

Framework for Action (FFA), Integrated Front Door (IFD) and Early Help (EH) Frequently Asked Questions

Questions

When making an online referral, will a copy of the referral form be generated and sent automatically to the referrer?

In the Thresholds Document we have retained the advice and guidance section; is that available through the IFD?

Will it be possible to get some practice examples for people to follow, that will take them through what to do?

Will the IFD have a say when a child needs move up the continuum? What timescales will be used to determine this?

What should I do if I have not received a response to my referral within 24 hours/one working day?

Will clear identification of thresholds be applied to aid in referral process?

What is the role of the Advanced Practitioner?

Will there be clear feedback given to the referrer from the IFD and Access Point regarding the suggested plan of support, especially if the child is going to be signposted to other services?

What if families don't give consent to a referral?

How do I access the online referral form?

Is there a section on housing conditions in the online referral form?

If attaching an Early Help, do we still need to fill in all the sections on the online referral?

Are current Early Help Assessments logged on the central database being reviewed?

Do we not have to keep a signed copy of the EHA by parents anymore?

Is the current Early Help Assessment being updated or remaining the same?

Are transition arrangements being updated?

Do we still send Early Help Assessments to BoltonISA@bolton.gov.uk?

Do you refer to the Targeted Early Help Service through this process or is that a separate referral process?

If a child/ family are already working with a social worker and I want to share a current concern, will this be done directly to the designated social worker rather than go through the online form?

How do we share information with primary schools when they leave Pre-school?

Will consent still be required to share information after every EH review or can the consent in the EHA carry forward?

When this form moves online, how would we gain consent from parents? Would this need to be verbal?

What is the difference between the online referral form and EHA?

When will we need to start using the new referral process?

Do EHA's not have to be shared with the Integrated Front Door?

Can I ring through a referral that is not a concern regarding Significant Harm/Child Protection?

If I have a concern for a child out of hours, what should I do?

If I make a telephone referral because a child is at immediate risk of harm, do I still need to complete the online referral?

I would like to request information in respect of a child or family member, what should I do?

Responses

When making an online referral, will a copy of the referral form be generated and sent automatically to the referrer?

No; a copy **will not** be generated for the referrer's records. If a copy is needed, referrers can either download or print a copy before submitting to the IFD. The system does not have a facility to email a copy to the referrer. Once an online referral has been submitted, it will send an alert to IFD practitioners and they will review and triage the referral. Referrers will then be contacted and the outcome of the referral discussed.

In the Thresholds Document we have retained the advice and guidance section; is that available through the IFD?

If advice and guidance is needed from the IFD or a practitioner is unsure about whether a referral needs to be made, they can ring 01204 331500 number to access an automated message; option 1 will navigate the caller to the Early Help Access Point and advice and guidance will be given from there.

Advice and guidance can be sought from a number of agencies in Bolton, including adult mental health services, substance misuse services, CAMHS etc. The Framework for Action (P28) encourage practitioners to use advice and guidance as using this approach can help inform and strengthen assessments of need, as well as ensure timely, effective help and support is offered to children and their families.



Will it be possible to get some practice examples for people to follow, that will take them through what to do?

Yes, this will be part of the training resources being developed. Exemplar Early Help will also be developed to support practitioners.

Will the IFD have a say when a child needs move up the continuum? What timescales will be used to determine this?

If a practitioner considers the level of need for a child exceeds the Early Help thresholds, a referral to the IFD should be made using the online referral form, or by telephone if the child is suffering or at risk of significant harm. The IFD Team will triage the referral to assess the threshold and decide if statutory support is needed. Decisions will be made within 24hrs/one working day from receipt of referral.

Targeted Help will be offered for up to 20 weeks, if during or after this involvement it is evident that statutory support is required this will be stepped up.

What should I do if I have not received a response to my referral within 24 hours/one working day?

If you have not received a response within 24 hours, you should contact us by telephone, 01204 331500.

Will clear identification of thresholds be applied to aid in referral process?

Yes, these are outlined in the Framework for Action threshold document. Practitioners should use this document to support their decision making about the level of help and support needed, following the appropriate pathway. This should be offered at the earliest opportunity.

