



A Guide to Early Help Processes

A handbook for all staff working with children and young people

Wandsworth Safeguarding Children's Board

Wandsworth Children and Young People's Partnership Board

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Glossary

1.1 Demystifying Language

To ensure partner agencies and families work effectively together they need to use language that everyone understands. What tends to happen is that services develop their own shorthand language for activities that they do a lot. A key support to staff working in partnership with other services is to have a shared use of language. The terms below are used in relation to integrated working. There is a brief description about what each term means. Later in the handbook there are more detailed explanations about how the tools or processes below can be used by practitioners.

1.2 Terms used when working in an integrated way with families

Continuum of Need

Indicators of need across four levels to inform discussion and planning between services and agencies about the level of support needed. The London Continuum of Need provides an agreed approach which is set out in the Young London Matters Common Assessment Framework Protocol which has been adopted by the Wandsworth Children and Young People's Partnership.

Universal Services (Level 1)

Universal services are those that are available to all children, young people and their families who live or attend school in Wandsworth.

Targeted and Preventative Services (Level 2/3)

Targeted and Preventative services are those that provide additional support needed by children or young people at Level 2 and would be accessed as a result of a SoWB Early Help Assessment.

Specialist Services (Level 3/4)

Specialised and/or statutory support needed by children who have high or complex unmet needs, usually requiring long term intervention such as special educational needs (SEN) services, Child and Adolescent Mental Health Services (CAMHS), specialist health service, youth offending services or Children's Specialist Services (CSS).

Safeguarding Children

All practitioners have a responsibility to safeguard children from harm and act as soon as they identify a child at risk. The risk could be not meeting the development milestones, health issues going unchecked or risk of significant harm, physically and/or emotionally or due to neglect.

MASH

The Multi Agency Safeguarding Hub is the front door to children's specialist service. If you are concerned a child is at risk from harm you will contact the MASH.

Signposting Plus Service (SPPS)

The Signposting Plus Service offers advice and identifies support for children and families who do not meet the threshold for social work intervention or where professionals feel interventions should happen at an earlier stage. This enables practitioners to make the right choices when working with families.

Early Help

It is important that children receive the right help at the right time and the sooner needs are identified and action taken, the greater the chance that positive change will take place. The expectation is that all practitioners who come into contact with children will respond when they see a child is not making the progress expected and ensure they support a family to access the services that can improve outcomes. This is known as Early Help.

Early Help Hub

The Early Help Hub is an online directory within the FIS website where practitioners can access information about services, policy, process and pathways, 24 hours a day 7 days a week. The Hub aims to support practitioners who are working with families in Wandsworth.

Integrated Working in Wandsworth

In Wandsworth integrated working happens when a child or young person has been identified as being vulnerable and needs support from more than one service.

Integrated Delivery of Services

The integrated delivery of services is when services come together as a Team Around the Child (TAC) and deliver an agreed action plan. The services meet regularly with a family to review outcomes and the action plan.

Multi Agency Planning (MAP)

Staff meet regularly, for example in youth teams, schools, early years settings, or localities to track progress of the TAC, address professional differences, plan services and identify gaps in provision.

Co-located Services

Co-location brings together staff from different professional disciplines, and possibly different agencies, who work as a team e.g. Youth Offending Team, Early Years Multi Agency Teams, and Family Recovery Project.

Information Sharing

Services are expected to share appropriate information with other professionals, with a family's consent. Information shared should be proportionate, relevant, accurate, timely and secure, to ensure best outcomes for a child or family. The Practical: Guide to Information Sharing is a help booklet: ['Practical Guide: Information Sharing'](#)

Supervision of Safeguarding Practice (SSP)

Professional supervision or safeguarding supervision, is the supervision of cases where there are safeguarding concerns or concerns about a child failing to reach expected outcomes. A practitioner's employer would be responsible for providing appropriate space and support for reflection on their practice.

Signs of Safety and Well Being (SoSWB)

The Signs of Safety and Well Being is a solution focused approach used by services that are working together to improve outcomes and safety for a child and their family. Practitioners and parents look at the strengths within families, where there are concerns, and identify goals and actions to improve outcomes. The process encourages collaborative working and transparency around each practitioner's decision making.

Early Help Assessment (EHA)

The Early Help Assessment has been developed from the Signs of Safety and Well Being methodology. The practitioners work with a parent(s) or young person to gather information and build a picture of what is currently happening, including where there are strengths and what the concerns are. This assessment helps the practitioners to analyse current needs, develop an action plan and set goals that can be used at TAC meetings to review if progress is being made. The assessment is shared with other services and is used as a tool for referral into other services when required.

Team Around the Child (TAC)

The Team Around the Child is a group of practitioners and parents who meet together to plan, implement and review a plan of action that will support and improve outcomes for a child.

Team Around the Family (TAF)

The Team Around the Family, like the TAC, is a group of practitioners and parents working together to improve outcomes for a whole family or a number of members of a family.

Voice of the Child

The voice of the child means you are enabling the child or young person to contribute to the discussion and plans that are being developed for them, whether

they are present at a meeting or you seek their views and bring them to share with others at a meeting.

Lead Professional (LP)

The Lead Professional is the person responsible for co-ordinating a SoSWB action plan and who acts as a single point of contact for children and young people, their families and other members of the TAC on issues related to the plan.

Worries, Concerns and Strengths

This is the language used in the Signs of Safety and Well Being process to help practitioners and parents identify what is currently happening for a family. The language is simple, easy to understand by everyone and supports a solution focused approach.

Scaling

During a TAC meeting all those present are required to give a number on a scale of 0-10 which reflects their current judgement about the situation. Practitioners and parents will be asked to explain what they need to see happen to feel outcomes are improving. (0 = very concerned and 10 = no concerns; close the case). The value of scaling is that it makes the professionals and parents examine their level of worry and the reasons for it, and when these are shared with the group it helps identify what needs to happen to move things forward.

Worry/Danger Statements

Danger statements and safety goals are the start and finish to the assessment practice. Danger statements encapsulate what has happened that brings this child to the attention of a practitioner and what worries them if nothing changes for the child. The aim is to write this in language that the parents and the children will understand even though they may not agree. It is important to avoid using professional jargon. The practitioners will ask themselves the following questions to help them form the statement.

Structure:

1. Who is worried?
2. What are they worried about?
3. Why are they worried?

Wellbeing/Safety Goals/Outcomes

A safety goal is the definition of what needs to be seen to be satisfied that the child is safe and that the worries have been dealt with. It can include a description of behaviour within the family that demonstrates that this is happening. A useful way of thinking about this is: "What would sufficient safety to close/step down the case look like?"

Single Plan of Action

The single plan of action is the term that refers to an action plan developed by all services engaged with a TAC and brings together the key actions for each service, for the parents and, where appropriate, the child or young person.

Single Point Referral Service (SPRS)

The Single Point Referral Service aims to be the single point of contact for all GPs and other professionals in Wandsworth who are referring children with a developmental need to various teams at St. George's Healthcare NHS Trust, including Community Services and the Multi Agency Complex Needs Pathway (formerly known as the Single Pathway).

Wellbeing/Safety Plans

A wellbeing/safety plan is developed by the TAC and family and should provide a practice and structured approach, that clearly sets out how a child will reach outcomes/goals and who will be doing what to support the child and how the plan will be monitored and reviewed. The plan is not a list of services but rather actions that will support a child to keep safe and improve outcomes.

Child at Risk of Significant Harm

A child at risk of significant harm is the wording used to describe an unborn baby, child or young person who is felt by a practitioner to be at risk of physical abuse, emotional abuse or neglect. An immediate referral to Children's Specialist Services, Referral and Assessment Service (CSSRAS) must be made.

Early Help Desk

The Early Help Desk is part of the Family Information Service and provides phone support for practitioners using the Early Help IT system (EHITS). Practitioners based in other boroughs but working with a child in Wandsworth would send a completed Common Assessment Framework (CAF) to the Help Desk.

Step Up/Step Down from Specialist Services

Step Up or Step Down is the term used to describe when a child or young person's needs are assessed as moving from targeted Level 2/3 services to specialist Level 3/4 or vice versa.

Practice Leads

The SoSWB approach uses lead practitioners known as a Practice Lead (PL) who are able to mentor and support staff on the practical application of the SoSWB approach.

Early Help IT System (EHITS)

The Early Help IT system is where the information from the EHA and TAC meetings is recorded. The system is web based and practitioners working in Wandsworth can be set up to use it. Information about a child can be accessed by all members of a TAC/TAF.

Common Assessment Framework (CAF)

The Common Assessment Framework was a national approach it provided a holistic baseline assessment that was completed by a service when they identified a child may need additional targeted support. This assessment was also used as a referral form for services needed to engage with a family as part of the CAF plan. In Wandsworth we have developed our own EHA based on the Signs of Safety solution focused approach.

1.3 Acronyms used in this handbook

ASD	Autistic Spectrum Disorder
AMBIT	Adolescent Metanization Based Integrative Therapy
CAMHS	Child and Adolescent Mental Health Services
CSS	Children's Specialist Services
DfE	Department for Education
EYMAP	Early Years Multi Agency Planning
LP	Lead Professional
SSP	Supervision of Safeguarding Practice
MAP	Multi Agency Planning
MASH	Multi-agency Safeguarding Hub
NHS	National Health Service
QA	Quality Assurance
RAS	Referral and Assessment Service
SEN	Special Educational Needs
SENCO	Special Educational Needs Coordinator
TAC/TAF	Team Around the Child/Family
TAMHS	Targeted Mental Health in Schools
FIS	Family Information Services
SPPS	Signposting Plus Service
LA	Local Authority
SoS	Signs of Safety
SoSWB	Signs of Safety and Well Being
EHA	Early Help Assessment
EHITS	Electronic Early Help IT System
YOT	Youth Offending Team
FRP	Family Recovery Project
CAF	Common Assessment Framework

2 Introduction

2.1 Why should we have this handbook?

Our aim for all children and young people is that their outcomes improve and that they are safe. Integrated working is needed to achieve this aim. Where children and young people experience difficulties at home, school or through inequality our challenge is to get the right help to them as early and as effectively as possible to stop problems escalating.

