

Multi-Agency  
Threshold of  
Need Guidance  
Launch Event  
June/July 2023



**Cheshire East Safeguarding  
Children's Partnership**

# Agenda

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1. Welcome and Introductions
2. Ice breaker- Speed Dating
3. Aims and Objectives
4. Introduction of the revised Threshold Document
5. *Activity 1*- Using the tool and Screening Tools
6. Break
7. Step up and Step Down
8. Supporting Families Framework
9. *Early Intervention and Activity 2*
10. Integrated Front Door and Consent
11. *Activity 3*- Barriers to Effective Early Intervention
12. *Activity 4*-Removing the barriers, creating the jigsaw
13. Reflections, thanks and close



**Cheshire East Safeguarding  
Children's Partnership**

**Right Help, Right Time**

**Delivering effective support for  
Children and Families in Cheshire  
East**

# Aims and Objectives of the event



1. To introduce the new multi-agency threshold of need guidance and understand how it can and should be used to make appropriate and timely decisions about risk and intervention for children, young people and their families. **Right Help, Right Time.**
2. To understand the importance of **Early Intervention** and the role you play
3. To introduce the new **National Supporting Families Framework** and how we will embed this across Cheshire East
4. To understand the key proposed changes to the revised **Step up and Step Down** procedures
5. To learn and teach each other about the **support available** across the partnership for children, young people and their families



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# Right Help, Right Time

**Delivering effective support for children and families in Cheshire East**

**Multi Agency Threshold of Need Guidance**

# Multi-Agency Threshold of Need Guidance

**What it is** = Guidance

**What it isn't** = Tick list or exhaustive!

*Every child and every situation is unique.*

**Disclaimer** - We won't always get it right but we will always try our best



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# Contents- Multi Agency Threshold of Need Guidance

1. Welcome
2. Stepped Approach
3. Triage Tool & Screening Tools
4. Pyramid of Support
5. Children and Families Integrated Front Door
6. Early Help Pathway to Support Families
7. Consent and Information Sharing
8. Appendix and Other Useful Links



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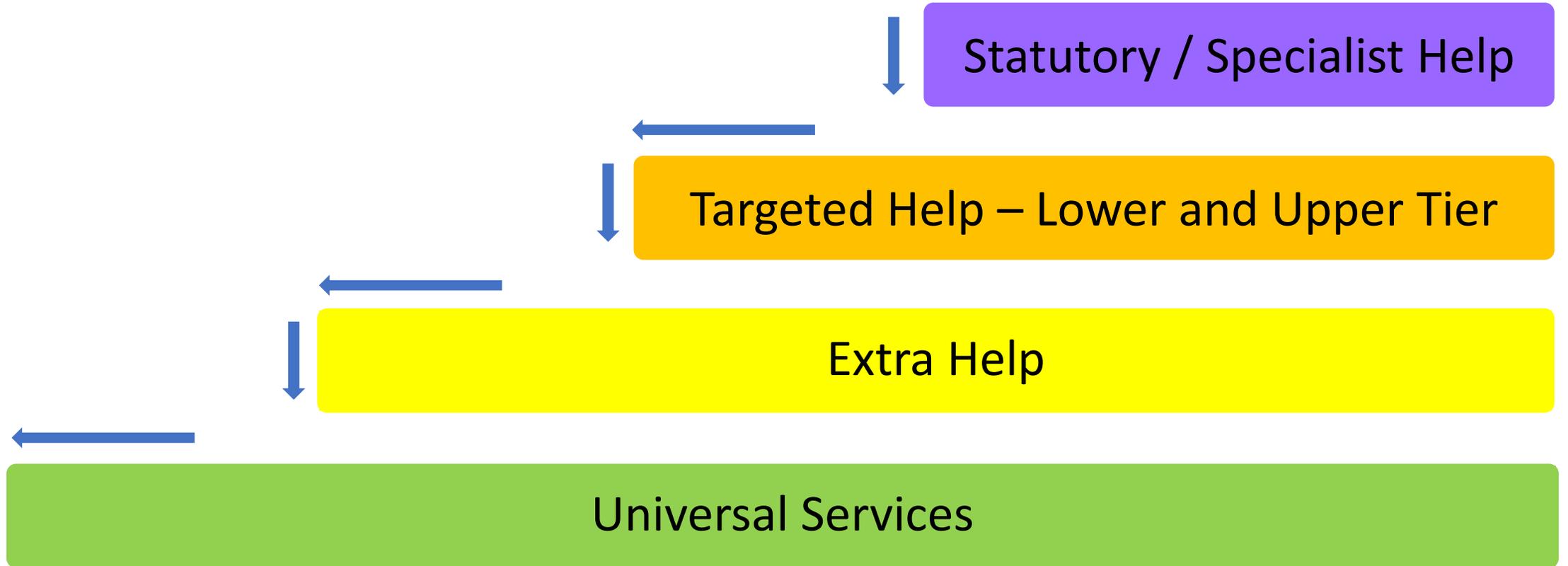
# Welcome

- This guidance provides a framework for professionals who are working with children, young people and families, and aims to help identify circumstances when children may need additional support to achieve their potential. The stepped approach provides information on the levels of children's needs and gives examples of some of the factors that may indicate when a child or young person needs additional support or protection.
- There are four different levels of need from **universal services**, which are available to all children and include education and health; **extra and targeted help** for those children who need additional support to reach their potential; and **statutory and specialist help** where the issues are more complex.
- This multi-agency threshold framework is a guidance tool that all agencies, professionals and volunteers can use to consider how best to meet the needs of individual children and young people. This support can be provided on a single agency basis or a multi-agency basis. The stepped approach aims to reduce risk and vulnerability and meet needs at the appropriate level of support and/or intervention. Access to effective early intervention and prevention services is essential to achieving this. It is only a guide and should be used in conjunction with other assessment tools and in consultation with children, families and other professionals.



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# Stepped Approach



# Stepped Approach

## Universal Services

- Children and young people have needs that are met within universal provision (such as through their GP or school).
- All children and young people have a right to universal services, such as maternity services at birth, health visiting, early years settings, schools, colleges, and health providers.
- In addition, information, advice and guidance is available through the web pages of the Cheshire East Live Well site, the Family Information Service web pages and helpline, and the Family Hubs.
- Universal services seek to meet all the needs of children and young people so that they are happy, healthy, and able to learn and develop securely.

## Extra Help

- Children and young people with extra needs that can be met through a single agency response and / or partnership working.
- Many children and young people require some additional support. Parents, carers, and sometimes young people themselves, may access these services by applying directly to them or by asking the relevant universal service to help them. Children with 'extra' needs are best supported by those who already work with them, such as educational settings, health partners, police community support officers (PCSO's), family hubs, commissioned services, voluntary and faith sector organisations; organising additional support with local partners as needed.
- Where the needs are such that there are a number of services involved it will be advisable to assess the child or young person's needs using appropriate screening tools and record this on the **extra help plan**. The agreed actions and interventions should be reviewed regularly to ensure they are effective and that the agreed outcomes are achieved. A copy of the extra help plan should be shared with the family help front door so they are aware who is providing this valuable support.

## Targeted Help

### Lower Tier:

- As the complexity of a child or young person's needs increase then a **family help assessment** must be completed. Where needs are identified, a targeted, coordinated response plan must be implemented with a lead professional. **A graded care profile 2 (GCP2)** is often required at this level too.
- The existing lead professional of the extra help plan, where relevant, should either progress to the **family help plan** or contact the family help front door to request the services of Cheshire East Council's Family Help team. The extra help plan will need to be shared at this stage.

