

# Early Help

## Assessment of Need



This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

# Introduction

In Cardiff, we believe that every young person and child should have the opportunity to reach their full potential. Children attain their best outcomes when they are offered services and support that enable them to grow and achieve in their own families, when it is safe to do so [1]. A key element to our approach to supporting families, young people and children in Cardiff is a commitment to **Early Help**.

The Social Services and Well-Being (Wales) Act [2] supports those with care and support needs to achieve well-being. Well-being means a person is happy, healthy and comfortable with their life as defined in Appendix 1. Everyone is entitled to well-being and everyone has a responsibility for their own well-being, but some people need extra help to achieve this.

Support will be provided through partnerships and service co-operation. Staff will work with families to identify the care and support they require to achieve the outcomes that matter to them. Services aim to prevent the escalation of need by ensuring the right support is available at the right time.

Research shows that while the largest impact on a child's future development occurs during the first few years in children's lives, it is also important to intervene at the early stages of a problem, whatever the age of the child. The Council aims to do this by **working with families** to develop their own sustainable solutions rather than 'doing for' or 'doing to'.

We are all responsible for safeguarding and promoting the welfare of young people and children. Services across the city will be flexible and responsive to provide families with effective support at the earliest possible stage. As soon as a practitioner becomes aware of any additional needs, they will discuss the problem with the family and offer advice and support to meet that need, making referrals to other agencies as necessary.

Agencies will focus on effectively engaging with families and breaking down barriers to participation. Support will change depending on the family's level of need with the aim of reducing provision when appropriate to **build resilience in families** and not dependence.

This partnership approach to Early Help is to ensure that all agencies work together, share information when appropriate and have a family centric focus to ensure that families receive the **right level of support at the right time**. Staff will provide all families with an Active Offer of support, with service provided in both Welsh and English and other languages if necessary.

By providing help at the lowest level of intervention, we aim to reduce the number of families requiring remedial intervention and to ensure that all families can achieve their best outcomes.

## This document:

- Sets out Cardiff's integrated approach to early help and intervention for families
- Describes the spectrum of need and the appropriate indicators and services
- Describes good practice in seeking consent, information sharing and professional disagreements
- Provides a flow chart that describes how people and professionals can access Care and Support as outlined in the Social Services and Well-Being (Wales) Act 2014.
- Provides supplementary information and guidance on developmental indicators in families, young people and children and ACEs research.

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# Early Help

## Why Early Help?

Work has been undertaken by agencies across Cardiff to develop a common language that describes preventative support as **Early Help**. Early Help focuses on having the right conversations with the right people to ensure that families get the support they need.

A substantial body of research has shown how chronic stress on individuals during childhood can result in long term harm. These stresses are known as Adverse Childhood Experiences (ACEs) and have the potential to affect a child's development (Appendix 2) [3]. Those with greater exposure to ACEs are more likely to develop health harming and anti-social behaviours in the future, as well as a greater likelihood of developing diseases such as diabetes, cardiovascular disease and mental illness.

Two of the well-being goals put in place in the Well-being of Future Generations (Wales) Act 2015 are relevant to reducing the prevalence of ACEs across Wales [4]. Preventing ACEs and developing resilience in families will support the achievement of a healthier Wales by improving people's physical and mental well-being. The goal of ensuring that all children grow up free from ACEs, as well as understanding that ACEs are not isolated events but associated with environments that tolerate inequality, will feed into creating a more equal Wales where everyone is able to fulfil their potential.

It is better for families and the wider community to identify and intervene in problems early to prevent their escalation than to respond later when action is necessary. Early help support can be provided at any point in a young person or

child's life with interventions provided early in a child's life or in the development of a problem.

Early intervention can help young people and children to live happy, healthy and successful lives by developing their resilience and skills as well as improving a family's home life, relationships and overall health [5].

### Early action could:

- Reduce the number of young people and children who are impacted by adverse childhood experiences (ACEs).
- Raise educational attainment and aspirations of families.
- Improve access to better employment opportunities.
- Minimise safeguarding and care expenditures by building resilience in families.
- Reduce the number of foster and residential placements that now cost an average of £3,800 each per week.

**Every family's situation is unique.** Discussions and decisions on how to best meet their needs, and which agency is best placed to do so, will be based on:

- A clear understanding of the family's strengths and needs,
- Discussions with the whole family, including the view of the children, and
- Informed, evidence based professional judgements.

Changing circumstances mean that support requirements will vary over time depending on the impacts and relationships between a family's strengths, vulnerability and risk factors.

By working together, practitioners can ensure that families receive the **right level of support at the right time**.



## Early Help in Cardiff

The ambition in Cardiff is to provide a more coherent approach to early intervention and prevention services. This will enable us to provide **information, advice and assistance** to all families whilst providing the right support level of support at the right time for those who need it the most.

Home to 350,000 people, the city of Cardiff sits at the heart of the wider Cardiff Urban Zone in the South East of Wales. Cardiff is a city of huge contrast with areas of significant affluence in the north of the city and deep and longstanding areas of social-economic disadvantage mainly located in the 'Southern Arc'. Pockets of hidden deprivation also exist within less deprived areas.

The high levels of children who are looked after as well as increasing numbers of referrals and assessments for Children's Social Services is placing strain on support services for families. The Cardiff Partnership recognises the importance of focusing on effective intervention and support for families as opposed to managing short-term crises [1].

The Well-Being of Future Generations (Wales) Act 2015 has put in place seven goals to improve the social, economic and cultural well-being of Wales while ensuring the health and well-being of future generations [2]. Providing an accessible Early Help service feeds into the goal of creating a healthier Wales by reducing the impact of ACEs.

The Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 was developed to improve arrangements for the prevention, protection and support for anyone (women, men, children and young people) experiencing or affected by violence and abuse. It acknowledges that women and girls are disproportionately impacted by all forms of violence which is a violation of human rights and both a cause and consequence of inequality between women and men [8].

Children aged 0-17 are entitled to special human rights protection under the United Nations Convention on the Rights of the Child [9]. The Children's Commissioner for Wales published the Children's Right Approach for Wales in 2017 as a framework for integrating children's right into every aspect of policy and planning [12].

Cardiff is the first city in Wales to participate in Unicef UK's national Child Friendly Cities initiative [10]. A Child Friendly Cardiff is a city where the voices, needs and rights of all young people and children are respected and a place where these individuals are safe, healthy, happy and able to share in the city's success, regardless of their belief, ethnicity, background or wealth.

Cardiff aims to ensure that families receive help at the **lowest level of safe and effective intervention** by [11]:

- Having an accessible Family Gateway to provide information, advice and assistance and is able to refer families on to appropriate services,
- Adopting a Think Family approach to ensure families are given the right support, in the right way, at the right time, and
- Actively working to identify those at risk of ACEs and delivering multi-agency responses when necessary to support families before they reach crisis point.

## Key Principles of Early Help

The approach to providing Early Help will be underpinned by the following key principles:

1. A **strengthening families approach** that focuses on families' strengths and supports parents to bring up their child at home to achieve their best outcomes where realistic and possible. Families should be empowered to identify their own problems, needs and solutions.
2. A **Think Family approach** will be used to understand the needs of the whole family, by working in partnership with families and other professionals.
3. An **outcomes based approach** with clear and measureable outcomes for children and families. New initiatives and re-targeting of resources will be based on evaluated evidence of 'what works'.
4. Providing **the right level of support at the right time** by implementing a clear plan, outcomes and tailored support with the family.
5. A **connected partnership approach** that will utilise wider cross partnership initiatives to maximise impact and re-target partner resources to reduce demands or de-escalate interventions to the lowest appropriate levels.
6. A **shared understanding and language** will be developed across the city and a "no wrong door" approach with all partners involved in supporting families.
7. Understanding the **impact of poverty** and routinely using advice and into work services to maximise income and resolve family income and housing issues.
8. **Effective and meaningful engagement** with families will allow these groups to actively participate in the model implementation and feedback their views and suggestions for on-going review and outcome evaluation.
9. **Effective and continuous workforce development** will be required to provide workers with the necessary confidence and experience to work directly with families, especially when providing outreach or intensive interventions.

## Service Aims of Early Help

Early Help will aim to:

- Provide **information, advice and assistance** in a timely manner to reduce the need for ongoing support.
- Develop a shared understanding across the city, developing a **no wrong door approach** with all partners engaged in supporting families.
- **Improve outcomes** across a range of indicators for families and children of all levels of need.
- Enable families with emerging short-term problems to be better helped to manage these problems, **build resilience** and avoid the need for longer-term support.
- To better support families with complex problems with a relationship based **whole family approach** to prevent the need for statutory intervention.
- Improve the range of services available for families involved with statutory safeguarding and care services to be able to secure the best possible long-term futures and enable a '**stepping down**' to support services as soon as this is safe.

## Levels of Need

Practitioners may require guidance as to the most appropriate response for a family's needs. This document sets out a clear framework on how support will be provided to families across the spectrum of need described in Figure 1 [6]. Understanding and applying these levels will enable families to receive support early in the emergence of a problem.

The provided support will be **proportionate to the needs of the family**. Intervention should be at the lowest level appropriate to meet the needs of the family while supporting them in achieving their personal outcomes and the things that matter to them.

Practitioners should be open and honest with families when determining their level of need. Providing the right support may require practitioners to share information – the family's consent should always be sought when sharing information unless a child is at risk of significant harm.

Examples of the agencies that provide support at each levels are included in Appendix 3.

It is important to note that families can and do **move between levels of need**. Families, especially those with complex needs, should be able to move through levels as quickly and effortlessly as possible without repeat assessments, unless there has been a significant change in their circumstances.

### National Assessment and Eligibility Tool

The Social Services and Well-Being Act 2014 requires local authorities to have a '**What Matters**' conversation with the child, young person or person with parental responsibility based on the five key elements of assessment as part of the National Assessment and Eligibility Tool (Appendix 4):

- Assess the family's circumstances,
- Regard their personal outcomes
- Identify any barriers to achieving these outcomes,
- Assess any risks to the family if their outcomes are not achieved, and
- Identify the family's strengths and capabilities.

In addition, the first point of contact is required to capture the National Minimum Core Data Set – this only needs to be completed in full if the needs are eligible and a care and support plan is required (see pg 19 for more details).

The last part of the National Assessment and Eligibility Tool outlines the actions to be taken by practitioners and family members to help the child or young person to achieve their personal outcomes.



