



# SSCP Multi Agency Guide to Our Thresholds of Need

*Safeguarding is everyone's responsibility.*

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## **‘A co-ordinated approach – safeguarding is everyone’s responsibility’**

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.’ (Paragraph 16 – Working Together to Safeguard Children 2018 – updated 9 December 2020)

This guidance has been developed in consultation with partners with this fundamental principle at its core. It is essential that all members of the children’s workforce, and those that come into contact with adults who care for or are connected with children, are familiar with Working Together and through its application are able to demonstrate a commitment to supporting children and their families at the earliest point of identified need.

This Threshold Guidance was first published in 2018. Since then, the thresholds between the levels of support have been validated by Ofsted during a series of monitoring visits, culminating in the full Inspection of Local Authority Children’s Services (ILACS) of 2021.

In 2018 the Sunderland Safeguarding Children Partnership (SSCP) agreed to adopt ‘Signs of Safety’- the practice model used by our statutory safeguarding partner Together for Children. This guidance has been re-written to reflect that model.

As a Partnership, we have also conducted work on the factors and vulnerabilities which affect disproportionately our children, young people and families in Sunderland. Most significantly these are:

- Domestic Violence and Abuse (DVA) which accounts for 25% of all contacts into Children’s Social Care (data from 2020 – 2022);
- Extra-familial harm / harm outside the home (contextual safeguarding) – in other words, the impact of sexual and criminal exploitation, organised crime and grooming on our young people; and
- A disrupted educational pathway, poor school attendance, exclusions and school instability which are common denominators in the circumstances of an increasing number of young people who are caught up in youth disorder, anti-social behaviour and offending.

Recognising and responding to these factors has been included in this version of the Threshold Guidance.

## Introduction

This SSCP Multi Agency Guide to Our Thresholds of Need is for practitioners and managers in all agencies that work with, or are involved with, children, young people and their families. This Guidance covers the period from pre-birth up to 17 years and 364 days.

### What is a threshold?

A threshold is a point at which something happens, stops happening or changes for a child or family. Thresholds are a way of describing transitions between levels of need and types of services and support. They are also ways of identifying the points at which professionals, services and organisations should engage in dialogue with each other and with families to assess what has happened and what, if anything, needs to happen next or needs to happen differently.

This Guidance will assist practitioners and managers in assessing and identifying a child's level of need and matching that need to the right service response. The purpose of the Guidance is to help us to provide the right support, at the right level, at the right time. We know that failing to do this often means that there is an escalation of need, poorer outcomes for children and families and increased risk for the child.

To support children and families effectively we need to share information across different agencies and professional disciplines. This is important when providing early help where a family has emerging problems, and it is essential when putting in place effective child protection services. Information sharing amongst partners is essential in identifying and meeting a child's needs and to keeping them safe.

Children and their families have a right to expect that we will be open and honest with them when we are worried about them and think they need some help. **Professionals should not make a referral without seeking the consent of the family** unless there is a risk of immediate harm to the child. Please refer to page 26 for more information.

### When do we provide support?

There is now a significant body of research that shows that preventative services and those that provide early help deliver the best outcomes for children and their families. Working Together to Safeguard Children (July 2018) describes how providing early help is more effective in promoting the welfare of children than reacting later. As such our approach deliberately seeks to encourage **prevention and early help** with a view to reducing demand for the more reactive, intrusive and expensive services.

Our ambition is underpinned by the key principles within the Children’s Strategic Partnership’s Early Help Strategy (November 2017) which describes how our Universal and Early Help services should:

- Provide targeted support to children, young people and families at the earliest point of identified need
- Support families to support themselves (thus reducing dependency)
- Prevent problems escalating
- Reduce the numbers needing statutory interventions.

This can be achieved by:

- Local professionals, services and organisations working together to identify children and families with emerging problems and potential unmet needs;
- Sharing information with other professionals, services and organisations to support early identification and assessment;
- Providing universal and targeted Early Help services to address the assessed needs of a child and their family.

However, even with the most effective forms of prevention, early intervention and early help there will always be a need to provide **specialist services** to the most vulnerable and those in need of protection or alternative care.

This guidance describes at what point support should be provided, covering the delivery of universal services (Level 0), supporting children and families with emerging unmet needs through the Early Help processes (Levels 1 and 2), through to those requiring statutory support, including safeguarding services, as set out in Sunderland’s Safeguarding Children Procedures (Levels 3 and 4).

### **Prompts for professionals**

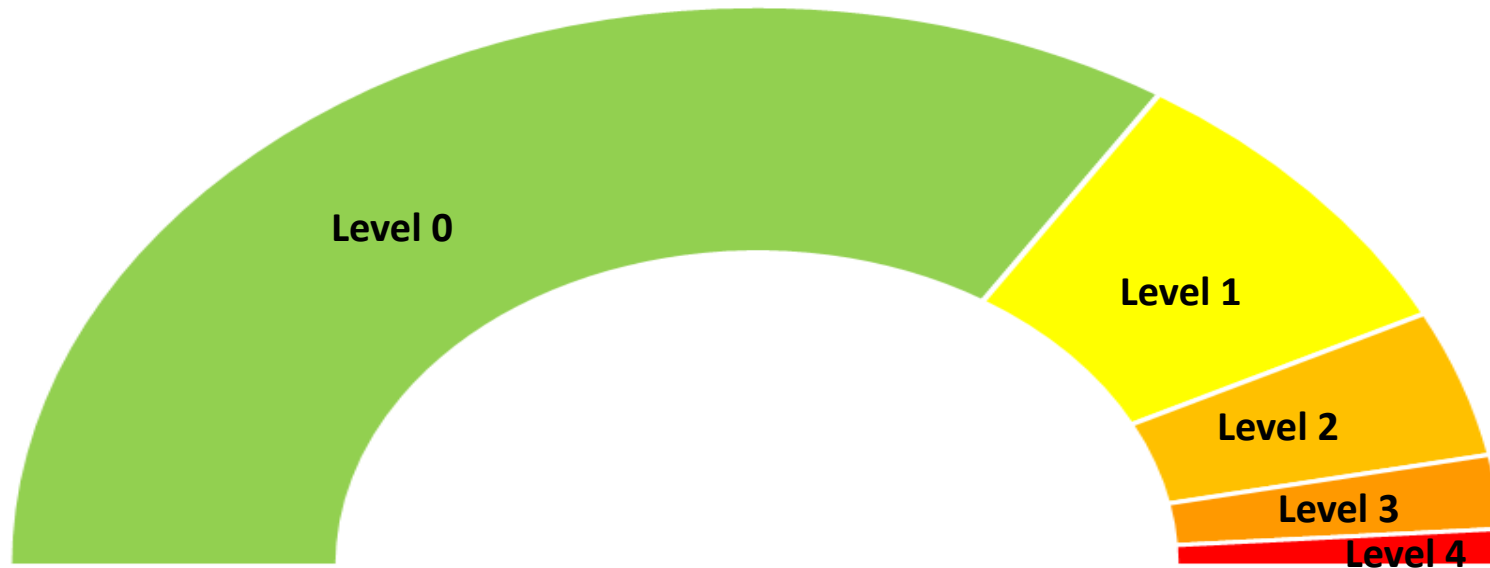
When applying this Guidance, professionals must consider the following principles:

1. Intervention in a child’s life should be at the lowest level appropriate to meet the needs of the child and prevent the need for targeted/specialist services;
2. The level of need may be increased by a multiplicity of factors, including the family’s history and context and the effectiveness of previous interventions, and professional judgement must be applied;
3. All child protection concerns (Level 4) must result in a referral to Children’s Social Care.

