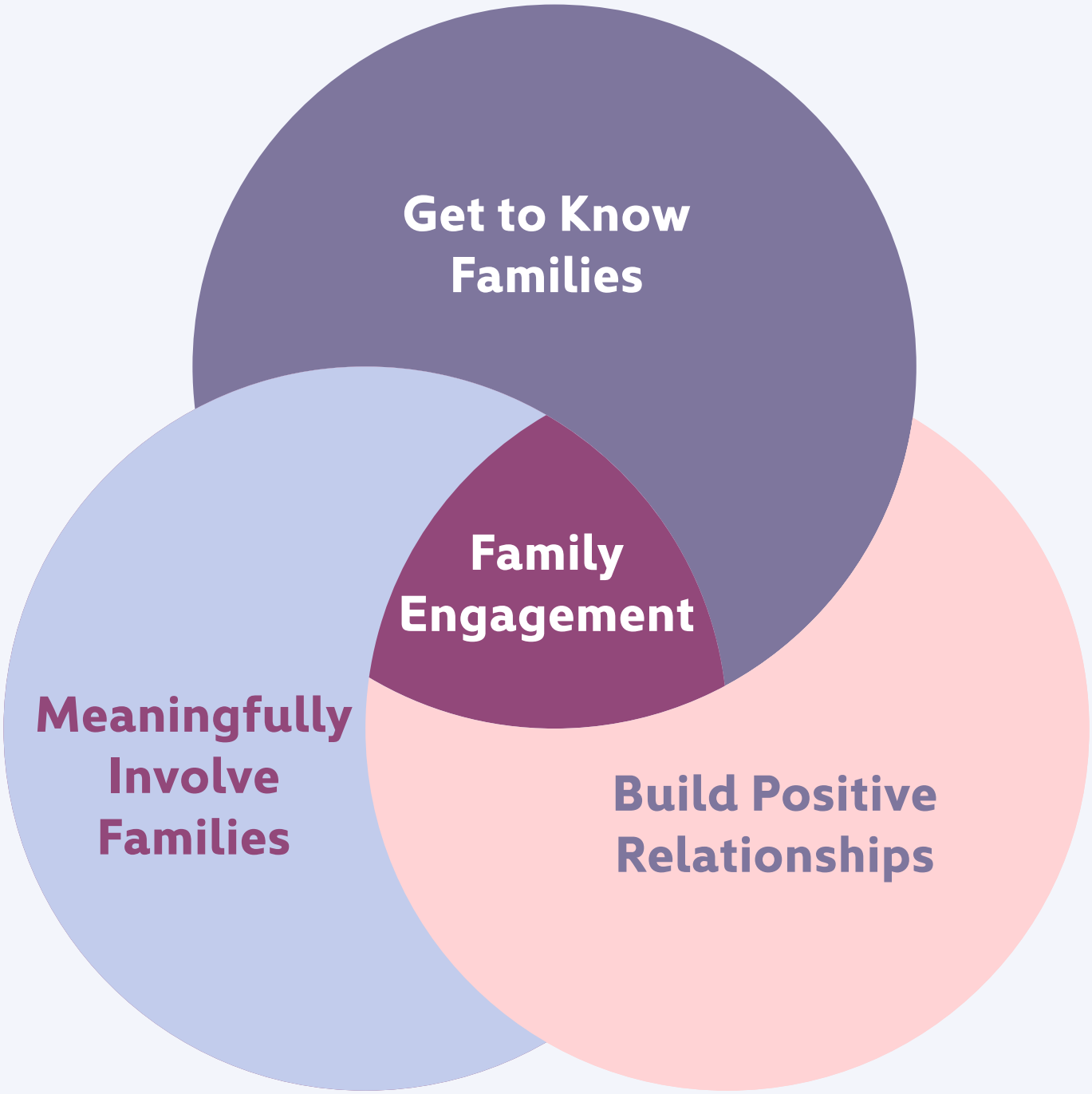
# Family Help Working Protocol



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ENFIELD Council

# Family Help Working Protocol



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# 1. Context

The government's 'Stable Homes, Built on Love' strategy (2023) and recent national reviews have driven major partnership reforms. The key aim is to rebalance the system towards early intervention through Family Help and strengthened multi-agency child protection delivering integrated Family Help offering timely, joined-up support so more children can safely remain at home.

# 2. Purpose of the Local Protocol

This protocol explains how Enfield's Family Help service will assess, support, and safeguard children, ensuring a consistent, multi-agency approach in line with Working Together to Safeguard Children 2026. It provides:

- Clear guidance for practitioners and partners on roles and responsibilities
- Processes for accessing help, making referrals, and allocating support
- Unified, co-produced assessment and planning with families
- Integration of Early Help, child in need, and child protection services to reduce duplication
- A strengths-based, relationship-focused approach, placing families at the centre
- Ongoing review and support to those that need it.

**The goal:** is to support more children to live safely at home, improve outcomes, and foster collaboration across services.

# 3. Vision for Family Help

Family Help aims to offer seamless, early support and protection, reducing the need for families to repeat their stories or move between teams. Practitioners will work collaboratively as a single integrated team around the family, with one lead practitioner and a single, evolving plan which will:

- Offer timely, non-stigmatising interventions
- Reduce transfers and repeated assessments
- Improve collaboration and understanding of child protection
- Support families to develop and own sustainable plans to improve outcomes
- Enable more children to live safely at home

# 4. Integrated Family Help Scope

Family Help service brings together targeted Early Help, child in need, and multi-agency child protection into a seamless system of help, support and protection. This includes services and workforces, such as family support/early help workers, social workers and other specialist and alternatively qualified practitioners. By targeted Early Help, Child in Need and Child Protection, we mean:

- **Targeted Early Help:** children and families with multiple and/or complex needs that require an early help plan to be in place and a lead practitioner to be appointed.

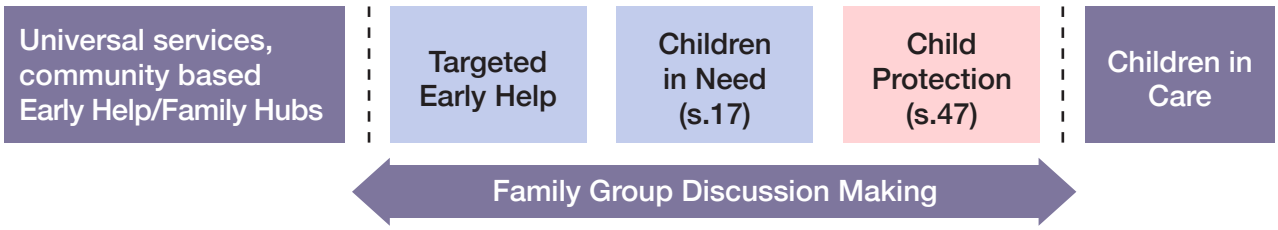
- **Children in Need (Section 17, Children Act 1989):** a general duty for local authorities to safeguard and promote the welfare of children within their area who are in need or are disabled and promote the upbringing of such children by their families by providing a range of and level of services appropriate to those children's need.

- **Child protection (section 47):** the duty on local authorities to investigate where they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm. This work will be undertaken by a qualified social worker.

Diagram 1 shows how different services will operate together to wrap help and support around families and help them adapt as needs change. Maintaining relationships, avoiding the need for children, young people and families having to tell their stories multiple times or being passed between teams or practitioners. This seamless model facilitates dynamic and responsive assessment and planning, rather than a stop/start approach.

***Diagram 1: Reformed system***

***Integrated system of Family Help and Multi-Agency Child Protection***




# 5. Family Help Eligibility

Family Help is for all children, young people and families whose needs are multiple/and/or complex. By multiple and or complex, we mean that a family's needs are above the level of universal and community based Early Help, such as that provided by family hubs or in community settings. This includes those who are currently eligible for targeted Early Help or receiving support and services as a child in need, and those subject to child protection enquiries and plans.

Where appropriate, it may also include support for children in care, both as part of services they may be receiving while in care, but also as part of planning and support to return home to their families. Families who access Family Help will consent to an assessment and the support they receive, unless there are child protection concerns.

Families are also able to access support at the Family Hubs at any point in the child's journey. Family Help Practitioners should proactively encourage and consider targeted referrals to Family Hubs as part of any Family Help Assessment and Plan, ensuring families can benefit from both community-based and Family Help support where appropriate.

