

Family Help Together: A Framework for Action

Practitioner's guide to using the decision-making matrix Version 1.1

Includes examples based on the family help together approach. Appendices 1 and 2 pages 4-11

1 Introduction

The **Family Help Together - A Framework for Action** decision-making matrix supports clear, confident and proportionate decisions by helping practitioners analyse frequency and duration, severity, impact and safeguarding risk through the child's lived experience. It provides a simple and consistent way of thinking and decision-making across agencies.

This document has two parts. The practitioner's guide explains how to use the matrix step-by-step and sets out the thinking process that underpins good decision-making and should be read alongside the Family Help Together framework.

The recording template in Appendix 1 is an optional tool practitioners can use to capture their analysis and decision-making where helpful. You can also use Appendix 1 to gather information for the Children's Portal. The completed template can be uploaded as a supporting document to show your analysis and how you reached your decision. There are also some worked examples in Appendix 2.

**If at any point you identify a child is at immediate risk of harm or needs urgent medical attention, call 999 and then call First Point of Contact (0345 678 9021).
Do not wait to complete the matrix or the recording template.**

Step 1. Start with what made you pause

Identify the moment you realised something might not be right and what prompted your concerns. This is the trigger, not the analysis.

Step 2. Build the child's lived-experience picture

Use the indicators in the **'what a child might experience'** section of **Family Help Together** to help you describe what life feels like for the child. Remember that the list of indicators isn't exhaustive and there may be others you have identified. Bring this together with:

- child's voice
- family's voice (where safe and appropriate)
- practitioner observations
- strengths and protective factors
- pressures or changes over time

Focus on what life feels like for the child, not labels or diagnoses. Record strengths as well as worries - both should be evidenced, not assumed. Strengths do not remove risk, but they help you understand what is keeping the child safe, what is working well, and what can be built on in planning.

Indicators help you build the lived-experience picture; the four factors help you analyse it. They are not the same and should not be used interchangeably.

Step 3. Consider other professionals' views (if known)

This step is optional at this stage. Consider:

- what early years, school, health, youth workers or other professionals have noticed
- any differences in perspective or disagreements

If you haven't spoken to others yet, note who you may need to contact and why.

Step 4. Analyse the four matrix factors

Use the four factors to understand the child's overall lived experience and help structure thinking. The matrix is not a tick-box tool and **you should not look to score or rate each indicator you identified in Step 2 individually**. Instead, consider these together as to how the child's whole experience sits across the four factors:

- **Frequency and duration** - how often things are happening; whether they are persistent, occasional or escalating
- **Severity** - how serious the worries are; whether anything feels acute or high-risk
- **Impact** - how the child's safety, wellbeing and development and relationships are affected, including cumulative impact over time
- **Safeguarding risk** - why this matters now; consider whether there are emerging or immediate risks

How to analyse the factors together

Good analysis looks at how the factors interact, not at individual indicators. Consider:

- **Patterns.** Look for repeated or connected themes (e.g., persistent frequency and building impact). Patterns show whether things are stable, improving or deteriorating.
- **Factors that reinforce each other.** Some combinations raise concern more than they would on their own (e.g., severity plus safeguarding risk; frequency plus impact).
- **Cumulative impact.** Small worries can add up over time. Impact may increase even if events haven't changed. Multiple pressures can combine and raise the level of need.
- **Highest-factor principle.** The level of need is set by the highest factor. This protects children when one factor is significantly worse or when risk is emerging.
- **Context matters.** Interpret each factor through the child's lived experience. The same behaviour can have different meaning depending on age, needs, vulnerabilities or family situation.
- **Strengths and protective factors.** Strengths do not remove risk, but they show what helps the child feel safer and cope with what's happening.

This helps you turn the child's lived experience into a clear, structured professional judgement.

Step 5. Summarise your professional judgement

This is your reasoning. Summarise:

- patterns
- cumulative worries
- strengths
- why this matters now
- what would change the level of need

This explains how you reached your decision.