## The Right Help at the Right Time Framework

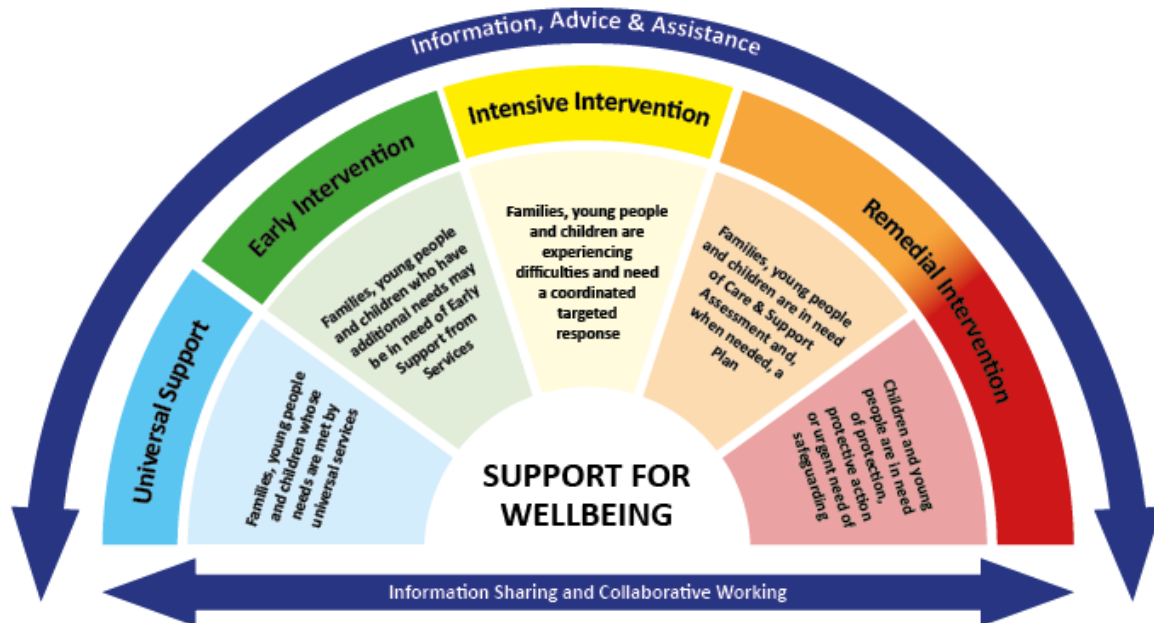


Figure 1: Based on the spectrum of need for families, young people and children from Welsh Government [6].

**UNIVERSAL:** *Most families have no additional needs and will never come into contact with specialist or statutory services.* For most families, access to universal services will be sufficient to meet their needs and to achieve their best outcomes. Services should guide and support families to find their own solutions.

**EARLY INTERVENTION:** *Some families may require some additional support to be healthy, safe and to achieve their best outcomes.* These needs can be due to temporary or enduring circumstances. Additional support at school, home or the local community may be required. This response may be provided by a single agency or a partnership between several agencies.

**INTENSIVE INTERVENTION:** *A coordinated targeted approach is required by families of higher or more complex levels of need to promote well-being or to prevent needs from becoming more complex or acute.* An intensive package of support is needed to manage these concerns but statutory social work or specialist interventions are not required. Support is likely to be more intensive or will take place over a longer period of time.

**REMEDIAL INTERVENTION:** *Some family members are in need of protection or safeguarding and need immediate statutory social work or highly specialist interventions to prevent significant harm to their health and welfare.* Children's social work services will take the Key Worker role in safeguarding services and coordinating services at this level of need.

# Indicators of Need & Signs of Safety

**Every family is unique.** Decisions about levels of support should be based on discussions between practitioners and the family.

The indicators described within Family Help and Family Support provide illustrative examples of how need may present itself and are not an exhaustive list of fixed criteria that must be met. It is important to note that these are only indicators and both professional judgement and discussions with the family will be required to determine their needs. Every family is unique.

Each family will have different strengths, needs and resources available to them. Effective communication between the family and practitioners is essential to ensure that the family receives the **right level of support at the right time**.

The impact on a young person or child in regards to their health, development and harm or likely harm should be considered. While some indicators alone may not be concerning, a holistic assessment should be undertaken to examine the interplay of different factors. Protective factors may reduce a child's vulnerability. Concern may also be escalated due to the degree of severity of an indicator.

For more information on indicators for different levels of needs, see Appendix 5.

**A Signs of Safety approach** will be used when assessing the level of support required by a family:

Worries	Strengths	Moving Forward
<p><b>Past Harm:</b> What has happened to this family in the past?</p> <p><b>Future Danger:</b> What are we worried might happen to this family if they do not change their behaviours?</p> <p><b>Complicating Factors:</b> What makes building resilience and working with this family more complicated?</p>	<p>What's working well in this family?</p> <p><b>Strengths:</b> Positive aspects of the family meeting basic needs.</p> <p><b>Safety:</b> Behaviours that demonstrate the capacity to protect vulnerable family members over time.</p> <p>What support and resources can the family access?</p>	<p><b>Agency Goals:</b> What does the agency need to see the family doing (and over what period of time) to be confident that there is enough safety and resilience to close the case?</p> <p><b>Family Goals:</b> What does the family think they need to be doing in order for the agency to close the case?</p> <p><b>Next Steps:</b> What are the agency's and family's ideas about what needs to happen next in working towards these goals?</p>

<b>UNIVERSAL</b>  Mostly no additional needs.	Any needs can be met by universal services. Physical and emotional needs are being met. Relationships between carers, siblings and peers are good. Children and young people exhibit age appropriate knowledge and behaviour. Children and young people are regularly attending education, training or employment. Parents provide for their children and protect them from harm while providing consistent, age appropriate guidance and ensuring all family member attend health appointments.		
	Factors relating to health and development of the young person or child	Factors relating to parents and carers	Factors relating to environmental factors
<b>EARLY INTERVENTION</b>  Additional need may mean that families need Early Support from services.  (Family Help)	<ul style="list-style-type: none"> <li>Disengaging from education, employment or training</li> <li>Emotional well-being or mental health concerns</li> <li>Not attending appointments</li> <li>Drug or alcohol use</li> <li>Low self esteem or confidence</li> <li>Poor school attendance or exclusion</li> <li>Slow in meeting developmental milestones</li> </ul>	<ul style="list-style-type: none"> <li>Parental conflict</li> <li>Lack of appropriate boundaries</li> <li>Poor parental engagement</li> <li>Parent in prison</li> <li>Teenage pregnancy and parenthood</li> <li>Parent has mental or physical health problems or a learning disability</li> <li>Parent requires advice on parenting issues</li> </ul>	<ul style="list-style-type: none"> <li>Social isolation</li> <li>Extremist views in family or community</li> <li>Historic domestic abuse</li> <li>Family involvement or risk of involvement in offending</li> <li>Loss of significant adults (bereavement, separation) potentially impacting on child's well-being</li> </ul>
<b>INTENSIVE INTERVENTION</b>  Families need a coordinated targeted response to overcome difficulties  (Support 4 Families)	<ul style="list-style-type: none"> <li>Being a young carer</li> <li>Disabilities</li> <li>Persistent patterns of absence from home or school</li> <li>Self harm concerns or suicidal thoughts</li> <li>Risk of overdose</li> <li>Sexually inappropriate behaviour</li> <li>Some evidence of inappropriate responses or behaviour</li> <li>Low self esteem or confidence</li> <li>Difficulties with peer group relationships</li> <li>Repeated pattern of not being brought to appointments is affecting physical or emotional well-being</li> <li>Child or young person seriously affected by parental mental health, substance misuse or domestic violence.</li> <li>Offending behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Domestic abuse or allegations exist</li> <li>Physical or learning disability</li> <li>Mental ill health, serious illness or substance misuse</li> <li>Parental history affecting their ability to care for child</li> <li>Parents do not respond to advice or support</li> <li>Complex family relationship breakdown</li> <li>Unsafe, erratic or inconsistent parenting</li> <li>Parent has experienced female genital mutilation</li> <li>Offending behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Children returning home from care</li> <li>Subject to discrimination</li> <li>Chronic social exclusion</li> <li>Environmental does not meet the family's needs or is placing the family at risk of harm</li> <li>Poverty is impacting the ability to care for the child</li> <li>Risk of ideological grooming or holding extremist views</li> </ul>
<b>REMEDIAL INTERVENTION</b>  Families are in need of a Care and Support Assessment and, when needed, a Plan.  Children and young people are in need of protective action or urgent need of safeguarding  (Statutory Services)	<ul style="list-style-type: none"> <li>Sustained bouts of depression or self harm</li> <li>Serious risk to self or others</li> <li>High level of caring affecting child's emotional wellbeing or life chances</li> <li>Unexplained injuries, suspicious injuries or inconsistent explanations</li> <li>Neglect seriously affecting child development</li> <li>Children in custody</li> <li>Serious mental health issues</li> <li>Severe or chronic health problems</li> <li>Child who has abused another child</li> <li>Child at imminent risk of suffering female genital mutilation</li> </ul>	<ul style="list-style-type: none"> <li>Parents have been unable to care for another child</li> <li>Domestic abuse having a long term impact on child's well-being</li> <li>Parents support female genital mutilation</li> <li>Parental substance use or mental health issues placing the child at risk of significant harm</li> <li>Parent has a learning disability that affects their ability to care for a child without support</li> </ul>	<ul style="list-style-type: none"> <li>Being homeless or at immediate risk of becoming homeless</li> <li>Children in contact with an individual identified as a risk to children</li> <li>Families seeking asylum with no leave to remain or recourse to public funds</li> <li>Significant concern of radicalisation</li> <li>Children being exploited</li> <li>Children who are being trafficked</li> <li>Children at risk of forced marriage, honour based abuse or female genital mutilation</li> </ul>

## Support Available in Cardiff

Integration and knowledge sharing across services is essential in providing the **right level of support at the right time** to families. Existing services have been brought together to create three new services to provide support for families of all levels of need (Figure 2):

1. The **Family Gateway** will be the main route for referrals and requests for help and will provide information, advice and assistance.
2. The **Family Help** service will provide a rapid response to families that need short term intervention
3. The **Family Support** service will work with families facing more complex or severe issues

A **Key Worker** (KW) is a family's main worker at a certain point in time. This could be a Family Help Advisor, a Support 4 Families Worker, a Social Worker or a staff member from an external agency who is already working with the family.

The KW is the key point of contact and will form a partnership between the family and practitioners from different services (see page 27 for more details). They will smooth the transition and introductions between the family and any new workers from different agencies. If appropriate, they may carry out some intervention or support with the family.

