KEEPING CHILDREN SAFE IN BLACKPOOL

BLACKPOOL SAFEGUARDING CHILDREN BOARD

CONTENTS

INTRODUCTION

All children[1] in Blackpool have the right to live and grow up in a safe environment in which they are protected from harm, nurtured to build their resilience to any adversity that they may face and supported to achieve their aspirations. Some children will need additional help and protection to achieve this and this document provides the multi-agency framework by which all practitioners who work alongside children and families provide the right support, at the right time and in the right place.

Central to this approach is the provision of effective early help, rather than reacting later when more harm has been caused. Early help is everyone's responsibility and typically best provided or co-ordinated by the organisations already working with the child and their family. Support delivered by practitioners with established positive relationships will always have greater chance of engaging children and families and maximising positive outcomes. Practitioners should make use of conversations within and outside their own organisation to ensure that their assessment is accurate and clearly reflects the voice of the child and family. Any subsequent action plan should be co-produced, with the child and family at the heart of discussions, to ensure the best chance of success.

The Blackpool approach is underpinned by Resilient Therapy. This recognises that every child and parent or carer has the ability to overcome adversity and flourish, given the right environment. It is centred on a resilience framework that strategically sets resilient moves that practitioners can make to build the resilience of children and families. A key principle is for practitioners to work alongside children and families, accepting their starting point, conserving and building on existing strengths, making a commitment to stick with them for as long as is needed and enlisting the help of others where appropriate. In this way, children and families become part of the solution and not just a problem to be solved. The model actively seeks out the potential positive influences in a child and family's life and builds their capacity to provide sustainable support in the longer term.

[1]A child is defined as anyone up to the age of 18, together with unborn children during pregnancy

EARLY HELP

All children will receive Universal Services, however, some children, either because of their needs or circumstances will require extra support to be healthy and safe, to be resilient when faced with adversity and to achieve their full potential. A timely response is essential for families who need some support and to achieve this we have developed our early help approach.

Early help may be needed at any point in a child's life and we seek to offer support quickly to reduce the impact of problems that may have already emerged. Children and families are best supported by those who already work with them, enlisting additional support with local partners as needed. Early help is a collaborative approach, not a provision.

Children and families are entitled to early help if and when they need it. The purpose of early help is, through prompt and targeted interventions, to build resilience and therefore prevent problems becoming acute, chronic and costly to the child, family and wider community.

Early help may simply involve a universal service securing additional support from a specialist service. However, for children whose needs and circumstances make them more vulnerable, a co-ordinated multi-agency approach is usually needed, based on an Early Help Assessment, with a Lead Professional to work closely with the child and family to ensure they receive all the support they require. In some cases it may be appropriate for parents or foster carers to assume the role of the lead 'practitioner'.

Specialist services will always be available to children in need of statutory intervention to keep them safe or to ensure their continued development. By working together effectively we seek to reduce the number of children requiring statutory interventions and reactive services.

Services for adults play an essential role in our early help approach. Many adults have their own needs, e.g. learning difficulties, substance misuse, mental health needs, which can impair their parenting capacity. Services which predominantly work either with either children or adults should adopt a 'Think Family' approach, working with the whole family to build resilience and to secure better outcomes for children.

CONVERSATIONS

Decisions about a child or family's levels of need and the services that they may require are often complex. Blackpool therefore promotes the use of conversations to identify and respond to the needs of children and families.

When we talk about conversations we mean the face to face discussions, phone calls and meetings that take place between those working with children. Anybody who is working with a child or family is responsible for starting conversations. These should take place if it is felt that a child's needs are not being met and something else is needed to improve outcomes for the child.

Conversations should include the child and family members, or an advocate that represents their views, to ensure that they are involved in the building of solutions for themselves and their family. Quality conversations strengthen and improve joint working to provide the right help at the right time for families. When practitioners are concerned that a child is at risk of, or experiencing significant harm, they must contact the Duty and Assessment team on (01253) 477299.

Quality conversations should be constructive. They must go beyond a discussion about concerns, to form part of a meaningful assessment that also identifies strengths and, where appropriate, a plan to support the child and their family. Conversations should take place at the earliest possible opportunity and be supported by practitioners ensuring that they respond to other practitioners. A conversation is not a one off event and should be continued to review progress and to ensure that the child's needs remain central.

