

**My Family, My Future, My Merton**  
**Belonging, Staying Safe and Thriving**

**Effective Support  
For Children and Families  
In Merton**

*Guidance for all practitioners in working together  
with children and families to provide early help,  
targeted and specialist support.*

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## 1. Introduction

This guidance is for everyone who works with children, young people and their families in Merton. It is about the way we can all work together, share information, and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage to prevent problems escalating. There may be times when the needs of the family are such that targeted or specialist statutory intervention is required. However, the approach in Merton is to offer the lowest appropriate level of support at the earliest point to prevent statutory intervention being necessary.

This guidance should be read alongside statutory guidance, in particular The London Child Protection Procedures and Working Together to Safeguard Children.

All children and young people in Merton are entitled to receive universal community services which seek, together with parents and carers, to meet all the needs of children and young people so that they are happy, healthy and able to learn and develop securely. These services are provided as a right to all children, including those with additional and specialist needs.

Some children, either because of their own additional needs or because of less than advantageous circumstances, will need extra help to be healthy, safe and to achieve their potential. In Merton, we want to offer help and support to these children and their families at an early point, with their consent. We want to work in partnership with families, to support them to identify achievable solutions and work towards meaningful change.

As a partnership, we invest a large amount of public money and resources in our local services for children and families in Merton. This guidance provides a way of working together so that we use that public money and resource in the most effective way to bring about positive changes for children and families.

It is our aim to work with children, young people and families as soon as they start experiencing difficulties to try and prevent their needs escalating to a higher level. Practitioners will actively seek not to refer to services at a statutory level unless and until they have done everything possible to meet the needs of families via early intervention.

Early help support can be offered at any point in a child or young person's life and includes both interventions early in life as well as interventions early in the development of a problem. We seek to offer support early to help families solve problems or to reduce the impact of problems that have already emerged.

By working together effectively, at the lowest appropriate level, with children who have additional needs and by providing co-ordinated multi-disciplinary/agency support, we seek to prevent children and young people escalating into statutory interventions and reactive specialist services.

At Merton we adopt a 'Think Family' approach to supporting children and families. This is in recognition of the fact that families are complex systems and that long lasting change requires working with the family as a whole. Therefore effective support for children and families is relevant to practitioners working in other service areas such as adults' mental health services, community health, adults' social care, housing and leisure.

The levels of need are not a strict criteria for access to services however it is aligned with the THRIVE principles, of provision being needs-led with informed outcomes through a proactive prevention approach.

To do this we need to work together in an open way with the child or young person and their family to identify strengths and needs, to find practical and achievable solutions, and to offer the right amount of information, advice and support at the right time.

In this guidance we will outline Merton's Effective Support Model and the four levels of need. Merton's approach is to use professional judgement and consultation with families and partner agencies in order to identify the lowest appropriate level of support for individual children, young people and their families. The levels of need are a guide and give an indication of what support can be provided in relation to specific needs

The levels of need are not a strict criteria for access to services however it is aligned with the THRIVE principles through provision that is needs-  
**Community/Universal (Getting Advice/Help)**

### **Early Help (Getting Help)**

### **Targeted (Getting More Help)**

### **Specialist. (Getting More Help/Risk Support)**

#### Level 1

**Community/Universal** includes services such as maternity services at birth; health visiting, school nursing and programmes to support early childhood development and parent/child relationships delivered from Children's Centres and other community locations; early years' education/childcare, school and youth services for older children.

#### Level 2

**Early Help** includes services, such as behaviour support, additional help with learning in school, extra support to parents in early years through Children's Centres, Family Information Service Hubs or help to involve young people through youth services.

Children with additional needs are best supported by those who already work with them, such as midwives or health visitors, family support services or Early Years settings and schools, organising additional support with local partners as needed. When an agency is supporting these children, an Early Help Plan and a Lead Professional are helpful to share information and co-ordinate work alongside the child and family. At level 2 settings and schools may begin to identify if a child might have a special education need and/or disability and implement the assess, plan, and review, cycle

Early Help Assessments, or other plans like SEND support, medical or behaviour support can be developed using existing assessment and planning processes. For example, settings/schools when a child is not meeting expected learning outcomes, initiate an internal plan following the SEND statutory guidance.

#### Level 3

**Targeted** services include the range of provision under the umbrella of Getting More Help including Mental Health Services, Merton's Family

led with informed outcomes through a proactive prevention approach.

Wellbeing Service, SEND support services and health services

**Targeted is where services need to work together** for children whose needs are more intensive, as a co-ordinated multi-disciplinary approach is usually best, involving an Early Help Assessment and a Lead Professional to work closely with the child and family. At level 3 settings and schools can support a child using a SEND support plan, this may be a stand- alone plan or as part of the Early Help assessment, coordinated by a Lead Practitioner.

#### Level 4

**Specialist** services are where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development.

A statutory assessment and plan (if required) is undertaken with families and the multi-agency network. These include statutory children's social care plans, Youth Offending Orders or Education Health and Care Plans.

Examples of specialist services are Children's Social Care, Youth Offending Service, Managing Risk Mental Health Services and Special schools.

In keeping with the ethos of partnership, we aim to work with families with their consent at all levels wherever possible, although there will be instances where we may need to intervene in a statutory capacity without consent. This will be discussed in more detail later.

We would not seek to refer a family to Level 4 Specialist Services unless and until support has been implemented at the earlier Levels. The aim is to ensure that families receive the appropriate support at the earliest opportunity.

## 2. Our Vision for Effective Support for Children and Families in Merton

We want Merton to be a place where children and young people feel they belong, stay safe and can thrive. We all believe that every child should have the opportunity to reach their full potential and that children are best supported to grow and achieve within their own families.

With all agencies working together, we can develop flexible services which are responsive to children's and families' needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises, towards effective coordinated intervention and support for children, young people and their families as early as possible.

Schools, colleges and Early Years settings are an important part of safeguarding in Merton. They are well placed to identify concerns early, provide help for children and prevent concerns from escalating. All our schools, colleges and Early Years settings have Designated Safeguarding Leads who can provide advice and guidance to staff within each organisation.

South West London Police are fully committed to safeguarding and protecting children consistently and effectively. The safety of children and young people is a borough policing priority and an area of constant focus and scrutiny. The police have significant contact with young people and strive to make them safer by diverting them from crime and protecting them from harm wherever possible. Police work closely with Merton's schools and Children's Social Care, in particular with our **Children & Family Hub (C&F)** to ensure joint decision making and swift responses to concerns relating to children and young people in the borough.

Local children and families also receive services from a number of health agencies. Their responsibilities include ensuring that those who are vulnerable are identified as early as possible. They do this in a number of ways:

- Universal pathway for 0-19 years which includes health visiting and school nursing to all families through the healthy child programme.
- Specialist pathways for children and young people with additional medical and allied health service needs
- Maternity pathway delivered by hospital providers

- Acute pathway.

### **The Right Help, at The Right Time in The Right Place for Families.**

Work alongside all family members, helping them to think about their worries and come up with their own ideas and plans to make things better, building on their own family and community strengths.

Develop and train the children's workforce so that practitioners use the same language, tools and approaches so that children and families know what to expect.

Set things up so that problems are picked up early and support is put in place to help things get better. Work together to provide support to children, young people and their families at the lowest appropriate level in accordance with their needs.

Support connections in the community, building relationships with local people so that everyone knows how and where to get advice and support when they need it and that people can access services and support in their local area.

