



Stoke-on-Trent

Multi Agency Threshold Guidance to the Levels of Need

December 2018

1 Introduction

In July 2018 the Department for Education published its latest version of *Working Together to Safeguard Children (2018)* which includes a requirement for Police, Local Authorities and Health partners to publish guidance on 'Threshold of Need'.

As a result, Stoke-on-Trent Safeguarding Children Board has taken the opportunity to refresh its Multi-agency Threshold Guidance to the Levels of Need. The guidance is intended to provide assistance for everyone working with children when the circumstances of a child suggest that additional support or statutory intervention is required. The aim is to enable practitioners and professionals to be able to identify the **right child for the right service at the right time** and ensure a response which is appropriate and proportionate to the child's identified needs.

The guidance provides a framework for assessing and identifying need across 4 different levels: **Universal, Additional, Multiple/Complex, and Significant**. It should be borne in mind that a child's needs can and will change over time and their identified needs will move between levels.

The descriptions against each level provide examples about how need might present itself, rather than an exhaustive list of fixed criteria that *must* be met. The examples are not a substitute for professional judgement. The level of need will always be influenced by a number of factors within the community and the family context.

Neglect is one of the most common categories of abuse facing children. The neglect of a child can be deliberate, or may occur through the unintentional failure to meet a child's physical, emotional, psychological or developmental needs.

Teenage children are vulnerable to the impact of neglect, but vulnerability increases the younger the child is. Lifelong neglect is shown to result in mental health issues, anti-social behaviour, poor social and developmental outcomes and criminal behaviour and leaves the child vulnerable to other forms of exploitation.

Any level of neglect of a child requires a response from professionals, and the analysis of the impact on the child will determine which level of the threshold has been reached.

The impact of domestic abuse on children and young people should never be underestimated, including child on parent abuse and abuse committed by a young person on their partner.

The Framework outlines the pathway that should be followed to identify the appropriate response to identified need and this is displayed in a flow chart attached at Appendix 1.

Information on how to make a referral to Stoke-on-Trent Early Intervention and Children's Social Care Service is attached at Appendix 2.

A summary of the Levels of Need and the suggested response is provided in a table at Appendix 3.

The Framework also outlines the Signs of Safety model which has been adopted by the Stoke-on-Trent City Council Early Intervention and Children's Social Care Service and endorsed by the Safeguarding Children Board. The Signs of Safety Assessment and Planning Framework is attached at Appendix 4.

2 Signs of Safety

Signs of Safety is an evidence based model which focusses on **both** the family's strengths **and** the safety and welfare of the child or young person. The approach involves **both** professional **and** family knowledge. Signs of Safety is also a strengths based approach that assesses the child and family against three criteria:

1. What are we worried about?
2. What's working well?
3. What needs to happen?

Appendix 4 contains a table showing the Signs of Safety Assessment and Planning Framework which can be used by any professional to explore concerns about a child with them and their parents or carers prior to any decision to make a referral. It can also be used by professionals as a tool to share with each other to explain their concerns and resolve matters where there is disagreement.

The format for Initial and Review Child Protection Conferences uses this model and children and families have given positive feedback on the introduction of Signs of Safety in Stoke-on-Trent:

- *Everything was written on the board, it was clear and the person in charge talked about the positives happening for me and my daughter*
- *I liked everything up on the board, so I could see what everyone thought about me*
- *The old style conferences were really bad, no one listened to you at all, well that's how I felt and nothing was said that was good about you*
- *The written information on the board helped me to be clear what everyone was saying - also the meeting was less formal which made me relax*
- *All of it, I went to an old style conference and it was horrendous, I wanted the ground to open up and swallow me. This one was much better and it was so clear on the board.*

The Safeguarding Children's Board has supported the implementation of Signs of Safety in Stoke-on-Trent through the delivery of multi-agency training and briefings.

3 Levels of Need

The following are descriptions to assist with understanding what the needs of the child may be and what support or intervention is required. As stated above, they are not exhaustive:

- Children can and do move through the continuum of need sometimes very quickly.
- Children at all levels of need are supported through universal services.
- There will be some children who should be enabled to move quickly to the required service response without necessarily going up through the whole continuum of need.
- It is better for children and families to receive support at the earliest opportunity to try to avoid escalation of the problems.

Where an individual has concerns about a child this should be discussed with their organisation's Designated Safeguarding Lead who will provide advice and guidance on how to manage the concerns. Appendix 3 contains a Flowchart outlining the steps to be taken when need is identified.

In schools and early years settings consultation with the dedicated Better Together Social Worker is also recommended.

However, where there are immediate safeguarding concerns regarding physical, sexual, or emotional abuse or neglect of children the concerned professional should contact the case holding Family Support Worker or Social Worker. If that is not possible within a reasonable timescale a referral should be made to the Early Intervention and Children's Social Care service in the normal way as outlined in Appendix 2.

Level 1: Universal Need

Most children and young people's needs are met by their parents and carers, family and communities with support from universal services which include schools and GPs. Universal and community services can often enhance support to prevent the problem escalating or provide advice, guidance and support to link families to the right kind of help in a timely way. Universal services will remain involved with children and their families regardless of where they are on the continuum. For example, children with complex health needs, children looked after and children on child protection plans will still receive support from schools and health, these professionals remain with children throughout the continuum of need. It is more likely that if children/families progress through the continuum that more professionals will be added to strengthen and increase the support already provided by universal services.

