child needs support under Section 17 Children Act 1989. When the SAF is being used by a social worker for this purpose their line manager will agree a provisional timescale for the assessment to be completed on allocation. The progress of the assessment will be checked at 10 working days from the referral. By this time it is expected that the social worker has met the child and the family, has completed preliminary enquiries with partner agencies and has put in place key interventions pending the outcome of the assessment. Some assessments will be concluded at this point. Irrespective of whether the assessment has been concluded or not a team around the child meeting should be convened to agree who will do what and by when.
- Should it be agreed that the assessment will progress beyond 10 days, a management check will be made at 25 days to consider how the assessment is progressing and any outstanding actions. A final check will be made at 40 days to ensure that all assessments are completed within 45 working days.
- The frequency for the planning meetings will be determined at the first meeting. A written record of the meetings should be recorded, shared with the family and other professionals and placed on the child's file. These meetings will be convened at least 6 monthly.
- After 6 months, if the plan's outcomes have not been achieved, the Team Manager/ Practice Lead should chair a meeting to formally review the plan and determine what action if any needs to take plan to ensure progress is achieved.
- Cases should not be stepped down from social care until the SAF has been completed and authorised by a manager, and a plan of intervention has been developed and agreed by the family and the professionals supporting them. A timescale needs to be agreed and a Lead Professional identified for transfer of the case.
- The social work case can be formally close once this transfer to the new Lead Professional has taken place.
- If concerns escalated for the child within 3 months, the case can be picked back up by Children's Social Care Family Support Team.

- If a dispute arises in relation to ceasing social work involvement, representation may be made to the team manager. If matters cannot be resolved at this stage, then escalation in such cases can be made to the commissioning manager.

B5.2 Assessment under Section 47 of the 1989 Act

- Children and families should not be routinely subjected to formal child protection investigations where these are not necessary.
- An important function of the JAT is to determine whether there is reasonable likelihood that the child is suffering or likely to suffer from significant harm.
- Where the single assessment is being completed by a social worker to support child protection enquiries, it is important that timescales are properly understood so that arrangements are made to interview the child and complete medical examination as necessary and protective steps can be taken to ensure the safety of the child/ children.
- All other agencies should contribute to the assessment in accordance with their professional roles and 4LSCB procedures.
- Where the enquiry indicates that a child is suffering, or at risk of suffering, significant harm consideration should be given to convening an Initial Child Protection Conference. Initial child protection conferences should be convened within 15 working days of the strategy discussion where the decision to initiate a Section 47 enquiry was made. This process is clearly detailed in the 4LSCB Safeguarding Children Procedures.

http://4lscb.proceduresonline.com/chapters/p_ch_protection_enq.html#outcome

- In these cases it will be expected that the SAF process is completed to inform the social work report to the Initial Child Protection Conference. It will be expected that every single assessment completed as part of Section 47 enquiries will be regularly reviewed by the social work line manager and authorised at completion. The manager will consider and endorse any recommendations that will be made to the Initial Child Protection Conference.

B5.3 Children ceasing to be 'looked after'

- A single assessment should be undertaken for each child returning home after a period of being 'looked after'. The assessment will be undertaken by a social worker to establish the child's needs and the ability of the parent to look after them and keep them safe. Social workers may find the Capacity to Change guidance helpful.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/330332/RR3_69_Assessing_parental_capacity_to_change_Final.pdf

- It will be important that the single assessment is completed in an appropriate timescale and the social worker completing this assessment will need to agree the timescales for management checks.

B5.4 Making a referral to Children's Social Care

Why does Children's Social Care have Eligibility Criteria?

Children's Social Care has to be confident that the children and families referred require a statutory response.

It is vitally important that when a child is clearly in need of protection that there is no delay in referring the case to Children's Social Care

Equally, it is important that Social Care resources are not diverted to cases that are not eligible for a statutory response.

This is why Children's Social Care has eligibility criteria – not to act as a barrier to support, but to ensure that the right child gets the right response at the right time.

How to use the Children's Social Care Eligibility Criteria

- The descriptors in the eligibility criteria provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The level of need a child has will always be increased by the prevalence, severity and the multiplicity of factors.
- Signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors or indicators – a child who fits any one single descriptor may also have a range of protective factors and therefore not be eligible for a Children's Social Care statutory response.
- Children who fall outside these eligibility criteria but are at risk of escalation into Tier 4, require a SAF from which a Team around the Child/Family can be established – see Guidance on Tier 2 and 3 above.
- **If there are child protection concerns about a child's health, development or welfare professionals must follow the 4LSCB Safeguarding Children Procedures and make an immediate referral to Children's Social Care via the Joint Action Team.**

If you are confident that a child meets the Children's Social Care Eligibility criteria....

- Seek consent from the family to engage with Children's Social Care – see 'Consent Arrangements' below.
- Phone the Joint Action Team on 0845 671 0271 and make a verbal referral.
- Follow this up with a written referral to Social Care. Send in a formal referral to Children's Social Care using a completed Inter-Agency Referral Form - see appendix
- In most cases, a child eligible for a Children's Social Care statutory response would have a SAF in place co-ordinating Tier 2/3 support. The most up to date assessment and plan should be sent with the referral.
- In some cases, the child may not have a CAF in which case ensure that the Inter-agency referral form includes reference to the Children Social Care eligibility criteria to assist Children's Social Care decision-making.
- Update your own agency records with information on the referral to Children's Social Care.

Portsmouth Children's Social Care follow the 4LSCB Procedures with regard to assessment which have been updated recently in line with Working Together 2013. See http://4lscb.proceduresonline.com/chapters/p_soc_work_assess.html

Upper Tier 4

Child Protection: Section 47 1989 Children's Act

Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention.

