



Threshold Guidance

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**North Somerset's Safeguarding Children Board
Threshold Criteria for Children in Need and Child
Protection Referrals to Children's Social Care**



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Safeguarding Partner Agencies:

- Avon and Somerset Police
- Learning Partnership West
- North Somerset Council
- CAFCASS
- Schools
- Third Sector Partners
- Weston Area Health Trust

SUMMARY OF PURPOSE

I am delighted to introduce this updated guidance, which has been produced to support all those working with children to identify when children, young people and their families need additional support, so we can deliver the right response, the right assessment, and the right help at the right time. *Tony Oliver, Independent Chair of NSSCB.*

North Somerset Joint Working, Think Family Multi-Agency Guidance January 2017:

Think Family is an effective whole family approach which supports all members of a family. Achieving 'think family' means a more coordinated approach, with 'no wrong door' for families in accessing services for adults or for children. By implication, this would also mean that practitioners on the other side of that 'door' are able to look at the whole family's needs and will know which other services are able to support those needs which may be multiple and complex, involving several services.

Link to the Think Family document: <http://www.northsomersetlscb.org.uk/uploads/files/573.pdf>

The purpose of this guidance, which is for practitioners in all agencies working with children and young people, is to assist in decision making about which agency should be involved in helping families that have different levels of need. It is to be used to help practitioners make decisions about which agency to refer to and when.

The overarching aim of the guidance is to provide everyone who works with children and young people with clarity and shared agreement on the thresholds for referral to children's social care.

The guidance aims to move forward the preventative Early Help agenda in North Somerset and enable families to access the right level of support for children and young people with additional needs.

To ensure where children and young people are identified as being at risk, appropriate and prompt action is taken to safeguard them through an ethos of strong partnership working.

PRINCIPLES

The wellbeing of children, young people and their families must be at the heart of all interventions, their views shall be listened to, respected and recorded, they will be enabled to make positive changes within their own lives.

Children and Young People's lived experiences will be at the heart of all decision making by partners when applying this threshold document

Thresholds are a guide to professional decision making to ensure children, young people and their families are able to build resilience, improve life chances and keep children and young people safe.

Safeguarding the well-being and emotional health of children and young people is **everyone's** business.

Early Help is **everyone's** business.

Intervention should be at the lowest tier appropriate to meet the needs of the child or young person and prevent the need for targeted or specialist services.

Levels of co-operation and co-ordination of services should be increased and improved by Health, Education, Social Care, Police, Voluntary Sector and all other agencies.

Professionals providing services to children and their families should work co-operatively across all

agencies, however, if disagreements arise between these agencies regarding another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry then North Somerset's [Escalation Policy](#) should be referred to if unable to resolve.

All services should assess and meet children's needs to reduce levels of unnecessary child protection oriented referrals, assessments and investigations.

Enabling more resources to be released and made available for children in need services, to improve focus on most vulnerable children and increase levels of diversion from substitute care and other out of home interventions.

More resources released and made available for intensive family support to improve the outcomes and life chances of our most vulnerable children.

Children, young people and families should be involved in all aspects of the design, delivery, monitoring and evaluation of services.

Good data sharing, collection and management is essential for all schools and services.

Ensuring good practice for sharing information about children, young people and families is fundamental to every member of every organisation.

All practitioners share a common purpose to make things better for children, young people and families and work to the highest professional standards to improve outcomes.

All communities are different. Service design and school organisation must take into account the communities they serve and best possible practice.

Agencies working together must train together.

INTRODUCTION

Most children and young people have a number of basic additional needs that can be supported through a range of universal services. These services include education, early years, health, housing, positive activities, leisure facilities and services provided by voluntary organisations. However, some children have more complex needs and may require co-ordinated help or access to specialist services to support them.

A shared responsibility

Everyone working with children and young people has a responsibility to safeguard children and young people and promote their welfare and this depends upon effective joint working between agencies. Practitioners will have different roles and expertise to be able to support children, young people and their families. Vulnerable children and those at greatest risk of poor outcomes will need co-ordinated help from a range of services.

Adult services, such as mental health or substance misuse services should always include consideration of the needs of any children and young people involved and possible risks of harm to them when planning the adult's ongoing treatment or discharging the adult from their care into the community.

This document provides the following guidance for professionals and service users:

- clarifying the circumstances in which to carry out an Early Help Assessment;
- the criteria for access to Children's Social Care in North Somerset and how that fits within the wider context of multi-agency services and a range of needs;
- the legal definition of 'Children in Need' and eligibility for Children's Social Care;
- the process by which Children's Social Care assess whether the threshold is met for 'Children in Need.'

In applying the framework the following should be considered:

The Threshold Matrix Levels of Vulnerability and Need identifies the level of key vulnerability factors such as domestic abuse, mental health problems, substance misuse etc. It is emphasised that the level of vulnerability will be different for each child. The framework assumes that it will usually be a combination of criteria that will determine the level of concern, rather than any one factor.