The following tables give descriptions of the various Levels of Need and a Case Example. Appendix 1 provides a simple table which summarises this information.

Level 1: Description of Need	
<p><i>Development needs of child/ young person</i></p> <ul style="list-style-type: none"> • Receives universal immunisations/checks /dental • Susceptible to minor health problems but appropriate treatment is sought • Reaching developmental milestones or any delays are responded to positively • Minor concerns re diet/hygiene/clothing that improve consistently when discussed with parents • Child has some identified learning needs but can be addressed within mainstream class • Poor punctuality and some school absences that improve consistently when discussed with parents • Child generally has access to toys, play, positive activities and information and guidance 	<p><i>Parent and Carer Factors</i></p> <ul style="list-style-type: none"> • Parental engagement with services is generally good • Parents require and respond well to advice on parenting issues • May be some early signs of neglect but parents are responsive to advice and guidance • Parent able to protect child from danger and guide children on self-protection • Some minor parental hassles and stresses but not yet starting to affect ability to ensure child's needs and safety • Some inconsistent responses to child by parents but responding to information and guidance • Parents/carers able to implement appropriate boundaries (may need some advice and support)

<ul style="list-style-type: none"> • Child has some good friendships but may have minor difficulties with peer group relationships and with some adults • Friends do not get into trouble with the police or cause anti-social behaviour • Some insecurities around identity expressed, e.g. low self-esteem but child is encouraged and praised by family and friends • May experience bullying around 'difference' • Parents help the child to build and maintain friendships • Personal hygiene starting to be a problem but child responds positively to encouragement and prompts • Child is supported to develop age appropriate self-care skills 	<ul style="list-style-type: none"> • Child may have experienced different carers but still strong support across the family and positive sense of identity is encouraged by the family • Generally warm and supportive attachments <p>Family & Environment Factors – “Think Family”</p> <ul style="list-style-type: none"> • Parents & family members generally have positive and supportive relationships • Parents can support child to deal with any experienced loss of significant adult • Practical support from family/friends • Secure tenancy • Accommodation has all the basic amenities • Parents are generally able to manage financially using resources available • Family may be new to the area and need linking into key services, for example, childcare, Children’s Centres and school • Adequate universal resources and family engaging with these when needed
<p>Child’s Disability does not significantly impact on sibling opportunities and parent personal or social life. Parents can provide care within their existing support networks. Emotional/behavioural difficulties; mild learning or physical disabilities and additional care needs generally met by family, school or setting.</p>	

<p>Level 1: Case Example</p> <ul style="list-style-type: none"> • Amber (aged 2) and Poppy (aged 3) live with their mum, step-dad and 10 year old sister called Daisy. There is no near-by extended family. • Neither child attends child care. • Mum says she feels lonely and struggles during the day when she is on her own with the children. This is causing some arguments at home. • The older child is also showing signs of anxiety about setting off to school in the morning. <p>Family Strengths</p> <ul style="list-style-type: none"> • Both parents are committed to meeting their children’s needs and can work together to find solutions. 	<p>Future Worries</p> <ul style="list-style-type: none"> • Mum’s feeling of exhaustion, isolation and unhappiness could impact her ability to meet the needs of the children. • The rows between the parents could upset the children. • If Daisy cannot integrate with her peer group in school her education could suffer and she may not achieve as she could in school. <p>Actions</p> <ul style="list-style-type: none"> • The parents are able to talk through their worries and step-dad agrees to talk to school about how their daughter is doing at school. • Health Visitor provides information about the local support services available including child care.
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<ul style="list-style-type: none"> • The children’s health and development is good, they are well cared for despite mum feeling isolated. • Daisy is attending school regularly and school are pleased with her progress. <p>Complicating Factors</p> <ul style="list-style-type: none"> • The family have limited local support network or knowledge of what is available locally. • Dad works away long days which leaves mum to care for all three children on her own. • Parents are arguing at an increasing rate and mum feels their relationship is becoming fraught which is adding to her feelings of stress. 	<ul style="list-style-type: none"> • It is established that mum is entitled to 15 hours weekly free early education. Mum attends the Children’s Centre the following week for a drop-in. • School provide some support to help the older sister integrate into her class group until she is able to make some friends there.
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Level 2: Additional Need

The needs of some children and young people may not be met by their parents, family network and universal services. Such children and families may need some additional support to help meet their needs, reduce the risk of poor outcomes and prevent their needs from escalating into more specialist targeted services. Universal services will remain involved and continue to provide support but this may need to be more focussed on specific areas of concern. Other services may need to become involved to help prevent the risk escalating but generally help can be provided by the identifying agency. In such cases an Early Help Assessment may be completed with the family in order to identify what extra help or guidance may be required and a plan can be agreed with them.

The Signs of Safety/Wellbeing Assessment and Planning Frameworks can help professionals to explore strengths, harm and danger and evaluate risk. It can also assist with inquiries into strengths and safety and explore with the family what needs to happen to make things better. Appendix 4 contains the Signs of Safety Assessment and Planning Framework.