Safeguarding and improving children's outcomes are everyone's responsibility. Professionals and parents need to identify and intervene early if a child experiences difficulties that may result in them not reaching their full potential. Research has shown that between 20-30% of children will at some stage require additional support, and that when this is planned and delivered in an integrated way across all services it will lead to:

- Improved outcomes for the child, young person and family
- Improved standards through increased accountability and integration
- Better safeguarding through early identification and promoting of welfare.

2.2 Who is the handbook for?

This handbook is written for frontline operational managers, but the processes and policies will be of use to all staff working with and supporting children, young people and their families. The guidance explains the framework, practice tools and processes that are used to support integrated working from early help through to and including the processes for Step Up and Step Down to and from specialist services.

The guidance is practical and sets out how the tools and processes work; the workforce is diverse and has a wide and varying knowledge base. For some practitioners the focus is on child development or the health of a child others focus on the adult. Some practitioners may work with children under five others with young adults, some as part of statutory organisations and some as part of a voluntary organisation. This means that what people need from the guidance will vary. The guidance is set out in a way that will enable practitioners to dip in and out and go directly to relevant sections.

2.3 How to use the handbook

This handbook contains the protocols, processes and guiding principles that the Wandsworth Children Services and partners and the Wandsworth Safeguarding Children's Board have developed for use across all services to meet the requirements of the Children Act 2004. Each service will need to review its current policies and practices to ensure they are in line with these integrated processes and that they are addressing the training and supervision needs of staff who will be using the Signs of Safety and Well Being (SoSWB) methodology to complete EHA assessments, be part of a Team Around the Child (TAC) and may take on the role of the Lead Professional (LP). Managers will also need to provide supervision for staff to review cases where they are the LP or attending a TAC.

The protocols and processes in this handbook reinforce the child protection procedures that all staff must continue to follow when they identify a child who is at risk of significant harm.

This handbook is available online on the [Family Information Service Website](#) and the [Wandsworth Safeguarding Children's Board Website](#).

3 Framework

This section provides information on the reasons for needing a framework that supports practitioners working in an integrated way, and sets out the detail of the framework that has been adopted in Wandsworth.

3.1 Why do we need a framework for integrated working?

The need for early intervention has been highlighted in a number of recent significant Government reviews, including the reviews by Michael Marmot, Frank Field, Graham Allen, Dame Claire Tickell and Professor Eileen Munro's review of child protection. A common thread between them all, which the current Government appears to be fully endorsing and committing to, is the importance of "early help" and the need for services to work effectively together to achieve this as a way of reducing the chances of more serious problems becoming established at a later stage. Good early intervention and prevention is dependent on frontline staff picking up and responding in a planned and integrated way with any other services working with a family. This is challenging and all frontline staff will need to clearly understand what is expected of them and what they need to do to enable swift and appropriate services that will meet needs and improve outcomes.

The Children Act 2004 provides the legislative framework to support better integrated planning, in particular the Act places a duty on the local authority (LA) to make arrangements through which key agencies co-operate to improve the wellbeing of children and young people by agencies working together, to share information, to identify difficulties and to agree a common plan as early as possible.

In March 2015 the updated Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, Identified early help as the starting point for safeguarding children:

<p><i>Working Together to Safeguard Children</i></p> <p><i>Chapter 1: Assessing need and providing help</i></p> <p><i>Early Help</i></p> <ol style="list-style-type: none">1. <i>Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.</i>2. <i>Effective early help relies upon local agencies working together to:</i><ol style="list-style-type: none">a. <i>Identify children and families who would benefit from early help;</i>b. <i>Undertake an assessment of the need for early help; and</i>c. <i>Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.</i> <p><i>Section 10</i></p> <p><i>Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote</i></p>

cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.

The new Ofsted framework for the inspection of services for children in need of help and protection, children looked after and care leavers, will, during an inspection look to see what children, young people and families are offered when early help needs are first identified. They will look to see how the children's circumstances have improved as a result, and if the need for targeted services has reduced or been avoided. Inspectors will want to see that the interface between early help and statutory child protection work is clearly and effectively differentiated.

3.2 How have we agreed to do this in Wandsworth?

In 2012 Children's Specialist Services (CSS) made the decision to develop the Signs of Safety (SoS) approach (a solution focused approach to working with families where there is risk of significant harm), developed and implemented by Andrew Turnell in Western Australia www.signsofsafety.net. Signs of Well Being had been developed in Gateshead as the early support part of this process.

At the same time the WSCB decided to adopt the SoS as the approach for working with all vulnerable children across the Continuum of Need, this includes the well being of children below the level of CSS and the SoS in Wandsworth became known as the Signs of Safety and Wellbeing (SoSWB).

Whichever point on the Continuum of Need this process is applied the TAC meeting focuses on the strengths and what works well for a family, and where there are concerns or complicating factors that are having an impact on outcomes for the child/children. The approach uses a scale of risk to help challenge, identify and agree next steps for a single plan of action shared and owned by the TAC which will include the family. Therefore it made sense to adopt this approach across the children's workforce.

The roll-out of the Signs of Well Being across the children's workforce is a huge task, the WSCB has set up a SoSWB Steering Group and they have developed a five year implementation plan. The steering group identify the best way to continue to support and monitor and review the progress which included independent research into how the approach is working at the specialist level. At the early help level the Early Help IT system has been revamped so that it supports the recording of EHA and TAC meetings using the domains of the SoSWB approach.

3.3 Signs of Safety and Well Being (SoSWB)

The Signs of Safety and Well Being is a questioning approach that is designed to help staff think their way into and through a safeguarding concern, be that at the early help level or as part of a child protection plan. The framework can be used for practitioners who are planning to work with a family, for completing an assessment and for holding a TAC meeting. Using the diagram below, the practitioners can work collaboratively with the parent and/or young person, to visually record their assessment and create a plan that can be developed and reviewed, both with other practitioners and the family.

At its simplest this framework can be understood as containing four areas of inquiry:

1. What are we worried about? (past harm, future danger and complicating factors)
2. What's working well? (Existing strengths and safety)
3. What needs to happen? (Future safety and next steps)
4. Where are we on a scale of 0 to 10? 0 means we are so worried about the child that we do not think they can be safely cared for at home and 10 means there is enough safety/care for the child to achieve outcomes or for the case to be closed.

The diagram below shows the 4 domains used in the SoSWB approach to assessment and TAC meetings.

What Are We Worried About?	What's Going Well?	What Needs to Happen?
<p>Past harm:</p> <p>Danger statement:</p> <p>Complicating factors</p>	<p>Strengths:</p> <p>Safety: (strengths demonstrated over time)</p>	<p>Safety goal:</p> <p>Next steps:</p>
<p>Safety Scale: Rate the situation on a scale of 0 – 10, where 0 means things are so bad the family can no longer care for the children and 10 means that everything that needs to happen for the children to be safe in the family is happening (scale can be adapted to context of family's specific situation)</p>		

Adapted from Turnell A. & Edwards S. (1999) Signs of Safety: A solution and safety oriented approach to child protection case work. WW Norton, New York.

The framework provides a common approach and a common language for all practitioners and families. The framework is solution focused and supports practitioners and parents having difficult conversations as the language and approach ensure that you are clear about what your concerns are, that you are able to identify when things have worked well and how this could be applied to support current challenges.

Use the scaling with parents and young people, to be clear about what you would need to see done differently to make you feel confident that the current situation was improving. Ensure that you have a goal for what the future care of the child needs to look like and a plan that is developed to support changes to what is happening now and that parents and young people have been part of developing the plan that can be shared and signed up to by everyone in the TAC.

3.4 Continuum of Need – thresholds

In 2010 Wandsworth Safeguarding Children Board and the Children and Young People's Board adopted the London Continuum of Need. This sets out four levels of need for children and young people. It provides shared terminology and language for use by all professionals working with children and young people to describe their needs, whilst accepting that every child is unique and will not necessarily fit easily into one of the levels of need. The Continuum of Need provides indicators of need to inform discussion and planning between services and agencies about the kind of support required.

The Continuum of Need is a guide to thresholds for four levels of service. The services that work at the different levels are explained in detail below. The threshold for more targeted and preventative support is reached when a professional working with a child identifies needs that cannot be met by the universal services, or a family requires more support to access those services. If the TAC has a plan that is working well and improving outcomes a child and family may step down a level on the Continuum of Need.

If the needs are more complex or there are safeguarding concerns, the child may need to move up to Level 3 and at this stage the TAC may need to consider if a child needs a referral to a specialist service such as CSS or CAMHS. The TAC would need to consider what role they feel the specialist service could offer that is not currently being offered by the TAC, or if the family is engaging with the plan. The threshold is not a clear line and will depend on a number of key issues but the TAC needs to present information and evidence that make clear their need to have a service from an agency working at the specialist level. It may help to invite the specialist service to attend a TAC meeting so that they can be part of the discussion and review of the current plan.

London Continuum of Need Local Descriptors

Level 1: No identified needs

Description: Children and young people at this level are those who have no additional needs and those whose developmental needs can be met by universal services. As such, at this stage there is no need for assessment or targeted support. However some universal services may use an early help assessment or their own assessment to determine what the service is able to deliver in the way of support.

What should be done: If there are concerns that the child or young person is failing to meet expected outcomes then a practitioner should talk to the parent or young person and together decide if an early help assessment or a Team Around the Child (TAC) is needed; this will be carried out using the SoSWB model.

Universal services providing support at this level:

Schools; children's centres; day nurseries; childminders; health visiting service; school nursing; GPs; play services; youth support services; police; housing; and voluntary and community sector organisations.

Level 2: Low risk to vulnerable

Description: Children and young people at this level are those who are vulnerable and may have:

- Low level additional needs that are likely to be short term that may be known but are not being met
- Unclear or unknown needs that are not being met
- Additional needs that require multi-agency intervention.

What should be done: These children and young people meet the threshold for beginning an early help assessment to identify what additional support is necessary. An assessment will be carried out and a Team Around the Child (TAC) set up, with a named Lead Professional. A single plan shared by all services engaged with the child or young person's additional needs will be developed using the SoSWB model.