The descriptions in the matrix provide illustrative examples about how need might present itself, rather than an exhaustive list of fixed criteria that must be met. The level of need will always be increased by the multiplicity of factors.

Children can move across the levels at different times in their lives, or during agencies contact with them. They will move up through the levels only when lower levels of support are not adequate for them but will move back down as soon as their needs can be met by services at the lower level.

Intervention should be provided at the lowest level appropriate to meet the needs of the child and consideration should always be given to undertaking an Early Help Assessment (CAF) to resolve the child's difficulties and prevent the need for a specialist service.

If there are child protection concerns professionals must follow the South West Child Protection Procedures and make an immediate referral to the Referral and Assessment Service for Children's Social Care (see Children's Social Care Referral form in Appendix 4).

SECTION 1 EARLY HELP AND INTEGRATED WORKING- A WHOLE FAMILY APPROACH

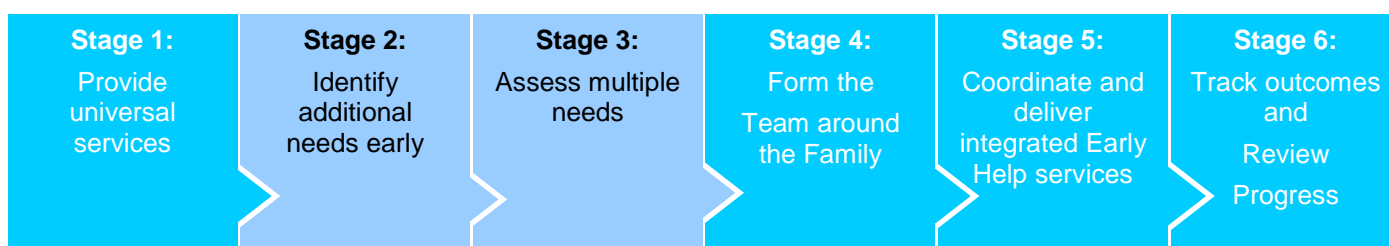
We all know that families are the experts of their own lives. All families can struggle at times and those that work with families want to provide children with the help they need, when they need it. The Early Help Assessment process supports us to work with the whole family, so that families can share their story and work with all those professionals that are involved in their lives. We can also now better support children, young people and families through their key life transitions, from Early Years to Primary School, and Primary Schools to secondary. If families are in agreement, then as a child becomes older and moves school, their Early Help Assessment and Plan can transfer with them.

The Early Help Assessment is one of a number of tools and processes which help practitioners to assess and address the needs of a child or young person. Education, health and other agencies have good quality tools that assess children's needs in their areas of expertise.

The aim of the Early Help Assessment is to help identify, at the earliest opportunity, a child or young person's additional multiple needs which are not able to be met by a single agency and to provide timely and co-ordinated multi-agency support to meet those needs.

The diagram below describes the journey a practitioner may follow when putting in place early help and intervention support for a child or young person.

Early Help Intervention Pathway



Stage 1: Providing Early Help Services and Interventions - Level 1 Universal settings provide services for all children and young people in their day-to-day work. In the majority of cases, a child or young person's needs are addressed at this early stage. If the child's needs are not met then move to stage 2.

Stages 2: Identifying Additional Needs Early - Level 2a identifies children who do have an additional need. These needs can be met by a single agency. If the child's needs become more complex or are multiple then move to stage 3.

Stages 3: Assessing Multiple Needs - Level 2b is where a child has multiple needs, which require a co-ordinated response from two or more agencies.

Where a child has multiple needs an Early Help Assessment and Plan should be offered to the family. This will enable professionals to:

- contribute information from their areas of expertise that will improve support to the child
- coordinate work with the family and where appropriate share information
- jointly consider a child or young person's strengths and needs

An Early Help Assessment can only be undertaken with the informed and explicit written consent from the child/young person and/or their parents/carers.

Stage 4: Forming the Team around the Family (TAF) - Where a multi-agency response is required the Team around the Family (TAF) is formed. This will bring together practitioners from

across different services to co-ordinate and deliver an integrated package of solution-focused support and meet the needs identified during the Early Help Assessment and Planning process. Solution-focused and strength based approaches focus on what families want to achieve as opposed to their problems. This is represented by the Signs of Wellbeing sections. It is important that the child or young person and parents/carers are also included as part of the TAF.

Stage 5: Co-ordinating and delivering Integrated Early Help Services - In these instances, the person who undertakes the Early Help assessment (and identifies the need for multi-agency support) is the completer, and is responsible for convening the first TAF meeting from which an Early Help Co-ordinator is agreed. The Early Help Co-ordinator acts as the main point of contact for the child or young person and their family, and co-ordinate the delivery of integrated services, they will request contributions to assessments from different professionals and agencies that might be working with the child or family.

Stage 6: Tracking Outcomes and Reviewing Progress for families - The Early Help Assessment and delivery plan are regularly reviewed by the TAF to monitor progress toward agreed outcomes. This will involve further multi-agency meetings and liaison between the members of the TAF.