Level 2: Description of Need	
<p><i>Developmental needs of infant/child/ young person</i></p> <ul style="list-style-type: none"> • Recurring concerns re: diet, hygiene, clothing and neglect of basic needs • Child has some health problems which parents do not always grasp 	<p><i>Parent & Carer Factors</i></p> <ul style="list-style-type: none"> • Some difficulty to engage parents with services • Parent is struggling to provide adequate care even with advice and support • Child is perceived to be a problem by parent

<ul style="list-style-type: none"> • Some missed routine & non-routine health appointments but not yet a pattern of concern • Overweight/underweight/bed-wetting • Child smokes, alcohol, substance misuse • Child is slow in meeting developmental milestones and needs not consistently attended to • Some concerns around child's mental health, anti- social or behaviours that challenge • Dental decay and no access to treatment • Achieving below national learning benchmarks - identified learning needs (Range 2/3) • Concerns about underage sexual activity with peers • A pattern of regular absences from school or childcare • Majority of the child's absence is 'unauthorised' • A sudden drop in childcare or school attendance • The child's attendance is below 90% - therefore on track to be a 'Persistently Absent' pupil (Department of Education Definition) • Parent/Carer has received support but is still struggling to support the child in terms of attendance /behaviour/ progress and emotional wellbeing • Some fixed term exclusions • Young person not in Employment, Education or Training (NEET) • Difficulty coping with anger, frustration & upset • Victim of crime • May experience and need support on racial identity, sexual identity or due to disabilities • Demonstrates low self-esteem in a range of situations • Needs some support to access leisure and positive activities • Peers involved in anti-social behaviour – lack of positive role models • Involved in conflicts with peers/siblings • Sexually age inappropriate appearance and behaviour • Clothing is regularly unwashed & smelly • Poor self-care for age 	<ul style="list-style-type: none"> • A pattern of poor quality care of the child is starting to emerge (be specific) • Parental health issues starting to affect capacity to nurture (be specific) • Has no other positive relationships nearby • Struggles to provide positive stimulation – lack of new experiences or activities for the child • Some erratic/inadequate guidance provided to the child (be specific) • Parent's antisocial behaviour means they are a negative role model and this is starting to show in child's behaviours • Parent's lifestyle creates many moves (home/school) • Parent's issues mean child is regularly needed to care for another family member • Incidents of domestic violence between parents • Acrimonious divorce/separation • Parent's misuse substance and alcohol misuse which have been observed to impact on the care of the child <p><i>Family & Environment Factors – “Think Family”</i></p> <ul style="list-style-type: none"> • Family has poor relationship with extended family/little communication • Family is socially isolated • Family seeking asylum or refugees who have a failed Application • Home in poor state of repair, temporary or overcrowded • Parents stressed due to 'overworking' or unemployment • Parents find it difficult to obtain employment due to poor basic skills • Serious debts/ poverty impact on ability to have basic needs met
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Child's Disability limits the child's participation in community activities and they would benefit from additional social & leisure activities. Parents can provide reasonable care for child with complex health needs/disability but may benefit from specific and time limited advice/information/support.

Child's disability impacting to some extent on parent's personal or social life. Disability requires practical advice and/or adjustments to support physical and personal care needs; for example, eating, dressing, toileting, bathing and moving.

Level 2: Case Example

- Connor is 6 years old and lives with his mum, dad and baby brother. The school has some worries about him as his school attendance has been getting worse recently. The reasons are different for each absence.
- He has been assessed by his teacher as being slightly delayed in some areas of learning. He struggles to focus in lessons and to get along with peers.
- The school have spoken to the parents about their worries and the parents say they think he is being bullied in school.
- The family also have a lot of debts and dad is waiting to hear if he may be made redundant.

Family Strengths

- The family have a good understanding of the worries and want support.
- Both parents are open to the help of other services and have drawn in other family members to help them.
- Both children are healthy.
- Connor and both parents are warm, loving and positive with each other.
- Connor has a good relationship with his uncle who he talks to about his worries.

Complicating Factors

- The family debt problems and risk of unemployment have created pressure which is impacting on their emotional and physical resilience.
- Connor's attendance at school is decreasing and he is struggling to concentrate and form good peer relationships. We are unclear as yet why this is and need to understand more about the causes of this.

Future Worries /Danger

- If the worries about unemployment and debt increases this could cause the level of parental resilience to drop, further impacting their ability to meet the children's emotional and physical needs.
- If Connor's school attendance declines further there is a risk of the parents being penalised.
- Connor is at risk of not achieving his expected level of progress this academic year.

Support

- The teacher contacts the health visitor and they meet with the parents and school to agree an Early Help Plan to support the family.
- The health visitor links mum to the Children's Centre for support and a local debt advice service helps the family sort their debt worries
- Connor is linked to a Playground Buddy at school.
- They agree to review the plan in 6weeks.

Level 3: Multiple/Complex Need

Level 3 refers to a child with multiple and complex needs where a number of agencies are required to support the child/family but the threshold for Children’s Social Care is not yet met. Children who meet these criteria will be referred through to the Early Intervention and Children’s Social Care Service which is based at the Multi-agency Safeguarding Hub in Stone. The Contact and Referral Team will then make a decision on how to best meet the child’s needs which will include dialogue with the referring agency.