When a child's needs change and they move between different support services conversations must also take place to ensure that this happens in a planned and safe way.

The advantages of this approach are:

- It is founded on collaboration and conversation
- Promotes shared responsibility and flexibility
- Recognises the complexity of the unique needs of each individual child and family
- Reduces the bias of individual and agency decisions through debate

All conversations, whatever the outcome, should be recorded in order to show that they took place, identify what was agreed, and evaluate how effectively they enabled needs to be met. In this way quality conversations can represent the voice of the child and demonstrate the outcomes of interventions.

Sometimes conversations will be challenging and practitioners (and families) will not agree. In such circumstances practitioners should seek support from their line manager (or agency safeguarding lead) and, if needed, follow the resolving professional disagreements process.

RESILIENT THERAPY

The Blackpool early help approach is underpinned by the principles of Resilient Therapy[2] developed by Angie Hart, Derek Blincow and Helen Thomas in collaboration with parents, young people and practitioners. An approach grounded in Resilient Therapy recognises that whatever needs a child or family may have, that there will always be strengths to conserve and build on and resilient moves to be made. Decisions about the level of intervention that is required will therefore be based on a balanced judgement between resilient factors and needs.

Resilience, in this context, can be defined as "overcoming adversity, whilst also potentially subtly altering, or even dramatically transforming, (aspects of) that adversity."

Children and families can be supported to become more resilient by practitioners making resilient moves. These are defined as "the kinds of things we need to make happen (e.g. events, parenting strategies, relationships, resources) to help children manage life when it's tough. Plus ways of thinking and acting that we need ourselves if we want to make things better for children."

Early help interventions should, therefore, seek to develop a child's resilience by making resilient moves. A resilient move might be to support a child to access positive activities, or teaching them a calming technique such as mindfulness, or even helping them to have a laugh more often. Resilient moves can be split into five groups:

- **Basics** meeting the child's immediate needs, for example ensuring adequate food and housing, or getting exercise, fresh air and enough sleep
- **Belonging** developing positive relationships and helping a child understand their story
- **Learning** helping a child learn (not just in school), develop and plan for the future
- **Coping** enabling a child to deal with problems and their emotions
- **Core** self focusing on a child's inner world and how they think about themselves

A Resilience Framework which expands on these groups is included as Appendix 1.

The Resilient Therapy approach is underpinned by Four Noble Truths which are the principles by which we work with children and families:

- **Accepting** of the child where they start from and treating them with unconditional positive regard
- **Conserving** not breaking down current relationships and situations without appreciating their importance and meaning for the child
- **Commitment** considering both the family's and our terms, working to prevent dependency
- **Enlisting** getting the right people to provide the right help to the child and family

[2]More information about Resilient Therapy can be found at: www.boingboing.org.uk

ASSESSMENTS

Practitioners providing early help to a child and their family will need to make an assessment of need that will allow them to develop a plan of action. Assessments should be completed on the Blackpool Safeguarding Children Board Early Help Assessment (which replaces previous GIR documentation). This is a tool in its own right and not simply a referral mechanism to higher tier services. Assessments should not just identify negative factors but should also consider assets, what is going well and what support can be drawn upon. The resilience framework can help to identify existing strengths. Specialist assessments tools for neglect and child sexual exploitation are available on the Blackpool Safeguarding Children Board website.

It is recognised that no one agency alone will be able to complete a truly comprehensive assessment and that multi-agency information will need to be collated. Children assessed as requiring Early Help will require the input of a number of agencies which should be co-ordinated in multi-agency meetings, co-ordinated by one Lead Professional. The meetings should inform the development and review of an Early Help Assessment (including agreeing who is responsible for its completion) and be recorded on the Early Help Meeting Record.

Assessments should be routinely reviewed to ensure that actions are being delivered and that children are able to see that agencies are doing what they have promised.

When a decision is made to step a child up to Statutory services the Early Help Assessment should be included with the Multi-Agency Referral Form to support decision making.

INFORMATION SHARING

The collation of information is vital to ensure the holistic needs of the child can be assessed and all protective and risk factors analysed.

Children are best protected when professionals are clear about what is required of them and how they need to work together with the child, family and other agencies. For the sharing of information to be lawful and proportionate practitioners need to have clarity about gaining consent from parents, carers and children (particularly if aged 16 or over) to enable different agencies to share information with each other. Practitioners must adhere to the statutory requirements of the Data Protection Act and Human Rights Act.