### Upper Tier:

- This level includes those children and young people whose needs cannot be met without the involvement of **children's social care (Children Act 1989)**. This includes concerns that will be assessed through a **children and families assessment** and may go on to be supported at a **Child in Need level**.
- In addition, this includes children and young people requiring intensive health, education and social care support, due to complex and additional needs whose needs will be met by the **Children with Disabilities** or **Short Breaks Team**.

## Specialist/Statutory Help

- Children and young people with acute or severe needs, or who are children in need of protection, or who are cared for by Cheshire East Council.
- Specialist services are required where the needs of the child are so great that statutory and / or specialist help is needed to keep them safe or to ensure their continued development. This will usually include children's social care, Child and Adolescent Mental Health Service (CAMHS) Tier 3 and 4, Youth Justice Service, or specialist educational provision.
- There are some children and young people whose needs are so complex that they will not reach their potential without specialist / statutory provision, or where they would be at risk from harm if such services were not available to them. These children need to be referred to the appropriate specialist / statutory service so that they can be appropriately assessed and provided with intervention to improve their life chances and to ensure they are safe. Where there is an allocated social worker, they will assume the role of lead professional ensuring that there is a multi-agency plan of intervention. This can be through a child in need plan, a child protection plan or pathway plan. The intervention of specialist / statutory provision is in addition to universal services and often in collaboration with those services already working with the family.
- Children who are cared for Local Authority.

Children and Families Triage Tool	Universal Services	Extra Help	Targeted Help	Statutory/Specialist Help
<p><b>Children and Young People are getting a good education</b></p>	<ul style="list-style-type: none"> <li>Child has episodes of lateness/incidents of absence from school.</li> <li>Child is at risk of fixed term exclusion.</li> <li>Child's behaviour in school is leading to risk of exclusion.</li> <li>The child or young person has observed emerging and/or fluctuating difficulties or deterioration in 1 or more areas of learning.</li> </ul>	<ul style="list-style-type: none"> <li>Child has over 10% average absence from school.</li> <li>Child has episodes of truancy.</li> <li>Child has 1-2 fixed term exclusions from school during the last two terms/6 months.</li> <li>Child is in alternative provision for behaviour problems.</li> <li>Child is persistently late.</li> <li>The child or young person has observed persistent and moderate difficulties in 1 or more areas of learning.</li> </ul>	<ul style="list-style-type: none"> <li>Child has 3+ exclusions, is at risk of permanent exclusion, or has been permanently excluded in last two terms/6 months.</li> <li>Child is not registered with school or is missing from education.</li> <li>Child is persistently absent from school.</li> <li>Concerns around child's home education.</li> <li>Educational setting cannot meet child's needs.</li> <li>Family not engaging with education professionals.</li> <li>The child or young person has observed persistent and significant difficulties. Education, Health and Care Plan (EHCP) is in place for mainstream provision or needs assessment being considered.</li> </ul>	<ul style="list-style-type: none"> <li>Child is continuously receiving fixed-term exclusions.</li> <li>Child has been permanently excluded and has no school place.</li> <li>Child/young person is on a part-time timetable for 3 months, with no clear reintegration plan.</li> <li>Significant concerns regarding a home educated child that has not been seen within 12 months.</li> <li>The child or young person has observed persistent and significant difficulties EHCP in place with named specialist provision.</li> </ul>
<p><b>Good Early Years Development</b></p>	<ul style="list-style-type: none"> <li>Expectant parents who need support in accessing universal service &amp; health appointments – proactive signposting engagement.</li> <li>Parents/carers who need advice to provide a safe home learning environment.</li> <li>Evidence of some delay in meeting expected milestones (1 development band below chronological age within 1 or more aspects of the prime areas).</li> </ul>	<ul style="list-style-type: none"> <li>Expectant parents who have not attended a routine appointment (immunisation, dental, health check etc)</li> <li>Child under 5 has presented at A&amp;E for the first time due to an accidental injury.</li> <li>Child has poor attachments.</li> <li>Child/family members are missing health appointments</li> <li>Significant delay in reaching milestones (2 development bands below chronological age in 2 or more aspects within the prime areas (secure).</li> </ul>	<ul style="list-style-type: none"> <li>Expectant parents who have missed several health appointments.</li> <li>Child under 5 has presented at A&amp;E more than once for a concerning accidental injury.</li> <li>Persistent and significant difficulties in reaching milestones.</li> <li>2 or more development bands below chronological age in 2 or more aspects within the prime areas (emerging).</li> </ul>	<ul style="list-style-type: none"> <li>Expectant parents persistently miss health appointments child at risk of significant harm.</li> <li>Child under 5 with persistent presentations to A&amp;E due to accidental injury.</li> <li>Parent/carer does not seek medical help for an injury that requires medical attention.</li> <li>Child with an EHCP who has a named specialist education. establishment or is highly likely to have after assessment.</li> <li>Children &amp; young people with probable/confirmed pre-natal substance exposure.</li> </ul>
<p><b>Improved Mental and Physical Health</b></p>	<ul style="list-style-type: none"> <li>Adult/child has minor physical health issues.</li> <li>Adult/child has low level mental health issues and dips in emotional well-being.</li> </ul>	<ul style="list-style-type: none"> <li>Adult/child has some physical or mental health needs.</li> <li>Family is engaging with and benefitting from appropriate support, plan in place to manage ongoing health.</li> <li>Necessary adaptations have been made.</li> <li>Medication regime in place and adhered to.</li> <li>Assessment of Need has taken place and treatment plan is now in place.</li> <li>Adult/child has poor presentation/personal hygiene.</li> <li>At risk of social isolation.</li> <li>At risk of not having needs met.</li> </ul>	<ul style="list-style-type: none"> <li>Adult/child has chronic or recurring health problems.</li> <li>Family is not engaging with health professionals.</li> <li>Adult/child has disabilities which impact access to services/needs not being met.</li> <li>Adult/child's mental health needs are not being met.</li> <li>Adult/child's physical health needs are not being met.</li> </ul>	<ul style="list-style-type: none"> <li>Adult/child diagnosed with mental health condition.</li> <li>Adult/child has significant unmet mental health needs. Self-harm with significant risk factors and suicidal attempts etc).</li> <li>Adult/child has a life-threatening eating disorder.</li> <li>Adult/child has a significant physical health need.</li> </ul>