Before making a referral there is an expectation that the referrer will have spoken with the parent or carer beforehand. In addition, the referral will need to contain sufficient information to allow the receiving professional to make a decision. If this is not the case the referrer will be asked to supply the missing information.

It is not unusual for parents to be suspicious or unwelcoming of agencies seeking to offer help, however a parent’s initial resistance should not be seen as unchangeable. Parents may lack confidence and need some support to get involved with services.

Level 3: Description of Need	
<p>Developmental needs of infant/child/ young person</p> <ul style="list-style-type: none"> • Children not achieving developmental milestones due to parental neglect but parents are engaging with plans. Need to see sustained change • Children with mental health issues needing significant support • Child is engaged in inappropriate risk-taking behaviour, antisocial behaviour and/or criminal activity, which is impacting on their safety and that of others • Pregnant teenager not accessing health care • Pregnant teenager/teenage parent at risk of homelessness • Involvement in gang activity • Parent/Carer has received support but is still struggling to support the child in terms of school attendance/behaviour/progress and emotional wellbeing • A pattern of regular absences – rarely completes a full week in school • Majority of the child’s absence is ‘unauthorised’. A sudden drop in childcare or school attendance The child’s attendance is below 90% - therefore on track to be a ‘Persistently Absent’ pupil (Dept of Education Definition) • Child in danger of permanent exclusion/or has been permanently excluded. On roll but not engaging with alternative provision 	<p>Parent and Carer Factors</p> <ul style="list-style-type: none"> • Concrete evidence of parental mental illness/ substance misuse/ domestic abuse impacting on basic care • Parents, carers who have multiple health/social/learning needs that are showing an on-going impact on their child’s health and development • Clothing, bedding and nutrition needs only partially met • Minor accidental injuries as a result of inadequate supervision but parents willing to engage with advice and support. Needs to see sustained change • Child persistently neglected/socially isolated • Parent persistently does not recognise impact of own behaviour on child’s needs <p>Family and Environment Factors – “Think Family”</p> <ul style="list-style-type: none"> • Concerns about the impact of extremist views/radicalisation on child – you should discuss these with your agency’s Designated Safeguarding Lead who in turn should discuss with the Staffordshire Police Prevent Team.

<ul style="list-style-type: none"> • Young people refusing to access appropriate education, training or employment post-16 years and have limited or no qualifications • Persistent sexual texting (sexual exploitation) which persists despite support and guidance • Cyber bullying which persists despite being challenged by adults • Child has no positive relationships with peers and is isolated as a result • Child or young person with severe disruptive/ challenging behaviour • Experiences bullying and violence, e.g. on the basis of ethnicity, sexual orientation or disability • Children previously subject to Child Protection Plan in the past six months (should be subject to clear step down from the CP Plan) • Child regularly missing from home AND/OR child at LOW or MEDIUM risk of sexual exploitation but generally engaging with early help. • Young person constantly presents with no funds for transport, food etc 	<ul style="list-style-type: none"> • 16 or 17 year old asked to leave the family home. Evicted or homeless resulting in children in temporary accommodation and risk of no replacement • Property in significant state of disrepair which present dangers to family members and landlord not engaging • No expectations that young person will work or lack of confidence to cope with the workplace • Anxiety/agoraphobia • Long-term unemployment • Significant barriers to accessing employment, e.g. criminal record, disabilities, mental ill health • Long-term worklessness in household (three years plus) with very poor literacy and numeracy skills/inability to communicate in English, which severely affects employment prospects • Chronic unemployment affecting adults, combined with other factors such as significant household impacting on ability to care for child
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Child's Disability limits the child's participation in community activities and they need time limited support to link into activities or enhanced short breaks.

Disability requires practical advice and/or adjustments to support physical and personal care needs; for example, eating, dressing, toileting, bathing and moving. This may require an assessment by Occupational Therapy. Parents can provide reasonable care but may benefit from specific and time limited advice/information/support.

Child's disability impacting to some extent on parent's personal or social life and is restricting sibling's opportunities to some extent.

Child or young person underachieving significantly at school because of an underlying special educational need and/or disability and may need a statutory assessment of their needs.

Level 3: Case Example

- Kelsey is 8 years old and lives at home with her mum, older brother Max (14) and younger sister Olivia (8).
- The school are worried about Kelsey and Olivia because they are regularly late and on two occasions mum has not come to pick them up at all. Max appears to be the person ensuring his sisters get to school.
- Mum has mental health problems and she takes medication for this. School offered the breakfast club this is not taken up. The girls are coming to school in dirty clothes, hair unwashed and nails dirty and unclean and Olivia smelling of urine.
- There is previous history of social care involvement when the children were much younger because of the impact of mum's mental health on her ability to care for the children and worry about domestic violence from a previous partner. Mum responded well to support from services and the case was closed. Despite this there are periods of poor mental health when the worry can increase.
- Mum is part of a local community group which provides her and the family with on-going support particularly when mum is ill.