Consent to share information must be both informed and explicit. Informed means that the person understands why the information is being shared, what information is being shared, with whom, and for what purpose. Explicit means that the consent has been discussed and this discussion is clearly recorded on the case notes.

Consent can be implicit. This refers to situations where a child, parent(s) or carer accepts the need for a service that is recommended and in order to receive this service, information will need to be shared. As consent has been obtained to refer to the service implicit in the agreement is consent to share information.

Obtaining explicit consent is best practice and ideally should be gained in writing at the outset of any service provision. In the case of emergencies, what information will be shared with agencies should be explained during the process of providing the emergency service.

THE CONTINUUM OF NEED

An assessment of a child's positive Resilient Factors and negative Risk Indicators will allow a decision to be made as to where they sit on the **Continuum of Need** and the level and type of service provision that they will receive. This will either be through **Universal** service, a multi-agency **Early Help** response, or through **Statutory** local authority services. A statutory response can be at either child in need or child protection level.

The Continuum of Need is shared with our colleagues in Lancashire and Blackburn with Darwen, which means that children will receive the same response to their needs wherever they live in the pan-Lancashire area. A diagrammatic representation of the Continuum of Need is included as Appendix 2.

UNIVERSAL	
Definition	Needs and negligible risks are met through universal services which include schools, health care (including midwives, health visitors and GPs), housing and other easily accessed services
Response	Signposting to appropriate universal services, offer of information and advice if necessary
Who will help me?	Family Information Service Tel: 0800 092 2332 www.blackpool.gov.uk/fis
Assessment	Routine single agency assessment
Information sharing	Informed and explicit consent required

EARLY HELP	
Definition	Evidence of some unmet need(s) and low risk
Response	Targeted service provision and/ or multi-agency response to ensure that the child maintains the capacity and protective factors to sustain satisfactory development
Who will help me?	Own agency safeguarding lead/ team Duty and Assessment team Tel: (01253) 477299 Will discuss your concerns and advise the most appropriate course of action. This may include making a formal referral or signposting to other services
Assessment	Early Help Assessment
Information sharing	Informed and explicit consent required (implicit consent for targeted service provision is acceptable) Where consent is refused for multi-agency information sharing parents/ carers should be informed that services will be limited to single agency provision and where high risk indicators become apparent it may result in information sharing legitimately without consent Consent remains in place for the episode of service provision, or until consent is withdrawn

STATUTORY	
CHILD IN NEED	
Definition	Higher levels of unmet needs and medium risk with sustained and persistent problems that have not been possible to resolve at lower levels A child in need (Section 17 of the Children Act 1989) is defined as "unlikely to maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services; or a child who is disabled".
Response	Concerted multi-agency support assessed by a social worker to respond to serious problems and avoid them becoming entrenched
Who will help me?	The Duty and Assessment team who will request a written referral if a statutory response is necessary
Assessment	Children's social care statutory assessment
Information sharing	Informed and explicit consent required (implicit consent for targeted service provision is acceptable) Where consent is refused for multi-agency information sharing parents/ carers should be informed that services will be limited to single agency provision and where high risk indicators become apparent it may result in information sharing legitimately without consent Consent remains in place for the episode of service provision, or until consent is withdrawn
CHILD PROTECTION	
Definition	Significant unmet needs and high risk and without a multi-agency response they will continue to suffer or be at risk of suffering significant harm A child protection response is required (Section 47 of the Children Act 1989) when there is "reasonable cause to suspect that a child… is suffering, or likely to suffer, significant harm"
Response	May need a multi-agency child protection plan led by a social worker May become a child accommodated by the Local Authority (Section 20 of the Children Act 1989) due to the child having no person who has parental responsibility; or being lost or abandoned; or the person caring for the child is prevented from providing suitable accommodation or care May become a Child Looked After (Section 31 of the Children Act 1989) due to suffering or being likely to suffer (if a court order were not made), significant harm and that the harm, or likelihood of harm is attributable to the care given to the child (the care not being what it would be reasonable to expect a parent/ carer to provide)
Who will help me?	The Duty and Assessment team who should be spoken to, in the first instance, prior to the submission of a written referral
Assessment	Children's social care statutory assessment
Information sharing	Best practice is to share information with informed and explicit consent To overrule this requires a judgement by the practitioner (with appropriate managerial oversight) that seeking consent may place the child at risk or further risk of harm, prejudices the detection of crime, or leads to an unjustified delay in making enquiries Where consent has not been obtained, case notes must clearly provide evidence of one, or more, of the above reasons Where consent is sought and refused, if there is reasonable cause to believe a child is suffering, or at risk of suffering significant harm, then case notes should clearly record how consent was sought and refused and clearly record the practitioner's (and manager's) decision to proceed with enquiries and information sharing on the basis of evidence/ reasonable cause.