These children may also need to be accommodated (taken into care) either on a voluntary basis or by way of Court Order

Child Development	Parents and Carers	Family and Environment
<p>Health</p> <ul style="list-style-type: none"> • Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems • Carers refusing medical care endangering life/development • Child not accessing appropriate medical care which puts them at direct risk of significant harm • Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness • Sexually Transmitted Infection in a child under 13 • Child who is suspected to having suffered inflicted, or serious unexplained, injuries <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Challenging behaviour resulting in serious risk to the child and others • Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm • Failure or inability to address complex mental health issues requiring specialist interventions • Under 13 engaged in sexual activity • Subject to sexual exploitation under 18 years of age • Is missing from home for repeated short periods of time or prolonged periods • Young people experiencing current harm through their use of substances • Young people with complicated substance misuse problems requiring specific interventions and/or child protection 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents/carers are unable to care for the child • Parents/carers have or may have abused/neglected the child/young person • Pre-birth assessment indicates unborn child is at risk of significant harm • Parents' own needs mean they cannot keep child/young person safe • Parent unable to restrict access to home by adults known to be a risk to children and other adults • Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child • Low warmth, high criticism is an enduring feature of the parenting style • Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs • Parent/carer has mental health issues, including self-harming behaviour, that present a risk of significant harm to the child • Parent/carers' substance misuse that presents a risk of significant harm to the child • Parental learning difficulties that present a risk of significant harm to the child • Parental health / disability that presents a risk of significant harm to the child <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Deliberate cruelty or emotional ill treatment of a child resulting in significant harm • Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings 	<p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> • Assessment identifies risk of physical, emotional, sexual abuse or neglect • History of previous significant harm to children, including any concerns of previous child deaths • Family characterised by conflict and serious, chronic relationship difficulties • Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child • Adult victim of Domestic Abuse is assessed as high level risk (DASH) and the child (including unborn) is at risk of significant harm • Child's carer referred to MARAC • Members of the wider family are known to be, or suspected of being, a risk to children • Child needs to be looked after outside of their immediate family or parents/carers due to abuse / neglect <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Hygiene conditions within the home present a serious and immediate environmental / health risk to children

<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Child is left “home alone” without adequate adult supervision or support and at risk of significant harm • Distorted self-image and lack of independent living skills likely to result in significant harm 	<p>of low worth and self-esteem and seriously impacting on the child’s emotional and psychological development.</p> <ul style="list-style-type: none"> • Previous child/young person(s) have been removed from parent’s care <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Lack of appropriate supervision resulting in significant harm to a child • Child is given responsibilities that are inappropriate for their age / level of maturity resulting in significant harm to the child • Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children 	
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Lower Tier 4
Child in Need – Section 17 1989 Children Act

These children may be eligible for a Child in Need service from Children’s Social Care and are potentially at risk of developing acute/complex needs if they do not receive early statutory intervention. If a social worker is allocated they will usually act as the lead professionals and coordinate services.

Child Development	Parents and Carers	Family and Environment
<p>Learning / Education</p> <ul style="list-style-type: none"> • Child not in education, in conjunction with concerns for child’s safety • Chronic non-attendance/truanting/authorised absences/fixed term exclusions • Statement of Special Educational Needs <p>Health</p> <ul style="list-style-type: none"> • Chronic/recurring health problems with missed appointments, routine and non-routine • Child with a disability in need of assessment and support to access appropriate specialist services • Serious delay in achieving physical and other developmental milestones, raising significant concerns • Frequent accidental injuries to child requiring hospital treatment • Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting • Learning significantly affected by health problems • Significant dental decay that has not been treated <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Child with serious level of unexplained and inappropriate sexualised behaviour • Child is at risk of sexual exploitation • Child missing from home and concerns raised about their physical and emotional safety and welfare • Child whose behaviour is putting them at risk, including substance and alcohol misuse • Evidence of regular/frequent substance misuse combined with other risk factors • Evidence of escalation of substance use and of changing attitudes and disregard to risk 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parent/carer is unable to meet child’s needs even with support and not providing adequate care • Serious concern that an unborn child is at risk of significant harm • Chronic or acute neglect where food, warmth and other basics often not available • Parent/carer has mental health difficulties that has a direct impact on child’s health or development • Parent/carer substance misuse that has a direct impact on child’s health or development. • Parental learning difficulties that have a direct impact on child’s health or development • Parental health / disability that has a direct impact on child’s health or development • Child exposed to contact with individuals who pose a risk of physical or sexual harm to children • History of previous child protection concerns <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> • Parent is emotionally unavailable • Succession of carers or child/young person has multiple carers, but no significant relationships with any of them • Inappropriate child care arrangement • Inconsistent parenting impairing emotional and behavioural development • Parental instability affects capacity to nurture 	<p>Family and Social Relationships and Family Well-being</p> <ul style="list-style-type: none"> • Domestic Abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident • An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident • Child is privately fostered • Unaccompanied asylum seeking children • Child subject to a court application where a s7 or s37 report has been ordered to be completed by children’s social care • Pre-birth assessment where a history of past child protection concerns • Risk of family relationship breakdown leading to need for child to become looked after outside of family network • Child is a young carer requiring assessment of additional needs • Child requires assessment for respite care service due to family circumstances and has no appropriate friend / relative carer available to support • Parents/carers are unable or unwilling to continue to care for the child <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> • Homeless child in need of accommodation including 16-17 year olds • Extreme financial difficulties impacting on ability to have basic needs met

<ul style="list-style-type: none"> • Continuous breaches of curfew / order with other risk taking behaviours that impact on the child's welfare and safety • Frequently goes missing from home • Failure or inability to address serious (re) offending behaviour leading to risk of serious harm to self or others • Child/young person out of control in the community <p>Self-care and independence</p> <ul style="list-style-type: none"> • Child suffers accidental injury as a result of inadequate supervision • Child found wandering without adequate supervision • Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities that puts them at risk • Severe lack of age appropriate behaviour 	<ul style="list-style-type: none"> • Parents/carers own emotional needs compromise those of the child/young person <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Child/young person receives little positive stimulation despite appropriate toys being available • Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child's development 	<ul style="list-style-type: none"> • No access to funding/community resources • Family at risk of eviction having already received support from Housing services
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PART C

FRONT-LINE PRACTICE - SUPPORT

Introduction

C1. The Joint Action Team

- 0845 671 0271
- email: cafenq@portsmouthcc.gcsx.gov.uk

Aims

To embed effective early intervention and safeguarding processes and practices across the workforce, so that the right children access the right services at the right time. To achieve this, the Joint Action Team (JAT) will undertake five key functions:

- Management of contacts and referrals to Children's Social Care and Safeguarding.
- Assisting the workforce understanding of thresholds for services at Tiers 2, 3 and 4.
- Liaison across the children's workforce to facilitate early intervention with children and families who do not meet the threshold for Children's Social Care.
- Receipt of and direction of CYP's in partnership with Police, Health and Education
- Recording which children and families have a SAF and TAC/TAF in place and who the identified Lead Professional is.
- Using local data and intelligence to highlight children at risk of poor outcomes who require a response through the SAF/TAC/TAF process.

You must contact the JAT when...

- You need to share a concern about the welfare of a child/young person who may have reached the Tier 4 threshold and therefore requires a statutory safeguarding response.
- You or your service has completed a SAF on a child, young person or family.