### **Early Help in Merton**

Our new MSCP Early Help Strategy outlines our approach to early help across the partnership, and what we want to achieve through our collective work with families supporting improved outcomes and achieving family goals

### **Children's Social Care**

**Specialist** level 4 Children's Social Care Services can become involved where there are concerns that a child or young person's development may be significantly impaired without intervention from services; or where a child or young person has suffered significant harm or is likely to suffer significant harm.

### **Merton Principles**

Whether via Universal, Early Help, Targeted or Specialist services, in Merton we are committed to the following principles which inform the way we work with children and families:

■ **Wherever possible children and families' needs will be met by universal services**

■ **As soon as any professional is aware that a child has any additional needs he/she will talk to the child and their family and offer advice and support to meet that need**

■ **Families will be encouraged to identify their own difficulties, strengths, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents and carers to make changes.**

■ **We will offer support and services to help families to find their own enduring solutions. Once improvements happen, services will reduce or end so that we do not create dependence on services**

■ **Our aim is always to build resilience in children and their families. We want them to believe in and lead the changes to alleviate their difficulties for the remainder of their lives.**

### **An open, honest and transparent approach to supporting children and their families**

Parents are usually the best people to understand their child's needs; however, parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than parenting failure. Parents tell us that support works well when they are respected and listened to by practitioners. In the majority of cases, it should be the decision of the parents when to ask for help or advice but there are occasions when practitioners may need to engage parents actively to help them to prevent problems from becoming more serious. All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making. It is important they acknowledge and respect the contribution of parents and other family members.

### **Staff**

A confident workforce with a common core of knowledge and understanding about children's needs. Appropriate, effective and timely support for children and families could not be achieved without the professional judgement and expertise that all practitioners working with

children bring to their role. We will support individuals and organisations in Merton to develop confident practitioners who can work in an open, non-judgemental way with families to enable them to make choices and changes.

### **A multi-agency/disciplinary approach to assessment, support and intervention**

Safeguarding and promoting the welfare of children is the responsibility of everyone in Merton who works with or has contact with children and their families.

In Merton we work together across the whole system aligning our resources so we can best support families and do what needs to be done when it needs to be done. Across our shared work we base all that we do on evidence, both what is needed and what works and being brave enough to stop things that are not helping to make things different.

The multi-agency/disciplinary approach ensures that children and families are understood and responded to in the round, so that they receive the right support and practical help in a coordinated way, when they need it.

Partners and professionals who work with children and their families should, usually with parental consent, consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

Working together as a community helps us to belong, to stay safe and to thrive. Our aim is to build resilience and support connections in the community, building relationships with local people so that everyone knows how and where to get advice and support when they need it.

### **Consent**

All work with families is consent based. The only time consent would not be required would be instances where a child or young person is believed to have suffered, or is likely to suffer, significant harm. Even in these instances, it is usually better to obtain consent and work openly and honestly with families wherever possible. Consent and significant harm are discussed in more detail on page 17 of this document.

### 3. The Merton Effective Support Model



The Merton Effective Support Model gives an outline of the different levels of need in Merton, with more details regarding each level in later sections of this document. These levels of need are not a 'criteria' for access to services but rather a means of developing a shared understanding of how we work locally with families across the borough.

The levels of need enable us to provide the most consistent and effective help across all agencies in Merton. They should be read, understood by all practitioners and managers and should form part of the induction process for new staff in any local agency working with or associated with children, young people, families and carers.

The levels of need illustrate how we will respond to the requirements of children and families across **Universal, Early Help Targeted** and **Specialist** services.

All services and interventions seek to work openly with families (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level. We agree to actively work with children and families to prevent their needs escalating to a higher level. We will only request services at a higher level after we have done everything possible to meet needs at the current level.

The Levels of Need table, will have more detailed indicators of need to illustrate how our approach operates in Merton and clarifies the different needs that can be met by each level. This guidance seeks to give clear advice to all professionals and the public on the levels of need and corresponding services and responses in Merton.

However, we recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best intervention requires discussion, reflection and professional judgement. Discussion and reflection around what support might best meet the needs of a child, young person and their family, should start with the family themselves.

Requests for Services from the Family Well Being Service or Children's Social Care should be made following discussion and with the consent of families unless the child is at risk of suffering or is suffering significant harm.

Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 1</b></p> <p><b>Community/Universal</b></p> <p><b>Open access to provision</b></p>	<p>All children and families who live in the area have core needs such as parenting, health and education.</p>	<p>Children’s Centres, Early years childcare, education, primary health care, maternity services, housing, community health care, youth centres, leisure services, local offer short breaks provision for disabled children; local community and voluntary sector</p> <p>Children are supported by their family and in community/universal services to meet all of their needs.</p>	<p>Children and young people make good progress in most areas of development.</p>
<p><b>Level 2</b></p> <p><b>Early Help</b></p> <p><b>One or more services provide voluntary Early Help support to meet the needs of the child or young person and their family. This can be co-ordinated by one of the services that knows the child/family best.</b></p> <p><b>An Early Help Assessment and Team Around the Family meeting is helpful to bring the family and involved services together to share information and agree what would be helpful.</b></p> <p><b>Individual agency internal routes to access additional supports or to request external services</b></p>	<p>Children and families with additional needs who would benefit from or who require extra help to:</p> <ul style="list-style-type: none"> <li>• Improve educational progress and attainment</li> <li>• Improve parenting and/or behaviour</li> <li>• Meet specific health or emotional needs of the child and/or parent</li> <li>• Improve their material situation</li> <li>• Respond to a short-term crisis such as bereavement, parental separation</li> </ul>	<p>Parenting support; local community and voluntary sector, commissioned early help services</p> <p>Early Help short breaks provision for disabled children;</p> <p>Extra health support for family members i.e. through a health visitor or school nurse, extra education support through an education support worker or targeted programme, Housing support, help to find education and employment;</p> <p>Emotional Wellbeing Mental Health Service support to schools; Speech and Language Therapy Family Support Services</p> <p>Targeted youth work</p> <p>Services provided on a voluntary basis</p>	<p>The life chances of children and families are improved by offering early life and early help additional support.</p>



Levels and Referral Routes	Needs	Services (examples)	Outcome
<p><b>Level 3</b></p> <p>Targeted</p> <p><b>A multi-disciplinary / agency Team Around the Family (TAF), led by a Lead Professional, shares information and co-ordinates intensive services and support to meet the child and family needs.</b></p> <p><b>An Early Help Assessment is necessary to set out how the family and involved services will work together to meet the child's needs.</b></p> <p><b>Individual agency internal routes to access intensive supports or Children &amp; Families Request for Services form (RFS) to access the Merton Family Wellbeing Service</b></p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex and can't be fully met by services at levels 1 and 2 alone, such as children and families who:</p> <ul style="list-style-type: none"> <li>• Have a disability resulting in complex needs but not meeting the criteria of CWD</li> <li>• Exhibit anti-social or challenging behaviour that is likely to result in poor outcomes for the child or young person.</li> <li>• Suffer neglect or poor family relationships</li> <li>• Have poor engagement with key services such as school and health.</li> <li>• Are not in education or work long-term.</li> </ul>	<p>Because of the complexity of needs, especially around behaviour and parenting, a multi- disciplinary/agency co-ordinated plan developed with the family is needed, co- ordinated by a lead professional or family (key) worker.</p> <p>A wide range of services providing targeted intervention might be involved in meeting the family's needs.</p> <p>Families needing substantial support to care for a disabled child,</p> <p>Services provided on a voluntary basis.</p> <p>Services can include settings and schools based services including targeted or specialist provision, commissioned services, Getting More Help Mental Health Services targeted short breaks for children with disabilities; and a range of parenting support and case work services within Merton's Family Wellbeing Service, and other prevention services ie Liaison and Diversion.</p>	<p>Vulnerable children and families likely to face impairment to their development and life chances will be supported by services to enable them to achieve.</p> <p>Issues will be prevented from escalating into safeguarding concerns requiring statutory intervention.</p>

