



# Foreword

We are incredibly pleased to introduce the new guidance for supporting children and families in Warwickshire. 'Working Together to Safeguard Children 2023 - A guide to multi-agency working to help, protect and promote the welfare of children' - states that safeguarding partners should publish a threshold document, which sets out the local criteria for providing help, support, and protection in a way that is transparent, accessible, and easily understood.

When levels of support are understood by all professionals and applied consistently this will ensure that the right help is given to children and families at the right time. Taking a partnership approach from the start should mean that fewer children in Warwickshire are at risk of serious harm from abuse or neglect and in need of protection. By adopting the practices within this guidance, you will be promoting early support and helping avoid escalation of needs. Most children and families welcome help and support from professionals involved in their lives; but we need to recognise that for some children and families they will find this challenging. Skilled practitioners will be able to overcome those challenges by using the principles of relational practice including empowerment, honesty, and respect, encouraging family members and children to shape the decisions required to support them.

We hope that this new guidance strikes the right balance between supporting practitioners from all settings to identifying situations where children and young people might require support, recognising the vital role of professional judgement in assessing the impact of risk and protective factors on positive outcomes for children and young people.

**Warwickshire Safeguarding Children's Partnership Executive**

# Introduction

This guidance provides a framework for professionals who are working with children, young people, and families, and aims to help identify circumstances when children may need additional support to achieve their potential. The Spectrum of Support provides information on the levels of children's needs and gives examples of some of the factors that may indicate when a child or young person needs additional support, help or protection.

This document incorporates recent changes made around how our services are delivered through Warwickshire Families First. This guidance has been designed to continue to improve the conversations we have when we are concerned about children and ensure that professionals know the best support route so that the issues children, young people, and families are facing can be managed as early as possible by the right professional.

This guidance has been developed to encourage early discussion and dialogue when we have emerging worries about children, and to acknowledge that all professionals will need a framework to help them recognise risk and agree an appropriate response. All professionals should ensure that they undertake training and professional development to keep their safeguarding knowledge up to date.

Professionals should use their own organisations internal professional support and supervision where there may be emerging concerns which relate to significant harm. In Warwickshire we are working to a stepped approach of intervention in recognition of a Spectrum of Support. All families are unique, and the dynamic nature of childhood means that needs change, and we need to draw from a range of resources at different ages and stages to help children, young people and families achieve the best outcomes.

This guidance helps consider the response to the child's needs and is not a check list of concerns but a way of supporting consistent and clear responses to children's safeguarding and well-being, via restorative conversations with children's social care where required. We strive to empower families and their networks, so children grow up and grow old with a strong loving network of people around them. Extended family, friends and community are key to supporting children's sense of identity and belonging and professionals are enablers to achieve this vision.

# A vision for support for children and families in Warwickshire

In Warwickshire, we place children and families at the heart of everything we do, with the overarching ambition to becoming a child-friendly county where every child is heard, safe, healthy, skilled, and happy. Our focus on building strong relationships with families drives our practice across all services, catering to a wide range of needs. We also recognise that children and young people grow up in families, and families are part of their communities. We are committed to ensuring a robust local offer is central to our locality-based service delivery model.



**We want all children in Warwickshire to be:**



**HEARD**



**SAFE**



**HEALTHY**



**SKILLED**



**HAPPY**

## Child safeguarding arrangements for Warwickshire

The Warwickshire Safeguarding Children Partnership works together to identify and respond to the needs of children, young people, and families.

The safeguarding partners, organisations and agencies included in these arrangements fulfil their statutory duties to safeguard and promote the welfare of children from Warwickshire who live or are placed outside of our local authority area.

**The four delegated safeguarding partners jointly leading the partnership are:**



**Children's Services**  
represented by the Executive Director, Children and Young People



**Education across Warwickshire**  
represented by the Co-Chair Warwickshire Safeguarding Education Group



**Warwickshire Constabulary:**  
represented by the Superintendent, Public Protection



**Coventry and Warwickshire Integrated Care Board**  
**Coventry and Warwickshire Integrated Care Board:** represented by the Associate Chief Nurse (Safeguarding)

# Our relational practice approach

## Our partnership approach has four strands:

### **Utilising the strength of family**

We value family and recognise that they can be our most underutilised resource. We know that families are often experts of their problem. Even where the views of adults and the wellbeing of children are in conflict it is our job to listen, and involve all parties in the decision making, alongside any activity to protect children whose safety must be paramount.

### **Relational practice**

Those working with children and families are encouraged to focus their time on building quality relationships that inspire positive change. This extends to how we support one another in our teams and how we connect with colleagues across our organisations and beyond. We believe in high support and high challenge in equal measure. This means ensuring children and parents receive timely and helpful support but that we remain inquisitive, keeping children at the centre of all we do. Ultimately, working with and alongside people improves the outcomes we can achieve together and is more likely to achieve sustainable change.

### **Within a context of safe uncertainty approach to risk**

We recognise that there is an individual, team, and organisational approach to risk. Risk is managed within the organisation and across agencies where there can be multiple hypothesis and multiple types of intervention.

### **Trauma and attachment aware practice**

We recognise the importance of delivering support through a trauma informed lens. Utilising the four Rs as outlined below, we continue to be a trauma informed and restorative organisation and aim to embed this model of practice across our multi-agency partnership.

- Realises the widespread impact of trauma, stress and adversity and understands potential pathways for recovery.
- Recognises the signs and impact of trauma in staff, children and families.
- Resists re-traumatisation.
- Responds by embedding knowledge about trauma into policies and procedures, language, culture, and practices.

