SSCP Multi Agency Guide to Our Thresholds of Need

Safeguarding is everyone's responsibility.

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(Updated 5th August 2019 under Sunderland Safeguarding Children Partnership arrangements)

'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)

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.

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 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 16 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 agencies working together to identify children and families with emerging problems and potential unmet needs;
- Sharing information with other professionals 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).
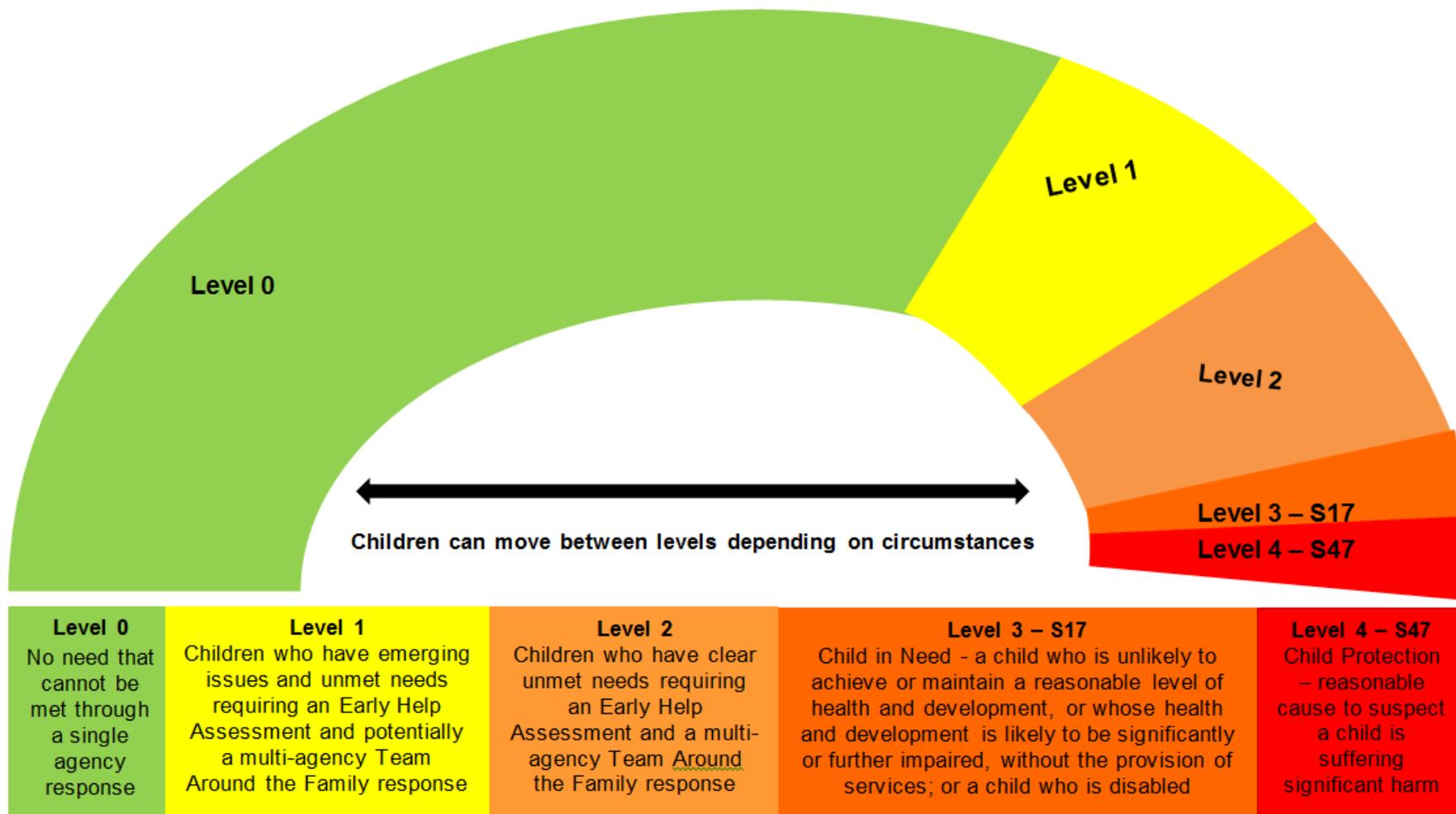
Prompts for professionals