Any assessment of need will require a balance between positive Resilient Factors and negative Risk Indicators. Examples of both are provided, however these are not intended to be exhaustive and decisions should be made following conversations that recognise the complex and individual needs of each child.

Examples of Resilient Factors that may be present at any Level

- Good enough housing
- Basic physical needs being met e.g. diet and healthcare
- Safe physical environment
- Any positive adult relationships either within or outside their immediate family
- Positive peer relationships
- Involvement in activities and groups
- Good attendance and progress in early years settings/ school/ college
- Application and recognition of boundaries
- Has an adult supporting them to foster their talents
- Is free from prejudice and discrimination
- Has a sense of belonging
- Has responsibilities and obligations
- Has a coherent life story
- Good social skills
- A sense of a career or life plan
- Adequate life skills
- Adequate problem solving skills
- Optimistic outlook
- Able to self sooth
- Friends to have a laugh with
- A sense of hope for the future
- Empathy for other people

Example Risk Indicators at each Level

UNIVERSAL

- Meeting expected developmental milestones for the child's age
- Stable home environment / good attachments – carers take advantage of universal services
- Good and effective support networks
- Expected levels of school attendance
- Sexualised behaviours appropriate to age and development
- Children and families with emerging or short-term issues that can be resolved through the involvement of a specialist service
- Children with longer term health and/ or educational needs with an established and effective plan in place

EARLY HELP

- Children in households where parents/ carers are under stress which may have an effect on a child's well being
- Children who are isolated with unsupported carers / or young carers
- Parents with mental/ physical health difficulties that have a significant impact on the child's routine
- Children with inappropriate sexualised behaviour (Brook traffic light tool some orange but predominantly green behaviours)
- Children with sustained poor school attendance/ missed health/ educational appointments
- Self-harming behaviours that are escalating in severity, frequency or typology
- Children with emotional/ behavioural disorders
- Children exposed to domestic abuse, but the impact and all risks to the child (especially from any 'hidden males') have been assessed and one or both parent/s are engaged in behaviour change and have the capacity and motivation to protect a child from harm
- Engaged in low level risk taking behaviour or subject of anti-social behaviour intervention
- Children at risk of / engaging in criminal activities
- Children whose primary carer is in prison
- Antenatal support is required to ensure there is sufficient parental capacity
- Indicators of emotional harm but parent/ carers appear to have the capacity and motivation to make necessary changes and maintain this with ongoing support
- Parents who demonstrate poor parenting capacity
- Children who are living in households where there is substance misuse but there is capacity and motivation to protect the child from harm
- Children living in a household where there is parental or sibling mental health issues that has implications for the child's well-being but no evidence of immediate harm
- Assessed as experiencing either mild neglect, where intervention has proved ineffective, or moderate neglect, using the Neglect Checklist or Graded Care Profile 2
- Assessed as being at medium risk of child sexual exploitation (CSE) using the CSE Screening Tool

STATUTORY – CHILD IN NEED

- Persistent missed medical appointments and/ or non-compliance with treatment and advice
- Complex health needs and children with disabilities, which may include involvement with the SEND service
- Identified substance and alcohol misuse
- Teenage pregnancy
- Poor school attendance and/ or behaviour in school leading to regular exclusion, permanent exclusion or alternative provision
- Presents a physical risk to themselves or others, including through more serious self-harm or suicidal ideation
- Regular victim or perpetrator of discrimination due to ethnicity, religion, sexuality, disability or any other factor
- Persistent episodes of missing from home
- Children who are entitled to a statutory assessment e.g. homeless 16/ 17 year olds, those who are privately fostered and young carers who meet the threshold for statutory assessment
- Children who are isolated and without wider family or community support
- Emerging pattern of criminality
- Parents with a history of offending that impacts on the child, or who are in prison
- Parental factors that problematically impact on this child e.g. domestic abuse, substance misuse, alcohol misuse, poor mental health, learning difficulties
- Assessed as experiencing moderate neglect, using the Neglect checklist or Graded Care Profile 2 and where intervention has been ineffective
- Early indications of a risk of Female Genital Mutilation (FGM), forced marriage, trafficking, radicalisation or honour based violence