Services providing support at this level:

Schools; health services; children's centres; day nurseries; childminders; play services; youth support; family support services; educational psychology; educational welfare; voluntary and community services; youth crime prevention services; targeted drug and alcohol services; Group Work and Parenting Service;

Family Information Service and Signposting Plus Service

Level 3: High risk and/or complex needs

Description: Children and young people at this level have complex needs that are likely to require longer term intervention. They will require a named Lead Professional and a TAC. Some children at this level will reach the threshold for Children's Specialist Services (Section 17 of the Children Act 1989 Children in Need), or other specialist services for children or young people in danger of moving to a higher level of risk if they do not receive specialist support.

What should be done: For children and young people at this level requiring a specialist service, a SoSWB early help assessment and a TAC and plan can be used to refer to specialist services, who will want to engage and build on this work.

Targeted and specialist services providing support at this level:

Social care services; SEN services; specialist disability services; youth inclusion and support panels; youth offending team; drug and alcohol services; mental health services; family support services; voluntary and community sector services.

These services will be in addition to any universal or preventative services accessed by the child or young person.

Level 4: Complex or acute needs

Description: Children and young people who are at this level on the Continuum of Need will have complex additional unmet needs or complex learning and/or medical needs. This is also the threshold for Child Protection procedures for children or young people who are experiencing significant harm.

What should be done: Children and young people at this level will require a statutory intervention from one or more specialist services (including Section 47 Children Act 1989 – reasonable cause to suspect children suffering or likely to suffer significant harm, Section 31 – Care Orders, Section 20 – duty to accommodate a child). This may include child protection or legal intervention and some children and young people may need to be accommodated by the local authority. For all specialist services if a SoSWB early help assessment has previously been done and a TAC and plan is in place, specialist services will want to engage and build on this work.

If child protection procedures are followed, the child protection conference will be carried out using SoSWB methodology and based around broad headings of:

- What are we worried about?
- What is going well?
- What happens next?

Services providing support at this level:

Social care services; specialist health or disability services; youth offending team; mental health services; family support services; voluntary and community sector services; drug and alcohol services; and any other universal or targeted services as necessary.

3.5 Tools Processes and Support

This section explains the **tools**, **processes** and **support** that are in place for all staff to support integrated working across services working with children and families.

Tools

3.6 Integrated Working

Integrated or multi-agency working has shown to be an effective way of supporting children and young people with additional needs, and securing improvements in outcomes for the child.

Integrated Working requires:

- A shared understanding of the need to work together, and the benefits of this for improved outcomes for children and families.
- A shared framework for how we assess plan and review progress.
- A shared process for managing professional differences.
- A shared understanding and commitment to information sharing across services that will support improved outcomes for a child or their family.
- The sharing of knowledge and skills to better identify the needs of a child and/or their family.
- A shared understanding of the need to review and develop services that compliment each other.
- Working together to evaluate and improve services in Wandsworth.

Integrated working in Wandsworth takes place in a number of different ways:

Integrated Services – brings together staff from different professional disciplines, and possibly different agencies, who work as a team. They could be managed and also possibly employed by a single service or they may be led by one service whilst being employed or receiving professional management elsewhere. Such teams strengthen and develop effective working practices across services and will be supported through the Wandsworth Safeguarding Children Board multi-agency training programme.

Multi Agency Planning (MAP) – senior staff meet regularly, for example in youth teams, schools or localities to plan services and identify gaps in provision. Such panels will support frontline Team Around the Child (TAC) members to implement action plans where casework is complex or issues are unresolved. They will have a performance management role and will quality assure a number of cases going through the Early Help process and review action plans to evaluate the outcomes they achieve. Issues emerging from these meetings will inform the planning, commissioning and reviewing processes in clusters and localities.

Integrated Delivery of Services – Integrated delivery of services from frontline practitioners happens through the TAC, services working with families will come with the family to share information, and plan and review progress toward achieving outcomes.

3.6.3 Information Sharing

The Children and Young People's Partnership expects services to share information with other professionals where that information is necessary to provide the support a child or young person needs, and should be done after consent from the family or young person has been given. This is essential to enable early intervention and preventative work in order to safeguard children and young people, promote their welfare and the welfare of others they may come into contact with.

However, it is also important that children and families remain confident that their personal information is kept safe and secure. They should also trust practitioners to maintain the privacy rights of individuals whilst sharing information that is necessary to deliver better services.

Practitioners should use their professional judgement to decide whether to share or not, and what information it is appropriate to share. ['Practical Guide: Information Sharing'](#) has been developed to support frontline staff to make a decision about when and how much information to share.

The guidance looks at how you implement the Seven Golden Rules for information sharing that were developed in the 'Information Sharing: guidance for practitioners and managers.' The CYPPEB and WSCB agreed to use the protocols for information sharing across agencies.

The Seven Golden Rules for information sharing:

1. Remember the Data Protection Act is not a barrier to sharing information.
2. Be open and honest with the person from the outset why, what, how and with whom information will be shared.
3. Seek advice if you are in doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate.
5. Consider safety and well-being: of the person and others who may be affected by their actions.
6. **Ensure the information shared is necessary, proportionate, relevant, accurate, timely and secure.**
7. Keep a record of your decision and the reasons for it – whether it is to share information or not.

3.6.4 Lead Professional

The SOWB process will require a member of the TAC to take on the role of Lead Professional (LP). Any professional who is part of the TAC can take the LP role. It needs to be someone who has a positive relationship with the family/young person and may be the service most involved with the family, but not necessarily. Children and young people sometimes need support from more than one service or team and this can get confusing for the child or young person and their family. Also if the support is not co-ordinated it is likely to be less effective. The lead professional's role is to coordinate the support and to avoid any confusion, or duplication.

This role is not new. Clear co-ordination has always helped professionals work well together. The LP co-ordinates the support offered to the child or young person and their family, and is not responsible for the content or quality of the work of other practitioners.

- The LP is the key point of contact for the child or young person, their family and the other professionals working with them.
- The LP makes sure a plan is in place so that everyone understands who is doing what and when.
- The LP makes sure everyone gets together to review and update the support offered.
- The LP keeps an eye on the plan to make sure it does not get "stuck".
- The LP is the key contact for sharing information across the team.
- The LP helps any new services working with the child or young person and their family to understand the needs and other forms of support which are already in place.

The Wandsworth Safeguarding Children Board and Children and Young People's Board expect that all TAC action plans for children or young people and their family that involve more than one service will have a Lead Professional.

The LP needs to have regular supervision from their line manager or appropriate member of staff, to ensure they are supported in moving forward action plans for a child and family. If professional differences are identified they should be dealt with using the 'Managing Professional Differences' guidance.

There are a number of additional issues to consider:

1. The role of the LP should be regularly reviewed with the members of the TAC, to ensure that the most appropriate professional is taking on the role.
2. All members of the TAC need to support the LP and respond swiftly to requests for information, keeping them up to date with any changes to the child's plan.
3. The LP and the TAC should consider who would be the best person to Chair the TAC/TAF meetings. The LP has an important advocacy role for the young person. It maybe better, therefore, if the chair of the meeting is another member of the TAC.

4. If the family meets the threshold for Children's Specialist Services then the appointed Social Worker will take the LP role and all other members of the TAC will continue to work with the social worker to develop and deliver the action plan.

3.6.5 Early Help Assessment (EHA)

Lord Laming has described what he sees as the key elements of a good assessment process (The Protection of Children in England: A Progress Report – 2009):

“Fundamental to establishing the extent of a child’s need is a child centred, sensitive and comprehensive assessment. Assessment should involve gathering a full understanding of what is happening to a child in the context of their family circumstances and the wider community, using a differing variety of sources of information. It must, therefore, be a joint or parallel assessment with all professionals concerned for the child’s safety and welfare. Time needs to be spent making sense of this information involving the family where appropriate. Assessment processes should build up an increasingly clearer understanding of a child’s situation over time, building up a picture of continuous neglect or cumulative concerns about abuse where this exists. This should minimise the risk of repeated initial assessments not taking account of what has gone before”. (p28)

The EHA is the multi-disciplinary tool that makes Lord Laming’s description of an effective assessment process a reality for children and families. An assessment, if done well, reduces the need for separate assessments and plans of action. It supports integrated working across agencies, by reducing individual workloads whilst increasing professionals’ knowledge and understanding of a child and their family.

Wandsworth has developed principles and standards for achieving a good quality assessment. These can be accessed by following this link [EHA Assessment](#).

First Steps

If you are concerned about the development, emotional well being or circumstances of a child or young person then you will need to ensure you are talking about these concerns with the child, young person and/or their family. **At this point you should check if an EHA or other assessment has been done and if so you should contact the LP.**(This can be done by checking on the EHITS system)

1. You should identify what your concerns are and talk to the parent and/or young person about these, be clear about how you would like to move forward and the processes available. At this point you can start the EHA form as this will structure work with families and identify:
 - their views about the strengths and worries of the situation;
 - your professional judgements of the situation the danger statement and wellbeing outcome
 - how this is having an impact on the child(ren) the wellbeing scale
 - the next steps what you and the parent young person will do to move toward the outcome desired.

You may also want to arrange a meeting with the parents and other professionals (known as a Team around the Child, or TAC meeting) and use the Signs of Well Being approach to further explore the situation.

2. You will need consent from the parent or young person to complete an assessment, arrange a TAC or talk to other practitioners.
3. If you require help or support in starting these processes please contact the Family Information Service (FIS) on: 020 8871 7899

When you have finished the assessment, the parent or young person must give signed consent to the information being shared with other services who may already be working with the family or who you are proposing will work with the family. Once consent has been given the assessment can be put on to the EHITS system so that it can be shared by all members of the TAC.

You will need to set a date with the parent or young person for a TAC review meeting, including other services working with the family, to review the action plan and evaluate progress in meeting agreed goals. The LP is responsible for recording all this information on the EHITS system.