**Please remember that this guidance is not intended to give professionals ‘the answer’. Professional dialogue is essential if we are to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals. For helpful contact numbers, please turn to the back page of this guidance.**

## Children’s Needs and Multi-Agency Tiers of Intervention

Services for children, young people, and families in Sunderland are based on the recognition of a continuum of need (the “windscreen” model) where needs may move between levels:



**Children's needs and levels of intervention in Sunderland**

<p><b>Level 0</b> No need that cannot be met through a single agency response</p>	<p><b>Level 1</b> Children who have emerging issues and unmet needs requiring an Early Help Assessment and potentially a multi-agency Team Around the Family response</p>	<p><b>Level 2</b> Children who have clear unmet needs requiring an Early Help Assessment and a multi-agency Team <u>Around</u> the Family response</p>	<p><b>Level 3 – S17</b> Child in Need - a child who is unlikely to achieve or maintain a reasonable level of health and development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled</p>	<p><b>Level 4 – S47</b> Child Protection – reasonable cause to suspect a child is suffering significant harm</p>
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## Features of Each Level

Level 0 – Needs and risks are met through universal services or single agency response		
Indicators		
What are we worried about?	What's working well?	What needs to happen?
<p>There should be no worries about the child(ren)'s or family circumstances which cannot be met by a single agency via a standard universal service pathway (see Column 3)</p>	<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Access to education provision appropriate to age and ability</li> <li>• Access to employment (including work-based learning) appropriate to age and ability</li> <li>• Acquiring a range of skills/interests, experiences of success/achievement</li> <li>• Access to books/toys, play, outside interests (sport, music, clubs)</li> <li>• Attendance and achievement meet expectations</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Physically well; maintains a healthy weight</li> <li>• Developmental checks/immunisations up to date</li> <li>• Health appointments are kept</li> <li>• Satisfactory diet/hygiene/clothing – consider age-appropriateness</li> <li>• Regular dental and optical care accessed</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Behaviour and responses (physical and emotional) are appropriate for age and situation</li> <li>• Good quality early attachments* (see Column 1, next page), child is appropriately comfortable in social situations</li> <li>• Has an understanding the effects of crime and antisocial behaviour (age appropriate)</li> <li>• Able to adapt to change</li> <li>• Able to demonstrate empathy</li> <li>• Positive sense of self and abilities</li> <li>• Involved in leisure and other social activity</li> <li>• Demonstrates feelings or belonging and acceptance</li> </ul>	<p>It is unlikely that any action needs to be taken, unless the child(ren) or family is requesting support.</p> <p>See below under Single Agency response.</p>
<p><b>Complicating Factors (formerly known as Risk Factors)</b></p> <p>None, as needs are met within the family environment.</p> <p>All children use universal services which include schools, health care including health visitors, GPs, housing, and other easily accessed services. At this level, children would be expected to do well with minimum intervention from any additional services.</p> <p>However, consideration should be given to the following which may indicate that a Level 1 or higher response may be more appropriate:</p> <ul style="list-style-type: none"> <li>• School attendance below 90%, exclusions, disrupted education</li> <li>• Relationship difficulties between parents (together or separated) or between parents and children</li> <li>• Extra-familial factors (contextual safeguarding / exploitation / harm outside the home)</li> </ul>		<p><b>Single Agency response</b></p> <p>In some cases, a child or young person supported by the universal services may have an assessed need met by a single agency. This will not require significant information-sharing between multiple agencies and will not require a Team Around the Family Approach.</p> <p>Examples of this could include:</p> <ul style="list-style-type: none"> <li>• A referral to the Speech and Language Team where language delay is considered to stem from a health-related issue rather than an environmental or parenting issue</li> <li>• A referral to Portage where a child's special educational needs are otherwise well met by the parents</li> <li>• A referral to Smoking Cessation services where there are no other identified needs</li> </ul>

**\*Attachment**

This document makes multiple references to 'attachment'. As this is a term which will mean different things to different professionals, users of this document may wish to consider this short paragraph and use these links:

'From the moment of birth, babies rely on forming bonds or 'attachments' to the people around them in order to survive and feel safe and protected in the world. Instinctively, babies will seek out closeness with a familiar (and consistently available) person who can provide them with protection and comfort when they are feeling frightened or vulnerable. The main thinking behind these attachment ideas is that it is important for a baby or young child to have this closeness to a caregiver from early in their life. This helps them to feel secure, and develop in a healthy way, both physically and emotionally.'

[What is Attachment? | Understanding Attachment with young children | Anna Freud Centre](#)

<https://learning.nspcc.org.uk/child-health-development/attachment-early-years#>

<https://fosteringandadoption.rip.org.uk/topics/attachment-theory-research/>

**Family and Social Relationships**

- Stable and affectionate relationships with caregivers
- Good relationships with siblings
- Positive relationships with peers and age-appropriate friendships
- Good family or community network of support

**Self-Care and Independence**

- Developing age-appropriate level of practical and emotional skills
- Good level of personal hygiene
- Able to discriminate between 'safe' and 'unsafe' contacts
- Gaining confidence and skills to undertake activities away from the family
- Age-appropriate independent skills

**Basic Care, Safety and Protection**

- Parents/Carers able to provide care for child's needs and protect from danger in the home and elsewhere

**Emotional Warmth and Stability**

- Parents/Carers provide secure and caring parenting and show warmth, praise and encouragement

**Guidance Boundaries and Stimulation**

- Parents/Carers provide age and stage-appropriate guidance and boundaries to help child develop appropriate values
- Parents/carers support development through interaction and play or involvement in activity outside the home

**Family History and Well-Being**

- Supportive family relationships that provide a positive sense of wellbeing for all family members, even when parents are separated

	<p><b>Housing Employment and Finance</b></p> <ul style="list-style-type: none"><li>• Sufficient income to meet the family's essential needs, used appropriately</li><li>• Adequate housing with appropriate amenities and facilities to meet the needs of family members</li><li>• Appropriate levels of cleanliness and hygiene are maintained</li></ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"><li>• Social and friendship networks exist</li><li>• Positive peer groups</li><li>• Access to health, education, social and community services in the neighbourhood</li></ul>	
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**Level 1 – Children who have emerging issues and unmet needs requiring an Early Help Assessment and potentially a multi-agency Team Around the Family response. The resulting Early Help Plan will be co-ordinated by a trusted professional from one of the universal services (health visitor, nursery, school/academy/college, voluntary sector organisation).**

