FAMILIES FIRST PARTNERSHIP

Telford and Wrekin Safeguarding PARTNERSHIP

# TELFORD & WREKIN PARTNERSHIP
# PATHWAY TO SUPPORT

## A partnership framework for assessment and support for children, young people and families



Telford & Wrekin Co-operative Council

Protect, care and invest to create a better borough

FamilyConnect

Child Friendly Telford and Wrekin

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# 1 INTRODUCTION

## 1.1 A shared responsibility

The Telford & Wrekin Pathway to Support provides a shared multi-agency framework for practitioners to identify, understand and respond to the needs of children, young people and families at the earliest opportunity.

Our practice is grounded in the principle that, where it is safe and in their best interests, children should grow up within their family network. Practitioners work alongside families to understand their lived experience, recognise strengths, and support relatives and wider networks ('Circle of Support') to contribute to safe and sustainable plans.

A shared multi-agency approach ensures children and families receive the right support at the right time. Practitioners apply consistent principles, work transparently with families, and co-ordinate responses to prevent needs from escalating.

The Pathway to Support framework is designed to help everyone to:

- focus on the lived experience of the child and to hear and respond to their voice, whether that be verbal and observed behaviour;
- understand the child and young person in the context of their family and their broader family network and the wider community;
- achieve a holistic whole-family approach;
- develop relationship-based practice and build upon the strengths of the family; and
- be non-discriminatory on the grounds of age, ethnicity, religious belief, faith, culture, class, sexuality, gender or disability.

In most instances, children and families welcome support from professionals. Practitioners will demonstrate openness, honesty and transparency, recognising that some families may find professional involvement challenging. Through collaborative conversations, practitioners will help families understand concerns and contribute to shared decisions.

This document promotes us all to work to identify safety and strengths within the family and their existing network to properly respond to the child and family's needs on a long-term basis.

Futher information can be found here:
www.telfordsafeguardingpartnership.org.uk

# Our relational practice approaches

### Utilising the strength of family and extended networks

We value family and understand they know themselves best. Even where families and professionals hold different perspectives that do not align with those of the family, it is our job to listen, not judge and work together alongside them to ensure the right support is in place to achieve the best possible outcomes for the child, alongside our fundamental priority to ensure that the children are safe.

There should also be supportive challenge where parents' statements and behaviour are inconsistent with information held or where there is a difference of opinion. All parents or care givers should be involved equally in assessments and should be supported to participate.

### Relational practice

Those who support children and families are encouraged to dedicate their time to nurturing strong, meaningful relationships that lead to positive change. This approach also shapes how we support one another within our teams and how we build connections with colleagues across our organisations and beyond.

We believe in offering both tailored support and helping the family to fully understand what the concerns are. This means setting clear expectations, ensuring children and parents receive timely and effective help, whilst also practicing professional curiosity and keeping children at the heart of every decision.

Collaborating with families, rather than imposing actions upon them, enhances the families' ability to achieve effective outcomes and sustained change.

### Systemic Approach

We work with children and families by looking at the whole picture of their lives, including relationships, experiences, and the people who are important to them. We understand that difficulties do not sit with one person alone, but are shaped by family relationships, wider context and past experiences. We will take time to listen, be curious and understand a family's lived experience. We work together with families to identify strengths, build understanding, and support positive change in ways that feel meaningful.

### Trauma and attachment aware practice

We are trauma and attachment aware, which means we understand that past experiences, including those which are difficult and upsetting can affect how children and families feel, behave, and relate to others. We recognise that relationships matter, and that children and adults are often doing their best based on what they have experienced. Our practitioners will work in a calm, respectful, and compassionate way, taking time to build trust and safety, support secure relationships, and help families make sense of their experiences to understand how best to move forward.



### Respecting everyone

Practitioners should collaborate with the child, young person and family, treating them fairly with respect and dignity, regardless of race, colour, ethnic or national origin, differently abled, gender, sex or sexual orientation, care of dependents, religious/belief, political beliefs or unrelated criminal convictions.

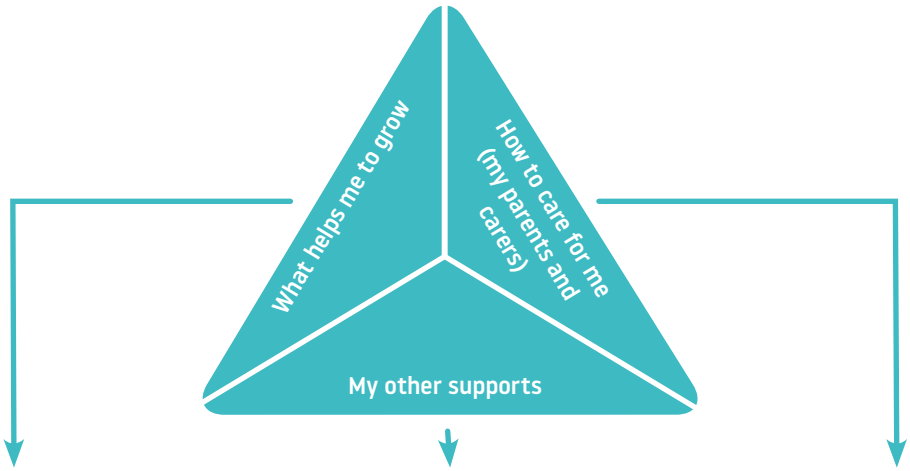
We recognise the diversity of family life and we value and respect all families, inclusive of diversity in gender, age, ability, culture, and lived experience. We recognise that some families may face particular challenges or additional pressures arising from these factors and we are committed to working alongside them in ways that are inclusive and anti-discriminatory. Our practice seeks to ensure that every family is met with dignity, understanding, and the support that honours their strengths and unique identity.  What matters most is that children and young people are loved, supported and cared for by the people who are important to them.



# Child's Perspective Triangle

## Adapted from the Framework for The Assessment of Children in Need and their Families, co-produced with The Dandelions

Every child may communicate in a different way including verbally and non-verbally, the child perspective triangle and descriptors aim to help professionals to gather a child's lived experience.




**Health**
Health appointments are kept, I have a healthy diet and my carers understand my health needs.

**Education**
I attend education regularly; I have support to achieve and learn.

**Emotional and behavioural development**
My carer understands my needs, my emotional wellbeing is understood and cared for, I am comforted when I am upset, my care givers show me boundaries and guidance, I am praised, I know what will be happening and when, my carer givers are there for me.

**Family and social relationships**
I have friendships, I see people I care about where it is safe, I have social activities I take part in.

**Social presentation**
I am clean, I have clothes that are suitable for me, I am supported to make relationships.

**Selfcare skills**
I am taught how to care for myself inline with my age and stage of development.

**Community resources**
My family and me have access to community support locally to me.

**Family social integration**
My family and me are safe in our community and where we live, we have local support and friends.

**Income**
My family have enough income to meet our needs, and our income is managed to ensure our bills are paid, any debts are managed and do not impact on our basic care.

**Employment**
My care givers are employed and their employment fits around caring for me, employment is paid fairly. Care givers are seeking employment and are supported. If I am a young person seeking employment I am supported. If I am a young person who is employed then this is supported well, the hours I work are fair and I am paid well.

**Housing**
My housing is comfortable and in a good state of repair, we have our own space in the home when we need it, our home is safe for us to live in.

**Wider family**
I see my wider family and people who are connected to me, my wider family supports my care givers.

**Family history and functioning**
I understand my cultural identity, heritage, family story and the meaning for me, my family and my community. People supporting me also understand my heritage and identity.

**Basic care**
My care givers understand my needs and ensure they are met, I have a healthy diet, clothing, a clean home environment, I attend medical appointments.

**Ensuring safety**
I am safe within my community, my caregivers seek to ensure I am. I am safe online, my home is safe, I am not exposed to abuse, adults or other people that cause me to feel I am unsafe. My care givers understand what keeps me safe, I am supported and supervised if needed.

**Emotional warmth**
My caregivers understand my needs, they provide consistent responses to my needs, they are able to offer me comfort when I need it, they are able to manage their own emotional needs.

**Stimulation**
I am provided with opportunities to play and learn in and outside my home, I am encouraged through this.

**Guidance and boundaries**
My caregivers are able to guide me and provide me with boundaries to ensure I am safe and that others are safe in line with my age and stage of development.

**Stability**
I have caregivers who can respond to my needs safely and consistently. I understand what will happen and when, I have a stable home.

# Pathway to Support guidance

The Pathway to Support outlines a shared approach for identifying needs early, engaging families in meaningful conversations, and coordinating appropriate support across the partnership. The Pathway to Support describes the range and level of need that may be present for children, young people and their families, and sets out the expected response across the partnership. It supports consistent, proportionate decision-making and helps practitioners understand when universal, community-based early help, Family Help, or statutory safeguarding services may be required.

Working Together to Safeguard Children 2026 provides updated statutory guidance on multi-agency working to help, support and protect children. The 2026 update explicitly aligns with the Families First Partnership Programme reforms and clarifies that Family Help brings together Targeted Early Help and Section 17 support into a single, seamless offer. This establishes a clear expectation that Early Help/Family Help is a shared multi-agency responsibility, embedded within a whole-system approach to prevention and earlier support.

It focuses on whole-family needs, multi-agency working, and providing the right help at the earliest opportunity to prevent escalation. This can apply to many professionals who work alongside families such as teachers, health visitors, school nurses, childcare practitioners, the police and volunteers. All of us have a responsibility towards identifying emerging needs as early as possible. Support can be offered early in life or early after the emergence of a particular need arising which could be at any point throughout childhood and adolescence. Family Help is available for families with children and young people aged 0-18 and up to 25, if the child has a special educational need or disability.

Evidence consistently shows that early, targeted support is more effective in improving outcomes and reduces the need for more intrusive statutory intervention.

The Pathway to Support also articulates the criteria and level of need for making a referral to local authority children's services for assessment and statutory services for children in need, including those in need of support, protection, accommodation and care (sections 17, 47, 20 and 31 of the Children Act 1989).

For children with disabilities, this guidance should be read in conjunction with the Telford and Wrekin Short Breaks Statement. This outlines services available and the tiered offer of support, including the specialist support provided by the Children with Disabilities Service.

### Professional judgement

Professionals will need to use their judgement when considering both the range and scale of needs in the Pathway to Support guidance, as well the resilience and strengths that are part of the child's life. The guidance supports, but does not replace, professional judgement. Needs should not be viewed as fixed categories; children and families may move between levels depending on changes in circumstances, strengths, and risks. It is not intended to be prescriptive, exhaustive, or as a document for automatically opening or closing a gateway to a particular service or range of services. Clear and timely transitions between levels of support are central to effective practice and supporting families to make sustained change.

### Family history

Child and family history must consistently be considered when assessing and identifying needs of the family. Professionals need to consider patterns of need for children, young people and their families. Chronologies, and life history timelines, are essential in respect of decision making to help form an earlier and more accurate identification of need for children, young people and their families.

## 1.2 Diversity, equality and inclusion

Practitioners involved in assessments and the planning of support must work in ways that are inclusive, respectful and culturally competent, consistent with our relational practice approach. This means:

- **Relational ways of working:** building trust through transparent, two-way conversations; practicing professional curiosity and supportive challenge; and co-creating goals and next steps with children, young people, parents/carers and the wider family network.
- **Assessment quality:** gathering and weighing information in a way that recognises each child's and family's unique identity and lived experience, and that actively considers how culture, language, migration experience, disability, neurodiversity, gender, sexuality, faith, poverty and family structure shape strengths, risks, and resilience. Assessments must be free from bias or stereotypes and make explicit how cultural/contextual factors informed the analysis.
- **Planning and decision-making:** translating assessment insights into clear, proportionate and achievable plans that reflect the family's preferences and community context; identifying what support will be led by the family/network, what will be delivered by universal/community services, and what requires targeted Family Help or statutory safeguarding. Plans should set out how we will review progress with the family, adjust support, and change in support as needs change.
- **Community understanding:** demonstrating knowledge of, and respectful engagement with, the diverse communities we serve; using interpreters, accessible formats and culturally relevant resources; and drawing on community and faith groups, peer networks, and culturally specific services where these are helpful and chosen by the family.
- **Accessible and anti-discriminatory practice:** removing barriers to participation (e.g. communication needs, sensory/physical accessibility, digital exclusion, transport/caring responsibilities), and challenging discrimination when it occurs.
- **Professional development and accountability:** maintaining and updating cultural competence through regular learning, supervision and reflective practice; seeking feedback from families and communities; and adhering to professional codes of conduct and organisational policies that uphold equality, diversity and inclusion.



# 2 LEGISLATION AND DUTIES

All children and young people have the right to a safe, loving and stable childhood. Parents and carers hold primary responsibility for meeting their children's needs, but local authorities and safeguarding partners share statutory duties to safeguard and promote the welfare of all children in their area. Under the Children Act 1989 and Working Together to Safeguard Children 2026, safeguarding partners must ensure that children receive the right support at the right time through an integrated Family Help and statutory safeguarding system. This includes preventative work, early identification of emerging needs, and taking timely, proportionate action when there are concerns about a child's safety or wellbeing.

Working Together 2026 reiterates the statutory duties placed on the local authority, police and integrated care board as safeguarding partners. These partners must work together to set local safeguarding arrangements, oversee the effectiveness of the help, support and protection system, and ensure a joined-up Family Help model across the partnership. Their responsibilities include: ensuring early identification of need, promoting multi-agency planning and decision-making, agreeing local pathways for Family Help and statutory intervention, and assuring that children receive timely and proportionate support.

The DCS (nominated Director of Children's Services) and Lead Member for Children's Services are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

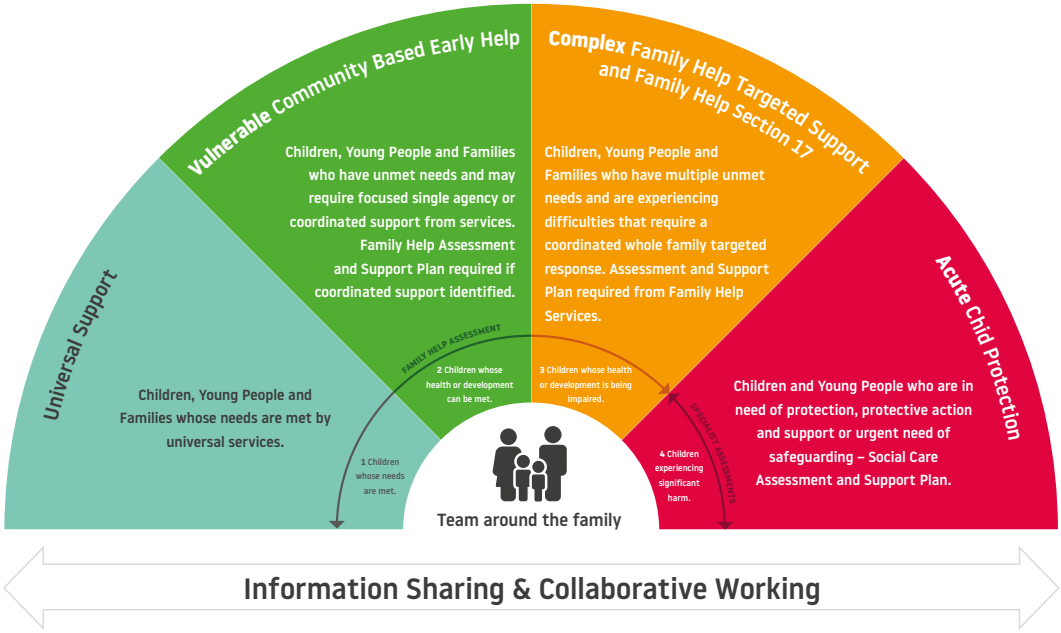
Local authorities retain statutory duties under Sections 17 and 47 of the Children Act 1989 to assess and support children in need and to investigate concerns that a child may be suffering or likely to suffer significant harm. Under Working Together 2026, these duties operate within a strengthened whole-system approach, where Family Help brings together early intervention and Section 17 support into a single, coherent offer. Safeguarding partners – the local authority, police and integrated care board – must jointly oversee local arrangements, ensure effective multi-agency planning and decision-making, and assure the quality and consistency of Family Help and child protection practice across the partnership.