Levels and Referral Routes	Needs	Services (examples)	Outcome
<b>Level 4</b> <b>Specialist</b> <b>Children`s Social Care, Youth Offending Service, Youth Treatment Orders/ Custody Hospital in-patient</b> <b>Children &amp; Families Request for Support form (RFS)</b> <b>Statutory notifications to Youth Offending Service</b> <b>Statutory health assessments</b> <b>Statutory Education, Health and Care assessments</b> <b>Request for EHCP process</b>	<ul style="list-style-type: none"> <li>• Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect</li> <li>• Children with significant impairment of function/learning and/or life limiting illness</li> <li>• Children whose parents and wider family are unable to care for them</li> <li>• Families involved in crime/misuse of drugs at a significant level</li> <li>• Families with significant mental or physical health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Children`s Social Care</li> <li>• Youth Offending Service</li> <li>• Criminal Justice system</li> <li>• Emotional Wellbeing and Mental Health Services/ Managing Risk Mental Health Services</li> <li>• In patient and continuing health care</li> <li>• Fostering and residential care</li> <li>• Health care for children with life - limiting illness</li> <li>• Education, Health and Care Services for children with profound and enduring SEN and /or disability</li> </ul>	<p>Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, sometimes in a statutory capacity.</p>

#### 4. Level 1 Access to Universal/Community Services, Family Information, Advice and Guidance

The first point of contact for Children and Families in Merton should be with their current professional network via existing universal services such as settings/schools and health visitors.

The **Merton`s Family Service Directories** provides helpful information on the range of services available to support families in the local area. Information can be found about services that support families across all levels of need and accessible to any practitioner, child, young person or family member. You can directly access Merton`s Family Services Directory through the below link:

<https://directories.merton.gov.uk/kb5/merton/directory/home.page>

## 5. Access to Services in Level 2 – Early Help

There are numerous services in Merton across the statutory, community, voluntary and private sector that provide support for families where early help is required. If practitioners or families require support to identify appropriate services, they can find out about these using the Family Service Directory and/or accessing our Family Information Service Hubs or our Early Help Coordinators

### Family Information Service Hub

In addition to the electronic service directories, and the wide range of services provided at level 2, the LBM Early Help Coordinators can provide one to one information advice and guidance to families through the Family Information Service Hubs (FISH) delivered in various community locations.

These sessions can be booked by parents/carers on their behalf by a professional working with them (consent must be gained) via <https://fishonline.eventbrite.co.uk/>

### Early Help Co-ordinators

Early Help co-ordinators have access to a wide range of information about the full range of services across Levels 1 – 2 and can support practitioners working with families to;

- Utilise the child and family indicator of needs framework, as part of Merton's Effective Support Model.
- Offer guidance for the undertaking of an Early Help Assessment, utilising the local services that are available.
- Support agencies to convene a 'Team Around the Family', meeting (this will include the offer of attending first meeting).
- Identify relevant support services / provide information on criteria and referral routes.

Advice and support can also be accessed via email; [localoffer@merton.gov.uk](mailto:localoffer@merton.gov.uk) OR [FSD@merton.gov.uk](mailto:FSD@merton.gov.uk)

It is envisaged that practitioners will work together to meet the child, young person's and family's needs and they may need to share information and engage with other services to do so.

Practitioners can access services at Level 2 Early Help using their own agency internal guidelines or by using specific forms/letters when requesting involvement of other additional need services. Referrals will always be discussed with parent/carers beforehand, and parents/carers should always give written consent in relation to the referral and to information sharing. We should also ask young people who demonstrate Fraser competency, especially those aged over 15, to give their consent.

Where difficulties or needs are more complex, practitioners should consider completing an **Early Help Assessment (EHA) with the family**. An Early Help Assessment is a tool to use with the family to discuss and record the needs, strengths, goals and views that they identify, leading to a plan to support them. There are many different types of early help planning tools. An early help template can also be found at the back of this booklet. Alternatively, practitioners may choose to use or amend assessment and planning tools from within their own agency.

A completed Early Help Assessment remains the responsibility of the supporting agency/service to

retain, in accordance with their own record keeping procedures.

An Early Help Assessment should be registered on the shared database. Guidelines for registering an Early Help Assessment can be found at the back of this document.

A copy of the completed Early Help Assessment should be given to all family members that were involved, including children and young people (age and understanding permitting).

As detailed in the earlier section of this document, Early Help co-ordinators are available to provide guidance in relation to co-ordinating and implementing Early Help Assessments where Early Help support is required.

Where there is more than one service working alongside a child and family, it can be helpful for the family and involved services to hold a **Team around the Family meeting**, to share information and coordinate an Early Help Assessment together.

**A Team Around the Family (TAF)** meeting is a meeting between a child, young person, their family and the group of practitioners who are working with them.

The purpose of the Team Around the Family meeting (TAF) is to share information, listening to the family's views and wishes to formulate a shared, solution focussed plan that aiming to address the worries that the family or those working with them have.

The meeting provides an opportunity to consider how appropriate, effective and timely support can be secured enabling family's needs to be met, building on existing strengths within their family, network or community.

A Team Around the Family meeting is an opportunity for families to work together with professionals to gain confidence and skills to develop their family/friend networks to ensure future support is effective and sustainable.

Team Around the Family meetings should always be solution-focused and build on the families' strengths to promote positive change.

The child/young person and family should be present at the Team Around the Family meeting (if it is deemed appropriate for them to attend). The child's needs and rights are paramount.

The parents/carers must be comfortable with the meeting arrangements, including venue, timing and attendees.

All family members in attendance must be supported to ensure that they are able to actively contribute to the meetings.

Families and Practitioners should agree on a format for the meeting which works for the family in accordance with their individual needs.

The child/young person's safety, welfare and well-being are everyone's responsibility.

A Team Around the Family meeting needs to be helpful, timed to suit the family and only as long as it needs to be.

Those professionals/practitioners who are already or likely to be able to provide support /services should be present.

The focus of the meeting should be to compose a Family Plan to address relevant issues important to the family and to reduce the concerns of the professional network.

## 6. Access to Services in Level 3 – Targeted

Prior to requesting services at level 3, **Targeted**, practitioners are expected to have worked together with the family to meet the Early Help needs of the child and their family using an **Early Help Assessment** and **Team Around the Family meetings**.

Where practitioners identify that a child and their family would benefit from a more targeted multi-disciplinary response than they can provide; they should discuss this with the family in the first instance before completing a **Children & Family Hub (C&F) Request for Service form (RFS)**.

### Children & Family Hub (C&F)

The **Children & Family Hub (C&F)** is the combined access point for Children's Social Care and the Family Wellbeing Service in Merton. The Children & Family Hub (C&F) is made up of a Team Manager, two Assistant Team Managers, four Social Workers and five First Contact Officers. The Multi Agency Safeguarding Hub (MASH) is also based in the Children & Family Hub (C&F). This is where information can be sought and shared with

partner agencies, in particular our colleagues in Education, Health, Police and Early Years and co-located in the MASH.