# Warwickshire's Relational Practice Framework enables us to deliver a Child Friendly Warwickshire:

## Why

Why we do what we do in practice

WARWICKSHIRE  
**Families  
First**

## What

The tools and techniques to deliver best practice

## How

- Restorative Practice
- Trauma and Attachment Aware Practice
- Within a context of Safe Uncertainty
- Utilising the Strength of Family



# Warwickshire's Relational Practice Framework

## Why

**We believe that change is most effective in the context of relationships**

- Relationship based practice gets the best results for families; our commitment for working **with** not for or to them
- Support and help should recognise the diversity, social inequalities and the uniqueness of families
- We can't work with families effectively on our own – we have a shared commitment to help families within multi agency context
- Support and help comes with power, privilege and bias and help needs to consider the lived experience of children and families
- Legislation and research says families should remain within their family network where it is safe to do so and is in the child's best interests
- Eliminating risk isn't possible, the best that we can do is work towards 'safe uncertainty'
- We bring ourselves to our work with children and families: we are proactive in understanding the awareness of ourselves, our values and our lived experiences in our relationships with families
- We are committed to making anywhere children spend time (in person or online) safer

## How

**We will adopt a relationship-based practice framework of these four practice elements:**

- Utilising the strength of family
- Restorative Practice
- Within a context of safe uncertainty to risk
- Trauma and Attachment Aware Practice

## What

**We will effectively identify tools and techniques to support and help families:**

- Working with children and young people e.g. direct work tools
- Working with parents and carers e.g. Family Network Meetings
- Working with each other/colleagues and partner agencies e.g. health and police
- Working with best practice e.g. commitment to Warwickshire's five principles of good practice



# Our principles

In Warwickshire, we believe every child should have the opportunity to reach their full potential, with the best support coming from within their own families.

By working together, we aim to create flexible services that respond to the needs of children and families, delivering the right level of support at the right time. This approach shifts the focus from managing short-term crisis to providing effective, early support for children, young people, and their families.

**We are committed to the following principles, which guide our work with children and families:**

Prioritise a joined-up, family-centred approach, ensuring smooth transitions and early support.

Be aspirational, inclusive, and provide equal opportunities for all.

Focus on strengths, using a relational approach that empowers families and communities.

Work collaboratively with families, offering timely and integrated support from multi-disciplinary teams.

Be locally based, responsive to varying needs, and remain engaged until positive outcomes are sustained.



# How services are organised



## Locality areas

Warwickshire Children and Family Services delivers most of its services in five locality areas across the county, following the boundaries of district and borough councils and largely following the operational policing approaches and responses to schools. Your local Family Help Network Meetings is a collaboration of partners coordinating and improving services within each locality area.

Some services, due to their size, will be structured around three geographical areas: North (North Warwickshire and Nuneaton and Bedworth) East (Rugby) and South (Stratford-Upon-Avon and Warwick.) These include the Family Help responses delivered by the Family and Adolescent Support Teams (FAST) for children 11 years and older which supports children at risk outside the home, including areas such as child exploitation. The Children with Disabilities Service also works across the same structure, offering support to children and their families who have disabilities considered to be severe or profound.

Across all areas of support, we are committed to ensuring that children are supported through universal services, wherever possible, but at times recognise that children and families may need additional help and support, and for some may have their needs met by living apart from their families.

The spectrum recognises, that the needs of children and families is never a static process, and we need to ensure that we work closely together to ensure that wherever possible support is wrapped around children and families instead of asking families to repeat their stories or repeatedly have extra assessments.

# What is our Warwickshire Families First approach?

## Locality Working

Supporting families in their communities. Building strong partnerships with local services, including the Voluntary and Community Sector.

## Multi-Disciplinary Teams

Supporting the whole family with the services they need. These include services from Health, Police and Education.

## Multi Agency Safeguarding Arrangements

Clear and shared arrangements for safeguarding children and young people between Children's Services, Health, Police, Education and other key agencies and organisations.

## Multi Agency Group Supervisions

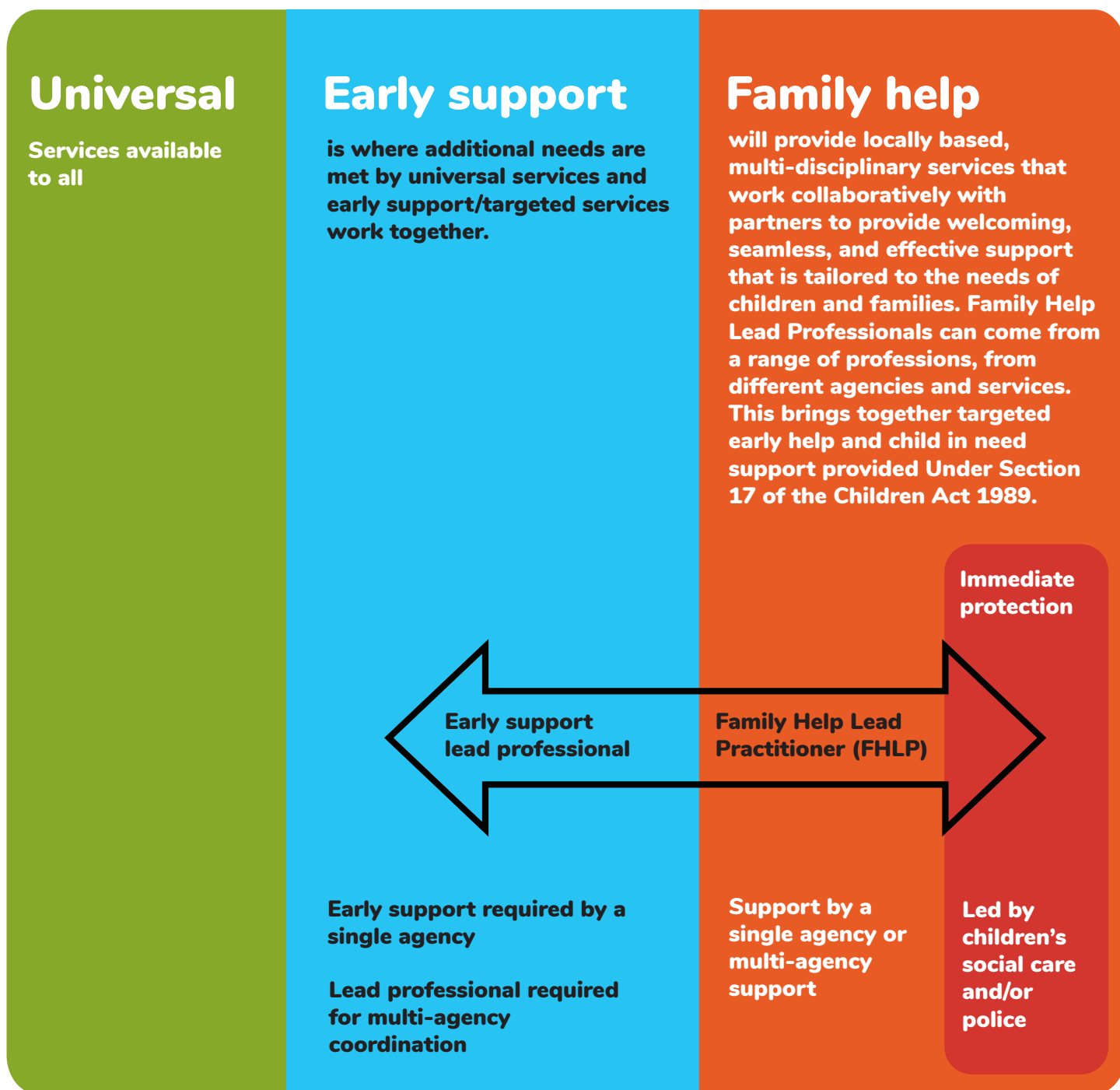
Multi agency group supervision engages all professionals to collaboratively develop a clear understanding of needs and share accountability in decision-making.