Working Together to Safeguard Children 2026 sets out the statutory expectations for how agencies work together to help, support and protect children. The 2026 update clearly establishes Family Help as an integrated multi agency model combining early help and Section 17 support, with an emphasis on earlier, relational, whole family intervention and seamless transitions into statutory safeguarding where required.

Working Together to Safeguard Children 2026 sets out the statutory expectations for how agencies must work together to safeguard and promote the welfare of children. All organisations and practitioners who work with children and families share responsibility for early identification of need, information sharing, multi agency planning and timely intervention. Safeguarding partners must put in place clear local arrangements so that Family Help and statutory safeguarding are coordinated across agencies, with shared accountability for decision making and outcomes. Every agency has a duty to contribute to assessments, attend multi agency meetings, and work collaboratively to ensure children receive the right support at the right time.

# 3 PATHWAY TO SUPPORT

Telford and Wrekin uses a windscreen continuum based on the four areas of need and intervention, recognising that needs of children, young people and families can change.




## Universal

Children, young people and families with no identified additional needs and children and young people with additional needs that can be met by receiving support by a single agency practitioner and family members. Whole family can access universal services directly.

## Vulnerable – Community Based Early Help

Children, young people and families with additional or emerging needs that can be met by a single agency or a multi agency services in addition to universal services. A Family Help Assessment (FHA) to be completed to consider holistic needs for the whole family.

## Complex – Family Help Targeted Support and Family Help Section 17

Children, young people and families who are experiencing multiple needs that are not being met. A Family Help Assessment (FHA) should be completed to consider holistic needs for the whole family and a Family Help Support Plan (FHSP) should also be completed.

## Acute – Child Protection

Children, young people and families who are experiencing significant impairment of harm, known or suspected abuse. The family's needs will met by children and young people's social care, multi agency targeted and specialist services.

If it is an emergency or there is a threat of immediate danger, always dial 999.

# 4 A PARTNERSHIP WITH FAMILIES – INFORMATION SHARING

It is recognised that assessments and conversations with families are the best ways of identifying and responding to the needs of children and young people. They can consider the complexities of individual situations, and they are also a way to highlight family strengths. Key conversations will be required with children and young people themselves, their parents, family network or carers, and with practitioners also working with the family.

On occasion, practitioners will need to engage and explain to families the duties and requirements of their organisation, in respect of why information should be shared within Family Connect. This will be based on a practitioners' perspective that this is legal and lawful, and it will be required at times where it is considered to be in the best interests of the child and their family.

Consent for information sharing is not required for child protection referrals, where it is suspected that a child may likely be exposed to harm or experiencing significant harm. The referring practitioner, would need to inform parents or carers of the child protection referral, unless to do so may:

- place the child at increased significant harm; or
- place any other person at risk of injury; or
- obstruct or interfere with any potential Police investigation; or
- lead to unjustified delay in making enquiries about allegations of significant harm.

There should be no delay in making a child protection referral when a practitioner believes a child is experiencing significant harm. Barriers to gaining consent should also not delay a child protection referral being completed and sent to Family Connect.

Article 8 of the Human Rights Act 1998 states that everyone has the 'right to respect for their private and family life, their home and their correspondence'. This article applies to children and young people who are classified as being in need of support under Section 17 Children Act 1989. Parents and young people of sufficient age and understanding will need to be engaged in discussions where there is a need to share information. This will be discussed as part of making a referral to Children's Social Care, for agencies to share information and to undertake an assessment and hold a Child in Need meeting.

When a practitioner identifies that a child is currently experiencing significant impairment, the family will be advised that information will be shared within Family Connect for decisions to be made on how best to support the family. Practitioners are required to be open and honest with families from the outset as to why, what, how and with whom their personal information will be shared. Information received will be treated as confidential and will not be shared without the parent, or young person's agreement - unless it is required by law or it is considered that a child, young person or adult is likely to harm themselves or others.

The child's best interests must be the overriding consideration in making such decisions. Decisions in respect of information sharing and consent should be recorded in writing within the child case recording system by all partners. If the child or young person agrees to information sharing but their parents do not, a practitioner should consider whether the child or young person is of an age and understanding where their view can be prioritised over that of their parents. Where a child may lack mental capacity to consent, a Mental Capacity Assessment should be considered and a best interest decision made where applicable.

The human rights of children are specialised, legally binding entitlements for everyone under 18, primarily defined by the UN Convention on the Rights of the Child (UNCRC). They guarantee survival, development, protection from harm, education, and the right to be heard in decisions affecting them. Here is a link to the child friendly version overview convention-rights-child-text-child-friendly-version.pdf

Practitioners working with families at the identified level of 'vulnerable' must prioritise clear, honest and timely information-sharing with children, young people and their parents or carers. At this level, the focus is on building a trusting relationship where worries, strengths and emerging needs can be explored openly. Practitioners should help families understand what has been noticed, why a conversation is needed, what support may be helpful, and how information will be used to coordinate help.

Discussions should make clear what will and will not be shared, with whom, and for what purpose, ensuring the family feels involved, informed and not 'done to'. Planning should be co-produced with the family so they understand next steps, how progress will be reviewed, and how they can use their own network and community support. The key aim at 'vulnerable' is to use transparent, relational conversations to agree early help and prevent escalation, ensuring decisions are understood and owned by the family.

The DFE has published the 'Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents, and carers' May 2024.

# 5 DESCRIPTORS OF NEED

Consider the Assessment Framework domains above when exploring the Pathway to Support needs and intervention framework below.

### Universal

Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.

### Vulnerable – Community Based Early Help

These children can be defined as needing some additional support without which they would likely not reach their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person.

These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most. If their needs are not clear, not known or not being met a lead professional will coordinate an Assessment and Support Plan around the Family.

### Complex – Family Help Targeted Support and Family Help Section 17

Children identified as requiring family help targeted support. It is likely that for these children their needs and care are compromised.

These children will be those who are vulnerable or experiencing the greatest level of adversity. Children with additional needs: These children are potentially going to develop acute needs should they not receive early targeted intervention. Children who require social care intervention may be assessed under section 17 requiring a child in need support plan.

### Acute – Child Protection

These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 of the Children Act 1989. These children may become subject to a child in need plan, a child protection plan or may need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order.

## Parents or Carers Capacity
## Basic Care, Safety and Protection

### Universal

- Parents/carers provide for child's physical needs: food, drink, appropriate clothing, medical and dental care.
- Parents/carers protect from danger or significant harm, in the home and elsewhere.
- Parent/carers are able to communicate effectively to manage and adapt to life stressors.
- Respectful co-parenting relationship established to support the child/children.

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### Vulnerable

- Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet.
- The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. (See wider family and environmental factors).
- Poor engagement with universal services likely to impact on child's health or development.
- Parents/carers have had additional support to care for previous child/young person.
- Parent requires advice on parenting issues.
- Professionals are beginning to have some concerns around child's physical needs being met.
- Some exposure to dangerous situations in home/community that is acknowledged and managed by parent/carer.
- Emerging impact of poorly resolved parental conflict (infrequent).

### Complex

- Parent/Carer is able to meet child's needs with support but is not providing adequate care.
- Concern that an unborn child (of at least 12 weeks gestation) may be exposed to harm.
- The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. (See wider family and environmental factors)
- Child has indirect contact with individuals who have previously physically or sexually harmed children.
- History of previous child protection concerns.
- Elements of neglect are present where food, warmth and other basics not available that with support would improve.
- Child's personal care needs are not being met which is having a significant impact on the child.
- Parents/carers using inappropriate care givers to meet the child's specific needs.
- Child experiencing unsafe situations where they may be vulnerable to exploitation.
- Parents/carers are late or miss appointments, not engaged or do not attend appointments.
- Parents/carers are using toileting strategies that are not appropriate to the child's abilities and which fail to protect their dignity.

### Acute

- 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 likely to experience significant harm.
- Chronic or acute neglect where food, warmth and other basics often not available.
- Parents' own needs mean they cannot keep child/young person safe. Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs.
- The following parental factors present a likelihood of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability.
- Parent unable to restrict access to home by adults known to have previously sexually or physically harmed children.
- 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.
- Child's personal care needs are persistently not being met which is having a significant impact on the child.
- Parents/carers persistently use inappropriate care givers to meet the child's specific needs.
- The parents/carers persistently do not comply with feeding regimes/plans, which could harm the child.

## Parents or Carers Capacity
## Basic Care, Safety and Protection

### Universal

### Vulnerable

### Complex

- Parents/couples who engage in frequent intense and poorly resolved inter parental conflicts.

### Acute

- Parents/carers are not complying with the prescribed medication plan which does harm the child.
- The equipment used by a child with additional needs is not appropriate and is not prescribed.
- Parents/carers are habitually late or miss appointments, not engaged or do not attend appointments.
- A child with additional needs is not permitted independence and this dependency and reliance on others is not necessary but enforced.
- Low warmth, high criticism is an enduring feature of the parenting style.
- Parents own emotional needs/experiences persistently impact on their ability to meet the child/ young person's needs.
- Previous child/young person(s) have been removed from parent's care.
- There is an instability and violence in the home continually.
- ACUTE needs identified in respect of child exploitation, refer to CE section.
- Non accidental Injury.
- Bruising on non mobile baby.
- Child is being coerced into sharing images or engaging in harmful online interactions, and parents are not taking protective action despite clear professional advice.

## Parents or Carers Capacity

## Emotional Warmth and Stability

### Universal

- Parents/carers show warm regard, praise and encouragement.
- Parents/carers ensure that secure attachments are not disrupted.
- Parents/carers provide consistency of emotional warmth over time.

### Vulnerable

- Difficulties with attachment.
- Inconsistent responses to child by parents e.g. discipline and praise.
- Lack of response to concerns raised about child's welfare.
- Able to develop positive relationships with others (not the child).
- Relationship conflict is present occasionally and an agreed parental approach is in place.

### Complex

- Parent is emotionally unavailable to partner and child/children.
- Succession/multiple carers but no significant relationships with any of them or others.
- Childcare arrangements that are not meeting needs of the child and their welfare needs are being impacted upon.
- Receives erratic/inconsistent care/parenting.
- Parental instability affects capacity to nurture.
- Parents/carers are not safeguarding the non-disabled siblings who are being injured by a child with disabilities.

### Acute

- Deliberate cruelty or emotional ill treatment of a child resulting in significant harm.
- Child is continually the subject of negative comments and criticism by parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development.
- Previous child/young person(s) have been removed from parent's care.
- Beyond parental-control.
- Child/Young person has no-one to care for them.

## Guidance Boundaries and Stimulation

### Universal

- Parents/carers provide guidance so that child can develop an appropriate internal model of values and conscience.
- Parents/carers facilitate cognitive development through interaction and play.
- Parents/carers enable child to experience success and develop resilience.

### Vulnerable

- Inconsistent parenting in respect to routine and boundary setting for child's stage of development and maturity.
- Parent has age inappropriate expectations that child or young person should be self reliant.
- Lack of response to concerns raised about child.
- Child not exposed to new experiences and spends much time alone.
- Anti social behaviour starting to occur.
- Parental conflict is evident occasionally in relation to an agreed shared parental approach.
- Parents understand online risks but struggle to implement consistent supervision, e.g. difficulty managing screen time or privacy settings.

### Complex

- Child/young person receives little positive stimulation – lack of new experiences or activities.
- Parents/carers provide inconsistent boundaries or present a negative role model.
- Parental boundaries and guidance present as erratic and inconsistent.
- Parental conflict is evident frequently and intense in relation to an agreed shared parental approach.
- Parents have been informed that their child is engaging in harmful online behaviour (e.g. sharing personal information, communicating with unknown individuals) but do not act on advice or minimise the concerns.
- Child is accessing 18+ or harmful content, and parents are unable or unwilling to put appropriate safeguards in place despite clear guidance.

### Acute

- Lack of appropriate supervision resulting in significant harm to child.
- Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child.
- No constructive leisure time or guided play.
- Concealed/Concerning use of internet including webcam and social media which does place the child exposed to harm and parents are not responsive.
- No effective boundaries set by parents of children (who) regularly behave in an anti-social way.
- Child experienced significant harm through inadequate supervision.
- Parents are actively enabling, ignoring, or persistently failing to act on significant online safety risks, resulting in the child being exposed to significant harm .

## Family and Environmental Factors

## Family and Social Relationships and Family Wellbeing

### Universal

- Good relationships within family, including when parents are separated. Few significant changes in family composition.
- Sense of larger family network and positive friendships outside of the family unit.

### Vulnerable

- Parents/Carers have relationship difficulties which may affect the child.
- Parents/Carers request advice to manage their child's behaviour.
- Child is a teenage parent.
- Child is a young carer (may look after siblings).
- Large family with multiple young children identifying additional needs for family.
- Experienced loss of significant adult.
- Some support from family/ friends.
- Fragile special guardianship arrangement.
- Parental conflict is evident occasionally in regards to child contact.

### Complex

- Domestic abuse where the harm to the victim is assessed as standard/ medium risk and the child is present within the home during the incident.
- Initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident.
- Family relationship breakdown which may lead to a child becoming looked after outside of family network.
- Child is in a private fostering arrangement being cared for by someone who is not their parent or close relative for 28 days or more.
- Acrimonious divorce/ separation which is having an impact on a child.
- Family has poor relationship with extended family/little communication.
- Family is socially isolated.
- Parents own needs in respect of mental health; substance misuse; learning difficulties; health/disability impact on their capacity to parent and significantly impacts their ability to consistency to be meet the needs for the child.
- Child's carer referred to Multi-Agency Risk Assessment Conference (MARAC).
- Parental conflict in relation to child contact where child/ children are used as an intermediary/ frequent, and intense.

### Acute

- Assessment identifies significant harm 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.
- Unaccompanied asylum seeking children.
- 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.
- Parent/carer experiencing mental health difficulties and not engaging in support which affect the wellbeing of the child.
- Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is exposed to significant harm.

## Family and Environmental Factors

### Family and Social Relationships and Family Wellbeing

| Universal | Vulnerable | Complex | Acute |
|---|---|---|---|
| | | | • Child or young person is exposed to honour based abuse, including child marriage, virginity testing, enforced abortion, female genital mutilation as well as physical, sexual and economic abuse and coercive control.<br>• Members of the wider family are known to be, or suspected of harming a child/children.<br>• Child needs to be looked after outside of their immediate family or parents/ carers due to abuse/ neglect.<br>• Serious incident of children who harm others.<br>• Significant parental discord and persistent domestic violence.<br>• No effective support from extended family.<br>• Destructive/unhelpful involvement from extended family.<br>• Parents/carers own needs mean they cannot keep child/ young person safe.<br>• Parents own emotional needs/experiences persistently impact on their ability to meet the child/ young person's needs.<br>• Parents own needs in respect of mental health; substance misuse; learning difficulties; health/disability exposes the children to significant harm. |

## Family and Environmental Factors

### Housing, Employment and Finance

#### Universal

- Housing has basic amenities and appropriate facilities.
- Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful.
- Reasonable income over time, with resources used appropriately to meet individual needs.

#### Vulnerable

- Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development.
- Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs.
- Wage earner has periods of no work/low income plus adverse additional factors which affect the child's development.
- Hygiene conditions and/or hazards present that are acknowledged and parental plan in place to address and improve.
- Parents have limited formal education which is affecting ability to find employment.
- Family seeking asylum or refugees.
- Families with No Recourse to Public Funds and needs of children continue to be met.

#### Complex

- Increasing financial difficulties which are starting to impact on ability to have basic needs met.
- Family likely to be evicted having already received support from Housing Services.
- Housing is in poor state of repair, temporary or overcrowded.
- Hygiene conditions and/or hazards within home impacting upon child, is not recognised or consistently addressed by parents.
- Parents stressed due to "overworking" or unemployment/parents may find it difficult to obtain employment due to poor basic skills.
- A family having limited financial resources due to no recourse to public funds that impacts on their ability to meet the needs of the children.
- The child/ young person or family's immigration status could result in their involuntary removal from the country.

