



S17 Protocol

WOLVERHAMPTON SAFEGUARDING TOGETHER PARTNERSHIP

Version Control

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Purpose

The purpose of this document is to set out our local protocol to ensure we are meeting the below requirements as set out in statutory guidance Working Together to Safeguard Children 2023. The guidance outlines that local partnerships should publish their local protocol ensuring the below standards are met -

- Set out who can act as a lead practitioner in supporting children and their families under section 17 of the Children's Act and reflect that the decision about who will act as lead practitioner will be made in line with practitioner knowledge and skills, resources, commissioned service requirements, relevant professional standards as appropriate and accountabilities.
- Be consistent with the requirements of this statutory guidance.
- Set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care.
- Set out the skills, knowledge, experience, and competence required for the lead practitioner role and how this will be monitored locally.
- Set out clearly the governance arrangements to support effective decision-making, including roles, responsibilities, and accountabilities, and how these take account of high-level risk, risks that are dynamic and/or complex.
- Set out the process for case audits and accountability including allocation of lead practitioners and decision-making. Information should be included in the yearly report ([see Working Together 2023 Chapter 2, Paragraphs 106-109](#)) on the evidence of impact on outcomes for children and families, to show progress and learning that has occurred following audits.
- Clarify how organisations, agencies and practitioners undertaking assessments and providing services can work in partnership including when sharing and seeking information.
- Set out how and when organisations and agencies should communicate with children and families.
- Set out the process for challenge by children and families by publishing the complaints procedures.

Overview

Working Together to Safeguard Children 2023 states that 'Local authorities can also ask other agencies to assist in the delivery of support and services under section 17 of the Children Act 1989'. Traditionally it has been the expectation that only social work qualified staff could be responsible for child in need work (S17) however the revised guidance now outlines that alternatively qualified staff (lead practitioners) can lead on child in need intervention. To ensure the effective delivery of section 17 child in need work a local protocol is required to give assurance to partners that practice is safe and we are meeting our statutory functions.

As part of the Families First for Children's Pathfinder (FFCP) work has been undertaken to enhance our early support approach so children and families get support that will help as soon as needs emerge. Families will be supported at the earliest opportunity to receive the right support from the right agencies/partners to prevent needs and vulnerabilities increasing, which should reduce the need for statutory interventions. It is an approach where practitioners from various partners or agencies outside of the local authority work with the family to meet the needs and vulnerabilities identified, either as a single agency or as a partnership response depending on the family's needs. This work will be captured in an Early Support Plan (ESP) which replaces the previous Early Help Assessment.

Where worries are escalating, the Early Support lead will complete a review to determine whether a referral to social care is needed for a more targeted response.

All referrals made to Social Care will be triaged to identify the level of need and to the appropriate response needed. **See process map below:**

New requests for Family Help/New Safeguarding Concern- Wolverhampton FFCP Model for Family Help, Family Networks and Child Protection

Request to access Family Help

Safeguarding concerns about a Child or young person

Complete and submit an EMarf

Families Front Door receives EMarf

Families Front Door Triage request for support and make initial RAG

Green

Amber

Red

NFA, signposting
(consider Family Hubs)
OR continue/
commence with Early
Support Plan

Family Help

Child Assessment Team (CAT) to allocate a
Social Worker to complete a Family Help Plan
within 10 day period

MASH hold Strategy discussion/
meeting and outcome. LCPP to attend strategy

1. Identify Family Help Lead Practitioner
2. Commence Family Help Plan
3. Wrap the Family Help Team around the family
4. Meet with family to review plan at 6 weeks
5. Wherever possible the FHLP will remain consistent for the family. However, there may be occasions where there is a need to consider a change of FHLP e.g., if families' needs escalate that then requires the FHLP to be a social worker

***at any point where significant concerns arise: CP Concerns – conversation with LCPP to agree CP process need to be triggered**

NFA/Signposting

Family Help
CAT to make threshold
decision about whether
case is S17 or not.
Recommendation also to
be made on FHLP; Family
Help Team manager and
Delivery manager to jointly
make final decision on
allocation.

Strategy discussion/
meeting required.
CATs to
hold/outcome. LCPP
to be involved.

Outcome S17

Outcome S47

NFA

Outcome Family Help
(not S17)

Outcome S17

Outcome S47

CATs continue Assessment
and outcome (see CAT
assessment outcome)

Section 47 led by LCPP in
MACPT

Family Help

Follow CP process

Pathway for open Family Help escalating to Child Protection

Child or young person being supported under a Family Help Plan where Child Protection concerns have arisen

Immediate discussion with LCPP to agree MACPT involvement – strategy meetings will either be chaired and convened by the Family Help Social Work Team Manager / Senior SW OR, where the FHLP is alternatively qualified, by the MACPT

FHLP to remain involved throughout CP planning.