Children and Families Triage Tool	Universal Services	Extra Help	Targeted Help	Statutory/Specialist Help
<b>Promoting recovery and reducing harm from substance misuse</b>	<ul style="list-style-type: none"> <li>Adult/child at risk of/occasional incident of substance/alcohol misuse.</li> </ul>	<ul style="list-style-type: none"> <li>Adult/child is impacted by historical substance/alcohol misuse.</li> <li>Adult/child is at early risk stage of substance use.</li> <li>Adult understands risk impact of substance use on the family and children and can implement actions to reduce harm.</li> </ul>	<ul style="list-style-type: none"> <li>Adult/child is at harmful substance use/misuse stage.</li> <li>Adult/child needs help to understand and accept the risks of substance misuse and find alternative coping strategies/ manage the risk of harm to the family.</li> </ul>	<ul style="list-style-type: none"> <li>Substance dependency is severely impairing development.</li> <li>Substance dependency is severely impairing development.</li> <li>Child or Adult dependency is placing the child at risk of significant harm.</li> </ul>
<b>Financial Stability</b>	<ul style="list-style-type: none"> <li>Family at risk of social exclusion due to finances.</li> <li>Change in family finances due to divorce, new baby, separation, sickness, reduction in working hours, etc.</li> <li>Family has debts that are not well managed.</li> <li>Credits and support allowances are not being claimed.</li> <li>Adult is claiming out of work benefits or Universal Credit and is subject to work-related conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Major change in family's finances due to divorce, death, separation, disability, loss of employment.</li> <li>Family is benefit dependent or has unmanageable debt.</li> <li>Young person is at risk of becoming NEET or is NEET (NEET – Not in Education, Employment or Training).</li> <li>Adult has accrued CCJS/Bankruptcy notice impacting on credit and housing options.</li> </ul>	<ul style="list-style-type: none"> <li>Family is significantly impacted by poverty or worklessness.</li> <li>Family has no recourse to public funds/dependent on charity.</li> <li>Family is reliant on emergency service such as food banks Family has 4+ months rent arrears/served eviction notice.</li> </ul>	<ul style="list-style-type: none"> <li>Family is in extreme poverty which is significantly affecting child well-being.</li> <li>Risk of homelessness.</li> </ul>
<b>Secure Housing</b>	<ul style="list-style-type: none"> <li>Adult is claiming out of work benefits or Universal Credit and is subject to work-related conditions.</li> <li>Family has 1-2 months' rent arrears (no repossession action).</li> </ul>	<ul style="list-style-type: none"> <li>Poor home environment impacting on family's health.</li> <li>Family is overcrowded or in temporary accommodation.</li> <li>Family has poor access to core services.</li> <li>Family has 2-3 months' rent arrears/ repossession action has started.</li> </ul>	<ul style="list-style-type: none"> <li>Family is at risk of becoming homeless.</li> <li>Transient family is not accessing services.</li> <li>Home conditions are poor, overcrowded and/or putting child at increased risk of harm.</li> <li>Young person over 16 at risk of homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>Family have been evicted.</li> <li>Young person over 16 is presenting as homeless.</li> <li>Family is intentionally homeless.</li> <li>Home conditions are putting child at significant risk of harm.</li> </ul>

Children and Families Triage Tool	Universal Help	Extra Help	Targeted Help	Statutory/Specialist Help
<b>Safe from Domestic Abuse</b>	<ul style="list-style-type: none"> <li>Parent relationships are mostly equal and co-operative but there are some unresolved or recurring difficulties.</li> </ul>	<ul style="list-style-type: none"> <li>Adult/child in the household is suffering from the impact of previous domestic abuse or violence and requires support.</li> <li>Parent reports experiencing controlling or abusive behaviour and risk assessment indicates they are at standard risk of harm.</li> <li>Non-abusive parent can protect and care for the children with support.</li> <li>Child/young person’s violent behaviour is beginning to appear atypical and/or is presenting challenges.</li> <li>Domestic abuse is a risk factor but the person causing harm is currently engaging in a behaviour change intervention .</li> </ul>	<ul style="list-style-type: none"> <li>Parent reports experiencing controlling or abusive behaviour. DASH risk assessment indicates they are at medium risk of harm.</li> <li>Mental health of family members is impacted due to domestic abuse or violence. Children are showing significant signs of distress.</li> <li>Specialist services have been unable to engage family members in support.</li> <li>Child/young person is demonstrating violent or abusive behaviour which has become more persistent and is escalating.</li> <li>Unborn child or baby under the age of one exposed to domestic abuse.</li> <li>Child with a special educational need and/or other vulnerabilities.</li> </ul>	<ul style="list-style-type: none"> <li>Child is at direct risk of significant harm from domestic abuse.</li> <li>Adult is victim of coercive control and physical harm, or fear of violence/death. Child is significantly adversely affected or traumatised by domestic abuse.</li> <li>Parent reports experiencing controlling or abusive behaviour and risk assessment indicates they are at high risk of harm (including controlling behaviour, threats to kill and/or fear of violence/death, post separation stalking).</li> <li>One or both parents have been heard at MARAC.</li> <li>Child/young person using violence towards a parent, partner or family member which is severe and there may be significant risk to welfare and/or life.</li> </ul>
<b>Crime prevention and tackling crime</b>	<ul style="list-style-type: none"> <li>Child displaying early signs of low level anti-social or offending behaviour.</li> <li>Family is exposed to low levels of community criminal activity or anti-social behaviour.</li> <li>Concerns around a child/young person's safety online.</li> <li>Child is displaying signs of developmentally inappropriate sexual behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>Child/young person has had a missing episode.</li> <li>Child is displaying potential offending behaviour.</li> <li>Child of prisoner/parent with community orders.</li> <li>Family is experiencing harassment or discrimination.</li> <li>Child is displaying potentially unhealthy/unsafe sexual behaviour.</li> <li>Household member is being discussed in ASB forums or has an active Acceptable Behaviour Contract (ABC).</li> </ul>	<ul style="list-style-type: none"> <li>Child/young person has had multiple missing episodes.</li> <li>Child is at risk of arrest.</li> <li>Family impacted by prison sentence/release of significant person.</li> <li>Adult/child is displaying extremist views.</li> <li>Family at risk of harm due to harassment or discrimination.</li> <li>Child's sexual behaviour is unsafe and/or unhealthy.</li> <li>Household member is being considered for injunction /Criminal Behaviour Order (CBO).</li> <li>Persistent police callouts to family address.</li> </ul>	<ul style="list-style-type: none"> <li>Child has offended.</li> <li>Child has repeated missing episodes of longer duration.</li> <li>Child is displaying harmful behaviour towards other children including harmful sexual behaviour.</li> <li>Adult/child is engaging others in extremist views.</li> <li>Family is repeated victim of harassment or discrimination.</li> <li>Child's sexual behaviour has led to police enquiry/strategy meeting family member is at risk/victim of faith-based abuse, forced marriage, honour-based violence or female genital mutilation (FGM).</li> </ul>

# Using the Triage Tool to help determine Threshold level

The triage tool is designed to be used by professionals to consider the issues or concerns for all members of the family and identify the right level of support for the family.



Please consider using the examples provided on the triage tool as a prompt to help you talk to the family and other professionals about the types of issues the family is facing, how serious the issue is, and how the family should be supported to make progress. The examples are not exhaustive and shouldn't be used as a tick box exercise but will help to determine the threshold and therefore subsequent intervention required. There will be strengths as well as concerns to factor into your decision making regarding threshold.



The blank triage tool templates are there for you to use if you wish to, to note down/map the concerns in the relevant boxes using the examples provided as a guide. You can then consider whether needs meet threshold for what we consider to be 'Early Help' and either an Extra Help plan can be drawn up with the family or a 'Targeted Family Help plan' at the lower targeted level. The extra help or targeted family help plan will identify and build on the strengths and resilience factors within the family as well as address the areas of concern you have recorded/mapped out.

# Using the Triage Tool to determine Threshold level

- A 'child in need' is a child or young person who is thought to need extra help from children's services if they are to achieve or maintain 'a reasonable standard of health or development'. This is defined in law Section 17 of the Children Act 1989 and includes all disabled children.
- Every attempt should be made at a lower tier Targeted Help level to positively engage the family, manage risk and achieve the desired outcomes before escalating to Child in Need (Upper Tier Targeted Help).
- If you decide that the needs have already reached the threshold for children's social care, either at upper tier Targeted Help or Statutory Help level. you should contact the Cheshire East Consultation Service (ChECS), sharing the completed triage tool you have mapped out.

Children and Families Triage Tool	Universal Services	Extra Help	Targeted Help	Statutory/Specialist Help
Children and Young People are getting a good education				
Good Early Years Development				
Improved Mental and Physical Health				
Promoting recovery and reducing harm from substance misuse				
Financial Stability				

Children and Families Triage Tool	Universal Services	Extra Help	Targeted Help	Statutory/Specialist Help
Secure Housing				
Improved Family Relationships				
Children safe from abuse and exploitation				
Safe from Domestic Abuse				
Crime prevention and tackling crime				

# Activity 1- Using the Tool

Based on the information within the case study:

Consider where you would assess that the family sit on the threshold of need?