## Warwickshire's Relational Practice Framework

A relational framework, used across the partnership to support children and families and to ensure that every child and young person should be heard, safe, healthy, skilled and happy.



# Spectrum of Support



**If a child is suffering or likely to suffer significant harm, then decisive, protective action should be taken immediately.** A multi-agency child protection response will ensure that experienced practitioners come alongside Family Help to lead on child protection activity (statutory functions).

The Spectrum of Support model represents a continuum of needs. This illustrates how we respond to the needs of children, young people, and families across the areas of support: Universal, Early Support and Family Help. It supports a collective understanding of Warwickshire's partnership approach encouraging consistent intervention as soon as early support, family help or immediate support needs are identified.

All services should work openly with families (or young people where it is age appropriate) seeking consent for interventions and referrals in most instances. We all strive to support children, young people, and families at the earliest appropriate level to support their needs from escalating.

Each child, young person and family member is unique. Making decisions about levels of support requires a holistic approach by listening to all those involved, discussing, and reflecting together and making respectful professional judgements. Utilising the support of Family Networks is key, including utilising the skills available from the [Family Network Service](#).



## Language we may use to describe need

- Universal
- Thriving
- Community based
- Low level
- Emerging needs
- Primary prevention
- Universal Plus
- Inclusion
- Getting advice
- Secondary prevention
- Additional need
- Early help
- Early support
- Getting help
- Targeted
- Multiple needs
- Family Help
- Complex
- Child in need
- Getting more help
- Statutory
- Specialist
- Acute
- Child protection

## Responses to need

### Universal

Children and young people are supported by their family and universal services to meet all of their needs. Some examples may include services provided routinely and available to all children and families by schools, nurseries, health providers – including 0-19 Healthy Child Programme, GP, acute trusts, and voluntary and community organisations.

### Early Support

Consider initiating an Early Support Assessment plan or requesting a consultation with an Early Support Officer. Both families and professionals (with family consent) can request Early Support advice. Families can also access this support by asking a community professional for assistance.

### Family Connect

Family Connect is a team of multi-disciplinary workers who have received training to coach and empower workers in responding to concerns about a child's welfare. Their goal is to provide the right support to children and families from the outset. By discussing concerns and solutions with professionals, we can collaborate more effectively and ensure families receive the appropriate support.

## Links to resources

[Family Information Service](#)

[Children and Family Centres](#)

[Safeguarding Partnership](#)

[Locality Early Support Officer](#)

**Family Connect  
Number  
01926 414144**

# Universal

Children and young people have needs that are met within universal provision. Most children reach their full potential through the care of their families and communities. Universal services are provided to all children and their families through community networks such as schools, primary healthcare, leisure services, voluntary and universal groups. Services are the foundation support for families and seek together with parents, carers, and families to meet all the needs of children and young people so that they are happy, healthy, and able to learn and develop securely.

## Outcome

Children, young people, and their families make timely progress in most areas of development.

## Self-help and information / advice and guidance

There are many resources where children, young people and families can get useful advice and guidance that assists them with finding solutions to situations without requiring referrals to other services. Services may offer advice and guidance to families where there is not the requirement for ongoing support or intervention.

## Resources and useful links include:

Family Information Service (FIS) – part of Family Connect Warwickshire provides advice and guidance on a variety of areas including:

- Help with money issues – information and support on managing household debt, benefits and free school meals applications.
- Help with housing – information on tenancies and rent, housing related benefits, evictions and housing conditions.
- Information on funded early education and childcare for two, three and four year olds.
- Help and support with childcare costs, including childcare for working parents.
- Help finding childcare – we maintain and update the details of registered providers in the county.
- Help with SEND (Special Educational Needs and Disability) including benefits advice and support for parents and carers.

[www.warwickshire.gov.uk/children-families](http://www.warwickshire.gov.uk/children-families)

## Children and Family Centres

Children and family centres offer flexible support for families with young people aged 0-19 (25 with additional needs).

Services are on offer at 14 children and family centres and outreach venues in Warwickshire. Support is for all children and families with an extra focus on pregnancy and the early years of a child's life.

[www.warwickshire.gov.uk/childrenandfamilycentres](http://www.warwickshire.gov.uk/childrenandfamilycentres)

# Early Support

Early support is everyone's responsibility. The first person to offer early support to a child, young person and their family should be the professional identifying the issue. Every person working with or engaging with children and families, regardless of organisation, status, or position, has a responsibility to support the delivery of early support.