Family Strengths

- Mum loves her children and wants help to ensure their needs are met when she is ill. She can work with agencies well to create change.
- The children understand that sometimes their mum struggles to meet their needs and they can get involved in plans on how to manage this.
- Extended family, neighbours and Max are able to provide help to care for the mother and younger children.
- The children and their mother really value education and are well engaged with school staff.

Complicating Factors

- Mum has periods where her mental health is poor and this impacts her ability to care for the children and get them to school on time or even pick them up on time.
- Mum's illness is unpredictable and it is difficult to have a plan in place that identifies correctly when her illness is worse and greater care and support needed.
- The family have to rely on Max to notify others that mum's mental health is poor. Max is embarrassed by his mum's illness and sometimes doesn't like to say.

Future Danger

- If support to the family is not available when the mother is unwell in the future, the children's needs will not be met and they might suffer harm.
- Max's role as a young carer could impact on his ability to study and get the grades he is capable of in GCSEs because caring for his family impacts on his attainment.

Support:

- The integrated front decides that the family support team can work together with school and health to complete an Early Help Assessment. They then bring together wider family and professionals to put together a plan to support the family and ensure the children's needs are met particularly when mum is ill.
- Max is also linked into a young carers group, ensuring he has time out from his caring responsibilities in the home.

Level 4: Significant Need

Children and young people who meet need at Level 4 include:

- Children who are at risk of significant impairment to physical, mental and/or health and development or where this is a clear risk of significant harm despite targeted intervention.
- Actual or allegations of abuse - physical, sexual, emotional or neglect. (**Children who fall into this category will always need an immediate referral to Children's Social Care and/or the Police**) and the agency's child protection procedures must be followed.
- Children who are looked after.
- Disabled children with acute or highly complex needs, e.g. requiring *frequent* or *continual* day and night support, supervision and care, degenerative/terminal illness, severe challenging behavioural problems as a result of disability, substantial risk of family breakdown. Parents of disabled children who can provide reasonable care but need support to provide more specialised parenting/caring. Substantial risk to the carer's ability to sustain some key aspects of their caring role.

In such cases a referral to Children's Social Care is required by completion of the appropriate referral form or if urgent by phone and followed up in writing within 3 hours. The expectation is that the parent or carer will be informed by the person making the referral unless there is a risk to the child of such a disclosure.

In cases of immediate or likely risk of significant harm a Strategy Discussion will take place following which a section 47 enquiry may be undertaken and/or a Children and Family Assessment commenced. This will be completed by a qualified Social Worker within 45 days and may lead to a Child in Need Plan or a Child Protection Conference and Plan.

If the child and family's situation doesn't meet the criteria for a Social Work intervention/assessment following robust analysis of the available information, then an Early Help Assessment may be undertaken and completed within 20 days.

The outcome of any assessment may be a plan of intervention, from either the Early Intervention or Children's Social Care Teams, referral onto another agency or signposting.

Other specialist assessments may need to be carried out by education, health and mental health services, the Youth Offending Service, Education, Health and Care Plan, or some other specialist assessment.

It should be noted that a referral may not result in any form of intervention by Early Intervention and Children's Social Care and may be resolved through information, advice and guidance or signposting.

Level 4: Description of Need

Development needs of child/ young person **Information which indicates:**

- **Physical abuse** - deliberately physically hurting a child. Children with frequent injuries; Children with unexplained or unusual fractures or broken bones; and Children with unexplained bruises or cuts; burns or scalds; or bite marks
- **Emotional abuse** - the persistent emotional maltreatment of a child. Children who are excessively withdrawn, fearful, or anxious about doing something wrong; Parents or carers who withdraw their attention from their child; Parents or carers blaming their problems on their child; and Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons. Witnessing and hearing domestic abuse
- **Sexual abuse** - Children who display knowledge or interest in sexual acts inappropriate to their age; Children who use sexual language or have sexual knowledge that you wouldn't expect them to have; Children who ask others to behave sexually or play sexual games; and Children with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy
 - Sexual abuse e.g. is pregnant and/or a parent under 16.
 - All forms of sexual exploitation.
 - Under 13 year olds cannot consent to sexual intercourse this is statutory rape.
 - Where there is a significant age differential.
 - Online abuse through sharing and/or receiving images.
- **Persistent neglect** (inadequate clothing, bedding and nutrition) and/or children not achieving developmental milestones despite intensive support
- Chronology of missed/cancelled appointments which are showing a significant impact on the child's physical, mental and/or oral health

Parent & Carer Factors

- Parents unable to sustain "good enough" parenting that is adequate & safe despite intensive support
- Parents' mental health problems or substance misuse significantly affecting the care of child
- Parental delusional beliefs which may harm, target or distress a child
- Parents unable to care for previous children and limited evidence of changes in lifestyle and behaviours
- Concerns that **extremist views/ radicalisation may/is causing a child harm**
- Indicators and concerns of **forced marriage/honour based violence/female genital mutilation (FGM)** that requires further assessment and parental/sibling disclosure of FGM within the family
- Serious and persistent incidents of domestic abuse/recurring aggression, controlling behaviours and violence in the home
- Parents and/or siblings are involved in crime
- Parents have been unable to keep child safe despite intensive support
- Victim of crime that impacts upon their capacity to parent
- Parents inconsistent, highly critical or apathetic towards child – low warmth/high criticism
- Unable to support constructive leisure time or play despite intensive advice and practical support
- Parents condoning or encouraging antisocial behaviour
- Family breakdown related in some way to child's behavioural difficulties
- Beyond parental control despite intensive advice, guidance and practical support and/or no-one immediately apparent to care for the child