**Indicators**

What are we worried about?	What's working well?	What needs to happen?
<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>Concerning school or early years attendance/punctuality – attendance below 90% at any age (however, consider the context)</li> <li>No access to early education</li> <li>Behaviour in school is such that school is considering suspension (exclusion); child already suspended (excluded) on one or more occasions</li> <li>Identified learning needs – Special Educational Needs &amp; Disability (SEND) Support plan or statutory Education, Health &amp; Care Plan (EHCP) process – linked to other unmet needs</li> <li>Identified language and communication difficulties linked to other unmet needs</li> <li>Gaps in schooling/learning due to child's pregnancy</li> <li>At risk of leaving school Not in Education, Employment or Training (NEET)</li> <li>Limited access to resources for learning at home, e.g. books/ toys / support with school work</li> <li>School reports child to be unable to concentrate, or to have low motivation and interest</li> <li>At risk of not reaching educational potential (consider the child's age and SEND needs, if any)</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Slow in reaching developmental milestones</li> <li>Concern re diet/hygiene/clothing</li> <li>Not being taken to routine appointments e.g. immunisations and developmental checks</li> <li>Inappropriate use of Accident and Emergency and/or Out of Hours services</li> <li>Persistent minor health problems</li> <li>Weight is measurably above or below what would be expected</li> <li>Poor oral health routine; no tooth-brushing regime; no access to dental treatment</li> <li>Starting to default on appointments across health including antenatal, hospital and GP (in most cases this will be the parent/care giver, but older young people may also decline or not attend appointments)</li> </ul>	<p>Professionals should consider the following:</p> <p>What are the positive, supportive factors for this child (these children)?</p> <p>Does the family have a network of support? Is this local?</p> <p>What has been tried before which was helpful? Why was this? How can this be replicated?</p> <p>What current involvement is there or has there already been with professionals? As a minimum check with health, education and the Early Help Advice and Allocations Team (EHAAT) (where practicable).</p> <p>What is the child (are the children) saying about the issues?</p> <p>Has anything changed over time? What is this? What was the change? How have these impacted on the child? Consider positive and negative change.</p>	<p>The professional identifying the concern(s) should approach the parent to discuss those concerns.</p> <p>Professional curiosity will be essential in determining the level of concern and the appropriate level of support. Professionals should ask questions to ascertain the underlying causes of the issues and to determine the level of support already available to the family.</p> <p>The family context and history should be explored with the family and with any other professionals involved with the family to gain a fuller picture of the needs.</p> <p>The <b>SEND Ranges</b> should be used to determine if additional support is needed with learning or to support a disability.</p> <p>The impact of any issues on the child(ren) should be considered at all times.</p>

<ul style="list-style-type: none"> <li>• Encopresis/enuresis (soiling and wetting)</li> <li>• Low level mental health or emotional issues (may be child, or parent where this impacts upon the child)</li> <li>• Low level drug or alcohol misuse (may be child, or parent where this impacts upon the child)</li> <li>• Child smokes tobacco or vapes</li> <li>• Child exhibits sexualised behaviour at a young age or inappropriate sexual behaviour at any age. Use the AIM 0-12 Toolkit to determine the level of concern and appropriate response. Professionals without access to these toolkits could consult NSPCC resources: <a href="#">Sexual development and behaviour in children   NSPCC Learning</a></li> <li>• Parent or care-giver has learning needs or difficulties (which may or may not be diagnosed) which may impact upon their ability to care appropriately for their child(ren)</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Disruptive/challenging behaviour at home or in school or early years setting</li> <li>• Inappropriate attachments to professionals (e.g. wanting to sit on knee, asking professionals to come back again)</li> <li>• Emerging anti-social behaviour and attitudes and/or low-level offending</li> <li>• Child is being/has been bullied or bullies others</li> <li>• Difficulties in relationships with peer group and/or with adults</li> <li>• Friendships and relationships inappropriate for age</li> <li>• Low self esteem</li> <li>• Concerns about sexual development and behaviour (see above under Health)</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age-appropriate behaviour or independent living skills</li> <li>• Socially isolated, without friends or excluded from social groups</li> <li>• Inappropriate use of social media</li> <li>• Friendships and relationships inappropriate for age</li> <li>• Not always adequate self-care (where a young person could take responsibility), e.g. poor hygiene, unclean clothes</li> </ul> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Parents/Carers have relationship difficulties or there is conflict which may affect the child</li> <li>• Parents/Carers request advice to manage their child's behaviour</li> <li>• Parent or care-giver has learning needs or difficulties (which may or may not be diagnosed) which may impact upon their ability to care appropriately for their child(ren)</li> <li>• Sibling with significant problem (health, disability, behaviour)</li> <li>• Suspicion of domestic abuse (this may or may not be evidenced by Child Concern Notifications or Operation Encompass alerts)</li> </ul>		<p><b>Response:</b></p> <p>A referral to a single agency may still be the most appropriate response (Level 0)</p> <p>An Early Help Assessment may be completed with the family's consent. This will determine who can help and how. This may result in an Early Help Plan led by the agency first identifying the concern (Level 1)</p> <p>The Early Help Assessment may identify additional issues and concerns suggesting the need for a higher-level response. With the family's consent, they can be stepped up for support at Level 2 (pages 12-15) or at Level 3 (pages 16-20). Any immediate child protection concerns must generate a Level 4 response and a referral into ICRT.</p>
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- Parental physical/mental health issues
- Parental low level substance misuse
- Family has limited support from wider family and/or friends

**Housing, Employment and Finance**

- Inadequate/poor/overcrowded housing – home conditions a cause for concern\*
- Families affected by low income/debt/living with poverty affecting access to appropriate services to meet child’s needs
- Family seeking asylum or refugees

**Socially Integration and Community Resources**

- Child and/or family experiencing harassment/discrimination
- Child socially or physically isolated
- Lack of a support network for the child and/or family
- Insufficient facilities to meet social integration needs e.g. advice/support needed to access services for disabled child where parent is coping otherwise
- Child associating with peers who are involved in antisocial or criminal behaviour
- Family demonstrating low level anti-social behaviour towards others

**Basic Care, Safety and Protection**

- Parent or care-giver requiring advice/support on parenting issues e.g. appropriate childcare arrangements, home conditions, basic routines and boundaries, low-level behaviour management (rewards/ sanctions)

**Emotional Warmth and Stability**

- Inconsistent responses to child by parents, including where parents are separated and/or where care is delivered by multiple people
- Difficult parent/child relationship
- Child is starting to demonstrate difficulties with attachment\* (see Level 0, Column 1)
- Parent or care-giver does not respond to concerns raised about child’s welfare

**Guidance, Boundaries and Stimulation**

- Parent offers inconsistent boundaries
- Child’s behavioural difficulties are not recognised and addressed by parents
- Parent does not respond to concerns raised about child
- Lack of appropriate parental guidance and boundaries for child’s stage of development and maturity

### Complicating Factors (formerly known as Risk Factors)

Without a multi-agency response to share information and formulate a plan to address the unmet needs of all family members, there is a risk that outcomes for the child(ren) will be adversely affected and the child(ren) will fail to meet their potential.

Ultimately there is a risk that the unmet needs will escalate and require a higher level of intervention. The **context and history** of the family's circumstances must be taken into account.

Consideration should be given to the following which may indicate that a Level 2 or higher response may be more appropriate:

- School attendance below 90%, suspensions (exclusions), disrupted education – at any age (context must always be considered here)
- Periods of transition and the impact this might have on a child and/or a family, particularly on emotional well-being and mental health. Examples of transitions (there are others) are: primary to secondary school; secondary school to post-16; children's to adults' services; a house move and associated changes; a change in the family dynamic caused by a separation, divorce, bereavement etc
- Relationship difficulties between parents (together or separated) or between parents and children; is there any suggestion of conflict, control or abuse?
- Extra-familial factors (contextual safeguarding / exploitation / harm outside the home); is the child being influenced negatively by peers or adults outside the family?