STATUTORY – CHILD PROTECTION

- Suspicion of non-accidental injury or unexplained injuries in non-mobile children
- Parents or carers who fabricate or induce illness resulting in unnecessary medical treatment or intervention
- Children witnessing persistent and severe domestic abuse where parental capacity to change and/or protect is lacking, or disguised compliance is suspected
- Assessed as experiencing severe neglect, using the Neglect Checklist or Graded Care Profile 2
- Household members/ visitors considered to pose a risk of abuse to children
- Children at risk of sexual abuse (evidence of forcing or grooming)
- Children whose sexualised behaviour poses a risk of harm to other children (Brook traffic light tool red behaviours)
- Unborn child's safety/health/ development may be at risk – i.e. Pre-birth assessment required
- Parents have mental health, substance/ alcohol dependency problems that compromise their ability to parent to a 'good enough' standard
- Child has acute developmental/emotional needs that need specialist assessment or support
- Parents refuse essential assessments or are unable to recognise their children's needs and obstruct or do not cooperate with early support and other services
- Children at risk of female genital mutilation (FGM), forced marriage, trafficking, radicalisation or honour based violence
- Repeated missed appointments for essential health services for a child that will result in suffering or the child's needs escalating
- Assessed as being at high risk of CSE, using the CSE screening tool
- Persistent episodes of missing from home with risk taking behaviour involved
- A sustained pattern of serious risk taking behaviour
- Persistent or severe incidents of self-harm or suicidal ideation
- Children under the age of 13 who are sexually active

GLOSSARY

Child: anyone up to the age of 18, including unborns.

Conversations: the face to face discussions, phone calls and meetings that take place between those working with children and families. These take place when any one practitioner identifies that a child's needs are not being met and that something else needs to be done to meet the needs of the child. Conversations will also take place when things are going well and services can be reduced.

Duty and Assessment team: this is the social work team who can provide advice about early help provision and whether a child has met the threshold to make a formal referral for assessment and, if not, what alternative actions should be taken.

Early Help: our approach to responding to the needs of children and families in Blackpool early in the life of the problem with the aim of reducing the harm done and the need for later and more intensive intervention.

Early Help Assessment: an Early Help Assessment is used to support the identification of needs for a child and their family. The assessment is a tool in its own right and not a referral mechanism, although it should be included with subsequent referrals to the Duty and Assessment team.

Family Information Service: a phone and web based information service for practitioners and families. They provide information on a wide range of universal and specialist services available for children and families in Blackpool.

Resilient moves: individual interventions with a child and/ or their family designed to build their overall resilience.

Resilient Therapy: the overall approach of working with a child and their family to develop their ability to deal with adversity and do better than expected in their circumstances.

Think Family: a holistic approach that seeks to meet the needs of all who live with, or care for, the child.