What is the role of the Advanced Practitioner?

Within the IFD, the Advanced Practitioner's role is to support the service and staff development across the Referral Team. This role supports continuous service improvement in addition to undertaking a Social Work role on the team.

Will there be clear feedback given to the referrer from the IFD and Access Point regarding the suggested plan of support, especially if the child is going to be signposted to other services?

The IFD and Access Point will always liaise with the referrer with regard to signposting and recommendations for additional services who could support. The Access Point will not refer children on to additional services on behalf of the current Lead Professional. This is to ensure that the Lead Professional is able to have an open and transparent discussion with the family about other services becoming involved in their support plan.



For example, if the referrer is the schools DSL, they will be contacted directly about the referral they have made and feedback, advice and guidance given for the DSL to act upon and continue to support the child and family.

What if families don't give consent to a referral?

Within the context of Early Help support, consent is always required, as this is not statutory support. If a practitioner feels that a referral to IFD is required for statutory assessment and support, it is good practice to seek their consent and discuss the referral and your concerns with the family.

However, in some circumstances, it may not be safe or appropriate to do so, this is where advising a family about a referral may introduce further risk to the child. In these cases, the rationale about why consent has not been sought should be provided in the online referral form.

How do I access the online referral form?

The form will be hosted on Bolton Council's web page 'Worried about a child'. A link to the form will also be available on the '<u>Worried about a Child</u>' BSCP web page. Please note, the link will not be available until 26th July 2021 when this new process is live.

Is there a section on housing conditions in the online referral form?

There isn't a specific question on housing conditions within the online referral form, however, a practitioner would capture this within the 'what are you worried about' section if this was a concern.

If attaching an Early Help, do we still need to fill in all the sections on the online referral?

Yes, the online referral form does need to be completed to support the triage process and to demonstrate why the practitioner is requesting support. The EHA and plan can be shared as part of the online referral process.

Are current Early Help Assessments logged on the central database being reviewed?

Currently, we are undertaking a cleanse exercise of the EHA database. This supports a wider programme of work relating to systems support and infrastructure in Early Help. At this time, there are Early Help Assessments held on the system that have not been closed in a timely way, and there has been no activity in over six months. The cleanse of the database will close Early Help Assessments that fall into this category.

It is critical that practitioners regularly update and interact with the Early Help database in order to submit plans and reviews in a timely manner. This ensures the most up to date information is available should another practitioner make an enquiry about existing Early Help support.

The Early Help database is an early safeguarding mechanism to support and enable practitioners to work in a joined-up way, reduce duplication and ensure an effective team around the family approach.

Do we not have to keep a signed copy of the EHA by parents anymore?

The central Early Help database is used as a mechanism to ensure joined up working practices. However, in addition, each agency is responsible for their own record keeping in relation to Early Help Assessment information and referrals. Please consult with your own agency's information governance guidance.

Is the current Early Help Assessment being updated or remaining the same?

The EHA template is currently being revised and it is expected that this will be launched early Autumn. Until this is launched, the existing EHA should continue to be used.

Are transition arrangements being updated?

Yes, there are some key transition points which we know need further work and support, so that will be a focus going forward. It is really important that as we progress in terms of Early Help that our colleagues undertake an Early Help Assessment, interact with the database, and tell us there is an EHA in place and submit that information as well as information that follows in terms of reviews. That central database allows us to connect partners together and will assist us to link professionals together.

Do we still send Early Help Assessments to BoltonISA@bolton.gov.uk?

This email address remains active for now to maintain the central Early Help database.

It is likely that this will change when the new EHA is in place to reduce the number of Early Help email addresses we have and simplify the way in which you contact us about Early Help.

Do you refer to the Targeted Early Help Service through this process or is that a separate referral process?

Yes, the online referral form supports the single point of access to Children's Services (Children's Social Care and Targeted Help). Practitioners should complete

this form if they are requesting this service and attach a copy of the current EHA and plan. Please be clear about what you are asking the service to support with.

If a child/ family are already working with a social worker and I want to share a current concern, will this be done directly to the designated social worker rather than go through the online form?

Yes, where there is an allocated social worker, you should contact them directly.