<ul style="list-style-type: none"> • Non-compliance with treatment plans/medication regimes/treatment not sought • Has required extensive/drastring dental treatment through neglect • Persistent substance misuse, smoking, alcohol • Child has serious and enduring mental health issues – self harming and suicide attempts • Sexual exploitation/ abuse (High Risk) • Has been out of school over a long period of time and has no structure to their time/Permanently excluded from school or at risk of permanent exclusion/Long term non-attendance and is not accessing any play or leisure activities. • Regularly appearing in Court for anti-social behaviour/criminal activity • Young carers with inappropriate caring responsibilities that significantly impair their development. Is main carer for family member • Concerns about risk to unborn child arising from parental health & lifestyle • Neglects to use self-care skills due to alternative priorities, e.g. substance misuse 	<p>Family & Environment Factors – “Think Family”</p> <ul style="list-style-type: none"> • Significant and enduring parental substance and alcohol misuse directly leading to neglect of child’s needs • Significant and persistent parental discord & domestic violence • Member of the household subject to a Multi-Agency Risk Assessment Conference (MARAC) • Potentially dangerous person/offender in the home or having significant contact with the child • Destructive/unhelpful involvement from extended family • Physical accommodation places child at risk of harm • Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse • Family chronically socially excluded • Homeless 16/17 year olds
<p>Disabled children with acute or highly complex needs, e.g. requiring <i>frequent</i> or <i>continual</i> day and night support, supervision and care, degenerative/terminal illness, severe challenging behavioural problems as a result of disability. Substantial risk of family breakdown.</p> <p>Parents of disabled children who can provide reasonable care but need support to provide more specialised parenting/caring. Substantial risk to the carer’s ability to sustain some key aspects of their caring role.</p>	

Level 4: Case Example

- Charlotte is a 12 year old girl. Over the last year she has often arrived in school late or missed days with no good reason. Her attendance is 85%. School have tried to work with parents who appear to accept the situation but there has been no improvement. Charlotte has problems with daytime wetting. The school nurse has made two appointments for her but she did not attend either. Charlotte has asthma. Six months ago she had a bad episode requiring hospital admission. The Doctors on the ward said this may have been avoided if she had taken her inhalers. Mum said she understood. However the GP has not prescribed any further inhalers. She is starting to cough in school and appears out of breath during PE.
- Charlotte often complains of tooth ache. She has seen her dentist twice and been given advice, but has missed three appointments since despite the dentist trying to contact her.

- Mum has mental health problems. She has a community psychiatric nurse who supports her.
- Charlotte's problems fluctuate depending on well her mother is. The school nurse has led an Early Help Plan. Mum missed some of the sessions and nothing has changed over six months.
- Charlotte has now started to meet three girls who are known to be at risk of CSE. She went missing overnight on two occasions now and came into school with one of her new friends who is 15 years old.
- Charlotte has started to wear make-up.
- Charlotte's father is a long distance lorry driver and is often away. When home he smokes inside despite being advised that this will affect Charlotte's asthma.
- There are two younger children in the home. Charlie aged three is a little small and being monitored by the health visitor. Domino aged four is starting nursery; he is well but has significant behaviour concerns

Family Strengths

- Both parents love their children and show some willingness to work with services to make sure their needs are met.
- Mum is observed to be warm and loving towards the children.
- Whilst dad is away a lot with work he does involve himself when he is around.
- The younger children are well and Domino regularly attends nursery.

Complicating factors

- Charlotte has made friends with a group of teenagers much older than her which has brought her into contact with activities that put her at risk including going missing, using drugs and alcohol.
- Charlotte is becoming aggressive at home and in school. Parents and school feel this is escalating and both are struggling with this.
- Mum's history of depression and low mood means she struggles to be consistent in her responses to her children.
- Domino has bitten other children in nursery on three occasions over the last two weeks.

Future danger

- There are many health concerns (dental problems, asthma, poor growth and behaviour), when added together are significant. A number of different professionals hold separate information and it is only through the Early Help Plan that this was brought together. There is a lack of change in the parenting despite a lot of work from school, school nurse, mum's Community psychiatric nurse and dentist to support parents.
- If Charlotte continues to go missing with the older girls she will be at increased risk of being harmed. Charlotte's relationship with older teenagers put her in danger of being harmed because she wants to stay out late. There is also the potential that the older girls might be experimenting with alcohol/substances although there is no evidence of this.
- A social work referral and assessment is required as Charlotte is at risk of further neglect and potentially sexual abuse.

4 Information Sharing

It is best practice to seek the agreement of children, young people and their families to sharing their information where we have concerns about the wellbeing of the child and research tells us this increases the chance of positive outcomes.