Follow existing CP processes – LCPP to lead on the statutory CP work.

Pathway for de-escalating from Child Protection

Conference decision to close CP plan and will be handed to FHLP (who has remained involved throughout).

1. Continue with Family Help Plan
 2. Wrap a Team around the Family
 3. Meet with Family to review plan at 6 weeks
- *at any point where significant concerns arise: CP Concerns – conversation with LCPP to agree if CP planning is required***

When a referral is received in Family Help, the Social Care Team Manager and the Early Intervention Delivery manager will co-ordinate an Integrated Management Conversation. The purpose of this conversation will be to identify who is best placed to take on the Family Help Lead Practitioner role. This could be the original Early Support Lead Practitioner, but in several cases, a worker from the core Family Help team will be allocated. At this point there will also be a decision about whether the family's needs are at targeted early help level of Child in Need. However, even if it is decided a family is Child in Need, this could mean an alternatively qualified Family Help Lead Practitioner is allocated.

The Family Help Lead Practitioner will assess and support the child and family using a Family Help Plan. Information gathered in Early Support Plans will feed through into the Family Help Plan if one has been completed.

What is a Family Help Lead Practitioner?

A Family Help Lead Practitioner should co-ordinate the activity around the family, ensure the assessment and the family plan responds to all needs identified, and will lead on a co-produced plan. The plan should include the wider family network. The Family Help Lead Practitioner role can be held by a range of people, including social workers.

When allocating the lead practitioner, local authorities and their partners should consider the needs of the child and their family to ensure the lead practitioner has the time required to undertake the role. The lead practitioner should have the skills, knowledge, competence, and experience to work effectively with the child and their family. [Working Together to Safeguard Children 2023, pg. 45.](#)

The Family Help Lead Practitioner will always be a social worker for child protection enquiries, the 16/17 homeless pathway and for private fostering.

Locally we have agreed that the Family Help Lead Practitioner will:

- Be the named professional identified as the person who will be the family's main point of contact and will complete the Family Help Plan. They will usually remain with the family even where concerns escalate. They can be alternatively qualified and be from a partner agency. However, there will always be a social work qualified (Lead Child Protection Practitioners) leading on child protection work.
- Ideally have an existing positive and trusted relationship with the family, which also means they don't have to repeat their story. They will be the main point of contact for the family throughout the period of support and develop the Family Help Plan.
- Be required to record all case work on the local authority Eclipse system.

Identifying and supporting Family Help Lead Practitioners from partner agencies

An Integrated Managers Conversation (IMC) will take place for all referrals into Family Help and at key points for those already known to Family Help and can also be used within other teams, such as the Multi-Agency Child Protection team. An Integrated Managers Conversation will take place daily in Family Help to review any new referrals, which will be added to the joint Family Help desktop for allocation. It is important this takes place every working day so that children are allocated to a lead practitioner within one working day of being sent to a Family Help team. The daily Integrated Managers Conversation in Family

Help is a meeting held between the Delivery Manager and the social work qualified Team Manager and reviews / considers:

- Recommendations from Child Assessment Teams (CATs if applicable).
- The Early Support Plan (if one has been completed).
- The family's needs and what skills, knowledge and experience are required to deliver the appropriate interventions and support.
- Who else needs to support from the Family Help team and plan for specialist practitioners to be co-allocated if appropriate – for instance there may be practitioners in the team with specific training that would benefit the family (e.g. parenting programmes etc) and they would be brought in to carry out that specific piece of work alongside the Family Help Lead Practitioner.
- Who could act as the Family Help Lead Practitioner and if this could be an alternatively qualified practitioner or requires a social worker (considering skills, knowledge and experience required).
- Any other relevant information. An Integrated Manager Conversation will also take place monthly in Family Help between the social work qualified team manager or senior social worker, and the line manager of the Family Help Lead.
- Practitioner (both within the local authority and if sitting in a partner agency) where there are any children classified as “child in need” and the Family Help Lead Practitioner is alternatively qualified. This Integrated Managers Conversation will review the progress of the plan, identify any support or guidance needed and provide oversight. The Family Help Lead Practitioner will also be invited to join the Integrated Managers Conversation. An Integrated Managers Conversation can also take place at other times for other reasons, including as stated below:

When is an Integrated Managers Conversation needed?