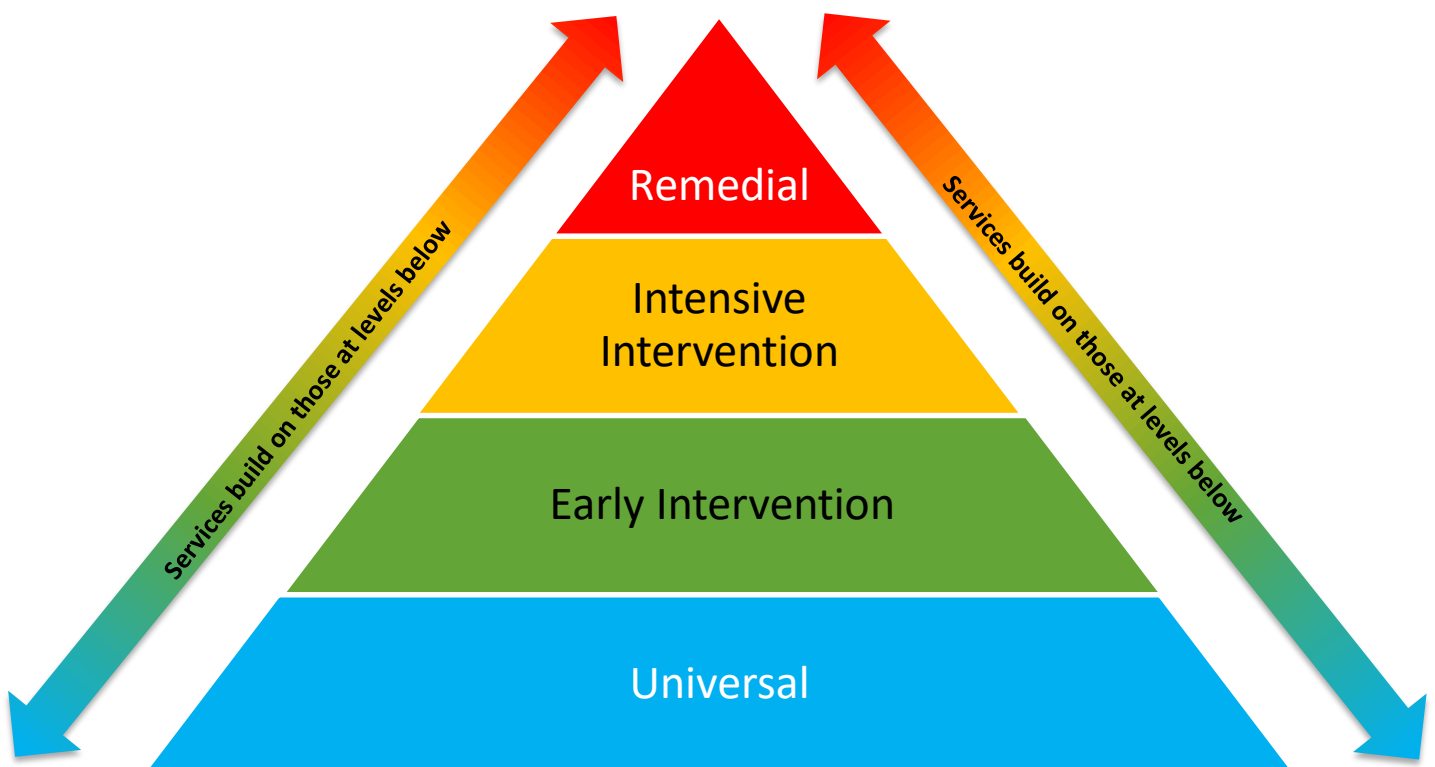


Figure 2: Service model for families in Cardiff.

# Family Gateway

The Family Gateway is a clear, accessible referral route for anyone who has **well-being concerns about a child or wants to learn more about support available for families**. Referrals or requests for advice or signposting can be made by professionals or members of the public.

The Gateway provides a clear pathway into other support services and to other Gateways when necessary. The Gateway can be accessed via a dedicated phone line, email and website and is staffed by Contact Officers with Social Worker oversight. Staff will be given Signs of Safety and safeguarding training to assist with the broad range of issues that may enter the Gateway.

The Gateway can provide advice on:

- Child behaviour
- Child care
- Parental support
- School attendance
- Employment, money and housing

Other services provided by the Gateway will include:

- Information and signposting to other services and Gateways,
- Proportionate assessment and triage, and
- Referral into targeted services.

In these cases, the basic needs of the family are being met but advice is needed on specific issues. These needs can be met through advice or signposting to other services.

There will be two types of referral into the Family Gateway:

- Those requesting **early help**, and
- Those where there is a clear **safeguarding concern** (MARFs).

Referrals with a clear safeguarding concern will be directed immediately to a Gateway Social Worker who will make a decision regarding the service best placed to support the family. This will involve direct referrals to statutory services such as the Multi-Agency Safeguarding Hub when necessary (Figure 3).

## Examples of Universal Services

- Youth Services
- Housing
- Money Advice Team
- 3-4 year old childcare offer
- Community based group parenting programmes
- Into Work
- Flying Start
- Family Information Service
- Community Reinforcement and Family Training
- Third sector provision



## Case Study

### **Bina and Saul**

Saul calls the Family Gateway asking about local childcare as Saul needs to maximise his income and is currently working part time. He is also looking to meet other parents in Adamsdown. In conversation he reveals that he and his partner have recently separated and he has sole custody of his 3 year old daughter, Bina. His mother lives in Grangetown and supports Saul to be able to work part time but would not be able to care for her granddaughter full time. Saul also does not know many other parents in the area and thinks that both he and Bina would benefit from improved social opportunities.

### **Family Gateway**

Through the Family Gateway, Saul learnt that he lived in a Flying Start area and was eligible for free part time childcare. The Gateway provided information on local play and community groups in Adamsdown so that both Saul and Bina could get to know other families. The Family Gateway was also able to check that Saul was accessing all benefits to which he is entitled and signposted him to return to the service or his local Hub for future queries.

### **Debbie and Theresa**

Debbie contacts the Family Gateway to find affordable childcare for her two children (10 month old, and 2 years 10 months old). The older child has been recently diagnosed with a disability. Debbie is self-employed. Her partner, Theresa, works as a teaching assistant full time but is currently on maternity leave and is due to return to work in the next month. They previously paid for a private day-care nursery place but Theresa took over caring for both children when she was on maternity. Debbie is unsure how to support her family while keeping her job.

### **Family Gateway**

The Family Gateway informed Debbie about the childcare offer and how to apply, meaning that a large portion of childcare costs will be covered for the 2 year old, as well ensuring that the child will be accessing a foundation phase nursery place by contacting the school admissions team.

The Contact Officer also directs the Parent to the Welfare Benefits Advice to ensure the family is financially supported with the newly diagnosed disability. Debbie is also signposted to the Business Wales website for advice on money saving and business grants for small businesses.

A referral is also made to the DTAF (Disability Service) for advice on the support available to the family.



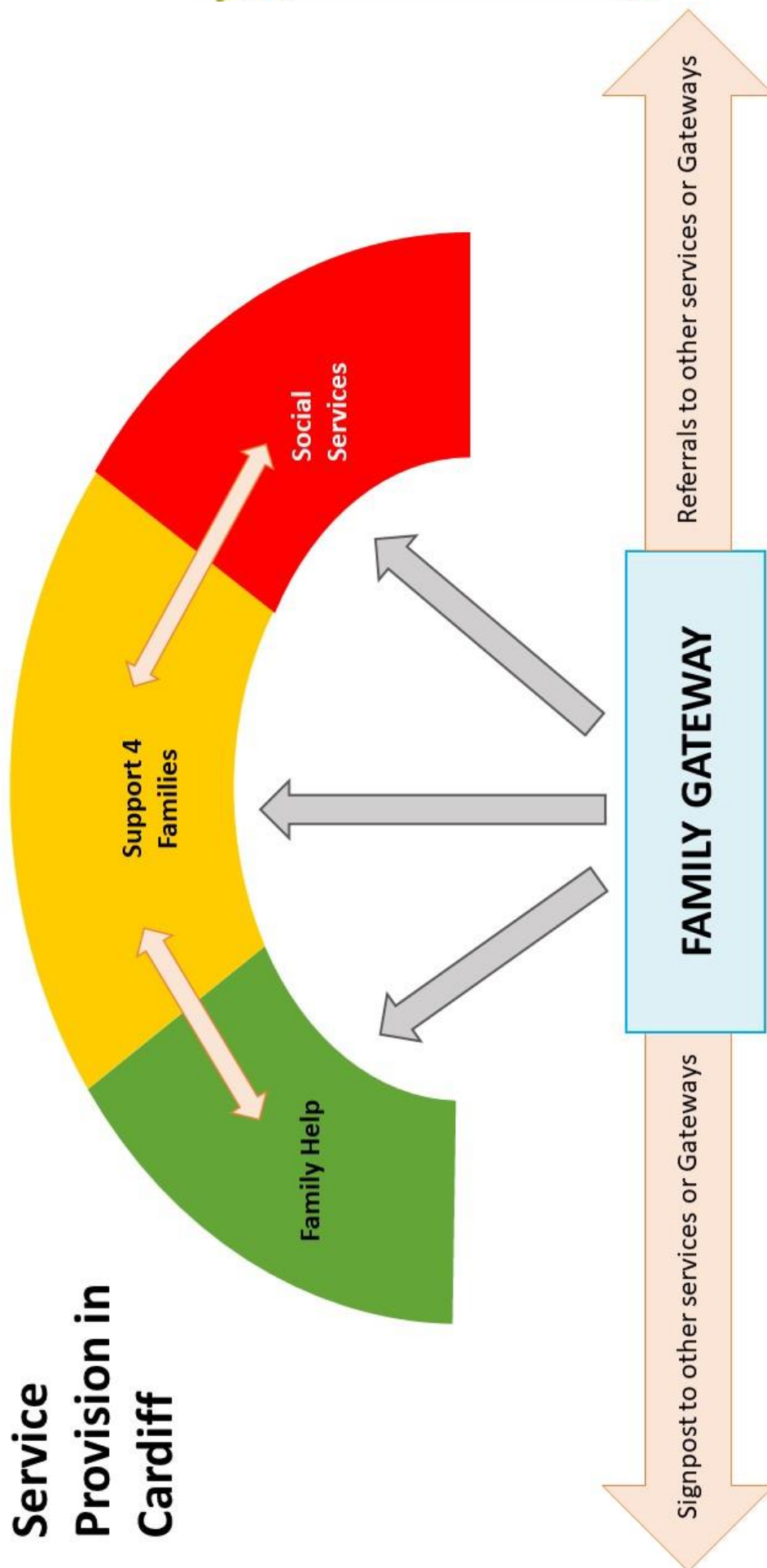


Figure 3: Provision of support for families in Cardiff.

# Family Help

The Family Help Service will provide a rapid response to families that need **short term intervention**. A focus will be placed on families who, without help at this stage, are **likely to require more intensive support or safeguarding in the future**.

The Family Help Service consists of a team of Family Help Advisors who work closely with Gateway staff. Staff are fully trained in Signs of Safety, safeguarding and a range of interventions. When needed, they will visit families to carry out further assessment.

Family Help Advisors provide families with advice and support and are responsible for delivering some interventions. They will establish contact with appropriate professionals when required and help the family to maintain appointments.