### Toolkits to assist professionals in assessing the level of concern

The Neglect Toolkit should be used to determine the level of concern around the different types of neglect and also contains a **Home Conditions checklist**

The YDAP screening tool should be used to determine the level of concern around a young person's alcohol or substance misuse

The [WearKids screening tool](#) should be used to determine the level of concern around a young person's anti-social or low-level offending behaviour

The TfC Relationships Toolkit (available to all professionals) should be used to determine the impact of any parental disharmony or conflict on the child(ren). It will also help determine whether the indicators suggest a level of coercive control or abuse which escalates risk for the child(ren).

**Level 2 – Children who have clear unmet needs requiring an Early Help Assessment and a multi-agency Team Around the Family response. The resulting Early Help Plan will be co-ordinated by a worker from the Early Help Service.**

**Indicators**

<b>What are we worried about?</b>	<b>What's working well?</b>	<b>What needs to happen?</b>
<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Poor or rapidly declining school or early years attendance. Attendance below 90% is poor, although context must be taken into account. Attendance much below this is of significant concern.</li> <li>• Child not in education or missing out on education – see below under ‘complicating factors’</li> <li>• Suspensions (fixed-term exclusions), or permanent exclusion with no plan for re-engagement</li> <li>• Young person Not Engaged in Education, Employment or Training (NEET) post-16 with no plan for re-engagement</li> <li>• Disruptive behaviour in early education setting /school</li> <li>• Achieving well below educational potential due to disruption, behaviour or suspensions (exclusions)</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Parent does not support the child to access adequate health care, continual missed appointments including not being brought to CAMHS or CYPS sessions. Professionals should consider why the parent is not supportive. Is there an underlying need for the parent that should be taken into account and addressed before (or at the same time as) making a referral?</li> <li>• Inappropriate use of Accident and Emergency and/or Out of Hours services.</li> <li>• Child is delayed in achieving physical and other developmental milestones, raising concerns</li> <li>• Dental decay in child that has not been treated</li> <li>• Child has mental ill-health or emotional well-being issues requiring specialist intervention (however, see top bullet in respect of parent)</li> <li>• Child has a very poor diet and/or unhealthy weight</li> <li>• Child misuses alcohol or drugs and requires specialist intervention</li> <li>• Concerning levels of accidental injury to child (but no concerns that parents abusive or negligent)</li> </ul>	<p>Professionals should consider the following:</p> <p>What are the positive, supportive factors for this child (these children)?</p> <p>Does the family have a network of support? Is this local?</p> <p>What has been tried before which was helpful? Why was this? How can this be replicated?</p> <p>What current involvement is there or has there already been with professionals? As a minimum check with health, education and EHAAT (where practicable).</p> <p>What is the child (are the children) saying about the issues?</p> <p>Has anything changed over time? What is this? What was the change? How have these impacted on the child? Consider positive and negative change.</p>	<p>The professional identifying the concern(s) should approach the parent to discuss those concerns.</p> <p>Professional curiosity will be essential in determining the level of concern and the appropriate level of support. Professionals should ask questions to ascertain the underlying causes of the issues and to determine the level of support already available to the family.</p> <p>The family context and history should be explored with the family and with any other professionals involved with the family to gain a fuller picture of the needs.</p> <p>The <b>SEND Ranges</b> should be used to determine if additional support is needed with learning or to support a disability.</p> <p>The impact of any issues on the child(ren) should be considered at all times.</p> <p><b>Response:</b> An Early Help Registration and Consent Form should be completed with the family's</p>

**Social, Emotional, Behavioural, Identity**

- Child exhibits disruptive/challenging behaviour at school, in the community and at home
- Child assessed as at low risk of sexual or criminal exploitation
- Child displays or engages in sexual behaviour inappropriate to age (but not sexually *harmful* behaviour); use AIM 0-12 toolkit\* or Brooke Traffic Light Toolkit\* to determine the level of concern \*Professionals must be trained to use these toolkits Professionals without to access these toolkits could consult NSPCC resources: [Sexual development and behaviour in children | NSPCC Learning](#)
- Emerging concerns about radicalisation or extremist views

**Self-Care and Independence**

- Poor self-care (child) for age, including hygiene and failure to access sexual health services
- Regularly engaging in risk-taking behaviour / seemingly unaware of risks associated with those behaviours (professionals should be aware of the potential for grooming and exploitation)
- Taking risks on-line / engages on-line with inappropriate contacts / suspicion that may be being groomed or exploited; use [MSET Screener](#) to determine the level of concern

**Family and Social Relationships and Family Well-Being**

- Evidenced or disclosed incidents of domestic abuse (Child Concern Notifications /Operation Encompass alerts)
- Child has experienced recent serious loss or trauma
- Parent has received custodial sentence; another person with parental responsibility (PR) or an alternative appropriate care-giver is available
- Risk of family relationship breakdown leading to need for child to become cared for outside of family network; family members available to give appropriate care
- Frequent parental conflict requiring intervention (see below under 'complicating factors')
- Family requesting urgent support to manage child's behaviour inside or outside the home
- Compromised parenting adversely affects the family (evidence of parental substance misuse, parental mental ill-health, domestic abuse which may include child to parent abuse). Parent is willing to accept support to address.
- Child is a young carer (NB - all young carers are entitled to an 'assessment of need' and to have identified needs met – Child should be referred to the Carers' Centre, with consent)
- Family is isolated and has no support network, or is in conflict with wider family members

consent. This should be sent to [EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk) and will be allocated for Assessment. The assessment will determine who can help and how. This may result in an Early Help Plan led by the Early Help Service (Level 2)

It may be that the issues identified are less concerning than at first thought, and the Early Help Service will step this down to the agency first raising the concern to lead as an Early Help Plan (Level 1).

A Family Group Conference may be suggested as a way to resolve the identified needs.

The Early Help Assessment may alternatively identify additional issues and concerns suggesting the need for a higher-level response. With the family's consent, they can be stepped up for support at Level 3 (pages 16-20). Any immediate child protection concerns will result in a Level 4 response and a referral into ICRT.

**Housing, Employment and Finance**

- Significant financial difficulties/poverty impacting on ability to meet child's basic needs; limited access to funding/community resources
- Overcrowded or poor-quality housing likely to impair health or development of child
- Family at risk of eviction having already received support from Housing Services
- Poor home conditions which require attention and monitoring (parent recognises the issue and wants support)
- Child is living independently as a teenage parent and needing additional support

**Social and Community Resources**

- Child or family need immediate support and protection due to harassment/discrimination and have no supportive network
- Family is isolated and has no support network, or is in conflict with neighbours or wider family members
- Frequent anti-social behaviour requiring intervention (parents and/or children involved in or subject to ASB)
- Low-level offending (parents and/or children)

**Basic, Care, Safety and Protection**

- Parent is struggling to provide adequate care (this may be due to external pressures such as debt or housing or internal pressures such as mental ill-health, substance misuse or domestic abuse)
- Child's health needs not adequately met
- Professionals beginning to have concerns about child's physical, emotional or social needs being met
- Parental stresses starting to affect their ability to ensure child's safety or well-being
- Poor parental supervision and attention to safety issues in and outside the home

**Emotional Warmth and Stability**

- Child receives erratic or inconsistent care
- Parents' relationship or issue such as substance misuse affect parent's capacity to nurture/care
- Child(ren) criticised by parent; parent speaks negatively to professionals about one or more of their children
- Child/parent relationship at risk of breaking down
- Parents' own emotional needs compromise those of the child/young person

**Guidance Boundaries and Stimulation**

- Child/young person receives little positive stimulation
- Boundaries are not applied or are inconsistent, including between separated parents or multiple care-givers

### Complicating Factors (formerly known as Risk Factors)

Without a well co-ordinated multi-agency response to share information and formulate a robust plan to address the unmet needs of all family members, there is a risk that outcomes for the child(ren) will be poor. The child(ren) will already be underachieving and failing to meet their potential and remedial action is required.