3.6.6 Team around the child/family (TAC/TAF)

The TAC meeting was developed as a helpful and supportive way to work with other services and families to plan how services will be delivered and to review progress and impact on outcomes for children. In many cases the TAC looks at the needs of other children within a family and where this occurs (a whole family focus) it is known as a Team Around the Family (TAF). In Wandsworth both meetings are seen as having value. It is helpful to other professionals to be clear and understand when a meeting will focus solely on the child or when there is a need for a whole family approach to ensure maximum benefit for the children. However, when focussing on a whole family approach it is important that the needs of each child are considered individually and recorded separately so that the plan for each child is clear.

The Signs of Well Being approach to the TAC meeting would be to review the plan and see how progress toward the outcome goals is happening. The TAC does this by considering, the things that have gone well and where goals set have been reached, to consider where there is still concern how this will be improved. The meeting will focus on how the practitioners, parents, young people and children are feeling about progress so far. It will develop a new plan that sets out how things will move forward from here and when this will be reviewed.

The form on the page overleaf presents a framework for the meeting. The intention is that the most significant points and actions are recorded on the one sheet; this can be done on a white board or flipchart paper with one member of the TAC acting as the scribe.

Signs of Safety and Well Being format for a TAC review meeting

Family/Child Name:

Worker:

Date:

When we think about the situation facing this family:		
<p>What are we worried about?</p> <p>Current Worries:</p> <ul style="list-style-type: none"> • <i>What has happened - what have you seen that makes you worried about this child?</i> • <i>How do you feel that this is affecting the child?</i> <p>Complicating factors:</p> <p><i>Are there things happening in the life of the child or their family that make this problem harder to deal with?</i></p> <div style="text-align: center; background-color: #c8e6c9; padding: 5px; margin-top: 20px;"> STEP ONE: START HERE, BACK AND FORWARDS </div>	<p>What's working well?</p> <ul style="list-style-type: none"> • <i>What do you like about the child, what are their best attributes?</i> • <i>Who are the people that care most about the child, what are the best things about how they care for the child?</i> • <i>What would the child say are the best things about their life?</i> • <i>Who are the most important people in the child's life? How do they help them grow up well?</i> • <i>Has there been a time when this issue has been dealt with or was better? How did this happen?</i> 	<p>What needs to happen?</p> <ul style="list-style-type: none"> • <i>What will the family do next to help improve the situation for the child?</i> • <i>What will workers/agencies offer to the family or child and when will this happen?</i> <div style="text-align: center; background-color: #c8e6c9; padding: 5px; margin-top: 20px;"> STEP THREE: WORK PLAN </div>
<p>On a scale of 0 to 10, when 10 means everyone is confident in the JUDGEMENT that children are safe and developing well and the case will be closed to 0 meaning there is concern about the safety of the child, where do you rate the situation?</p>		
<div style="background-color: #c8e6c9; padding: 5px; margin: 0 auto; width: 60%;"> STEP TWO: JUDGEMENT </div> <ul style="list-style-type: none"> • <i>Having heard all the information what would you need to see to make this situation a 10?</i> • <i>What would it need to be like to make the child feel this was all sorted?</i> • <i>What do you think is the next step to help sort this out?</i> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> 0 10 </div>		

Arranging a TAC meeting – Normally the LP will organise the meeting but any practitioner working with a child, young person or family can call a TAC meeting. If the situation changes you should talk to the young person or family about why you want to arrange a TAC. To support integrated working, practitioners other than the LP should discuss why they want to rearrange the TAC with the LP.

When organising a TAC meeting – Choose a time and venue that suits those who most need to be there. It may be possible to arrange the meeting in the home or at a workplace. Where possible plan the meetings in advance and include a new date on the EHITS so that TAC members will receive a reminder.

3.6.7 SOSWB – scaling

The Signs of Safety and Well Being approach encourages transparent decision making and to support this there is a scaling process. This is used towards the end of a meeting when each practitioner, parent and young person will rate where they feel they are on the scale of Wellbeing (please see diagram below).

Well Being scale

1	2	3	4	5	6	7	8	9	10
Deeply concerned about child				Feel that situation is starting to move in the right direction			Child feeling happy and confident and parent meeting family needs		Extremely happy and confident about the future

If a practitioner feels that the family is moving in the right direction, for example the young person had agreed to get to school on time and has made a good improvement towards doing this by getting there 75% of the time, they might say 5 and they would have to be clear that to move up the scale the young person needed to arrive on time 100% of time. This ensures that the discussion remains focused on the key objective of improving the outcomes for a child, family or young person, whilst recognising improvements that have been made.

- Members of the TAC will be expected to prepare for the meeting and talk to parents or young people about any information or outcomes they would like to share or discuss during the meeting.
- This is a participative process and professionals should avoid taking their own notes during the meeting or recording their actions separately. The actions identified in the third column will be added to the EHITS system by the LP as the record of the TAC review meeting.

3.6.8 Next Steps (Wellbeing Plan)

The wellbeing plans develop as a result of the EHA or TAC meeting should show how you will be addressing the concerns that have been identified in your worry

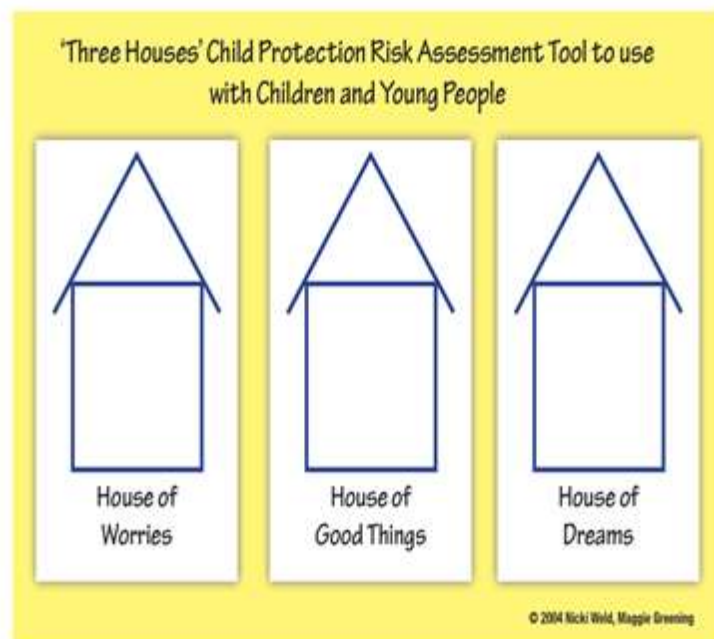
statement and breakdown into manageable steps showing how the family, child, young person and practitioners will move toward the outcomes/goal identified. It is not a list of services but rather a list of clear actions, what will be done, by whom and when this will be reviewed. The best and most effective wellbeing plans will be based on strong working relationships between the parents, other family members and practitioners, all agreeing on how they will work to improve the outcome for the child.

3.6.9 The Child's Voice

There are a number of tools that can support practitioners in ensuring that the voice of the child is part of the TAC meeting, even if they are not old enough to take part. Three Houses and the Wizard and Fairy Tool can be used with children and young people of all ages. They are based on the following questions: What are we worried about? What works well? What needs to happen? What would it look like if everything was okay?

The Three Houses

The three house tool was created by Nicki Weld and Maggie Greening in New Zealand. Taking three diagrams of houses the worker explores the three key assessment questions of the Signs of Safety framework.



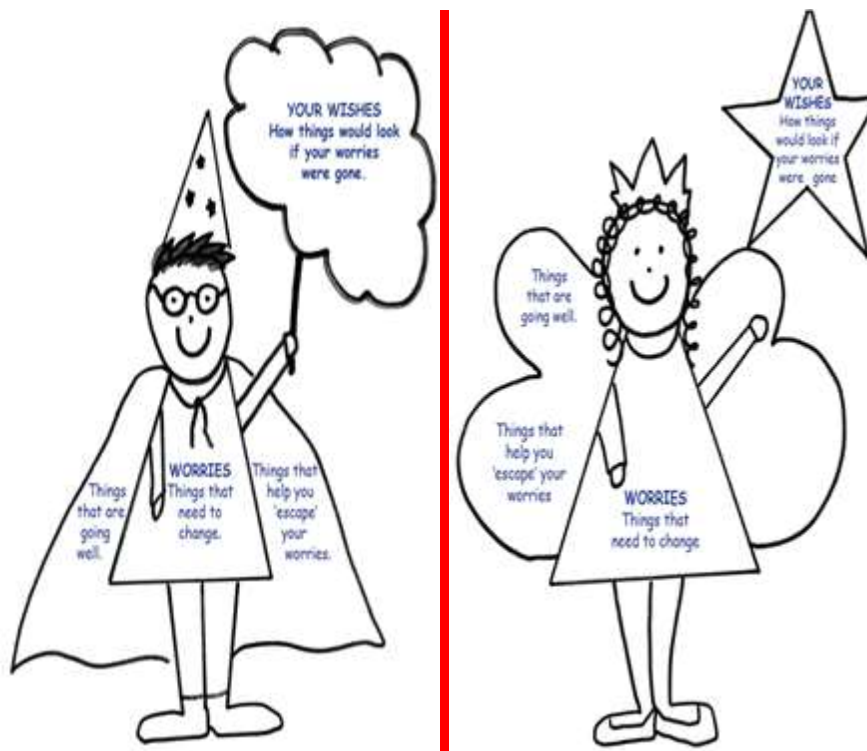
Guide to using the Three Houses

1. Wherever possible inform parents, explain the three houses process and obtain permission to interview the child.
2. Make a decision whether to work with child with/without parents present.

3. Explain the three houses to the child using one sheet of paper per house.
4. Use words and drawings as appropriate and anything else useful to engage the child in the process.
5. Often start with 'house of good things' particularly where the child is uncertain and anxious.
6. Once finished obtain child's permission to show to others – parents, wider family and professionals. Address safety issues for child in presenting to others.
7. Present the child's assessment to parents and others – usually starting with 'house of good things'.
8. Make sure the child's three houses are put on their record.

Wizard and Fairy

Vania Da Paz developed the Wizard and Fairy Tool in Western Australia. She was a practitioner determined to find ways to involve children and young people in her practice. The Wizard and Fairy serve the same purpose as the three houses but with different graphic representation. Younger, pre-school children engage more quickly with the fairy/wizard images than the three houses.