- New referrals.
- Changes in need / risk / concerns - the Integrated Managers Conversation would review whether this now meets the threshold for child in need or no longer meets this threshold as this will need to be differentiated in the system for statutory reporting purposes. For all new referrals this threshold determination will be made by the Child Assessment Team.
- A change in the Family Help Lead Practitioner, although this should remain consistent wherever possible.
- Another reason deemed appropriate by the Delivery Manager and / or Team Manager.
- When a child is stepping off a Child Protection plan and there is no identified Family Help Lead Practitioner.
- Monthly Integrated Managers Conversations to discuss any Child in Need work where there is an alternatively qualified Family Help Lead Practitioner involved. This Integrated Managers Conversation should be led by the social work qualified team manager or senior social worker but involve the line manager of the Family Help Lead Practitioner and the Family Help Lead Practitioner.
- Monthly Integrated Managers Conversations with any partner agencies acting as the Family Help Lead Practitioner for work held at Child in Need or Targeted Family Help.
- Where the Family Help Lead Practitioner has requested for an Integrated Managers Conversation to review the case.

As there is still a statutory requirement to collect data about Child in Need, the initial threshold decision for new referrals will be made by the Child Assessment Team. Once open to Family Help if needs/concerns change the Integrated Managers Conversation will need to determine whether the level of need is at a level of previous Child in Need or previous targeted intervention. This will be recorded in the classification part of the Integrated Managers Conversation form.

Locally, we anticipate that the majority of Child in Need work will still sit and be lead within the local authority (local authority employed family support staff, social workers, and commissioned services) however it could also be led by health colleagues and some school leads where appropriate and agreed by their line manager. This will be determined by skill set, capacity and who is deemed to be the most appropriate person to support the family.

Changes in need or concerns

De-escalation of need / concerns - If needs / concerns decrease this will be discussed at the review. The next step will depend on several factors:

- If the threshold is currently Family Help (Child in Need) and the review recommends Family Help (targeted) and the Family Help Lead Practitioner is social work qualified the decision can be made at the review and authorised in eclipse by the Family Help Lead Practitioner's line manager.
- An Integrated Managers Conversation is not needed if the threshold is currently Child in Need and the review recommends this is no longer met, however if the Family Help Lead Practitioner is alternatively qualified an Integrated Managers Conversation will need to take place with the Delivery Manager and social work qualified Team Manager to consider the recommendation and agree formally.
- If the current threshold is "targeted Family Help" and not Child in Need and the review recommends that this is no longer needed and support via universal services is now appropriate this can be agreed at the final review and the Family Help Lead Practitioner manager will end the classification in eclipse and re-assign the worklist.
- Where changes to threshold take place, the classification should be changed within the form by the local authority.
- Where worries are decreasing this does not necessarily mean that the Family Help Lead Practitioner needs to change – we should keep the Family Help Lead Practitioner constant where possible to do so.

Escalation of need / risk / concerns - an Integrated Managers Conversation must take place at the earliest opportunity between the Delivery Manager and social work qualified Team Manager if the Family Help Lead Practitioner or relevant other indicates that needs / concerns or risks increase. If agreed at the Integrated Managers Conversation that this now meets Child in Need threshold, the classification will be updated by the appropriate manager.

- Where there are any child protection concerns there will be a discussion between the Family Help Lead Practitioner and their line manager and further discussions with the Lead Child Protection Practitioner (LCPP) should a strategy meeting be required.
- Where worries are escalating, and the Family Help Lead Practitioner is alternatively qualified and not a social worker.
- There may be situations where an alternatively qualified Family Help Lead Practitioner is working with a family and needs, risks or worries are increasing. At

these times an Integrated Management Conversation should take place including the Family Help Lead Practitioner. It is important that practitioners feel safe and well supported, so the Integrated Managers Conversation may consider whether additional support from the wider Family Help Team is needed.

- If a social worker is asked to provide some additional support in such cases, they will carry out an updated discussion (“assessment”) alongside the Family Help Lead Practitioner, who has built a relationship with the family, and they can collectively decide whether a longer-term change in the Family Help Lead Practitioner to a social worker is needed. They can also consider if there has been any change to threshold (if applicable).
- The social worker and Family Help Lead Practitioner would attend an Integrated Managers Conversation once the updated Family Help Discussion and Plan is completed, and a decision would be made there about next steps. This should be recorded on an Integrated Managers Conversation form in eclipse.
- Change of Family Help Lead Practitioner – Whilst the aim would be to keep the Family Help Lead Practitioner as consistent as possible, if it is agreed at an Integrated Managers Conversation that a change in Family Help Lead Practitioner is needed, the appropriate manager will amend relationships in eclipse.
- Any changes need to be discussed with the child (where age appropriate) and their family and a rationale provided.