*1 person to read the case study to the table.*

*You can use the highlighters to highlight directly on the case study the key pieces of information or write onto the blank triage tool- or both!*

# Case Study 1

Taylor & Millie – 9 year old twins

Hayley – Mum

Mohammed – Dad

Parents have been together for 15 years and have had twins, Taylor and Millie through IVF. The family live close to Hayley's parents who visit almost daily. Mohammed's family are not local with his sister living in London and his parents abroad. Mum had a stroke a few years ago so struggles with some tasks as she has reduced mobility in her left arm, the children do help her with some tasks. Taylor is on the ADHD/ASD pathway and is in school and not academically in line with his peers.

Taylor has received 5 fixed term exclusions for violent and aggressive behaviour in school and more recently took a kitchen knife to school with him in his bag. His attendance is around 82% with a number of lates. Although Millie's attendance is better, it is lower than it should be.

The school head has invited parents in to discuss, however this was only attended by Hayley as Mohammed was working. Hayley advised that they are struggling to manage Taylor at home, and he has started to act out and has been physical with her this week when trying to get him ready for school. Hayley shared that Taylor doesn't behave this way with dad and admitted that he has smacked Taylor before, but this was a long time ago. She shared that she has tried to use strategies like a rewards chart as this was suggested by his class teacher however feel this hasn't worked and that the children's dad feels Taylor should be just doing as he is told by his parents, which caused parents to argue frequently. She disclosed that the situation with Taylor is getting her down and she feels that their relationship has never been like the relationship she has with Millie. Mum described Millie as a 'beautiful soul'.

Later that dad the head teacher contacted the children's dad and had a discussion with him over the phone. Mohammed was dismissive of the school worries and felt he was 'just being a kid'. He shared that Hayley is the problem, and he has told her this numerous times but she doesn't listen, as she 'panders' to him.

# Case Study 2

Sophie – 15 years

Logan – 6 years

Vicky - mum

Dennis – father to Sophie

Daniel – father to Logan

Vicky and Daniel, father to Logan remain in a relationship however live separately and Sophie spends time with both her mum and her dad. Sophie's dad has a new partner, and they have 3 children together. Vicky has a diagnosis of clinical depression and has spent periods of time in treatment with the community mental health team. She is medicated and currently assessed as 'stable' therefore there is no active involvement.

Sophie has not attended school consistently for about 6 months following reported bullying from her peers. The school have tried numerous support plans to reintroduce her, however these have all failed. This has included a part time timetable, meet/greets, regular check-ins during the day as well as alternative provision. The current plan is a part time timetable for only the core subjects however Sophie still rarely attends school, this has been the case now for nearly 4 months. The school feel there is nothing further they can do. A request was made for an Education, Health Care Plan Assessment however this was declined. A referral was made to CAMHS due to some recent self-harming whereby Sophie was cutting her arms with scissors. A safety plan was agreed with mum and the family were signposted to other service such as online resources and charity organisations, and the referral was closed.

The police were called to an abandoned warehouse in the town centre in the early hours where Sophie was found to be unconscious after consuming alcohol and possibly has taken other unknown substances. Sophie was not considered a missing person when she was found. She was taken to hospital where her dad was waiting.

Sophie's dad disclosed to the Police he worries about the care Sophie has when with her mum and the nature of the relationship between Sophie and Logan's father and that he drinks alcohol everyday He shared he felt it 'wasn't right' and he was 'too friendly' with Sophie. It was established that he had no direct evidence of this and that Sophie had not shared anything of this nature with him.

The Police records show a history of domestic abuse between Vicky and Dennis and Vicky and Daniel whereby both adults were considered the aggressor and the victim and several MARAC meetings have been held. Service history shows that the children have been subject to Child Protection Planning previously under the category of Emotional Abuse.

The following day Sophie shared that her step dad Daniel had given her the alcohol and that if she was made to return to her mum's house she would kill herself. She said that she hates her mum and often spends nights out of the home so she doesn't have to go home.

# Case study 3

- Hattie – 13 years
  - Jacob – 9 years
  - Thomas – 4 years (hearing loss in both ears)
  - Gemma – Hattie’s mum
  - Steve – Stepdad
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- The learning mentor at Hattie’s school has noted a decline in her behaviour within school. It has been observed, over the last few weeks, that Hattie has started to gain behaviour points for things like being disruptive in lessons and homework not being completed. She is at risk of school exclusion.
  - The learning mentor contacts Hattie’s mum, Gemma and invites her into school to discuss.
  - At the meeting Hattie’s mum became tearful and starts to talk about the recent death of her mother, Hattie’s grandmother and how she was struggling with his and is having periods of time whereby she is feeling quite low and at times has felt too low to go to work but has the support of her mum and sister, for whom she works for.
  - The learning mentor spent some time with Hattie later that day and Hattie spoke about feeling unloved by her mum who she feels shouts at her a lot, even when it’s not her fault. She said this makes her want to run away.
  - The following week the learning mentor met with Hattie and Gemma again. Hattie felt able to share with mum how she was feeling and advice was given about how they could improve their relationship such as special time.

# Case Study 4

Sebastian – 18 months

Lola – 3 years

Sarah – Mum (pregnant)

Teddy – Dad – not living with the family

The duty health visitor has received an A&E notification as Lola had attended the previous evening, with a friend of Sarah's due to falling from the sofa onto an uncarpeted floor. Lola was discharged home.

Upon reviewing Lola's health record, it was noted that Lola has not attended the 3rd attempt to complete her 2-year check at the local development clinic last week and the health visitor has had no contact from mum despite a text the previous day to remind her and the records also indicate worries about the conditions of the flat being overcrowded and unkempt.

Parents have recently separated, and Teddy has moved out and his whereabouts are unknown. Sarah and Teddy have been together for 5 years and met in a residential children's home where they both lived in which was out of the current local area. As a result of this, Sarah doesn't have any contact with her own family.

The health visitor visited the family later that day to find that Lola to be a playful little girl who was appropriately wary. Sebastian was asleep on the sofa. Sarah had moved a rug from the entrance hall to under the edge of the sofa and was sat on the sofa with him. Sarah explained what had happened and the health visitor wasn't worried about this however it was observed that all the family were still in their pj's at 2pm and Sarah shared they hadn't yet had any lunch and she didn't know what she was going to prepare. During the visit Teddy called Sarah and was heard to shout down the phone before putting the phone down. Sarah didn't wish to talk about the details of the conversation but her presentation changed and she looked to the floor for the remainder of the visit.

# Step up



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**Challenges-** Timely Step Up to Children's Social Care due to process

**Resolution-** Step up meetings have now stopped. All cases are now reviewed within the ChECS front door.

**Immediate risk of harm** continue to be alerted by a phone call in the first instance to avoid delay (either to ChECS or EDT or the police on 999 as appropriate)



# Step Down

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## Challenges-

- Timely Step Down to Early Help services due to process (waiting for a meeting to discuss)
- Social workers holding on to cases that no longer meet threshold for Children's Social Care despite high case loads
- Unsure who to step the case down to where there isn't an appropriate network in place
- Agreed Early Intervention not being delivered



# Step Down

## Resolution

- A revision of the Step Up and Step Down policy has been completed and is to be heard and hopefully ratified at the next Cheshire East Safeguarding Children's Partnership (CESCP) Learning and Improvement sub group

## Revisions include;

- Stop step down meetings
- Alert the Family Help Front Door to all step down cases from Children's Social Care
- Tracking of all step down cases via the new Partnership Family Help Officers at regular intervals
- Allocation of cases to the Local Authority Family Help service where it meets threshold for Targeted intervention at the lower tier and a partner lead isn't more suitable
- Review of current Joint Allocation Meeting (JAM) to ensure partners are well represented and can be allocated cases following step down at the Extra Help threshold level