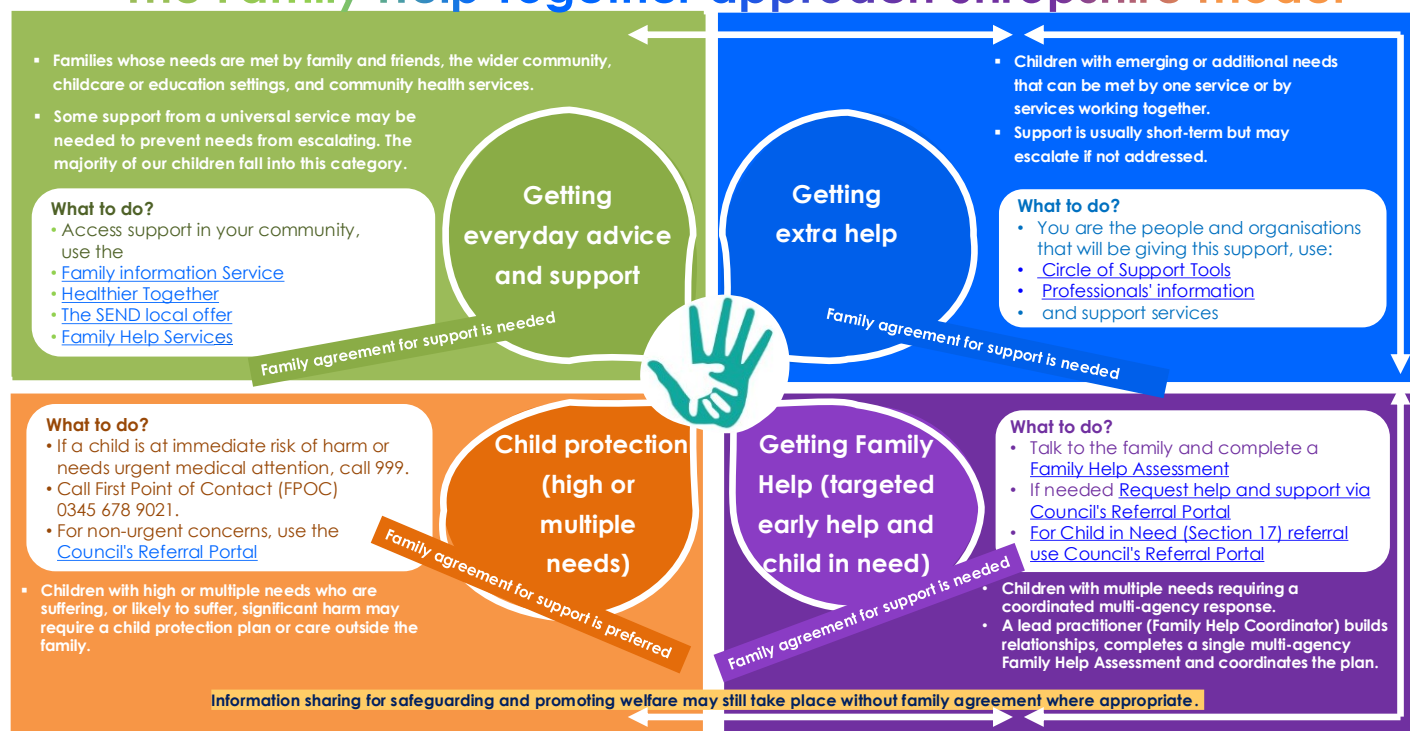
Step 6. Decide the level of need and record the next action

Tick the level reached by the highest factor:

- Everyday Advice and Support
- Extra Help
- Family Help
- Child Protection

This is your decision. Use the Family Help Together approach (shown below) to guide your next steps and any safety planning.

The Family Help Together approach Shropshire model



Note: safety planning happens next through the extra help or safeguarding pathways.

Appendix 1: Decision-Making Matrix recording sample template

(Optional tool for recording your decision-making)

Child's details

Name:

Age:

People involved in the decision:

Date:

1. What made you pause?

Brief description of the worries, observation, disclosure, incident, or pattern that prompted concern.

2. What life feels like for the child

Bring together the voices and observations that show what life feels like for the child. Describe the child's lived experience: things going well; things causing worry; things changing over time; strengths and protective factors; and pressures or context affecting the child or family. Include the child's and family's voice **where it is safe and appropriate to do so**, to build a full picture of lived experience.

Strengths and needs overview (optional)

Use this grid to reflect on strengths and protective factors, and needs and risks across the Family Help Together domains. This helps ensure the lived-experience picture is balanced and evidence-based.

	Strengths and protective factors	Needs and risks
My voice is heard		
I am achieving		
I am healthy and happy		
I am supported		
I feel safe		
I have independence		

3. Summary of other professionals' views (if known)

Record any views from early years, school, health, youth workers or other agencies **if you have them at this stage**. Note any differences in perspective or disagreements. If you have not yet spoken to others, you can leave this section blank or note who you may need to contact next.