## Examples of Services

Relevant services include all previously mentioned services in addition to:

- Barnardo's Family Well-Being Service
- Youth Support
- Home Start
- Well-being 4U
- Housing Floating Support
- RISE – VAWDASV
- AFC – Disability Focus
- Cardiff Parenting Support
- Youth Offending Service

## Anne, Ayesha and Lee

Ayesha calls the Family Gateway and is very distressed. She is struggling to manage the behaviour of her 7 year old daughter, Anne. Anne is not behaving at home and there have been instances of aggression both at home and in school. After the incidents, Anne is very remorseful and reports feeling unable to control her behaviour.

Both parents have experienced issues with their mental health (anxiety and depression) and are currently receiving support from their GP. Ayesha also has physical health difficulties and Lee has recently left work to become her full time carer. Lee is less confident in his parenting abilities than Ayesha and Anne's behaviour is much worse when only he is present, which is often due to the frequency of Ayesha's medical appointments and her fatigue. Lee was recently denied a PIP claim which is impacting on the family's financial stability with recent use of the food bank and rent arrears.

## Family Help

A Family Help Advisor performed a more detailed assessment with the family. The Advisor recognised the difficulties faced by the family but was reassured that both parents were supportive of each other and already receiving help from their GP. Ayesha and Lee were referred to the Cardiff Parenting Service for parenting support. With the family's consent, the Advisor updated Anne's school on their situation – Anne's form teacher and school nurse have a better understanding and are working with Anne on her behaviour at school.

The Advisor requested Carer Assessments for both Lee and Anne. An Adult Services assessment means that the house is more suitable for Ayesha's physical needs. The Advisor referred the family to Tenancy Support for help with rent arrears, helped to maximise the family's income through a benefit check and referred Lee to a specialist service for assistance with his PIP appeal.

The Advisor and the family developed a plan that describes next steps if things do not improve.

## Support 4 Families

The Support 4 Families team will work with families facing more complex or severe issues. A focus will be placed on families where, without support, there is **imminent risk that they are likely to require a safeguarding or care intervention**. This service will also help families who have stepped down from statutory services but still require ongoing support.

The Support 4 Families team provides social work interventions led by a group of multidisciplinary professionals working together to find the right solution for the family. Support Workers offer intensive and assertive support in the following ways:

- Direct delivery of a range of evidence based family intervention and programmes,
- Providing practical help and support,
- Co-ordinating multiagency approach when required (if acting as Key Worker),
- Advising on a wide range of community based services, and
- Addressing issues such as domestic abuse, substance misuse and mental health.

Staff will assess families with the eligibility criteria and will be able to step up to and down from Statutory Services as appropriate (Appendix 1)

Families and staff work together towards building resilience by focusing on the strengths of the family. Support takes place over a longer period with families able to reduce or re-engage with support as needed with changing circumstances.

Data and information sharing is especially crucial in Support 4 Families, both between practitioners to ensure children and families are receiving the right level of support at the right time and for performance monitoring of families and services.

### Examples of Services

Relevant services include all previously mentioned services in combination with social worker support inclusive of the Unborn Team. Examples of additional services include the Adolescent Resource Centre and the Youth Offending Service among others.



### **Nicole and Joe**

Nicole struggles to pinpoint the support her family needs when she calls the Family Gateway. She reveals that she has previously used drugs and is currently experiencing a relapse due to a lack of support. She lives with her husband, Joe, and two sons aged 2 years and 5 months.

Nicole discloses that she has been using crack cocaine or heroin every other day. Joe does not trust Nicole to look after the children alone, which is impacting on their relationship. While Joe has abstained from heroin for three years, he is concerned that the current issues with Nicole's drug use could impact his recovery plan (Joe attends a substance misuse support service).

Joe provides good support to the children but he is struggling as the main carer. Joe says that Nicole is a good mum but has been affected by the recent loss of her father. The family does not have any social or wider family support locally. Nicole is unwilling to engage in community resources for substance misuse support as in the past she has been offered substances by other attendees and feels that this could be a step back for her family. Nicole reveals that her oldest child was on the Child Protection register until a year ago.

### **Support 4 Families**

A Support Worker performed a more detailed assessment with the family in person to get a better idea of their situation. The Support Worker recognised the difficulties faced by the family but recognised Joe's abstinence from drug use, the excellent support he provides to the children, the family's willingness to ask for help and the fact that the family were moved off the CPR in the past.

Nicole is referred to a bereavement service for support with the recent loss of her father. Nicole lost her job due to her behaviour change after her father passed away. The Support Worker checks that the family are receiving the benefits to which they are entitled and ensures they can continue to make their tenancy payments. As the sole earner, it is important that Joe receives the help he needs to support his family both financially and emotionally.

Alternative substance misuse rehabilitation options and parent groups for those with addiction issues are presented to the family. Joe is praised for his abstinence and supported to continue.

Though the family does not have much support locally, they are referred for respite childcare and to Homestart to give both parents a break. With consent from the family, the Support Worker contacts the children's school and Health Visitor to inform them of the situation to see if they can provide additional support.

The Support Worker and the family developed a plan that describes next steps if things do not improve. Neither parties want Joe and Nicole's children to be put on the CPR or taken away from the family home. Buy in from everyone involved is essential to not only work on supporting Nicole through this difficult time, but to keep this family together if it is safe to do so.

## Care & Support Needs and Safeguarding

Families, young people and children will be referred to statutory services if, following assessment, they have needs that can only be met through a **care and support plan**.

Appendix 6 outlines the four eligibility conditions that must all be met in order for a family to be assessed as **eligible for a care and support plan**. The only exception to this is if there are **safeguarding concerns**, in which case the family is automatically eligible.

In terms of eligibility criteria for care and support, the Social Services and Well-being [Wales] Act 2014 states (Appendix 1):

A proportionate assessment of need is conducted which considers:

1. Personal outcomes
2. Barriers to achieving personal outcomes
3. Risks to the family if their personal outcomes are not achieved
4. Strengths and capabilities

An individual has an eligible need for care and support if an assessment establishes that **overcoming barriers to achieving personal outcomes** requires the local authority to prepare and ensure the delivery of a care and support plan.

The family, young person or child should be treated as **equal partners** when working with the local authority to assess current and future care and support arrangements.

Can the identified need be met via signposting to preventative services or in another way?

- If **YES**, the child is not eligible
- If **NO** or the child is **in need of protection**, they are eligible

### Examples of Services

Relevant services include all previously mentioned services in combination with social worker support, in addition to:

- Fostering
- Residential care
- Looked After Children
- 13+ Think Safe
- Adolescent Resource Centre (ARC)
- Youth Offending Services
- Friends 4 U
- Child Health and Disability Team
- Integrated Family Support Services
- Emergency Duty Team
- Special Education Needs

Safeguarding is about protecting children and adults from harm. Harm can be physical, sexual, psychological, exploitative or neglect. Educating those around them to recognise the signs, dangers and risk of harm is vital.

### Safeguarding is everyone's responsibility.

Every individual, professional and organisation must do everything they can to ensure that children and adults at risk are protected from harm.

Any child who is facing or is at risk of facing significant harm or for whom there are serious concerns about their welfare, will automatically be eligible for care and support.

# Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The new RISE-Cardiff service supports women and their children **at imminent risk of abuse** who need **a place of safety** such as a refuge, but can also support women with **preventative and support services** in the community. The 24/7 service works closely with the Police, Health and Social Care services to ensure the safety of all family members.

The RISE-Cardiff service provides specialist interventions delivered by Independent Personal Advocates (IPAs) who are experts in a range of issues relating to Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) including:

- Domestic abuse and coercive control;
- Rape, sexual violence/abuse;
- Forced marriage;
- So-called 'honour' based violence;
- Stalking;
- Sexual harassment;
- Sexual exploitation (including through the sex industry);
- Trafficking/modern day slavery.

Cases are risk assessed using the nationally accepted DASH-Ric risk assessment form and professional judgement to identify individuals as either Standard, Medium or High risk.



RISE  
RECOVERY INFORMATION SAFETY EMPOWERMENT



RISE-Cardiff assess the shared and individual needs of victims and their children. Using a needs-led, strengths-based and trauma informed approach, RISE is focussed on early intervention, always mindful of putting the safety of victims and their children at the centre of service delivery. IPAs can work separately with family members and also together as a family unit to build individual resilience, promote independence, encourage empowerment, enable responsibility, control and choice and promote the family member's participation in the agreed programme of support.

Services respond to and wrap around individual need and, where possible, the same IPA supports the family member throughout their support pathway. Work with children is age-appropriate and responds to their level of need and risk.

#### **Domestic Abuse and Sexual Violence (Men)**

The RISE service was commissioned specifically for female victims following direct feedback from survivors, recognising that men and women experience abuse differently and therefore need bespoke responses and support. A service for male victims is currently being commissioned with local authority partners across South Wales and Gwent and is unlikely to be available until April 2020.

In the meantime, the RISE service assists with delivering their expert support to male victims of domestic abuse and sexual violence, and any children in their care, assessed as Standard and Medium risk. Those deemed High risk are supported by the male victim Independent Domestic Violence Advocate (IDVA) provided by Safer Wales. Access into safe accommodation is currently provided by Gwalia Care and Support at the dedicated male refuge in Cardiff.

#### **Services offered include:**

##### A One Stop Shop, offering:

- Advice, information and signposting
- A full triage assessment of need and risk
- Responding to of all Police referrals (PPNs), both adult victims and children
- Management of referrals from victims, friends, family and professionals
- Access to other services such as solicitors and the Citizens Advice Bureau
- Coordination of target-hardening referrals

##### Accommodation-Based Support, including:

- Access to appropriate safe accommodation via the VAWDASV Gateway online system
- An Intake and Assessment facility to undertake fuller assessments of need or for respite whilst target hardening or other activity takes place
- A range of crisis and refuge accommodation across the city
- A range of step-down supported accommodation

##### Community-Based Support, including:

- Advocacy and support through the Criminal Justice and civil justice systems
- Access to psychological counselling and recovery toolkits for victims and children
- Housing-related support to prevent loss of, or to establish new tenancies and reintegration into the community
- Age-appropriate self-help interventions, either on a one to one or group basis
- Dedicated services for pregnant women and for those with children aged under 5

## Assessment Process

Under the Social Services and Well-Being Act 2014, adults, children and carers have a right to assessment when it appears that they may have a need for care of support, regardless of the level of that need and of the individual's financial resources. Any assessment must be proportionate to the family's needs and appropriate for their circumstances.

Any family that is referred on to additional services by the Family Gateway should complete a proportionate assessment using the Signs of Safety approach using the Assessment Framework (Appendix 7). The assessment is not a doorway into care and support but a process that can help families to understand their situation and any challenges they may face in achieving their personal outcomes.

The family will complete the assessment with a Family Help Advisor or Support Worker to identify their strengths, needs, skills and resources. If the family provides consent, practitioners with whom they have already worked can join them to smooth introductions and assist with assessment. This process will also

identify any professionals or services that could support families in their journey.

The staff member will then coordinate a meeting involving the family and any services identified previously to help the family engage with appropriate services and to develop a plan that incorporates the support they need as well as appropriate monitoring time lines, progress markers and contingency plans if progress is not made in the required time.