The following 7 Golden Rules to Sharing Information are provided by the Department for Education;

- Remember that the General Data Protection Regulation 2018 (GDPR) and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners if there is any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. Information may still be shared without consent if there is good reason to do so, such as where safety may be at risk.
- This decision must be based on the facts of the case. When sharing or requesting personal information from someone, be certain of the basis upon which it is being done. Where there is consent, be mindful that an individual might not expect information to be shared.
- Consider safety and well-being: Base information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information shared is necessary for the purpose for which it is being shared, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- Keep a record of the decision to share and the reasons for it – whether it is to share information or not.
- If you decide to share, then record what you have shared, with whom and for what purpose.

For further information please follow the link to the Stoke-on-Trent Safeguarding Children Board Website: <http://www.safeguardingchildren.stoke.gov.uk/ccm/portal/>

5 Resolving Differences

In the course of our work we may find there are differences of opinion between individual practitioners within and across partner agencies.

Any difference of opinion between practitioners or agencies should be quickly and effectively resolved with minimum impact on delivery of services to the child, young person or family.

Remember that the needs of the child or young person are the key issue. In any discussion take an open attitude and listen to the other's views and observations.

Where possible arrange a face to face discussion aiming to:

- Agree which course of action is in the best interests of the child or young person.
- Reach a compromise position based on the needs of the child or young person **OR** clearly identify and evidence the areas of disagreement.

Both parties should inform their line manager if differences cannot be resolved and that escalation is required.

The respective line managers pursue the matter to a conclusion, including to senior manager or Safeguarding Children's Board level if required, recording the outcome of the escalation. The Board has a formal Escalation Procedure which should be followed and is available at:

http://webapps.stoke.gov.uk/uploadedfiles/G02_%20Escalation_Procedure_V7_August_2016.pdf

6 Useful Links

[NSPCC research:](#)

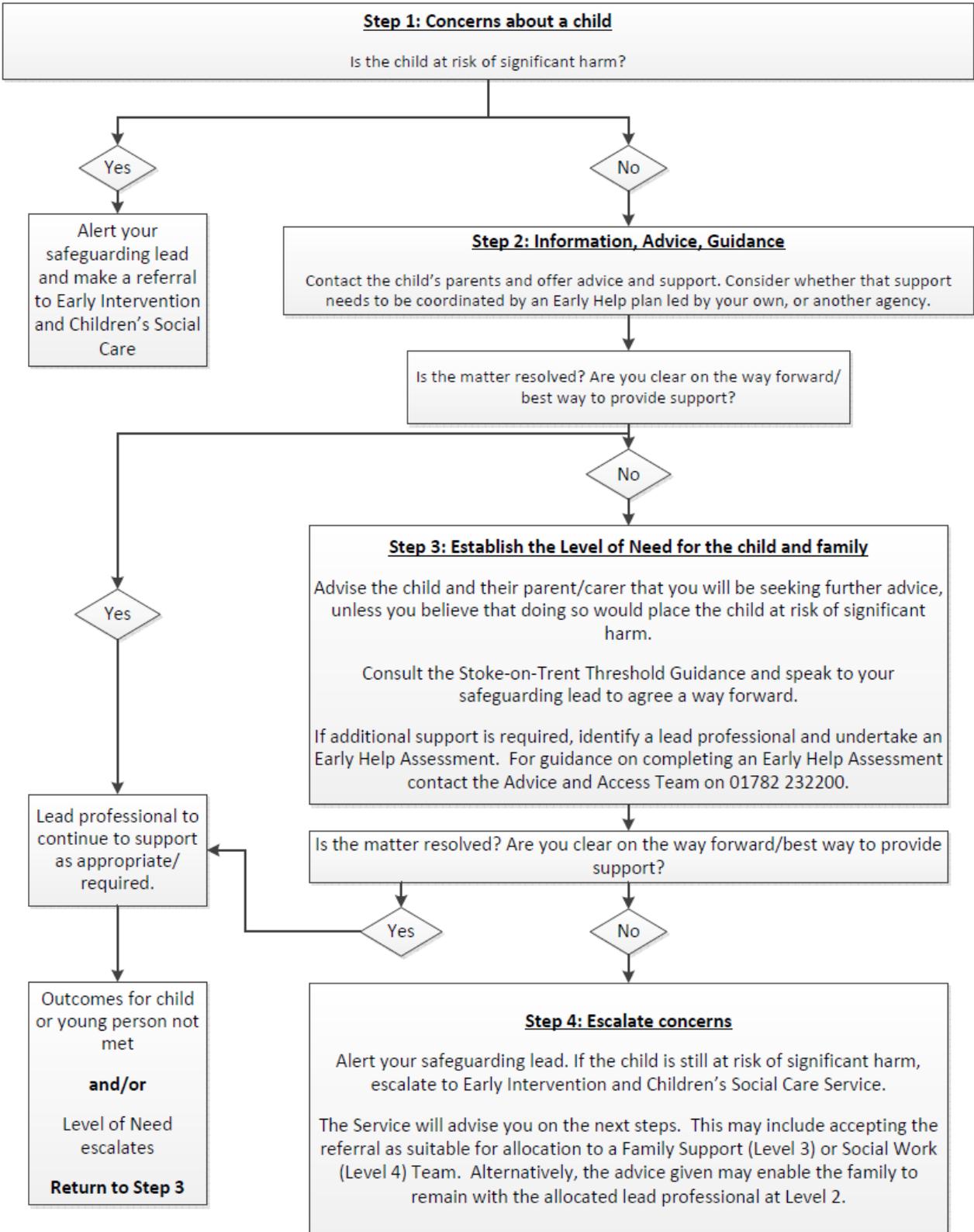
<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/research-and-resources/>

[SCB Neglect Policy:](#)

<http://www.safeguardingchildren.stoke.gov.uk/ccm/content/safeguarding-children/professionals-folder/procedure-manuals/d---cyp-specific-circumstances.en>

December 2018

The pathway below is to aid professionals when considering a referral to Early Intervention and Children’s Social Care, for either targeted early help (Level 3) or statutory intervention (Level 4).