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:

Level 0 • Level 1 • Level 2 • Level 3 – S17 • Level 4 – S47

Children can move between levels depending on circumstances

Level 0	Level 1	Level 2	Level 3 – S17	Level 4 – S47
No need that cannot be met through a single agency response	Children who have emerging issues and unmet needs requiring an Early Help Assessment and potentially a multi-agency Team Around the Family response	Children who have clear unmet needs requiring an Early Help Assessment and a multi-agency Team Around the Family response	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	Child Protection – reasonable cause to suspect a child is suffering significant harm

Features of Each Level

Level 0 – Needs and risks are met through universal services or single agency response	
Indicators	
Child's Developmental Needs	**Parenting Capacity**
Learning/Education • Access to education provision appropriate to age and ability • Access to employment (including work based learning) appropriate to age and ability • Acquiring a range of skills/interests, experiences of success/achievement • Access to books/toys, play, outside interests (sport, music, clubs) • Attendance and achievement meet expectations **Health** • Physically well • Developmental checks/immunisations up to date • Health appointments are kept • Adequate diet/hygiene/clothing • Regular dental and optical care **Social, Emotional, Behavioural, Identity** • Demonstrates age appropriate responses in feelings and actions • Good quality early attachments, child is appropriately comfortable in social situations • Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) • Able to adapt to change • Able to demonstrate empathy • Positive sense of self and abilities • Involved in leisure and other social activity • Demonstrates feelings or belonging and acceptance **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 and environmental factors	Risk factors
Family History and Well-Being • Supportive family relationships that provide a positive sense of wellbeing for all family members, even when parents are separated **Housing Employment and Finance** • Sufficient income to meet the family's essential needs, used appropriately • Adequate housing with appropriate amenities and facilities to meet the needs of family members • Appropriate levels of cleanliness and hygiene are maintained **Social and Community Resources** • Social and friendship networks exist • Positive peer groups • Access to health, education, social and community services in the neighbourhood	None as needs are met within the family environment. 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.
	Single Agency Intervention
	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. Examples of this could include: • 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 • A referral to Portage where a child's special educational needs are otherwise well met by the parents • A referrals to Smoking Cessation services where there are no other identified needs

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	
Child's Development Needs	**Parenting Capacity**

Child's Development Needs

Learning/Education
- Concerning school or early years attendance/punctuality
- No access to early education
- Concerning behaviour with exclusion being considered
- Identified learning needs – SEN Support plan or statutory EHCP process – linked to other unmet needs
- Identified language and communication difficulties linked to other unmet needs
- Gaps in schooling/learning due to pregnancy
- At risk of leaving school/academy Not in Education, Employment or Training (NEET)
- Limited access to resources for learning at home, e.g. books/ toys / support with school work
- Poor concentration, low motivation and interest
- At risk of not reaching educational potential

Health
- Slow in reaching developmental milestones
- Concern re diet/hygiene/clothing
- Not being brought for routine appointments e.g. immunisations and developmental checks
- Persistent minor health problems
- Weight is measurably above or below what would be expected
- Starting to default on appointments across health including antenatal, hospital and GP
- Encopresis /enuresis (soiling and wetting)
- Low level mental health or emotional issues
- Low level substance misuse
- Sexualised behaviour at a young age. Inappropriate sexual behaviour at any age. Use the AIM 0-12 toolkit* to determine the level of concern and appropriate response.