To improve the tracking of outcomes a Distance Travelled Tool will be made available to be completed with families. This will show improved outcomes over time and identify any unmet or additional needs for the child or young person. Both the reviews and Distance Travelled will inform whether a child or young person needs to 'step up' into Level 3 or 4 Services for children with complex or acute needs or 'step down' to receive single agency or universal services.

Information Sharing

Effective integrated working is underpinned by good practice in information sharing and clear communication.

Information sharing is a key part of the Government's goal to deliver better, more efficient public services that are co-ordinated around the needs of children, young people and families. Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare, and for wider public protection. Information sharing is a vital element in improving outcomes for all, more detail can be found in the **Information Sharing Protocol Handbook**. <http://www.northsomersetlscb.org.uk/uploads/files/667.pdf>

The Early Help Assessment aims to enable and support good practice in information sharing about the needs of children and young people as part of preventative services. In so doing, all sharing (and storing) of information should be done lawfully and comply with the Data Protection Act 1998.

Early Help Adviser

The Early Help Advisor is available to support and guide practitioners and agencies to ensure Early Help is provided to North Somerset children and families. If you want to ask any questions about the new Early Help process you can ask your agency representative or email the query through to the Early Help Assessment Feedback inbox (EarlyHelp.AssessmentFeedback@n-somerset.gov.uk) or contact the **Early Help queries** phone number on **01934 426329**.

Child Protection Procedures and Early Help

Where there are signs that a child or an unborn baby:

- * is experiencing or may already have experienced abuse or chronic neglect or
- * Non-mobile baby with injury; bruises, scratches, burns, scolds, eye injuries, bleeding from the nose or mouth, bump to head

* is likely to suffer significant harm in the future

a referral to Children's Social Care Referral and Assessment Team needs to be made following the South West Child Protection Procedures (see Children's Social Care Referral form in Appendix 4).

Children Social Care will follow the Multiagency Guidance for Injuries in Non-Mobile Babies 2016 which can be found on the NSSCB website -

<http://www.northsomersetlscb.org.uk/uploads/files/926.pdf>

Step up and Step Down

The step up and step down protocol supports Early Help and Children's Social Care teams to consider appropriate thresholds for cases that need to Step Up or Step Down from Early Help. These arrangements also apply for the Disabled Children Service.

Step Up:

Where there is an existing Early Help Assessment and concerns reach level 3 of the Continuum of Need (as outlined in Section 2 of this Thresholds Document) it would be appropriate to make a referral to the Referral & Assessment Team (Tel: 01275 888808 or email: duty.intake@n-somerset.gov.uk) It is helpful that any early help assessment and or detail of interventions provided under Early Help is provided with the referral. This will ensure the decision making accounts for all relevant information and previous interventions.

Step Down:

When a case is closing to Children's Social Care due to it no longer reaching the level 3 threshold of the Continuum of Need (as outlined in Section 2 of this Thresholds Document) social work teams will consider, in line with the wishes of the family, a step down to Early Help. Agencies who have been involved within the Child In Need plan will also be involved with this decision making process. It is appropriate to coordinate a Team Around the Family meeting, with parental consent, so that agency support can continue to be provided to the family under the Early Help process. At this meeting the lead professional will need to be identified.