Without this remedial action, it is highly likely that statutory social work intervention will become necessary in the near future. The **context and history** of the family's circumstances must be taken into account.

Consideration should be given to the following which may indicate that a Level 3 or higher response may be more appropriate:

- School attendance below 90% (the lower the rate the more concerning the issue), suspensions (fixed-term exclusions) or permanent exclusion, disrupted education (managed moves, alternative provision, part-time time-tables, removed to elective home education to avoid fines, exclusions etc) – at any age. Context must be considered here.
- Periods of transition and the impact this might have on a child and/or a family, particularly on emotional well-being and mental health. Examples of transitions (there are others) are: primary to secondary school; secondary school to post-16; children's to adults' services; a house move and associated changes; a change in the family dynamic caused by a separation, divorce, bereavement etc
- Relationship difficulties between parents (together or separated) or between parents and children; is there any suggestion of conflict, control or abuse? Have there been Child Concern Notifications for 'contact/access' issues? What is the relationship history of the family?
- Extra-familial factors (contextual safeguarding / exploitation / harm outside the home); is the child being influenced negatively by peers or adults outside the family? Is behaviour at home and or in the community an issue? Is the child being pulled away from their family by outside influences?

### Toolkits to assist professionals in assessing the level of concern

The Neglect Toolkit should be used to determine the level of concern around the different types of neglect and also contains a **Home Conditions checklist**

The [YDAP screening tool](#) should be used to determine the level of concern around a young person's alcohol or substance misuse

The [WearKids screening tool](#) should be used to determine the level of concern around a young person's anti-social or low-level offending behaviour

The Tfc Relationships Toolkit (available to all professionals) should be used to determine the impact of any parental disharmony or conflict on the child(ren). It will also help determine whether the indicators suggest a level of coercive control or abuse which escalates risk for the child(ren). The [DASH Risk Assessment](#) can then be used to determine the level of response to domestic abuse.

The Missing, Slavery, Exploited and Trafficked Toolkit should be used to determine the level of concern around children and young people who go missing, or are at risk of sexual exploitation, criminal exploitation or being trafficked.



**Level 3 – Child in Need (Section 17 Children Act 1989)**  
**Children who have needs which require statutory intervention in the shape of a social worker led Child in Need Assessment which may result in a Child In Need (CIN) Plan. This includes children who have a significant and permanent disability.**

Indicators		
What are we worried about?	What's working well?	What needs to happen?
<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>Child not in education or missing out on education due to parental neglect/incapacity; very poor attendance at early years provision or school. These must be linked with other Level 3 indicators. The first response to these alone would be at Level 2.</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Child has long-standing/recurring health problems (NB: think also about oral health e.g. multiple extractions) with missed appointments, routine and non-routine. Parent routinely not taking to necessary appointments, either through neglect or incapacity</li> <li>Serious delay in achieving physical and other developmental milestones, raising significant concerns</li> <li>Significant regression in speech, communication or interaction where no medical cause has been identified</li> <li>Child exhibits persistent problematic alcohol consumption, or other concerning (long-standing/untreated) substance misuse (parental substance misuse should also be considered)</li> <li>Frequent accidental injuries to child requiring hospital treatment, where a level of parental neglect is indicated</li> <li>Other A&amp;E attendance (child) giving cause for concern</li> <li>Serious mental health issues requiring specialist intervention – this includes children admitted to Tier 4 mental health beds either under the Mental Health Act or voluntarily under Section 20</li> <li>Malnutrition or morbid obesity linked to parental neglect (consider also eating disorder or serious illness such as diabetes)</li> <li>Risk factors relating to Female Genital Mutilation are present (e.g. mother identified as a victim of FGM)</li> <li>Child has concealed pregnancy or has not booked into maternity services</li> <li>Mother (adult) has concealed pregnancy or has not booked into maternity services and this has the potential to harm the unborn child</li> </ul> <p><b>*NB – The Emergency Departments of the hospitals are required to make a safeguarding referral for specific child and/or adult presentations. The Trust's own procedures must be followed.</b></p>	<p>Professionals should consider the following:</p> <p>What are the positive, supportive factors for this child (these children)?</p> <p>Does the family have a network of support? Is this local?</p> <p>What has been tried before which was helpful? Why was this? How can this be replicated?</p> <p>What current involvement is there or has there already been with professionals? As a minimum check with health, education and EHAAT (where practicable).</p> <p>What is the child (are the children) saying about the issues?</p> <p>Has anything changed over time? What is this? What was the change? How have these impacted on the child? Consider positive and negative change.</p>	<p>The professional identifying the concern(s) should approach the parent to discuss those concerns.</p> <p>Professional curiosity will be essential in determining the level of concern and the appropriate level of support. Professionals should ask questions to ascertain the underlying causes of the issues and to determine the level of support already available to the family.</p> <p>The family context and history should be explored with the family and with any other professionals involved with the family to gain a fuller picture of the needs.</p> <p>The <b>SEND Ranges</b> should be used to determine if additional support is needed with learning or to support a disability.</p> <p>The impact of any issues on the child(ren) should be considered at all times.</p> <p><b>Response:</b> A Safeguarding Referral Form should be completed with the</p>

### Social, Emotional, Behavioural, Identity

- Child diagnosed with disordered attachments (see level 0, column 1) that have a significant impact
- Self-harming; suicidal thought in a child/young person not accessing appropriate mental health support
- Child's sexual development and/or behaviour may be indicative of abuse
- Harmful sexual/abusive behaviours towards others – use the AIM 0-12 toolkit\* or the Brooke Traffic Light Toolkit\* to assess the level of concern \*Professionals must be trained to use these toolkits. Professionals without access to these toolkits could consult NSPCC resources: [Sexual development and behaviour in children | NSPCC Learning](#)
- Regularly missing or absent and suspected to be at risk of harm
- Medium concern in relation to sexual exploitation or trafficking - use the [MSET Screener](#) to determine the level of concern
- Suspected that child is being criminally exploited and involved with County Lines (the use of children to move drugs between cities using known or suspected trafficking routes), with some level of evidence
- Evidence of radicalisation of the child (the radicalisation of parents/care-givers must also be considered)

### Self-Care and Independence

- Young person living independently and not coping
- Child or young person is regularly engaging in risk-taking behaviour despite professional interventions
- Suspicion/evidence that child is being groomed and parent unable to intervene appropriately

### Family and Social Relationships and Family Well-Being

- Family functioning significantly affected by problems of parental or child physical or mental ill-health or substance misuse
- Imminent risk of family relationship breakdown leading to need for child to become cared for outside of family network
- Child is a young carer to the detriment of their own needs being met
- Evidence of a number\*\* of incidents of domestic abuse (disclosures, Operation Encompass alerts, Child Concern Notifications). Where these become persistent, or there is evidence of an escalation in frequency, a Level 4 response should be considered. **\*\*NB: it is not possible to put a definitive number here which would trigger a referral. Frequency, severity and persistence should be considered together. What is the impact on the child(ren)? The [DASH Risk Assessment](#) can be used to assess the level of risk.**
- Frequent and escalating parental conflict requiring intervention
- Family requesting support for their child's behaviour inside or outside the home which

family's consent. This should be sent to [safeguarding.children@togetherforchildren.org.uk](mailto:safeguarding.children@togetherforchildren.org.uk) and will be assessed by ICRT. This will determine the level of concern and the level of support that could be offered.