Social, Emotional, Behavioural, Identity
- Disruptive/challenging behaviour at home or in school or early years setting
- Emerging anti-social behaviour and attitudes and/or low level offending
- Child is victim of bullying or bullies others
- Difficulties in relationships with peer group and/or with adults
- Friendships and relationships inappropriate for age

Parenting Capacity

Basic Care, Safety and Protection
- 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
- Starting to demonstrate difficulties with attachment
- Lack of response to concerns raised about child's welfare

Guidance, Boundaries and Stimulation
- Parents offer inconsistent boundaries
- Behaviour problems not recognised and addressed by parents
- Lack of response to concerns raised about child
- Lack of appropriate parental guidance and boundaries for child's stage of development and maturity

- Low self esteem
- Concerns about sexual development and behaviour

Self-Care and Independence
- Lack of age appropriate behaviour or independent living skills
- Socially isolated, without friends or excluded from social groups
- Inappropriate use of social media
- Friendships and relationships inappropriate for age
- Not always adequate self-care (where a young person could take responsibility), e.g. poor hygiene, unclean clothes

Family and environmental factors	Risk factors
Family and Social Relationships and Family Well-Being • Parents/Carers have relationship difficulties or there is conflict which may affect the child • Parents/Carers request advice to manage their child's behaviour • Sibling with significant problem (health, disability, behaviour) • Suspicion of domestic abuse (this may or may not be evidenced by Child Concern Notifications or Operation Encompass alerts) • 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** • Experiencing harassment/discrimination • Socially or physically isolated • Lack of a support network • 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	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. ***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

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	
Child's Development Needs	**Parenting Capacity**

Child's Development Needs	Parenting Capacity
Learning/Education • Poor or rapidly declining school or early years attendance • Child not in education (may have been permanently excluded, but this indicator must be linked to other unmet needs) • Concerning level of fixed-term exclusions, or permanent exclusion with no plan for re-engagement • Young person Not Engaged in Education, Employment or Training (NEET) post-16 with no plan for re-engagement • Highly disruptive behaviour in early education setting /school • Achieving well below educational potential due to disruption, behaviour or exclusions **Health** • Parent does not support the child to access adequate health care, continual missed appointments including not being brought to CAMHS or CYPS sessions • Delay in achieving physical and other developmental milestones, raising concerns • Significant dental decay that has not been treated • Mental ill-health or emotional issues requiring specialist intervention • Very poor diet and/or unhealthy weight • Alcohol or drug misuse requiring specialist intervention* • Concerning levels of accidental injury (but no concerns that parents responsible or negligent) **Social, Emotional, Behavioural, Identity** • Very disruptive/challenging behaviour at school, in the community* and at home • Assessed as at low risk of sexual or criminal exploitation* • 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 • Emerging concerns about radicalisation or extremist views **Self-Care and Independence** • Poor self-care for age, including hygiene and failure to access sexual health services • Regularly engaging in risk-taking behaviour* / seemingly unaware of risk in own behaviours • Puts self at risk on-line / engages on-line with inappropriate contacts / suspicion may be being groomed; use SSCP Framework for Screening, Assessment, Safeguarding and Disruption, and Review guide for Missing, Sexually Exploited and Trafficked (MSET) to determine the level of concern	**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 ability to ensure child's safety or well-being • Poor supervision and attention to safety issues in and outside the home **Emotional Warmth and Stability** • Child receives erratic or inconsistent care • Parental instability affects 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

Family and environmental factors	Risk factors
Family and Social Relationships and Family Well-Being - Evidenced or disclosed incidents of domestic abuse (Child Concern Notifications /Operation Encompass alerts) - Recent experience of 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 looked after outside of family network; family members available to give appropriate care - Frequent parental conflict requiring intervention - Family requesting urgent support to manage 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. These are sometimes referred to as the 'toxic trio'). 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.) - Family is isolated and has no support network, or is in conflict with wider family members **Housing, Employment and Finance** - Significant financial difficulties/poverty impacting on ability to have basic needs met and limited access to funding/community resources - Overcrowded or poor quality housing likely to impair health or development - 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 to change) - 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) - Low-level offending (parents and/or children)	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. ***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 SSCP Framework for Screening, Assessment, Safeguarding and Disruption, and Review guide for Missing, Sexually Exploited and Trafficked (MSET) should be used if concerns about sexual exploitation of a child.