SECTION 2 CONTINUUM OF NEED

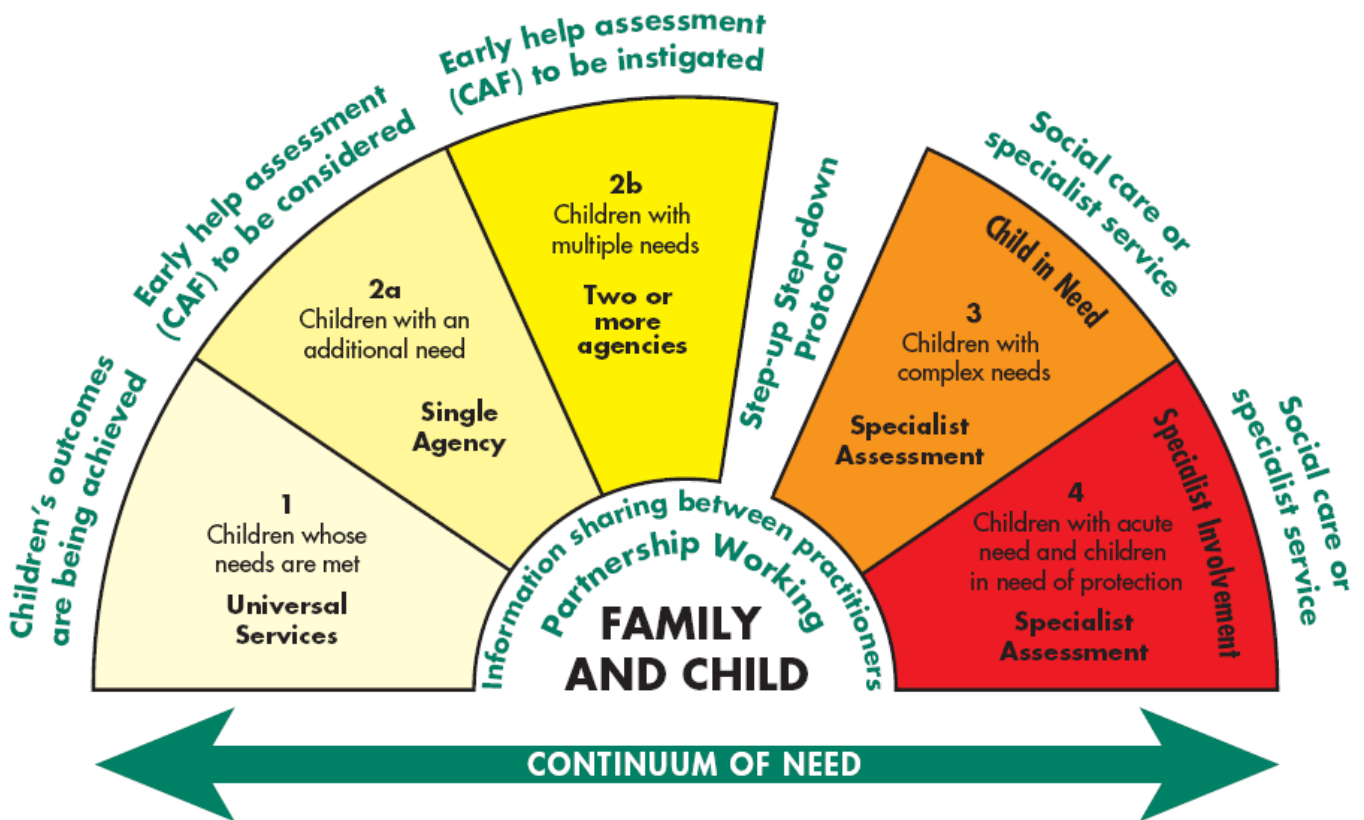
North Somerset has adopted a Continuum of Need model to describe the levels of need and intervention that may be required by children, young people and their families. The model provides a multi-agency, integrated, whole systems approach to Early Help prevention, intervention and assessment.

This dynamic model creates a needs led, outcome driven matrix of need and vulnerability which, when used effectively, can match the needs of the child/young person in North Somerset with the appropriate assessment and provision.

The diagram describes the spectrum of support and the relationship between the different levels of need. It illustrates how a child's level of need can move forward and backwards across the continuum, highlighting the importance of integrated service delivery. This view of a 'whole systems' approach highlights the importance of there always being a practitioner in place to co-ordinate service activity and to act as a single point of contact whenever a child or young person requires integrated support.

It also reinforces the need for an effective seamless process to ensure continuity when a child or young person moves between different levels of need/support.

Figure 1



A key principle underpinning the delivery of services to children is that additional needs should be identified as early as possible and intervention should focus on working with children and parents/carers in order to provide early intervention and prevent the need for specialist services.

SECTION 3 THRESHOLDS FOR LEVELS OF NEED AND VULNERABILITY CRITERIA

North Somerset Partnership has developed four levels of vulnerability and need to assist practitioners to understand the Early Help Intervention Pathway and to support practitioners who are making decisions about service thresholds. These levels of need can be used to prioritise and develop a range of support and intervention strategies matched to a child or young person's needs and strengths. The descriptions used to differentiate between the levels are based on the domains and dimensions of The Framework for the Assessment of Children in Need and their Families.

The aim is to determine:

- * if a child is in need
- * her/his level of needs
- * which needs must be met as a priority; and
- * which is the most appropriate service to meet these needs

Which Level of Need?

Children's needs rarely fit into neat categories. Their needs often change over time and may cross different levels, i.e. high on one domain and low on another. The matrix is designed to assist practitioners and managers to think about the needs of children in a holistic and common way. They are indicative rather than definitive, but should help to provide an evidence base for decision-making. The domains and dimensions and the descriptions given are examples.

It cannot be over emphasised that the list of indicators contained in this document is **not an exhaustive one. In assessing need and risk that require specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met remain a professional judgement. This judgement will be based on their professional view regarding the level of need and/or risk to the child's health, education, well-being and development.**

It is also important to remember that often the signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors or indicators. A multiple cluster of indicators in Level 2 when considered together may indicate the need for an Early Help Assessment. Or when the indicators were taken together, a child, who appeared to be at Level 2b, 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.

The matrix cannot reflect sudden changes in a child's needs, but it should be assumed that any rapid deterioration in a child's presentation is a cause for concern. Similarly, the age of a child will have an impact on how the matrices are interpreted. For example, a child aged two without opportunities to play can be seen as more of a concern than a child aged thirteen, as the two year old may not have any opportunities for social contact whereas the thirteen year old will have this need partially met at school. The age of the child and protective factors that may enhance resilience also need to be taken into account. Finally, a lack of impact as the result of involvement with services should also be noted as a concern.