#### Acute

- Homeless child in need of accommodation including 16-17 year olds.
- Hygiene conditions within the home environment presents significant harm in respect of the child/children's health.
- Physical accommodation places child in danger.
- Extreme poverty/debt impacting on ability to care for child.

## Family and Environmental Factors
## Social and Community Resources

### Universal
- Family feels integrated into the community and have good social and friendship networks.
- Access to regular and positive activities within universal services.

### Vulnerable
- Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community.
- Family/child demonstrating low level anti-social behaviour towards others.
- Unable to access contraceptive and sexual health advice, information and services.
- Parents/carers are socially excluded, have no access to local facilities and require support services.
- Family may be new to the area and require advice, information and support services.
- Adequate universal resources but family may have access issues.

### Complex
- Significant levels of targeted hostility towards the child and their family and conflict/volatility within the neighbourhood.
- Parents socially excluded and lack of support network.
- Family/child demonstrating regular anti social behaviour towards others.

### Acute
- Child or family need immediate support and protection due to harassment/discrimination and have no local support.
- Family engaging with harmful organisations, such as crime and radicalisation groups and this exposes the child to harm.

## Child and Young Person's Developmental Needs
## Learning/Education

### Universal
- Acquired a range of skills/ interests.
- Experiences of success/ achievement.
- No concerns around cognitive development.
- Access to educational resources, such as books/ toys, play.
- Good attendance at school (95% or above for secondary pupils and 96% or above for primary)/ college/training.
- Have some identified learning needs that place them on special educational needs and disability (SEND) support.

### Vulnerable
- Occasional truanting, punctuality issues, attendance below 95% for secondary pupils and below 96% for primary pupils.
- Regularly not engaged in learning, e.g. poor concentration, low motivation and interest.
- The child's current rate of progress is concerning despite receiving appropriate support and are not thought to be reaching educational potential.
- Lack of adequate parent/ carer support for child's learning e.g. appropriate stimulation (books/toys) and opportunities to learn.

### Complex
- Permanently excluded from education or likelihood of permanent exclusion.
- Persistent absence or severely persistent absence from education settings.
- Repeated fixed term exclusions/persistent punctuality issues.
- Identified learning needs and may have access to high needs funding through Inclusive school forum (ISF) or Education, Health and Care Plan (EHCP).
- Not achieving key stage benchmarks despite significant intervention.
- Statutory education age, child not accessing education at school, training provider or at home.

### Acute
- Educational Neglect identified due to child not in education, in conjunction with concerns for child's safety and significant harm identified.
- Removal of communication devices and not enabling the child to communicate.
- Educational neglect identified as child not receiving an education at home or in a education settings and parents not engaging with professionals to address this matter.

## Child and Young Person's Developmental Needs

### Learning/Education

#### Universal

#### Vulnerable

- Child/young person under undue parental pressure to achieve/aspire or parent/carer lacks aspirations for child/young person.
- Few or no qualifications leading to not in education, employment or training (NEET).
- Elective Home Education deemed unsuitable, and parent and/or carer is seeking support in order to meet child's education needs.

#### Complex

- Parents are engaging with professionals to address this matter.
- Elective Home Education deemed not to be suitable and consistently not meeting the needs of the child.

#### Acute

### Health

#### Universal

- All health needs met.
- Physically well/healthy, developmental checks/immunisations up to date and health appointments are kept.
- Health and wellbeing supported when required
- Developmental milestones appropriate and appropriate height and weight/growth.
- Speech and language development met.
- Adequate hygiene/clothing and nutritious diet.
- Regular dental and optical care and is free from pain and discomfort.
- Sexual activity appropriate for age.
- All health needs met through services.
- Registered with health professionals and accesses support, advice and guidance when required.

#### Vulnerable

- Slow in reaching developmental milestones.
- Not attending routine appointments e.g. immunisations and developmental checks.
- Missing set appointments across health including antenatal, hospital and GP appointments. However appointment are booked again and attended.
- Is susceptible to minor health problems.
- Minor concerns re growth and weight (above or below what would be expected).
- Health and wellbeing needs recognised and parental plan in place to address.
- Evidence of drug/alcohol use, unprotected sex.
- Minor concerns re diet/hygiene/clothing.
- Is accessing dental hygiene and experiencing dental decay.
- When exposed to poorly resolved but occasional conflict the child/children may show early signs of upset/worry and/or changes in their behaviour.

#### Complex

- Reoccurring health problems with missed appointments, routine and non-routine.
- Parent/carer choosing not to register child or ensuring child is accessing dental care.
- Delay in achieving physical and other developmental milestones, raising concerns.
- Frequent accidental injuries to child requiring hospital treatment.
- Some concerns around mental health, including self-harm and suicidal thoughts.
- Poor or restricted diet despite intervention/dental decay/poor hygiene.
- 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.
- Overweight/underweight/enuresis/faltering growth.

#### Acute

- Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health.
- Chronic missed health appointments that are significantly detrimental to the unborn/child.
- Parent/carer not ensuring their child has access to appropriate medical care which exposes them to significant harm.
- Child with a disability in need of assessment and support to access appropriate specialist services.
- Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness.
- Parents/carers not acknowledging the child's disability or recognising the needs of the child.
- Parents/carers persistently do not inform alternative carers of the procedures for administrating medication or food and do not have the correct medication related to equipment in place.

## Child and Young Person's Developmental Needs

### Health

#### Universal

#### Vulnerable

- Vulnerable needs in respect of child sexual exploitation, refer to CE section.

#### Complex

- Parents/carers refuse to disclose information that will support the care of their child.
- Child is in discomfort through inappropriate moving and handling and ill-fitting essential equipment.
- Teenage pregnancy.
- Concerns relating to sexual coercion behaviour or relationship.
- Child 13 and under who is sexually active.
- Complex needs in respect of child sexual exploitation, refer to CE section
- When exposed to poorly resolved and frequent conflict the child/children are showing signs of distress and their mental health/ behaviour may be affected.

#### Acute

- Child is suffering significant harm through inappropriate moving and handling and ill-fitting essential equipment.
- Child who is suspected to having suffered non-accidental, or serious unexplained, injuries.
- Developmental milestones unlikely to be met which is attributed to parental care.
- Significant dental decay and parents not accessing treatment.
- Non organic faltering growth/ failure of parent or carer to respond to faltering growth.
- Female Genital Mutilation (known or suspected), including any suspicion that a young girl is being taken abroad for this purpose.
- ACUTE needs of sexual exploitation, refer to CE section.
- A sexually transmitted infection (STI) particularly if reoccurring or multiple infections and there is concern about the age of the child.
- Child or young person is exposed to honour based abuse, including child marriage, virginity testing, enforced abortion, female genital mutilation as well as physical, sexual and economic abuse and coercive control.

### Social, Emotional, Behavioural, Identity

#### Universal

- Demonstrates age appropriate responses in feelings and actions.
- Good quality early attachments, child is appropriately comfortable in social situations.

#### Vulnerable

- Emerging anti-social behaviour and attitudes and/ or low level offending.
- Child is victim of bullying or bullies others.
- Expressing wish to become pregnant at young age.

#### Complex

- Children with serious level of unexplained and inappropriate sexualised behaviour.

#### Acute

- Behaviour that challenges resulting in serious harm to the child and others.
- ACUTE needs about Child Sexual Exploitation refer to CE section.

## Child and Young Person's Developmental Needs
## Social, Emotional, Behavioural, Identity

### Universal

- Able to adapt to change and demonstrate empathy and express needs.
- Demonstrates feelings of belonging and acceptance.
- Positive sense of self and abilities.
- Knowledgeable about the effects of crime and anti-social behaviour (age appropriate).
- All social, emotional, behavioural and identity needs are met.
- Child and Young Person manages change well.
- Feeling of belonging and acceptance by family, peer group and wider society, including other cultural groups.
- Positive sense of self.
- Child has a sense of being valued, and a positive sense of own racial and cultural identity.

### Vulnerable

- Low level substance misuse (current or historical).
- Low self-esteem.
- Limited peer relationships/ social isolation.
- Expressing thoughts of running away.
- Disruptive/challenging behaviour at school/ neighbourhood/household.
- Behavioural difficulties requiring further investigation/ diagnosis.
- Some difficulties with peer group relationships and with some adults.
- Can find managing change difficult.
- Starting to show difficulties expressing empathy.
- Can be over-friendly or withdrawn with strangers.
- Some insecurities around identity expressed, such as low self esteem.
- Emerging concerns around behaviour and sense of self, including online activity.
- Experiences difficulties in sustaining relationships.
- Child is accessing age-inappropriate games or social media platforms, and parents are willing to engage but require support to set boundaries or apply controls.
- Low-level online conflict (e.g. unkind messages between peers) where parents are taking reasonable steps to address the issue.

### Complex

- Child currently/frequently missing from home and concerns raised about their physical and emotional safety and welfare. Parents engaged and supportive.
- Child using substances and alcohol that is significantly impairing their wellbeing.
- Continuous breaches of curfew order.
- Child experiencing financial hardship that is starting to impact on their basic care needs not being met.
- Child/young person out of control in the community.
- Difficulty coping with anger, frustration and upset.
- Disruptive/challenging behaviour and unable to demonstrate empathy.
- Regularly involved in anti-social/criminal activities.
- Young person who holds extreme political or religious views, who advocates illegal, violent, or other extreme action.
- Subject to discrimination, racial, sexual or due to disabilities.
- Demonstrates significantly low self-esteem in a range of situations.
- Parents/carers not using the child's preferred or alternative communication methods.
- Lack of communication strategies with a disabled child which means that none of the child's wishes and feelings are taken into account, including removal of communication devices.
- Parents do not see their child age appropriately and their actions reflect this.
- Parents are dismissive of the wishes and feelings and the rights of their child.

### Acute

- Child/young person beyond parental control – regularly absconds from home and is being exposed to harm.
- Failure or inability to address complex mental health issues requiring specialist interventions e.g. self-harm / suicidal attempts.
- Missing episodes with ACUTE needs of child exploitation identified, refer to CE section.
- Failure or inability to address serious (re)offending behaviour leading to serious harm to self or others.
- Strong indicators of online grooming, coerced sexualised behaviour, or exploitation.
- Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability.
- At significant harm of radicalisation.
- There is a known involvement in organised crime activity which is impacting significantly on the child and family.
- Forced marriage of a child.
- Severe emotional/ behavioural challenges resulting in child being exposed to frequent harm.
- Child's online identity is causing harm to self or others.

## Child and Young Person's Developmental Needs

## Social, Emotional, Behavioural, Identity

### Universal

### Vulnerable

### Complex

- Parents/carers not supporting the child to make good social relationships which would avoid social isolation.
- Repeated incidents of online bullying, exposure to harmful content, or exploitation concerns where previous support has not reduced this area of need.

### Acute

## Family and Social Relationships

### Universal

- Stable and affectionate relationships with caregivers.
- Good core relationships with siblings.
- Positive relationships with peers.

### Vulnerable

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

### Complex

- Has lack of positive role models.
- Associating with peers who are involved in challenging behaviour.
- Regularly needed to care for another family member and would be defined as a young carer.

### Acute

- Periods of being accommodated by Local Authority.
- Family breakdown related in some way to child's presenting behavioural difficulties subject to physical, emotional or sexual abuse/neglect.

## Self-care and Independence

### Universal

- Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills.
- Able to discriminate between 'safe' and 'unsafe' situations.
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate).

### Vulnerable

- Slow to develop age appropriate self-care skills.
- Early onset of sexual activity (13-14); sexually active young person (15+)
- Inconsistent use of contraception.
- Low level alcohol/substance misuse (current or historical).
- Some evidence of unsafe use of technology leading to E-safety concerns.
- Not always adequate self-care – poor hygiene.

### Complex

- Child suffers accidental injury as a result of inadequate supervision.
- Child found alone in the community without adequate supervision.
- Severe lack of age appropriate behaviour.
- Poor self-care for age – hygiene.

### Acute

- Child is left "home alone" without adequate adult supervision or support and is exposed to significant harm.
- Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities.
- Child is persistently left without adequate supervision which exposes the child to significant harm.
- The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.

# 6 ASSESSMENTS UNDER THE CHILDREN ACT 1989

A statutory assessment under the Children Act 1989 is undertaken to determine whether a child is in need of support under Section 17, or whether a child is suffering, or likely to suffer, significant harm requiring a Section 47 enquiry. Assessments must consider the child's lived experience, their safety, their developmental needs and the capacity of their parents or carers to meet these needs, alongside wider family and environmental factors.

An assessment must be completed whenever a referral indicates that a child may require support through Family Help (Section 17) or statutory safeguarding (Section 47). Practitioners should gather sufficient information to understand the level of need and risk, to decide what support is required, and to ensure timely action to safeguard and promote the child's welfare.

Under Working Together to Safeguard Children 2026, Section 17 support is provided through the integrated Family Help model. This means assessments should consider whole-family needs, involve relevant agencies at the earliest point, and lead to a coordinated plan of support where appropriate.

This guidance does not duplicate the full assessment process. Practitioners must follow the Telford & Wrekin Assessment Protocol, which sets out how assessments must be completed, the analysis and planning requirements, timescales, tools and practice expectations.

For detailed expectations on assessment content, analysis, recording, multi-agency contributions, decision-making and review, practitioners must refer to the Telford & Wrekin Assessment Protocol (2026). This document should be read alongside the Pathway to Support and Working Together to Safeguard Children 2026.

Statutory assessments under the Children Act 1989 must meet the requirements set out in the Telford & Wrekin Assessment Protocol. This guidance does not duplicate the full assessment process. For detailed expectations on assessment analysis, domains, timescales, tools and practice standards, practitioners must refer directly to the Assessment Protocol.

See Assessment Protocol for detailed expectations on assessing and analysing harm.


Child's Developmental Needs
Health
Education
Emotional and Behavioural Development
Identity
Family and Social Relationships
Social Presentation
Selfcare Skills
Parenting Capacity
Basic Care
Ensuring Safety
Emotional Warmth
Stimulation
Guidance and Boundaries
Stability
CHILD Safeguarding and promoting welfare
Family and Environmental Factors
Community Resources
Families Social Integration
Income
Employment
Housing
Wider Family
Family History and Functioning


SUPPORTIVE
Work For The Family

# 7 THE CONCEPT OF SIGNIFICANT HARM

Significant harm is the level of need that justifies compulsory intervention in family life in the best interests of children. Under Section 31 of the Children Act 1989, harm is defined as the ill-treatment or impairment of health or development, and significant harm relates to the degree, extent or severity of this harm. Significant harm may result from a single traumatic event or more commonly through an accumulation of concerns over time.

Working Together to Safeguard Children 2026 reinforces that concerns about significant harm must be considered within a whole-family and multi-agency context. Where agencies believe a child may be suffering, or likely to suffer, significant harm, information must be shared without delay and a statutory assessment must be undertaken. Under Section 47 of the Children Act 1989, this can be led as a single agency enquiry by social care or jointly with Police, where a criminal investigation is required.

Judging what constitutes significant harm involves careful professional analysis, drawing on the child's lived experience, the impact of parental care, the presence of protective factors and the wider family and environmental context. Practitioners must weigh the family's strengths, the nature and severity of the concerns, and the likelihood of future harm in determining whether statutory intervention is required.

Concerns about significant harm may arise at any point in the Family Help or safeguarding pathway. When significant harm is identified, a swift, coordinated multi-agency response is required to ensure the child's safety, to understand the risks, and to agree next steps.

This document provides high-level guidance only. Practitioners must follow the Telford & Wrekin Assessment Protocol for detailed expectations on assessing harm, analysing risk, evidencing significant harm and undertaking Section 47 enquiries.