How do we share information with primary schools when they leave Preschool?

To share Early Help Assessment information and ongoing support requirements for a child, a practitioner will need to obtain consent from the family to share with the primary school setting. During this discussion, consideration should be given to who undertake the role of Lead Professional and ensure the family agree.

When the child leaves the pre-school setting, and support provided by the primary school, the pre-school (with consent) can share the relevant documents directly with school. The pre-school should also email **BoltonISA@bolton.gov.uk** to update the Lead Professional details.

Will consent still be required to share information after every EH review or can the consent in the EHA carry forward?

The current Early Help Assessment processes are under review, alongside the EHA template. This review will seek to introduce consent for the 'life' of the EHA. However, should a referral for statutory help be required, consent will still need to be obtained as this is not covered within the consent statement of the EHA.

When this form moves online, how would we gain consent from parents? Would this need to be verbal?

Verbal consent is acceptable and details of when and how this was gained should be included where available. However, each agency is responsible for their own record keeping in relation to referrals and consent. Please consult with your own agency's information governance guidance.

What is the difference between the online referral form and EHA?

The EHA is an assessment of need at an Early Help level of need, to provide support to a child and their family as need arises. The new processes for referring to Children's Services do not affect the way in which this process operates. Early Help should be considered as an initial intervention. Early Help processes, including Early Help Assessment will continue to run without changes at this current time. This process can be led by partners without the need to engage with the IFD. Any Early Help Assessments and plans/reviews should be submitted to BoltonISA@bolton.govuk

The online referral form is a referral to Children's Services to access: -

- Targeted Early Help Services this should be considered when support provided at an Early Help level by a practitioner is no longer effective but does not meet the threshold for statutory intervention i.e. Child in Need/Child Protection. This service provides intensive Early Help support which is time limited. On completion, the work may step down to the referring service or alternative lead professional from a partner agency. The descriptors and pathways for each level of need are in the Framework for Action and practitioners should always refer to this.
- Statutory Support this is for cases the practitioner believes meet the threshold for a statutory Children and Families assessment (Child in Need/Child Protection). Wherever possible, Early Help support should have been tried and the assessment and plan shared as part of the referral.

Please note that the online referral form **does not** replace the Early Help Assessment. Decisions about referrals to the above services should be supported by referring to the relevant sections of the Framework for Action.

For concerns about immediate risk to a child, please use 01204 331500 to refer.

When will we need to start using the new referral process?

The Integrated Front Door will go live on Monday 26th July 2021. The Framework for Action is live from 19th July 2021.

Do EHA's not have to be shared with the Integrated Front Door?

No, there is no requirement to share the EHA with the IFD unless this is to support a referral. However, on completion of an EHA, a copy should be submitted to <u>boltonISA@bolton.gov.uk</u> to ensure the central Early Help database is kept up to date, as part of the early safeguarding mechanisms.

Can I ring through a referral that is not a concern regarding Significant Harm/Child Protection?

No, this telephone line is reserved for those cases of most concern. Please do not ring about cases where you do not have concerns about significant harm/child protection. If a practitioner attempts to use this line to refer through a case without significant harm/child protection concerns, they will be redirected to the online referral form.

The number for significant harm/child protection concerns is 01204 331500.



If I have a concern for a child out of hours, what should I do?

Our opening hours are Monday – Friday from 8:45 – 5pm, excluding bank holidays. Outside of these hours, you should continue to complete the online referral form if you wish to make a referral in respect of a child that lives in Bolton and we will triage this during working hours.

If you believe there is immediate risk of significant harm to a child, contact the Police on 999.

If you believe there are significant safeguarding concerns for a child, you can call the emergency duty team on 01204 337777.

If I make a telephone referral because a child is at immediate risk of harm, do I still need to complete the online referral?

Yes, it is really important as it will help the IFD to have a more holistic understanding of the child and their family.

I would like to request information in respect of a child or family member, what should I do?

If you would like to request information in respect of a child or family member, you should complete our 'Request For Information' form. The form can be found on our website along with guidance information at <u>www.bolton.gov.uk</u> and search 'worried about a child.' The form will be available on this page for you to complete. We will respond to your request within 5 working days.