Professionals must be alert to the chronicity and cumulation of presenting issues and concerns. Where support services have been offered but there is little or no change. Professionals need to demonstrate an enquiring mind and question barriers to change. Their assessment of the lack of change may increase their concerns and instigate a need for a Level 3 Assessment

<p>Level 1 Children's needs are met</p> <p>Universal Services</p>	<p>Children with no additional needs. Children who make good overall progress in all areas of development and receive appropriate universal services.</p>
<p>Level 2a Children with an additional need</p> <p>Single Agency response</p>	<p>Children with additional needs. Children whose health and development may be adversely affected and who would benefit from extra help in order to make the best of their life chances.</p> <p>These children require additional targeted support from a single agency to address the concern that has been identified.</p>
<p>Level 2b Children with multiple needs</p> <p>Require an integrated multi-agency assessment and response</p> <p>Two or more agencies</p>	<p>Children have a multiple range of needs. Children whose needs are of greater depth and significance and must be met or their health, social development or educational attainment may be significantly impaired and they may have long term poor outcomes. Children are vulnerable and may be living with considerable adversity.</p> <p>This is the level at which there is a need for a clear coordinated multi-agency response and therefore an Early Help Assessment should be completed and a Team around the Family should be put in place.</p>
<p>Level 3 Children with complex needs</p> <p>Require specialist assessment</p>	<p>Children have complex needs and require specialist assessment. Children whose care, health, development and needs are significantly compromised. Children are highly vulnerable or living in the greatest level of adversity. Only a small number of children will fall into this band.</p> <p>This is the level at which children require specialist assessment or support from statutory services such as Children's Social Care, CAMHS, Youth Offending Service, SEN support. The child may move into the acute category without the provision of services.</p>
<p>Level 4 Children with acute needs, children in need of protection</p> <p>Require specialist assessment</p>	<p>Children have acute needs and require specialist assessment and statutory intervention.</p> <p>This is also the level at which child protection intervention is necessary for children who are experiencing significant harm or where there is a likelihood of significant harm. In many cases a joint social worker and police investigation is required under section 47 of the Children Act 1989, followed by multi-agency protection planning.</p>

SECTION 4 ELIGIBILITY FOR CHILDREN'S SOCIAL CARE

Ground Rules and Principles

These protocols are written with the aim of ensuring that the best interests of the child and family and reduction of risk are met in an effective and efficient manner.

The protocols need to be used with the Threshold Matrix Levels of Need and Vulnerability Criteria.

Application of Threshold Criteria

- **Children and Young People's lived experiences will be at the heart of all decision making by partners when applying this threshold document** Threshold criteria should be used by all North Somerset agencies working with children and young people to determine the level of intervention required and, therefore, which service is most likely to be appropriate to respond to the assessed needs.
- Levels 1 and 2 indicate the circumstances in which North Somerset's Partnership agencies would be expected to intervene and provide support to a child and family in order to prevent the need for a specialist service.
- For Level 2a North Somerset Partnership agencies would be expected to provide a single agency response.
- For Level 2b North Somerset Partnership agencies would be expected to work together to provide an integrated multi-agency response using the Early Help Assessment and form a Team Around a Family.
- Levels 3 and 4 identify the point at which specialist services and Children's Social Care will become involved.
- If the case goes first to Social Care and is accepted and it is identified that the level of risk or need is appropriate at Level 3 for YOT or CAMHS, Social Care may refer to those teams.
- Children should receive a level of intervention consistent with their assessed needs/risks.
- Children meeting Social Care thresholds at Level 3 and 4 will continue to receive services at Level 1 and Level 2. However in these cases the Early Help Coordinator will be identified by Social Care.
- The transition from Level 2b Early Help to Level 3 specialist services or Social Care and vice versa should be managed by the professionals involved with a child. It is not appropriate to have separate plans for a child or young person running at the same time at different levels of need.

Please see Threshold Referral Pathway flowchart in Appendix 2.

Please see key definitions and concepts in Appendix 1.

The Process for Assessing Eligibility for 'Child in Need' Services

Consultations

The public, including children and young people as well as professionals, can request assistance from Children's Social Care. However, there will be times when professional referrers are not sure about how to proceed and whether to make a referral.

If a professional is unclear about whether to make a referral they should, in the first instance, consult with their designated Child Protection Lead within their agency. Following this a consultation can be held with a professional within the Children's Social Care by contacting the Children's Referral and Assessment Team.

Please see Consultation Guidance at Appendix 5.

Referrals

Professionals wishing to make a Children's Social Care referral will need to complete the Children's Social Care Referral Form (Appendix 4).

If an Early Help Assessment or other assessment has been completed (e.g. ASSET) it must be attached.