# 8 UNDERSTANDING AND MANAGING HARM

Harm factors are those things that are identified in the child's circumstances or environment that might constitute a harm, a hazard or a threat.

Harm factors need to be understood in relation to the potential for child abuse and neglect rather than accidental harm to children and young people, although this possibility should not be overlooked since a predisposition to accidental harm may be relative to safe-caring issues, poor supervision or parental recklessness.

## 8.1 Harm factors

**Examples of harm factors include:**

- previous abuse or neglect;
- parental substance misuse;
- domestic abuse;
- people suspected of or are known to have committed or thought to have committed sexual offences involved with the family;
- known or suspected people who have committed violent offenders involved with the family;
- persons known or suspected of having physically harmed children and young people previously;
- persons known to or suspected of having seriously neglected children and young people previously;
- mental illness or serious mental health problems in caregivers;
- economic and social disadvantage;
- evidence of significant debt;
- young parents;
- parents and carers with physical disabilities;
- parents and carers with learning disabilities;
- parents and carers who have unrealistic expectations of their child.

The more harm factors present (or the more serious one single factor is), then the greater likelihood of harm towards a child. Further issues, such as whether a child who has disclosed abuse has been taken seriously and action taken, may also have a serious impact on the likelihood (or otherwise) of future victimisation and positive outcomes for the child. In this respect, inadequate past or current responses of professionals to reported concerns also constitute a further harm factor.

## Simply recording harm factors is not sufficient. Each needs to be clearly identified and articulated with the supporting evidence.

Some circumstances may act to accelerate or heighten the impact of harm to children and young people. Parental substance misuse is an example where, often very quickly, the child or young person is exposed to a high level of harm over a short period of time. While it is accepted that parental substance misuse in itself, while an indicator for concern, does not exclusively mean that children and young people are experiencing harm, the adverse effects of care givers using substances can affect children and young people in a number of ways:

- harmful physical effects on unborn and newborn babies;
- higher likelihood of emotional and physical abuse and neglect due to impaired patterns of parental care;
- disorganised lifestyles disrupt children and young people's routines and relationships and lead to behavioural and emotional problems;
- income diversion leading to poverty, debt and deprivation;
- homelessness and unstable accommodation;
- disrupted education;
- exposure to criminality;
- children and young people assuming responsibility for caring for adults.

Similarly, adult mental health, domestic abuse or other harm factors should be recorded with detailed descriptions of what this means for the individual child or young person living in the home, using the experience and skills of those professionals proficient in their individual fields.

## 8.2 Warning signs

Warning signs that are or have been present. Warning signs should never be ignored and are an indication that immediate intervention might be needed to ensure the child or young person is safeguarded from future harm. Emergency measures should be considered if it is necessary to take immediate action to ensure the child or young person's safety.

### Examples of warning signs include:

- instance of physical injury to the child or young person or an admission of deliberate significant harm from care-givers;
- a child or young person who is considered vulnerable goes missing (with or without their parents);
- parents or care-givers who find working with professionals challenging and as a result display hostile and aggressive behavior and are consistently unable to follow advice and respond to support (including with services that are universal);
- parents or care-givers who threaten violence;
- children and young people who are deliberately hidden from view; are "unavailable" when professionals visit the family home or are prevented from attending school or nursery;
- a child or young person with a sexually transmitted disease.

## 8.3 Strengths and protective factors

Protective factors are features of the child or their world that might counteract identified harms or a predisposition to harm.

Essentially, there are protective factors in the lives of almost every child. Where none can be identified this in itself must seriously increase concern as to current or future harm.

**Examples of protective factors include:**

- emotional maturity and social awareness;
- evidenced personal safety skills (incl. knowledge of sources of help);
- strong self esteem;
- evidenced resilience and strong attachment;
- evidence of protective adults;
- evidence of support network(s) e.g. supportive peers or supportive relationships or strong social networks;
- demonstrable capacity for change by caregivers and the sustained acceptance of the need to change to protect their child;
- evidence of openness and willingness to co-operate and accept professional intervention.

Protective factors can only be understood when considered alongside identified harms and vulnerabilities.

## 8.4 Help and support

These questions may help you to make the decision about any action you need to take: it may be advice given to the family, signposting, a single agency referral, a multi-agency referral or a child protection referral.

The following list may assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns?
- What is the context of your concern? Was there a specific trigger or event?
- Has anyone been harmed?
- What is the lived experience of this child/young person? What is the presenting need?
- What evidence do you have to support your concerns? Please be specific.
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued support with the child or young person and their family be, if any?

## 8.5 Is the child exposed to harm?

The Children Act 1989 introduced Significant Harm as the level of need that justifies compulsory intervention in family life in the best interests of children and young people. Harm is defined as the ill treatment or impairment of health and development.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development. It may be:

- the child is experiencing significant harm from others or themselves and requires skilled risk assessment and protection;
- the child or young person is likely to expose others to significant harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;
- the child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances.

## 8.6 Is the child/young person in need of help and support?

- Careful analysis and interpretation of information will enable practitioners and families to conclude if a Family Help Assessment and Family Support Plan is needed to support the family.
- Think about what is important and identify needs or difficulties.
- Understand the impact of strengths and pressures on the child or young person.
- Reach agreement about what needs to be improved.
- Agree the priority issues, aims and goals in terms of improving the child's unmet needs.
- Complete assessment and identify support needs.

**If you are worried or concerned about anyone under 18, who you think is experiencing significant harm please contact Family Connect 01952 385385 between 9am and 5pm or if out of office hours call Emergency Duty Team on 01952 676500.**

**Family Connect request for service form https://webforms.telford.gov.uk/form/198**

**If you are not happy with the decisions Family Connect make you may access the Resolution and Escalation policy https://www.telfordsafeguardingpartnership.org.uk/**

**Escalation Policy - Telford and Wrekin Safeguarding Partnership**

**West Midlands Regional Safeguarding Procedures: Welcome to the West Midlands Regional Safeguarding...**

# 9 ASSESSMENT OF HARM OUTSIDE THE HOME (CONTEXTUAL SAFEGUARDING)

As well as indicators of harm to the welfare of children and young people from within their families, children and young people may be vulnerable to abuse or exploitation from outside their families. These extra-familial harms might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These harms can take a variety of different forms and children and young people can be vulnerable to multiple harms, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; teenage relationship abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children and young people, and their circumstances in such families should consider whether wider environmental factors are present in a child's life and are a harm to their safety and/or welfare. Children and young people who may be alleged to have caused harm or who are identified as having the potential to cause harm should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a risk to the safety and welfare of a number of different children and young people who may or may not be known to local authority children's social care. Assessments of children and young people and their circumstances in such incidences should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children and young people safe and assess potential risks to their child/children and young people.

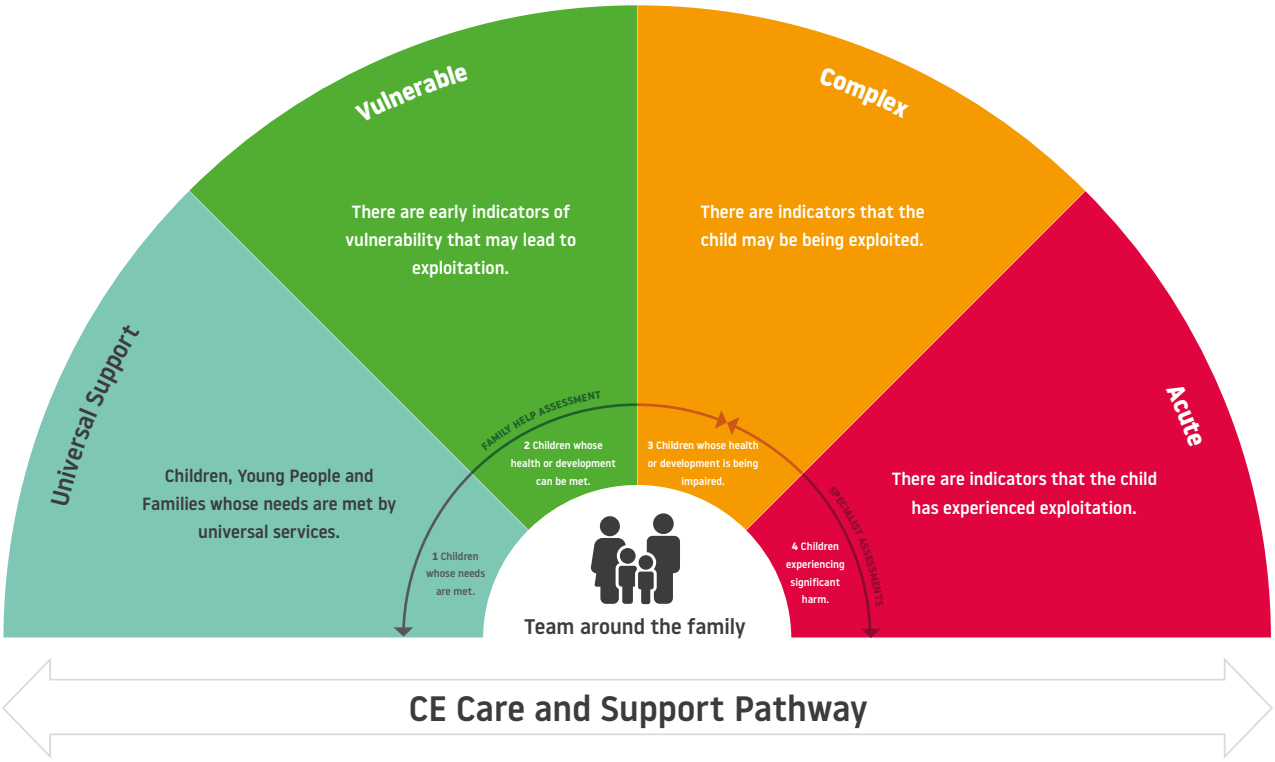
The Child Abused Through Exploitation (CATE) Team work in partnership with all relevant agencies to offer specialist support in delivering the response to concerns related to child exploitation. If you have any concerns for a child or young person you should seek a CATE Consultation via CATE.BSO@telford.gov.uk

The consultation is to help you explore more in respect of the indicators you have highlighted as a concern and to develop a response which may include advice and guidance, support from a partner agency, support from the CATE Team or instigating child protection procedures.

Support for Young People 17 years plus in respect of Child Sexual Exploitation can also be provided by the Holly Project who can be contacted via Holly Project hollyproject@ymcawellington.co.uk

Channel panels, established under the Counter-Terrorism and Security Act 2015, assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where appropriate, arrange for support to be provided. When assessing Channel referrals, local authorities and their partners should consider how best to align these with assessments undertaken under the Children Act 1989. The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities in England, Wales and Scotland to have due regard to the need to prevent people from being drawn into terrorism.

## Child Exploitation Windscreen




## Explore More for potential CSE concerns

This document has been created to highlight indicators and support professionals in collating information that may suggest a young person is at risk of Child Sexual Exploitation (CSE). It is important to stress that the primary purpose of this document is to gather and share relevant information with statutory partners in a timely manner.

**If you believe that a young person, or anyone, is at immediate risk of exploitation, you must contact Family Connect and the police straight away so that prompt safeguarding action can be taken.**

This document may also be used to support professionals when attending Child Abused Through Exploitation (CATE) consultation sessions. The CATE Team work in partnership with all relevant agencies to offer specialist support in delivering the response to concerns, related to child exploitation.

## How to use this document

This document is intended to support any practitioner working with children and young people to understand what sort of matters **may** indicate that a child or young person is being sexually exploited. The document was coproduced by a working group which included; Council Director of Policy and Governance, CATE Team Manager, Lived Experience Consultees, Safeguarding Social Workers, CATE Practitioners and Family Connect Social Workers.

Whilst it is important to recognise that the presence of such factors may be observed in young people who are not being exploited and might be explained as “typical teenage behaviour”, it is important that this does not prevent practitioners from exercising professional curiosity to explore these matters further to ascertain whether a young person is at risk of exploitation.

This document can also be used by those who may make referrals to Family Connect, to support all professionals in presenting any matters of concern.

**When working with young people with Special Educational Needs and Disabilities (SEND), particularly where there has been previous exposure to trauma or concerns relating to mental health and emotional wellbeing, the following considerations must be considered:**

- **Neurodivergence, learning needs, and communication differences**

  Practice should be adapted to meet the individual’s cognitive, sensory, and communication needs, ensuring information is accessible and understood.
- **Avoid misinterpreting coping or protective behaviours**

  Behaviours that may appear challenging or withdrawn should be understood within the context of trauma, neurodiversity, and emotional regulation, rather than being viewed as deliberately disruptive or non compliant.
- **Seek specialist advice and support where appropriate**

  Input from specialist professionals (such as educational psychologists, mental health practitioners, or SEND specialists) should be sought to inform assessment, planning, and intervention.

## A Factors/Indicators to explore more

### 1 Possessing unexplained items

Notes:

This can be both items which have a value or non-valuable items.
It can encompass any items that are not provided by a parent or carer.

Explore more:

Food, travel, drugs (including but not limited to cannabis, nitrous oxide, glue, other inhalants), alcohol, vapes, jewellery, clothes and shoes (some of which could be counterfeit), phones, phone top-up, religious items, weapons.

### 2 Change in routine/attendance at school, college or work

Notes:

This can be changes that are seen as either positive or negative.
It should not be assumed that an improvement in attendance, exam results, behaviour in class indicates that exploitation is not occurring.

Explore more:

Reluctance to leave school/college/work, reluctance to leave home to attend school/college/work, change to school day routine either a positive change such as arriving early or a negative change such as leaving school during the day, change in behaviour at school, being tired/hungry/distracted, change in relationship with school staff including building a strong relationship with a particular staff member, change of route to school, a sudden desire to get to school earlier or later than usual, increased desire to perform well at school.

### 3 Controlling behaviour

Notes:

Controlling behaviour can occur for a number of reasons but it is important to delve into the types of Controlling behaviour and the circumstances in which it occurs to fully understand whether it might indicate a link to exploitation.

Explore more:

Is the child/young person a victim of controlling behaviour, is the child/young person bullying others or displaying controlling behaviour towards others?

Take particular note of any controlling behaviour where there are concerns that either the 'bully' or the person who is being bullied is at risk of, or is being, exploited.

### 4 Increased conflict and perceived erratic behaviour

Notes:

This is an area where there is a high risk that such behaviours are explained as "typical teenage experiences". Please ensure that probing questions are used so that the full circumstances are understood and any links to other factors contained in this document are known.

Explore more:

Changes to usual behaviour, being in a rush, being anxious and/or appearing irrational, changes in reaction to normal questions which are out of character for the individual , being more destructive, acting in a way which suggests the child/young person is trying to take back control or power, being more argumentative/destructive in situations where there does not appear to be a trigger.

### 5 Irrational emotions and manic behaviour, ranging from extreme anger to extreme sadness

Notes:

Again, this is often an area which is seen as synonymous with the children growing into teenage years; practitioners need to ensure that they are sufficiently professionally curious so as to understand the reasons for any concerns, including any other factors that can be observed.

Explore more:

Where there are any changes to mental health, any highs and lows particularly where they might be unexplained, any extreme fluctuations in emotions.

### 6 Changes in emotional presentation or mood

Notes:

This does not necessarily mean that a child/young person becomes very emotional.  It could include circumstances where the child/young person hides their emotions. The emphasis here is on a change in baseline behaviour for the child.

Explore more:

Any circumstances in which the young person becomes particularly emotional, has the young person become withdrawn, does the emotion match the situation, may be described as young person seeming 'glazed over' or numb, may not engage in activities/events that young person used to enjoy even if present e.g. family gatherings, hobbies.

### 7 Going missing or returning home late

Notes:

This could also include going out unexpectedly or leaving school during the school day, even if they later return or being located in an area that is unexplained/unexpected/not permitted. Please note the whereabouts of the young person, including any location and areas of concern (including rational).