Words and Pictures explanations

The 'Words and Pictures' explanation process was created by Susie Essex to inform children and young people about serious child protection concerns. The most critical aspect of the Words and Pictures method is that the explanation is created with the parents and they must be happy with the story before the children are given the explanation. This distinguishes the Words and Pictures process from Life Story Book work. Words and Pictures explanations provide children with an honest, straightforward explanation about what is happening in their life. The explanation doesn't seek to apportion blame.

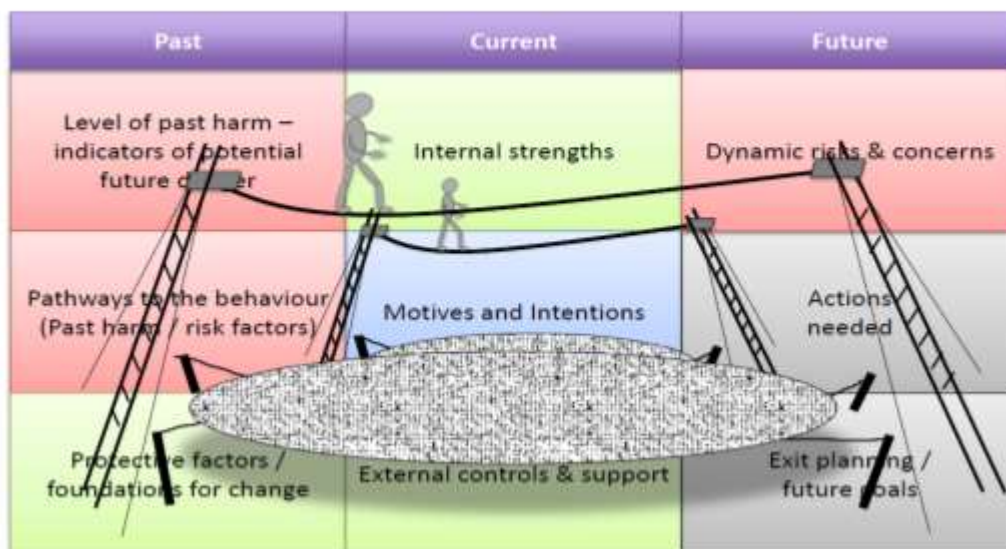
There are examples in the Signs of Safety workbook which can be accessed through the following link www.signsofsafety.net.

3.7 Tools and approaches that support practitioners working with young people

Tightrope

Tightrope is a helpful tool for engaging young people in thinking about risks, strengths and needs.

Tightrope as an assessment map



The tool provides a picture which uses the analogy of a young person being like a trapeze artist walking on a tightrope. We know that many young people have extreme emotional experiences, they want to test limits, argue and contradict rules, and they can get into all kinds of accidents and risky behaviour and struggle to think before they act. To help them navigate these times, tightrope has been developed to work with the SoSWB approach and uses a questioned focused approach to explore with a young person, what works well? What are the challenges? And what might

help them overcome challenges. The tool can be used to carry out an EHA with a young person or to review how things are going or identify the next steps for a wellbeing plan. Tightrope can then be uploaded as a case document onto EHITS so that it can be shared with other practitioners who may be contributing to the plan.

AMBIT – Adolescent Metanization Based Integrative Therapy

AMBIT is an approach that can be used to support a practitioner as (part of a TAC) who is working with a young person who has risky or complex needs/behaviour, but who would benefit from a strong link with a single practitioner, rather than many practitioners all trying to develop relationships with the young person. The practitioner is then supported by their colleagues in the TAC to meet the varying needs and demands of the young person.

The AMBIT approach sits within the SoSWB framework, a practitioner working with a young person and being supported by the TAC would still complete an EHA, they would be the LP and they would arrange TAC meets to review the wellbeing plan and identify concerns and next steps.

Training for AMBIT is being rolled out across services that work with young people. The training and development in this approach will be overseen by the SoSWB Steering Group.

For further information on AMBIT please contact Louise Jones, Principle Practice Lead ljones4@wandsworth.gov.uk

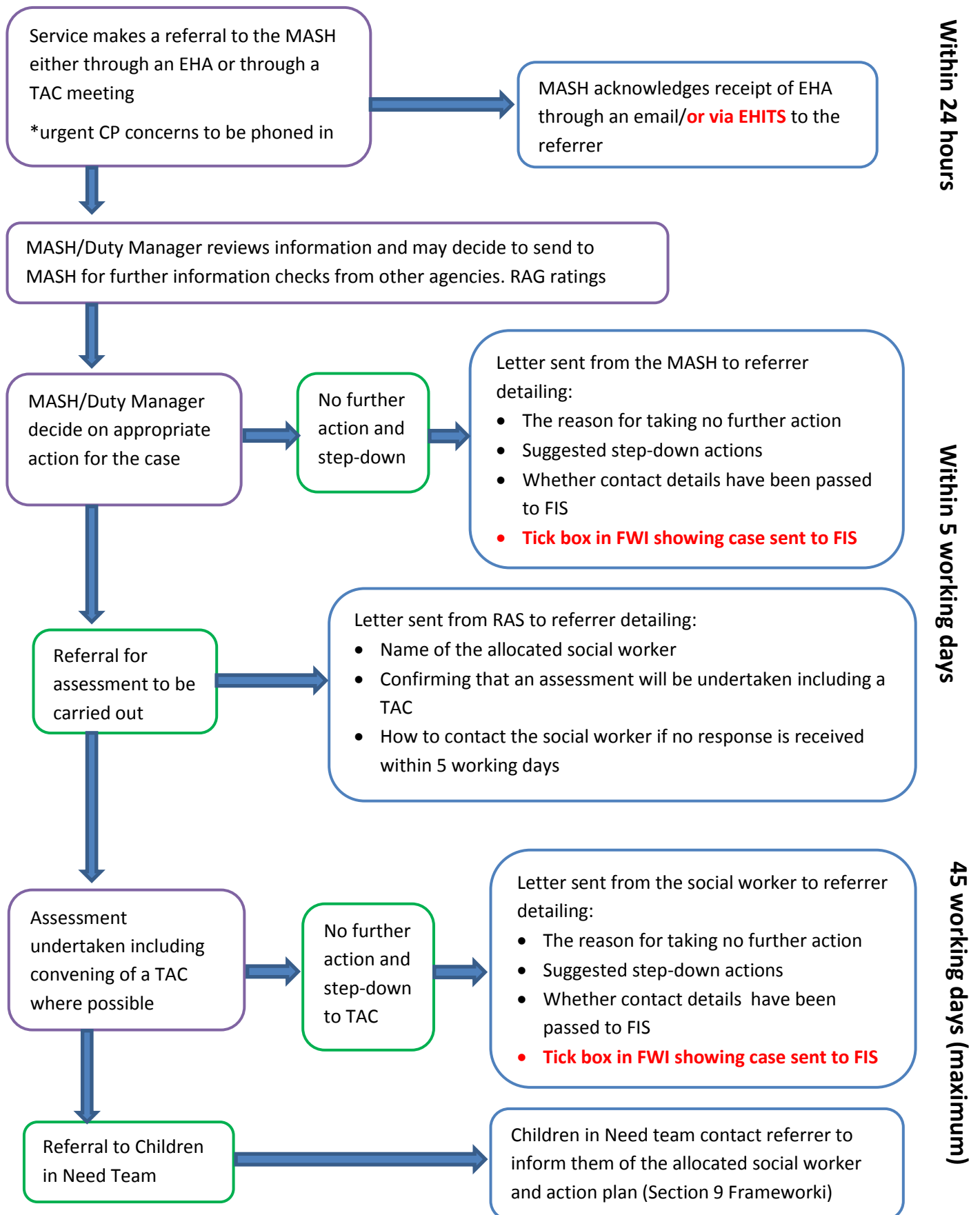
Process

3.7.1 Step Up from Targeted (Level 2) to Children’s Specialist Services (Level 3 or 4) through the MASH

The following sets out the process for referring to CSS. The front door for all CSS is the MASH, if you are concerned that a child is a risk of harm you should contact the MASH immediately on 0208 871 6622. You will be asked to follow up your referral within 24 hours with an EHA, if you already have a completed EHA and TAC review notes you should release this to the MASH by making a service referral through EHITS. If you do not have an EHA then you will need to complete one; for information and guidance on doing this please go to:

<http://fis.wandsworth.gov.uk/earlyhelphub> where the EHA and information on the what the MASH will need you to provide is available. If you are an EHITS user then submit the completed EHA via the EHITS system.