Essential skills, knowledge, and skills - Family Help Lead Practitioner

We consider that the lead practitioner will have the following skills:

- Directly working with children, families
- Experience of building and maintaining relationships
- Experience of multi-agency working
- Experience of leading / contributing to meetings
- Has opportunity to utilise supervision for guidance and support
- Appropriate and effective communication skills – both written and verbal
- Assessment, analysis, and planning skills
- Awareness and understanding of child development.
- Commitment to continued professional development.
- Taking a non-judgemental, anti-discriminatory approach in supporting children and families
- Identifying and being able to act appropriately where there are potential safeguarding concerns.

Partner agencies may have similar training already offered in their organisations and in such cases Family Help Lead Practitioners will not necessarily need to undertake the LA training as long as the training that has been completed equips them with an equivalent level of skills, knowledge and competence.

The table below sets out what essential training a Family Help Lead Practitioner needs:

Essential training	Training to support and enhance essential skills and knowledge when acting as FHLP
Intermediate Safeguarding Awareness training (Adults & children) available via WST - or equivalent	Restorative Practice
	Cultural consciousness
Introduction to the Family Help Plan (including assessment skills and assessment triangle / framework) (live / recorded session)	Capturing child's voice and journey
	Restorative language
Analysis and risk assessment	Recording / writing to the child
Family networks and tools including chronologies	Trauma informed practice (WST)
Using eclipse (video)	Building and maintaining relationships

Training and support – Family Help Lead Practitioner from partner agencies

An Advanced Practitioner (AP) will be linked to every Family Help Lead Practitioner from a partner agency during the test and learn to provide ongoing help, advice and 1:1 support if needed regarding practice / process / policies etc.

The local authority Manager will be responsible for authorising work in eclipse but could ask the Advanced Practitioner to support the Family Help Lead Practitioner where needed – equally the partner agency line manager could request additional support from the Advanced Practitioner.

Rolling programme of essential training for Family Help Lead Practitioners available via the local authority (other than safeguarding training available via WST).

Quality Assurance and Governance

A Quality Assurance Framework has been developed to provide assurance and monitor the delivery of the programme.

A Quality Assurance Framework is a structured means of mapping the quality assurance activities in an organisation, ensuring a consistent approach to how we measure the impact of what we do and the outcomes for children, young people, and families, providing assurance that services are safe, high quality, accountable and meeting statutory duties as well as national and local standards.

As part of Wolverhampton Safeguarding Together's governance structure the work of the lead practitioner will be captured within the quarterly quality assurance update reports into the Scrutiny and assurance meetings. The local authority quality assurance report will include dip audits with partner agencies and quality assurance with partners in addition to the WST quality assurance report which captures both data and quality assurance.

Information Sharing

The DFE has published the ['Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents, and carers'](#) May 2024.

This HM Government advice outlines the importance of sharing information about children, young people, and their families to safeguard children. It should be read alongside the statutory guidance Working Together to Safeguard Children 2023. The advice is non-statutory and replaces the HM Government Information sharing: advice for practitioners providing safeguarding services to children, young people, parents, and carers published in July 2018.

This advice focuses on the legal framework and how it supports information sharing for the purposes of safeguarding children from abuse and neglect. It does not detail the additional professional responsibilities that might apply for different practitioners.

Practitioners should consider this advice alongside guidance specific to their profession or service area.

Complaints Procedure

Each agency will have their own individual complaints procedure which will need to be followed. Where a disagreement arises between practitioners the [WST Escalation Policy](#) can be utilised.

Appendix 1

Main abbreviations used in the guidance:

DAC	Domestic Abuse Champions
ESC	Early Support Champions
ESLP	Early Support Lead Practitioner
ESP	Early Support Plan
FFCP	Families First for Children's Pathfinder
FGC	Family Group Conferencing
FGDM	Family Group Decision Maker
FHLP	Family Help Lead Practitioner
FHP	Family Help Plan
FNSP	Family Network Support Plan
IMC	Integrated Management Conversation
KCP	Kinship Care Panel
LCPP	Lead Child Protection Practitioner
MACPT	Multi Agency Child Protection Team