Many children and young people require some additional support. Parents and carers usually access these services for their children by applying directly to them or by asking the relevant universal service to help them. Some services can be accessed directly by young people. Children with additional needs are best supported by those who already work with them, such as children and family centres, early years, schools to organise additional support with local partners as needed.

Agencies will undertake their own assessment to identify need. Some agencies may have their own assessment tool that is used to identify single agency support for children. An assessment of need could be considered at this tier as it can assist in making sense of a child's needs and what support is required. The Early Support Assessment provides a framework to start conversations with parents and children and can be used to identify what agency support may be required. This should be considered as soon as there is a concern that a child has additional needs and/or several services are involved.

Advice and guidance on early support can be accessed primarily by your locality Early Support Officer or through Family Connect Warwickshire.

## **Response and services**

Services that work together to meet the child and young person's needs will be co-ordinated by a team or service that knows the child or young person best. This can include parenting support, school holiday and short breaks provision for disabled children or extra health support for family members. Additional support with learning, and help finding education and employment. Speech and language therapy, children's centres and targeted youth work.

Approximately monthly contact with the family to review progress. Services are provided with parental consent. An Early Support Plan to be completed where there is a multi-agency approach supporting the family.

## **Outcome**

The life chances of children, young people and their families are enhanced by offering short-term additional support.

# Family Help

Family Help is the bringing together of support in what was previously called Targeted Early Help and Children's Social Care responses. Children and young people who meet support at Family Help - if they have complex needs- may require a targeted, coordinated response from a Family Help Lead Practitioner (FHLP). Children and young people with acute or severe needs or a child in need of protection, fit within Family Help but are more likely to be supported by a social work qualified FHLP, this is a requirement for children subject to a Child Protection Plan.

Family Help and child protection is an integrated system, where support and protection wrap around the family and escalation routes are clear. Family Help provides the right support from the right practitioners, at the right time to support families to stay together and thrive. It is delivered through locality based, multi-disciplinary services that work collaboratively with partners to provide welcoming, seamless, and effective support that is tailored to the needs of children and families. This brings together targeted early help and child in need support provided Under Section 17 of the Children Act 1989.

Where it is thought the threshold of support is at a Family Help level, a conversation should take place with Family Connect Warwickshire, who would explore whether the support needs are at this level and consider the most appropriate agency to undertake the Family Help Assessment. For support needs at the earlier stage this is most likely to be led by a FHLP from a community partner, supported by their Early Support Officer or locality Family Help Team. Where there are more complex concerns this may be led by a FHLP from the Children and Families Service.

## **Response and services**

Due to the complexity of needs a multi-agency coordinated Family Help plan is developed in partnership with the family and coordinated by a Family Help Lead Practitioner. A wide range of services providing additional and intensive intervention might be involved in meeting the family's needs.

## **Outcome**

Families are empowered to address their needs and find solutions to build better futures. There is a statutory role for specialist services to intervene where children and young people are likely to suffer significant harm, removal from home, or serious and lasting impairment.



## **Family Help – immediate support (Child Protection)**

Under Section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, the local authority has a duty to make enquiries to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse or neglect.

In Warwickshire decisions in relation to child protection will be led by two multi-agency child protection teams. A team in the North covering the North and East of the county, and one covering the South of the county. The team will consist of professionals from children's social care and Warwickshire police, South Warwickshire.

### **Foundation Trust, and education.**

This team includes a new social worker role, Lead Child Protection Practitioner (LCPP) who are involved throughout the process from leading on strategy meetings, overseeing Section 47 investigations and taking on the role of chairing child protection conferences. The team works in collaboration with locality Family Help teams.

Practitioners supporting children who have concerns about child protection concerns should discuss with the Family Help Lead Practitioner (if there is one) or with Family Connect Warwickshire.

### **Young carers**

Young carers are children and young people under eighteen who provide regular care for someone who is physically or mentally ill, disabled, or struggling with substance misuse. If they are aged 16-25 and care for someone, they are considered a young adult carer. In Warwickshire, young carers are supported under the family-focused services and are encouraged to share their views and needs. Young carers exist across all levels of need and are entitled to an assessment.

### **Kinship support and care**

Relatives and family friends often provide essential support for children and young people, with some becoming their primary carers. In certain cases, children may live with caregivers who have legal responsibility, such as through adoption or special guardianship orders. These children and young people also span the Spectrum of Support.

# Family Networks

In Warwickshire we have a focus on using the Family Networking approach to ensure that all children, young people and their families are able to have a meaningful connection to their natural network.

Families and networks are the true experts in their own lives. Empowering them to express what they need or what will work best, allows them to take on the role of problem-solvers rather than relying on professionals.

Family Network Meetings are held to benefit children and families where a decision and plan needs to be made around children and young people to keep them safe or improve their wellbeing. A family will usually be made up of the young person's carers and relevant important others, such as extended family, siblings, and close family friends. The link between these people is that they all have a significant role in the young person's life. The young person may also choose to contribute by other means if they feel unable to attend the meeting.

## **Who can refer?**

Referrals come from Children and Family workers at all levels from Early Support to Children in Care. To proceed to the meeting, consent from the PR holder is required, and family agreement is sought.

## **What is the role of the Family Network Co-ordinator?**

The Family Network co-ordinator will meet with the young person and the individual family members in preparation for the Family Meeting. This will be to answer questions, discuss concerns and plan for the meeting. The Family Network co-ordinator will support them to prepare for the meeting and will facilitate the meeting and offer a review.

To make a referral or enquiry call Warwickshire Family Network Service on **01926 414147** or email **fns@warwickshire.gov.uk**

# Indicators of possible need – Pathway to Change Tool

Children and families rarely fit into neat categories, and their needs often change over time. Practitioners should seek advice when necessary, ensuring that support continues until it is clear it is no longer needed. Families must be kept informed of any changes, such as the addition or withdrawal of services, so they can make informed decisions about their needs.