# Break – 15 minutes



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**TOGETHER** for Children and Young People

# Supporting Families (2022-2025)

## Programme Summary & Guidance

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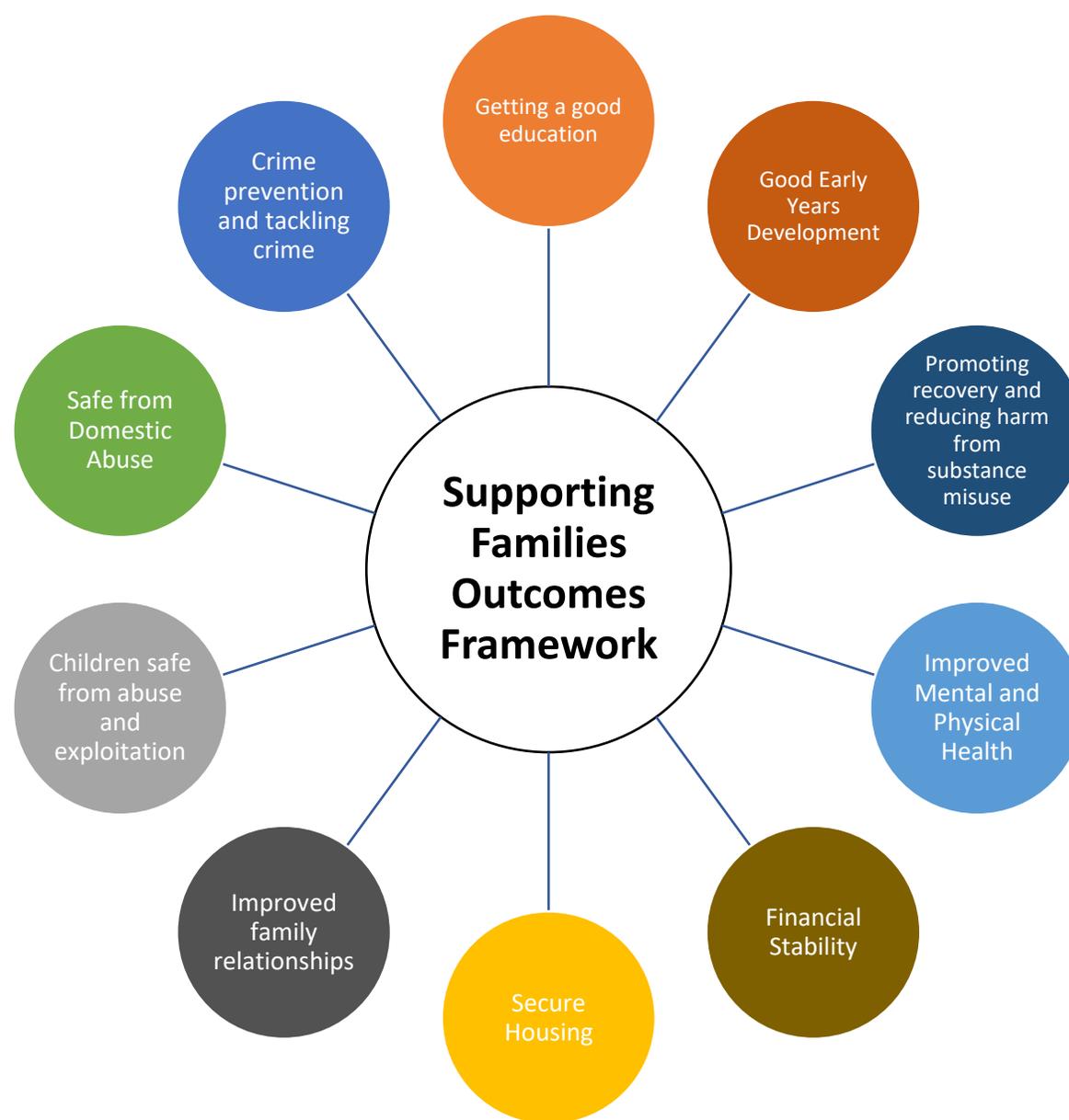
# National Programme Developments – with effect from 3<sup>rd</sup> October 2022

- 1. Increased focus on the current needs of families:** The updated framework seeks to address the current needs of families, especially in the context of levelling up and recovering from the impact of Covid-19. Increasing the headline outcomes from six to ten reflects the complexity of families' lives and the wide-ranging support provided by local authorities and their partners.
- 2. Support from the programme aims to help rebalance the demand levels in children's services and levelling up support for families:** The framework tackles the multiple and complex problems families face, such as unemployment, financial insecurity, risk of homelessness and educational inequality, as well as children and risk from abuse and exploitation and families who are experiencing domestic abuse.
- 3. Improved consistency across all local authorities:** The framework sets the standard for what outcomes families should be achieving and what problems local areas should be focusing on, for example the new framework puts a renewed focus on early years, housing, child exploitation, and substance use.
- 4. Increased use of good evidence and data measures:** Suggested data measures for both programme eligibility and successful outcomes are set out in the new national outcomes framework. This allows for greater national comparison and wider sharing of good data practices across local authorities and across government.
- 5. Reduced bureaucracy:** Data checks at the point of outcome submission have been reduced and instead focus on the priority areas of school attendance and accepted rereferrals into early help or children's social care.

# Headline Criteria

The 10 headline outcomes are:

- Getting a good education
- Good early years development
- Improved mental and physical health
- Promoting recovery and reducing harm from substance use
- Improved family relationships
- Children safe from abuse and exploitation
- Crime prevention and tackling crime
- Safe from domestic abuse
- Secure housing
- Financial stability



# Essentials of the programme

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- Signing up to this programme has meant that we have also agreed to a number of key principles which underpin the programme:
  - There will have been an **assessment** that takes into account the needs and voice of the whole family;
  - There is an **action plan** that takes account of all (relevant) family members;
  - There is a **lead practitioner** for the family that is recognised by the family and other professionals involved with the family; and
  - The objectives in the family action plan are **aligned the national Supporting Families Outcomes Framework**.