You may want to contact the JAT when...

- You would like some advice, guidance or support to take forward the SAF or Team around the Child/Family process.
- You would like help facilitating Team around the Child/Family meetings and planning interventions.
- You are unsure of the right services or interventions that can help achieve the outcomes in the SAF Plan.
- You are unsure of the next action to take with a case OR where a family is not engaging with the plan.

Your supervisor should also be able to provide you with advice, guidance and support. The Families Information Service provide a range of information for families in the city and can be contacted on 023 92688830/ fis@portsmouthcc.gov.uk
<https://www.portsmouth.gov.uk/ext/learning-and-schools/pre-school/family-information-service.aspx>

C2. SAF Champions in Every Agency

The Portsmouth Children's Trust Board Protocol and the Portsmouth Safeguarding Organisational Compliance Standards require that every service in the city identifies a 'SAF Champion'.

A 'SAF Champion' can be a manager, designated safeguarding lead or an experienced practitioner in an agency or organisation, whose responsibility it is to support practitioners through the SAF processes. Some organisations may have more than one SAF champion to ensure the whole of their workforce have access to an experienced practitioner who can support them with their practice.

The role of the SAF Champion is to;

- Ensure all staff, including those newly appointed are aware of, and understand this Protocol and Guidance document.
- Ensure regular review and evaluation of SAF practice within their service.
- To capture models of best practice from across the city, identify internal and external blocks and barriers and make improvements where necessary.

- To ensure staff in their service that are SAF Completers, Lead Professionals or as members of the Team Around the Child/ Family receive appropriate training, support, management and supervision.
- To be a focal point for staff to access support, guidance and mentoring in carrying out SAF processes.

C3. The role of Managers in early help and safeguarding practice

In general, the role of the managers is to provide managerial oversight, quality assurance and support to practitioners carrying out SAF processes.

Managers across children's and adults' services should:

- Clarify the organisation's commitment to early help processes and practice, outlining them in their Safeguarding Policy and ensure all staff understand their roles and responsibilities.
- Use the 'tiers of need' document and related guidance to ensure that children and families receive the most appropriate support at the earliest opportunity.
- Promote and support multi-agency working across organisations.
- Identify appropriate staff to carry out the SAF process.
- Provide professional supervision to all staff delivering early help and ensure that their work receives regular management oversight, particularly in respect of decisions about whether families need more formal help.
- Ensure that all early help professionals have access to effective training, for example, through the PSCB Safeguarding Training Programme.
- Establish quality assurance mechanisms for management oversight of early help cases, using the PSCB quality assurance tool - LINK
- Consider workload and resource issues.

In relation to the SAF process, managers in universal services should:

- Be aware of the level of needs of all children their organisation is working with and the type of assessments and plans they may have.
- Help practitioners identify all children who have additional needs and require a SAF.
- Have management oversight of all children who have a SAF. This should take place at the start and completion of the SAF and prior to each TAC/TAFF Review (every 12 weeks as a minimum standard).

C4. Management oversight at Tier 4 (Children's Social Care)

For management oversight in relation to Children's Social Care Managers, please refer to the procedures in this document for single assessment under Section 17, 47 and children returning home from care.

C5. The role of Supervision

In line with PSCB Supervision Standards, practitioners undertaking single assessments with children and families and acting in the role of Lead Professionals should be able to access regular Supervision sessions within their own agency. Please follow the link for the Portsmouth Supervision Standards - <http://www.portsmouthscb.org.uk/wp-content/uploads/Supervision-Standards.pdf>

Supervision is a process by which one worker is given the responsibility by the organisation to work with another worker(s) in order to meet certain organisational, professional and personal objectives which together promote the best outcomes for service users.' (Harries M (1987) cited in Morrison, T (2005) Staff Supervision in Social Care, Brighton, Pavilion).

This Supervision session should allow practitioners the time and space to reflect on their practice with children and families. Furthermore, to be supported to ensure the plan for the child and family is effective, tackle any difficulties that might arise from their role and identify any issues related to professional development and training.

A formal supervision model needs to be established within organisations which allows managers to properly support practitioners, ensure the single assessment practice is of high quality and is focused on promoting the needs of children and keeping them safe. A formal supervision model includes regular Supervision sessions for staff, a contract of expectations between the supervisor and supervisee as well as a template for a written record.

Flexible arrangements also need to be established so practitioners can access additional supervision determined by particular issues or demands.

C6. Resolving Professional Disputes and Differences

Disagreements may occur regarding who should undertake a SAF, be the Lead Professional or where practitioners have different views about the child's needs or necessary interventions. Disputes should be resolved as early as possible through professional multi-agency discussion by practitioners, supported by their managers. Managers may need to challenge the Lead Professional and others involved in the

case, deal with complaints and performance issues and negotiate, to ensure a package of support that meets the child/young person's needs is available.

For further information, please go to:

<http://www.portsmouthscb.org.uk/professionals/resolving-professional-differences/>

C7. The role of Training

The PSCB offer courses to help practitioners and managers understand their roles and responsibilities in relation to safeguarding children. It is expected that practitioners undertaking SAF assessments will have access the relevant training courses.

Appendix 1 - A step-to-step guide to the SAF

Preparation for the assessment

Consent and information sharing	Engaging the child, family and others
<ul style="list-style-type: none"> • Consent to undertake the SAF should be obtained from the parent and the child /young person, if appropriate. • The practitioner must make it clear that appropriate information will be shared with other agencies in order to undertake the assessment and secure support from the relevant agencies. Permission to share information, where necessary, should be given by the parent(s)/carer(s)/young person before sharing any information. • If partial consent is given i.e. families do not want certain information shared, then this should be respected and recorded on the form if this information has no bearing on the child's needs • Refusal to take part in the SAF process should not be a barrier to providing early help to children and families. It may take more than one conversation to get to a point when the child and family feel happy and confident to engage in the assessment process. • However, if refusal to complete the SAF leaves a practitioner concerned about the child or young persons' welfare, the practitioner should speak to their line manager and appropriate action should be taken. 	<ul style="list-style-type: none"> • Completing the single assessment may take one or more conversations with the child, family and other professionals. • The conversations with the child and parents/ family members are crucial. Arrange to meet with the parents and/ or child at a time and place comfortable for them. It is useful for you to show them the SAF form so they can start to understand the assessment and the type of information gathered. • It is advisable that assessments are carried out in the family home. This enables families to feel more comfortable and provides an opportunity for additional observation about the environment in which the child is living. • Throughout the conversation with parents, time is best spent on the areas of need. However, it remains important to talk about strengths and make sure these are recorded in the assessment. • Throughout the guide, tools for assessment and analysis are recommended. Professionals should use their judgement in line with discussion with their manager to plan the use of these tools depending on the focus of the assessment. Links are provided throughout for ease of access to these tools.