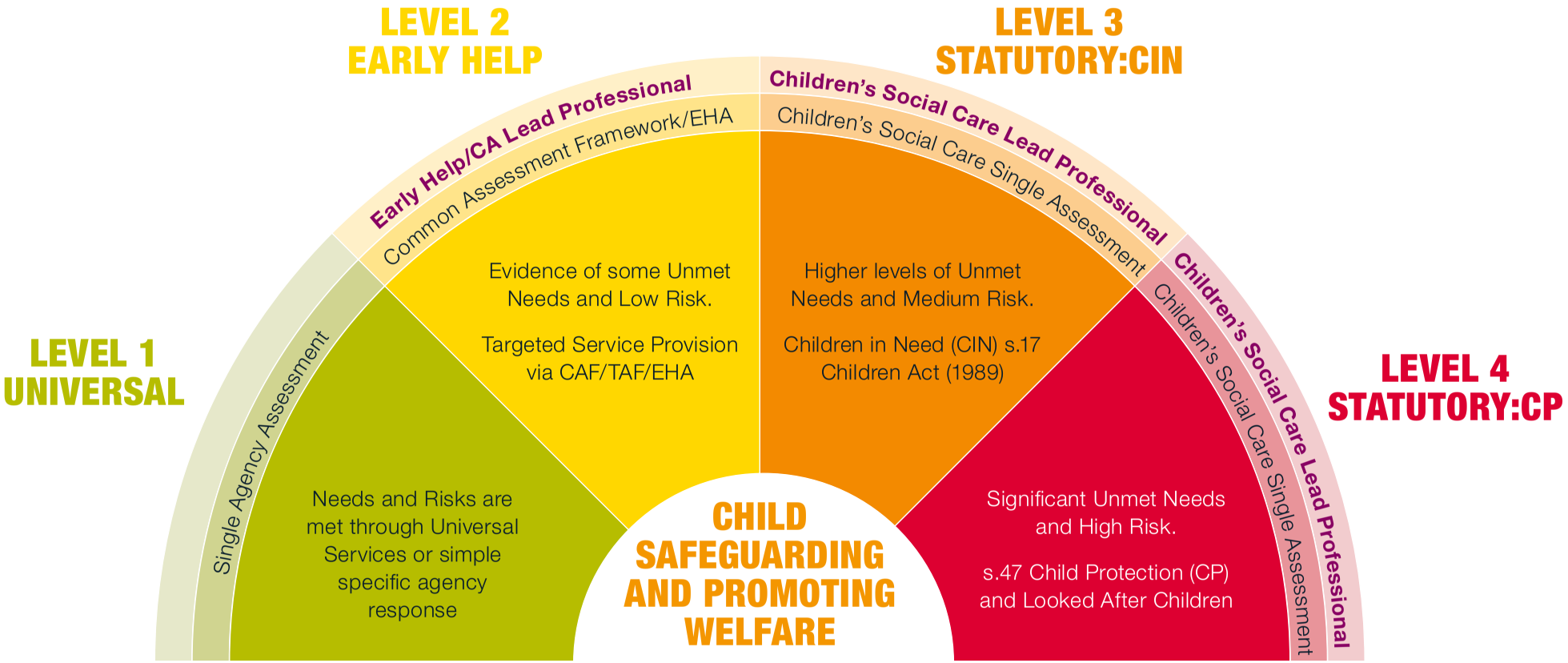
Universal: services that are available to everyone.

APPENDIX 1

Resilience Framework (Children & Young People) Oct 2012 – adapted from Hart & Blincow with Thomas 2007					
	BASICS	**BELONGING**	**LEARNING**	**COPING**	**CORE SELF**
SPECIFIC APPROACHES	Good enough housing Enough money to live Being safe Access & transport Healthy diet Exercise and fresh air Enough sleep Play & leisure Being free from prejudice & discrimination	Find somewhere for the child/YP to belong Help child/YP understand their place in the world Tap into good influences Keep relationships going The more healthy relationships the better Take what you can from relationships where there is some hope Get together people the child/YP can count on Responsibilities & obligations Focus on good times and places Make sense of where child/YP has come from Predict a good experience of someone or something new Make friends and mix with other children/YPs	Make school/college life work as well as possible Engage mentors for children/YP Map out career or life plan Help the child/YP to organise her/himself Highlight achievements Develop life skills	Understanding boundaries and keeping within them Being brave Solving problems Putting on rose-tinted glasses Fostering their interests Calming down & self-soothing Remember tomorrow is another day Lean on others when necessary Have a laugh	Instil a sense of hope Support the child/YP to understand other people's feelings Help the child/YP to know her/himself Help the child/YP take responsibility for her/himself Foster their talents There are tried and tested treatments for specific problems, use them
	NOBLE TRUTHS				
	ACCEPTING	**CONSERVING**	**COMMITMENT**	**ENLISTING**	

APPENDIX 2

Pan-Lancashire Continuum of Need



Information Sharing

Go straight to Level 4 as soon as risk of significant harm is suspected

If in doubt, consult with agency safeguarding leads, or the Duty Social Worker in your area on:
Lancashire on 0300 123 6720; Blackpool 01253 477299; Blackburn with Darwen 01254 666400

BLACKPOOL SAFEGUARDING CHILDREN BOARD

Lancashire Safeguarding Children Board