When concerned about a child's wellbeing, practitioners should follow safeguarding procedures and consult their line manager or safeguarding lead. The level of harm is determined by weighing risks against protective factors in the child's life, considering their age and care environment.

Accurate information is crucial for assessments, with facts clearly separated from opinions to guide appropriate action. All staff working with children and families are responsible for completing safeguarding and Early Support Assessment / Family Help Assessment training, ensuring they have the necessary knowledge to identify when further information or guidance is needed.

It is important to recognise the potential harm of over-intervening or providing support that is ineffective, including unnecessary statutory involvement. Referrers must have a clear understanding of the intended impact of their referrals and take responsibility for ensuring they are appropriate.

At higher levels of risk or concern, multiple factors may be involved, requiring careful information gathering, assessment, and analysis to provide the right support and prevent risks from escalating. Even a combination of lower-level indicators can raise overall risk and may warrant further intervention. However, a few higher-risk indicators do not always necessitate statutory intervention—enhanced early support may be more effective.

It is also crucial to remember that needs are dynamic and will change over time. Agreed plans should be regularly reviewed to assess progress and re-evaluate the level of support and risk.

Working with partner agencies Warwickshire developed the Pathway to Change Tool. This document is set out in clear, simple, relational language and becomes central to our approach, whichever form of intervention.

The Pathway to Change tool can also be used with families to hear from them and understand their situation, their goals and how these can be achieved. The tool can also be used to enable discussions about situations which professionals are concerned about. The model allows for collation of information, challenges perceptions and enables a shared language around issues of risk and need. The tool is fully integrated into both the Early Support and Family Help Assessments.

# Pathway to Change notes

You may wish to use this space to draw out a genogram or ecomap

## Pathway to Change

Name \_\_\_\_\_

Date \_\_\_\_\_



### Situation

What happened in the past?

What is happening now?

What triggers this now?

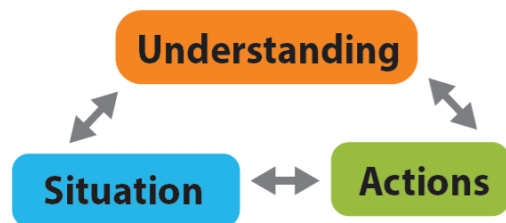
What positives and strengths are there?

Who is affected and how?

# Pathway to Change notes

You may wish to use this space to draw out a genogram or ecomap

Pathway to Change is a model to support assessments which are restorative and rigorous. It builds on the practice of holding restorative conversations with families about what has happened, who has been affected and what needs to happen now. It enables us to think carefully about what is happening at the moment that needs to change, what is preventing that change from happening, and what harm might happen in the future that we want to prevent (risk).



The three sections of the Pathway to Change model are closely related to the steps in Kolb's learning cycle. Kolb's model is likely to be familiar and as a model to supporting teaching and learning, and is useful to apply in a range of situations where we have to think about a situation and decide how to respond to it. This model reminds us that we need to stop and recognise how we feel about the situation (reflect), and what we think about it, (theorise) before we can make an informed plan.

The blue boxes in the model record information about what is happening currently and what has happened in the past. There is a specific box to capture strengths and positive features of the situation.

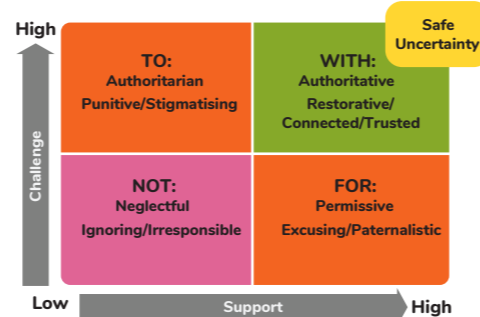
When you are meeting with families and other professionals to gather information, it is not necessary to work through the boxes in order, you will probably want to work backwards and forwards between them as the stories unfold. Remember to capture information about the context for the family, for example housing or low income.

Reflecting - recognise how we feel about something- is essential in relational practice. In this model it is structured by asking the question "who has been affected and how?". It is important to recognise how you as a professional feel about the situation, although you will need to think carefully about what is helpful to include in the family's assessment. You may want to discuss this with your supervisor.

The orange boxes in the middle, described as understanding correspond to theorising in Kolb's model. These are used to explore what is maintaining the current situation that we are worried about or want to change, and what harmful things could happen in the future, ie risk, if change doesn't happen.

The final green boxes record the plan, and what we want the plan to achieve. Putting the plan into practice corresponds to the fourth stage in Kolb's model (active experimentation). When we review the plan, the cycle begins again.

We often talk about assessment as a continuous process. What this means is, if something about the situation changes, we need to identify who has been affected by the change, revisit our understanding, and consider whether to revise the plan.



# Pathway to Change

Name \_\_\_\_\_

Date \_\_\_\_\_



## Situation

### What happened in the past?

History is very important to help us understand the present, and make judgements about what could happen in the future. We are interested in patterns and exceptions to patterns. You should review/update the chronology on the file, and summarise the relevant patterns, exceptions and significant events here.

### What is happening now?

What is happening that has resulted in the assessment being conducted. Ask the family to explain this in their own words, and develop a way of expressing the answer to this question that you and they can agree to work with.

### What triggers this now?

What are the immediate triggers to things we are worried about or want to change? This section is about things that are part of the current picture. For example if a child goes missing frequently we would be interested to know that there is a pattern of missing episodes being immediately preceded by them receiving text messages, or having an argument with a carer.

### What positives and strengths are there?

These are the family resources that we will use to build a plan.

### Who is affected and how?

Who is affected by the concerns or circumstances we are trying to change?

Think about this from the perspectives of all the family members, particularly the child.

# Family Connect

Family Connect Warwickshire (Family Connect) is the new name for the Front Door in Warwickshire. Family Connect has been designed to ensure that children are supported at the earliest opportunity and when concerns are raised, they are set on the right pathway, first time. Family Connect will provide information, advice and guidance to the professional network and receives referrals from professionals and members of the public where there is concern a child may be at risk of significant harm, in need or with more complex needs. The service aims to reduce risk and vulnerability and to meet needs at the right level of intervention. Access to Family Help will be facilitated via Family Connect Warwickshire.