<table>
<tr><td colspan="2" style="text-align:center">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.</td></tr>
<tr><td colspan="2" style="text-align:center">Indicators</td></tr>
<tr><td>Child's Development Needs</td><td>Parenting Capacity</td></tr>
</table>

Child's Development Needs	Parenting Capacity
Learning/Education • Child not in education due to parental neglect/incapacity • Very poor attendance at early years provision or school – this must be linked to other unmet needs which meet the threshold for Level 3 intervention **Health** • Chronic/recurring health problems with missed appointments, routine and non-routine. Parent routinely not taking to necessary appointments, either through neglect or incapacity • Serious delay in achieving physical and other developmental milestones, raising significant concerns • Significant regression in speech, communication or interaction where no medical cause has been identified • Persistent problematic alcohol consumption, or other concerning (long-standing/untreated) substance misuse* • Frequent accidental injuries to child requiring hospital treatment, where a level of parental neglect is indicated • Other A&E attendance giving cause for concern • 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 • Malnutrition or morbid obesity linked to parental neglect • Risk factors relating to Female Genital Mutilation are present (e.g. mother identified as a victim of FGM) • Concealed pregnancy **Social, Emotional, Behavioural, Identity** • Diagnosed disordered attachments that have a significant impact • Self- harming; suicidal thought in a child/young person not accessing appropriate mental health support • Sexual development and behaviour* which may be indicative of abuse • Harmful sexual/abusive behaviours* towards others – use the AIM 0-12 toolkit or the Brooke Traffic Light Tool to assess the level of concern • Regularly missing or absent and suspected to be at risk of harm* • Medium concern in relation to sexual exploitation or trafficking* - use the SSCP Framework for Screening,	**Basic, Care, Safety and Protection** • Child regularly left alone, unsupervised or with carers unable to meet the child's needs (for very young children, consider if a Level 4 response is appropriate) • Neglect* where food, warmth and other basics are often not available • Child's medical needs are not addressed by the parent and this is having a negative impact upon the child • Parents consistently failing to meet a child's learning needs resulting in a negative impact upon the child's well-being • Parental learning difficulties that have a direct impact on child's health or development • Parental alcohol or substance misuse has a direct impact upon their ability to care appropriately for their child(ren). • Child exposed to ongoing domestic abuse or high level parental conflict. Direct negative impact upon the child or unborn child. • Family breakdown – parent no longer wants to care for the child(ren), appropriateness of alternative requires assessment **Emotional Warmth and Stability** • Parent constantly puts child(ren) down and expresses seriously negative attitude towards one or more of their children. • Child has a succession of unplanned, multiple carers and this is having a negative impact upon the child

Assessment, Safeguarding and Disruption, and Review guide for Missing, Sexually Exploited and Trafficked (MSET) to determine the level of concern

- Suspected victim of criminal exploitation* and involvement 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

Self-Care and Independence
- Young person living independently and not coping
- Regularly engaging in risk-taking behaviour despite professional interventions*
- Victim of grooming and parent unable to intervene appropriately

Risk factors

Without a Child in Need 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.

Family and environmental factors	***Toolkits to assist professionals in assessing the level of concern**
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 looked after 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. • Frequent and escalating parental conflict requiring intervention • Family requesting support to manage behaviour inside or outside the home which has become beyond their control • Compromised parenting adversely affects the family (evidence of parental substance misuse, parental mental ill-health, domestic abuse which may include child to parent abuse. These are sometimes referred to as the 'toxic trio'). Any Level 2 professional intervention to date has made no positive difference	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 SSCP Framework for Screening, Assessment, Safeguarding and Disruption, and Review guide for Missing, Sexually Exploited and Trafficked (MSET) should be used if concerns about sexual exploitation of a child. The AIM 0-12 toolkit or the Brook Traffic Light Tool should be used to determine the level of response to inappropriate sexual or sexually harmful behaviours in children and young people.