Below is a list of issues or indicators that should be considered in relation to whether Family Help is the most appropriate course of action. Please note this is not an exhaustive list:

- child and/or adult mental health issues
- child and/or adult substance misuse
- domestic abuse
- child to parent violence
- neglect
- physical abuse
- emotional abuse



- sexual abuse
- teenage relationship abuse
- forced marriage, female genital mutilation
- faith based abuse and honour-based violence
- a child who is frequently missing/goes missing from care or from home
- a child who is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- a child who is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- a child who is viewing problematic and/or inappropriate content (for example linked to violence/ or developing inappropriate relationships online)
- a child who has a parent or carer in custody
- a child who is bereaved
- a child who is a young carer
- a child who is exposed to frequent, intense and poorly resolved parental conflict
- a child who has returned home to their family from care
- a child who has unmet physical and/or developmental needs
- a child who is disabled
- expectant parents that have vulnerabilities likely to adversely impact on their unborn child's life
- a child who has special education needs (whether or not they have a statutory education health and care (EHC) plan)
- a child who is missing education, persistently or severely absent from school, or not receiving a suitable education
- a child who has experienced multiple suspensions and is at risk of, or has been permanently excluded
- housing insecurity including temporary accommodation, youth homelessness
- risk of family breakdown
- financial insecurity including adult worklessness and youth NEET (Not in Employment, Education or Training).

# 6. Family Help Team Thresholds

## 6.1. Family Help Prebirth / Newborn Team

### Remit

The Family Help Prebirth / Newborn Team supports families and assesses for risks and needs relating to unborn babies and infants under 6 months where early vulnerabilities, parental capacity concerns, or safeguarding indicators are present. The team's remit is to carry out proportionate assessment and support work during pregnancy and the early post birth period, focusing on identifying risks, understanding needs, and coordinating multi-agency involvement where required.

### Referral Pathway

All referrals will be received directly from MASH following triage and initial information gathering.

### Threshold Criteria

- A prebirth assessment is required due to indicated risk, vulnerability, or the need for early coordinated planning, for example where there are concerns regarding parental substance misuse, mental health difficulties, domestic abuse, or other factors that may impact parental capacity and the safety or wellbeing of the unborn child.
- Parent(s) have previously had children removed, requiring assessment in a new pregnancy.
- Families previously subject to a Child Protection Plan where concerns have re-emerged during pregnancy or within the first 6 months of life.
- Babies under 6 months where there are concerns about safe care, attachment, parental availability and home environment.
- Parents under 18, including care leavers or young people who may require enhanced support.
- Parents with learning needs which may impact their ability to understand and respond to the unborn or infant's needs, requiring early assessment, adapted communication, and enhanced support.

### Exclusions

If open to a generic Family Help Team and the mother becomes pregnant, the prebirth needs should be considered alongside existing family support.

### Transfer Points

Where care proceedings have been initiated, the Child in Care (CiC) Team Manager and/or Social Worker must attend the first court hearing, and the case must transfer to the CiC Team at that initial hearing.

## 6.2. Family Help Adolescent Safeguarding Team (AST)

### Remit

The AST assesses and supports whole families where concerns relate to young people aged 11–17 who are experiencing risks and needs associated with immediate family breakdown, homelessness, exploitation, and risk outside the home.

### Referral Pathway

*Direct from MASH*

All AST appropriate cases come directly from MASH, which applies the threshold.

### Threshold Criteria

AST accepts referrals for children aged **11–17** where the primary concerns include:

- On the edge of care where intensive intervention is required to prevent entry to care, particularly where the child's needs, responses and lived experiences are placing pressure on the family's capacity to provide safe and consistent care
- Homeless 16/17-year-olds
- Repeat missing episodes
- Risk of exploitation
- Serious youth violence
- Associated Harm Group/Gang Associate
- Trafficking / modern slavery

### Exclusions

Adolescents presenting with vulnerability that is general, emerging, or developmental in nature, and where multiagency screening does not identify the threshold criteria outlined above will be referred to the generic Family Help teams by the MASH.

### Sibling Principle

AST will work with children under 11 where an older sibling meets AST criteria.

### Transfer Points

Where care proceedings have been initiated, the Child in Care (CiC) Team Manager and/or Social Worker must attend the first court hearing, and the case must transfer to the CiC Team at that initial hearing.



## 6.3. Family Help – Children with Disabilities Team

### Remit

The Family Help Children with Disabilities Team undertakes assessment and provides support where a child's disability is the primary driver for involvement. The team works with children whose disability substantially and consistently affects daily functioning, development, wellbeing, or safety, requiring specialist or coordinated multi-agency support.

The child must usually have a permanent and substantial disability, such as:

- Severe or profound learning disability
- Autism Spectrum Condition with significant functional impairment
- Physical disabilities (e.g., cerebral palsy)
- Complex health needs requiring specialist care
- Sensory impairments (e.g., severe visual or hearing loss)
- Life-limiting or life-threatening conditions
- Significant developmental delay (especially in younger children)

### Referral Pathway

*Direct from MASH*

Referral can go directly to Children with Disabilities where presenting needs clearly meet the service remit.

### Sibling Threshold Principle

Where the presenting concerns relate primarily to the child with a disability and the above criteria is met, the case will be allocated accordingly, with siblings supported too.

### Threshold Criteria

***Cases will be allocated where:***

- The child's disability is permanent, substantial, and significantly impacts daily functioning, including communication, mobility, personal care, behaviour, supervision needs, or access to education and community life.
- Specialist or coordinated multiagency support is required, including equipment, adaptations, or disability specific intervention.
- Disability related needs are identified as the primary issue requiring ongoing intervention following a Family Help assessment.
- Safeguarding concerns are disability led, including where a disabled child subject to a Child Protection Plan has risks directly linked to their disability



## Exclusions

- Disability is **not** the primary concern
- Needs can be met through universal/targeted/Family Help services
- The parents are unable to meet the specific needs of the child

## What Usually Does Not Meet Criteria Alone

- Mild learning difficulties
- ADHD without significant impairment
- Behavioural difficulties without an underlying disability
- Parenting issues alone
- Mental health concerns without a diagnosed disability (these may be supported by CAMHS instead)

## Transfer Points

- If the Family Help assessment identifies the criteria for Children with Disabilities team is met



## 6.4. Family Help Move On Housing Team

### Remit

To assess and support families who:

- Are no longer offered a duty from Housing possibly due to intentional homelessness. *(Intentional homelessness is defined as a situation where a household has deliberately taken an action, or failed to act, that has led to the loss of accommodation which it would have been reasonable for them to continue to occupy)*
- Are at risk of homelessness
- Have no other safeguarding concerns
- With no recourse to public funds (NRPF)

### Referral Pathway

- Referrals come directly from MASH, following confirmation that the housing duty has ended and no other safeguarding concerns exist
- NRPF referrals follow the existing NRPF pathway

### Threshold Criteria

#### *Housing Only Concerns*

Cases accepted where the **sole presenting issue** is:

- Risk of homelessness (eviction, landlord action, loss of accommodation, only when Housing has confirmed that no statutory duty to accommodate exists)
- NRPF families

### Exclusions

- 16–17-year-old homelessness (will be assessed by AST)
- Young people presenting alone
- Housing issues coexisting with other safeguarding concerns

### Transfer Points

Where safeguarding concerns are identified and the family are open to the Move On Family Help Team the MACPT will support the Family Help Lead Practitioner within the team with initial child protection concerns. If a child becomes subject to a child protection plan the family must be transferred to a Family Help Team.

**All specialist Family Help teams will provide consultation to MASH and generic teams; however, such consultation should not be interpreted as a barrier to case progression where threshold criteria are met.**

# 7. Accessing Family Help – front door arrangements

## Families can access Family Help through:

- Professionals making a referral to the Multi Agency Safeguarding Hub (MASH) using the Children's Portal.
- Children, Young People and Families can make a self-referral via the Children's Portal.
- Families can access help with a referral to the MASH via the family hubs.

In Enfield, we have implemented a "no wrong door" policy for our services. This ensures a consistent response to families whether they are referred directly to Children Services via MASH or by accessing through other services. Where families attend the family hubs they will be assisted by a Family Help Navigator (FHN), if the FHN feel that further support is required, they will connect families with the necessary resources or use the embedded MASH consultation process to collaborate with the MASH triage to ensure they receive the appropriate help.

## MASH Location

Children and Families Services Hub
Thomas Hardy House
39 London Road
Enfield
EN2 6DS

Referrals to the Children's MASH (Multi Agency Safeguarding Hub), can be made by using the Children's Portal.

MASH can be contacted for general enquiries via telephone on 020 8379 5555, Monday to Friday from 9am to 5pm.

Please note that referrals or information requests will only be accepted via the Children's Portal.

## MASH Emergency Duty Team (EDT) Out of Hours Service

The children's Emergency Duty Team is an out of normal office hours service responding to urgent child protection concerns, operating evenings, weekends and bank holidays. They provide intervention and support where an immediate response is required to safeguard and protect a child outside of office hours. The EDT can be contacted via 020 8379 1000.