These Front Door arrangements are based on a relational model and a telephone-based approach, moving away from written referrals. Within Family Connect, is the Multi-Agency Safeguarding Hub (MASH). The MASH service is a multi-agency information sharing hub that both physically and virtually co-locates key professionals to facilitate early, better quality information sharing, analysis and decision making to safeguard vulnerable children and young people more effectively.

Family Connect, builds on the previous Children and Families Front Door model with additional partners co-located and with an increase in the size of the team. This, in line with a new practice model with practitioners having had focused training, and use of a coaching style, empowers partner agencies. Family Connect will provide advice, guidance, and signposting, identifying the correct services and support for the child or young person.

The practitioners in Family Connect are often the first point of contact in any conversation where concerns about children need to be raised. They are working to the principle of 'never do nothing' as a collective approach.

The outcomes of these conversations will result in a clearly defined pathway:

- The caller will be advised of the action required to resolve the concerns either directly or with the support of partner agencies:
  - Advice, information, and guidance
  - Single agency support
  - Early Support Assessment
- Or a formal referral, recording the level of need. Depending on the level, the referral will be supported by a locality Family Help Team, led by a Family Help Lead Practitioner:
  - Early Support to progress to Family Help, led by the same Lead Practitioner
  - Family Help Assessment allocated to locality Family Help team social worker



A consultation feedback letter is provided as a record of all conversations and provides a clear audit trail of the outcome agreed. Before calling Family Connect all partners are encouraged to access support and advice from their organisations own safeguarding lead.

Family Connect practitioners will explore with callers their concerns and thoughts on support, alongside identifying the strengths and protective factors. Family Connect will provide advice as well as taking on referrals that may require a more immediate response.

Workers will:

- Gather the callers' details and understand the purpose of their call.
- Request information about the family and a summary of the concerns.
- Review the family records to understand their history and any current or past risks.
- Confirm consent, explain how it can be obtained, and outline any interim steps required.
- Summarise the information provided, clearly identify the issue, and ask any necessary follow-up questions.
- Verify the caller's relationship with the family and clarify the desired outcome.
- Reflect on the information and agree on an action plan with defined outcomes.

Family Connect workers aim to work with all partners to establish the levels of risk and protective factors, including helping each other to build a picture of cumulative risk. The best consultations provide all parties with a clear picture of the child and families strengths and needs and what next steps are required to keep them safe. This is achieved when the referrers are well prepared and organised for the consultation ensuring appropriate information sharing to achieve best outcomes. Family Connect workers will coach professionals in gaining consent if it has not already been given and are able to role model conversations.

## Consent

Except for statutory child protection work (immediate protection), all services for children and families are voluntary and require family consent. These guidelines aim to build respectful, transparent, and honest relationships with families regarding concerns and support for children's safety and well-being.

When considering early support or family help services, parental consent is required for the referral to be progressed by Family Connect Warwickshire. Consent should also be sought from children old enough to understand.

Parental consent is usually needed unless doing so would increase the child's risk of harm or affect a criminal investigation. Family Connect will discuss with referrers if parental consent is missing when they call to better understand the reasons for this and if any further actions are needed. Police must apply the agreed Domestic Abuse Pathway (DAP) referral criteria when considering if consent should be sought prior to referral. If the referral is outside of the DAP pathway, the rationale from the Police Central Referral and Safeguarding Unit as to why consent has not been obtained must be discussed.

### Why ask for consent?

- It shows respect and builds trust with families.
- Families are more likely to participate if they feel they have a choice, leading to better outcomes.
- Consent for children under sixteen should follow Gillick competence and Fraser Guidelines.





### **Approach tips:**

- Clearly explain your role and purpose (e.g. identifying support or addressing concerns).
- Emphasise that the process is voluntary and explain what you will be discussing in simple terms.
- Outline next steps and confidentiality, including who may need access to information.
- Allow time for the family to process and confirm their understanding.

**Avoid: Adding consent as an afterthought.**

### **How working with us on a voluntary basis can benefit the family:**

- Listen to understand what kind of help and support the family needs, and work together to identify the best person to provide it.
- Be respectful of the family's ethnicity, religion, cultural background, and any specific needs they may have.
- They will have the opportunity to share their views, including if they disagree with our assessment or the help we offer. Their concerns and feedback are important to us.
- Always ask for their consent before seeking information from others unless we have concerns about the child's safety. In those cases, we will explain their rights and the steps involved.

### **What if they disagree?**

It's important to be aware that if there are serious concerns about their child's welfare, the situation could be escalated to a child protection case. If not, the case may be closed without further action, meaning nothing will change, and the issues affecting the child may remain unresolved.

# Indicators of possible need – Universal

## Health

- Child appears healthy and accesses health services as appropriate.
- Registered with a GP.
- Child's health needs met by parents.
- Pre-natal/post-natal health needs are being met.
- Up-to-date immunisations and developmental checks.
- Carer does not have any additional needs.

## Education

- The child is achieving key educational stages with good attendance and no barriers to learning.
- There is planned progression beyond statutory education, with support for future goals.
- Parents/carers provide strong support for learning, engage with schools, and offer a conducive home learning environment.
- The child participates in educational activities, meets developmental milestones, and demonstrates a range of skills and interests.
- Behaviour issues are managed, and the child engages appropriately with technology and social media.

## Social and emotional health

- The child has good mental health, emotional well-being, and stable relationships with supportive caregivers.
- The child demonstrates growing competencies in practical, emotional, and social skills, including empathy and self-control.
- Strong, positive social interactions with peers, including the formation of friendships.
- The child is confident in social situations, can adapt to change, and has a positive sense of self.
- The child is raised in a stable family environment with consistent boundaries and guidance, with no safeguarding concerns.