If there has been early professional support and intervention and an Early Help Assessment completed, then this is important information to help inform the screening and assessment process. However, it is recognised that some situations will immediately meet the criteria for a direct referral as a Child in Need, which may include a 'Child in Need of protection', and referrals will be accepted without an Early Help Assessment. Professional referrers will receive a written confirmation of receipt within 24 hours.

A Child in Need referral cannot be accepted without the parent/carer's consent. If the parents/carers do not consent to a Child in Need referral, and the concerns do not meet the criteria for child protection, the referrer should seek consent to complete an Early Help Assessment and form a Team Around the Family. However, should the referrer have concerns about the child's needs which they consider may be increased due to the parents/carers' refusal to engage in the child in need process, then it is essential that they consult within their own agency and, if necessary, with the Children's Referral and Assessment Team.

Screening

On receipt of a referral the Children's Social Care Referral and Assessment Team will carry out a professional screening exercise within one working day or 24 hours depending on when the referral was received, to determine if the referral meets the 'Child in Need' threshold criteria for an initial assessment.

If the referral appears to be about a child protection concern, the South West Child Protection Procedures will be invoked.

Where the child is not eligible for assessment or services, the Referral and Assessment Team will consider what other services at Level 2 might be needed and advise the family or referrer about other options within the total range of children's services that may be available in the public, private or voluntary sector.

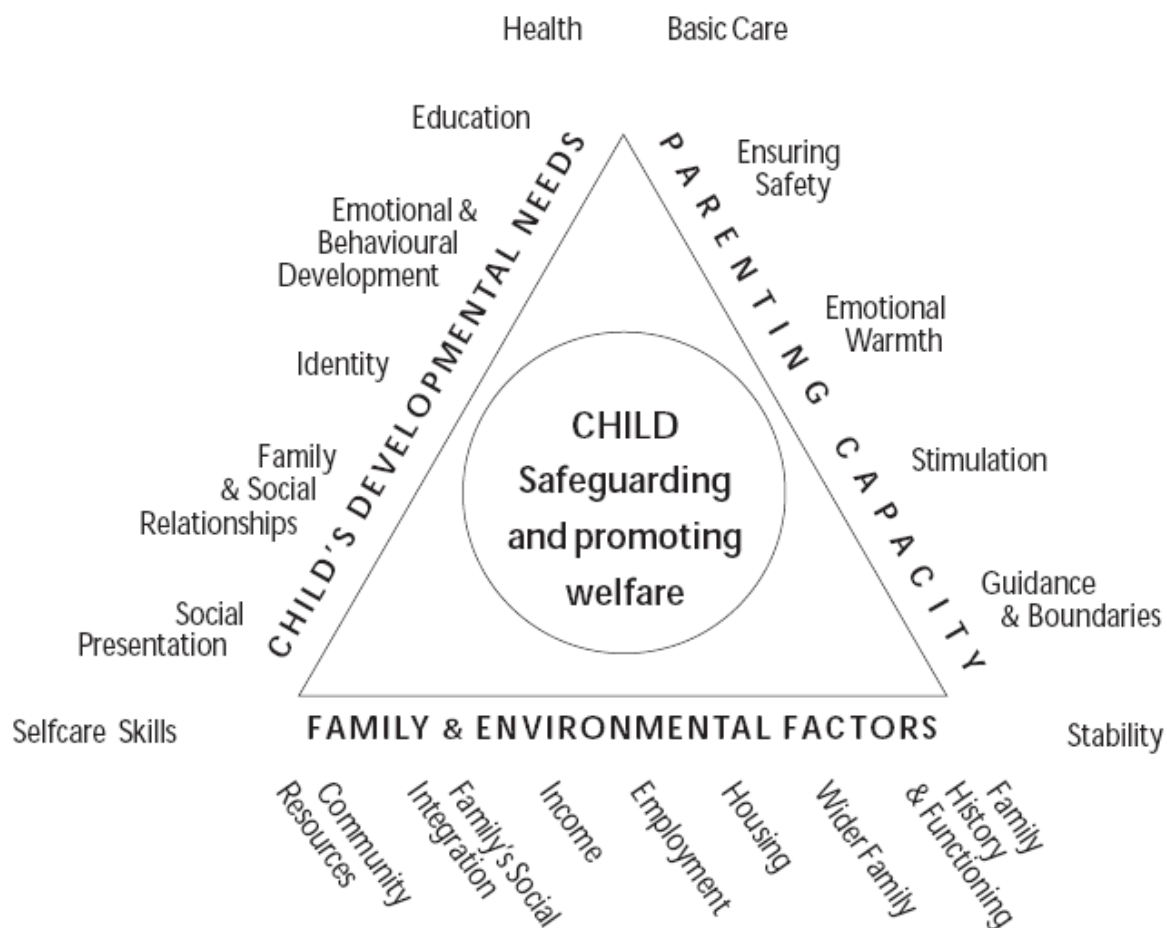
Assessments

Children and families should not be subject to multiple/serial assessments. All those working with children should work to ensure there is no unnecessary duplication of information gathering or assessment.