First Contact Officers and Social Workers in the Children and Families Hub can support, practitioners and agencies to consider the needs of children, young people and families and to identify appropriate support where **Specialist** or Targeted intervention may be required.

If a child or young person is, or is likely to be, suffering significant harm; a professional, family member or member of the public should make a request to the Children and Families Hub for **Specialist** Children's Social Care support at Level 4. Guidance on how to make a request for support at this level can be found later in the document.

### Requests for Targeted Level 3 Service

Children and families with needs at level 3 Targeted may benefit from a co-ordinated multi agency response. This is best achieved through a detailed assessment of the families needs and through co-ordination of a targeted family plan, allowing for information to be shared with the family and across the range of professionals working alongside them.

The multi-agency response should be managed through a Team around the Family network .

### Early Help Assessment

An **Early Help Assessment** is based on a relationship and strengths-based approach to engaging families. This approach places the family at the centre of identifying their own needs, supporting them to tell their own story in their own words and being key to planning, implementing and sustaining the changes they need.

The aim of an **Early Help Assessment** is to co-produce a plan owned by the family which sets out what changes the family want to make, and what each family member and relevant practitioners will do to make and support those changes.

Once a plan has been developed, the Lead practitioner will work with the family and

relevant services to implement and review the plan.

A copy of the completed Shared Family Assessment will be given to all family members who were involved in the assessment and development of the plan, including children and young people (age and understanding permitting).

If following discussion with a family, you feel that their needs cannot be met through the delivery of the family plan, a referral to the Targeted **Children and Families Hub should be considered and if required a request for support should be made**

This form can be found on at (insert link), completed forms should be sent to (insert link) where it will be reviewed by a Social Work Manager within the hour, before being assigned to a First Contact Officer for further enquiries.

The First Contact Officer will make further enquiries before a decision is made regarding the best course of action for each family. This could mean that the family are progressed for Targeted support via the Family Wellbeing Service. Alternatively, the First Contact Officer or Social Worker may provide advice and guidance to practitioners about continuing to provide Early Help level 2 support.

Further enquiries will consist of speaking to the family, and may involve seeking additional information from partner agencies via the MASH. This is to enable the First Contact Officer to better understand the needs of each family and identify appropriate support. Consent to share information via the MASH should be sought prior to a Request for Service being made. Requests to share information via the MASH will be only be made at Targeted level 3 with consent from the parents, carers and/or young person.

During weekends the out of hours team are available to deal with any urgent enquiries and available on 0208 770 5000.

### Family Wellbeing Service

The **Family Wellbeing Service case practitioners**, work to a family plan, intensively and on a voluntary basis with families presenting

with multiple areas of needs where a multi – agency response is required.

Where the Children and Family Hub progress a Request for Service to the **Family Wellbeing Service** a practitioner will commence a **Targeted Help Assessment** as the tool for working with families to identify the needs of each family member.

**Family Wellbeing Service** case practitioners will provide the Key Worker/Lead Practitioner role and work with the family to help them find solutions to their needs, working directly with family members and coordinating support and information sharing across the professional network

**Children’s Social Care** may step down families to the **Family Wellbeing Service** for ongoing support once high level specialist needs have been addressed. Likewise, where concerns arise about children suffering significant harm; a Request for Service to Children’s Social Care should be made

Families who have been supported by the **Family Wellbeing Service** and whose needs have reduced from Targeted to Early Help will continue to receive support from Universal and/or relevant early help services.

Parenting programmes and access to early help and targeted Short break provision are also delivered by the Family Wellbeing Service.

### **Targeted Early Help Assessment**

A **Targeted Early Help Assessment** is based on a relationship and strengths-based approach to engaging families. This approach places the family at the centre of identifying their own needs, supporting them to tell their own story in their own words and being key to planning, implementing and sustaining the changes they need.

The aim of a **Targeted Early Help Assessment** is to co-produce a plan owned by the family which sets out what changes the family want to make, and what each family member and relevant practitioners will do to make and support those changes.

Once a plan has been developed, the Family Wellbeing Practitioner will work with the family and relevant services to implement and review the plan.

A copy of the completed Shared Family Assessment will be given to all family members who were involved in the assessment and development of the plan, including children and young people (age and understanding permitting).

### **Child and Adolescent Mental Health Service (CAMHS)**

Support from CAMHS is likely to be required where; a child or young person is experiencing mental illness; or where there are significant concerns in relation to a child or young person’s emotional wellbeing and these concerns cannot be sufficiently addressed by an Early Help level 2 service.

There will be instances where the needs of children and young people can be met via services from CAMHS at level 3 Targeted without the need for support from Children’s Social Care. There will also be instances where the concerns are such that children and young people require **Specialist** support from Children’s Social Care, in addition to support from CAMHS.

There will also be instances where CAMHS have completed their work with a child or young person and have determined that ongoing support from the Family Wellbeing Service may be beneficial. In any of these instances, where concerns around mental health and emotional wellbeing are present, CAMHS are the best placed service to advise with regards to the most helpful support for children and young people in accordance with the indicators of need outlined in their i-Thrive model.

Where a child or young person is experiencing mental health difficulties or there are concerns regarding their emotional wellbeing, in the first instance consultation should take place via the **Child and Adolescent Mental Health Service (CAMHS) consultation line**. The consultation line can be reached via the **CAMHS Single Point of Access** on **0800 2922505**. Via this consultation line, the needs of the child or young person will be considered and advice given as to whether CAMHS involvement alone will be sufficient, or

whether support may also be required from Children's Social Care or the Family Wellbeing Service. If a decision is made in consultation with CAMHS and the family that the needs of the child or young person can be best met by Children's Social Care or the Family Wellbeing Service, a **Request for Service** should be made to the **Children and Families Hub (C&F)**.

**It is envisaged that a Request for a Service via the Children and Families Hub (C&F) will only be made once consultation has taken place with CAMHS and the parents/carers and it has been determined that additional support from Family Wellbeing or Social Care would benefit the child or young person.**

The exception to this would be where there are clear immediate safeguarding concerns, including but not limited to:

- A child or young person who has been admitted to hospital due to concerns related to mental illness
- A child or young person has attempted, or is believed to be intending, to take their own life.
- A child or young person has attempted, or is believed to be intending, to harm another person due to concerns related to mental illness
- A child or young person is experiencing mental health difficulties as a result of safeguarding concerns in the home environment

In the above instances, a **Request for Service** should always be made to the Children and Families Hub as there is likely to be a need for Children's Social Care intervention alongside CAMHS support.

## **7. Access to Services in Level 4 – Specialist Children's Social Care**

Children's Social Care has a responsibility to Children in Need in Merton under section 17 of the Children Act 1989. That is, children whose development would be significantly impaired if services are not provided. This includes children who have an enduring and profound disability, which limits their ability to carry out the tasks of daily living.

Enquiries can also be conducted under Section 47 of the Children Act. That is, where there are

concerns that a child or young person is suffering or is likely to suffer significant harm. Enquiries under Section 47 can be made without consent as the concept of significant harm justifies compulsory intervention in family life in the best interests of children and young people. However, consent should always be sought wherever possible, unless doing so would place a child, young person or vulnerable adult at risk of harm. Professionals should never delay sending a Safeguarding Referral if they believe that a child or young person is suffering or likely to suffer significant harm due to not being able to obtain consent.