While families may participate in short or more intensive interventions with services, they will always be in contact with their Family Help Advisor or Support Worker. Different services will have their own data systems but the proportionate assessment will remain with the family and their Family Help Advisor or Support Worker to ensure that the family does not need to tell their story repeatedly.

If a family is working with a social worker or social care agency, a Children's Social Care Assessment may be required. The proportionate assessment will remain with any families that step down to intensive intervention from statutory care.

### National Policy

The Social Services and Well-Being Act 2014 outlines five elements of assessment that requires local authorities to:

- Assess the family's circumstances,
- Regard their personal outcomes
- Identify any barriers to achieving these outcomes
- Assess any risks to the family if their outcomes are not achieved
- Identify the family's strengths and capabilities

For more information, go to pg 7.

### Risk Assessment in Cardiff

When assessing children's needs, it is essential to assess risks, especially for children who are suspected to be at risk of harm.

If a family is determined to have care and support needs, or there are safeguarding concerns, they will be referred into statutory services (pg 18).

A number of questions should be considered when making decisions about the level of support required by a family:

- What are the strengths of the family? What are they doing well?
- What are the future impacts for the child if things do not change?
- What did the family say about these concerns?
- Are there any factors that are complicating the problem?
- What advice or support has already been provided? What is the view of other professionals involved with the family?
- What support does the family need to build on their strengths?
- Does the family consent to information sharing?
- Does the family agree to an offer of help and support?
- What action will be taken if consent is not provided?

## Informed Professional Judgement

Strong professional judgement is essential for Cardiff Family Advice and Support staff in determining a family's level of need. The previously mentioned indicators of need are only examples of how needs may be expressed. Every family is unique and will differ in terms of their strengths, resources and needs. Staff will need to communicate with families to get a full understanding of these factors and to ensure that the family receives the right level of support at the right time.

Practitioners should seek guidance and approval from their line manager or safeguarding lead. Any conversations and actions relating to agency decision making should be clearly documented within the family's record. Advice and support in decision making can also be provided by social worker oversight throughout Cardiff Family Advice and Support

## Resolving differences

Practitioners from different agencies may have differences in opinion while assessing a family's level of need.

Exchanging ideas and having different opinions are a sign of developmental thinking and add value to the conversation. All practitioners working with families should be able to share their perspective and constructively challenge the decisions and actions, or lack of actions, of others.

A lack of resolution to a professional disagreement should not inconvenience a family. De-escalation is always the preferred method when working towards resolution.

When disagreements cannot be resolved between practitioners, they should consult their line managers who will work with the line manager from the other agency to resolve the problem. If disagreements are not resolved at this stage, line managers should consult senior management from each agency.

If there are any safeguarding concerns, practitioners should follow the Protocol for the resolution of professional differences set out by the Cardiff and Vale of Glamorgan Local Safeguarding Children's Board found at: <https://www.cardiffandvalersb.co.uk/wp-content/uploads/CV-LSCB-Protocol-for-the-Resolution-of-Professional-Differences.pdf>

## Consent and Information Sharing

No single agency will ever have the full picture of a family's needs and circumstances. Therefore effective communication and information sharing between agencies is essential in joining up support to improve outcomes for families.

Consent is a key component of the Early Help service. Before a practitioner can share information or make a referral to other services for additional or targeted early help support, consent must be provided by the family (unless there are safeguarding concerns as outlined on pg 18).

Practitioners should be open, honest and respectful with families about what information could be shared as well as why it is being shared, how it will be shared and with whom. Practitioners should seek consent to information sharing unless it is unsafe to do so. Clearly recorded communication within and between agencies should be as accurate and complete as possible.

The Early Help Referral contains a 'consent to share information' section. Families can state which services they agree can receive their shared information. Consent to further information sharing can be sought at any point during the assessment process.

The Early Help Service complies with the EU General Data Protection Regulation (GDPR) rules. Article 5(1) of the GDPR requires that personal data shall be:

- Processed lawfully, fairly and in a transparent manner
- Collected for a specific, explicit and legitimate purpose
- Adequate yet relevant and limited to what is necessary for the purpose of the data collection
- Accurate and up to date
- Kept in a form which permits individual identification for no longer than is necessary for the purpose of data collection
- Processed in a secure manner

Go to <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/> for more information.

Consent is only valid if it is:

- Voluntary,
- Informed, and
- Provided by an individual with the capacity to do so.

## Good practice in sharing information

Before going on to describe elements of key practice regarding confidentiality and information sharing, it is important to note that practitioners can always seek advice from social worker oversight throughout Cardiff family Advice and Support on a 'no-names basis'.

- Practitioners should consider whether sharing information is a proportional response based on the level of risk faced by the family.
- All sharing should occur on a need to know basis. Any shared information should be marked as confidential and not to be disclosed other than with the purpose of protecting children.
- Gaining the informed consent of children and/or parents is essential when agencies want to share confidential information. Families should be made aware of how a lack of consent may affect the help that agencies are able to provide.
- Agencies will respect the wishes of those who do not wish to provide consent, except in situations where the safety of children or others may be at risk or when it is inappropriate to seek agreement.
- If consent is not provided but the child is deemed to be at suffering or at risk of significant harm, **information can be shared** across agencies but **parents should be informed** that this will happen unless doing so will increase the risk of harm to the child.

### Young People and Consent

Parents or carers must be asked to provide consent to information sharing on behalf of children aged 12 and under. Consent to share information can be given by young people aged 16 – 17. Young people aged 13 – 15 can give consent as long as they are deemed capable of understanding the issues and making an informed decision.

- Consent does not need to be sought if seeking consent would:
  - Increase the risk of putting the child into harm,
  - Compromise a criminal investigation, or
  - Cause undue delay in taking action to protect the child.
- If information is shared, the necessity, relevance, accuracy, timeliness and security of the shared information will be recorded. If consent is not obtained, practitioners will record why the safety of the child was deemed to be at risk or why it was inappropriate to seek consent.



## Role of Key Worker

Families, young people and children have been shown to benefit from having one key individual (the Key Worker) to help them through the system when participating in a coordinated multi-agency assessment and action plan.

The **Key Worker** will be the key point of contact with the family. Their role is to form a partnership between the family and practitioners from different services. Effective communication between agencies is essential to provide the family with the right support.

When speaking to a Contact Officer, families will be asked if there is a suitable individual able to act as their Key Worker and whether they consent to involving that individual: "Is there a key worker with whom you are currently working that you would like to involve in your assessment and support plan?"

Families will know from their discussion with a CO that a Family Help Advisor or Support Worker will be contacting them soon to set up a meeting.

The action plan developed with the family and relevant agencies determines collective responsibility by outlining individual tasks. The Key Worker may be assigned a role within this plan if appropriate but will mainly act to smooth introductions to new workers and transitions between services. The Key Worker may be different or remain the same each time a family moves between levels of support.

The Key Worker is accountable to their own agency for delivering the role but is not accountable for the actions of other practitioners and agencies.





## Think Family Approach

The ability of parents to meet the needs of their children can be affected by their own needs. Services for families with a parent with an additional need (e.g. mental health problem, learning disability) will focus on securing safety for children, offering support to avoid future crises and service provision if they do arise, and ultimately promoting resilience and wellbeing for all family members, both today and in the future.

A **Think Family** approach encourages services to look at the whole family when coordinating care and work with a 'no wrong door' policy with all points of entry opening into a system of joined up support.

A coordinated plan facilitated by Cardiff Family Advice and Support, developed with the family and other agencies when appropriate is the best way of providing targeted early help to families with complex issues. This will involve working with families to identify their strengths, needs, skills and resources and to make their own plans to improve outcomes.

Practitioners will then monitor the plan, coordinate service delivery and ensure that the plan meets the changing needs of the family. Families and children are empowered to take responsibility and make the decisions that affect their lives.

Plans should clearly outline how progress will be measured with realistic timescales for required changes. Progress (as well as lack of progress), how it has been measured and by whom will be included in later review meetings.

A contingency plan, outlining what will happen if progress is not made in the desired time frame, will be discussed with the family and recorded.



All practitioners share responsibility for the plan and ensuring that actions are carried out timely. Practitioners are accountable to their own agency for the services they deliver to families, young people and children.

## Supporting young people and children with a disability

Cardiff believes that a child with a disability is a child first and should be encouraged and helped to access the same support and opportunities as other children without disabilities. Research tells us that children with disabilities are three times more likely to experience abuse and neglect [7] therefore identifying a disability at an early stage of referral is essential. Whilst all services should be available for families who have a child or children with additional needs, specialist services will also be available for those that require them.

Disabled young people and children are included in the delivery of all services. Cardiff Family Advice and Support will work with disability services to ensure that the needs of the family are assessed and met by the most appropriate services.

Specific needs that might impact families might be in relation to:

- physical, or learning disabilities
- sensory impairment
- chronic illness

Under the Social Services and Well-being Act (Wales) 2014 [2], 'a disabled child is presumed to need care and support in addition to, or instead of, the care and support provided by the child's family'. This group may be more vulnerable and their health and development is likely to be impaired or further impaired without the provision of early help, intensive intervention or remedial intervention.

Children with disabilities and their families will require different levels of support and access to services depending on their individual circumstances, the nature of the child's disability and its resulting impact on the family.

Statutory services are not necessarily the best service to identify and meet the needs of children with disabilities and their families as long as whatever service does work with the family has a good understanding of the family's needs and can provide information about local support and how to access it.

Cardiff Families First Disability Focus provides services to support disabled young people and children at home and to access their local community – more information can be found at <https://www.actionforchildren.org.uk/in-your-area/services/disability/cardiff-families-first-disability-focus/>



## Supporting young carers

The 2011 census showed that Wales had the highest proportion of carers under the age of 18 in the UK and it was calculated that there are approximately 30,000 carers under the age of 25 in Wales. The likelihood is however that the number is far higher since processes for identifying young carers are often under developed.

The Children Act 1989 placed a duty upon local authorities to provide an assessment of need for Young Carers. The Social Services and Wellbeing Act (Wales) 2014 has strengthened the offer to Young Carers. Within this Act, a carer is defined as “a person who provides or intends to provide care for an adult or disabled child”.

Local authorities and health boards have a duty to provide support to carers. The Act requires any person exercising functions under the Act to ‘seek to promote the well-being’ of carers (including young carers) who need support. In

addition, any persons exercising functions under the Act must have due regard to Part 1 of the United Nations Convention on the Rights of the Child (UNCRC), including 41 of the UNCRC articles.

Cardiff and the Vale of Glamorgan are currently working in partnership to review their pathways for young carers in order to deliver an assessment and support function which complies with the duties upon local authorities.

Assessments for most young carers will be undertaken at a preventative level, however, it is recognized that some young carers will need a statutory response to their needs. It is important for the needs of the young carer and those of their family as a whole to be identified in order to support them and their family in accessing services proportionate to their needs as early as possible.