A Step-by-Step Guide to the SAF Form

<p>DATE STARTED TYPE OF ASSESSMENT</p>	<ul style="list-style-type: none"> • Please write the date the assessment was started. • Indicate the type of assessment.
<p>DETAILS OF CHILD/REN</p>	<p>Child 1</p> <ul style="list-style-type: none"> • Please complete all of the details relating to the child you are completing the SAF for. • Please make sure to add in any details about whether the child needs any support in communication e.g. an interpreter. <p>Child 2/3/4 etc.</p> <ul style="list-style-type: none"> • Please complete all of the details for any siblings/ other children who live in the household. • It is the responsibility of the person completing the SAF on Child 1 to identify the key professionals linked to the other children and share information with them, provided that consent has been obtained in writing. <p>Key information</p> <ul style="list-style-type: none"> • Please indicate any key information related to each child. Please give details in the text box about which child the key information relates to. <p>Address</p> <ul style="list-style-type: none"> • The address where the child/ren usually live/s.
<p>DETAILS OF PARENTS/ CARERS</p>	<ul style="list-style-type: none"> • Complete personal details for parents/carers. Where appropriate consider estranged and step-parents. • It is important to include information about fathers/ male carers. • Again make sure to include any needs in relating to communication e.g. does the parent need an interpreter, or do they have known literacy difficulties? • Please indicate who has parental responsibility and whether permission has been granted to contact them. It is important to note any concerns with regards to contacting/ giving information to a parent who has parental responsibility and reasons behind this decision.
<p>WHO ELSE IS LIVING IN THE HOUSEHOLD? / WHO ELSE IS IMPORTANT TO THE CHILD/ FAMILY?</p>	<ul style="list-style-type: none"> • Identify any significant others who live in or outside the family home, especially those who care for the child or have an impact on them. Provide information in the appropriate boxes. • Detail any other person living in the same house as the child. • Detail other people (e.g. wider family members, neighbours and friends) who the child/family thinks are important to them. Include the reason for why the child/family think they are important. • Again, it is important to consider estranged family members, especially grandparents, aunts and uncles as well as males inside or outside of the family who have contact or care for the child.

DETAILS OF PROFESSIONALS	<ul style="list-style-type: none"> • Please indicate who is completing the assessment and details of other professionals known to the family. • It is expected that the details of professionals working in universal services would always be detailed in this box – for example, a child’s nursery/school/college, health visitor and General Practitioner. • Any services working with the parents/carers should also be detailed here.
OTHER ASSESSMENTS	<ul style="list-style-type: none"> • Certain groups of children may have other assessments, for example children with special educational needs. It is important that assessment information and processes are brought together in a co-ordinated way. • Please give details of any other assessments that have been or are being completed on the child or parents/carers.
WHO HAS CONTRIBUTED TO THE ASSESSMENT?	<ul style="list-style-type: none"> • Please list who has been spoken to, or has provided information for the assessment. Please include brief notes as to the nature of the conversation.
INFORMATION SHARING AND CONSENT	<ul style="list-style-type: none"> • The information on this page MUST be clearly and simply communicated to the parent/carer. • Please clearly tick the services/organisations that information will be shared with. • This section MUST BE SIGNED and dated by the parent/carer or young person in the relevant area. • If consent is refused, please state this clearly. • If consent is refused and information is shared, please state clearly the reason for this. • At this stage of the assessment, it is also important to highlight your organisation’s complaint procedure and the child/parent’s right to raise any complaints, if necessary.
ASSESSMENT	<p>Why is there a need for this single assessment?</p> <ul style="list-style-type: none"> • Outline the headline issues that led to the need for a SAF. <p>What do you hope to achieve from the assessment and intervention?</p> <ul style="list-style-type: none"> • The professional completing the assessment should identify the purpose of the assessment and an overall idea of the next steps. <p>Assessment plan - Who will complete the assessment / who will you speak to?</p> <ul style="list-style-type: none"> • Your assessment should be informed by a variety of methods to gather information, for example, previous case records, discussions with the child/family members, information from other people and organisations that have direct contact with the child and direct observation of the child and family members. • Decide if a chronology would be useful in the assessment process. The

key purpose of a chronology is to give an indication of an emerging pattern or progress of concern. Looking back at events surrounding a child/young person can often reveal patterns of care or lack of care, which, when viewed singly, may not have seemed particularly important.

- Which family members and professionals need to be spoken? What are the timescales for this?
- Does anyone need to support you in completing the assessment?
- The assessment work plan may also usefully set out the number of visits, who will be required at each visit, venue and purpose of meeting.
- What resources will be needed, for example, venues, childcare, transport, specialist assessment?
- Consideration must be given to any communication barriers with the child or adult members of the family and any aids/approaches used to enable communication.
- How will family members be involved? Particular attention should be given to engaging father/absent parents, wider family member and other people significant to the child.
- Are there any safety/security issues for the child, family members and the worker?
- What specific assessment tools will be used?

How will you engage the child?

- There is particular emphasis on making sure that the child/young person has the opportunity to talk about what is going on for them and their family, to give their views about this and to think about things that could help them.
- There needs to be a plan of engaging with the child/young person so practitioners understand their experiences and have their views and feelings in mind throughout the assessment.
- You might need to think about who is the 'best placed' person for the child to talk to and/or use simple tools to help a child and young person to give their views.

What timescale has been agreed for this assessment?

- Timescales for the assessment must be agreed between the practitioner, manager and family.