### **Difficulties Relating to Parenting Capacity**

A Request for Service to Children's Social Care should be made where there are concerns that a child or young person's development is being significantly impaired because of factors impacting the capacity of the parent or carer to consistently meet their needs and promote healthy development. This can include but is not limited to complex parental mental ill health, domestic abuse, learning disability, and substance misuse.

### **Contextual Harm**

A Request for Service should be made where there are concerns that a child or young person is at risk of contextual harm which means that the risk is situated outside of the family home. For example gang affiliation/peer group concerns involvement in serious youth violence, missing episodes, criminal exploitation, being subjected to or at risk of sexual exploitation (as victim and/or perpetrator), and repeat patterns of offending.

This can also include children and young people who are believed to be at risk of exploitation and there are a number of risk indicators which suggest this risk is present. These risk indicators can include but are not limited to; difficult family relationships; PUSH factors present in the family home; PULL factors outside the family home having a greater impact on the young person than their parent/carers (for example impact of peer group) children and young people who are not in

Education or Training (NEET); children and young people at risk of radicalisation; children who are frequently missing; and children who have additional needs making them vulnerable to exploitation. Further details in relation to these risk indicators are detailed in an appendix at the end of this document.

This can also include children and young people who may have been trafficked into the UK for the purposes of exploitation.

### **Children and young people presenting as a risk to themselves or others**

A Request for a Service to Children's Social Care should be made where a child or young person is experiencing significant mental health difficulties placing themselves or others at risk; or exhibiting behaviours which may lead to them needing to become looked after by the Local Authority.

### **Unaccompanied Asylum Seekers and Private Fostering**

A Request for a Service to Children's Social Care should be made where a child or young person is identified as an Unaccompanied Asylum Seeking Child; as well as children requiring assessments of Private Fostering arrangements.

A Private Fostering arrangement is defined as an arrangement whereby a child or young person under the age of 16 (or 18 if the child has a disability) is being cared for, for a period of 28 days or more, by a person who is not the child's parent or relative.

A relative for this purpose is defined as a grandparent, brother, sister, uncle/aunt (by full blood, half blood, marriage or civil partnership, or step parent.

### **Children with Disabilities**

Where a child or young person has an enduring and profound disability a Request for Service should be made to the Children & Family Hub (C&F). If you are unsure whether a child or young person's disability is enduring and profound, **please contact the Children with Disabilities Team for consultation on 0208 545 4200.**

If a child or young person's disability is not enduring and profound, but support is still required, support can be provided via our Short Breaks Service and/or Family Wellbeing Service at level 3 **Intensive.**

### **Youth Justice Service (YJS)**

Merton Youth Justice Service (YJS) aims to prevent and reduce youth offending within the

borough. YJS is a statutory multi-agency service with case practitioners and specialist practitioners, many of whom are from partner agencies. It has three overarching principles:

- Reducing First Time Entrants
- Reducing Reoffending
  - Reducing the use of custody (including remands)

YJS activities include:

- offering opportunities to identify young people at risk from or on the edge of the Criminal Justice System
- supporting young people who have been arrested for the first-time on low level offences to prevent re-offending
- assessment and management of young people who are at risk of reoffending through the delivery of programmes
- giving victims the chance to explain the impact of a crime to the young person through restorative justice approaches
- providing services to parents to help them manage the behaviour of their children.

### **Female Genital Mutilation**

A Request for a Service to Children's Social Care should be made where a child or young person is believed to have suffered, or is at risk of suffering Female Genital Mutilation.

For further details in relation to identifying risk factors in relation to Female Genital Mutilation, please see the London Child Protection Procedures.

### **Significant Harm**

Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and/or neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as a prior history of significant domestic abuse, substance misuse or mental ill-health.



Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is present when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, where a child's health and development has been severely impaired as a result of ongoing neglect or ill treatment.

Professionals in all agencies have a responsibility to make a Request for Service to Children's Social Care via the Children and Family Hub when it is believed or suspected that the child has suffered significant harm or is likely to suffer significant harm.

For further information regarding the process of Section 47 enquiries and the role of partner agencies in these enquiries, please refer to the London Child Protection Procedures and DFE's statutory guidance, Working Together to Safeguard Children.

## Consent

Children's Social Care engagement with children and their families under Section 17 is always on a voluntary basis. Parents and carers, and/or young people who are Fraser Competent, can refuse some or all offers of assistance. The exception to this is where there are indicators that the child or young person has suffered or is likely to suffer significant harm. In these instances, it is still best practice to discuss referrals with families and obtain consent where possible, unless it would place a child, young person or vulnerable adult at risk to do so.

or discussing your concerns with the parents/carers, please speak to your internal Designated Safeguarding Lead in the first instance. If you are still unsure, you can contact **for advice on 0208 545 4226/4227** by speaking to the Duty Social Worker based in the **Children and Family Hub** for a consultation.

Requests for a Service should be made by completing the Children and Family Hub **Request for Service form (RFS)**, attaching copies of any existing Early Help Plan/Targeted Early Help Assessment and emailing the Children & Family Hub (C&F) secure email address.

The family should be consulted and consent obtained by the referrer before any Requests for Service are made, unless it would place the child or young person at risk to do so.

Where there are concerns regarding **immediate** risk to a child or young person, please call the Children & Family Hub (C&F) in the first instance on 0208 545 4226/4227, with a view to following up with a written referral within the hour.

During weekends the Out of Hours Team are available to deal with any urgent enquiries and available on 020 8770 5000.

Additional information or concerns in relation to children and young people who are already open to Merton Children's Social Care should be made directly to the allocated social worker (or in their absence the manager or the duty social worker).

If a Request for Service is made or consultation takes place with the Children & Family Hub (C&F) where consent has not been obtained from the parents/carers or young person, and the concerns are not such that they warrant information being shared without consent, the Request for Service/consultation will **not** be recorded on the Children & Family Hub (C&F) electronic recording system.

It is expected that partner agencies will also keep their own records of service requests made to the Children & Family Hub (C&F) and the outcomes of these.

All Requests for Service received by the Children & Family Hub (C&F) will be reviewed by a Social Work Manager within one hour of receipt, and once of the relevant team). A Request for service could result in one of the following:

- Advice and information given
- Recommendation to involved services to provide Early Help services through Team Around the Family and Early Help Plan
- Signposting to **Universal** and/or Early Help Services.
  - Progress to Children's Social Care for the provision of Specialist Services
  - Progress to the Family Well Being Service for provision of Targeted Services

The outcome of the request will be fed back to the referrer via letter, email or telephone.

## 8. Consulting with other Services, Schools and Settings

Consultation is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral/Request for Service would be the best course of action. Consultation may take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other as opposed to email.

Whenever consultation takes place, it is important that practitioners follow the principles of information sharing, parental consent and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency's procedures for information sharing.

If the consultation is external (between practitioners from different organisations) you should use existing information sharing agreements to decide whether information should be shared. In most cases, unless the child would be at risk of significant harm, the child and their family should give consent to the consultation taking place and where appropriate, be given the opportunity to be involved.