# Family Feedback

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Any feedback will help to enhance Cardiff Family Advice and Support as it tells us about your experience with us and how we need to improve in the future. This page describes how to provide feedback for Cardiff Family Advice and Support.

## Compliments

Use the compliments section in the Feedback section to tell us about something we have done well. Depending on the information you provide, we will be able to inform the relevant person or service.

Hearing positive feedback will tell us why this had a positive impact on you or your family and suggests that we should keep doing what we're doing.

### Contact us

[ContactFAS@Cardiff.gov.uk](mailto:ContactFAS@Cardiff.gov.uk)

Tel: 03000 133 133

## Complaints

Cardiff Family Advice and Support is a new coordinated approach to providing families across Cardiff with the right level of support at the right time. There may be some teething problems with rolling out a new service. We welcome feedback on our services so that we can get things right the first time in the future.

Any family that is unhappy about a service they have received has the right to complain. Complaints will always be taken seriously. Cardiff Family Advice and Support will always respond to acknowledge your feedback.

Use the complaints tab in the Feedback section to help us to make changes and to improve our services. Any professional disagreements should follow the protocol described in the 'Professional judgement and resolving differences' section above.

## References

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- [1] Cardiff Partnership Early Intervention and Prevention Steering Group, “Early Help Strategy,” Cardiff Council , Cardiff , 2014.
- [2] Welsh Government, “Social Services and Well-being (Wales) Act 2014,” Welsh Government, Cardiff, 2014.
- [3] Public Health Wales NHS Trust , “Welsh Adverse Childhood Experiences (ACE) Study,” Public Health Wales NHS Trust , Cardiff , 2015.
- [4] Welsh Government, “Well-being of Future Generations (Wales) Act 2015,” Welsh Government, Cardiff , 2015.
- [5] Early Intervention Foundation, “Why early intervention matters?,” Soapbox , 2018. [Online]. Available: <https://www.eif.org.uk/why-it-matters/why-is-it-good-for-children-and-families/>. [Accessed 29 November 2018].
- [6] Families First, “Families First Programme Guidance,” Welsh Government, 2017.
- [7] NSPCC, “‘We have the right to be safe’ Protecting disabled children from abuse,” NSPCC, 2014.
- [8] Welsh Government , “Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015,” Welsh Government, Cardiff, 2015.
- [9] UNICEF, “United Nations Convention on the Rights of the Child,” United Nations , 1990.
- [10] Cardiff Council , “Child Friendly Cardiff Strategy,” Cardiff Council , 2018.
- [11] Cardiff Partnership, “Cardiff Well-Being Plan,” Cardiff Partnership, Cardiff , 2018-2023.
- [12] Children's Commissioner for Wales, “A Children's Right Approach for Wales,” Welsh Government, Cardiff, 2017.

# Appendix 1: Social Services and Well-being (Wales) Act 2014

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**The Social Services and Well-Being [Wales] Act 2014 states:**

## **Eligibility Criteria for Care and Support**

A proportionate assessment of need is conducted which considers:

1. Personal outcomes (children):
  - Ability to carry out domestic routines
  - Ability to communicate
  - Protection from abuse and neglect
  - Involvement in work, education, learning and leisure
  - Maintenance or development of family or other significant relationships
  - Development and maintenance of personal relationships and involvement in the community
  - Achieving developmental goals
2. Barriers to achieving personal outcomes
3. Risks to meeting personal outcomes
4. Strengths and capabilities

Can the identified need be met via signposting to preventative services or in another way?

- If yes, child is not eligible.
- If no or child is in need of protection, they are eligible.

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The Act defines **well-being**, in relation to a person, in relation to any of the following-

- a) physical and mental health and emotional well-being;
- b) protection from abuse and neglect;
- c) education, training and recreation;
- d) domestic, family and personal relationships;
- e) contribution made to society;
- f) securing rights and entitlements;
- g) social and economic well-being;
- h) suitability of living accommodation.

In relation to a child, “well-being” also includes—

- a) physical, intellectual, emotional, social and behavioural development;
- b) “welfare” as that word is interpreted for the purposes of the Children Act 1989

In relation to an adult, “well-being” also includes—

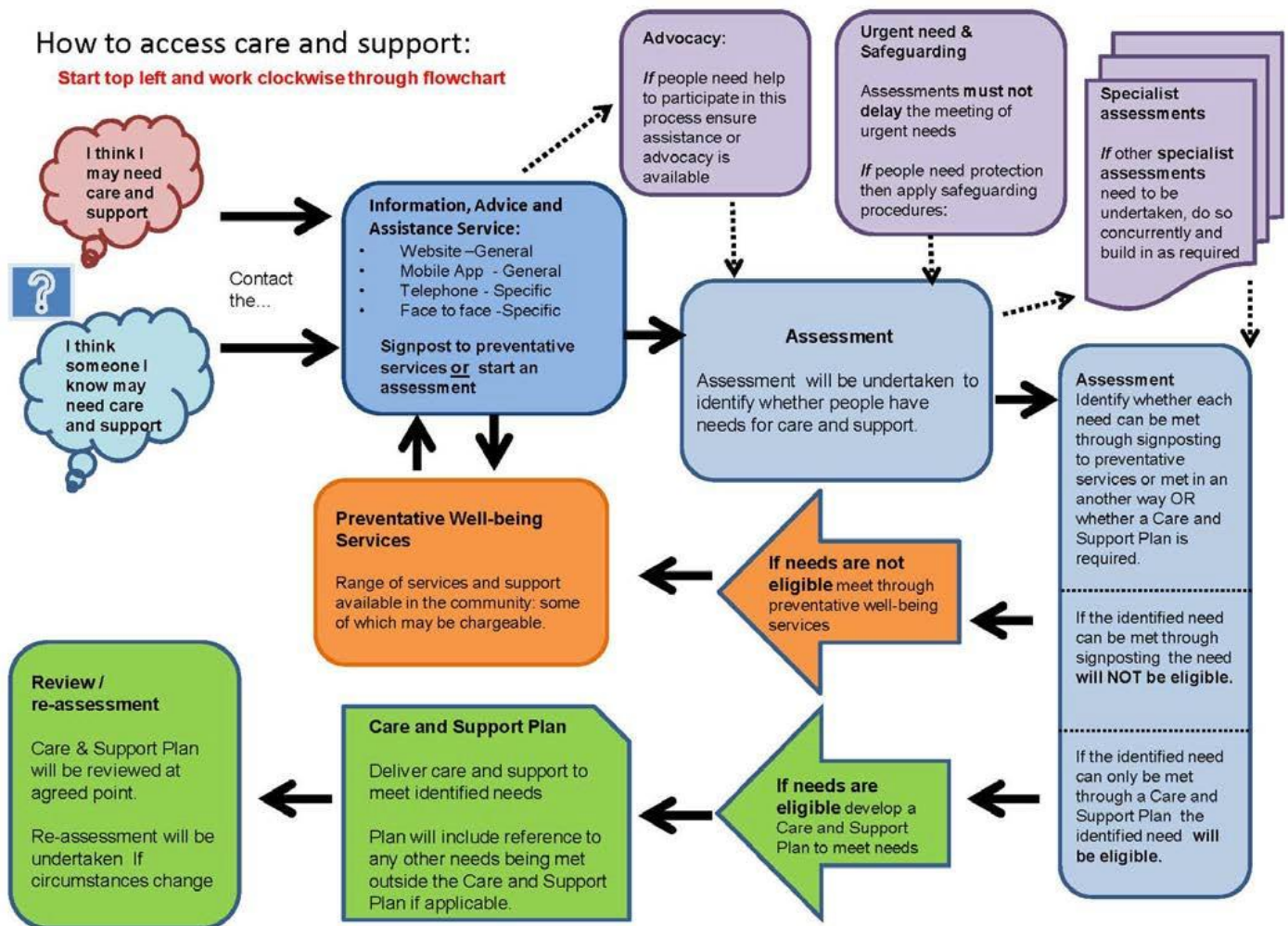
- a) control over day to day life;
- b) participation in work.



## Social Services & Well-Being Act Flow Chart related to the Legislation:

How to access care and support:

**Start top left and work clockwise through flowchart**



Flow chart from

[https://socialcare.wales/cms\\_assets/hub-downloads/Flowchart\\_](https://socialcare.wales/cms_assets/hub-downloads/Flowchart_)

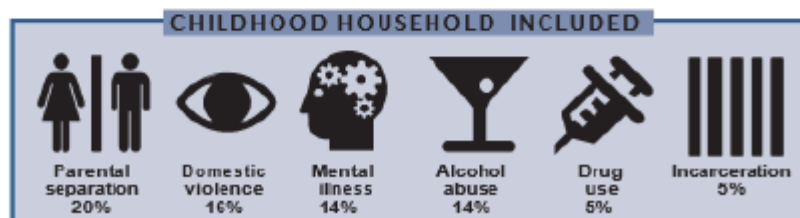
port.pdf

How\_to\_access\_care\_and\_sup

## Appendix 2: Adverse Childhood Experiences

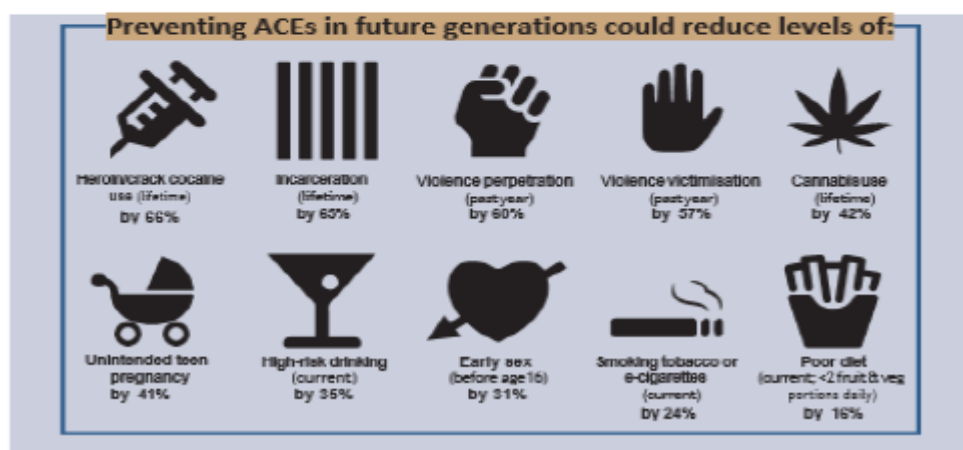
**Adverse Childhood Experiences (ACEs) in Wales**

ACEs are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (E.g. growing up in a house with domestic violence).