Timeline for response to a referral to Step Up to MASH

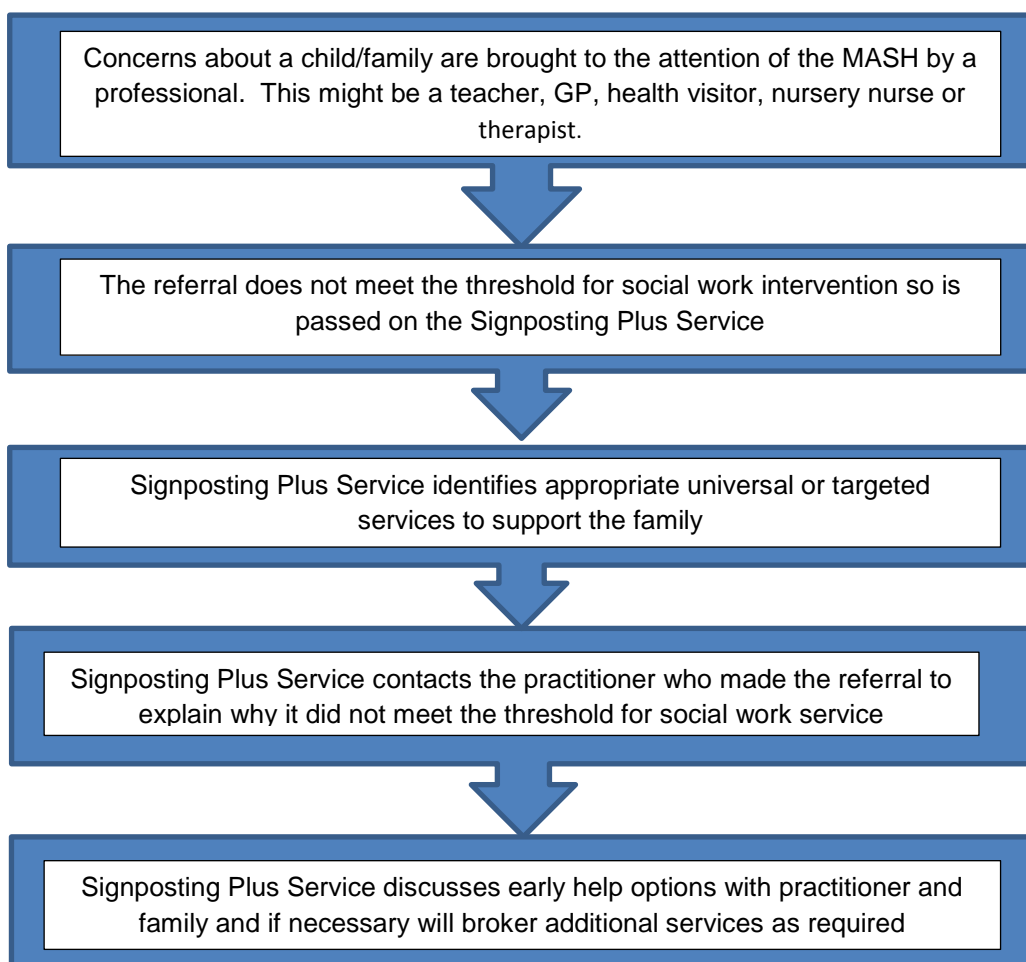


3.7.2 The MASH

When a referral comes into the MASH the team will look for information held by their individual organisations that is related to the child or young person. They will then share this information with the whole team and decide if the child or young person is at risk of harm; a decision will be made about the best action to take. If there is a risk of harm then they may feel that a social work assessment needs to be done and will refer to RAS. If the family does not require the involvement of a social worker then the case will be passed across to the Family Information Signposting Plus Service which will see if there is extra support can could be accessed.

3.7.3 Signposting Plus Service

All referrals that do not meet the threshold for a social work service will be passed to the CSS Signposting Plus Service. The service is staffed by existing Family Information Service and Initial Contact Workers. The SPPS will contact the referrer and parent to see what additional support might be helpful. The diagram below sets out the process that will be followed when MASH passes a case across to the SPPS:



3.7.4 Step Down processes from RAS

If the MASH feel there is a need for a Social Work Assessment they will pass the case across to the Referral and Assessment Service who will undertake an initial assessment. (See the diagram on page 31 for timescales for the assessment).

Process for RAS when closing an initial assessment:

1. In a complex case where lots of services are involved with the family RAS will call a TAC meeting and share information that can be used to create an EHA or update the current EHA. All members of the TAC will agree who will take over the LP role.
Or
2. In a non complex case where only a couple of services are involved with a family, but the family will require on-going support and need the LP to co-ordinate the TAC, then RAS will go back to the original referrer and ask them to work with the TAC to identify who the LP will be. RAS will provide the new LP with updated information for the EHA or to help start an EHA.

In both cases RAS will provide closure letters, clarifying the case is to be closed to RAS and provide the name and contact details for the nominated LP.

3. If RAS closes the case and there is no need for on-going TAC or LP support, RAS will provide the family with contact details for the Family Information Service (FIS) which can be contacted for advice and support on available services and how these can be accessed.

3.7.5 Step Down from Children in Need (CIN) Team to Universal, Targeted and Preventative Services

Where a child has a social worker as the LP from a Children in Need Team (CSS CIN) they will be responsible for making sure that all professionals, the child/young person and family know about further support plans that will be managed by universal, targeted and preventative services.

1. A TAC meeting should be chaired by a Principal Social Worker (PSW) or Consultant Social Worker (CSW) who is not directly involved with the child or family.
2. A TAC meeting will be arranged by the social worker to review the assessment of the child/young person's need.
3. With the child/young person/family's agreement a plan for further support will be developed and a LP in a universal, targeted or preventative service will be identified.
4. The new LP will need to record the notes from the TAC meeting and the wellbeing plan on the EHITS system, including the date for the next TAC meeting.

It is important that all members of the TAC understand why CSS CiN is no longer necessary and that continued work with the family will be with their consent. CSS CiN should be able to explain why the co-ordination of the case is moving to practitioners from the universal, targeted and preventative services. The London Continuum of Need Thresholds will provide the guidance on thresholds for appropriate transfer of responsibility to universal and targeted services.

Those acting as the LP must have access to appropriate support and supervision from their line manager.

3.7.6 Step Down from Children in Need (CIN) Team to Universal, Targeted and Preventative Services Step Up and Step Down from Family Recovery Project

Step Up

If a family you are working with meets the criteria* for the Family Recovery Project (FRP) then the following steps will need to be followed:

- a. If you have completed a SoWB Early Help Assessment (EHA) and at the TAC review meeting it is agreed, and the parents consent has been given, then a referral to FRP should be done by sending a service request alert using the EHITS system to the FRP. The FRP will require some additional information which you can provide by completing the FRP referral form.

Or

- b. Invite a member of the FRP team to attend your next TAC meeting. They will take part in the discussion and will be able to see if the family's situation meets the criteria for their service. You will need consent from the family for this to happen. You will need to complete the FRP referral form and add the FRP on the EHITS system to the TAC so they can access the SoWB EHA and TAC review and action plans.

Or

- c. If you have not worked with the family as part of a TAC then you would need to complete the FRP referral form. The FRP encourage you to discuss this with Michele Harris (Head of FRP) or Graham Ososki (FRP Deputy Manager), before completing the referral form.

Whichever route you take the FRP will have a referral meeting and will inform you of the outcome of your referral.

Step Down

When the FRP has completed its work with a family it will step down from the LP role at a Team around the Family (TAF) meeting. The FRP is responsible for making sure that all practitioners working with the child/young person and family know about the change and agree a plan lead by a LP from a universal or targeted and preventative service.

1. TAF meeting will be arranged by the FRP to review the current progress of the family and agree the step down plan for the family.
2. The FRP will provide an up to date summary and analysis of the family's current needs and will seek consent from the family for the information to be discussed at the TAF, and recorded on EHITS.
3. The TAF will develop the ongoing plan and identify who will be the new LP. They will take responsibility for putting the plan onto EHITS. A new date for a TAF/TAC meeting will be set.

It is important that all services working as part of the TAF/TAC understand why the family no longer needs to work with the FRP, and are clear about who the new LP will be and their role in the continuing plan of action.

**for more information on the criteria or the work of the FRP please contact: Michele Harris 0208 871 5268 or Graham Ososki 0208 871 5807.*

3.7.7 Pathways

After completing an EHA or as part of a TAC review you and a young person or family identify that they need support from a targeted or specialist service then you can refer to that service through EHITS direct to the service, with the parents consent you can give the service access to the EHA and TAC notes to help them determine if there is a role for their service. Below sets out the Pathway process for specific targeted, statutory or specialist services:

Education Welfare Service

If a child or young person's school attendance figure is lower than the statutory requirement, or if s/he does not have a school place, s/he may meet the criteria* for a referral to the Education Welfare Service. It has been a requirement since September 2014 that all referrals into the service should be made through EHITS.

Once parent/carers' consent has been obtained, or overridden**, an EHITS service request should be made to the EWS service co-ordinator, containing relevant information in the 'assessment' or 'Team Around the Child' sections.** If the service request meets the criteria and is accepted, an Education Welfare Officer (EWO) will be allocated to the family.

The allocated EWO may work as part of a multi-agency team, and/or make service requests to other services through EHITS. If identified as Lead Professional, the allocated EWO may chair TACs and share the minutes and other information with professionals in the network through EHITS.

The Education Welfare System will continue to work with the young person(s), as part of a multi agency team if necessary, until attendance figures increase to an acceptable level, or a school place is obtained.

**For more information about the work of EWS and referral criteria please contact the service on 020 8871 8306.*

***There is a sample EHA service request to EWS (case study #5), which includes information required in the referral, and about consent This can be found under 'Practitioners' on the Family Information Service website, or via the following link: http://search3.openobjects.com/mediamanager/wandsworth/fsd/docs/case_study_5_20141231.pdf*

School and Community Education Psychology Service (SCEPS)

SCEPS is for children, young people (0 to 25 years) who live in Wandsworth, who attend a Wandsworth maintained nursery or school or who are looked after by Wandsworth, and for their families and the practitioners who work with them. SCEPS works with partners in education, health and social care in a number of different services and settings to improve inclusion and well being for those with additional or special needs. The service offers assessment of children's needs to help inform intervention and decisions about educational approaches, support and placement. SCEPS work with children and their families and other professionals to help us understand the situation and ensure a coordinated approach to change. If a child needs to access this service please make a referral with the consent of the family or young person through EHITS after completing an EHA or as part of a TAC review.

Troubled Families (FRP)

The Troubled Families Team offers direct and practical support to families within the borough of Wandsworth. This is a multi-agency team who share information across different government departments. The team supports families in need of specialist support to overcome problems. A criteria applies to those accessing the service. If you have a family who you feel meets the criteria for the service then you can refer using an EHA or as part of a TAC review plan via EHITS.

For more detailed information on the work of the Troubled Families Team and the criteria for accessing the service please look them up on the Early Help Hub on FIS.

Single Point Referral Service (SPRS)

The Single Point Referral Service is for GPs and other practitioners who want to access an assessment and services when they have identified a child with developmental needs from 0-18. A referral to this service is the way to access various teams at St George's Healthcare NHS Trust including health's community services and the Multi-Agency Complex Needs Pathway (formerly known as the Single Pathway). Referrals to the SPRS must be done with a parent or young person (with signed consent provided before the information is shared with another service) using the Early Help Assessment Form* or if you are a GP the abridged version of this form which is uploaded to EMIS. The Early Help Assessment is part of the Signs of Safety and Well Being framework adopted across all Wandsworth

practitioners to support solution focused integrated working with families requiring additional help and support.

For more detailed information on the range of services accessed through the SPRS and the criteria for accessing the services or where to send a completed assessment form contact FIS.