Principles of consultation:

- Should be open to all agencies who work with children, young people and their families
- Should take place when there is a clear benefit to the child or young person and their family
- An important tool in helping agencies and practitioners work together to achieve the best possible outcomes for children and young people
- A two-way process that demonstrates an acknowledgement of different but equally valid knowledge and expertise
- Be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of, give consent to, and be involved in consultations and also be informed of outcomes and decisions taken as a result

## 9. What happens when a Request for Specialist Service at level 4 is made?

Requests for Service at Specialist level 4 are made via Merton's **Children & Family Hub (C&F)**. All Requests for Service are reviewed by a Social Work Manager within one hour of being received by the Children & Family Hub (C&F).

Requests for Service should, wherever possible, be made using the Children & Family Hub (C&F) Request for Service form.

Requests for Service are largely received via email, however, where there are **immediate** safeguarding concerns they should be received via telephone in the first instance with a view to a written referral being completed and sent within the hour.

First Contact Officers in the Children & Family Hub (C&F) answer phone calls from members of the public and professionals. First Contact Officers can signpost to the Family Services Directory and take requests from families for the Family Wellbeing Service. If advice is required in relation to a potential safeguarding matter, First Contact Officers will pass the call to the Social Worker on duty.

Where a Request for Specialist Service at level 4 is received via telephone or email, an Initial Contact will be created and assigned to a Social Worker within the Children & Family Hub (C&F). The Social Worker will make further enquiries depending on the presenting information. This will include speaking to the family wherever possible and may include making enquiries with partner agencies via the Multi Agency Safeguarding Hub.

It is helpful in all instances if consent to share information with partner agencies is obtained prior to any Request for Service being made as this speeds up the process.

If you are unsure whether a Request for Intensive or Specialist Service is needed, please include as much information as you can in the Request for Service form and the Children & Family Hub (C&F) Social Worker will consider which service would best support the family.

If a decision is made for a child or young person and their family to progress for a Child and Family Assessment under Section 17 of The Children Act,

the Initial Contact will be progressed to the First Response Service within 24 hours.

As Section 17 is consent based, the Initial Contact can only be progressed to the First Response Service if the family consents to a Child and Family Assessment being undertaken unless there are other worrying indicators suggestive of further exploration by holding a strategy discussion.

If this is not the case and the family do not consent to a Child and Family Assessment, the Children & Family Hub (C&F) Social Worker can advise the family of other support available via the Family Services Directory or the Family Wellbeing Service.

Where a Request for Service indicates that a child is suffering or likely to significant harm, a Social Worker in the Children & Family Hub (C&F) will make initial enquiries to gather any outstanding crucial information, with a view to progressing the family to the First Response Service within a maximum of 2 hours from the point of the Request for Service being received.

If a Request for Service is made or consultation takes place with the Children & Family Hub (C&F) where consent has not been obtained from the parents/carers or young person, and the concerns are not such that they warrant information being shared without consent, the Request for Service/consultation will **not** be recorded on the Children & Family Hub (C&F) electronic recording system.

It is expected that partner agencies will also keep their own records of service requests made to the Children & Family Hub (C&F) and the outcomes of these.

All Requests for Service received by the Children & Family Hub (C&F) will be reviewed by a Social Work Manager within one hour of receipt, and once again at the end of the screening process to confirm the next course of action. These can include:

- Advice and information given
- Recommendation to involved services to provide Early Help services through Team Around the Family and Early Help Plan
- Signposting to **Universal** and/or Early Help Services

- Progress to Children's Social Care for provision of **Specialist Services**

- Progress to the Family Well Being Service for provision of Targeted Services

The outcome of the request will be fed back to the referrer via letter, email or telephone.

When a referral is received in the First Response Team, it will usually be allocated to a Social Worker. There are occasions when the manager of the First Response Team will decide to close a referral after consulting with the Head of Service before an assessment is undertaken. This can be because new information about the referral is received or the family have moved out of area. When a referral is closed by the First Response Team, they will inform the referrer.

In most cases, a Child and Family assessment will be undertaken; this will include seeing the child alone (where age appropriate), meeting parents and discussing concerns and gathering current and historical information from all relevant professionals to form a judgment about needs and risks in order to develop a plan or agree further actions to support the child.

The outcome may be:

- The provision of information and advice.
- Referral to relevant provision.
- A child in need plan.
- Step down to Family Wellbeing Service.
- Step down to involved services to provide additional support using a Team Around the Family and Early Help Plan.
- No further action.
- A s47 child protection investigation.

With parental consent the outcome of the referral will be fed back to the referrer and to any agencies from whom information has been sought. The Child and Family Assessment usually takes 35 working days to complete and may lead to a child in need plan.

Whenever there are concerns a child has, or is likely to suffer significant harm, a section 47 child protection enquiry is undertaken. This will involve liaison with police, health and other agencies and will include a strategy discussion, preferably through a meeting, to share full information, decide and plan the actions needed. An assessment of the child's circumstances, including risks and needs, is undertaken following the strategy meeting.

This may lead to a decision that:

- There are no concerns
- A voluntary child in need plan will support the child and family.
- Further statutory intervention, often through an initial child protection conference. If a child protection conference is required, this is within fifteen days of the strategy meeting. If the conference agrees, a child protection plan is put in place.

The child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant harm. Should the circumstances of the child/young person not improve or where further serious incidents occur, a decision may be made to apply to the court for care proceedings. The first step in this process is usually to have a legal planning meeting and issue parents with a formal Public Law Outline (PLO) letter stating what must improve to avoid care proceedings.

## 10. Children and Families Workflow

### Children and Families Hub Referral Pathways

Request for Service (RFS) received by Children and Families Hub

MASH Manager reviews and 'BRAG's the RFS (within 1 hour)



## 11. Indicators of Possible Needs

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed.

Holding a Team

Around the Family meeting and completing an Early Help Assessment is a helpful way to share information and gain an understanding of the child and family needs. The indicators are a guide and not a pre-determined level of response.

**Level 1 - UNIVERSAL:** Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

### Health

- Physically well
- Nutritious diet
- Adequate hygiene & dress
- Developmental & health checks/ immunisations up to date
- Developmental milestones & motor skills appropriate
- Sexual activity age-appropriate
- Good mental health

### Emotional Development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

### Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

### Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

### Family and Social Relationships

- Stable and affectionate relationships with family
- Is able to make and maintain friendships

### Learning

- Access to books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life

### Basic care, ensuring safety and protection

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care
- Protection from danger or significant harm

### Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures stable relationships

### Guidance, boundaries and stimulation

- Ensure the child can develop a sense of right and wrong
- Child/young person accesses leisure facilities as appropriate to age and interests

### Family functioning and well-being

- Good relationships within family, including when parents are separated

### Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

### Social and community including education

- They have friendships and are able to access local services and amenities
- Family feels part of the community

**Level 2 – Early Help NEEDS:** Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; these services should work together. A Team Around the Family meeting to share information and agree an Early Help Plan to support the child and family is helpful. No need for targeted or specialist services.

### Health

- Inadequate, limited or restricted diet; e.g. no breakfast, no lunch money; being under or overweight
- Missing immunisations/checks
- Child is delayed in reaching developmental milestones
- Minor concerns re: diet, hygiene, clothing
- Dental problems untreated / decay
- Missing routine and non-routine health appointments
- Concerns about developmental progress:
- e.g. bedwetting/soiling; speech impediment
- Child's response to life events as parental separation, for example child seems unduly anxious, angry or defiant for their age or introverted
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent presentation to health professionals in relation to accidents at home
- Standard risk of child sexual exploitation identified using the Child Sexual Exploitation (CSE) risk and vulnerabilities assessment

### Emotional Development

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions.
- Limited engagement in play with others / Has few or no friends.
- Emerging contextual safeguarding issues such as regularly coming home late/absent from school/missing episodes/glamorises violence.