Social Care Assessment

Based on the Assessment Framework (see below), the purpose of a social care assessment is to gather sufficient information about the child and family to make judgments about:

- the nature and impact of the concerns or needs described in the referral and what intervention is necessary;
- whether the child meets the criteria for ongoing services as a 'Child in Need'.



If at any stage there are child protection concerns, the North Somerset Safeguarding Child Protection procedures must be followed.

The assessment will be based on:

- the information contained in the inter-agency referral form (and Early Help Assessment if it is attached);
- gathering information via phone discussions with key relevant professionals (e.g. the child's GP, school, Health Visitor, Children's Centre Manager, etc). Parents / carers will be required to give consent to the information being shared in 'Child in Need' referrals. Evidence of consent might be requested;
- any historical information held within the agency;
- a minimum of one home visit with the family and children to answer any outstanding questions. The child should be seen alone if of sufficient age and understanding.

The gathering of relevant information will:

- be focused on the child's developmental needs;
- be focused on the parents /carers' capacities to meet the child's developmental needs;
- the quality of the relationship and how it provides for the child's attachment needs.
- reflect the family strengths as well as any difficulties;
- consider whether the parent/carer has needs independent of the child which may call for the provision of adult community care services.

An assessment will lead to a decision about whether the child is a 'Child in Need' who is eligible for services and, if so, decisions about priority. The provision of services will not be delayed by the need to complete an assessment. In certain circumstances a service will be provided in parallel to the assessment process if this is considered necessary by the assessing social worker.

All decisions will be clearly recorded on the assessment form. The child's parents/carers and the child, if age appropriate, will be given a copy of the assessment. Professionals involved will receive a copy with the consent of parents and in order to support the provision of good quality services.

The child's wishes and feelings must be ascertained and recorded where possible and due consideration given to them, having regard to his/her age and understanding.

Parental assessment – where the concerns arise as a result of a parent's (or person with parental responsibility) disability, mental health or substance misuse problems, a specialist assessment should be sought from the relevant agency.

Sharing information with parents/carers and child – the assessing social worker must provide a copy of the assessment report to the parents/carers and share appropriately with children of sufficient understanding. Any disagreements about the assessment will be recorded. The family should already have been given a copy of the leaflet *If You Wish To Complain*. The assessment must have clear conclusions and recommendations. It will identify the child's and family's needs and also what outcomes should be achieved to make improvements and bring about change.

Likely outcomes from the Social Care Assessment

The range of recommendations includes:

- The child is in need of protection and South West Child Protection Procedures have been or must be invoked.
- Legal action is required to protect the child.
- The child meets the criteria for a specialist service such as Disabled Children's Service.
- The child is a 'Child in Need' and a Team Around the Family multi-agency group should be identified to draw up and deliver a 'Child in Need' plan.
- The child does not meet Children's Social Care eligibility and threshold criteria and can be signposted to an alternative specialist children's service, or a lower level service, as appropriate. The case will then be closed and return to the referring professional who will then discuss and plan the next steps with the family. An Early Help Assessment should be considered and discussed with the family at this point.

The decision will be recorded in writing to ensure that the decision making process is explicit, particularly where management of risk is a significant issue.

Information Sharing

Sharing information is vital for effective early intervention to ensure that children and young people with additional needs get the services they require. It is also essential to protect children and young people suffering harm from abuse or neglect and to prevent them from offending.

Consent is key to successful information sharing. Practitioners should explain openly and honestly what, how and why information will be shared. If consent is not agreed this should be respected where possible.

Key definitions and concepts

Children

A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become 16 years of age is living independently or is in Further Education, or is a member of the armed forces, is in hospital, prison or a young offender's institution does not change their status or entitlement to services or protection under the Children Act 1989.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- enabling children to have optimum life chances and to enter adulthood successfully.
- Child protection is a part of safeguarding and promoting welfare.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all North Somerset partner agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Children in Need Definition

The Children Act 1989 places a general duty on the Local Authority to "safeguard and promote the welfare of children within their area who are in need and so far as is consistent with their welfare, promote the upbringing of children by their families by providing a range and level of services to meet their needs".

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.

These are not clear-cut definitions and allow room for discussion and professional judgement about the level of need and the associated risk.

The attached Threshold Matrix for Levels of Need and Vulnerability Criteria – Appendix 3 has been developed to help inform decision-making about when to refer a child to Children's Social Care and what to expect in terms of who should receive a service and with what level of priority.

The content for the matrix levels has been developed taking into account the learning from local and national serious case reviews, good practice and other case reviews and audits as well as the needs of the local population.

Concept of significant harm

Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention into family life in the best interests of the child, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child, who is suffering, or likely to suffer significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration should be given to the severity of ill-treatment and may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning.

More often significant harm is a combination of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development is neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

In each case it is necessary to consider any maltreatment alongside the families' strengths and supports.

The Adoption and Children Act 2002 amended the definition to include the ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing ill treatment of another.