FAMILY TREE

- A genogram or family tree is a graphic representation of a family and other important people to the child/ family that can provide invaluable information about the family structure, structure and dynamics.
- Drawing the family tree is a relatively non-threatening exercise that can be undertaken with the family that can enable a participatory conversation. Children often enjoy doing this creative exercise to talk

	<p>about their family and important people to them.</p> <ul style="list-style-type: none"> • Where families are very complex, a genogram provides a helpful way of representing diagrammatical information about a family across generations as well as mapping out relationships within the family. This allows a child or parent to voice their story of how they got to where they are now. • It is useful to start this exercise by mapping out who is in the family and who else is important to the child/parent? This should include a discussion about how often the child/parent might see other people and where they see them, including on-line/technological environments. The next stage would be to talk about the type of relationship the child/parent has with the people on the genogram – marks can be draw as to whether the relationship is current or ended and seen as strong or tenuous.
<p>ASSESSMENT - MY WORLD TRIANGLE</p>	<ul style="list-style-type: none"> • The My World Triangle is a simple, visual tool to aid assessment and can be shown to children, young people and parents/carers to enable them to understand how we undertake a 'holistic' assessment of the child and the areas of the child's life we will need to explore together. It allows practitioners to empathically understand the child's world. • Using the My World Triangle allows practitioners to consider from the point of view of the child: <ul style="list-style-type: none"> ○ The child or young person's wider world of family, friends and community. ○ What the child or young person needs from the people who look after him or her. ○ How the child or young person is growing and developing, according to their age, stage of development and taking into account the impact of any impairment, disability or complex health need. • The Single Assessment Form gives scope for free narrative, but you must be mindful of the following headings in your structured approach in assessing need. • There may be some overlap between the three domains. Some health issues, for example, will have an impact on a child's achievement at school. In these cases, practitioners should opt for whichever domain seems relevant from their perspective, using more than one domain for information if issues are interconnected. • The important thing is that the information is recorded. It is less important where it is recorded.
<p>MY WIDER WORLD</p>	<p>Support from family, friends and other people You should consider:</p>

- Who in the family provides support and the level and frequency of this support?
- Whether there are any significant deficits in the wider support network, for example, no grandparents.
- The quality of the social network that exists for the parents/carers
- Relationships with grandparents, aunts and uncles, extended family and friends - what support can they offer and do they provide?
- Any reliable network of support that the child or family can draw upon?
- Who are the significant people in the child's life?
- The involvement of wider family in decision making about children
- Positive relationships for the child/young person
- The child's friendship group - include on-line 'friends'
- Any conflictual/burdensome relationships
- Any problems of lost contact or isolation?
- The history of the family – are there positive patterns of behaviour? Or entrenched negative attitudes, values and behaviour?
- The functioning of the family – how do the family function? Are there things or times that impact on this?
- If the child is Looked After the contact arrangements with the wider family and the quality of them.

School

You should consider:

- Link to Learning and Achieving on How I grow and develop.
- Does school play a key role in the child's life?
- What are the child's experiences of school, peer networks and relationships?
- What aspects of the learning environment and opportunities for learning are important for the child and young person?
- Does the child have access to study support, out of school learning and special interests?
- Can the school provide what is needed to meet the particular educational and social needs of the child?

Belonging

You should consider:

- Does the child feel accepted in the community, feeling included and valued?
- Potential support, including nature and quality, available from outwith the family and ability to access the support.
- Informal caring networks, for example, the role of neighbours in 'watching out' for other people's children.
- Any frequent changes of accommodation and the impact this has had

on the family's ability to maintain good social supports.

- Sources of support and advice that are available locally.
- The importance given to continuity of school and relationships with teachers.
- The importance given to friendships at school and in the community.
- The extent of bullying and harassment at school.
- The child's sense of belonging in the community and of feeling safe.

Comfortable and safe housing

You should consider:

- The level of maintenance of the house and how safe and secure the environment is for the child (consideration should be given to the responsibilities of the housing provider if the property is rented/leased).
- Is the accommodation suitable for the needs of the child and family, including any adaptations to meet special needs?
- Factual description of the internal conditions of the home should be provided.
- Whether the appropriate council tax and housing forms have been completed.
- The length of occupancy at the current home
- Impact of any periods of homelessness, including the effect on support networks and sources of support.
- Any history of regular changes of address, anti-social behaviour and problems obtaining accommodation.
- The adequacy of the housing for young children and children with a disability.
- The child/young person's experience of location of the accommodation, including issues of race and racial harassment.
- Is the accommodation in a safe, well maintained, resourced and child friendly neighbourhood?

Work opportunities for my family

You should consider:

- History of parental/carer employment/unemployment.
- Level of training and skills.
- Influence of employment status on availability for children.
- Potential for enhancing education, training opportunities and work.
- Effects of disability/chronic illness on employment opportunities.
- Influence of social factors, for example, geographical location, gender, ethnicity and social class on employment.
- How is work/absence from work viewed by the family/child? Consider cultural expectations.

- What effects are there on the child/young person?
- The child/young person's experience of work and its impact on them
- Support for young person's career aspirations and opportunities

Enough money

You should consider:

- Has the family or young person got an adequate income to meet their day to day needs and any special needs?
- Whether the family is in receipt of all benefits to which they are entitled.
- Current income and outgoings, including outstanding debts, pressures to repay them and penalties incurred for late/non-payment.
- Management of finances and difficulties experienced.
- Does poverty affect the child's opportunities?
- The effects of the lack of income on the physical quality of the home environment.
- Sufficiency of income to meet the needs of the family and child.
- Whether the child is able to participate in activities similar to that of their peers.
- Financial support available from family and friends.
- Are the resources available to the family used effectively?
- Are there financial difficulties which affect the child?

Local Resources

You should consider:

- Positive environmental circumstances, for example, good housing conditions and low criminality.
- Negative environmental conditions, for example, high levels of poverty, drug abuse and poor housing.
- Impact of environmental circumstances on family stress and coping ability
- Formal and informal sources of support, consider needs of child and individual parents/carers - access to local information about health, child care and specialist services.
- Levels of advice available on financial/practical matters.
- Anti-poverty initiatives, for example, food co-operatives.
- The accessibility of affordable, quality childcare provision locally.
- The family's perception of resources available locally and their ability to access them.
- Access to neighbourhood play/activities provision.
- Access to health care/schools/transport/places of worship and shops.

<p>WHAT I NEED FROM THE PEOPLE THAT LOOK AFTER ME</p>	<p>Basic Care</p> <p>You should consider:</p> <ul style="list-style-type: none"> • Parental knowledge of child developmental needs. • Parent(s)/carer(s) strengths/weaknesses. • Any health (including mental health) issues that impact on parenting ability. • Any learning disability that impacts on parenting ability. • Other factors that may affect parenting capacity, for example, drug use/excessive alcohol use and low self-esteem. • Relationship between child and birth parent(s). • Child/young person's diet and developmental progress. • Child/young person's attendance for health surveillance, immunisations and developmental checks. • Parental willingness/ability to co-operate with treatment. • Child/young person's attendance for medical/dental treatment. • Provision of care including emotional care. • The ill-health or disability of other family members that impact on the child. • Any caring responsibilities of the child/young person. <p>Keeping the child safe</p> <p>You should consider:</p> <ul style="list-style-type: none"> • Repeated exposure of child/young person to danger or harm. • Control and discipline methods used by parent(s)/carer(s). • The demands made of the child/young person by the parents. • Level of supervision by the parent both inside and outside of the home. • Family interactions. • Support and care offered within the family. • Level of interaction between family members. • Conflict resolution within the family (including issues of domestic abuse). • The general level of safety in the home. • Identifiable risk factors such as the child/young person staying out late or away from home, involved in anti-social behaviour or substance misuse? • Is the child/young person knowledgeable about risks and confident about keeping safe? • Is the parent knowledgeable about risk and confident about keeping the child/young person safe?
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Being there for the child/young person