Housing, Employment and Finance	The DASH Risk Assessment should be used to determine the level of response to domestic abuse.
- Vulnerable homeless young person. ***NB. A homeless 16-17 year old has the right to a CIN Assessment and to request to be Looked After. Please contact the Next Steps Team on 561 7109*** - Very poor home conditions* which require urgent attention and are unsafe for the child - Extreme financial difficulties/poverty impacting significantly on ability to have basic needs met and no recourse to public funds or community resources - No basic amenities provided (food, heating, water etc.) due to reasons other than poverty. **Social and Community Resources** - Significant and/or problematic involvement in gang activity; involvement in criminal activity; involvement in high-level anti-social behaviour*	The FGM National Risk Assessment should be used to determine the level of response to the potential for Female Genital Mutilation. Where there are concerns about Extremism or Radicalisation, a PREVENT referral should be discussed with the TfC Single Point of Contact (SPOC) in ICRT Practitioners might also find the Bruce Thornton Assessment Tools useful in determining risk and parental capacity to change,

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 visit:
https://www.togetherforchildren.org.uk/professionals/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 520 5560

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.

Please contact the Integrated Contact and Referral Team (ICRT) on 0191 520 5560 for advice

Other reasons for making a referral for a Child in Need 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	
Child's Development Needs	**Parenting Capacity**
Health	**Basic Care Safety and Protection**
• Child or young person endangers own life through problematic or serious drug or alcohol misuse*	• Parents unable or unwilling to protect from significant risk of physical, sexual or emotional harm
• Acute mental health issues, resulting in serious risk to the child or to others (e.g. active suicidal ideation, self-harm)	• Continual instability and violence in the home where significant harm to the child is evidenced
• Suspected non-accidental injury/abuse/neglect; disclosure of any abuse including historical	• Parents have or may have abused/neglected the child/young person
• Bruising or any other injury in a non-mobile infant	• Child not protected from sexual exploitation/abusive situations
• The child has undergone Female Genital Mutilation (FII and FGM pathway to be followed)	• Child beyond parental control and as a result is considered to be at risk of harm
• Fabricated induced illness	• Forced marriage of a child/young person under 18 years
• Concealed pregnancy where previous children have been removed	• Pre-birth assessment indicates unborn child is at risk of significant harm – refer at 16 weeks gestation
Social, Emotional, Behavioural, Identity	**Emotional Warmth and Stability**
• Extreme, violent or abusive behaviour that has resulted in serious risk to the child and others, including parents	• Parents emotionally abusive towards child(ren)
• Failure or inability to address complex mental health issues requiring specialist interventions	• Abandoned child or unaccompanied minor
• Under 13 engaged in sexual activity	• Imminent family breakdown and credible evidence of risk to child from the proposed alternative care arrangements
• Victim/perpetrator of sexual assault or abuse	
• Victim of grooming and parents incapable or unwilling to safeguard	**Guidance Boundaries and Stimulation**
• Significant concerns in respect of sexual exploitation, criminal exploitation or being trafficked* (assessed as high risk)	• Child put at significant risk due to parents' inability or unwillingness to impose appropriate boundaries
• Frequently missing from home* for repeated short periods of time or prolonged periods and known to be putting self at risk; assessed as high risk using the SSCP Framework for Screening, Assessment, Safeguarding and Disruption, and Review guide for Missing, Sexually Exploited and Trafficked (MSET)	
• 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	
• Regularly engaging in risk-taking behaviour resulting in significant harm despite professional interventions*	

• 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 environmental factors	Risk Factors
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. • 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	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. 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. 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.
	*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 SSCP Framework for Screening, Assessment, Safeguarding and Disruption, and Review guide for Missing, Sexually Exploited and Trafficked (MSET) should be used if concerns about CSE. The AIM 0-12 toolkit or the Brook Traffic Light Tool should be used to determine the level of response to inappropriate sexual or sexually harmful behaviours in children and young people. The DASH Risk Assessment should be used to determine the level of response to domestic abuse. Where there are concerns about Extremism or Radicalisation, a PREVENT referral should be discussed with the TfC Single Point of Contact (SPOC) in ICRT Practitioners might also find the Bruce Thornton Assessment Tools useful in determining risk and parental capacity to change.

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 in Need 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 can 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

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 in Need 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 (most often by the original referring agency).

Child in Need 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 CIN 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 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 by clicking on the following link 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 520 5560
and complete the Safeguarding Referral Form, sending it to:
Safeguarding.Children@togetherforchildren.org.uk (Secure e-mail only)

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