### Behavioural Development

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs from Emotional Well Being and Mental Health Services
- 

### Identity and Self-Esteem

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- Experience in bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child/young person provocative in behaviour/ appearance e.g. in appropriately dressed for school
- Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities
- Victim of crime or bullying

### Family and Social Relationships

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Low levels of parental conflict / infrequent incidents of domestic dispute
- Unresolved issues arising from parents' separation, step-parenting or bereavement
- Occasional low level domestic abuse
- Children affected by parental imprisonment

### Self-care skills and independence

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually delayed to develop age appropriate self-care skills.

### Learning

- Have some identified specific learning needs with targeted support and / or Special Education Needs and disabilities - Education, Health and Care Plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality / pattern of regular school absences
- Not always engaged in play / learning, e.g. poor concentration
- No access to books / toys
- Some fixed term exclusions
- One-off / occasional short period missing from home

**Basic care, ensuring safety and protection**

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Teenage pregnancy
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to GP or unplanned care settings e.g. Emergency Department
- Parent/carer stresses starting to affect ability to ensure child's safety

**Emotional warmth and stability**

- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Starting to show difficulties with attachments

**Family functioning and well-being**

- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family
- Adopted

**Guidance, boundaries and stimulation**

- Parent/carer offers inconsistent boundaries
- Lack of routine in the home
- Child/young person spends considerable time alone, e.g. watching television

- Child/young person is not often exposed to new experiences; has limited access to leisure activities
- Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime

**Housing, work and income**

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income
- Financial/debt problems
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debts/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in Education, Employment or Training post-16

**Social and community including education**

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children/young people
- Difficulty accessing community facilities



**Level 3 -TARGETED:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan or Targeted Early Help Assessment and a Lead Professional to co-ordinate multi-agency support.

**Health**

- Child has some chronic/recurring health problems; not treated, or badly managed
- Child is not taken to appointments for serious medical / health conditions
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming
- Standard risk Child Sexual Exploitation with multiple vulnerabilities or medium risk of child sexual exploitation identified using the CSE risk and vulnerabilities assessment

**Emotional Development**

- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

**Behavioural Development**

- Persistent disruptive/challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences/re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Repeated short incidents of missing from home (less than 3 incidents in 90 days)

**Identity and Self-Esteem**

- Presentation (including hygiene) significantly impacts on all relationships
- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Alienates self from others

**Family and Social Relationships**

- Relationships with carers characterised by unpredictability
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

**Self-care skills and independence**

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him/herself in danger

**Learning**

- Consistently poor nursery/school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)

**Basic care, ensuring safety and protection**

- Parent/carer is failing to provide adequate care
- Parents have found it difficult to care for previous child/young person
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse significantly affect care of child/young person
- Non-compliance of parents/carers with services
- Child/young person may be subject to neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of Female Genital Mutilation and other harmful traditional/cultural practices, Forced Marriage or Honour Based Abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of Modern Slavery and/or Human Trafficking but parents are accessing support and services

**Guidance, boundaries and stimulation**

- Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement
- Child/young person behaves in anti-social way in the neighbourhood

**Housing, work and income**

- Chronic unemployment that has severely affected parents' own identities.
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse.

**Family functioning and well-being**

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family.
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays regular physical violence towards parents.

**Level 4 - SPECIALIST:** Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a co-ordinated multi-agency approach and a Lead Professional, commonly in a non-statutory role. At times statutory intervention may be required.

**Health**

- Child/young person has severe/chronic health problems
- Failure to thrive/faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Dangerous sexual activity and/or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury
- Unexplained significant injuries
- Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode
- Physical / learning disability requiring constant supervision
- Disclosure of abuse from child / young person
- Disclosure of abuse / physical injury caused by a professional
- High risk of child sexual exploitation or actual abuse known to be happening

**Emotional and Behavioural Development**

- Puts self or others in danger e.g. missing from home inappropriate relationships
- Severe emotional/behavioural challenges
- Puts self or others at risk through aggressive behaviour

**Behavioural Development**

- Persistent disruptive/challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and/or family breakdown
- Regular and persistent offending and re-offending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk
- self-harming behaviours, suicidal ideation and in-patient admissions

**Identity and Self-Esteem**

- Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
- Child/young person likely to put self at risk
- Evident mental health needs
- Young person exhibiting extremist views, threats, suggestions or behaviour which meets PREVENT criteria
- Young person involved / closely associating with gangs Family and Social Relationships
- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent/carer; family no longer want to care for - or have abandoned –child / young person
- Periods accommodated by local authority
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

**Learning**

- No school placement due to parental neglect
- Child/young person is out of school due to parental neglect

**Other indicators**

- Professional concerns – but difficulty accessing child / young person
- Unaccompanied refuge / asylum seeker
- Privately fostered
- Abusing other children
- Young sex offenders
- Serious or persistent offending behaviour likely to lead to custody / remand in secure unit/ prison
- Trafficked child with no family support or protection
- Forced criminality, forced labour
- Missing for more than 48 hours
- Evidence of dependency. Using opiates (e.g. heroin, crack). Injecting. Supply of substances to others. Dependency putting others at risk.
- High levels of social isolation that may be exacerbated by personal, cultural, sexual identity or education needs

- Basic care, ensuring safety and protection
- Parent / carers mental health or substance misuse significantly affect care of child
- Parents / carers unable to care for previous children
- Instability and violence in the home continually
- Parents / carers involved in violent or serious crime, or crime against children
- Parents/carers own needs mean they are unable to keep child / young person safe
- Severe disability – child / young person relies totally on other people to meet care needs
- Chronic and serious domestic abuse involving child/young person
- Disclosure from parent of abuse to child / young person
- Suspected/evidence of fabricated or induced illness
- Young person at risk of Female Genital Mutilation and other harmful traditional/ cultural practices, Forced Marriage or Honour Based Abuse with family who lack willingness to protect
- Medium risk of Child Sexual Exploitation and parents/carers lack willingness to protect

#### **Emotional warmth and stability**

- Parent's own emotional experiences impacting on their ability to meet child/young person's needs
- Child has no-one to care for him/her
- Requesting young child be accommodated by local authority

#### **Guidance, boundaries and stimulation**

- No effective boundaries set by parents / carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)
- Missing from home for long periods of time

#### **Family functioning and well-being**

- Significant parental / carer discord and persistent domestic violence and discord between family members
- Child / young person in need where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, prostitution, illegal activities

#### **Housing, work and income**

- Homeless - or imminent if not accepted by housing department
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child

## 12. Glossary

CSC	Children's Social Care	FM	Forced Marriage
C&F Hub	Children & Families Hub	HBA	Honour Based Abuse
CAMHS Service	Child and Adolescent Mental Health Service	EHA	Early Help Assessment
FGM	Female Genital Mutilation	TAF	Team Around the Family