How to make a referral to Stoke-on-Trent

Early Intervention and Children's Social Care Service

If you have a new safeguarding concern about a child or young person, or consider that a child is in need of Targeted Early Help, in line with this guidance, alert your safeguarding lead and make a referral to Early Intervention and Children's Social Care.



How to contact Early Intervention and Children's Social Care

During the following core business hours, telephone **01782 235100** and choose the relevant option

Monday – Thursday 9am – 5pm

Friday 9am – 4.30pm

Out of hours or at weekends: 01782 234234

For more information on what to do if you are worried about a child, click [here](#)

In an emergency, always dial 999.



If threshold is **not** met for an Early Intervention or Child and Family Assessment, you will be informed and signposted to the appropriate service.

If threshold is met for either an Early Help or a Child and Family Assessment, you will be referred to the appropriate Early Intervention and Children's Social Care Team who will make contact with you.

Stoke-on-Trent Summary Guide to Levels of Need

	Universal	Early Help		Significant
	Level 1	Additional Level 2	Multiple / Complex Level 3	Level 4
Need	<p>Children, young people and families (including children with disabilities and Young Carers) whose needs are met by universal services and are thriving.</p> <p>Children, young people and families (including children with disabilities and Young Carers) who have emerging unmet needs and are showing signs they are just about coping, they may be in need of early support from services.</p>	<p>Children, young people and families who have additional unmet needs (including with disabilities and Young Carers) and are starting to struggle, they may be in need of early support from a range of services. There is no identified risk.</p>	<p>Children, young people and families are struggling to cope and without coordinated support and intervention the outcomes for the child/young person are not as positive as they should be.</p>	<p>Children, young people and families (including children with disabilities and Young Carers) are not coping and this has begun to consistently impact on their ability to achieve positive outcomes.</p> <p>There is an immediate safeguarding risk to a child that required a specialist and/or long term intervention.</p>
Response	<p>Universal services, private and voluntary sector organisations identify emerging support needs' working to prevent the child and family needing to access higher tier services</p> <p>Single Agency response Short term intervention</p>	<p>Universal service, private and voluntary sector organisations lead work with a family but receive additional support to prevent the child and family needing to access higher tier services.</p> <p>Single/multi agency response Lead worker Whole family approach</p>	<p>Universal services, private and voluntary sector organisations can continue to lead in some cases. A Family Support Worker from the Early Intervention and Social Care Service will either lead or co-work in some cases to provide targeted support to address multiple, complex needs to prevent the child and family needing access to higher tier services.</p> <p>Multi-agency response Lead worker Whole family approach</p>	<p>Children's Social Care will complete an assessment of the family to identify both need and risk and determine what support is necessary to ensure improved outcomes for the child/young person.</p> <p>Children's Social Care will allocate a lead worker to provide an appropriate level of specialist intervention that safeguards the child/children.</p> <p>Multi-agency response Longer term intervention Lead worker Whole family approach</p>
Action	<p>Agency uses their own assessment or the early help assessment</p>	<p>Lead worker completes an Early Help Registration Lead worker completes an Early Help Assessment, Plan and Review</p>	<p>Lead worker completes an Early Help Registration Lead worker completes an Early Help Assessment, Plan and Review</p>	<p>Child and Family Assessment Private Fostering assessment Child in Need/Section 17 Child Protection/Section 47</p>

Signs of Safety / Wellbeing Assessment and Planning Framework

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p>HARM: Past hurt, injury or abuse to the child (likely) caused by adults. Also includes risk taking behaviour by children/teens that indicates harm and/or is harmful to them.</p>	<p>Existing Strengths: People, plans and actions that contribute to a child's wellbeing and plans about how a child will be made safe when danger is present</p>	<p>SAFETY GOALS: The behaviours and actions the child protection agency needs to see to be satisfied the child will be safe enough to close the case</p>
<p>DANGER STATEMENTS: The harm or hurt that is believed likely to happen to the child(ren) if nothing in the family's situation changes.</p>	<p>EXISTING SAFETY: Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present</p>	<p>Next Steps: The immediate next actions that will be taken to build future safety.</p>
<p>Complicating Factors: Actions and behaviours in and around the family, the child and by professionals that make it more difficult to solve danger of future abuse.</p>		
<p>On a scale of 0 – 10 where 10 means everyone knows the children are safe enough for the child protection authorities to close the case and zero means things are so bad for the children that they can't live at home, where do we rate this situation? Locate different people's judgements specifically on the two way arrow</p>		
<p>0 ← ————— → 10</p>		