Children's Specialist Services

If you feel that a child who is at risk of harm you must refer the child to the Children Specialist Services through the MASH, if you already have an EHA please do this through the EHITS service referral function, if not you will need to phone 020 8871 6622 to make the referral and you will be asked to follow this up within 24 hours with an EHA. Clearly state what you concerned about and what you want the Social Workers to do and ensure that you have consent section.

Adult Services

If you are working with a child or young person and their parent needs to access Adult Social Services you will need to make a separate referral to the appropriate adult services. For more information on what service this might be and how to access it follow the link to: [See the Adult See the Child](#).

CAMHS Pathway (ACCESS)

All referrals in relation to children who may have mental health needs come via ACCESS Child and Youth Mental Health Service, which is a single point of referral for all children and young people (up to their 18th Birthday) who are registered with a Wandsworth GP. The CAMHS pathway will be accessed through the EHITS system, and accepts referrals from teachers, GPs, social care staff and other agencies and professionals working with children, young people and their families. The ACCESS Team aims to be responsive and accessible to families, as well as those professionals, and is a multi-disciplinary team of mental health professionals. All referrals received at ACCESS are reviewed ('triaged') on a daily basis to determine the next steps. As a result of the triaging process families or practitioners may be offered either a Family Consultation, an Assessment to clarify needs or signposting to more appropriate services. Professionals are also encouraged to contact the ACCESS Team if they would like an opportunity to consult in relation to a particular concern around a child or young person's mental health.

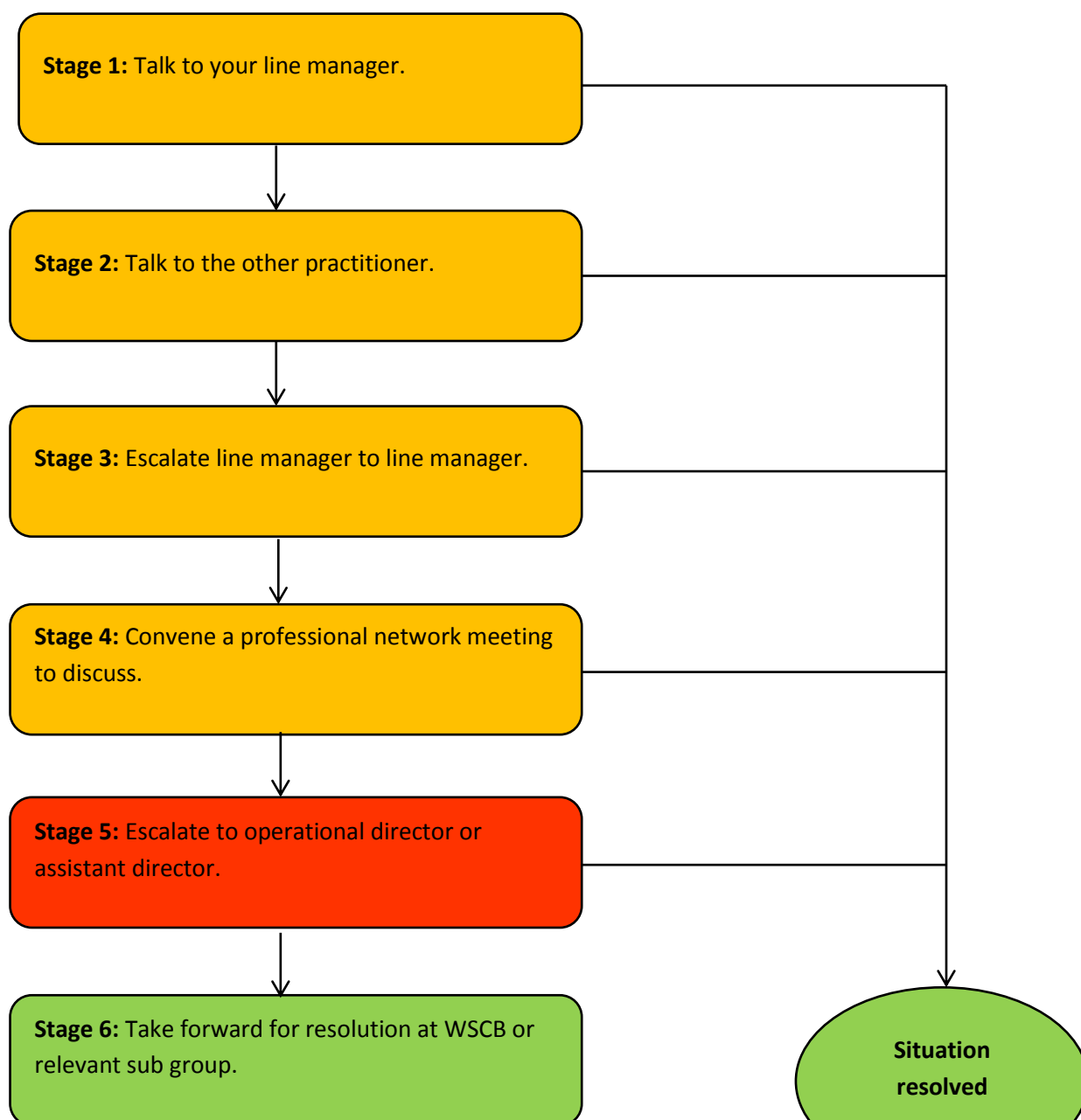
3.7.8 Process when an out of borough CAF or request for services is received

If a child living in the borough attends a service in another borough, we have a Pan London agreement that if the service identifies early help needs they would complete their own EHA/CAF assessment and send this to our Early Help Systems Support Desk, which is part of the FIS. The EHA/CAF action plan, identifying the family's needs will need to be completed. The Early Help Support Desk will forward the

EHA/CAF to the relevant Wandsworth service who will respond directly to the LP from the referring service.

3.7.9 Process for Managing Professional Differences

Professional differences in relation to individual cases are inevitable from time to time between practitioners, and between practitioners' managers who have different perspectives and expectations. The WCSB feels that differences should be dealt with quickly and where possible through face to face dialogue, either 1:1 or at a professional network meeting. The board have developed the following protocol for resolving differences that occur for a LP when working in a multi-agency context (e.g.TAC). This protocol relates to early support, and is developed in line with the WCSB '[Inter Agency Escalation Policy](#)': The resolution of professional inter-agency disagreements about safeguarding children'.



Stage One: Talk to your line manager

Talk to your line manager about what needs to be addressed, why, and how you will do this. Set a time for doing this as soon as it is practicable.

Stage Two: Talk to the other practitioner

A professional difference should be resolved as speedily and as informally as possible; in most cases between the professionals concerned, through phone or face to face dialogue.

Stage Three: Escalate line manager to line manager

Where it has not been possible to resolve the difference it is important to escalate the issue to the next level. It is important to take this course of action and to do so without fear of damaging repercussions to the nature or quality of partnership working. Open dialogue to resolve the issues will ensure that the well being of the child is achieved.

Stage Four: Convene a professional network meeting

The LP or line manager should convene a professional network meeting of relevant professionals or use existing appropriate multi-agency meetings, to help to identify resolutions and a way forward with the child/family's plan.

Stage Five: Escalate to operational director/assistant directors

If the problem is not resolved at stage four the manager reports to their respective operational manager. The manager's Operational Directors/Assistant Directors must attempt to resolve the professional difference through discussion.

Stage Six: Take forward for resolution at the WSCB

If the issues referred need further consideration they should be taken to the WSCB or a relevant sub group (Early Intervention and Prevention Overview Group), for resolution of any points of principle and for clarification of changes to guidance, to avoid future similar escalation.

The overall timescale for resolving a professional dispute, no matter how complex, should be no more than 10 working days – regardless of how far the disagreement is escalated up the management line. The disagreement should be resolved much sooner if it concerns a significant risk to a child. (See the Inter-agency Escalation Policy [Inter Agency Escalation Policy](#))

3.8 Support

3.8.1 FIS supporting early help

The FIS provides a single point of contact for practitioners working in universal and targeted and preventative services who are seeking advice, signposting or support to engage with services. Practitioners can access an online directory of service, phone FIS direct or email them for information.

They can be contacted:

- www.wandsworth.gov.uk
- by phone: 020 8871 7899
- or by email: fis@wandsworth.gov.uk

The online directory has information on services, activities and support groups available to families with children from 0-19 living in Wandsworth or in some cases attending a Wandsworth School. In addition to this they have the Early Help Hub for practitioners and the Local Offer Site for children with special needs and disabilities (0-25years).

3.8.2 The Early Help Hub

The Early Help Hub is where practitioners can access information - 24 hours a day, 7 days a week. The Hub aims to help people working with children and young people to identify services that will support them and their families. The Hub also contains information on policies and processes when working with families in Wandsworth. Services listed include those run by the local authority and health sectors as well as those run by the voluntary sector.

For more information visit – fis.wandsworth.gov.uk/earlyhelphub

3.8.3 Wandsworth Council's Local Offer

Local Offer is supported by the Family Information Service (FIS). It shows you all the local services offered by the Council, the health service and the voluntary sector to 0 to 25 years olds living in Wandsworth who have, or may have special educational needs and/or disabilities.

For more information visit – www.wandsworth.gov.uk/localoffer

Named linked staff for Early Years Locality Teams and schools

To ensure that universal services are being supported when they identify early help needs for a child and family there is a named link worker from statutory services who will be able to provide advice and guidance about a particular case.

- For schools the linked named worker from each service is part of a virtual team made up of other core named linked workers and the wider services that engage with children at the school.
- For the Early Years the linked named worker will engage with the Early Years Locality Lead in the 3 locality multi agency teams and the children’s centres linked to each of the three localities.

Early Years

There are 3 Early Years Locality Teams based at:

- 166 Roehampton Lane, Roehampton
- Yvonne Carr Children’s Centre, Battersea
- Smallwood Road Primary School, Tooting

The named linked workers for Early Years Services are:

- Social Worker from CSS RAS
- Educational Psychologist from School and Community Educational Psychology Service
- Health Visitor from Community Health
- Speech and Language therapist from Community Health
- Mental Health Worker from CAMHS

Schools

The Team Around the School (TAS) is a virtual group including representatives from a range of services that work with children and families; there will be a ‘core team’ for all schools from the four services named in the left-hand column below. The right-hand column identifies the wider services that may work with a school.