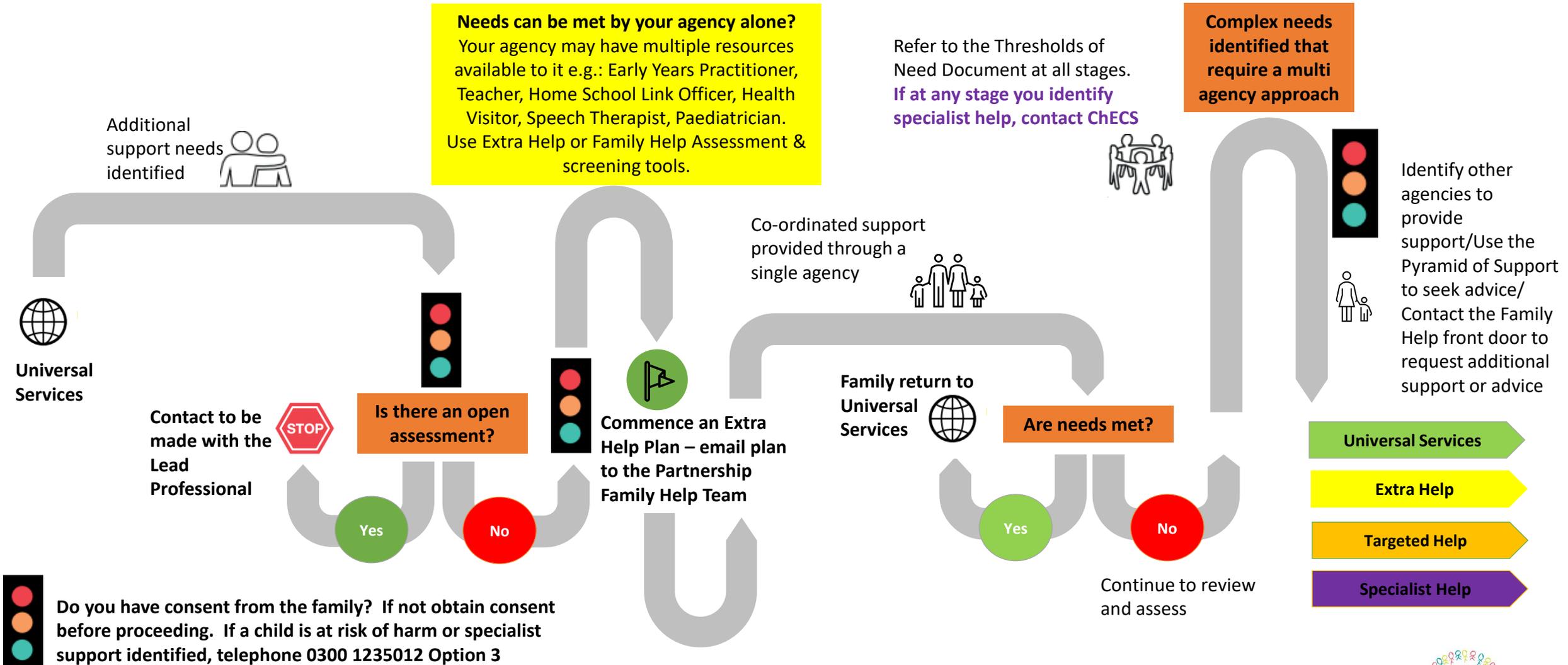


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- The purpose of the framework is to provide a concise and clear account of the goals that each local authority and their partners strive to achieve with families, against which successful claims must be measured and verified. In addition a successful family outcome can only be submitted for payment when the following terms are met;
  - Each family must demonstrate a **minimum of three eligibility criteria** or family needs as set out in the national Supporting Families Outcomes Framework.
  - All families must have been supported by a **lead practitioner**, there must have been a **whole family assessment** and an **action plan** to address all the problems faced by the family, and the family must have received relevant support.
  - To claim a successful outcome, **all identified family needs must have evidence of a corresponding outcome**. The outcomes to be achieved are set out in our **locally agreed Supporting Families Outcome Framework**.
  - As some family problems may not be evident at the point of identification and only become apparent when trust has been established with the family (e.g., domestic abuse) all the relevant outcomes within the Supporting Families Outcomes Framework should be revisited at this later point, when a fuller picture of the family is known.



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# Early Help Pathway to Support Families



# Why do we need to prioritise Early Intervention?

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## Effective Early Intervention

Video from Early Intervention Foundation

<https://youtu.be/1TdNbOco9jU>



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# Why do we need to prioritise Early Intervention?

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## Current Data set for Cheshire East

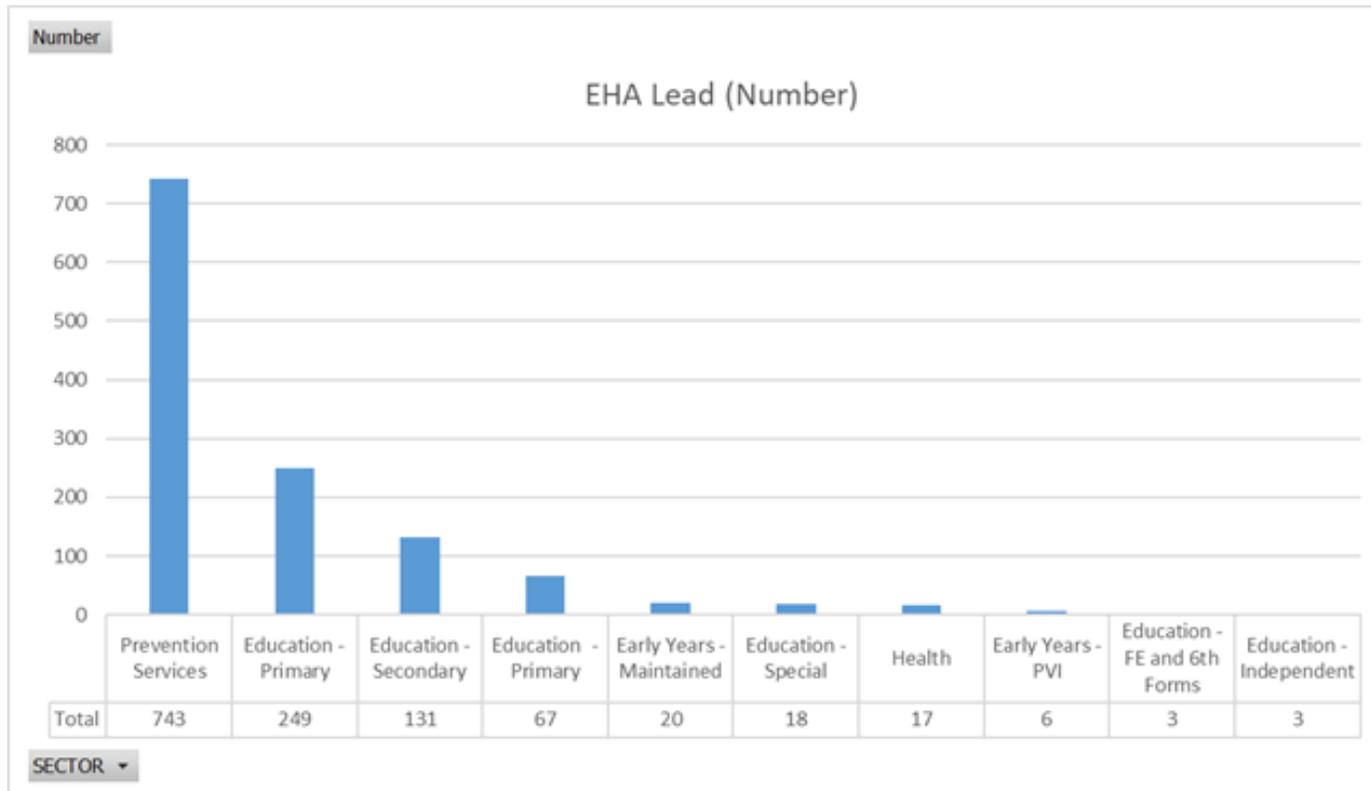
- Total number of EHA is 1257
- CIN – 1002 (Those with a plan is 694, the others will be in the assessment stage)
- CP - 182
- CLA - 575
- CWD – 149 (open to the CWD Social Care team) – this will be included in the numbers above.
- Education Health Care Plan - 4320

# Why do we need to prioritise Early Intervention?



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## Current Data set for Cheshire East





Early intervention works to reduce the risk factors and increase the protective factors in a child's life. We have a good understanding of the risk factors that can threaten children's development, limit future social and economic opportunities, and increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life. These factors exist at different levels within the child's environment – at the individual, family, community and society level – and interact in complex ways.

[Home | Early Intervention Foundation \(eif.org.uk\)](http://eif.org.uk)

# Early Help Pathway to Support Families

## **How to check if a family is already open to support (Extra Help, Targeted Help – Upper and Lower, Statutory Help)**

[familyhelpfrontdoor@cheshireeast.gov.uk](mailto:familyhelpfrontdoor@cheshireeast.gov.uk)

We will aim to respond to requests within 3 working days. This should only be used to establish if there is already a lead professional in place to share your concerns with before you take on the lead role yourself at an early help level.

## **Recording an extra help plan or a family help assessment and plan or screening tools started by your agency**

[partnershipfamilyhelp@cheshireeast.gov.uk](mailto:partnershipfamilyhelp@cheshireeast.gov.uk)

These documents will be loaded onto the early help module case management system for tracking purposes and to support assessment of risk where further concerns are raised. As per above, it also means we can signpost other professionals to plans already open to avoid duplication.