## MASH Structure

Enfield's Children MASH is collocated with practitioners from social care, police and health. MASH is the single point of access for all referrals into Children Social Care, designed to facilitate the timely sharing of information between agencies to inform – decision making and ensure the right intervention, by the right agency at the right time. Our partnership with key agencies across Enfield assists timely identification of risks and need.

## MASH Triage and Screening Process

When the MASH receives a referral, checks will be undertaken to establish if the child is already open to the Family Help Teams, if there is an allocated worker, they will be considered the best person to respond to the contact and the contact information will be sent to the relevant team.

Where a child is not open the contact will be screened by a Team Manager / Advanced Social Work Practitioner, who will review the needs, risk and safety for the child. They will apply a BRAG (blue, red, amber, green) risk level which informs us of the next steps. The risk level indicators and threshold for intervention are:

| | |
|---|---|
| **Blue Level 1** | Universal Services and Family Hubs |
| **Green Level 2** | Targeted coordinated support this could include Family Help, single agency response such as housing, education or health, Family Help (s17) |
| **Amber Level 3** | Family Help (s17) |
| **Red Level 4** | Child Protection (s47) – Progress to Multi Agency Child Protection Team |

Some referrals are received where, despite the information provided, it is not possible to determine the level of risk with confidence. However, the concerns raised are sufficient to warrant further enquiries to inform decision-making. In these cases, the MASH manager may authorise additional checks and request partner agencies to undertake research within their own systems and share relevant information. Partners will contribute their professional views on how the referral should progress, supporting the MASH team in reaching a final decision. The responsibility for determining the BRAG risk rating remains with MASH.

Our threshold decision is based on the London Safeguarding Children Procedures, which can be found via the following link: Threshold Document: Continuum of Help and Support.

We do advise that before making a referral the referrer reviews this document to consider the level of risk and need. We request that consent is obtained from parents and carers, unless informing parents and carers increases the risk of significant harm to a child. We further request that consideration is made as to whether universal services can meet the child and family's needs.

## Working with Families and Information Sharing

If a child is in danger and at imminent risk of harm, please contact 999.

Family Help services in Enfield are delivered through a relationship-based approach, and practitioners should work in partnership with families wherever possible.

Where there are safeguarding concerns, a referral to Children's Services should be made without delay. While it is good practice to discuss concerns with a parent or carer where it is safe to do so, this must not delay action to safeguard a child.

Consent is not required to share information where there are safeguarding concerns. Information sharing should be based on professional judgement and an appropriate lawful basis.

- Where it is safe and appropriate to do so, practitioners should:
- inform parents/carers what information will be shared
- explain why it is being shared
- explain with whom it will be shared

- However, this must not delay or prevent timely safeguarding action.
- Examples of circumstances where practitioners should act without delay and should not seek agreement before sharing information include where:
- informing parents/carers would place a child at increased risk of significant harm
- there would be an impact on a criminal investigation
- delay would compromise the immediate safety of the child

## Agreement for Assessment, Planning and Intervention

Family Help is a relationship-based service, and practitioners should seek to work in partnership with families wherever possible.

Where it is safe and appropriate, practitioners should:

- seek agreement from families to complete the Family Help Assessment
- seek agreement to develop the integrated plan
- seek agreement to deliver interventions and coordinate multi-agency support

This agreement should be clearly recorded and revisited if circumstances change, additional agencies become involved, or the scope of intervention expands.

**Where families do not agree to engage, and there are no safeguarding concerns that meet Section 47 thresholds, practitioners should consider whether alternative support can be offered through universal or community services.**

Where there are safeguarding concerns, information sharing and decision-making must be based on professional judgement and lawful basis, rather than agreement.

Where informing or seeking agreement from parents/carers would:

- place a child at risk of harm
- impact a criminal investigation
- cause delay that may compromise safety
- practitioners must take appropriate action to safeguard the child without dela

## Digital offer and self-help, signposting, use of directories

Enfield Family Hubs are located locally within the community, and families can attend for support and advice. Alongside this they have a comprehensive online resource with information relating to services both nationally and locally for professionals, community members, children and families which can be accessed via:

- Family Hubs – including timetables for activities at all five of our family hubs.
- Enfield Early Help Directory 4 All – this is a directory of services available for children and families across the borough.
- Start for Life – this includes the full start for life offer for parents across Enfield including Family Hubs.

- Enfield Parenting Directory – Offering a range of evidence – based parenting resources to support parents and carers through their parenting journey, which is accessible easy to use and in a range of languages.

- Enfield's local offer for SEND – Enfield's local offer provides help and support to children and young people with special educational needs and disabilities (SEND), and their families. We offer a wide range of services for parents and carers, as well as young people who want to live as independently as possible.

- Youth Enfield & Free Activity Portal for Young People – This portal provides details of Enfield's dedicated youth services and activities, offering a comprehensive programme for young people across the borough. The site features information about free activities, events, and support available locally, helping young people to access opportunities for learning, socialising, and personal development.

### Relationship based approach to practice at the front door

Enfield MASH promote a relational approach to working with children, families and other agencies. This is achieved through differing approaches, including training, multi-agency partnership meetings, and seeking and welcoming feedback from children and families.

Enfield MASH practitioners promote a strength-based approach, underpinned by motivational interview techniques and trauma informed practice.

We have a consultation line for professionals who may be worried about a child and would like advice and information of next steps. The consultation line is open between the hours of 10am-2 pm via 020 3855 6241. The operating hours ensures that where following a consultation and it is identified that a referral should be made, this can be completed in a timely manner and during the same working day. It also allows professionals to undertake any recommended actions prior to a referral without delay.

## 8. Information Sharing

Effective, timely, and lawful information sharing is fundamental to safeguarding and promoting the welfare of children. Working Together to Safeguard Children (2026) emphasises that all practitioners have a responsibility to share information that supports early identification of need, coordinated assessment, and robust multi-agency working. The social care reforms set out in Stable Homes, Built on Love strengthen this expectation by promoting a more integrated system of Family Help and child protection, reducing fragmentation and ensuring families receive the right support at the right time.

Family Help is delivered through a relationship-based approach, with practitioners working openly and transparently with families wherever possible.

Where it is safe and appropriate, practitioners should seek agreement to assessment, planning and support, and record how families have been involved.

Practitioners do not need consent to share information where there are safeguarding concerns. Information should be shared lawfully, proportionately and in a timely way to protect children.

Information sharing decisions should be based on professional judgement and the appropriate lawful basis. Where it is safe and appropriate to do so, practitioners should work openly with families, but the absence of agreement must not prevent necessary safeguarding action.

Where it is safe to do so, practitioners should inform parents/carers:

- what information will be shared
- why it is being shared
- with whom

However, this must not delay or prevent timely safeguarding action.

These principles align with Working Together 2026 and reflect the statutory duties of local authorities and partner agencies within the reformed integrated safeguarding system.

Information sharing underpins this model by ensuring:

- a single, evolving assessment and plan is informed by all relevant agencies
- practitioners have timely access to intelligence relating to risk inside and outside the home
- MACPT can make swift, evidence-based statutory decisions
- Family Help Practitioners can coordinate support effectively, avoiding duplication and fragmented responses
- families do not have to repeat their stories, reducing stigma and administrative burden

**Best Practice Reminder**

- You do not need consent to share information to safeguard a child
- Share information based on professional judgement and lawful basis
- Work openly with families where safe, but do not delay action
- Record your decision-making clearly

# 9. Family Help Practitioners within Family Help Service

## Family Help Practitioners

Family Help is delivered by Family Help Practitioners (FHP), who are qualified in a range of different disciplines with the right knowledge, skills and experience to support families who need help and support. Some will be social work qualified, and others will have alternative appropriate skills or qualifications.

FHPs will work with families to build strong relationships based on respect and work in a strengths-based way, recognising that families, and family networks, will often have solutions to their own challenges. FHPs will have a focus on the whole family, recognising this is often the best way of improving outcomes for children and young people.

The FHPs should be a qualified social worker when it is agreed that a child protection plan is needed. In some cases, this will mean that the lead practitioner will change for a child who moves onto a child protection plan because their FHP is not a qualified social worker. FHPs, supported

by expertise from the Lead Child Protection Practitioners (LCPP) will be the main practitioner responsible for child protection direct practice with families. A qualified practitioner is needed when a child becomes subject to a child protection plan because the plan involves a qualified social worker taking responsibility for coordinating complex, interagency efforts to safeguard a child from significant harm, ensuring their needs are met and any risks are addressed.

FHPs, supported by expertise from the Lead Child Protection Practitioner (LCPPs), will be the main practitioner responsible for child protection direct practice with families.

Lead Child Protection Practitioners (LCPPs) are specialist practitioners within the Multi Agency Child Protection Team (MACPT) who hold statutory responsibility for leading child protection enquiries, chairing strategy discussions, and coordinating multi agency responses where there is actual or likely significant harm. They provide expert consultation and guidance to Family Help Lead Practitioners (FHPs), supporting robust risk assessment, decision making, and safeguarding practice.