Explore more:

Leaving home/care without explanation, persistently going missing or returning late, being found out of area, travelling to locations that the young person has no connection with, being found with people who are not known to parent/carer, found in areas of concern or areas that intelligence suggests may be linked with exploitation, leaving during the school day, subtle changes in routine, are parents/carers able to confirm whereabouts?

### 8 Being picked up by unknown adults in unknown vehicles, this includes all forms of transport which includes taxis, delivery vehicles, mopeds, electric scooters etc

Notes:

As well as unknown adults, young person may be picked up by unknown friends of a similar age.

Explore more:

Locations that young person has been seen at, any patterns to when young person is picked up (at home, school, in the community), any identifying details of the person/people, any identifying details of the vehicle, does intelligence suggest that the vehicle(s) may be linked to exploitation, have police been informed.

### 9 Returning home with injuries or markings. Visible and nonvisible

Notes:

This may not necessarily be traditional injuries or marks, and the injuries may not be visible, practitioners should be alert to this. It may also be the case that the young person provides an explanation for any injuries or marks. Observations are necessary to identify any hidden injuries e.g. the young person carrying themselves differently or wearing clothes to cover up injuries.

Explore more:

Any bruising particularly in locations that are not easily visible, any burns including those which look like they may be cigarette burns, any cuts and/or scars, tattoos, piercings, mouth injuries or any other unexplained marks (these may be marks to indicate ‘ownership’ or ‘belonging’ to a particular gang or group).

### 10 Concerning online and phone usage

Notes:

If concerns are raised around phone or online use, provide advice on how to impose parental controls where possible. Also, note that there are now many different online apps and platforms which can be used to exploit young people.

Explore more:

Excessive amounts of notifications and/or messages.  Any use of webcam sites, dating sites and apps, blocking parents/carers/family, presence of images on phones, concerning internet history, escalation of incoming contact (e.g. unanswered messages leading to phone calls leading to video calls), panic if devices are taken off the young person or passwords are changed, leaving quickly after receiving messages/calls, multiple calls from unknown numbers, preparing appearance to go online e.g make up, eyelashes etc. Multiple sims or multiple phones or multiple social media accounts, being secretive about phones or other devices.

### 11 Signs of drug use or drug taking equipment

Notes:

Possession of drugs and paraphernalia does not necessarily indicate that that young person is using drugs. It is important that practitioners and parents/carers maintain an open mind in this respect to ensure that parental/professional trust is maintained.

Explore more:

Presence of drugs or drug paraphernalia such as gas canisters, rolled up notes, tissues, small polythene bags, broken pens, plastic bottles with holes, crushed/flattened drinks cans, small (around an inch large) pieces of card, rizlas, roaches, small pieces of tin foil, vapes, inhalers; missing cutlery, marks on fingers, feet, ankles, behind the knees; does the young person protect or hide school bags and/or clothing with pockets; strange odours' over reliance on perfumes/deodorant; items of value going missing, increased use of ATMs and cash rather than card/phone transactions; changes in behaviour/health/appearance such as clammy skin, dirty fingernails, looking dirty, persistent coughs and runny nose, stomach upsets, freeze burns around mouth, dental problems; loss of interest in appearance, personal hygiene and age-related fashion, burn marks or holes in clothes; slurred speech and/or twitchy movements; increased lethargy or increased energy; sleeping at unusual times; changes to eating patterns.

### 12 Sexual health concerns

Notes:

A young person who is being exploited may show important sexual health warning signs that indicate they are not in control of their own choices or safety. These can include untreated or recurrent sexually transmitted infections, pregnancy scares, or sudden requests for emergency contraception. You might notice changes in their understanding of consent, secrecy about sexual partners, or relationships with much older individuals. They may avoid routine health appointments, appear fearful when discussing sexual health, or rely on others to speak for them. It's also important to notice if they seem unaware of basic sexual health information, appear coerced into sexual activity, or disclose substance use linked to sexual encounters.

Explore more:

Unplanned pregnancy, terminations, use of emergency contraceptives, visits to multiple sexual health clinics/pharmacies/medical practitioners, repeat urinary tract infections, concerns about sexual health.

### 13 Significant changes in presentation

Notes:

It is important to note that young people will sometimes change their appearance due to wanting to fit in with their friendship group but it is important to explore the circumstances around any changes in presentation to establish if there may be other reasons.

Explore more:

Wearing large, bulky clothing, wearing gang-related clothing or clothes relating to different cultures, concerns about the type of clothing, wearing more sexualised clothing, lots of make-up and different clothing.

### 14 Changes in personal hygiene

Notes:

This could be either a lack of, or an increase in, personal hygiene.

Explore more:

This could include looking presentable but not taking care of personal hygiene and cleanliness such as not cleaning teeth, not brushing or washing hair, applying make up on top of make up, caked eyelashes. It could also include a greater focus on personal hygiene such as having very frequent hot baths or showers, having sore skin from excessive washing/scrubbing, washing immediately after coming in, not speaking to parents/carers/family until the young person has washed/cleaned.

### 15 Becoming distant from family and friends or withdrawn from usual social networks

Notes:

Practitioners should be alert to the possibility that a child/young person may become withdrawn from family and friends as a result of the deliberate attempts on the part of a perpetrator to isolate them from their support network and, if there are reports of the child/young person becoming isolated as a result of family tension, should explore how these tensions have occurred and the source of them.

Explore more:

Avoiding large family events or attending but not participating, ignoring calls/texts from people that the young person has previously been happy to speak to, disinterest in after school clubs/activities that they have previously been involved with, avoiding conversation at home (e.g. hiding in bedroom), pretending to friends that they are not home, not wanting to go to school discos/social events/trips, pretending to be unwell to avoid social activity or events, eating separately or at different times, existing friends disapproving of new friends, absenteeism from events – present in person but not there in spirit, disconnecting or creating distance from family and friends, new and unexplained friends or all friends being online, a change in engagement with social networks compared to baseline; lack of empathy, interest in or feeling for others. Another person (young person or adult) may also attempt to build relationships with other friends or family members before deliberately creating tension in the family dynamics to increase isolation on the part of the child/young person.

### 16 Concerns and changes in peer relationships.

Notes:

Practitioners should be alert to changes in a child or young person's peer relationships, including withdrawal from friendships, reduced social interaction, or disengagement from previously valued activities. Such changes may indicate emotional distress, experiences of control and or peer conflict, exploitation, or deliberate isolation by others. Practitioners should explore the context of these changes sensitively, including the quality of peer interactions, any reports of exclusion or control, and the child or young person's own understanding of what has changed, while considering the influence of developmental stage, neurodiversity, mental health, and family circumstances.

Explore more:

Friends may seem older and/or more streetwise; family and friends may not know the parents or family of new friends, young person may be vague about the new friends, where they live, what they are like, what they are interested in etc; new friends may not attend the same school or be from a different locality/area to the young person; new friends may be the subject of concerns.

### 17 Self-harm, threatening suicide or suicide attempts

Notes:

There are many forms of self-harm some of which are not well-known. Practitioners should ensure that they consider all circumstances and whether or not the matters observed could be a form of self-harm or, alternatively, a method of maintaining control. It should also be noted that most suicide attempts are planned rather than impulsive.

Explore more:

Cuts, scratches on arms, thighs, face or neck; signs of under or excessive eating; signs of excessive substance abuse; medicines going missing, keeping their own supply of paracetamol or similar over counter medicines in their bedroom or hidden in drawers, speaking of wanting die; hiding signs of self-harm, cutting, pulling/plucking out hair, pulling out eyelashes, picking fingers scabs or scars, swallowing sharp objects, household items such as bleach, razors or knives going missing, hot baths and showers, concerning notes/messages being sent to family/friends or being found, indications of young person taking steps to 'finalise' their life.

### 18 Concerns raised by friends, neighbours or the local community

Notes:

It is important to bear in mind that it can be very challenging to report concerns and some people reporting concerns may be putting themselves (or their families) at risk particularly if a perpetrator seeks revenge or the young person becomes hostile towards family/friends.

Explore more:

Have concerns been raised before by this person or by somebody else? Compare what has been reported in this referral with what has been reported by others to ensure as full a picture as possible; does any known intelligence have any bearing on the concerns raised?

### 19 Possessing weapons

Notes:

What may be used as a weapon is incredibly diverse and so an open mind needs to be maintained when exploring the concerns raised. The use of weapons may, initially, lead to concerns around Child Criminal Exploitation (CCE) but CSE should not be ruled out. The presence/use of weapons around those involved with a young person should also be considered (perpetrators may use weapons to assert control).

Explore more:

Things such as pen knives, kitchen knives, baton/cosh, CS spray, knuckle duster, liquids such as acids, makeshift weapons such as snooker balls in socks, plastic items sharpened into a blade/point, gloves, dogs, baseball bats. Although things such as shotguns hidden (such as under the bed) or screwdrivers are more associated with CCE but there are overlaps between CCE and CSE so must still be taken into account.

### 20 Getting arrested

Notes:

Whilst being arrested is more associated with CCE than CSE, it may still indicate that CSE is a concern. It may be possible that the young person is intentionally attempting to get arrested as a means to stay safe or of getting attention. The arrest could be for any type of offence from minor offences such as shoplifting or serious offences such as financial exploitation, Grevious Bodily Harm (GBH) or murder.

Explore more:

Frequency of arrests, circumstances of arrest, is there a pattern to the timing of arrests?

### 21 Expressions around invincibility or not caring about what happens

Notes:

This may be expressed as the young person seeming to feel that others have their back.

Explore more:

Young person acting as if they are saying “there is nothing you can do can hurt me now/the worst has already happened” or that the young person is giving a “f..k you” to the world, appearing not to care about consequences typically associated with things that others would consider risky.  Young person may give the impression that they have some sort of protection from the people that they are with.

### 22 A sudden and over-use of street language

Notes:

A young person may adopt different languages as a way of trying to fit in with a new friendship group or others that are known to them.

It should also be noted that young people sometimes adopt “street” words but, when it becomes embedded or they do not revert to usual style of speaking with family, then it may indicate concerns.

Explore more:

Has the young person changed their accent? Is there a change in dialect? The young person may even use a different language, the changes are embedded and become a ‘way of being’, use of gang language.

# 10 SUPPORT SERVICES

Available within Telford to consider when supporting families, this is not an exhaustive list.

## Universal

- Education setting
- General Practitioners (GP's)
- Midwifery
- Health Visitors
- Early Years Providers
- Sexual Health Clinics
- School Nurse
- Hospital
- Leisure Centres
- Colleges and training providers
- Housing Associations
- Police 101
- Community Centres
- Youth Services
- Voluntary and Community
- Local Charities
- Religious Services
- Citizens Advice Bureau
- NHS 111
- Parents Opening Doors (PODS charity)
- SENDIASS
- Autism Hub
- Young Carers Services
- Child Development Centre
- Independent Living Centre
- Early Years and Childcare Services

## Vulnerable – Community Based Early Help

- Pastoral Support
- Education Welfare Officer
- Designated Safeguarding Officers
- Emotional and Wellbeing
- Education Psychologist
- Specialist Play
- Integrated Youth Support
- Family Support Services
- Parenting Programme
- Youth Crime Services
- Drug/alcohol Services
- Bereavement Support Services

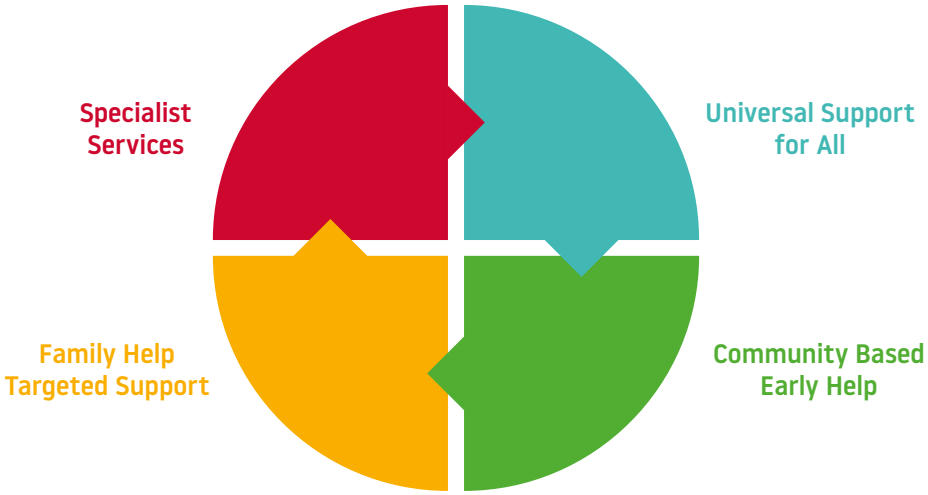
## Complex – Family Help Targeted Support and Family Help Section 17

- Special Educational Needs and Disabilities (SEND)
- Specialist health or disability services
- High Tiered Mental Health
- Youth Justice
- Targeted Drug and Alcohol
- Family Support
- Voluntary and community
- Exploitation Services Targeted
- Family Support
- Specialist services, such as NSPCC and Domestic Abuse

## Acute – Child Protection

- Social Services
- Specialist Police
- Acute Mental Health
- Fire Service
- Accident and Emergency Service
- Ambulance
- Probation
- Sexual Assault Referral Centres

# 11 TELFORD & WREKIN PARENTING OFFER – 'RIGHT HELP, RIGHT TIME'




## Universal (Support for all)

Antenatal and Postnatal care from Midwives and Health visitors Maternity – SaTH
Cerebra – Sleep Advice
Dad's Offer: dads@challengingperceptions.co.uk
Family Connect webpages and information sheets 01952 385385 www.familyconnecttelford.co.uk
Family Hubs website 01952 385465 www.telfordfamilyhubs.co.uk
Healthier Together – NHS Shropshire, Telford and Wrekin
Infant Feeding Support Telford & Wrekin – The Breastfeeding Network
Playing Together (0-5 years) 01952 385465
Togetherness (formerly Solihull Parenting) from toddler to teenager online courses – www.togetherness.co.uk
Triple P for baby
Early Years and Childcare Services

## Community Based Early Help

Blossom and Bloom – Stay and Play for children with SEND 0-5 years,
Community Based Support Family Hubs Community Drop Ins,
Family Hubs Brief Practitioner
Family Hubs Workshops – these may include Picture This, School Readiness and much more
Families in Telford Home | Families in Telford | Parent and child groups
Health Visitors for under 5's www.shropscommunityhealth.nhs.uk/health-visiting
Home start
Parenting Together, Parenting
Reducing Parental Conflict Toolkit
School Nurses School Nursing
Telford Mind Social Prescribing Social Prescribing – Telford Mind

## Family Help Targeted Support

Family Hubs Intense Practitioner
Family Group Decision Making,
Family Nurse Partnership
Parents Opening Doors (PODS) Telford, About Us - Together We Can Make a Difference
Parenting Teens
The Voice Domestic Abuse Programme,
Two Homes One Focus – Parental Conflict Programme,
Stronger Together SEND parenting 0-5 years.

## Specialist Support

Children Abused through Exploitation (CATE)
Children with Disabilities
Family Safeguarding
Family Solutions
Parenting Assessment

# 12 FAMILY HELP ASSESSMENT

## 12.1 Family Help Assessment (FHA)

The Family Help Assessment (FHA) provides a shared method of assessment across children's services and local areas. It facilitates identification of needs, coordinated provision of services, and sharing information to avoid the duplication of assessments. It also provides an opportunity to share knowledge and expertise when considering how best to support the child, young person and their family.

Under the partnership model, the FHA will be used for all children, young people and families who need community based early help services and targeted family help support. The team of practitioners who come together as part of the family help support are referred to as The Team Around the Family (TAF).