It may be that the issues identified are less concerning than at first thought, and ICRT will step this down to the Early Help Service for an Early Help Plan (Level 2) with the parent's consent. It may also be that the issues identified are much less concerning than at first thought and EHAAT will step the family down to the agency first raising the concern to lead as an Early Help Plan (Level 1) with the parent's consent.

It may be that the issues raised are assessed as requiring a Child and Family assessment and ICRT will pass this to a social care Assessment Team. This may result in a Child In Need Plan, or it may result in the family being stepped down to an Early Help Plan.

It may be that the issues raised appear more significant than at first thought and the family will be considered at an Amber meeting to determine whether a more immediate child protection response is required.

<p>has become unmanageable for them</p> <ul style="list-style-type: none"> <li>• Compromised parenting adversely affects the family (evidence of parental substance misuse, parental mental ill-health, domestic abuse)</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Vulnerable homeless young person. <b><i>NB. A homeless 16-17 year old has the right to a CIN Assessment and to request to be Cared for. Please contact the Next Steps Team on 561 7109</i></b></li> <li>• Very poor home conditions which require urgent attention and are unsafe for the child</li> <li>• Extreme financial difficulties/poverty impacting significantly on ability to have basic needs met and no recourse to public funds or community resources</li> <li>• No basic amenities provided (food, heating, water etc.) due to reasons other than poverty</li> <li>• Children who may be victims of modern slavery</li> <li>• Children of an appropriate age unable to leave the family home (i.e. imprisoned)</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Significant and/or problematic involvement in gang activity; involvement in criminal activity; involvement in high-level anti-social behaviour. This refers to the child, but parental involvement should also be considered an indicator.</li> </ul> <p><b>Basic, Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Child regularly left alone, unsupervised or with carers unable to meet the child(ren)'s needs. The context and the age and ability of the child(ren) need to be considered here. For very young children, consider if a Level 4 response is appropriate.</li> <li>• Neglect where food, warmth and other basics are often not available</li> <li>• Child's medical needs are not addressed by the parent and this is having a harmful impact upon the child</li> <li>• Parents consistently failing to meet a child's learning needs resulting in a harmful impact upon the child's well-being</li> <li>• Parental learning difficulties that have a direct impact on child's health or development</li> <li>• Parental alcohol or substance misuse has a direct impact upon their ability to care appropriately for their child(ren)</li> <li>• Child exposed to ongoing domestic abuse or high-level parental conflict. Direct negative impact upon the child or unborn child.</li> <li>• Family breakdown – parent no longer wants to care for the child(ren), appropriateness of alternative requires assessment</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parent constantly puts child(ren) down and expresses seriously negative attitude towards one or more of their children</li> <li>• Child has a succession of unplanned, multiple carers and this is having a negative impact upon the child</li> </ul>		
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### Complicating Factors (formerly known as Risk Factors)

Without a Child and Family Assessment to explore the needs and capacity of all family members, which results in a robust multi-agency plan to address the unmet needs of the children, there is a risk that the identified issues will have a significant detrimental impact on the children's life-chances. The children will already be underachieving and failing to meet their potential and urgent remedial action is required.

Without this Assessment, it is highly likely that the issues will escalate to a level where a statutory Child Protection response will become necessary. The **context and history** of the family's circumstances must be taken into account.

Consideration should be given to the following which may indicate that a Level 4 response may be more appropriate:

- Child deliberately kept away from school/nursery to avoid any contact with professionals. Professionals should question whether the parent is avoiding all contact with services such as health as well and what the motivation for this would be?
- Clear conflict between parents (together or separated). What is the history for this family? What will be the likely impact on the children? How many times have there been notifications? *(NB: there is no definitive number which should trigger a referral. The frequency, severity and persistence of the conflict must be considered together. The [DASH Risk Assessment](#) can be used to determine the level of risk).*
- Are there indicators of coercive control (see TfC Relationships Toolkit)? Professionals must consider that not all domestic abuse is violent or obvious.
- Extra-familial factors (contextual safeguarding / exploitation / harm outside the home); is the child being influenced negatively by peers or adults outside the family? Is behaviour at home and or in the community an issue? Is the child being pulled away from their family by outside influences? Professionals should consider links between young people and links to organised criminals.

### Toolkits to assist professionals in assessing the level of concern

The Neglect Toolkit should be used to determine the level of concern around the different types of neglect and also contains a **Home Conditions checklist**

The YDAP screening tool should be used to determine the level of concern around a young person's alcohol or substance misuse

The [WearKids screening tool](#) should be used to determine the level of concern around a young person's anti-social or low-level offending behaviour

The TfC Relationships Toolkit (available to all professionals) should be used to determine the impact of any parental disharmony or conflict on the child(ren). It will also help determine whether the indicators suggest a level of coercive control or abuse which escalates risk for the child(ren).

The [Missing, Slavery, Exploited and Trafficked \(MSET\) Screener](#) should be used to determine the level of concern around children and young people who go missing, or are at risk of sexual exploitation, criminal exploitation or being trafficked

The AIM 0-12 toolkit or the Brook Traffic Light Tool should be used (by trained professionals) to determine the level of response to inappropriate sexual or sexually harmful behaviours in children and

		<p>young people.</p> <p>The <a href="#">DASH Risk Assessment</a> should be used to determine the level of response to domestic abuse.</p> <p>The FGM National Risk Assessment should be used to determine the level of response to the potential for Female Genital Mutilation.</p> <p>Where there are concerns about Extremism or Radicalisation, a PREVENT referral should be discussed with the TfC Single Point of Contact (SPOC) in ICRT and your own organisation's lead for PREVENT.</p> <p>Practitioners might also find the Bruce Thornton Assessment Tools useful in determining risk and parental capacity to change.</p>
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**Children with a substantial and permanent disability**

For advice and guidance on how a child with a substantial and permanent disability can access services through the [SEND Local Offer](#).

For advice and guidance on how a child with a substantial and permanent disability can access a CIN assessment, please contact the Integrated Contact and Referral Team (ICRT) on 0191 551 7007

**Children who are privately fostered**

A child aged under 16 who is privately fostered\* should be assessed as a Child in Need.

A 16-17 year old young person who is disabled and privately fostered\* should be assessed as a Child in Need.

\*A child is considered to be privately fostered if living with an adult who is not a member of their immediate family (parent, grandparent, adult sibling) for a period of 28 days or more.