## Roles and responsibilities of Family Help Lead Practitioners

The FHP will remain the main point of contact for the family for as long as they require support to provide consistent and trusting relationship to families. The FHP will undertake an agreed assessment to inform the plan of support.

The FHP will be alert to all forms of significant harm and work with Multi-Agency Child Protection Teams (MACPT) and LCPPs to reduce risks to the child, retaining the lead relationship with the child and family. They will have the knowledge and skills to draw on relevant evidence-based interventions and to collaborate with and identify the relevant agencies or individuals required to meet a family's unique set of needs. FHPs will coordinate and chair Team Around the Family (TAF) meetings for children receiving Early Help. While Family Help operates a unified, evolving plan for all children, statutory requirements remain unchanged.

Children receiving support under Section 17 (Child in Need) must continue to have CIN Review Meetings held at the required statutory frequency. These meetings are distinct from TAF meetings and ensure that statutory oversight, review of progress, and multi agency accountability are maintained.

FHPs are responsible for preparing for, coordinating, and attending both TAF and CIN meetings, ensuring that the single integrated plan is reviewed through the appropriate forum depending on the child's legal status and level of need.

FHPs will carry out or co-ordinate all or most of the direct work with the family for as long as it is safe to do so.

The FHP will:

- take a whole family approach to practice;
- build a relationship with the family and, whenever possible, remain their main point of contact for as long as they require support;
- conduct assessments and implement a whole family plan;
- establish a 'team around the family' (TAF), bringing in relevant agencies or individuals;
- offer Family Decision Making (FDM) to support families to find their own solutions;
- engage the multi-agency child protection team (MACPT) where there are concerns about likely or actual significant harm;
- where there is likely or actual significant harm, maintain coordinated support for the family and deliver the child protection plan, working alongside the LCPP and MACPT; and
- create a sustainability plan with the family, documenting the challenges they have overcome, their strengths and next steps when moving on from Family Help.

The Family Help model aims to reduce unnecessary repeat assessments; however, this does not remove the need for periodic review of risk, need, and progress.

Reassessments should be purposeful and proportionate and undertaken when:

- circumstances change significantly.
- concerns escalate or reduce substantially.
- a case remains open for a prolonged period (e.g. beyond 6 months) and updated analysis is required to ensure the plan remains appropriate.

The intention is to avoid duplication and multiple re starts, while ensuring that practitioners maintain an up to date, accurate understanding of the family's situation and safety. This preserves the intention of reducing unnecessary reassessment but keeps risk oversight strong.

## Identifying Family Help Lead Practitioner

Family Help allocation process will ensure that the most suitable FHP is identified to support families in accessing our services. When deciding who the right FHP will be, consideration will be given to the complexity of need, including concerns about significant harm and whether a Family Help Social Work Practitioner should be allocated from the onset. Where a change of FHP is required, consideration will be given to whether the previous FHP could continue to work with the family as part of the TAF, fostering consistency and enabling established relationships to continue if this is in the best interest of the family.

When identifying a FHP the wishes, views and feelings of children and young people and their family will be taken into consideration as well as the experiences of children and families with protected characteristics.

## Supervision of Family Help Practitioners (FHPs)

Supervision is vital for effective casework, supporting professional development, reflective practice, and staff wellbeing. Enfield's supervision policy follows national guidance and is recognised as key to positive outcomes for children, families, and practitioners.

### *Principles:*

- Focuses on child welfare and safety.
- Motivates staff, supports good practice, and encourages reflection.
- Should be regular, consistent, and reflective.

### *Structure:*

- FHPs are supervised by Social Work Team Managers and Advance Practitioners..
- Supervision is delivered individually and in groups, with group sessions supporting learning and reflection.
- Additional support includes buddying, mentoring, and peer meetings.

### *Frequency & Recording:*

- Scheduled monthly (individual) and monthly/quarterly (group).
- Recording of supervision must be kept and shared with practitioners.
- Line managers are accountable for staff decisions; escalation is required if unavailable.

### *Approach:*

- Strengths-based, with shared responsibility and learning.
- Supervision provides a safe space for support, challenge, and professional growth.

***Continuous Improvement:***

- Ongoing feedback and training ensure clarity and effectiveness.
- Supervision arrangements are regularly reviewed to support workforce development.

***Supervision For Alternatively Qualified Practitioners:***

- All practitioners receive supervision from qualified social workers.
- To ensure consistent and high-quality practice, all completed Family Help assessments and plans will be reviewed by the practitioner's line manager.
- Where the practitioner is alternatively qualified and managed by an Advanced Practitioner (AP), the AP (being a qualified social worker) will hold responsibility for both signing off, reviewing assessments/plans and providing case supervision.
- This arrangement ensures that all practitioners, regardless of qualification, receive supervision and oversight from a social work-qualified supervisor, supporting statutory compliance and the delivery of safe, effective services across Family Help.

1.09.1 Supervision Guidance 2025.pdf

# 10. Family Help Assessment and Plan (incorporating the Family Safeguarding Practice Model)

Families accessing Family Help are supported by a single, evolving assessment and plan, accessible to all practitioners and agencies working with them. This approach ensures continuity, avoids duplication, and enables dynamic responses to changing circumstances. The assessment and plan draw together elements from Early Help Assessments and Child and Family Assessments and are regularly updated with contributions from all relevant agencies and the family itself.

## Principles

- **Whole Family Approach:** Assessment considers the needs, strengths, and risks affecting all family members, not just the child.
- **Strengths-Based and Collaborative:** Practitioners work in partnership with families, recognising their expertise and supporting them to identify solutions.
- **Multi-Agency Input:** Multi-agency professionals such as social workers, health practitioners, mental health specialists, and domestic abuse workers work together as one integrated team around the family. This joint approach ensures that risks and needs are understood holistically, and support is delivered in a coordinated, consistent, and timely way.
- **Dynamic and Proportionate:** Assessments are timely, proportionate to need, and evolve as circumstances change.
- **Shared Ownership:** Families are central to creating and owning the plan for change, supported by coordinated early family decision-making meetings.

## Process

- **Referral and Screening:** All referrals enter via the Multi-Agency Safeguarding Hub (MASH), which screens for level of need, risk, and complexity. Cases are triaged to universal services, Family Help Teams, with involvement of MACPT for child protection concerns.
- **Allocation:** The most suitable Family Help Lead Practitioner (FHP) is allocated, considering complexity, risk, and existing relationships.
- **Assessment:** The FHP conducts a comprehensive assessment, using tools such as genograms,

chronologies, and motivational interviewing techniques. The assessment is informed by contributions from the family and all relevant agencies. Assessments must be completed in a timely and proportionate way, in line with Working Together 2026. Locally, Family Help assessments are to be completed within 35 working days of the referral, ensuring a prompt, whole-family, multi-agency response.

- **Planning:** Following assessment, one integrated plan is developed—whether the outcome aligns with Team Around the Family (TAF) or Child in Need (CIN) support. The level of need does not determine the type of plan; it remains a single, unified plan progressed by the same practitioner who completed the assessment.

- **Review and Escalation:** Plans are reviewed at regular intervals, with clear criteria for escalation or closure. If risk escalates, strategy discussions are convened and MACPT involvement is triggered as appropriate.

## Family Safeguarding Practice Model Integration

The Family Safeguarding Practice Model underpins the assessment and planning process, ensuring that support is:

- **Multi-Disciplinary:** Teams include professionals from social work, mental health, domestic abuse, and substance misuse, working together to address the complex needs of families.

- **Motivational Interviewing:** Practitioners use strengths-based techniques to engage families in meaningful conversations that promote positive change.

- **Structured Programme:** The Family Safeguarding Programme provides modules for direct work, supporting practitioners not only to identify family strengths, needs, and motivations for change, but also to actively facilitate and create positive change within families.

- **Shared Supervision:** Group supervision brings multi-agency practitioners together to jointly review a family's progress, share perspectives, and plan coordinated support. It provides a focused, reflective space that strengthens decision-making and promotes consistent, effective intervention.

- **Values and Beliefs:** The model is rooted in collaborative partnership, strengths-based practice, rights-based approaches, and empathy.

## Tools and Resources

- **Assessment Tools:** Genograms, chronologies, Family Safeguarding modules, and motivational interviewing guides.

- **Review Mechanisms:** Regular plan reviews, group supervision, and family decision-making meetings.

## Language and Recording

Our recording and assessment practice is grounded in **trauma-informed principles** and **Motivational Interviewing (MI)**.

- Use **clear, compassionate, and jargon-free language** that avoids blame or implication of complicity. *E.g. "being sexually exploited" not "involved in CSE".*

- Be **trauma-aware and relational**. *E.g. "not feeling safe enough to access support" not "not engaging".*

- Apply **MI techniques** to explore family strengths, build trust, and support change through collaborative conversations.