## Abuse and neglect

- The carer protects their family from danger or significant harm.
- The child shows no physical signs that could indicate neglect.
- Any injuries the child has are consistent with typical childhood play and activities.
- The carer does not physically harm or use physical punishment on the child.

### **Substance misuse**

- The child has no history of substance misuse or dependency.
- Carers and family members either do not use drugs or alcohol, or their use does not affect their parenting.

### **Domestic abuse / parental conflict**

- No history or incidents of violence, emotional abuse, coercive or controlling behaviour.
- Children are experiencing constructive resolution of any arguments, characterised by mutual respect and emotional control.

### **Housing, employment and finance**

- The accommodation has basic amenities and appropriate facilities.
- Appropriate levels of hygiene and cleanliness are maintained.
- Families not affected by low income or unemployment.

### **Disability**

- The child has no apparent disabilities.
- Carers and family members have disabilities, but this does not impact the child.

### **Extra-familial harm**

- Occasionally missing school or home without links to exploitation or family issues.
- Family facing harassment or discrimination outside the home.
- Needing assistance with inappropriate ideologies while being open to different perspectives.

### **Young carer**

- The child does not have any caring responsibilities.

## Indicators of possible need – Early Support

### Health

- The child is missing health appointments, immunisations, and rarely accesses appropriate healthcare services.
- The child has health problems or disabilities that can be managed in a mainstream school but may require additional support services.
- Carers' needs or health issues, including post-natal depression, are impacting the care and development of the child.
- There is ambivalence toward ante-natal and post-natal care, with irregular attendance and missed appointments.
- The child is slow to reach developmental milestones, with concerns about unhealthy or fluctuating height and weight.

### Education

- The child experiences frequent school changes or concerns about home education, with instances of bullying managed appropriately by the school.
- Some developmental milestones are not being met, but support is available through universal services.
- The child is struggling academically, showing difficulty in understanding, organising information, and solving problems, leading to underachievement or lack of progress.
- The carer is not actively supporting the child's learning aspirations and is disengaged from the school.
- The child has unexplained poor school attendance and is failing to make progress in learning.

### **Social and emotional health**

- Parenting is sometimes emotionally lacking, overly critical, or inconsistent, with occasional difficulties in setting appropriate boundaries or prioritising the child's needs, impacting the child's development.
- The child has a mild mental health condition affecting daily functioning but can manage in mainstream school. Parents are engaged with school and health services, including remote support.
- The child has accessed social media related to self-harm, with no evidence of incidents.
- The child struggles with low self-esteem and confidence, making them vulnerable to exploitation and involvement in negative behaviours or activities.
- Sporadic or mild mental health issues of the carer impact the child's care, but protective factors are in place.
- The child may have recently experienced bereavement and, while coping reasonably well with family support, could benefit from additional short-term help.
- The child experiences difficulties with family and peer relationships, showing signs of anxiety, withdrawal, or clinginess, with limited engagement in play or friendships. They may display inappropriate responses, requiring intervention but without suicidal thoughts or intent.

### **Abuse and neglect**

- The carer occasionally fails to protect their family, which, if unaddressed, could lead to potential risk or danger.
- The child sometimes shows physical symptoms that may suggest neglect.
- The child occasionally has fewer common injuries that align with the carer's explanation of accidental injury, and the carer is open to advice on preventing such incidents.
- The carer uses physical discipline (without causing injury) but is willing to seek professional support to manage the child's behaviour.
- A pattern of self-sufficiency is emerging that is not appropriate for the child's age or developmental stage.
- The child is experiencing an increased frequency of illness with no known cause.

### **Substance misuse**

- Drug or alcohol use by the carer is affecting their parenting, though the child's safety is currently maintained, with concerns this may worsen if substance use continues.
- A child or household member has been found in possession of Class C drugs.
- There are concerns about drug use during pregnancy.
- The child is experimenting with tobacco, alcohol, or illegal drugs, but the misuse is not escalating currently.

### **Housing, employment and finance**

- The family is facing unmanageable debt and has two or three months of rent arrears, with repossession action underway.
- They are living in poor, overcrowded, or temporary housing conditions, with a risk of homelessness.
- The family has limited access to essential services and may be transient, facing challenges due to low income or unemployment.
- Major changes in family finances have occurred due to life events, and parents are struggling to find employment due to basic skills or long-term difficulties.
- The child is from an asylum-seeking or refugee family with additional needs or is in a kinship care arrangement made by their own family, requiring extra guidance and support.

### **Extra-familial harm**

- The child is missing school or home, raising concerns about time spent with potentially negative influences, such as drug and alcohol use, antisocial behaviour, or associations with older individuals.
- The child has connections to negative peer groups involved in criminal activities.
- The child is at risk of online grooming.
- The child is developing unhealthy sexualised behaviours with peers or engaging in harmful sexual actions.

### **Domestic abuse / parental conflict**

- There are isolated incidents of domestic abuse within the family environment. However, there are protective factors within the family home.
- Expectant mother or parent is a victim of occasional or low-level domestic abuse or previously was a victim of abuse.
- There are ongoing concerns about conflict between the family and the child.
- Day to day unresolved and unresolvable conflicts; no consistent pattern of 'victim' or 'abuser'.

### **Disability**

- The child has some additional health needs which require support.
- Carers and family members have disabilities, but this occasionally impacts on their ability to provide care, but this does not put the child at risk. Some support is required.

### **Young carer**

- The child occasionally has caring responsibilities which sometimes impacts on their opportunities.

## Indicator of possible need - Family Help

### Health

- The child suffers from chronic or recurring health problems which are poorly managed or untreated, often due to missed medical appointments and parental neglect.
- The carer is struggling to meet the child's health needs, displaying high anxiety and sometimes substance misuse.
- Parental lifestyle choices (e.g. smoking) are exacerbating the child's health issues, such as asthma or allergies.
- Developmental milestones are not being met, and the child faces significant challenges, including potential disabilities or other conditions (e.g. conduct disorder, ADHD, anxiety, depression).
- The child has a disability or complex needs requiring specialised support to ensure optimal life chances.
- The carer is not accessing ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment.