As per current guidance, any completed child exploitation screening tools must be sent through to ChECS for review.

# Screening Tools

- We have a [suite of screening tools](#) which may also help you to identify the level of need, the best pathway of support, and the interventions you can provide for children, young people and families.
- Practitioners' decision making needs to be led by evidenced-based screening and assessment of what the child or young person is experiencing, and the impact of their carers' behaviour on them. This approach is supported by **Working Together 2018**. For this to happen, all professionals who have contact with children, young people and families have a responsibility to recognise issues as early as possible and assess whether intervention is required.
- Assessment should be a dynamic process that identifies, analyses, and responds to the changing nature and level of need and / or risk faced by a child or young person.
- Continuous assessment is crucial in ensuring that the help and support being delivered is having the intended impact. Using the assessments early will hopefully support positive outcomes for children and young people, meaning onward referral may not be required. However, should a case need referral, professionals will be expected to evidence why a threshold has been met despite appropriate intervention. The assessments included in the toolkit will provide a record of evidence for this purpose.
- **As per current guidance, ALL completed child exploitation screening tools must be sent through to ChECS for review. Please send all other completed screening tools through to the family help front door to log alongside an extra help or family help assessment and plan.**



# Which Assessment should I complete ?

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**Can the families needs be met by your agency alone?**

Your agency may have multiple resources available to it e.g.:  
Early Years Practitioner, Teacher, Home School Link Officer,  
Health Visitor, Speech Therapist, Paediatrician.

Use Extra Help or Family Help Assessment & screening tools.

**Main distinction is where there are 3 or more identified  
needs aligned to the SF framework = Family Help Assessment**



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# Extra Help Assessment

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- A new form to capture Early Help work occurring across the partnership to ensure that we know and understand what valuable support is being provided to families
- Asks for the basic details of the family composition, child(ren) details, other professionals involved with the family, any specific needs, school setting
- Mapping from 2 perspectives lead professional and family members - what's working well?, What are we worried about? What needs to happen next?
- Plan of Action – to be reviewed a minimum every 12 weeks
- Closure section once support is completed
- All stages sent into Partnership Family Help Officers to be logged on Liquid Logic



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# Family Help Assessment

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- Assessment aligned to the Supporting Families Framework focussing on the 10 headline criteria
- Main changes –
  - *The Voice of the Child tool has changed to enable more specific discussions around areas of a child's life*
  - *The mapping is split into 10 areas in line with Supporting Families*
  - *The plan can have as many actions as required not just 3*
  - *There is a reduced number of scoring questions at the end*
  - *The SF scoring guidance has been made clearer with the mechanism to score now 0-5 and based on the cycle of change*
- Closure Document – also aligned to Supporting Families framework with a focus on evidence to show we have met the outcome required and for us to understand the impact on the family



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# Activity 2

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## Early Help Activity

From what you have heard today, we have two new assessment/plan forms that we are currently consulting on;

In groups have a look at the documents;  
What works? Is the language right? Any suggestions?  
Does the language in the assessment/plan work? Is there something that doesn't work?

Include any feedback on the post it notes and we will ask for some tables to share back to the group



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# Children and Families Integrated Front Door

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Each agency will have its own safeguarding procedures which will detail how to identify and assess safeguarding concerns alongside this threshold document, and who you can speak to (often it's the designated safeguarding lead). As you see in the pyramid of support, there are several layers in place to seek advice and guidance without the need to contact the Integrated front door (Family Help front door and Cheshire East Consultation Service) for cases assessed as being at Universal Services or Extra Help level.

This means the Integrated front door can prioritise the requests that do need their support and have more time to make safe risk-assessed decisions in a timely way. If you do require advice at this stage though and the locality partnership hasn't been able to support you, you can contact the Family Help front door team, formally known as the Early Help Brokerage team, who can offer advice and guidance. You can also contact them to check there isn't already a co-ordinated assessment and plan in place at any level.

## Who to contact:

- ✓ Concerns assessed as being at **lower tier Targeted Help** level for complex early help concerns will be triaged and managed by the **Family Help Front Door**.
- ✓ **Upper tier Targeted Help** as well as **immediate and significant risk of harm** will be triaged and managed by **the Cheshire East Consultation Service (ChECS)**.



# Children and Families Integrated Front Door

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## Contacting the Front Door:

- Professionals contacting the front door cannot remain anonymous when seeking advice or requesting a service and children / young people discussed should be identified to ensure effective advice is provided.
- If you have concerns that a child or young person may be in need of urgent protection or in significant harm, then you **must ring** ChECS and / or the Police (in an emergency on 999) and/or the Emergency Out of Hours Social Work Duty team immediately.
- For non urgent contact for a referral or request to the front door, the **appropriate portal form** needs to be completed. There is one for children's social care where you feel the child / young person has reached their threshold for support (**upper tier Targeted Help and Statutory / Specialist Help**), and there is one for family help (**lower tier Targeted Help**).
- Anything you submit to ChECS that is deemed as meeting threshold for social care will be processed within either two hours or 24 hours as per statutory guidelines dependant on risk.
- Anything you submit to the Family Help Front Door team will be processed within 5 working days.



# Children and Families Front Door

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If it is ChECS receiving the portal form, they will load this as a contact on the case management system and complete initial triage checks, looking at the information you have provided, the concerns, the risk factors and the protective factors in place. They will speak to the family where possible and will also check the history for that child / young person on the system. Risk assessed, threshold decisions will then be made by a social worker and their manager. This may result in the contact being sent to a social care team to progress accordingly based on risk, it may be sent through to the Family Help front door team as the threshold sits at lower tier Targeted Help, or it may result in advice and guidance back to the professional.

A similar process is in place for triage within the Family Help front door team but they may complete additional checks including health and education to determine who is best placed to offer any necessary early help provision as it is a whole partnership responsibility at this level.

All professionals must get parental consent before completing the form and be clear with parents and carers or those with parental responsibility about the nature of the referral. Their consent must be sought verbally or in writing and recorded. Consent should not be sought if doing so places a person at risk of significant harm or serious harm or would cause unjustified delay in making enquiries into significant harm or would prejudice the prevention, detection or prosecution of a serious crime.

If you cannot use the portal form, contact can be made by phone. The same information will be taken and a contact loaded for review. The benefit of using the portal form for the professional is that you can do this at your convenience. This reduces the risk of delay where professionals are not available for a return phone call. For the front door teams, it also means they have more time to consider and review the information and process the presenting information within timescale.



# Children and Families Front Door - Contact Details

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✓ Portal Form

Children's Social Care – ChECS; [Safeguarding & Child Protection \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

Early Help - Family Help Front Door; [Early Help Support Referral Information \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk)

✓ Email

ChECS; [checs@cheshireeast.gov.uk](mailto:checs@cheshireeast.gov.uk)

Family Help Front Door; [familyhelpfrontdoor@cheshireeast.gov.uk](mailto:familyhelpfrontdoor@cheshireeast.gov.uk)

Completed Extra Help, Family Help forms and screening tools should be submitted via;

[partnershipfamilyhelp@cheshireeast.gov.uk](mailto:partnershipfamilyhelp@cheshireeast.gov.uk)

✓ Phone – please listen to these carefully as the options have changed and we are seeing a number of professionals choosing the wrong option;

0300 123 5012

Option 3 – Cheshire East Consultation Service (ChECS)

Choose Option 1 – Family Help

Choose Option 2 – ChECS / Immediate Safeguarding concerns

✓ Cheshire East Council Webpage; [ChECS - Cheshire East Children's Consultation Service](https://www.cheshireeast.gov.uk)

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# Consent and Information Sharing

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- Knowing when and how to share information isn't always easy. Usually parents say they are happy for you to talk to other professionals who can help them and their children.
- *'Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision' (Working Together 2018).*
- *The Cheshire East Safeguarding Information Sharing Protocol can be found on the CЕСSP site \**
- The Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe.
- All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost.