- Show **professional curiosity**—record what we see and hear, question assumptions, and explain our thinking.

- Write with **future impact in mind**—records may be read by children and young people later. Ensure their voice is represented and our rationale is clear.

This approach supports Enfield's **Strengthening Families Framework**, combining MI and trauma-informed practice to promote safety, dignity, and hope in working with children and families.

### Outcomes

- More timely and non-stigmatising interventions.
- Reduction in multiple referrals or assessments.
- Improved collaboration and understanding across agencies.
- Families central to planning and decision-making.
- More children living safely at home with their families.

**Appendix:** Reference to the Family Help Assessment and Plan template, including flowcharts and guidance on assessment stages.

## 11. The Multi-Agency Child Protection Team (MACPT) within Family Help

The Multi-Agency Child Protection Team (MACPT) is responsible for making statutory child protection decisions on behalf of the local authority, in accordance with Working Together to Safeguard Children (2026). As part of a decisive and integrated child protection system, the MACPT is designed to identify actual or likely significant harm swiftly and accurately, and to take rapid and effective protective action—whether the harm occurs inside or outside the home.

MACPTs are composed of a core group of experienced professionals from social work, health, police, and education, who bring specialist safeguarding expertise and operate collaboratively to protect children. These teams work in close partnership with a wider multi-disciplinary hub, which includes professionals from substance misuse, mental health, housing, probation, and other key agencies. This integrated model ensures a holistic and coordinated response to child protection concerns and aligns with the Family Help vision of providing the right support at the right time.

The MACPT leads and chairs all strategy discussions, undertakes Section 47 enquiries, provides consultation and advice on child protection matters, chairs child protection conferences, and oversees the development, delivery, and review of child protection plans.

MACPT involvement is triggered when there are concerns about actual or likely significant harm to a child. The team works alongside Family Help, children in care, and care leavers teams to deliver a coordinated safeguarding response. This includes cases which involve intra-familial harm and risk outside the home, including child criminal exploitation, child sexual exploitation, peer-on-peer abuse, county lines, serious youth violence, and gang-related activity. The team ensures that the needs of all children within a family are assessed during child protection investigations and conferences, promoting continuity of professional involvement and avoiding fragmentation across services.

The team will be involved in decisions to enter pre-proceedings under the Public Law Outline (PLO), including initial applications for care proceedings. A robust quality assurance function is embedded within MACPT to support all child protection, PLO, and court-related work.

MACPT practice is underpinned by shared protocols, including clear referral pathways, strategy meeting standards, and joint working arrangements. The team also contributes to workforce development through joint training initiatives and reflective group supervision sessions. These arrangements support consistent, high-quality practice across the safeguarding system.

## Statutory Role of MACPT

- The MACPT, led by the **Lead Child Protection Practitioner (LCPP)**, holds responsibility for:
  - Chairing **strategy discussions** and leading **Section 47 enquiries**.
  - Convening and chairing **strategy meetings** within statutory timescales (same day or within 3 working days of referral).
  - Making all **child protection decisions**, including outcomes of strategy meetings and child protection conferences.
- All decisions must be **collaborative, evidence-based**, and recorded on LiquidLogic (LL) using the **Management Oversight case note type**. *To avoid confusion between Family Help managerial oversight and the statutory child protection decision making undertaken by the LCPP, a dedicated LL case note type (e.g., "LCPP Oversight") should be used for recording MACPT decisions, consultations, and statutory rationales.*

## Submission of 87a Requests

- **Allocated Cases within Family Help Teams:**
- The Family Help Practitioner (FHP) retains case responsibility and completes the 87a request, following a consultation with a Lead Child Protection Practitioner (LCPP) from the MACPT to agree the threshold for child protection intervention.

## Duty LCPP Capacity and Responsibilities

- The duty LCPP will:
  - **Lead consultation discussions** with practitioners and partner agencies.
  - **Chair strategy discussions** and ensure timely protective action.
  - Undertake **home visits** where a child is at immediate risk of harm.
- Co-allocation to the LCPP must occur within **24 hours** once a child protection response is deemed necessary

## Decision-Making Authority

- All child protection decisions are made by the MACPT in collaboration with Family Help Teams.
- The MACPT ensures:
  - Consistency in applying statutory thresholds.
  - Timely escalation for urgent safeguarding concerns.

## Escalation and Dispute Resolution

- If there is disagreement about whether child protection intervention is required:
  - Initial discussion between the **Family Help Team Manager** and **LCPP.**
  - If unresolved, escalate to **Service Managers.**
  - Final decision rests with **Heads of Service.**

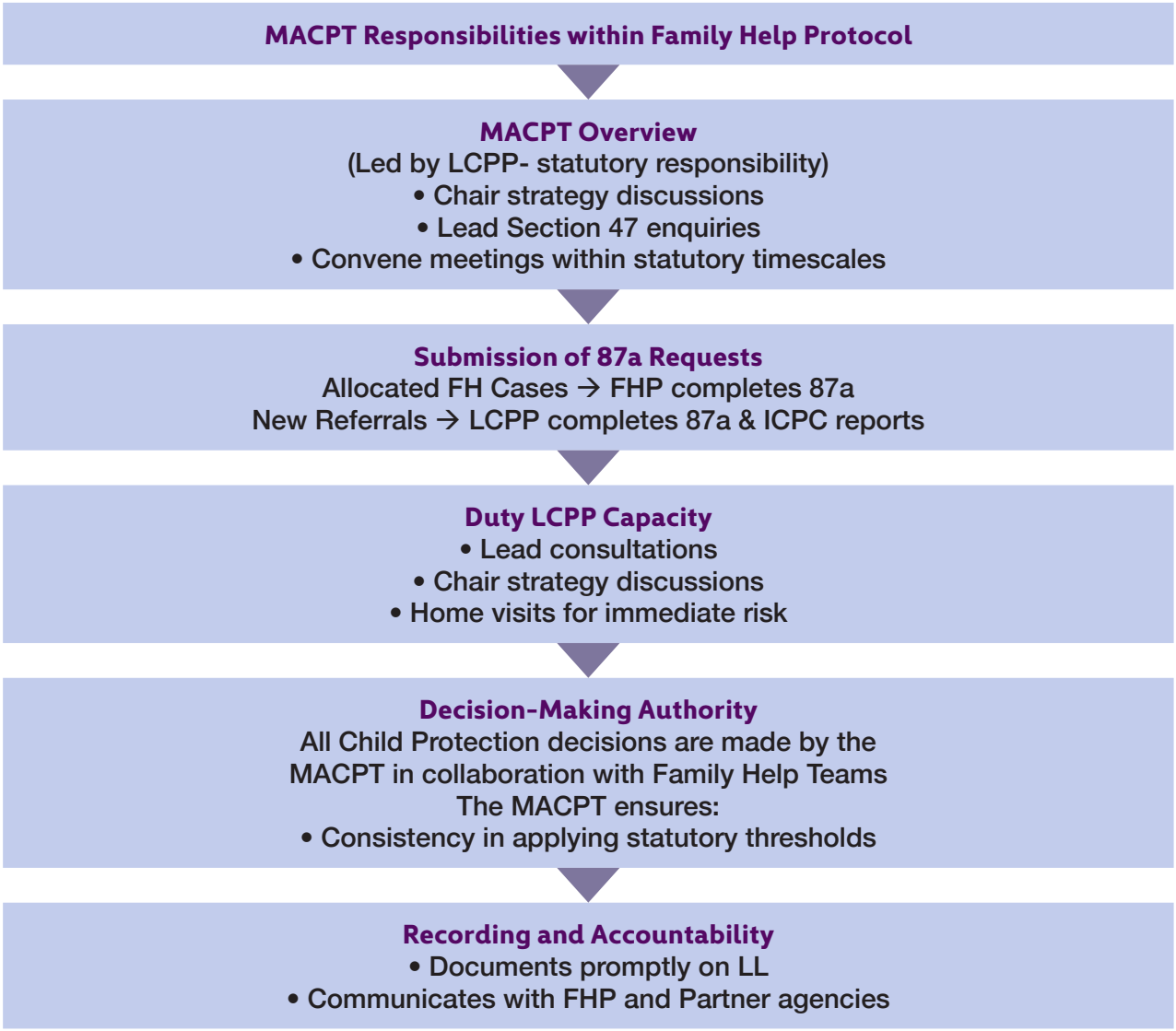
## Recording and Accountability

- All MACPT decisions and actions must be:
  - Documented promptly on LL.
  - Communicated clearly to the FHP and relevant agencies.
- Management oversight should reflect rationale for decisions and next steps.