Some examples of when Family Help Partners would use an FHA:

- needs identified about how a child/young person is progressing, in terms of their health, welfare, behaviour, learning, or any other aspect of their well-being;
- you receive a request from the child/young person or parent/carer for more support;
- you are concerned about a child/young person's appearance or behaviour, and their needs are unclear or are broader than your service can address;
- child/young person is going missing;
- there is persistent absenteeism from education;
- the child/young person is disengaged from education;
- the child is under 5 years old and there are concerns that they are not meeting their developmental milestones;
- a young person under 16 years, is pregnant or they are a young parents;
- the young person requires a referral to substance misuse services;
- there are children/young people in families with multiple reports of domestic abuse incidents;
- young people are involved in Acceptable Behaviour Contracts;
- children/young people require additional support to prevent their entry into the youth justice system.

## 12.2 What happens next?

All completed Family Help Assessments are sent to the Family Hubs, please check you have completed all required parts of the assessment document.

The most likely outcomes of the assessment are that you will have:

- resolved your concerns and no additional action is required; or
- agreed some actions for you or your agency and or the child/family: you undertake your actions, set a date for review, and monitor progress; or begin the Family Help Support Plan meeting process, by inviting the relevant services, that will be required to assist the family also

- agreed a Family Help Support Plan meeting, to review your actions from the Family Help Assessment
- send a copy of your signed FHA and the Family Circle outcome measures to Family Hubs telfordfamilyhubs@telford.gov.uk

## 12.3 Family Circles – evidencing family progression and outcomes

The Family Circles are a detailed measuring tool to evidence and identify children, young people and their families' progression through support services, allowing us to demonstrate change throughout the intervention. The Family Circles enables practitioners to discuss a wide range of topics with children, young people and their families at regular intervals and will assist in identifying strengths and positives to acknowledge, as well as areas of difficulty that require support. The Family Circles can be used to reflect with the family on any change and progress achieved through their journey and this progress shared with other agencies as appropriate.

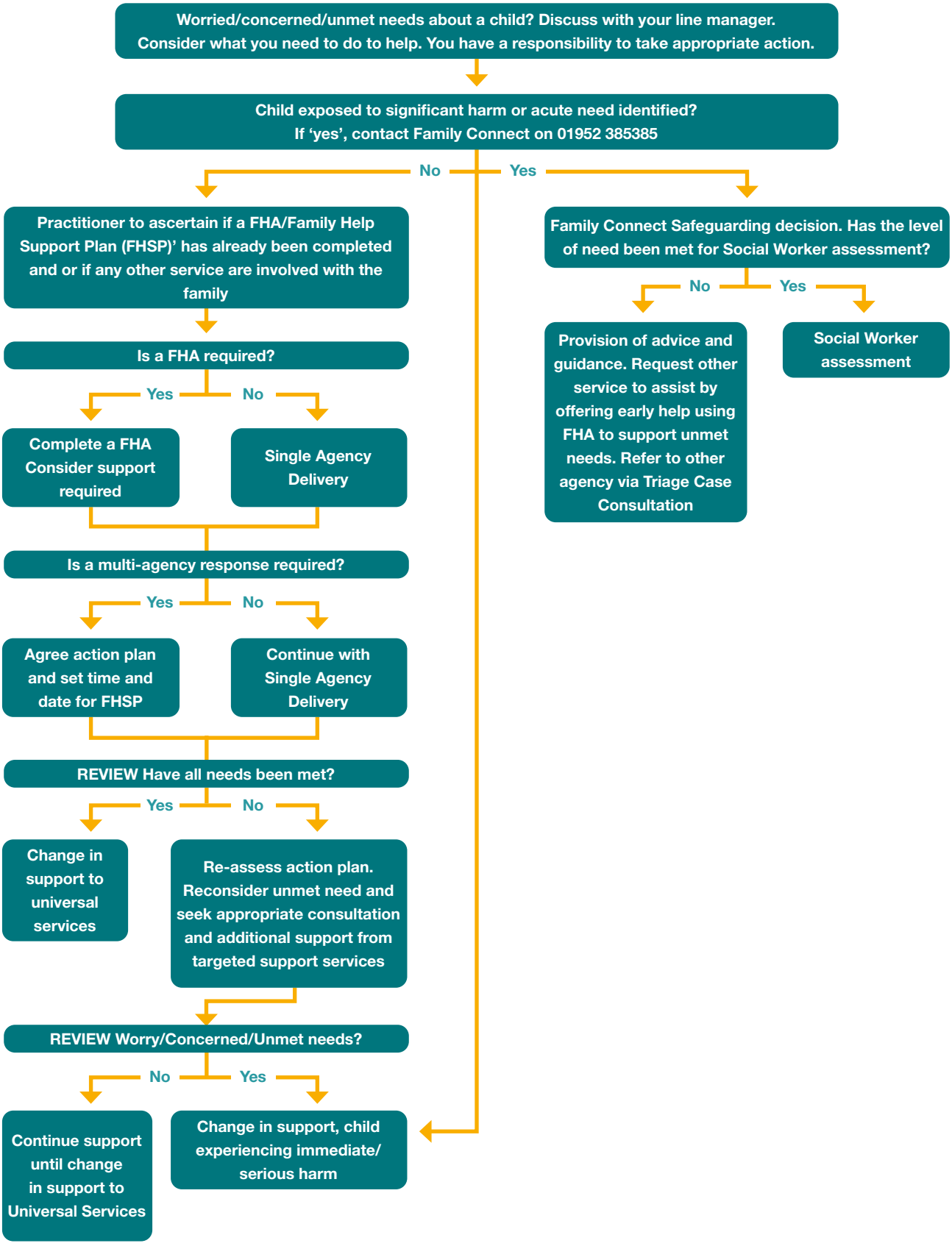
It is mandatory that the Family Circles are completed by the parent(s)/carer(s) supported by the lead practitioner and that separate Family Circles are also completed by the lead professional based on their professional understanding underpinned by findings from their interventions, as well as hard and soft data. It is preferable but not mandatory that the child(ren) complete their own copy of the Family Circles to give them the opportunity to express their views. Any other significant family members may also complete a Family Circles if they wish to.

The Family Circles have been further developed to assist in data collection around common themes and needs that families who require support services often experience. This informs strategic discussions around commissioning of services required within Telford.



# 13 SEAMLESS APPROACH TO PARTNERSHIP WORKING

## 13.1 Family Help Assessment Process



## 13.2 Changing Support for Families from Family Help Services to Social Care

**Abbreviations**

| | |
|---|---|
| **FHA** | Family Help Assessment |
| **FHSP** | Family Help Support Plan |
| **TAF** | Team Around the Family |
| **WFW** | Whole Family Working |

**Responding to changing needs for families are a key element of delivering the right help to children, young people and families at the right time when the increased needs cannot be met within Family Help services.**

### Change in support

When professionals work together in an integrated way, they put the child at the centre of all activities to help identify their holistic needs earlier to improve their life outcomes. It is important to see safeguarding as part of a continuum where prevention, early intervention and targeted work can help children, young people and families get back on track and prevent problems turning into crises where social care intervention is required.

The FHA is a process that is followed by practitioners to help them identify and record a child's strengths and needs within their family and environmental context. In Telford and Wrekin, FHA is used not just to identify need as early as possible but to draw strong support around children, young people and families with complex problems who do not require social care intervention, but there is a need for well co-ordinated and at times, targeted intensive support to prevent difficulties developing towards a crisis.

In some circumstances there may be a level of need that is required to be held by those working with the child and family that is not high enough to warrant intervention by social care, but still causes anxiety for those working with the family. Equally there can be an increase of harm and abuse in a given situation that may need reassessment to consider if there is a new requirement for social care intervention.

The change in support process refers to a need for a change in the level of response after initial engagement that requires involvement from agencies including specialist and targeted services due to indications that the child/children/young person is experiencing significant harm.

There may sometimes be a need to change in support cases of concern whereby there is a lack of progress despite the concerted efforts of an FHSP which results in a child is experiencing significant harm.

At the point of a change in support it is important that agencies do not disengage their support from a family without ensuring that colleagues in other agencies are sufficiently informed to continue working with the child and that the family are aware of the actions you are taking.

**When a child is experiencing significant harm the Telford & Wrekin safeguarding procedures must be followed.**

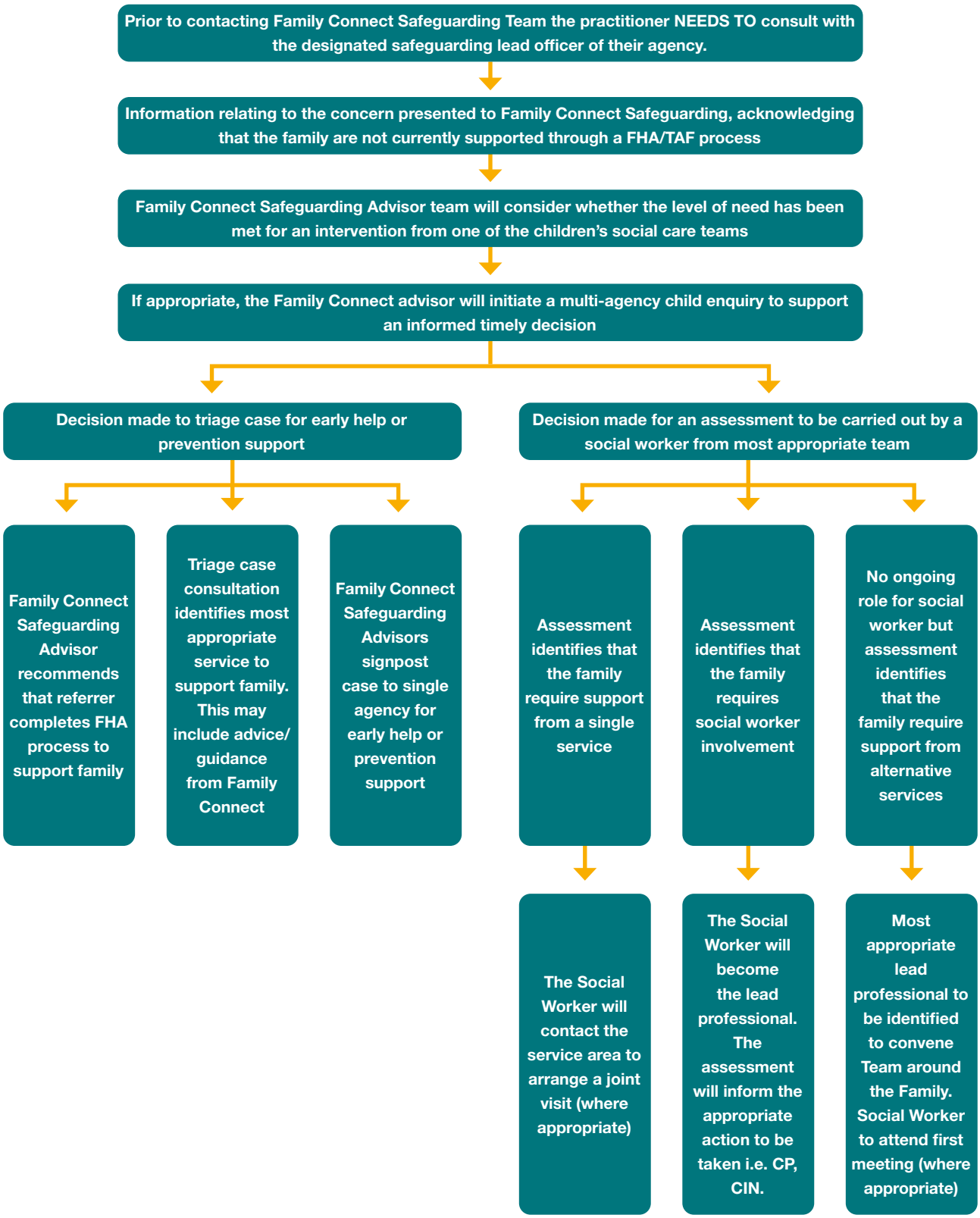
### Children's social care request for service without FHA/FHSP/WFW processes in place.

When families are being considered to be presented to Family Connect Safeguarding Advisor team without indication that the child(ren)/young people and family are being supported through our integrated FHA/FHSP/WFW process the following principles will apply:

- Prior to contacting Family Connect Safeguarding team the practitioner should consult with the designated safeguarding lead officer of their agency.
- The practitioner may also wish to consider completing a Family Help Assessment to evidence the unmet needs of the child/young person and family.
- If it has been deemed appropriate for a request for service to be made to Family Connect Safeguarding team this can be accepted without a FHA/FHSP process having been completed especially where it is believed that the child is being exposed to significant harm. Prior to calling the Family Connect Safeguarding team please consider parental consent to share information unless if by doing so it will place the child exposed to harm.
- Complete the Family Connect request for service form within two working days.
- Family Connect Safeguarding team will consider whether the level of need has been met for intervention from a children's social care team.
- Where the level of need has not been met for a social care intervention the Family Connect Safeguarding advisor will provide advice and guidance as to the options that are available. They may triage the case to alternative early intervention and prevention support services for support. The case will then close to Family Connect Safeguarding Advisor team.
- Where the level of need is met for social care intervention a social worker will lead on completing a multi-agency child and family assessment.
- The outcome of a social work assessment may highlight a child who is vulnerable or has complex needs and that the child and family would benefit from having alternative services to support them. In these instances the social worker will contact the appropriate support services and request that they hold a FHSP meeting. The social worker will attend if appropriate or if this is a single service request for support a joint home visit will be undertaken if appropriate.
- With agreed consent to share information the social worker will share the assessment with the members who will be attending the FHSP meeting or with the single agency. Note: If the parent is not in agreement with the assessment being shared with professionals involved with the family, the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and only share those parts agreed.
- Where the social worker will no longer be required to support the child/family once appropriate access to services has been initiated, an appropriate lead professional must be in place to ensure an ongoing co-ordination of support.
- If following social work assessment, the outcome concludes that continued social work involvement is appropriate, the social worker will be the lead professional and will organise a child in need or child protection meeting.

# Change in support

## Request for service to Children's Social Care without FHA/TAF in place




**The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have had their support changed from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved**

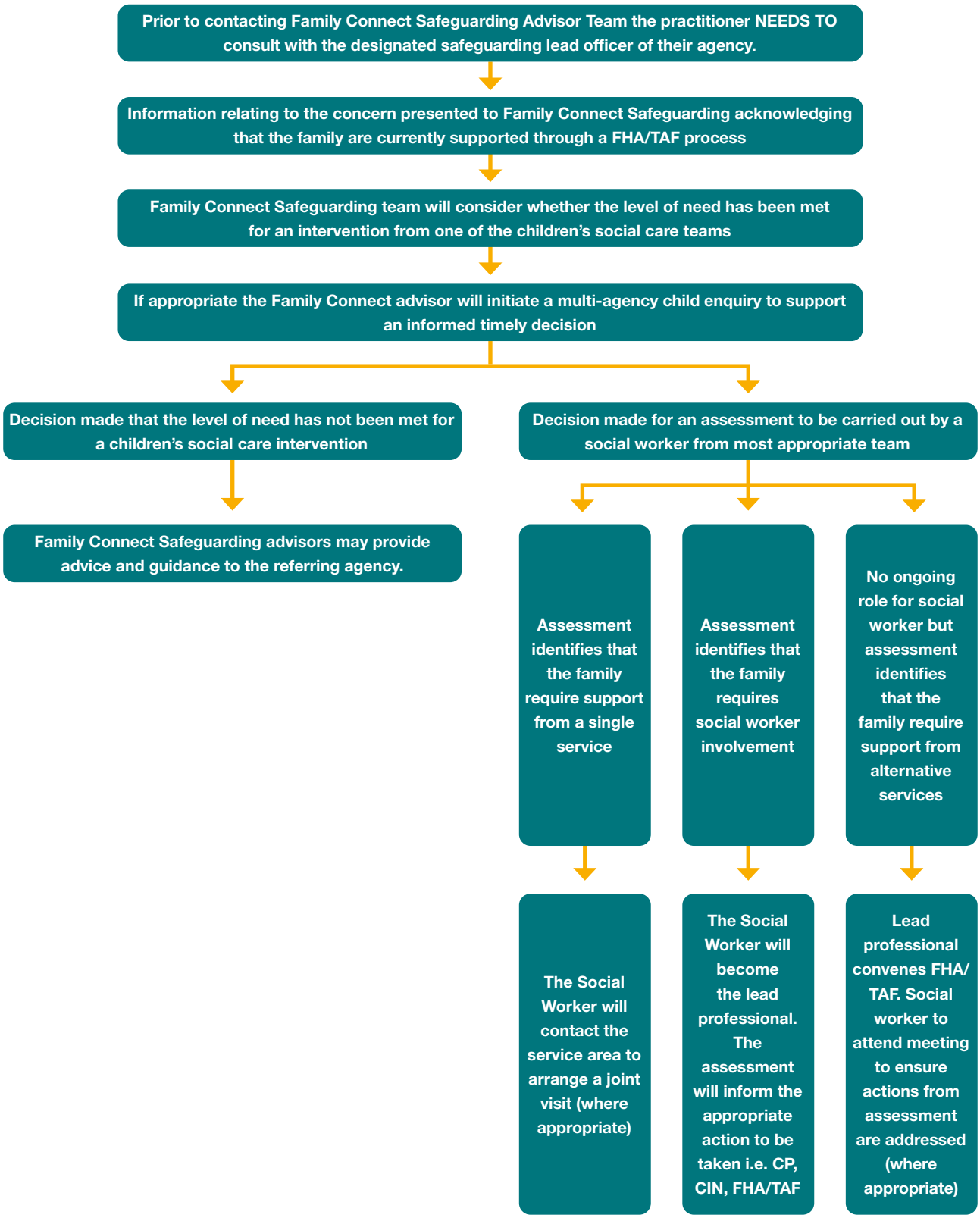
### Children's social care request for service within existing FHA/TAF processes.