# Consent and Information Sharing Golden Rules

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- The Data Protection Act 2018 and General Data Protection Regulations (GDPR) are not a barrier to sharing information but provide a framework to ensure that personal information about living persons is shared appropriately.
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could, be shared and seek their agreement.
- Seek advice from your manager or designated safeguarding lead if you are not sure.
- If someone requests that some information is kept confidential, their wishes should be respected unless the sharing of the information is overridden in the public interest. You will need to base your judgement on the facts of the case.
- Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children or young people.
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary and proportionate, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.





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# Appendix & Other Useful Links

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Cheshire East Safeguarding Children's Partnership – Multi-Agency Toolkit

<https://www.cescp.org.uk/ce-scp-multi-agency-toolkit/ce-scp-multi-agency-toolkit.aspx>

Children and Families Integrated Front Door

[ChECS - Cheshire East Children's Consultation Service](#)

[Early Help Brokerage \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Extra Help Assessment and Plan

[Early Help Assessment \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Awaiting launch following consultation and sign off by CESC

Family Help Assessment and Plan

[Early Help Assessment \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Awaiting launch following consultation and sign off by CESC

SEND Toolkit

[CE Toolkit for SEND - FINAL v2.0 \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Thresholds of Need Guidance – Triage Tool (with descriptors)  
A3 Printable PDF Version

[Early Help Brokerage \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Thresholds of Need Guidance – Triage Tool (Blank Version)  
A3 Printable PDF Version

[Early Help Brokerage \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Professional Challenge

[Early Help Brokerage \(cheshireeast.gov.uk\)](http://cheshireeast.gov.uk)

Portal form link

<https://childrenandfamiliesportal.cheshireeast.gov.uk/web/portal/pages/home>

# Activity 3- Barriers to Effective Early Intervention

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- What are the barriers or challenges you face in delivering effective early identification, assessment and intervention?
- Table top discussion.
- Please record the barriers on your post it notes and stick on the paper titled 'Barriers'
- Feedback to the room





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# Pyramid of Support

The pyramid of support is not an exhaustive diagram of support but shows some of the steps you should take to seek advice and guidance or contact at each different level on the continuum of need.

The Family Hub model that is being implemented across Cheshire East will strengthen existing partnerships in each locality making it easier for practitioners to get support for families.

Safeguarding is everyone's responsibility; early identification of additional needs and delivery of appropriate intervention is also everyone's responsibility.

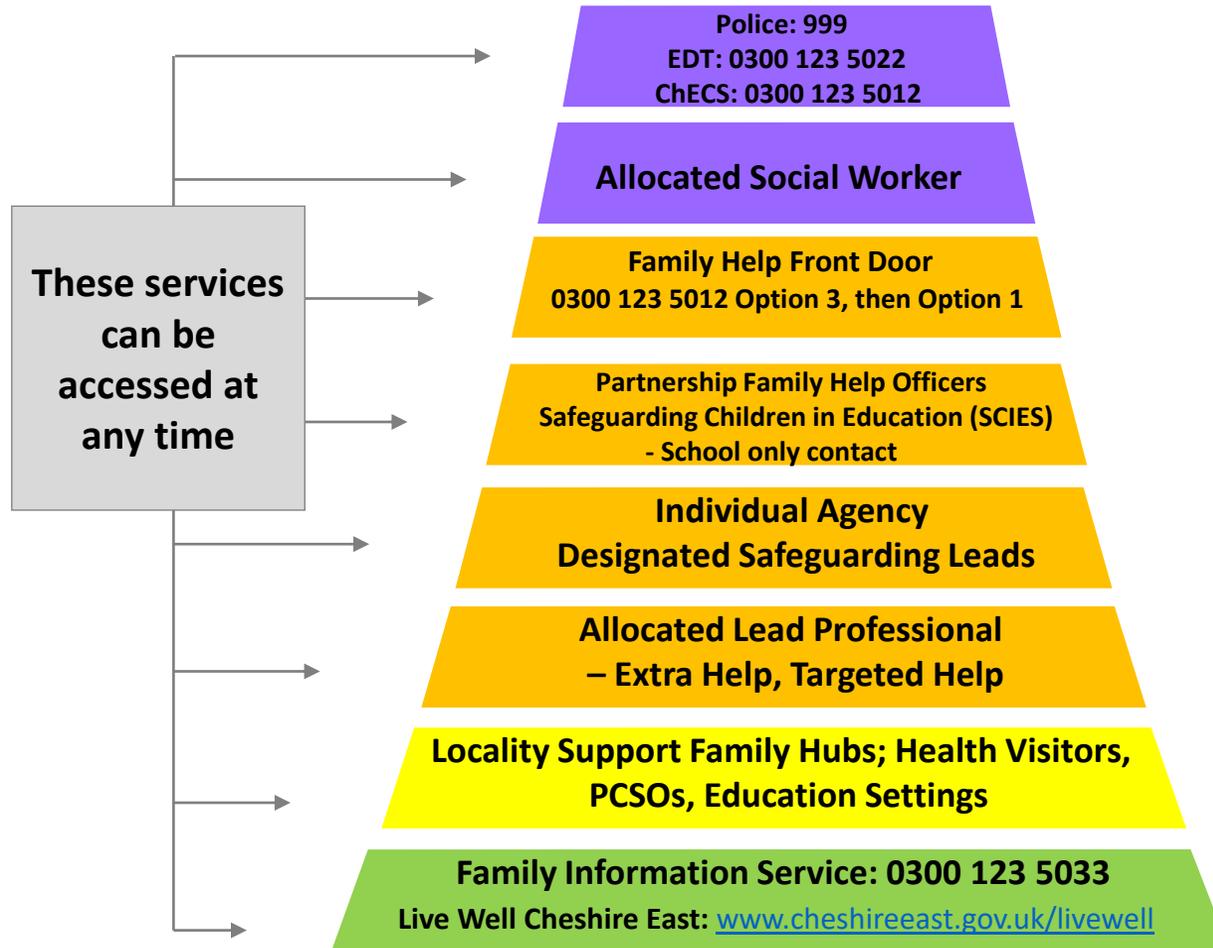
Cheshire East Council will lead on assessments and plans that are meeting the following thresholds:

- **Lower tier Targeted Help (Family Help Teams)**
- **Upper tier Targeted Help (Child in Need, Children with Disabilities)**
- **Statutory Help (Child Protection, Cared for Children)**

The wider partnership will lead on assessments and plans that are meeting the threshold for **Extra Help**. Everyone will provide the relevant support at **Universal Services level**.



# Pyramid of Support



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# Removing the Barriers, creating the Jigsaw

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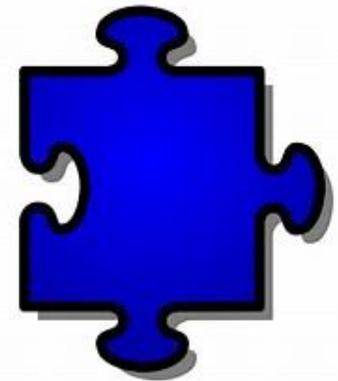
## Activity 4

- The chosen ones-please pass the Mic , share your jigsaw piece
- What other services, schemes, interventions can we use to support our children, young people and families?



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'Create the Jigsaw, build the picture, ask for help, work together'



# Removing the Barriers, creating the Jigsaw

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Reflections,  
Thanks and  
Close

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