## Key Principles

- **Timeliness:** Strategy meetings convened within statutory timescales.
- **Collaboration:** Decisions made jointly with Family Help teams and partner agencies.
- **Transparency:** Clear recording and escalation routes.

*Diagram 2: MACPT Responsibilities within Family Help Protocol:*



# 12. Family Decision Making arrangements across the system of help, support and protection within Family Help

Family Decision Making meetings (FDM) are voluntary, family-led meetings designed to help families make decisions and plans for children and young people at risk. The process is empowering and respectful, encouraging participation from children and young people. Family Decision Making meetings are facilitated by independent coordinators who remain neutral and do not make decisions.

A key feature is private family time, allowing families to plan without professionals present, fostering cooperation and ownership of decisions.

The service prioritises preventing children from entering care and addressing safeguarding concerns. In addition, families receiving targeted support are offered assistance to identify strengths and resources within their own networks, helping to prevent situations from escalating further. Referrals must be voluntary and clearly outline the concerns and expectations. Coordinators prepare all participants, ensuring safety and understanding, and tailor the process to each family's needs.

During the meeting, information is shared clearly and concisely, followed by private family time where families create their plans. The final part involves reviewing and agreeing on the plan, which must be acceptable to the referrer and not compromise the child's safety. Children's voices are central throughout, and they are consulted about their involvement. Family members are expected to participate constructively, develop and monitor the plan, and attend review meetings if needed.

The service is committed to ensuring families have the opportunity to come up with solutions for their children's welfare, through a coordinated family decision making meeting.

Family voice and participation remain at the heart of our approach, even when statutory child protection processes are underway. We will:

- Offer family decision making (FDM) wherever possible, to empower families to develop their own plans.
- Ensure clear, compassionate communication about the process, decisions, and next steps.
- Involve families in all meetings and decisions, unless doing so would place a child at risk.
- Offer support from the Child Protection Parent Advocacy Service to provide independent advocacy for parents involved in Child Protection Plans or ICPCs. There are also plans to expand this service to all families open to Child Protection Enquiries. It aims to reduce anxiety, strengthens engagement, and ensures parents are supported to participate meaningfully in safeguarding processes.

Our aim is to ensure that families feel heard, respected, and actively involved throughout their journey.

# 13. Family Help Partnership Hub – Multi-Disciplinary Wraparound Support within Family Help

The Family Help Partnership Hub provides focused, flexible and time-limited specialist support for children, young people and families open to Family Help. It works alongside the allocated Family Help Practitioner to address risk and need, strengthen family functioning and prevent escalation wherever possible.

## Purpose and Function

The Hub provides coordinated specialist consultation, joint work and direct intervention to strengthen the Child and Family Assessment and One Plan. It improves access to the right support, reduces delays and duplication, and helps families achieve sustained change.

## Operating Principles

The Hub follows a one-family, one-plan and one-lead-practitioner approach. Specialist practitioners work alongside Family Help Practitioners without taking over case responsibility. Support is timely, collaborative, outcome-focused and regularly reviewed, drawing on family networks, community resources and professional services to build sustainable change.

## Scope of Support

The Hub may support families where needs are becoming more complex, there is a risk of escalation, targeted specialist input is required, or short-term intensive support could help stabilise a crisis and improve outcomes.



## Support Available Through the Partnership Hub

Support available through the Partnership Hub includes:

- **Family Support Coaches** providing intensive whole-family support.
- **Youth Mentors** supporting adolescents affected by exploitation, missing episodes, contextual safeguarding concerns, serious youth violence or edge-of-care risks.
- **Domestic Abuse Behaviour Change Worker** supporting behaviour change and understanding of impact.
- **Safer Spaces Support Worker** working with children and young people affected by domestic abuse.
- **Independent Domestic Violence Adviser**s providing practical and emotional support to women affected by domestic abuse.
- **Mental Health Workers** providing consultation, one-to-one support and onward signposting.
- **Engage Worker** providing early support to adults affected by substance misuse.
- **Waythrough Worker** supporting young people affected by substance misuse.
- **CAMHS and Mind** providing specialist advice, including support relating to children aged 0 to 5 and perinatal mental health.

Hub practitioners can also signpost families and practitioners to Family Hub services, community resources, voluntary sector provision and wider partnership support.

## Referral and Access Arrangements

Access is through agreed Family Help pathways for children and families already open to Family Help. Referrals should identify the presenting concerns, the outcomes sought and the specific support requested.

## Relationship with Family Help Teams

The Partnership Hub is not a case-holding service. The allocated Family Help Practitioner and Team Manager retain responsibility for assessment, planning, review, statutory intervention and overall coordination.

Hub practitioners work alongside Family Help colleagues through consultation, specialist advice, joint visits and direct work. All interventions should support the agreed Child and Family Assessment and One Plan. The Family Help Practitioner coordinates involvement, reviews progress and agrees next steps when Hub support ends.

Alignment with the Family Safeguarding Practice Model

The Hub supports the Family Safeguarding Practice Model by bringing adult-focused specialist expertise alongside child-centred practice. Joint working addresses domestic abuse, parental mental health, substance misuse, parenting needs and adolescent vulnerability to reduce risk and improve outcomes for children and young people.

# 14. Family Help Enduring Relationships Hub

## Purpose

The Family Help Enduring Relationships Hub provides targeted support to strengthen, develop and sustain positive lifelong relationships for children and young people who are in care, at risk of becoming looked after, or where reunification with family is being explored.

The Hub has been established as part of the Families First Partnership transformation programme and sits within the wider Family Help and safeguarding offer. Its purpose is to ensure that children and young people have safe, lasting and supportive relationships with family members, carers and other significant adults that can continue throughout childhood and into adulthood.

## Aims of the Hub

- The Enduring Relationships Hub aims to:
- Strengthen family and community networks around children and young people.
- Identify and build on existing relationships that can provide long-term support.
- Support reunification planning where children are returning to parental care or extended family arrangements.
- Reduce unnecessary care entry and promote stability where it is safe to do so.
- Increase the involvement of wider family members and connected persons in planning for children.
- Support children to maintain meaningful and safe relationships that contribute to their identity, belonging and wellbeing.
- Work with services to create sustainable support networks that continue beyond professional intervention.

### Who the Hub Supports

The Hub may provide support for:

- Children who are looked after by the Local Authority.
- Children and young people where reunification with parents or family members is being assessed or planned.
- Children who are at risk of entering care where strengthening family networks may support them remaining safely within their family.
- Families requiring intensive work to rebuild relationships and improve family functioning.
- Children and young people who would benefit from a wider network of supportive and trusted adults.

## How the Hub Works

The Enduring Relationships Hub works alongside existing practitioners and services to identify, develop and strengthen family and support networks around children and young people.

## Interventions may include:

- Family network identification and mapping.
- Family-led planning and decision making.
- Relationship-based work with children, parents and extended family members.
- Support for reunification planning and transition arrangements.
- Practical and emotional support to help families build sustainable support networks.
- Multi-agency planning to ensure families receive coordinated support from the services involved.

The Hub complements existing social work and Family Help interventions and does not replace statutory responsibilities held by the allocated practitioner.

## Relationship with Family Help

The Enduring Relationships Hub supports the wider Family Help approach by building on the strengths, relationships and resources already present within families and communities. It promotes a family-led, strengths-based approach and seeks to ensure children have access to safe, stable and enduring relationships that improve outcomes and reduce dependence on formal services wherever possible.

## Principles of Practice

The work of the Enduring Relationships Hub is underpinned by the following principles:

- Children thrive when they have stable, loving and enduring relationships.
- Families are often best placed to identify solutions and provide support when appropriately supported.
- The voices of children and young people should remain central to all planning and decision making.
- Family networks should be identified and involved as early as possible.
- Planning should focus on long-term permanence, belonging and lasting connections rather than short-term service interventions.
- Support should be strengths-based, relationship-focused and centred on achieving sustainable change.

# 15. Organisational delivery arrangements for Family Help

Family Help in Enfield will be delivered through a clearly defined and fully integrated team structure that has now been confirmed through consultation with managers, practitioners, partners and specialist teams. The model is designed to ensure clarity, consistency and responsiveness across the system, enabling families to receive the right support, from the right practitioner, at the right time.

## Overall Team Structure

Family Help will be delivered through 11 Family Help Teams, comprising:

- 7 Generic Family Help Teams:
  - Working with children and families requiring targeted Early Help or Child in Need (s17) and Child Protection support.
- 4 Specialist Family Help Teams:
  - Pre Birth & Newborn Team (unborn – 6 months)
  - Adolescent Safeguarding Team (AST) (ages 11–17)
  - Children with Disabilities Team
  - Move On Housing Team
- This structure reflects system feedback on the importance of specialism alongside generic teams, while ensuring all teams operate to a single, coherent practice model.