**Compared with people with no ACEs, those with 4+ ACEs are:**

<b>4</b> times more likely	to be a high-risk drinker
<b>6</b> times more likely	to have had or caused unintended teenage pregnancy
<b>6</b> times more likely	to smoke e-cigarettes or tobacco
<b>6</b> times more likely	to have had sex under the age of 16 years
<b>11</b> times more likely	to have smoked cannabis
<b>14</b> times more likely	to have been a victim of violence over the last 12 months
<b>15</b> times more likely	to have committed violence against another person in the last 12 months
<b>16</b> times more likely	to have used crack cocaine or heroin
<b>20</b> times more likely	to have been incarcerated at any point in their lifetime



## Appendix 3: Examples of services at each level

The aim of Cardiff Family Advice and Support is to provide families with the right level of support at the right time to build resilience in families and to help them to achieve their best outcomes. The following chart describes examples of services at the levels of need described in Figure 1. This is not an exhaustive list of services, only examples to help describe the levels of needs supported by these services. Some families may need to access a range of services whereas others may achieve similar benefit from interacting with a single service. The Gateway Contact Officer, Family Help Advisor or Support Worker will work with the family to determine what level or range of services are appropriate for them and their situation – every family is unique.

Universal and Universal Plus	Early Intervention	Intensive Intervention	Remedial Intervention
<ul style="list-style-type: none"> <li>• Family Gateway</li> <li>• Hubs</li> <li>• Community based group parenting programmes</li> <li>• Health Services (GP, dentist, midwifery)</li> <li>• 3-4 year old Childcare Offer</li> <li>• Housing related advice and support</li> <li>• Money Advice Team</li> <li>• Into Work</li> <li>• Work Skills Training</li> <li>• Flying Start</li> <li>• Community Well-Being Service</li> <li>• Food banks</li> <li>• Adult learning courses</li> <li>• Citizens Advice</li> <li>• Childline</li> <li>• Veteran Support</li> </ul>	<ul style="list-style-type: none"> <li>• Family Help</li> <li>• Barnardos Family Well-Being Service</li> <li>• Youth Support (Pre/Post 16)</li> <li>• Right 2</li> <li>• Home Start Parenting</li> <li>• Well-being 4U</li> <li>• Housing Floating Support</li> <li>• RISE – VAWDASV</li> <li>• Peer Mentoring Service</li> <li>• Youth Services</li> <li>• Action for Children</li> <li>• Early Intervention Team (Children's Services)</li> <li>• Speech and Language Therapy</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Support 4 Families</li> <li>• Home based parenting interventions</li> <li>• Social worker support</li> <li>• Crisis prevention and intervention</li> <li>• Skills for Living</li> <li>• Child and Adolescent Mental Health Services (CAMHS)</li> <li>• Respite care</li> <li>• First Episode Psychosis Services</li> <li>• Action for Children</li> <li>• StaySafe</li> <li>• Youth Offending Service</li> <li>• Adolescence Resource Centre</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Multi Agency Safeguarding Hub</li> <li>• Fostering</li> <li>• Residential</li> <li>• 13+ Think Safe</li> <li>• Adolescence Resource Centre</li> <li>• Child Health and Disability Team</li> <li>• Integrated Family Support Services</li> <li>• Emergency Duty Team</li> <li>• Special Education Needs</li> <li>• Youth Offending Statutory Service</li> <li>• Community Mental Health Team (CMHT)</li> </ul>

## Appendix 4: The Social Services and Well-being (Wales) Act 2014 National Assessment and Eligibility Tool

Common Recording Requirements for Assessments of Adults, Children and Carers

### Helpful Links

Code of Practice on Assessing the Needs of Individuals (Part 3):

<http://gov.wales/docs/dhss/publications/151218part3en.pdf>

Code of Practice on Meeting Needs (Part 4):

<http://gov.wales/docs/phhs/publications/160106pt4en.pdf>

The Care and Support (Assessment) (Wales) Regulations 2015:

[http://www.legislation.gov.uk/wsi/2015/1305/pdfs/wsi\\_20151305\\_mi.pdf](http://www.legislation.gov.uk/wsi/2015/1305/pdfs/wsi_20151305_mi.pdf)

The Care and Support (Eligibility) (Wales) Regulations 2015

[http://www.legislation.gov.uk/wsi/2015/1578/pdfs/wsi\\_20151578\\_mi.pdf](http://www.legislation.gov.uk/wsi/2015/1578/pdfs/wsi_20151578_mi.pdf)

## The National Minimum Core Data Set

See *the Code of Practice on Assessing the Needs of Individuals* (paragraphs 56-60) for further information.

NHS Number	What other assessments have been undertaken by other agencies?	Contact details of Lead Assessment Co-ordinator (the person doing the assessment, and who they work for)
Title	Preferred language or communication methods	Contact details of Lead Care Co-ordinator (the person arranging any care and/or support needed, and who they work for)
Surname	Accessibility requirements	Information taken by (name) (if different from Lead Assessment Co-ordinator)
Forename(s)	Name(s) of Carer(s) / People with Parental Responsibility	Designation
Preferred Name	Relationship	Organisation
Address and Postcode	Contact Details for Carer(s) / People with Parental Responsibility	Date
Date of Birth	Is this a child on the Child Protection Register?	
Telephone		
Email Address		
Gender		
GP surgery name and address		
School name and address (for children)		
Occupation		

**Note:** further core data can be collected as relevant to the circumstance and needs of the individual e.g. *Local Authority case number (if applicable), UK Visas & Immigration (UKVI) number (if applicable) and wider health related data for older people.*

## Additional information to be captured

<b>Carers</b>	<ul style="list-style-type: none"> <li>Is the person being assessed a carer?</li> <li>The role played by unpaid carers, parents, partners and other family members in person's care</li> <li>If person has a carer, is the carer willing and able to contribute to their care and support?</li> <li>Has an assessment been offered to the carer(s)?</li> </ul>
<b>Children</b>	<ul style="list-style-type: none"> <li>Is the child at risk of abuse, neglect or harm and action taken</li> <li>Is the child on the Child Protection Register?</li> <li>Confirmation that the child has been seen (if not set out why)</li> <li>Confirmation that the child has been seen alone (if not set out why)</li> </ul>
<b>Wider Individual Needs</b>	<ul style="list-style-type: none"> <li>Is the person at risk of abuse or neglect and action taken?</li> <li>Confirmation that active offer of the Welsh language has been made</li> <li>Does the person consider themselves disabled?</li> <li>Do they wish to be on the relevant disability register? (include date registered)</li> <li>Is the person deafblind?</li> <li>Mental capacity of the person being assessed</li> <li>Deprivation of Liberty Safeguards (DOLS) considerations</li> </ul>
<b>Process</b>	<ul style="list-style-type: none"> <li>Is this a first assessment or a re-assessment (e.g. following a review)?</li> <li>Who requested the assessment? (e.g. the person, the person's carer, the person's parent)</li> <li>Are assessments being made separately, against the wishes of families, carers and cared-for people? (If yes, explain rationale)</li> <li>Has the person refused an offer of an assessment of need and date? If an assessment is taking place when the person has refused please explain the reasons (See paragraphs 107-115 of the Code of Practice on Assessing the Needs of Individuals for guidance)</li> <li>Consent to information collected for the purposes of the assessment being shared between relevant practitioners and date – Note - The reasons for this must be clearly explained (see paragraphs 101-106 of the Code of Practice on Assessing the Needs of Individuals for guidance)</li> <li>Confirmation that person agrees to what is recorded (this could include a note of differing views of practitioner and person, family, etc.)</li> <li>Confirmation that a copy of the assessment has been offered to person or their family (<b>Note:</b> A copy of the assessment must be offered and should be provided).</li> </ul>

## Five elements of the assessment

See the *Code of Practice on Assessing the Needs of Individuals* (paragraphs 61-65 and Annex 1) for guidance. Additional guidance can be sought:

- For adults (paragraphs 66-67)
- For children (paragraphs 68-79, Annex 2)
- Carers (paragraphs 80-84)

As part of the 'What Matters?' conversation with the family, young person or child, the practitioner should:

- Assess the family's circumstances,
- Regard their personal outcomes,
- Identify any barriers to achieving these outcomes,
- Assess any risks to the family if their outcomes are not achieved, and
- Identify the family's strengths and capabilities.

## Action taken to meet personal outcomes

Actions to be taken by the local authority and other persons to help the person achieve those outcomes (including actions to be taken by the person whose needs are being assessed and/or their carer).

Record a score for how the person is feeling in relation to their outcomes. The score must be stated on a scale of 1 to 10; where 1 is the worst situation the person feels they could be in and 10 is the best. This score is to be used as a baseline for reviews of the assessment and care plan.

An example template for capturing this is shown below:

Outcome	National Wellbeing Outcome	Baseline Score	Action	By who	Date

## Statement on how the identified actions contribute to the personal outcomes

How will the identified action contribute to the achievement of the personal outcome or otherwise meet needs identified by the assessment? This applies to those needs which are to be met through the provision of care and support and those met through community based or preventative services, the provision of information, advice and assistance, or by any other means.



## Results of the assessment

See the Code of Practice on *Assessing the Needs of Individuals* (paragraphs 116-122) for guidance.

The eligibility criteria for adults, children and carers are set out in the *Care and Support (Eligibility) (Wales) Regulations 2015* and the *Code of Practice on Meeting Needs*.

For each identified need, record which of these results applies:

1. there are no care and support needs to be met;
2. a more comprehensive assessment is required, which may include more specialist assessments;
3. needs can be met through the provision of information, advice or assistance;
4. needs can be met through the provision of preventative services;
5. needs can be met, wholly or in part by the individual themselves (with or without the assistance of others);
6. other matters can contribute to the achievement of the personal outcomes, or otherwise meet the needs;
7. needs can only be met through a care and support plan, or a support plan (needs are eligible);
8. the local authority considers it necessary to meet the needs in order to protect the person from abuse or neglect or a risk of abuse or neglect or, in the case of a child, other harm or risk of such harm.