### Education

- The child has irregular attendance, including frequent absences and exclusions, with ongoing concerns about their home education.
- Some developmental milestones are not being met, requiring targeted or specialist services for support.
- The child's ability to process information and solve problems is severely impaired, leading to significant underachievement or a lack of academic progress, despite sustained learning support.
- The carer is disengaged from the school and actively resists suggestions for supportive interventions.

## Social and emotional health

- The carer's inability to emotionally engage with the child has led to missed developmental milestones. The volatile and unstable family environment negatively impacts the child, making them vulnerable to exploitative relationships. The parent or carer struggles to set appropriate boundaries or judge dangerous situations, with reports of verbal threats made toward the child.
  - The child rarely receives comfort when distressed and faces significant pressure to achieve. They have a mental health condition that severely affects their daily functioning, requiring specialist intervention. However, the parent is not seeking treatment, increasing the risk of mental health deterioration.
  - The child has not accessed mental health services and is experiencing recurrent mental health issues. They are known to access harmful social media sites related to self-harm, and while they self-harm causing minor injuries, the parent responds appropriately.
  - The child has expressed suicidal ideation but with no known plan of intent, and they are under hospital care and engaging with mental health services.
  - The child has low self-esteem and confidence, making them vulnerable to exploitation or grooming, and leading them to engage in negative behaviours.
- The carer's mental health, subject to a section under the Mental Health Act, is impacting their ability to care for the child, with no supportive networks in place. The carer has expressed suicidal ideation without a plan, and the child has suffered a recent bereavement, resulting in behavioural deterioration requiring long-term intervention.
  - Concerns exist regarding the private fostering arrangements for the child, and the local authority has not been notified, raising potential issues about the carer's treatment of the child.



### **Abuse and neglect**

- The carer frequently neglects or is unable to protect their family from danger or significant harm, and persistently avoids contact with childcare professionals.
- The child consistently displays physical symptoms that clearly indicate neglect.
- The child has frequent injuries, which, although explained, are more common than expected for a child of similar age and needs. The carer is often unaware of how the injuries occurred, or the explanation is unclear.
- The carer uses physical discipline that results in injuries but is open to accessing professional support to manage the child's behaviour.
- The family is in crisis, potentially leading to the breakdown of care arrangements, with the carers no longer wanting to care for the child.
- The child shows a high level of self-sufficiency that is inappropriate for their age and developmental stage.
- There is suspicion that the child has suffered or is at risk of fabricated or induced illness.

### **Substance misuse**

- The child's substance misuse is severely impacting their mental and physical health, as well as their social well-being, with incidents of hospitalisation due to alcohol or drug use. The carer is indifferent to the child's underage smoking, alcohol, or drug use.
- Drug or alcohol use within the family has escalated, causing the child to worry about their carer or family member.
- There have been prior concerns about drug involvement, including drug supply, and instances where the child or a household member has been found in possession of Class A or Class B drugs, or drug paraphernalia has been discovered in the home.
- There is evidence of substance or drug misuse during pregnancy.

### **Housing, employment and finance**

- Chronic unemployment has deeply impacted the parents' sense of identity.
- The family is unable to secure employment due to a severe lack of basic skills or long-term substance misuse.
- The family home lacks the necessary resources to meet the child's physical, developmental, and emotional needs.
- The housing conditions are unsafe or pose a serious threat to health.
- The living environment endangers the child's safety.

### Extra-familial harm

- The child is frequently going missing from home.
- The child is at risk of or is experiencing exploitation, trafficking, or grooming.
- Involvement with extremist or violent groups.
- Participation in gang or organised crime activities.

### Disability

- Carers are unable to meet the child's needs due to their disabilities and require a significant amount of support.
- Carers and family members have disabilities, which are affecting the care of the child.

### Domestic abuse / parental conflict

- The child is suffering harm from witnessing domestic abuse within the family. Perpetrator(s) showing little or no commitment to changing behaviour or understanding of the impact to the child.
- Expectant mother or parent is a victim of domestic abuse, and this has taken place on several occasions.
- Previous domestic abuse perpetrator resides in the family home and concerns re minimising presence or low-level abuse.

### Young carer

- The child regularly has caring responsibilities which is significantly impacting on their development and opportunities.

## Indicators of possible need – Family Help – immediate protection

There are children where there is a need for immediate safeguarding as they may have suffered or at risk of suffering significant harm. These children require an immediate referral to Children's social care and or Warwickshire police for an assessment to be completed to better understand their needs.

- The child is at immediate risk of significant harm including physical, sexual, emotional harm and neglect.
- The child has unexplained or suspicious injuries or where there is inconsistent explanation of the injury, including pre-mobile children.
- Children from families experiencing a crisis likely to result in an imminent break down of care arrangements.
- Where there are serious concerns regarding the risk of significant harm to an unborn baby.
- Children who are remanded.
- Children who disclose abuse.
- Serious threat to parents' life or to child by violent partner.
- Vulnerable children who are left alone.
- The child is having contact with, or living with, a person who is deemed to pose a risk of harm to others.
- Child is at significant risk of harm from gang affiliation and/or criminal exploitation.

# Warwickshire Family Information Service

Contact the Family Information Service (FIS) for a wide range of information relating to children and young people ages 0-25 including, but not limited to:

- Childcare
- Money and benefits
- Housing
- Special educational needs and disabilities (SEND)
- Health and wellbeing



Freephone call the team on **0800 408 1558**  
Monday - Friday, **9am - 5pm**  
or email **[fis@warwickshire.gov.uk](mailto:fis@warwickshire.gov.uk)**

Scan the QR code for the website or visit  
**[www.warwickshire.gov.uk/fis](http://www.warwickshire.gov.uk/fis)**

## Acknowledgements

This Warwickshire Spectrum of Support is a Warwickshire Safeguarding Children Partnership documents, which is agreed by all partners.