Please contact the Integrated Contact and Referral Team (ICRT) on 0191 561 7007 for advice

**Other reasons for making a referral for a Child and Family Assessment**

The following children and young people are also entitled to a Child in Need Assessment under Section 17 of the Children Act 1989:

- Those diagnosed with a terminal illness
- Those sectioned under the Mental Health Act

**Level 4 – Child Protection (Section 47 Children Act 1989)**  
**Reasonable cause to suspect a child is suffering or likely to suffer significant harm**

**Indicators**

What are we worried about?	What's working well?	What needs to happen?
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Child or young person's life endangered through problematic or serious drug or alcohol misuse</li> <li>Child has acute mental health issues, resulting in serious risk to the child or to others (e.g. active suicidal ideation, self-harm). Serious parental mental health issues should also be considered. <b>NB: where support is already being accessed via health services, a lower level response (e.g. Early Help) may be appropriate.</b></li> <li>Suspected non-accidental injury/abuse/neglect; disclosure of any abuse including historical</li> <li>Bruising or any other injury in a non-mobile infant</li> <li>The child has undergone Female Genital Mutilation (<u>Fabricated and Induced Illness (FII) and FGM pathway</u> to be followed)</li> <li>Fabricated induced illness (<u>Fabricated and Induced Illness (FII) and FGM pathway</u> to be followed)</li> <li>Parent has concealed pregnancy or has not booked into maternity services where previous children have been removed</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>Extreme, violent or abusive behaviour that has resulted in serious risk to the child and others, including parents</li> <li>Failure or inability to address complex mental health issues requiring specialist interventions</li> <li>Under 13 engaged in sexual activity</li> <li>Child has been sexually assaulted or abused; child has committed sexual assault or abuse</li> <li>Child is being groomed and parents are incapable or unwilling to safeguard</li> <li>Significant concerns for child in respect of sexual exploitation, criminal exploitation or being trafficked (assessed as high risk)</li> <li>Child is frequently missing from home* for repeated short periods of time or prolonged periods and known to be at risk; assessed as high risk using the <a href="#">MSET Screener</a></li> </ul>	<p>Professionals should consider the following:</p> <p>What are the positive, supportive factors for this child (these children)?</p> <p>Does the family have a network of support? Is this local?</p> <p>What has been tried before which was helpful? Why was this? How can this be replicated?</p> <p>What current involvement is there or has there already been with professionals?</p> <p>What is the child (are the children) saying about the issues?</p>	<p>Where there is an urgent and immediate risk to a child's safety, professionals must dial 999 for a Police response. This must be followed up with a written referral to ICRT.</p> <p>All Level 4 concerns must be referred into ICRT using the referral form which can be found on the <a href="#">ICRT web page</a>.</p> <p>Ideally, the professional first identifying the concern should approach the parent to let them know about that concern and that a referral will be/has been made.</p> <p>If informing the parent would put the child at greater risk of harm or at additional risk of harm, it is acceptable to make the referral without informing the parent. (e.g. This would apply to FGM and Fabricated and Induced Illness in all cases).</p> <p>A telephone call may be made to ICRT with urgent concerns (Tel:</p>

- Evidence of radicalisation where there is evidence of risk to the child
  - Child is at risk of honour-based violence
- Self-Care and Independence**
- Child is left “home alone” and at risk of immediate, significant harm (consider the age and ability of the child)
  - Child regularly engages in risk-taking behaviour resulting in significant harm despite professional interventions
  - Child is in contact on-line with known offenders who pose a sexual, physical or emotional risk, and the risk of significant harm to the child can be evidenced
- Family and Social Relationships and Family Well-Being**
- High-level domestic abuse, parental substance misuse (alcohol or drugs) and/or parental mental ill-health; there is a direct risk identified to the child.
  - Individual who poses a known risk to the child has access to the child, parents not protecting. This includes former partners who have re-instated contact.
  - Newly identified unaccompanied asylum-seeking children
- Housing, Employment and Finance**
- Insanitary or unsafe home conditions which are a risk to the child(ren)’s health and safety (e.g. evidence of animal faeces, flies, dirty bedding, insanitary kitchen, bathrooms etc.)
- Social and Community Resources**
- Forced marriage of a child/young person under 18 years
- Basic Care Safety and Protection**
- Parents unable or unwilling to protect from significant risk of physical, sexual or emotional harm
  - Continual instability and violence in the home where significant harm to the child is evidenced
  - Parents have or may have abused/neglected the child/young person
  - Child not protected from sexual exploitation/abusive situations
  - Parents unable or unwilling to impose appropriate boundaries and as a result the child is considered to be at risk of harm
  - Forced marriage of a child/young person under 18 years
  - Pre-birth assessment indicates unborn child is at risk of significant harm – refer at 16 weeks gestation
  - Any unborn where previous child has been removed from parent's care or new relationship where previous child has been removed from their care
- Emotional Warmth and Stability**
- Parents emotionally abusive towards child(ren)

0191 561 7007), but this must be followed up with a written referral.

ICRT will assess the level of risk and determine a level of response.

This will either be a multi-agency Strategy meeting, or one of the range of responses detailed at Level 3.

<ul style="list-style-type: none"> <li>Abandoned child or unaccompanied minor</li> <li>Imminent family breakdown and credible evidence of risk to child from the proposed alternative care arrangements</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>Child put at significant risk due to parents' inability or unwillingness to impose appropriate boundaries</li> </ul>		
<b>Complicating Factors (formerly known as Risk Factors)</b>		<b>Toolkits to assist professionals in assessing the level of concern</b>
<p>It is known that the child has already been harmed and that parents have either been involved or have been neglectful in protecting their child.</p> <p>There is an identified, significant risk of harm and without an immediate and urgent response, the child or children are likely to suffer that harm either now or in the future.</p> <p>Without this urgent action, it is highly likely that the issues will escalate to a level where the child(ren) will need to be accommodated. The <b>context and history</b> of the family's circumstances must be taken into account.</p> <p>Consideration should be given to the following:</p> <ul style="list-style-type: none"> <li>Child deliberately kept away from school/nursery to avoid any contact with professionals. Professionals should question whether the parent is avoiding all contact with services such as health as well and what the motivation for this would be?</li> <li>Clear conflict between parents (together or separated). What is the history for this family? What will be the likely impact on the children? How many times have there been notifications? (The <a href="#">DASH Risk Assessment</a> can be used to determine the level of risk)</li> <li>Are there indicators of coercive control (see TfC Relationships Toolkit)? Professionals must consider that not all domestic abuse is violent or obvious.</li> <li>Extra-familial factors (contextual safeguarding / exploitation / harm outside the home); is the child being influenced negatively by peers or adults outside the family? Is behaviour at home and or in the community an issue? Is the child being pulled away from their family by outside influences? Professionals should consider links between young people and links to organised criminals.</li> </ul>		<p>The <a href="#">Neglect Toolkit</a> should be used to determine the level of concern around the different types of neglect and also contains a <b>Home Conditions checklist</b></p> <p>The <a href="#">YDAP screening tool</a> should be used to determine the level of concern around a young person's alcohol or substance misuse</p> <p>The <a href="#">WearKids screening tool</a> should be used to determine the level of concern around a young person's anti-social or low-level offending behaviour</p> <p>The TfC Relationships Toolkit (available to all professionals) should be used to determine the impact of any parental disharmony or conflict on the child(ren). It will also help determine whether the indicators suggest a level of coercive control or abuse which escalates risk for the child(ren).</p> <p>The <a href="#">Missing, Slavery, Exploited and Trafficked (MSET) Screener</a> should be used to determine the level of concern around children and young people who go missing, or are at risk of sexual exploitation, criminal exploitation or being trafficked</p> <p>The AIM 0-12 toolkit or the Brook</p>



		<p>Traffic Light Tool should be used (by trained professionals) to determine the level of response to inappropriate sexual or sexually harmful behaviours in children and young people.</p> <p>The <a href="#">DASH Risk Assessment</a> should be used to determine the level of response to domestic abuse.</p> <p>The FGM National Risk Assessment should be used to determine the level of response to the potential for Female Genital Mutilation.</p> <p>Where there are concerns about Extremism or Radicalisation, a PREVENT referral should be discussed with the TfC Single Point of Contact (SPOC) in ICRT and your own organisation's lead for PREVENT.</p> <p>Practitioners might also find the Bruce Thornton Assessment Tools useful in determining risk and parental capacity to change.</p>
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## Which Level?