## Team Composition and Leadership

Under the direction of a Family Help Team Manager, each Family Help Team will comprise of:

- Family Help Advanced Social Work Practitioners – providing practice leadership, quality assurance, and supervision
- Family Help Social Worker Practitioner – leading on CIN, CP, escalation and statutory requirements
- Family Help Practitioners – from a diverse range of professional backgrounds

Teams work collaboratively with the **Multi-Agency Child Protection Team (MACPT)** and wider professionals from mental health, domestic abuse, education, health, substance misuse and community support.

This reflects the shift towards a **multidisciplinary, relationship based model** at the centre of Family Help.

**New Beginnings** will be operating from within the pre-birth and newborn team. Offering intensive support and practical help to parents at risk of repeated child removals during pregnancy and early infancy. Supporting parents to increase confidence and raise aspirations, promote positive change and reduce the likelihood of future statutory interventions.

## Organisation of Teams

Each generic Family Help Team is organised to bring together both an Assessment Team and a Child Protection/Child in Need (CPCiN)_Team working collaboratively. For example, Family Help Team 1 is comprised of Assessment Team 1 and CPCiN Team 1.

The duty rota system requires the Children With Disability, Adolescent, Housing Move On and the Newborn/Prebirth team will maintain daily duty coverage. In contrast, the generic Family Help Teams participate in a 7-week rotation for duty responsibilities.

Case allocation is overseen jointly by 2 Team Managers, who work together to promote fairness and manageable caseloads. If disagreements arise regarding allocations, clear escalation procedures are in place to resolve issues efficiently.

**Senior Leadership Team (SLT)** members are dedicated to offering ongoing support throughout the first six months as the new teams become established. To facilitate this transition, the SLT will provide a regular reflective space, such as weekly sessions where managers and practitioners can openly discuss complex or contentious cases, seek guidance, and resolve any disagreements regarding case allocation. This support serves as a safety net for decision-making and helps to build confidence in the new structure, ensuring that staff have access to senior input whenever required. The arrangement is designed to be flexible and may be adjusted according to the evolving needs of the teams; however, urgent matters will continue to be escalated directly to service managers.

Practitioners are encouraged to make use of these sessions to engage in critical thinking and reflective practice as the new model is embedded.

The aim is to foster a culture of collaboration, learning, and accountability, ensuring Family Help remains responsive to the needs of children, families, and practitioners.

## Managerial Involvement and Joint Decision-Making

We recognise the expertise and judgement of Family Help Team Managers and are committed to ensuring their continued involvement in risk assessment and decision-making. Managers will:

- Participate in all initial discussions regarding child protection concerns.
- Be included in strategy discussions and escalation processes.
- Have access to regular reflective supervision and joint training with MACPT colleagues.

This collaborative approach ensures that statutory decisions are robust, and that managers remain confident and skilled in safeguarding practice.

## Escalation

In the unlikely event that there is a dispute or disagreement this should be discussed in the first instance between team managers within 24 hours, if no resolution has been agreed then this should be escalated to respective Service Managers within 3 working days. If an agreement still cannot be reached, then the decision should be escalated to the appropriate Heads of Service immediately and a decision made within 2 working days.

Escalation of child protection concerns, including the request and management of strategy discussions, should follow the procedures outlined in Section 15: Journey of the Child through Family Support System.

Where there is disagreement between professionals about thresholds or decisions, the local multi-agency safeguarding escalation protocol will be followed.

# 16. Journey of the Child through Family Support System

This section outlines the child's journey through the Family Help pathway, beginning with the initial referral and progressing through screening, allocation, and assessment. It ensures clarity and consistency in how children and families are supported across services.

## Referral and Screening via MASH

- All referrals enter through the **Multi-Agency Safeguarding Hub (MASH)**.
- MASH conducts initial **screening** to determine the level of need, risk, and complexity.
- Referrals are triaged into one of the following pathways:

## Pathway 1: Community and Universal Services

For needs that can be met through everyday services and informal support, families will be signposted to:

- **Family Hubs**
- **Universal services** (e.g., schools, health visitors, voluntary sector)

## Pathway 2: Family Help Teams

- Referrals requiring **further assessment** are directed to the **Family Help Teams**.
- A **Team Manager** allocates the case to:
  - A Family Help Social Work Practitioner for higher complexity or emerging risk.
  - A Family Help Practitioner for lower complexity cases.

## Immediate Strategy Discussion Pathway

- If the referral indicates that the child is **suffering or likely to suffer significant harm**, the case is:
  - **Allocated directly to a Family Help Social Work Practitioner – Social Work Qualified**
  - **Referred to MACPT** from the outset
- The **Lead Child Protection Practitioner (LCCP)** chairs the strategy discussion and coordinates with partner agencies to determine whether to initiate a **Section 47 investigation**.
- MACPT leads and completes the **S47 process**. **Assessment and Planning**
- For all other cases, a Family Help Assessment is completed by the allocated FHP.
- Following assessment, one integrated plan is developed, whether the outcome is:
  - A Team Around the Family (TAF) plan
  - A Child in Need (CIN) plan
- The same practitioner who completed the assessment continues to:
  - Progress the plan
  - Deliver the intervention

## Escalation During Intervention

- If concerns escalate during assessment or intervention, and the child is believed to be at risk of significant harm:
  - A **strategy discussion** is convened
  - **MACPT** becomes involved
  - The **Lead Child Protection Practitioner (LCCP)** chairs the discussion

**If progressing to ICPC:**

- The case remains with the allocated Family Help Practitioner.
- If, at the ICPC, it is decided that the child will become subject to a Child Protection Plan, the case is transferred to a Family Help Social Work Practitioner
- The **Lead Child Protection Practitioner (LCCP)** chairs the **Initial Child Protection Conference (ICPC)**

**If remaining on a CIN plan:**

- The case continues with the **current FHP**

## Direct Allocation to Specialist Family Help Teams

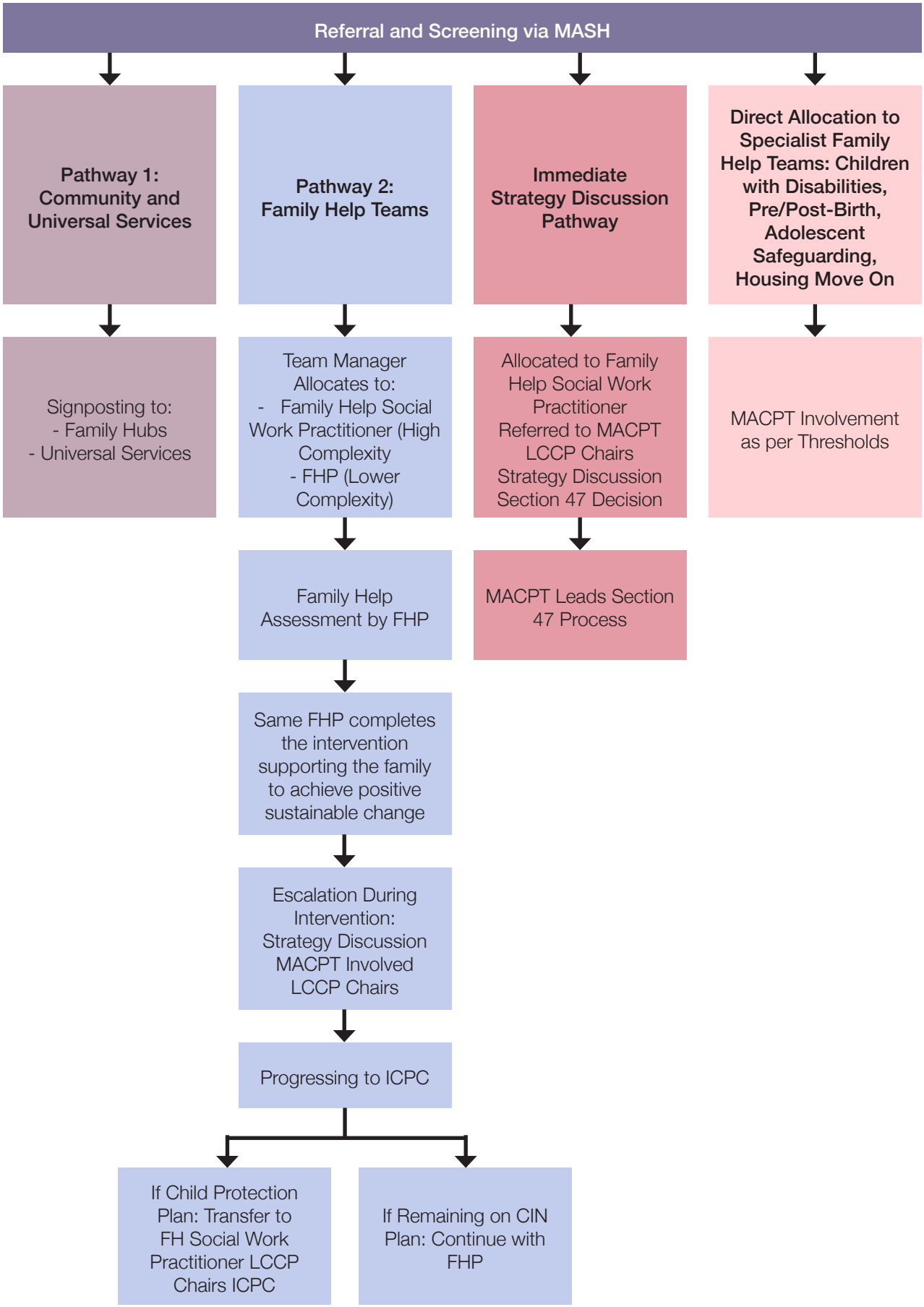
Where MASH identifies a specific risk or need that aligns with the remit of a specialist Family Help team such as Children with Disabilities, Adolescent Safeguarding, Housing Move On or Pre-Birth/ Newborn the MASH will progress the referral directly to that specialist team for assessment. This ensures that the child and family receive support from practitioners with the relevant expertise from the outset.