Core Team of Services	Wider Team of Services (could included)
<ol style="list-style-type: none"> 1. School and Community Educational Psychology Service 2. Education Welfare Service 3. School Nursing Service 4. Link Social Work from Locality CIN Team/TYST Team 	Family Support Service, Diversionary Activities for Kids, Contact a Family, Children Looked After Service, Family Plus Team, Fostering and Adoption Team, Children in Need Teams, SNAS, Inclusion Service, Therapy Service, CAMHS, Target Youth Support Team, Youth Offending Team, Youth

	Services, Community Police Officer, GPs, Therapy Services, Teenage Pregnancy Service, Young Carers, Group work and Parenting Service, FRP, Troubled Families, Signposting Plus Service, school or cluster commissioned services, local vol groups etc.
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For more information on accessing any of these services please contact the FIS on: 0208 871 7899.

For more information about roles and responsibilities for members of the TAS see the paper ‘Making the Team around the School Work’. For the linked social worker in primary and secondary schools there is a contract between the headteacher and/or named safeguarding lead in the school and the link social worker and their manager.

3.8.4 Multi-agency safeguarding training programme

The Integrated Working and the SoSWB model is supported by a multi-agency safeguarding training programme which offers a range of training opportunities that are available to staff and volunteers working with children and young people in Wandsworth, as well for those working with adults who are parents or caring for children and young people.

Staff can apply for training via the Wandsworth Training and Professional Development Online (TPD Online) www.wandsworthTPD.org.uk. There are various training courses which you will find useful depending on your role and responsibility. SoSWB framework and methodology are integrated throughout all multi-agency training.

The courses on offer are categorized according to the relevance to the various organisations that work with children and young people in Wandsworth. There are basic awareness courses as well as more advanced training. Each course is described in detail on TPD Online and states which staff will find the training relevant. However, all applicants should discuss and agree with their supervisor or manager the courses they wish to attend before requesting a place. Managers or supervisors, known as TPD Leads on TPD Online, will be asked to approve applications.

Below is an outline of the training offered to managers and practitioners across the children’s workforce. The programme is flexible and where analysis of training needs across the workforce indicates a need for additional events, these will be added to the programme throughout the year.

Core Training All Staff	Specialist Training	
<ul style="list-style-type: none"> • Child Protection: awareness and referral • 2 day SoSWB training, incorporating theory, practical application, solution focused questioning, information sharing, undertaking an EHA and Chairing and participating in a TAC 	<ul style="list-style-type: none"> • Developing authoritative practice in safeguarding • Domestic Violence and Safeguarding Children (Advanced) • Managing and supervising staff working with sexual exploitation • Supervision skills for safeguarding supervisors • Allegations against professionals 	Managers
	<ul style="list-style-type: none"> • FGM as a safeguarding issue • Children missing from home and care • Critical thinking and risk assessment • Neglect an analytical approach • Working with child sexual approach • Planning and decision making in CP • E-safety • Safeguarding for volunteers • Understanding adolescence • Understanding child development (0-11) • Working with challenging adolescence • Impact of DV on children • Faith based abuse • Honour based violence • The effects of parental mental ill health on children • Impact of substance misuse on parenting • Sexual exploitation, identification and intervention • Impact of parental learning disability on parenting • Workshop to raise awareness of Prevent, identifying those a risk of being drawn into terrorism • Working with hard to help families, developing authoritative practice • Serious case reviews (SCR) learning from experience events 	Practitioners

3.8.5 Practice Leads (PL)

The SoSWB approach uses lead practitioners known as a PL who are able to mentor and support staff on the practical application of the SoSWB approach.

There are designated PL across health, schools, children’s centres and early year’s services; Targeted Youth Support Teams, Youth Offending Team Children’s Specialist Services and the Safeguarding Standards Service.

PLs receive additional practice mentoring in the use and application of the SoSWB approach so that they are able to support staff in their agencies on its practical application.

We are growing the numbers of PL and the aim is to have one practice lead for every 10 members of staff. Listed below is the LP who currently lead on developments in their service area:

Louise Jones:	CSS
Jennifer Stapleton:	Children's Centres & Early Years
Chantel Langenhoven:	Safeguarding Standards
Mark Farlow:	Targeted Youth Support Services

3.8.6 Mentoring groups

If you are asked to be a PL for your service you will be invited to join a mentoring groups. These groups support the PL to grow their practice depth in the approach. PLs are required to attend a 2 hour mentoring group once a month which takes the form of a group supervision process to mapping stuck cases/scenarios, practising critical thinking through questioning techniques and planning next steps on work with families. The focus is on practising the methodology to enable them to grow depth of practice to practitioners whom they are supporting.

If you are interested in becoming a practice lead we would be delighted to hear from you please contact Louise Jones Principle Practice Lead SoSWB ljones4@wandsworthl.gov.uk Lucy Davies, Children's Services Development Officer at: lucydavies@wandsworth.gov.uk

3.8.7 Supervision of Safeguarding Practice (SSP)

Safeguarding Supervision provides staff with a regular opportunity to reflect upon and raise concerns about a child, young person or family's well being. It helps supports them to plan the next steps in their work with a child and their family. It also supports their professional development and provides them with space to reflect and ensure they are taking appropriate professional responsibility when identifying a concern and escalating to CSS where appropriate. Safeguarding Supervision should be available to anyone working with vulnerable children and young people.

'Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family..... Any professional working with vulnerable children should always have access to a manager to talk through their concerns and judgements affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions around action.' (Working together to safeguard children March 2015)

There are four elements to SSP: quantity, quality, outcomes and actions. Below each heading are some of the themes to cover in each area. These are examples which have been draw from research and key messages from Serious Case Reviews.

1. Quantity – There will be some basic factual matters that will need to be considered – recent developments, especially those indicative of risk e.g. missed appointments, child not being seen by practitioners or task/work under taken completed.
2. Quality - Provides a forum to focus on:
 - The Child
 - What is working well for the child?
 - What are the areas of concern and what needs to happen for these to improve?
 - Is the child safeguarded from harm?
 - Has there been a change in the child's behaviour?
 - Has there been a change in the child's progress and attainment?
 - Partnership working
 - What other services are or need to be involved with this case?
 - Are we/partners working together or in silos? Is there a shared plan in place that all members of the Team around the Child (TAC) have agreed and are working to?
 - Have we/partners adopted a 'See the Adult See the Child' approach?
 - Who is the lead professional and are they being supported by the TAC?
 - If a case has stepped up or down from CSS were the processes managed well?
- An improved outcome for the child – This area explores what difference is being made to the lives of the child and family and the impact of the work having been undertaken. This exploration will tell us about the impact of more than just one service, but it is important to focus on your own contribution and consider:
 - a. What would 'good enough' look like for the child/family?
 - b. How would we know if the 'good enough' is being achieved?
 - c. What's the evidence that progress is being made towards achieving the 'good enough'?
 - d. If no progress is being made, do we need to do things differently – or have we got the wrong plan?
 - e. Why are we doing what we are doing? Is it what was agreed at the TAC meetings? Is it improving the outcome for the child?
 - f. Does the case need to step up into specialist services? Have the agreed outcomes been achieved? Can you step down from the plan?

3. Outcomes for staff – Safeguarding Supervision of staff are not just beneficial to the children they work with; it supports them to be the best they can be and to deliver the best service to children and families. It provides staff with:
 - a. Greater confidence to perform their role
 - b. Greater confidence to ask challenging questions and have difficult conversations
 - c. Develop their skills
 - d. Improve their professional practice

4. Actions – Are the agreed actions based on the outcome that the child, parent and professionals have said they need to see? Who is making decisions about what the actions should be? Who will be measuring the outcomes of the actions? What steps will be taken if actions agreed are not being carried out?

4 Electronic Early Help IT System (EHITS)

This section explains the reasons for needing to record information on the Early Help IT system, how you can set yourself up and the support you can access if you have technical problems using it.

Why record the information from the assessment and TAC?

Information on the Signs of Well Being Early Help Assessment and Signs of Well Being TAC Action Plan should be recorded on the Early Help IT system. If parents do not consent to storing the information on the IT system then you will need to follow the process for sharing information through a paper based process (available from the EHITS@wandsworth.gov.uk . The importance of recording this shared information across the TAC is to support improved outcomes through joint planning and shared understanding of actions and outcomes across all members of the TAC. It also ensures that valuable information is not lost within a single service.

4.1 Support for EHITS Users

Early Help Desk Support

Telephone: 020 8871 7746/7899

Email: EHITS@wandsworth.gov.uk

The Help Desk is there to ensure that Wandsworth Borough Council provides support to Early Help IT system (EHITS) users. The Council will:

- a. Provide a phone support help desk 9.30 to 4.30 Monday to Friday.
An answer phone will be available at other times.
- b. Provide assistance with log on problems including resetting passwords.
- c. Set up new users issuing user IDs and passwords
- d. Ensure that passwords are managed in accordance with the Council guidelines and policies.
- e. Maintain a log of user details.
- f. Assist with questions on the functionality of the system.

4.2 EHITS user guide

The EHITS user guide can be found within the Early Help Hub on the Family Information Service Website ([EHITS User Guide](#)). The Early Help Assessment (EHA) and the Team Around the Child (TAC) meeting forms are available on the QES HolistiX system, and the staff on the Early Help Desk will be able to help you access them.

4.3 Getting set up on the system

Before you can have access to the EHITS system you need to complete the following:

A) Training:

New users should complete the EHITS training, which is available on TPD online, via the multi-agency safeguarding portal.

B) The User Application Form:

A user application form will need to be completed, by your line manager and returned to the EHITS@wandsworth.gov.uk using the button at the bottom of the form. Please complete all sections– the form can be accessed from the Early Help Hub on FIS website. Go to Early Help IT System (EHITS) (click on the [Access Application Form](#)).

If you have any suggestions regarding this Guide to Early Help Processes contact:

Lucy Davies – Early Intervention and Prevention Lead – Early Help

LDavies2@wandsworth.gov.uk