4. Apply the four matrix factors

Use the four factors to understand the child's overall lived experience.

- Frequency and duration: How often is this happening? Is it persistent, occasional or escalating?
- Severity: How serious is it? Does anything feel acute or high-risk?
- Impact: How is the child affected? Is the impact building up over time?
- Safeguarding risk: Why does this matter now? Is there any immediate or emerging risk?

Decision-making matrix

Factor	Getting everyday advice and support	Getting Extra Help	Getting Family Help*		Child Protection
			Targeted Early Help	Child in Need	
How often is this happening?	Never / One-off	Occasional	Persistent concerns that require coordinated support	Persistent and multiple needs where the child's development is being significantly impaired	Constant / escalating
How severe is it?	Mild	Moderate	Significant but manageable with multi-agency support	Significant and likely to worsen without statutory oversight	Severe / acute
What is the impact on the child?	Minimal	Noticeable	Harmful but not yet causing significant impairment	Harmful with clear evidence of significant impairment to health or development	Serious harm / trauma
What is the safeguarding risk?	None / no immediate risk	Emerging risk	Clear needs, but no clear safeguarding risk	Clear safeguarding risk, but not immediate; statutory assessment required	Immediate protection required
* The two Getting Family Help columns for targeted early help and Child in Need (section 17) support triage at the integrated front door. Families should however still experience a single, seamless Family Help offer.					

5. Summary of what you think (professional judgement)

Summarise your analysis: patterns you've noticed; cumulative worries; strengths that matter; why this matters now; and what would change the level of need.
(This explains your decision and shows your reasoning.)

6. What is the highest level of need reached and next steps

Tick the level reached by the **highest** of the four factors:

- Everyday Advice and Support
- Extra Help
- Family Help
- Child Protection

This is your decision. Follow the Family Help Together approach model for next steps.

Appendix 2: Worked examples

The worked examples show a range of situations. Some use the optional strengths-and-needs grid to model how practitioners might organise their thinking, while others rely on narrative lived-experience alone. Some include other professionals' views, and some do not. This reflects the reality that practitioners often make initial decisions before multi-agency information is available.

Worked Example 1 — Getting Everyday Advice and Support (Gender-neutral name used)

What made you pause

Teacher notices that seven-year-old Kit has been quieter than usual during morning registration.

What life feels like for the child

Kit says 'I didn't sleep well' because my younger brother was unsettled overnight.

Parent confirms it was 'a one-off rough night' and Kit is usually settled, happy and doing well.

School reports that Kit is normally confident, engaged and has strong peer relationships.

No ongoing worries or pressures or changes over time.

Other professionals' views

School nurse saw Kit last week for a routine check and reported no concerns.

Four factors analysis

- Frequency and duration: One-off tiredness; no pattern.
- Severity: Low; no risk indicators.
- Impact: Mild tiredness; no effect on learning or relationships.
- Safeguarding risk: None emerging.

Professional judgement

This is a normal childhood experience. No pattern, no cumulative impact, and strong protective factors.

Level reached: Everyday Advice and Support

Teacher offers reassurance, checks in later, and encourages early bedtime. No further action.

Worked Example 2 — Getting Extra Help (Gender-neutral name used)

What made you pause

School pastoral lead notices 11-year-old Jamie has become increasingly distracted, often forgets equipment, and has started arguing with peers.

What life feels like for the child

	Strengths and protective factors	Needs and risks
My voice is heard	Jamie is able to explain that arguments at home are affecting their sleep and concentration.	Jamie may not always feel confident sharing how the conflict makes them feel emotionally.
I am achieving	Jamie enjoys football, has previously been resilient and sociable, and usually engages well in school.	Tiredness and distraction are affecting learning, reading progress, and peer relationships.
I am healthy and happy	No physical health concerns known; Jamie enjoys sports and outdoor activity.	Emotional strain from parental conflict; tiredness; reduced ability to regulate emotions.
I am supported	Strong relationship with grandmother; parent acknowledges the separation and its impact.	Parental conflict at night is affecting routines, sleep, and emotional wellbeing.
I feel safe	Home is physically safe; grandmother provides emotional security.	Arguments at night may create emotional insecurity and worry about family stability.
I have independence	Jamie manages school routines independently and shows maturity.	Independence is being affected by tiredness and emotional strain, reducing their ability to manage daily tasks confidently.

Other professionals' views

No other professional views were known at this stage.