The list of indicators contained in this Guidance is not an exhaustive one. Where any intervention is deemed necessary, multiple factors are likely to be present and decisions as to whether the criteria are met for a particular level of intervention remain a **professional judgement**.

It is also important to remember that the signs that a child or young person has particular needs may not be found in a single piece of evidence but in a combination of factors or indicators. For example, within the framework described in this document, a cluster of indicators in Level 2 when considered together may indicate the need for a Level 3 assessment. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

**Please remember that this guidance is not intended to give professionals ‘the answer’. Professional dialogue is essential if we are to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals. For helpful contact numbers, please turn to the back page of this guidance.**

## Transitions between levels

In some cases, a child or young person will go through a number of transition points on their journey to having their needs met. For example, a child whose needs do not respond to services provided at Level 1 may need to receive a more targeted response within Level 2. Similarly, a child supported within Level 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 3. It is acknowledged that children may move from one level of need to another and that agencies and services may offer support at more than one level. What is important is that this is monitored and reviewed to inform the most appropriate level of support.

## Consent

Early Help Assessments and Child and Family Assessments can only be carried out with the consent of the parent(s). Participation in the Assessment and in any resulting Plan is voluntary on the part of the parent.

Because of this, **it is essential that professionals seek consent from the parent prior to making a referral** into Children's Social Care or prior to making requests for support from agencies contributing to Early Help Plans.

Professionals must make it clear to the parent(s) that they are giving consent for their personal information and their personal circumstances to be shared between agencies. It must be clear to parents where their information will go, for what purpose and for how long the information will be kept on agencies' records.

Referrals into Children's Social Care (Level 3) or requests for support from the Early Help Service (Level 2) which are made without parental consent will not be accepted.

Only where there is a clear child protection concern (Level 4), **and** there is reason to believe that the risk may escalate by approaching the parents/carers, can enquiries begin without the parent's/carer's consent. Circumstances which meet this threshold may include:

- Suspicion that a child will be forced into marriage or removed from the country against their will;
- Suspicion that a child is at risk of female genital mutilation;
- A disclosure of sexual or physical abuse putting the child at immediate risk;
- Suspicion that illness is being fabricated;
- Evidence that the child is at immediate risk of harm (a child is not generally at immediate risk if they are in school or at some other venue with a professional present, as action can be taken before the child returns home)

In almost all cases, therefore, a parent should be aware that a referral into Children's Social Care is being made.

## Who is a Child in Need (CIN)?

Section 17 of the Children Act 1989 defines a 'Child in Need' as:

- a child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
- a child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;
- a child who has a substantial and permanent disability.

This would include:

- a child whose parent/s are in prison
- a child who is an asylum seeker
- a 16 or 17 year old who is homeless or at risk of homelessness.

## What is significant harm/child protection (CP)?

Section 47 of the Children Act 1989 introduced the concept of **significant harm** as the threshold that justifies compulsory intervention in family life in the best interests of children. It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of the child who is suffering or likely to suffer significant harm. Cases meeting this threshold generally, but not exclusively, involve physical, emotional or sexual abuse where parents or care givers are the perpetrators, or chronic neglect coupled with parental incapacity or unwillingness to change. Other circumstances meeting this threshold are considered on a case by case basis.

## What happens following a referral into Children's Social Care?

The Integrated Contact and Referral Team (ICRT), also known as the 'Front Door', will triage contacts and referrals and gather information about the case including the context and history of the family (current and previous involvement of services, presenting issues and concerns and known protective factors).

A decision will then be made to progress the case to:

- a Child Protection Strategy Meeting (Level 4);
- a Child and Family Assessment (Level 3);
- an intervention from the Early Help Service (Level 2); or
- an Early Help intervention (Level 1) led by the most appropriate agency (which will most often be the original referring agency).

Child and Family Assessments at Level 3 or Level 4 are completed by a qualified Social Worker and will necessitate the Social Worker obtaining contributions from other professionals involved with the child/family in order to gain a full picture of the child's circumstances. The purpose of the assessment is always to:-

- Gather important information about a child and family;
- Analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- Provide support to address those needs to improve the child's outcomes to make them safe.

The maximum timescales for completion of a Child and Family Assessment is 45 days. Those undertaken at Level 4 are more urgent and are completed within 15 days as part of S47 enquiries.

Where cases do not meet the Level 3 threshold and are passed down to the Early Help Service, an Early Help Worker will complete an Early Help Assessment. As the needs are not so urgent, the whole-family assessment may take up to six weeks.

Occasionally a referral will not meet the Level 2 threshold and will be passed back to the original referrer for Early Help support at Level 1. Advice for agencies around the Early Help processes can be obtained from the Early Help Advice and Allocations Team (EHAAT) on 0191 561 4084.

At any point during an assessment a case may be 'stepped up' to a higher level of concern or 'stepped down' to a lower level.

## Adult Services

Practitioners who work in organisations which primarily provide services for adults will understandably have a specific focus on the needs of their service users. However, in so doing, it is also important to consider the needs of any children or young people who are living in the household or who have regular contact with the adult concerned, especially if this is in a caring capacity. If a parent or carer has drug or alcohol issues, a learning difficulty or disability, mental health problems, or if domestic abuse is occurring or suspected in the adult's relationship, it is always necessary to consider the impact of these issues on any children or young people in order to establish whether they require any specific services in their own right. This is especially important if the adult's needs are such that they result in an increased risk of significant harm for a child or young person. Those working in adult services can contact ICRT (0191 520 5560) if they believe a child or young person is at immediate risk of significant harm (or 999 in an emergency).

Similarly those working with children and young people also have a responsibility to ensure any vulnerable adults they come into contact with during the course of their work with children are also safeguarded from harm. Adult Social Care can be contacted on **0191 520 5552** and further information is available at [Adult Social Care and Support - Sunderland City Council](#).

**If you are worried about a child – report your concerns**

Emergency: If a child is in immediate danger or left alone, you must contact the police or call an ambulance on 999.

If there is no immediate danger or you need advice or information, you should contact the following:

If this is a new Child in Need or Child Protection referral then please ring:

**ICRT – 0191 561 7007**

and complete the Safeguarding Referral Form within one working day, sending it to:

[safeguarding.children@togetherforchildren.org.uk](mailto:safeguarding.children@togetherforchildren.org.uk)

**Out of Hours – Emergency Duty Team – 0191 520 5552**

After office hours, at weekends and on public holidays, please contact the Emergency Duty Team for immediate child protection concerns

**Early Help Assessments**

To make a request for additional Early Help support, please send a Registration and Consent Form, signed by the parent, and your current Early Help Plan and any Reviews to:

[EHAAT@togetherforchildren.org.uk](mailto:EHAAT@togetherforchildren.org.uk)

For enquiries about Early Help Assessments please ring: 0191 561 4084