Where families are being presented to Family Connect Safeguarding Advisor team within existing FHA/WFW process the following principles will apply:

- Prior to contacting Family Connect Safeguarding team the practitioner would need to consult with their designated safeguarding lead officer of their agency.
- If it has been deemed appropriate for a request for service to be made to Family Connect Safeguarding team especially where the practitioner believes a child is experiencing significant harm, prior to calling the Family Connect Safeguarding team please consider:
    - Parental consent to share information unless if by doing so it will place the child at further harm.
    - Agencies will share copies of FHA/WFW on request.
    - Complete the Family Connect request for service form within two working days.
- Family Connect Safeguarding Team will consider whether the level of need has been met for support from children's social care.
- Where the level of need has not been met for a social care assessment the Family Connect Safeguarding advisor will provide advice and guidance as to the options that are available. The family will then close to Family Connect Safeguarding Advisor team.
- When the level of need is met for social care intervention a social worker will complete an assessment.
- The allocated social worker will make contact with the referring lead professional and other members of the FHA/WFW. This could take place either by telephone or face to face.
- The social worker may arrange to undertake a joint home visit to the child's/children/young person's family home with the lead professional/other member of the FHA/WFW.
- When the social worker has completed the assessment they will inform the lead professional.
- The social worker will contact the parent of the child and gain consent for the assessment to be shared in full with the appropriate professionals FHA/WFW members. Note: If the parent is not in agreement with the assessment being shared with the FHA/WFW members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and only share the agreed parts.
- The social worker will request that the lead professional convenes a FHA/WFW meeting in order to share this assessment, its outcomes and recommendations with all members of the FHA/WFW.
- The social worker's assessment may determine that the increased concerns raised and the analysis of the evidence clearly identifies that the child/children/young person are likely to experience significant harm, any of the following actions may apply:
    - The social worker may remain involved and lead with a Family Plan.
    - The social worker may initiate an Initial Child Protection Conference.
    - The social worker may initiate accommodation of the child/children/young person.

# Change in support

## Request for service to Children's Social Care with existing FHA/TAF in place




**The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have had their support changed from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved**

## 13.3 Changing Support for Families from Social Care to Early Help Services

### Change in support

Change in support refers to the process of passing a family from an intensive or statutory led assessment or co-ordinated support plan to other more appropriate support services generally within universal, early help and targeted services.

The social care team manager of the child/children/young person will be in agreement that the child/young/person's situation is such that statutory children's services involvement is no longer required is. It is important that there is clear communication and good co-ordination that enables a new support plan to be agreed with the child and family and an effective handing over of the Lead Professional role.

The role of the social worker in helping to outline how the concerns have been addressed and agreeing new outcomes is vital to a successful and sustainable new coordinated FHA/WFW plan.

### Questions to aid change in support planning

The social worker will have gained consent to share the following information with those involved in the change in support process.

- What were the holistic needs and harm in this situation that required social care intervention?
- What support has been done to address and reduce level of needs and strengthen family functioning?
- What are the current protective factors (the things that keep the child safe and well)?
- Why is statutory involvement no longer required at this time?
- What are the outcomes that still need to be achieved through our integrated working model of FHA/WFW?
- What would it look like if harm was to increase again (early warning signs)?
- What actions should be taken if harm increases again?
- Have you provided all the most recent information to the professionals that are required to provide ongoing support?

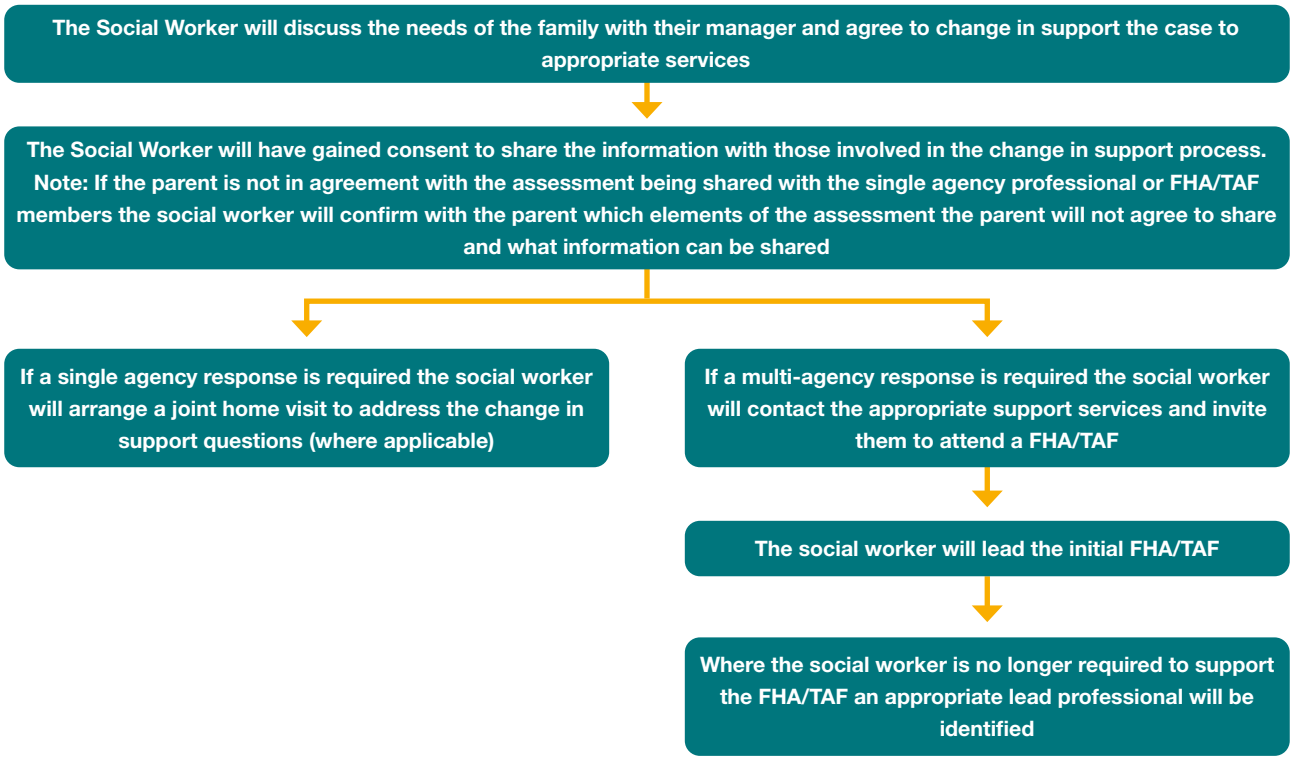
### Children's social care intervention without previous FHA/WFW process in place.

Where families do not have previous FHA/WFW processes in place prior to a social work intervention the following principles will apply:

- The social worker will discuss with their team manager and agree that the child's situation and needs will be aided to be met by services to provide ongoing co-ordinated support or a single agency service support.
- The social worker will have gained consent to share the information with those involved in the change in support process. Note: If the parent is not in agreement with the assessment being shared with the FHA/WFW members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and what information can be shared.
- If there is not a co-ordinated child in need support plan already in place the social worker will contact the appropriate support services and invite them to attend a FHA/WFW or if only a single service is required a joint home visit should be convened. The social worker will attend the FHA/WFW and address the change in support questions presented above.
- The social worker will no longer be required to support the child/young person once appropriate access to change in support services has been initiated and an appropriate lead professional is in place to ensure an ongoing co-ordination of support.
- The line managers must monitor, support, and review children and young people's circumstances that have had their support changed from social care to ensure a co-ordinated support package is maintained until closure of the plan has been achieved.

## Change in support

### From Children's Social Care without previous FHA/TAF process in place




**The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have been stepped down from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved**

### Children's social care intervention within prior existing FHA/TAF process.

Where families needs have been assessed when integrated working processes were in place and it has been evidenced that the ongoing support will need to continue the following principles will apply:

- When the social worker has completed the assessment the lead professional will be informed of the outcome by the social worker.
- The social worker will have gained consent to share the information with those involved in the change in support process. Note: If the parent is not in agreement with the assessment being shared with the single agency practitioner or FHA/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and what information can be shared.
- The social worker will request that the lead professional convenes a FHA/TAF meeting in order to ensure that the recommendations of the assessment are addressed and appropriate actions supported.
- The line managers must monitor, support, and review families that have exited support from social care to ensure a co-ordinated support package is maintained until closure of the plan has been achieved.

# Change in support

## Children's Social Care within prior existing FHA/TAF process in place

**The Social Worker will discuss the family with their manager and agree to Change in support the case to appropriate services**

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**The Social Worker will have gained consent to share the information with those involved in the change in support process. Note: If the parent is not in agreement with the assessment being shared with the single agency professional or FHA/TAF members the social worker will confirm with the parent which elements of the assessment the parent will not agree to share and what information can be shared**

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**Once agreed, the social worker will provide the lead professional and supporting members of the FHA/TAF with the relevant information.**

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**The lead professional will convene a FHSP meeting in order to consider the outcome of the assessment and recommendations made. The FHA/TAF should ensure that the ongoing support reflects the assessment recommendations. If necessary: the social worker will attend the FHA/TAF meeting to clarify recommendations made.**

**The line managers of the lead professionals must monitor, support and review cases that have been brought to the attention of Family Connect Safeguarding or that have had their support changed from Social Care to ensure a co-ordinated support package is maintained until closure of the support plan has been achieved**

### Children's Social Care intervention for Children and Young people who no longer require a child protection plan.

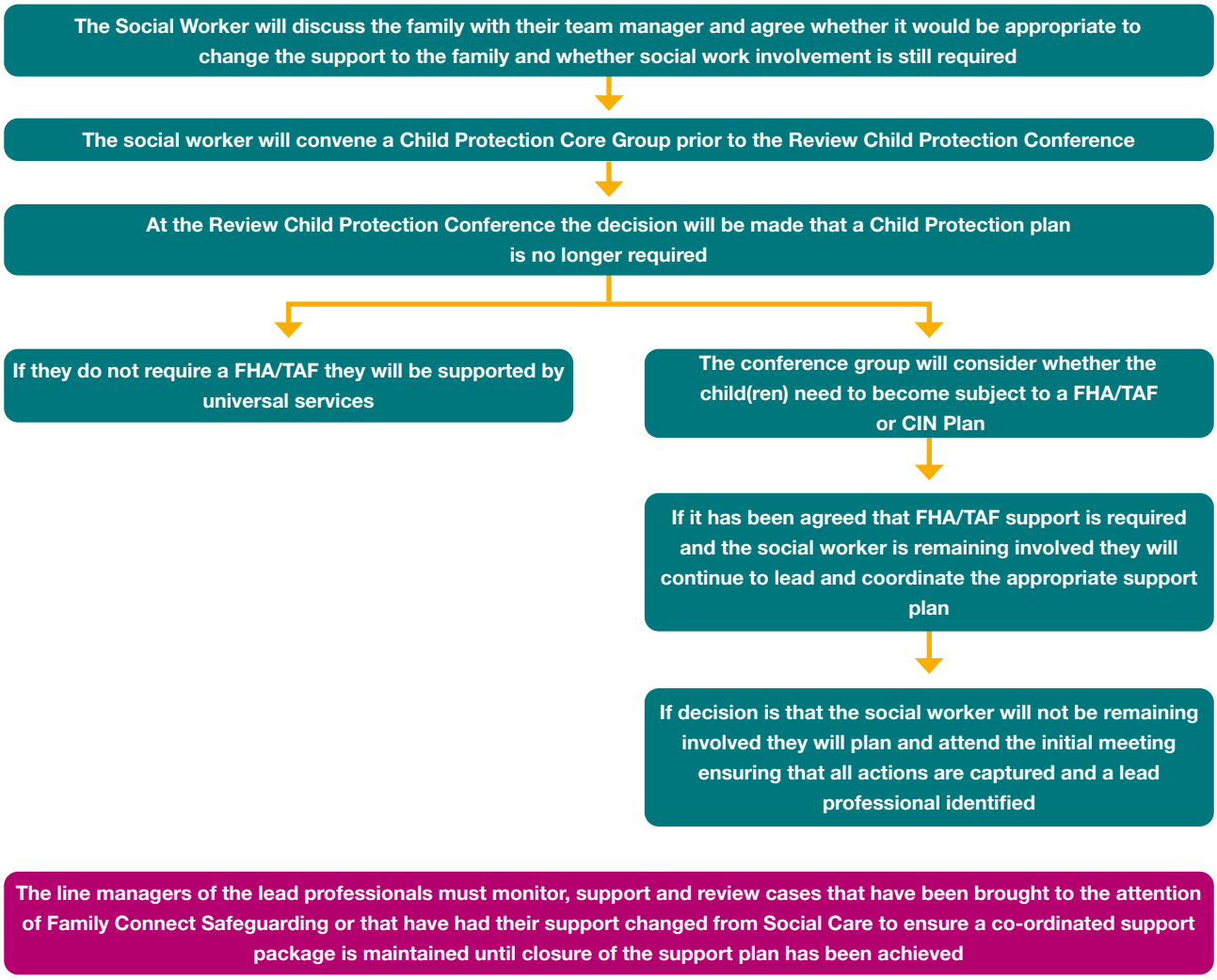
When it is being considered that a child/young person is no longer in need of a Child Protection Plan the following principles will apply:

- The social worker will discuss child/young person's situation with their team manager and agree whether statutory social work involvement is still required to oversee the support plan.
- The social worker will convene a Child Protection Core Group prior to the Review Child Protection Conference where multi agency views will be recorded.
- An updated child and family assessment will be completed to evidence the child/young person's journey and evidence the progress made.
- The Review Child Protection Conference will consider whether the child/young person need to become subject to a Family Help Support Plan (FHSP). If the view of the group is that they do not, then the child/young person will be supported within universal services.
- If the view of the group is that the child/young people would benefit from a continued co-ordinated multi agency approach and be subject to a FHSP, then the group will identify the most appropriate Lead Professional for the child/young People and plan the initial FHSP meeting date.
- Where the decision has been made by the manager and social worker that the child/young person still requires social care involvement, the social worker will continue to lead and co-ordinate the appropriate support plan.
- Where the decision has been made that the social worker will not be remaining involved with the family, the social worker will lead the first initial FHSP ensuring that all actions required for the continued support of the child and family are captured and that the new lead professional is clearly identified. A copy of the FHSP will be forwarded to Family Hubs, the new Lead Professional and their Service Manager.