## 13. Useful Web Links

Merton Service, Advice and Support Directories	<a href="https://directories.merton.gov.uk/kb5/merton/directory/home.page">https://directories.merton.gov.uk/kb5/merton/directory/home.page</a>
Children & Families Request for Service Form (RFS)	<a href="https://www.mertonscp.org.uk/documents/safeguarding-referral/">https://www.mertonscp.org.uk/documents/safeguarding-referral/</a>
Merton Shared Family Assessment Guidance	
Merton Effective Support document	<a href="https://www.mertonscp.org.uk/working-with-children/merton-child-and-young-person-well-being-model/">https://www.mertonscp.org.uk/working-with-children/merton-child-and-young-person-well-being-model/</a>
Merton Safeguarding Children Partnership	<a href="https://www.mertonscp.org.uk/">https://www.mertonscp.org.uk/</a>
London Child Protection Procedures Working Together 2018	<a href="https://www.londoncp.co.uk/">https://www.londoncp.co.uk/</a> <a href="https://www.gov.uk/government/publications/working-together-to-safeguard-children--2">https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</a>

## 14. Legislation

[The Children Act 1989](#)

[The Children Act 2004](#)

[Education Act 2002](#)

[Data Protection Act 1998](#)

## Guidance

[Working Together to Safeguarding Children](#)

[Fraser Competence](#)

[Information Sharing guidance](#)



# Early Help Assessment



A whole family approach to supporting children, young people and their families in Merton

For information on completing this assessment please visit [Effective Support for Families in Merton \(merton.gov.uk\)](http://EffectiveSupportforFamiliesinMerton.merton.gov.uk)

## 1. LEAD PRACTITIONER INFORMATION

Practitioner agency/service		Date Completed	
Practitioner name		Practitioner telephone	
Practitioner email			

## 2. FAMILY DETAILS

PARENT / CARER 1		PARENT / CARER 2	
Name		Name	
Parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone		Telephone	
Date of birth		Date of birth	
Ethnicity		Ethnicity	
Address and postcode		Address and Postcode	
Disabilities / Health needs		Disabilities / Health needs	
Special Educational Needs		Special Educational Needs	
Communication support needs		Communication support needs	
Immigration Status		Immigration Status	

CHILD / YOUNG PERSON		Gender	Disability	Special Educational Needs	Health Need
Child / Young Person 1	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				
Child / Young Person 2	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				
Child / Young Person 3	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				
Child / Young Person 4	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				

3. Family needs		
Merton's Priority Outcomes	Supporting families' outcomes	Presenting needs
Health	Improved mental and physical health	Parents/carers and children with a range of health needs <input type="checkbox"/>
	Promoting recovery and reducing harm from substance misuse	Parents/carers or children with a problem with alcohol or drugs <input type="checkbox"/>
Stay Safe	Children safe from abuse and exploitation	Children experiencing or at risk of exploitation or abuse (emotional/physical/sexual/neglect) <input type="checkbox"/>
	Crime prevention and tackling crime	Parents/carers or children involved in crime or antisocial behaviour <input type="checkbox"/>
	Safe from domestic abuse	Families affected by domestic abuse <input type="checkbox"/>
	Improve family relationships	Families affected by parent conflict or children being abusive within the home <input type="checkbox"/>
Enjoy and Achieve	Getting a good education	Children who have not been attending school regularly / children whose special educational needs are not being met <input type="checkbox"/>
	Good early years development	Expectant or new parents/carers who require additional or specialist support with their babies or pre-schoolers <input type="checkbox"/>
Being Independent	Financial stability	Families experiencing or at risk of worklessness and financial difficulties <input type="checkbox"/>
	Secure housing	Families experiencing or at risk of homelessness <input type="checkbox"/>

#### 4. INFORMATION SHARING

I, [\[practitioner name\]](#) have discussed this assessment with [\[insert name of person/s with parental responsibility\]](#) and the child/young person [\[insert name of child or young person\]](#) on [Click or tap to enter a date](#). They have agreed:

- For the assessment to be undertaken
- That they understand how their personal data will be stored
- That the completed assessment will be shared with other practitioners who may be able to provide support and/or advice – as detailed

#### 5. PERSONAL DATA

I understand that receiving Early Help and Targeted Early Help support is voluntary and the information I give on this form may be shared with other services to identify what support may be needed and to help plan support for me and my family. This may involve the sharing of my information with one or more of the following professionals / agencies where considered necessary so that they can help to plan and provide support for me and my family:-

- Education Providers e.g. nurseries, schools and colleges;
- London Borough of Merton Childrens services;
- Health services
- Counselling Services;
- Housing Providers;
- Local Job Centres;
- Victim Support;
- Voluntary and Community Sector Bodies.

I understand that my information will be stored safely as per the General Data Protection Regulation. If you would like more information about how your information is processed please ask your Practitioner

#### 6. TEAM AROUND THE FAMILY (who is currently supporting the family)

Name / Role / Organisation	Contact Details	Family Member working with	Consent to share Info with this person		Contributed to EHA	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 7. FAMILY INFORMATION

### Development of baby/child/young person

Consider early years development/education/sent/mental and physical health/ risk of abuse and exploitation/substance misuse/involvement in crime or anti-social behaviour

What is currently working well?	What are we worried about?	How would you like this area of your life to look?	What needs to happen to get you there?

### Parenting capacity

Consider providing good early years development and education/ensuring safety/neglect/mental and physical health/substance misuse/ involvement in crime or anti-social behaviour

What is currently working well?	What are we worried about?	How would you like this area of your life to look?	What needs to happen to get you there?

### Family and environmental factors

Consider family relationships including domestic abuse/housing/financial stability

What is currently working well?	What are we worried about?	How would you like this area of your life to look?	What needs to happen to get you there?

## 8. ANALYSIS

Worry Statement:

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Well-being Statement:

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Wellbeing scale: 1-10

1 Extremely Worried	2	3	4	5	6	7	8	9	10 No worries
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9. FAMILY PLAN			
Family Goal	How will this happen	Who will do this	When will we do this
<i>Family goals listed here should align with the Supporting Families Outcome Framework e.g. Getting a good education</i>	<i>Individual actions agreed with the family in response to the family goal. A single-family goal may be broken down into a number of smaller, specific action points.</i>	<i>Who is responsible for this action? (this can include family members)</i>	<i>Please provide a specific date. Avoid using ASAP. If 'ongoing' please state when the action will be reviewed</i>

10. PARENT / CARER VIEWS	
Do you know who your Lead Practitioner is and their role?	Yes / No
Do you feel that you have a good relationship with your Lead Practitioner and can go to them for support and guidance?	Yes / No
Have you and your family been able to share your views throughout this assessment?	Yes / No
Do you agree with the family plan and think it will improve things for your child/ren and family?	Yes / No
Use this space for the family to record their views on the situation and the support they feel they need	

11. CHILD / YOUNG PERSON VIEWS
Use this space for the child / young person to record their views on the situation and the support they feel they need

*Signing below confirms consent for the information in this plan to be stored and shared with those working alongside the family.*

12. CONSENT			
Parent signature		Date:	Click to enter a date
Parent Signature		Date:	Click to enter a date
Child/young person		Date:	Click to enter a date
Child/young person		Date:	Click to enter a date



This information is issued by: **Merton Safeguarding Children Partnership**

Contact:

[mertonlscb@merton.gov.uk](mailto:mertonlscb@merton.gov.uk)

[www.mertonscp.org.uk](http://www.mertonscp.org.uk)

**020 8545 4866**

London Borough of Merton,  
Civic Centre, London Road, Morden, SM4 5DX

**Merton Council @Merton\_Council** 

The information contained in this document can be translated, and/or made available in alternative formats, on request.