Four factors analysis

- Frequency and duration: Arguments at home are happening several times a week; school difficulties emerging over a month.
- Severity: Emotional distress and tiredness; not acute harm.
- Impact: Reduced concentration, peer conflict, slipping academic progress; tiredness affecting daily functioning.
- Safeguarding risk: Emerging risk if parental conflict escalates, but no immediate harm indicators.

Professional judgement

Indicators show a developing pattern of emotional impact linked to parental conflict.

Strong protective factors (grandmother and school support) suggest early intervention could stabilise the situation.

Risk is emerging, not immediate.

Level reached: Extra Help

School pastoral lead and parent agree to short-term Extra Help including support for routines and sleep; conflict-reduction advice for parents; school-based emotional regulation sessions. Grandmother involved as a protective factor.

Proportionate, child-centred, and likely to prevent escalation.

Worked Example 3 — Getting Family Help (Gender-neutral name used)

What made you pause

Health visitor notices 2-year-old Rowan is significantly behind expected milestones and appears withdrawn during a home visit.

What life feels like for the child

	Strengths and protective factors	Needs and risks
My voice is heard	Rowan responds positively to music and sensory play; shows some engagement when supported.	Limited verbal communication; emotional withdrawal; difficulty expressing needs or discomfort.
I am achieving	Warm relationship with parent; responds well to sensory activities; some emerging engagement at nursery when present.	Significant developmental delay; irregular nursery attendance; missed health appointments; reduced learning opportunities.
I am healthy and happy	No known physical health concerns; enjoys sensory play.	Withdrawn presentation; cluttered home limiting safe play; parent overwhelmed and forgetting appointments; inconsistent routines.
I am supported	Parent shows warmth and wants help; willingness to engage with support.	Parent struggling with mental health, unemployment, and daily care; missed appointments; limited capacity to meet developmental needs consistently.
I feel safe	Nursery provides predictable routines and familiar staff when Rowan attends.	Distress at separation; inconsistent care at home; cluttered environment reducing physical and emotional safety.
I have independence	Beginning to explore sensory activities independently when supported.	Limited opportunities for safe exploration; inconsistent routines reduce confidence; developmental delay affects emerging autonomy.

Other professionals' views

GP notes parent has symptoms of depression but is not currently receiving treatment.

Nursery Special Educational Needs Co-ordinator (SENCo) suspects developmental delay but cannot progress assessment due to missed attendance.

Four factors analysis

- Frequency and duration: Persistent developmental concerns; ongoing missed appointments; inconsistent routines.
- Severity: Moderate to high; developmental delay, emotional withdrawal, parental mental health concerns.
- Impact: Significant effect on development, attachment, and learning opportunities.
- Safeguarding risk: Emerging risk due to unmet developmental needs and parental capacity issues; not immediate harm but risk of deterioration.

Professional judgement

Multiple indicators show cumulative impact on Rowan's development.

Parental mental health, unemployment, and environmental pressures are interacting.

Strengths exist (warmth, willingness to engage), but they are not enough to stabilise the situation without coordinated support.

Level reached: Family Help

Health visitor completed a Family Help Assessment for coordinated multi-agency support (parenting support; mental health support for parent; developmental assessment; nursery attendance plan and home-environment support)

This is proportionate and necessary to prevent escalation into safeguarding.

Worked Example 4 — Child Protection (Gender-neutral name used)

What made you pause

During a home visit, social housing contractor notices eight-year-old River alone in the flat, frightened, and saying 'I don't know where Mum is.'

What life feels like for the child

River appears dirty, wearing clothes that are too small.

River says, 'I make noodles when I'm hungry and I sometimes sleeps on the sofa'.

Flat is cold, with no bedding on the bed and hazardous items within reach.

River says that Mum 'goes out at night' and 'comes back when it's light'.

River appears anxious, avoids eye contact, and flinches when the contractor moves suddenly.

Strengths: River has a neighbour they trust who occasionally checks on them.

Other professionals' views

The social housing contractor has not spoken to any other professional about River.

Four factors analysis

- Frequency and duration: Likely persistent; child left alone regularly.
- Severity: High. neglect indicators, unsafe environment, possible emotional harm.
- Impact: Significant effect on safety, emotional wellbeing, nutrition, sleep, and development.
- Safeguarding risk: Immediate risk of harm due to being left alone and hazardous living conditions.

Professional judgement

Indicators strongly suggest neglect and emotional harm, with immediate safety concerns.

Severity and safeguarding risk are high and urgent.

Protective factors (neighbour) are insufficient to mitigate risk.

Level reached: Child Protection

Contractor contacts emergency services and Children's Social Care immediately.