You should consider:

- Parent's description of each child - parent's should be asked their views on each child's needs and strengths. What do they see as positive about their child, what time do they enjoy with their child, what are the difficulties they experience with their child?
- The child's reaction to the parent - is the parent able to demonstrate love, emotional warmth and attentiveness?
- Whether the child is reliant on parental cues when asked sensitive questions by professionals
- The child's exposure to parental emotional distress
- Levels of praise and encouragement offered to the child
- Opportunities the child is given to learn about his/her culture/tradition and language
- Who are the people with whom the child has a particular bond?
- Who does the child trust?
- Is there sufficient emotional security and responsiveness in the child's current caring environment?'

Play, encouragement and fun

You should consider:

- The parents' interaction with the child i.e. playing with them, reading to them, spending time with them.
- Level of encouragement that is given to the child to explore their environment, to be active, to play and share with others, to do age appropriate activities for themselves.
- Encouragement offered to the child to make choices, be independent, to participate in conversation
- Encouragement offered to the child engage in academic and sporting activities
- Encouragement offered to the child to learn new skills
- Who in the family support the child in learning?
- Who is there to champion and mentor the child?
- Support offered to the aims of the school or nursery.
- Contribution offered by the parents to the Individualised Education Programme/homework/parents' evenings/school events

Guidance and support to make the right choices

You should consider:

- The boundaries and guidance offered to the child - do parents make it clear to the child what is expected and why?
- The level of consistency in parental approach to discipline and guidance - are there household rules for behaviour that is

appropriate to the age and understanding of the child?

- Are the parents modelling the appropriate and expected behaviour?
- Are sanctions constructive and appropriate?
- Child's ability to demonstrate an awareness of the needs of others
- Child's behaviour - including whether the child is aggressive or violent and if so the context, frequency and triggers for this
- The child's exposure to violence in the home
- Any occasions the child has run away from home
- Is the child treated with consideration and respect and encouraged to take responsibility in a safe and protective environment?

Knowing what is going to happen and when

You should consider:

- Information around where the child has lived, who was part of the household who provided primary care to the child
- Reasons for significant changes
- If the child is separated from a parent, the level of contact and any attendant issues
- Is the child's life stable and predictable?
- Are routines/ expectations appropriate and helpful to age and stage of development?
- Are child's needs given priority when appropriate?
- Who are the family members and others who are important to the child?
- Can the people who look after her or him be relied on to be open and honest about family and household relationships, about wider influences, needs, decisions and to involve the child/young person in matters which affect him or her?
- Are transition issues must be fully explored for the child or young person during times of change?

Understanding my family history, background and beliefs

You should consider:

- This section links with Support from family, friends and other people in the 'My Wider World' section
- Does the child/young person have a good understanding of their own background - their family and extended family relationships and their origins?
- Is their cultural heritage given due prominence?
- Child's awareness of the family history
- The way secrets are dealt with in the family
- Child's relationship with siblings
- Levels of affection and hostility

	<ul style="list-style-type: none"> • Child's status in relation to other siblings (i.e. scapegoat, favoured, bullied) • Strengths of the family • How the family generally functions? • Physical or intellectual disability of the parents/ carers • History of mental health • History of alcohol substance misuse • History of parental abuse/neglect as a child • How the family copes under stress • Conflicts within relationships/stability • Communication within the family • History of separations
<p>HOW THE CHILD GROWS AND DEVELOPS</p>	<p>Being healthy</p> <p>Health</p> <p>You should consider:</p> <ul style="list-style-type: none"> • Child's general physical and mental health • Use of health services • Attendance at medical screenings, or failure to attend • Medical treatment regimes • Compliance with medical advice and treatment • Any particular needs of the child that affect the parents' ability to care for them e.g. disability, ADHD, prematurity etc. • Any significant past medical history • Past physical injury including fractures/unusual injuries, e.g. burns • Any known attendance at Accident and Emergency, Out of Hours Service, NHS 24 • Hospital admissions • Suspected or diagnosed non-accidental injuries • Any diagnosed mental illness or psychiatric treatment - ongoing problems/current symptoms. • Alcohol and substance misuse <p>Developmental</p> <p>You should consider:</p> <ul style="list-style-type: none"> • The child's growth and nutrition • Immunisation record • Attendance at medical surveillance checks • Any known vision or hearing problems • Any use of alcohol or substance use by the child • Any developmental concerns, gross motor, manipulative skills, communication, social skills, behaviour, height and weight

- Dental registration and treatment
- Whether the family themselves have any concerns about health issues
- Family guidance and advice to the child on health issues, including sex education.
- Has the child had a comprehensive health assessment since being accommodated

Learning and Achieving

You should consider:

- What is the child's education experience?
- Is the child in a stable school placement or have there been frequent changes of nursery / school/ college?
- Are there problems with attendance/absence from school? Reasons given.
- Has the child/young person been temporarily/persistently excluded from school? If so, reasons
- Is the child/young person achieving their potential?
- Is the child eligible for free school meals or free early pre-school education?
- Is the child/young person engaged in learning (are there any identifiable reasons that are affecting their ability to learn)
- At what level is the child/young person performing e.g. 3-5 Curriculum Framework, 5-14 Assessment, Standard grade, National Qualifications? Assessment (National Test etc.)
- Date of last educational assessment (National Test etc.)
- Has the child been referred to/received support from learning
- Does the child have an Individualised Educational Programme?
- Are educational targets being met?
- What, if any, external teaching support services have been accessed on behalf of the child? E.g. Sensory support service
- What, if any, supports services have been accessed on behalf of the child e.g. SEN auxiliary?
- Has a referral been made to psychological services now or in the past? Reasons
- Does the child have a record of needs/co-ordinated support plan?
- Factors giving rise to additional support needs?
- Are the child's/young person's needs being met as a result of any of the above (areas of strength and difficulty)?
- Does the child/young person relate well to teachers and other staff?
- Does the child/young person mix well with peers?
- Is the main attraction of the child/young person attending school the social peer group?