- The Lead Professional line manager must monitor, support, and review needs of families that have had a change in support from Social Care to ensure a co-ordinated support package is maintained until closure of the plan has been achieved.

## Change in support

### Children's Social Care intervention for Child(ren)/Young People who no longer require a Child Protection Plan



# 14 SERVICES AND GUIDANCE

### Family Connect

Family Connect is a free and confidential service, made up of a multi-disciplinary partnership of internal and external agencies. Family Connect provide impartial advice, information, guidance as well as support on a full range of children's services available across the borough including childcare, activities, school admissions and finance. Family Connect aims to ensure that families are getting the right help in the right place at the right time.
www.familyconnecttelford.co.uk

### Telford and Wrekin Safeguarding Partnership

www.telfordsafeguardingpartnership.org.uk

### Local Offer

The Local Offer aims to bring together useful information across education, health and social care within one website. You can find information, advice and guidance and a range of local service providers who support children and young people with Special Educational Needs and Disabilities (SEND).
www.telfordsend.org.uk

### Graduated approach

SEN Support is a staged approach to identify needs, providing support which will involve conversations with school/setting, parents/carers, children and young people. The staged approach is in the form or a four part cycle known as the graduated response. The graduated response starts at a whole school level. Teachers are continually assessing, planning, implementing and reviewing their approach to teaching to all children and young people. However, where a potential special educational need has been identified, this is a staged process that becomes increasingly personalised.
www.telfordsend.org.uk/info/1/home/69/sen_support

### Inclusive School Forum

A school led forum providing support and challenge for Telford and Wrekin schools regarding provision and practice for children and young people with Special Educational Needs and Disability (SEND).
www.telfordsend.org.uk/info/1/home/68/inclusive_school_forum_guidance_and_procedure

### Bruises on Children and Young People

Bruising is the most manifestation of physical abuse, occurring in one studying 52% of abused children and young people.

www.telfordsafeguardingpartnership.org.uk/media/uy3iwosf/bruising_of_children.pdf

### Parents Guide to Internet safety

As technology evolves quickly, it can be hard to keep up – but regular, open conversations make a big difference. There will be times when children need advice or support, especially when navigating the online world. They might come across harmful content or be contacted by someone they don't know, which can be confusing or upsetting. As a parent or carer, it's important to step in when you feel they need a nudge in the right direction. Whether it's about what they're sharing, who they're speaking to, or how they're feeling online, consistent conversations help build trust and confidence.

www.nspcc.org.uk/keeping-children-safe/online-safety

### Private Fostering

A private fostering arrangement is made privately (without the involvement of a local authority) for the care of a child or young person under 16 (or under 18 if they have a disability) by someone other than a parent or close relative with the intention that it should last for 28 days or more. A person who is a relative under the Children Act 1989, i.e. a grandparent, brother, sister, uncle or aunt (whether by full blood or half blood or by marriage) or step-parent will not be a private foster carer. However, you may be a private foster carer if you are a part of the child's extended family such as a cousin or great aunt or uncle.

www.telford.gov.uk/children-and-young-people/fostering-and-adoption/private-fostering

### Are you professionally curious?

This guide is for any young person in Telford. It contains information that some of you may need now, soon or sometime in the future. This information is something that we should all know.

www.telfordsafeguardingpartnership.org.uk/media/lwpfhqec/are_you_professionally_curious_2020_update.pdf

### Healthy Relationships

NHS Open Clinic Guidance in respect of healthy relationships.

https://openclinic.org.uk/wp-content/uploads/2024/10/Your-Guide-to-Sex-and-Relationships-2026.pdf

# 15 GLOSSARY

**Acute Need**
The level of need where a child is suffering, or likely to suffer, significant harm and requires statutory intervention under Section 47 of the Children Act 1989. Multi-agency action must be immediate to ensure the child's safety.

**Analysis**
The professional evaluation of information gathered during assessment to understand the child's lived experience, the impact of concerns, protective factors and what needs to change. Further detail is provided in the Telford & Wrekin Assessment Protocol.

**Assessment (Statutory)**
An assessment completed under Family Help (Section 17) or Section 47 of the Children Act 1989 to determine what support or protection a child requires.

**Assessment Protocol**
The Telford & Wrekin document which sets out how assessments must be conducted, including timescales, analysis expectations, tools and practice standards. This Pathway to Support document signposts to, but does not replace, the Protocol.

**Child in Need (Family Help, Section 17)**
A child who requires support to achieve or maintain a reasonable standard of health or development, or who is disabled. In Working Together 2026, Family Help (Section 17) support is delivered through the Family Help model.

**Child Protection (Section 47)**
Enquiries carried out where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm.

**Children's Social Care (CSC)**
The local authority service responsible for statutory safeguarding, completing assessments under the Children Act 1989 and leading Child Protection processes.

**Coercive and Controlling Behaviour**
Also known as coercive control, controlling or coercive behaviour is a form of domestic abuse. In 2015, the offence of controlling or coercive behaviour was introduced under Section 76 of the Serious Crime Act as a criminal offence. Controlling or coercive behaviour is included in the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Act 2021.

Controlling or coercive behaviour is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to (but not limited to) hurt, humiliate, intimidate, exploit, isolate, and dominate the victim. It is an intentional pattern of behaviour used to exert power, control, or coercion over another person and can also be present in teenage relationships or between a child and adult. Controlling or coercive behaviour is often committed in conjunction with other forms of abuse and is often part of a wider pattern of abuse, including violent, sexual, or economic abuse.

Children can be used to control or coerce the victim, for example, by frustrating child contact and/or child arrangements, telling the children to call the victim derogatory names or to hit the victim, or by threatening to abduct the children.

This pattern of abuse causes fear, serious alarm and/or distress which can lead to a substantial adverse effect on a victim's day-to-day life. This can have a significant impact on children and young people.

Section 68 of the Domestic Abuse Act 2021 came into force on 5 April 2023 and removed the 'living together' requirement for the controlling or coercive behaviour offence, which means that the offence applies to partners, ex-partners or family members, regardless of whether the victim and perpetrator live together. More information about controlling or coercive behaviour, including the impact on children can be found in the Controlling or coercive behaviour: statutory guidance and the Domestic Abuse Act 2021: statutory guidance.

### Complex Need

A level of need where children require targeted Family Help, multi-agency support and potentially statutory oversight (Family Help, Section 17). Needs are serious but may not meet the level for significant harm.

### Consent

Agreement from a parent/carer or young person to share information. Consent is not required where there is reasonable cause to suspect significant harm or where information sharing is necessary to safeguard a child.

### Contextual Safeguarding

An approach recognising that harm can occur outside the home environment, including in peer groups, schools, neighbourhoods or online. Intervention must consider risks in these wider contexts.

### Cumulative Harm

The combined impact of multiple concerns over time which, when taken together, may amount to significant harm.

### Early Identification

Recognising emerging concerns at the earliest opportunity to prevent escalation and ensure that children receive the right support at the right time.

### Elective Home Education (EHE)

Elective Home Education is the arrangement of parents who have made the choice not to send their school-aged child to school but to educate at home or in another non-school setting, taking full responsibility for providing a suitable, full-time education.

### Extra-Familial Contexts

Extra-familial contexts include a range of environments outside the family home in which harm can occur. These can include peer groups, school, and community/public spaces, including known places in the community where there are concerns about risks to children (for example, parks, housing estates, shopping centres, takeaway restaurants, or transport hubs), as well as online, including social media or gaming platforms.

### Extra-Familial Harm

Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families or the home they live in, such as a children's home or foster home. While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home.

Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children and harm may be perpetrated or facilitated by individuals or groups. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and human trafficking, online harm, sexual exploitation (including group-based child sexual exploitation), child-on-child (non-familial) sexual abuse and other forms of harmful behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.

### Extremism

Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

### Family Connect

Telford & Wrekin's single front door for receiving concerns, requests for support and safeguarding referrals.

### Family Group Decision-Making

Family group decision-making is an umbrella term for voluntary, family-led decision-making forums in which a child's family network has all the resources, adequate preparation, relevant information and a safe and appropriate environment to make a plan in response to concerns about a child's safety and wellbeing, working alongside skilled professionals. At pre-proceedings stage, practitioners should consider the use of an independent coordinator and families should be offered "private family time", unless there are safeguarding concerns which would mean this might be considered inappropriate or unsafe. The Department for Education does not prescribe a particular model for delivering family group decision-making. However, local partnerships should consider the strong evidence for the family group conference model. In both domestic and international studies, family group conferences have been shown to be highly effective in supporting families, improving decision-making processes and diverting children from care.

### Family Help

The integrated multi-agency model introduced in Working Together 2026 combining Early Help and Family Help (Section 17) support into a single coherent system. Family Help supports whole-family needs and reduces escalation to statutory intervention wherever safe.

### Family Network

A group of people close to a child made up of relatives and non-related connected people (where connected people has the same definition used in the Care Planning, Placement and Case Review (England) Regulations 2010 in addition to close family friends who have a connection with the child).

A family network could include step-parents, siblings, aunts, uncles, cousins, grandparents, godparents, or close family friends.

### Families First Partnership Programme (FFPP)

The Families First Partnership (FFP) Programme is a UK government-led initiative aimed at transforming children's social care in England by shifting toward a "whole-system" approach anchored in systemic, relational, and anti-discriminatory practice.' The local whole-system transformation programme delivering the Family Help model, early relational support and strengthened multi-agency working in line with Working Together 2026.

### Financial Exploitation

Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive them into facilitating the movement of illicit funds. This can include physical cash and/or payments through financial products, such as bank and cryptocurrency accounts.

### Group-Based Child Sexual Exploitation

Group-based is defined as two or more individuals (whether identified or not) who are known to (or associated with) one another and are known to be involved in or to facilitate the sexual exploitation of children. Being involved in the sexual exploitation of children includes e.g. introducing them to other individuals for the purpose of exploitation, trafficking a child for the purpose of sexual exploitation, taking payment for sexual activities with a child or allowing their property to be used for sexual activities with a child, etc. This can be perpetrated within or beyond the family, by both children and adults, and groups can be organised or loosely linked.

### Harm

Ill-treatment or impairment of health or development (Section 31 Children Act 1989). Harm may be physical, emotional, sexual or due to neglect.

### 'Honour'-Based Abuse

'So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA. To find out more visit Karma Nirvana https://karmanirvana.org.uk

### Lived Experience of the Child

The child's day-to-day experience of care, safety, relationships and environment. Central to assessment and planning.

### Multi-agency Working

Collaboration across services and organisations to assess, plan and support children and families. Working Together 2026 places shared accountability on all safeguarding partners.

### Neglect

A persistent failure to meet a child's basic physical, emotional or developmental needs, causing impairment to health or development.

### No Recourse to Public Funds (NRPF)

A person has no recourse to public funds (NRPF) when they are 'subject to immigration control'. This means they cannot claim public funds (benefits and housing assistance), unless an exception applies. Additional information can be found at NRPF network website.
https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements/who-has-no-recourse-to-public-funds

### Protective Factors

Strengths within the child, family or environment that reduce the likelihood of harm or support resilience and recovery.

### Proportionate Response

Providing support at the lowest appropriate level of intervention without delay, escalating only when necessary to safeguard the child.

### Reasonable Cause to Suspect

The legal level for Section 47 enquiries when there are indicators that a child may be suffering or likely to suffer significant harm.

### Safeguarding Partners

The local authority, police and integrated care board who together hold statutory responsibility for multi-agency safeguarding arrangements.

### Section 17

The duty on local authorities to assess and support children who are "in need" of services to promote their health and development.

### Section 47

The duty on local authorities to investigate where a child is suffering or likely to suffer significant harm.

### Serious Violence

Serious violence covers specific types of crime, such as homicide, knife crime, and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing. It also includes crime threats faced in some areas of the country such as the use of corrosive substances as a weapon. For the purposes of the Serious Violence Duty, as per section 13 of the Police, Crime, Sentencing and Courts Act 2022, Serious Violence in the local area is violence that is serious in that area, taking account of: the maximum penalty which could be imposed for the offence (if any) involved in the violence, the impact of the violence on any victim, the prevalence of the violence in the area and the impact of the violence on the community in the area.

### Significant Harm

The level of need for compulsory intervention in family life. Defined in Section 31 Children Act 1989. May result from one incident or cumulative concerns.

### Team Around the Family

A Team Around the Family (TAF) is a "way of working out what extra support you and your family may need" and is used to coordinate a multi-agency response, ensuring families only tell their story once.

### Timely Intervention

Responding without delay to reduce risk, prevent escalation and support positive outcomes for children.

### Universal Services

Services available to all children and families such as schools, health and early years provision. Most children's needs can be met at this level.

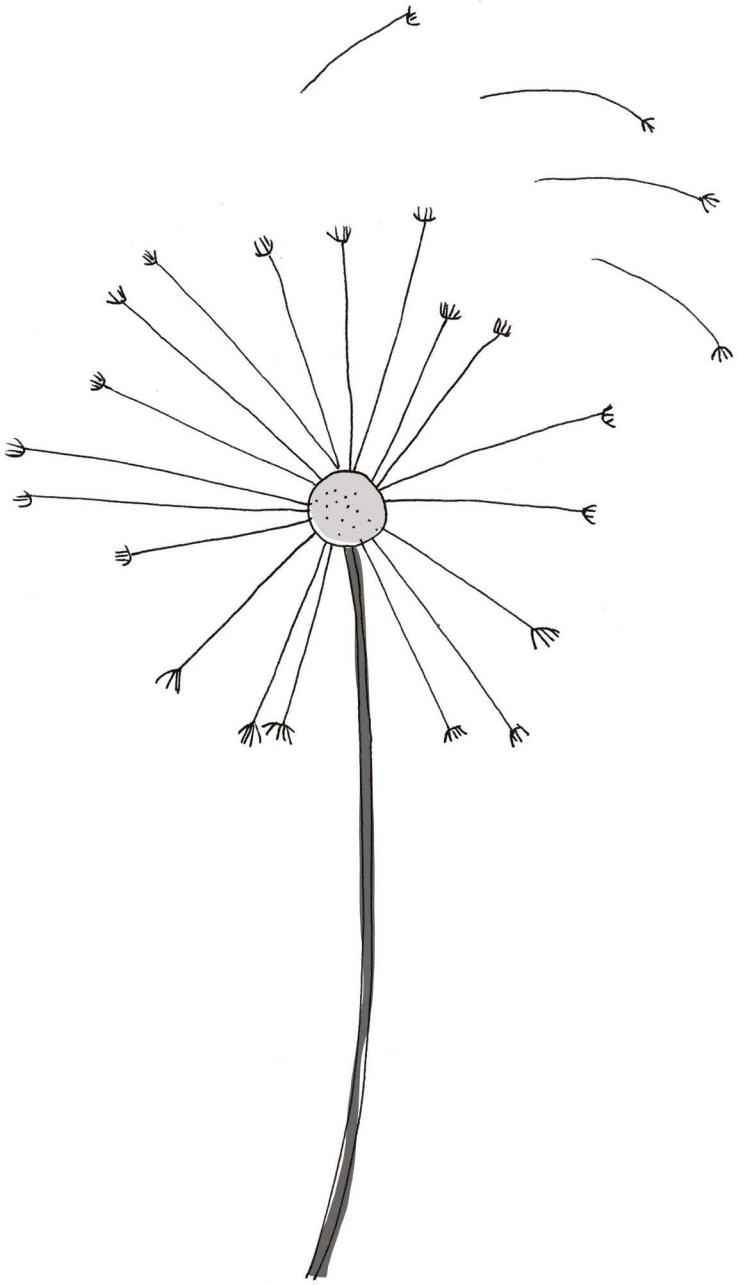
### Vulnerable Need

A level of need where children require additional support, guidance or early intervention through the Family Help model.

### Young Carer

A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work). Young adult carers are aged 16 to 25 and may have different support needs as they transition to adulthood.

# The dandelion



We grow together and when we are ready we begin again in new places..