The MACPT, led by the LCPP, holds statutory responsibility for child protection decisions. The FHP retains case responsibility for allocated cases, including completing 87a requests for existing referrals. For new referrals, the LCPP will complete the 87a and lead strategy discussions.

The duty LCPP chairs all strategy meetings and ensures timely protective action. All decisions regarding child protection interventions are made by the MACPT in collaboration with Family Help teams and recorded on LL. Escalation routes are clearly defined to resolve disagreements promptly.

**See Diagram 2: Section 11 MACPT Responsibilities within Family Help Protocol**.

*Diagram 3: Journey of child/family through Family Support system*



# 17. Transitions and the 3-Month Rule

Transitions between teams within Children and Family Services are designed to ensure children and families receive the right support from the right team, at the right time. The process should be seamless, minimising disruption and maintaining continuity of relationships wherever possible. All decisions should be child-centred, and transfers must be timely, with no gaps in service provision.

> **Cross-reference:** See Section 15: Journey of the Child for referral pathways, allocation, and post-assessment planning.

## The 3-Month Rule

To maintain continuity and avoid unnecessary reassessment, if a child's case closes and then re-opens within three months, the same practitioner or team should resume responsibility wherever possible. This approach ensures consistency, preserves relationships, and reduces duplication of work.

Practitioners should review the previous plan and update it rather than starting from scratch, unless circumstances have significantly changed.

## Why It Matters

- Prevents families from having to repeat their story multiple times.
- Supports smoother transitions and better safeguarding outcomes.
- Aligns with good practice standards for Children in Need (CIN) and Child Protection (CP) cases.
- Minimises unnecessary handovers and reassessments, in line with the Family Help model's aim to reduce transfer points and maintain continuity of support.

## Best Practice for Transitions

- **Early Planning:** Use the Early Transfer Alert Process to flag potential transfers as soon as possible.
- **Joint Handover:** Arrange for a discussion between the current and receiving practitioner, and offer a joint handover visit where possible.
- **Case File Hygiene:** Ensure case files are in good order at the point of transfer; outstanding work should not hold up the process.
- **Transparent Communication:** Families should be informed early about any changes in practitioner or team, with updated contact details and reassurance about continuity of support.
- **Manager Oversight:** Any deviation from this process should be agreed at manager level and the rationale recorded.
- **Escalation:** If there is disagreement regarding the transfer, escalate through Team Managers, Service Managers, and Heads of Service as needed, with all decisions clearly recorded.

## Cross-References

- *Section 15: Journey of the Child* – for referral pathways, allocation, and post-assessment planning.
- *Family Help Model Overview* – for principles on reducing transfer points and maintaining continuity.

# 18. Glossary of Key Terms and Acronyms

## A

**Abuse:** Maltreatment of a child, including physical, emotional, sexual, or neglect.

**ACE:** Adverse Childhood Experiences: Stressful or traumatic events before age 18, such as abuse or household dysfunction.

**Advocacy:** Supporting individuals to ensure their rights and voices are heard.

**AP: Advanced Practitioner:** Skilled practitioner with supervisory or specialist responsibilities.

## B

**BRAG:** Risk assessment tool using Blue, Red, Amber, Green to indicate risk levels at referral/ screening.

## C

**CAMHS: Child and Adolescent Mental Health Services:** NHS mental health services for children and young people.

**Care Plan:** A plan detailing support for a child or family.

**CIN: Child in Need:** A child needing additional support under Section 17.

**Consent:** Voluntary agreement to engage in an activity, with understanding.

**Contextual Safeguarding:** Addressing harm beyond the family, e.g., peer groups or community.

**Core Group**: Professionals and family members reviewing a child protection plan.

**CP: Child Protection:** Processes to safeguard children at risk of significant harm.

**CP Conference:** Multi-agency meeting to decide if a child needs a protection plan.

## D

**DA/DV: Domestic Abuse/Domestic Violence:** Patterns of behaviour to control or harm a partner/family member.

**Disproportionality:** Over- or under-representation of certain groups in social care.

## E

**Early Help:** Support provided early to prevent escalation.

**EBSA:** Emotionally Based School Avoidance: Emotional distress causing school attendance issues.

**EDT: Emergency Duty Team:** Out-of-hours service for urgent child protection concerns.

**EHC Plan:** Statutory plan for children with SEND.

**Exploitation (Criminal/Sexual):** Coercion into criminal or sexual activities.

## F

**FDM: Family Decision Making:** Collaborative decision-making process.

**FHP: Family Help Practitioner:** Practitioner coordinating family support.

**FHT: Family Help Team**: Multi-disciplinary team delivering Family Help services.

## G

**Green Level:** BRAG indicator for targeted coordinated support (e.g., Family Help).

## H

**Harm:** Ill-treatment or impairment of health and development.

## I

**ICPC: Initial Child Protection Conference:** First meeting to decide if a child needs a protection plan.

**Integrated Working:** Professionals working together for seamless family support.

## J

**Journey of the Child/Family:** Pathway through Family Help from referral to review.

## K

**Key Transitions:** Points where a child/family moves between support levels.

## L

**LCPP:** Lead Child Protection Practitioner: Chairs strategy discussions and Section 47 investigations.

## M

**MACE: Multi-Agency Child Exploitation:** Meeting to coordinate responses to exploitation.

**MACPT: Multi-Agency Child Protection Team:** Professionals making statutory child protection decisions.

**MASH: Multi-Agency Safeguarding Hub:** Single point of access for referrals.

**MI: Motivational Interviewing:** Approach to help individuals make positive changes.

## N

**Neglect:** Persistent failure to meet a child's basic needs.

**NEET: Not in Education, Employment, or Training:** Young people not engaged in formal education or work.

## O

**Outcomes Framework:** Measures to assess service effectiveness.

## P

**Practitioner:** Professional working with children and families.

**Pre-Birth:** Safeguarding processes before a child is born.

## R

**RCPC: Review Child Protection Conference:** Meeting to review a child protection plan.

**Red Level:** BRAG indicator for immediate child protection concerns.

**Referral:** Process of bringing a child/family to services for support.

**Review Meeting:** Meeting to assess progress and update plans.

## S

**Safeguarding:** Protecting children from harm and ensuring safe care.

**Section 17:** Duty to safeguard and promote welfare of children in need.

**Section 47:** Duty to investigate if a child is at risk of significant harm.

**SEND:** Special Educational Needs and Disabilities: Needs affecting learning.

**Significant Harm:** Threshold for serious impact on health or development.

## T

**TAF:** Team Around the Family: Professionals working together to support a family.

**Thresholds:** Criteria for determining support level.

**TM: Team Manager:** Oversees a team of practitioners.

## U

**Universal Services:** Services available to all families (e.g., schools, GPs).

## W

**Working Together to Safeguard Children:** Statutory guidance for multi-agency safeguarding.

# 19. Key Documents

This section will bring together links to all operational tools, templates, statutory references, and practice guidance required to implement the Family Help Protocol effectively. These documents provide practitioners with practical support, reinforce consistent application of the model, and ensure alignment with statutory safeguarding expectations.

- Family Help Assessment Template
- Family Help Plan (One Plan) Template
- Family Decision Making (FDM) Referral
- Supervision Guidance
- Escalation Policy
- MACPT Protocol
- Working Together to Safeguard Children (2026)
- Stable Homes, Built on Love (2023)

## Document Access and Updates

All documents listed in this section will be maintained within the Family Help digital library (SharePoint). Practitioners should always use the most recent version.

**This protocol has been developed in partnership with local agencies and will be reviewed annually by the Safeguarding Partnership to ensure it remains fit for purpose.**





Enfield Children and Family Services
People Department
Enfield Council

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