- Does the child have access to play and education materials?
- Is the parent interested in the child's education and promoting their learning, hobbies and interests?
- Has the parent been informed of any concerns within the educational establishment? What was their response?
- Does the child/young person participate in any extracurricular activities?

Confidence in who I am

You should consider:

- The child's sense of him or herself as a separate and valued person
- The child's mental well being
- Any attachment difficulties
- Child's view of abilities, self-image, self-esteem
- Positive sense of individuality - issues of race, religion, age, gender, sexuality, disability may contribute to this
- The child's degree of self-confidence
- Any special needs that affect the child's self-esteem
- The child's attitude to praise and response to achievements
- Whether the child feels valued by family and friends
- The child's relationships at home and with extended family members
- The child's relationships at school and socially
- The child's attitude towards others
- The child's ability to socialise with others e.g. to play with children of a similar age and to initiate and respond to conversation
- Evidence of anti-social behaviour i.e. ASBO, offending, behaviour difficulties at schools and home, risk of or school exclusion, Child Sexual Exploitation and missing from home
- Whether the child is aware of the impact of his/her behaviour on others
- Whether the child is aware of any risks to him or herself of his/her own behaviour
- The child's sense of pride in their appearance
- The child's sense of him or herself as part of a cultural group
- Whether there are any issues that make the child feel stigmatised
- What information is made available to the young person about sexuality and sexual orientation?

Learning to be responsible

You should consider:

- The child's ability to advocate on their own behalf
- The child's ability to make choices

- The child's role as an advocate with their peers, within their school or any organisation to which he/she belongs
- The child's capacity to lead or be led by others
- The child's ability to seek advice about their appearance/presentation
- The child's awareness of his/her own presentation
- Any issues in relation to self-care, hygiene, clothing etc. including appropriateness of dress
- The child's understanding of his/her own and other's emotions
- The child's understanding of the perception of the impact of his/her behaviour on others
- What support is being provided
- Parental advice available about how the child presents in different settings

Belonging

You should consider:

- Being able to communicate
- Any difficulties in caring for the child e.g. eating, sleeping, crying, demanding behaviour, illness, wetting, soiling, issues of separation and attachment
- Any traumatic events in the child's life e.g. bereavement/loss of parents or siblings?
- Number and duration of breakdowns in main attachment relationship
- The child's general behaviour in different circumstances
- Any indication of anxiety or depression and the triggers for these?
- Any steps that have been taken or interventions currently used to manage the child's behaviour?
- Other behaviour of the child that may be of concern e.g. risk-taking, offending behaviour, personal safety, mental health, substance misuse
- Appropriateness of response demonstrated in feeling and actions of a child to parents/carers and when older to others beyond the family
- Nature and quality of early attachments
- Characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control

Becoming independent, looking after myself

You should consider:

- Is the child/young person reaching appropriate developmental milestones

- Is the child/young person encouraged to eat/dress/independently?
- Does the child/young person have a disability that affects self-care? How does the young person view this? Deal with support/help?
- Is the young person learning independent living skills? E.g. cooking/handling money (even if still at home)
- Does the child/young person receive pocket money on a regular basis?
- Importance of money for clothing social activities, music, hobbies, etc.
- How well does the young person manage money? Is it an issue/area of concern?
- Does he/she have income from part-time employment
- What happens when weekly funds have been spent? Are there issues?
- Are there any issues in relation to self-care, hygiene, clothing etc.?
- Do they assist with chores/tidy their own bedroom etc.?
- Do they have opportunities to acquire self-care skills?
- Are there opportunities for involvement in independent activities?

Enjoying family and friends

You should consider:

- Is there a good relationship between the parents/carers and child/young person? Is the child/young person relaxed in the presence of the parent/carer?
- Is there a strong attachment/strong positive relationship between the child/young person and the parents/carers?
- Does the child/young person have a good relationship with siblings/other children in the household?
- Does the child have relationships with people who provide warmth and encouragement?
- Is the young person involved in caring for siblings? Is he/she considerate and caring towards siblings?
- Does the child have a wider family who provide a positive influence?
- Does the child/young person have friends?
- Is the child/young person to be or thought to be involved in bullying?
- Are there any concerns about the child/young person in relation to a lack of empathy or care for others?
- Is there a significant adult in the child/young person's life in whom he/she can confide? Is this a family member? Appropriateness of the relationship?
- Does the child have the skills to make and sustain lasting and

	healthy relationships?
A REMINDER ABOUT RISK FACTORS	<ul style="list-style-type: none"> • It is expected the practitioners undertaking a Single Assessment will recognise the following risk factors: <ul style="list-style-type: none"> ○ Neglect ○ Missing, Exploited (Child Sexual Exploitation) and Trafficked ○ Female Genital Mutilation (FGM) ○ Over Sexualised Behaviour ○ Parental factors - Domestic abuse, Learning Disability, Mental Health and Alcohol and Substance misuse • It is the expectation that practitioners will use available tools to aid their single assessment. Please go to portsmouthscb.org.uk for useful tools. • Practitioners may also find it useful to seek support from specialist services to help them with their assessment, use of a particular tool and plan of support.
THE SAF WHEEL	<ul style="list-style-type: none"> • Following conversations with the child/ parents/ carers and others, practitioners should use the SAF wheel to talk through the findings of the assessment and rate the different aspects of the child/ family situation around the wheel (the areas of the 'My World' triangle). • Each child in a family should have their own SAF wheel. • There may be disagreement between the practitioner, child and parent about what the score for each aspect should be. In this case, further discussion with the child/ parent/ others about the information leading the practitioner give a particular score. Any disagreement should be recorded on the form. • The SAF wheel will also be revisited later on as part of the review of the plan. Practitioners and families can then visually and clearly see what has got better and what might have got worse.
CHILD'S COMMENTS	<ul style="list-style-type: none"> • As stated earlier in this guide, it is crucial that children are spoken with as part of the assessment and their view, wishes and feelings recorded. • Please write them in this section or attach drawings/ exercises/ other ways children have been able to give their views.
PARENT'S / CARER'S COMMENTS	<p>Please detail the parent's/ carer's comments? This may include:</p> <ul style="list-style-type: none"> • What is the parent's / carer's understanding of the situation? • Have they engaged in the assessment process? • Do they agree with the outcome of the assessment? • What would they like to change and how they think they might achieve it? • Any other comments the parent/ carer would like recorded?
SUMMARY/ ANALYSIS/	<ul style="list-style-type: none"> • After gathering the information within the assessment process, it is important to consider:

IDENTIFIED RISKS	<ul style="list-style-type: none"> ○ What information have I got? Have I got enough to assess the child's needs and make a plan? ○ Are there any critical bits of information missing? ○ From where might that information be gathered? ● If practitioners have got enough information. they should summarise and detail the information they have gathered into strengths and pressures in relation to the three sides of the 'My World' triangle: <ul style="list-style-type: none"> ○ What are the wider factors that are influencing the child's wellbeing and development? ○ What are the factors influencing the parent's ability to provide the care needed? ○ What aspects of parenting behaviours promote the child's development and wellbeing? ○ What aspects of parenting may not be helpful? ○ What kind of child or young person is this? What are their strengths, talents and vulnerabilities? ● Practitioners need to be clear about the evidence for any concerns, including the strategies that have already been tried to reduce the concerns and how effective these have been. ● This will assist practitioners and the family in developing an effective plan to address the current concerns that have been identified.
THE PLAN	<ul style="list-style-type: none"> ● Use this page to develop a single multi-agency plan. ● The plan should be SMART (specific, measurable, achievable, realistic and timely). ● Details on the plan should: <ul style="list-style-type: none"> ○ Identify what needs to change in the family to meet the child's needs. ○ Identify what support each person in the family needs; including the intended outcomes for each child. ○ Clearly prioritise what actions need to be taken and what practical support will be offered and by whom. ○ What the family will do. ○ What each worker will do. ○ State clearly how the family and the team around the family will know if change has occurred and how this will be measured. ○ State the period of time linked to the needs of the child - each aspect of the plan and a clear indication of when improvements must be in evidence ○ State any consequences/sanctions or rewards. ○ Provide the opportunity to identify both short term and longer term goals and outcomes, including opportunities for 'quick wins' which may facilitate family engagement.

	<ul style="list-style-type: none"> ○ Identify 2 or 3 key priority needs which should be worked towards at any one time, as it is very unlikely that families are able to do more than that. ○ As each of the needs are met, a new one can be added. ○ Have an agreed date for review that is 6 weeks of the plan being completed. ○ The support is agreed and signed by all members
WHEN SHOULD THE TAC/F GET BACK TOGETHER?	<ul style="list-style-type: none"> ● Give the date for the review of the SAF plan. ● It would be useful to clarify who is expected to attend the SAF Review, both in terms of family and practitioners.
DOES ANYONE ELSE NEED TO BE INVOLVED?	<ul style="list-style-type: none"> ● Give details of anyone who it would be considered useful to speak to or include in the SAF process. ● Please state the reason for their involvement.
CHILD'S VIEWS ON THE ASSESSMENT	<ul style="list-style-type: none"> ● Record the child/young person's views on the assessment process so far. ● The child should be able to comment at any stage on the SAF process and their views should be recorded here.
PARENT(S)/ CARER(S)'S VIEWS ON THE ASSESSMENT	<ul style="list-style-type: none"> ● Record the views of the parent(s) and/or carer(s) on the assessment process so far. ● Parents and carers should be able to comment at any stage on the SAF process and their views should be recorded here.



Inter-Agency Referral Form to Portsmouth Children's Social Care



1. Identifying details

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Name	<input type="text"/>	AKA ¹ /previous names	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Date of birth or EDD ²	<input type="text"/>		
Address	<input type="text"/>		
Contact tel. no.	<input type="text"/>		
Unique reference no.	<input type="text"/>		
Post Code	<input type="text"/>	Religion:	<input type="text"/>

2. Ethnicity

White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not Given	<input type="checkbox"/>		
Any other White background	<input type="checkbox"/>	Any other Asian background*	<input type="checkbox"/>	Any other mixed background*	<input type="checkbox"/>				

*If other please specify	<input type="text"/>	Immigration status	<input type="text"/>
Child's first language	<input type="text"/>	Parent's first language	<input type="text"/>

3. Special Arrangements

Does the child have a disability? Yes No

If 'yes' give details

Is an interpreter or signer required? Yes No Has this been arranged? Yes No

Details of any special requirements (for child and/or their parent)

¹ 'Also known as'
² Expected date of delivery

4. Consent

All referrals to Children's Social Care should generally be made with the knowledge and agreement of the family members being referred. Service users need to know what information has been shared with Social Care and that Social Care may share it with others responsible for children's services.

Social Care may also seek information from other agencies to help them decide if services are needed. Discussion may take place with schools, doctors, health visitors, police, NSPCC, housing etc.

This also applies where a child is thought to be at risk of significant harm unless this would place the child or other children in further danger. In such situations, if there are concerns about a child under The Children Act 1989 then Social Care may seek and share necessary information about the child and family without consent being given.

If you have any doubts about this issue please contact Social Care to discuss.

I understand the above and agree to the sharing of personal information between agencies as described. I understand that I may ask to see the records held by Social Care that directly concern me. A leaflet giving more details about this is available from Social Care, **or**

I have explained the above to the service user who has agreed to the referral but has not been able to sign to that effect.

Signed

Name.....

Relationship to child.....

Date.....

5. Details of parents or carers

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes No

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes No

6. Current family and home situation

(e.g. family structure including siblings, other significant adults, dobs etc; who lives with the child and who does not live with the child)

7. Concern for this child

Please describe the CONCERN for the child's well-being and the EVIDENCE for your concern. Please also give an indication of the PREVALANCE (how often, how much) and the SEVERITY of the concern.

Does a CAF already exist for this child? If so please attach.

8. Details of person making the referral

Name

Contact tel. no.

Address

Role

Organisation

Name of lead professional (where applicable)

Lead professional's contact number

9. Services currently working with this infant, child or young person

GP Details Tel:

Early years or Education/training Provision Details Tel:

Service Details Tel:

Service Details Tel:

Service Details Tel:

Service Details Tel:

FOR SOCIAL CARE OFFICE USE ONLY

Date and Time of Telephone Referral/...../..... a.m./p.m.

Initial advice offered to referrer

Please retain a copy of this for your own records and email or fax it to Children's Social Care, Civic Offices, Floor 4 Core 5/6, PO1 2BG

Tel 023 9283 9111 Fax 023 9275 4709 Email pccraduty@portsmouthcc.gcsx.gov.uk



TEAR-OFF RESPONSE TO REFERRING PRACTITIONER

Child's Name

DoB

Referring Agency and Practitioner

Date Referral Received

Date of Response

No Further Action

Recommend a CAF is Initiated – CAFÉ informed

Social Care Initial Assessment – planned date

Telephone advice offered to referrer – date

On;

On;