# Appendix 5: Indicators of children's development need

## Example Indicators of Need: Level 1 – Universal

Children and young people whose needs are met by universal services or a simple single-agency response

Child's Developmental Needs					Family and Environmental Factors	Parenting Capacity
Health	Education	Emotional and Behavioural	Identity			
Meeting developmental milestones	Achieving expected levels appropriate to key stage	Good quality attachments / relationships	Demonstrates feelings of belonging and acceptance by family / peer group		Adequate income with resources used appropriately to meet child's needs	Protection from danger / significant harm in the home and community
Physically healthy	Satisfactory nursery / school / college attendance (90% or above)	Demonstrates appropriate responses in feelings, resilience and actions	Positive sense of self and abilities		Accessing universal services in community	Shows warmth, praise and encouragement
Medical checks and immunisations are up to date	Good links between home and nursery / school / college	Able to adapt to change	No experience of bullying or discrimination		Accommodation has all basic amenities and appropriate facilities	Facilitates cognitive development through interaction and / or play
Adequate and nutritious diet	Access to books, toys and educational materials	Able to demonstrate empathy	Good development of self-care skills		Good family networks and friendships	No alcohol / substance misuse issues
Regular dental and optical care	No evident barriers to learning	Appropriately comfortable in social situations			Good relationships between siblings	Stable, secure and caring parenting
Good mental health	No concerns about cognitive development				Access to positive, regular activities	
No misuse of substances	Parents enabled to make informed decisions				Safe and secure environment	

Routine assessments as required

Signposting to appropriate universal services, or offer of information and advice

## Example Indicators of Need: Level 2 – Additional Support

Children and young people who are at risk of poor outcomes and in need of extra support from services

Child's Developmental Needs				Family and Environmental Factors	Parenting Capacity	
Health	Education	Emotional and Behavioural	Identity			
Slow to reach developmental milestones	More than one fixed term exclusion or at risk of permanent exclusion	At risk of, or involved in, low-level offending or anti-social behaviour	Experience of bullying or discrimination	Some level of poverty or debt impacting on household and child	Inconsistent parenting / no effective boundaries	
Not registered with a GP or dentist	Often late for school; tired during lessons impacting on ability to learn	Self-harming behaviours	Low self-esteem, doesn't feel valued	Home in poor repair and / or lack of some basic amenities	Lack of positive routines within the home	
Disability or chronic health needs requiring additional support	Poor attendance (below 90%) or frequent Absences	Unable to regulate emotions	At risk of sexual exploitation (rating of low-medium)	Threat of eviction	Inexperienced parent in need of support	
Medical checks, advice or treatment not consistently adhered to	Poor links between home and nursery / school / College	Challenging behaviour in home or community	Poor hygiene and / or poor development of self-care skills	Child's clothing regularly unwashed and frequently ill-fitting	Parents demonstrate lack of warmth, praise and affection	
Inadequately nutritious diet	Often appears hungry at nursery or school	Withdrawn	Difficulties in relating to peers	Family seeking asylum or refuge	Domestic disputes	
Unexplained wetting and soiling	Lack of parental encouragement to learn	Struggling with bereavement issues		Child is a secondary young carer	Concerns about alcohol or substance misuse	
Early / unsafe sexual activity	SEN appropriately managed by Education, Health & Care Plan			Lack of family support or at risk of family breakdown	Significant or enduring physical or mental health issues	
Experimental alcohol or substance misuse	At risk of not achieving learning potential			Returning home from a period in care	Concerns regarding attachment to child	

Early Help

Initiate and follow process – identify the Lead Professional

## Example Indicators of Need: Level 3 – Complex Needs

Children and young people who meet the threshold for statutory assessment

Child's Developmental Needs				Family and Environmental Factors	Parenting Capacity
Health	Education	Emotional and Behavioural	Identity		
Unexplained or suspicious injury	Significant under-achievement of learning Potential	Passive suicidal ideation	At risk of rejection by parents / family	Serious poverty or debt impacting on household and child	Condone or encourages offending or antisocial behaviour
Failure to seek antenatal or medical care for significant ailments or injuries	Persistently late for school; always tired during lessons impacting on ability to learn	Extreme anxiety or depression	Lack of positive familial relationships; no sense of belonging	Home environment highly unsuitable, exposing child to risk of injury	Own emotional or mental health needs compromise those of the child
Multiple A&E attendances	School non-attendance or children missing Education	Behaviour beyond parental control	No sense of individuality	Homeless 16 or 17-year-old	Succession of carers or frequently leaves child in care of others
Disability or chronic health needs requiring specialist support	Parent encourages or colludes in absence from school	Frequent offending or anti-social behaviour	At significant risk of sexual exploitation	Frequent changes of living arrangements (accommodation and household members)	Alcohol or substance misuse which has a direct impact on the child or unborn child
Problematic substance and alcohol misuse	Persistently appears hungry at nursery or School	Often missing from home	Concerns re: honour-based violence / forced marriage	Failed asylum-seeking family with children	Domestic abuse which has a direct impact on child or unborn child
Persistent unsafe sexual activity			Concerns around radicalisation	Private fostering arrangement	No longer wants to care for the child
Concerns re: female genital mutilation			Feelings of self-loathing	Child is a primary young carer	Learning disabilities impacting on ability to care for child or unborn



Child wellbeing Assessment (MASH referral: )

Consider need for specialist assessment

## Example Indicators of Need: Level 4 – Protection

Children and young people who are in need of protection and require intensive support

Child's Developmental Needs					Family and Environmental Factors	Parenting Capacity
Health	Education	Emotional and Behavioural	Identity			
Non-accidental injury	Behaviour poses a serious risk to self and others in school environment	Active suicidal ideation or suicide attempts	Rejected by parents / family		Homeless and not eligible for temporary housing	Own emotional or mental health needs significantly compromise those of the child
Endangers own life through self-harm, substance misuse or eating disorder	Disclosure of harm or abuse to school staff	Behaviour poses a serious risk to self and others	Victim of sexual exploitation		Home environment highly unsuitable, exposing child to risk of significant harm	Inability /unwillingness to protect from sexual, physical or emotional harm
Sexual activity under the age of 13	Exhibits sexually harmful behaviour	Exhibits sexually harmful behaviour	No self-esteem or sense of self-worth		Unaccompanied asylum-seeker / victim of trafficking or slavery	Physical domestic assault witnessed by child on a regular basis
Fabricated or induced illness	Emotional dysregulation	Abuses other children	Significant concerns re: radicalisation		Person who is a risk to children living in home, or visiting regularly	Misuses alcohol or substances when in sole care of child
Has suffered female genital mutilation or has a Protection Order granted		Constantly missing from home	At high risk of honour-based violence or forced marriage (or has a Protection Order granted)			Leaves child home alone (relevant to age or circumstances)
Refusing medical care resulting in risk to life						Serious neglect of primary needs
Unborn baby at risk of significant harm						Offending causing significant risk to child

Strategy Discussion / Section 47 Investigation

(MASH referral: or contact the police in an emergency)

## Appendix 6: Eligibility Conditions for Care and Support

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There are four eligibility conditions that must all be met in order for a family to be assessed as eligible for a care and support plan. The only exception to this is if there are safeguarding concerns, in which case the family is automatically eligible.

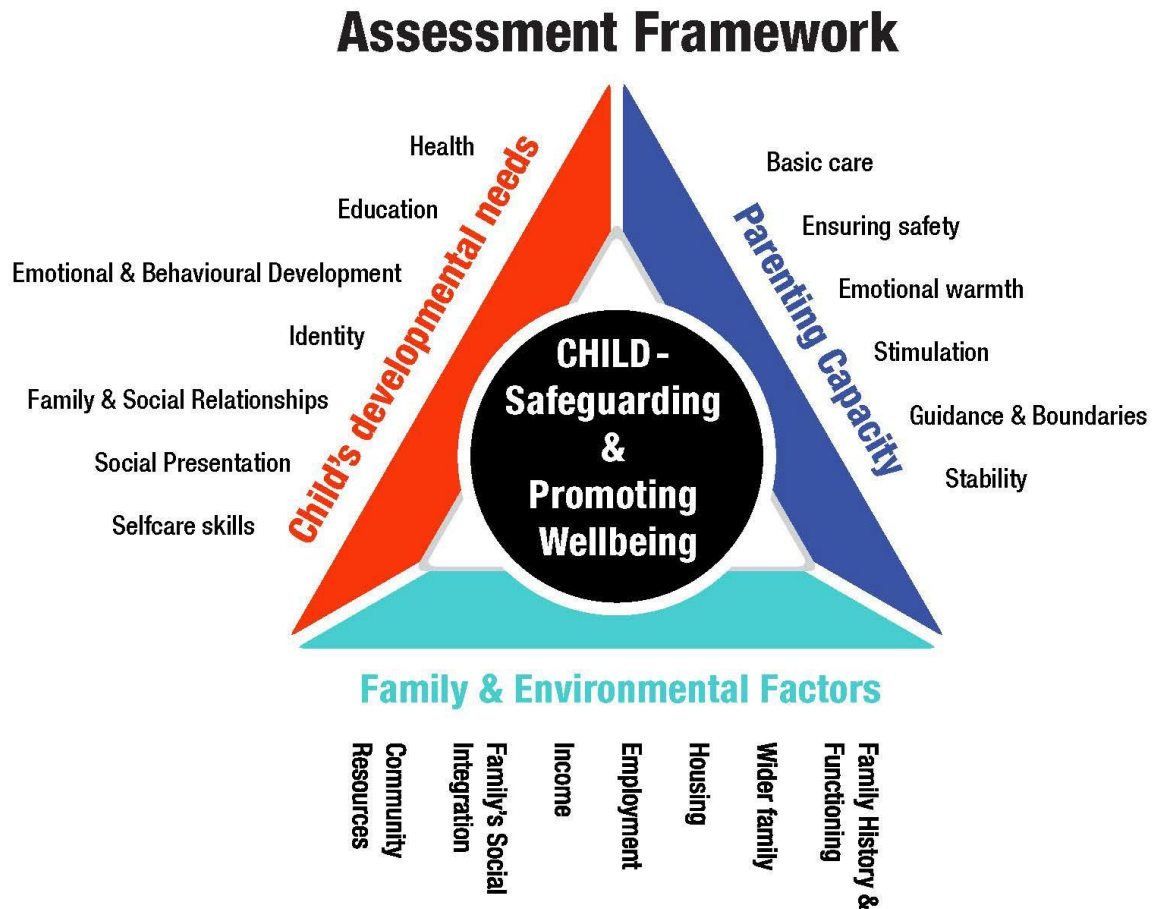
The four conditions are as follows:

1. If the need arises from the family's **circumstances**:
  - This could include physical or mental ill health, age, disability, dependence on alcohol or drugs as well as any need that is likely to have an adverse effect on the child's development if left unmet.
2. If the need is related to one or more of the following **outcomes**:
  - This could include the ability to carry out domestic routines, ability to communicate, protection from abuse or neglect, involvement in work, education, learning or leisure activities, maintaining family or personal relationships or achieving developmental goals.
3. If the need **cannot be met** by any of the following, either alone or in combination:
  - The child
  - The child's parents or other person/s in a parental role
  - The support of willing other
  - Community services to which the family has access
4. If the family is **unlikely to achieve** one or more of their personal outcomes unless the local authority provides or arrange care and support to meet the family's needs, or enables the need to be met through direct payments.

The family, young person or child should be treated as equal partners when working with the local authority to assess current and future care and support arrangements.



## Appendix 7: Assessment Framework Triangle



All children change and develop over time. Parents have a responsibility to respond to the child's needs. The purpose of this assessment triangle is to help you to identify areas of strength and areas of developmental need, in order to assist you to determine whether this child/young person requires information, advice or assistance and/or care and support to achieve a reasonable standard of development or to prevent significant impairment of his/her health, and development.

Although the previous statements may not be concerning in isolation, the combination of factors needs to be considered in a holistic assessment. It is important to consider strengths as well as difficulties.

Taken from CYSUR: The Mid and West Wales Safeguarding Child Board document: 'The Right Help at the Right Time' for Children, Young People and their Families.