Where the question of whether harm suffered by a child is significant then his health or development shall be compared with that which could reasonably be expected of a similar child.

Neglect

Research shows that in the majority of serious case reviews, neglect is found to be a background factor. Although it is uncommon for it to be identified as a primary cause of death it is a significant factor and features in a number of high profile serious case reviews where children have died. (Brandon et al, 2012, DfE). NSPCC statistics from 2016 show that neglect is the most common reason for being subject to a child protection plan England (45% of plans) or being placed on a child protection register in Wales (40%).

The impact of neglect upon a child's development is uniquely experienced by each child depending upon their individual circumstances, the nature of the neglect and the existence of resilience.

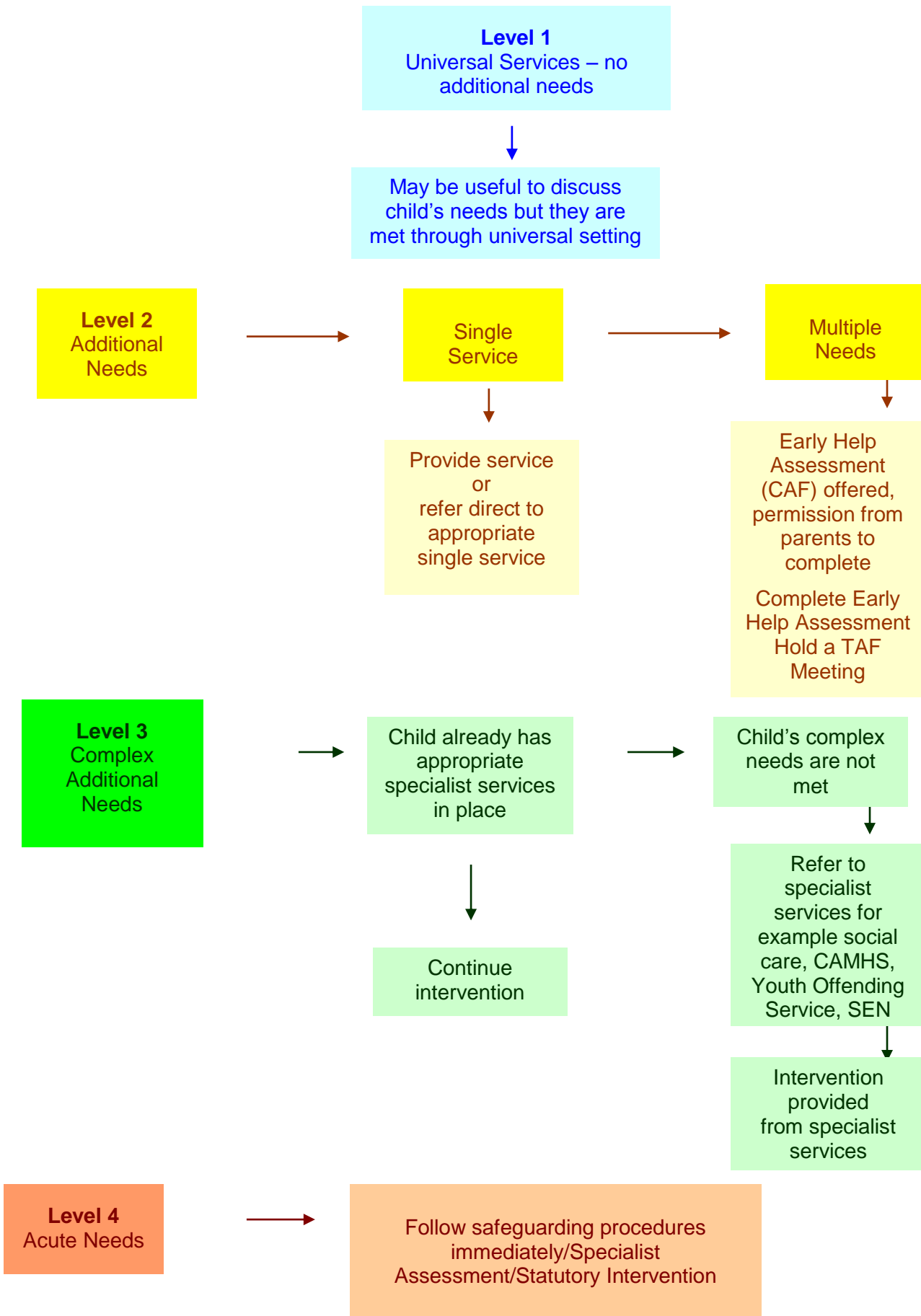
All neglect will likely have a significant impact on a child's emotional and physical development, the effects of which can last into adulthood. It impacts on all aspects of a child's life including their health, learning, self-esteem, ability to form attachments and social skills.

Chronic and persistent neglect can have corrosive and cumulative effects upon childhood and child development and later adult functioning.

Amongst the challenges that may be encountered by children who are exposed to neglect are:

Neglect can be an act of omission or commission	For adolescents, some acts of commission should be seen as neglect, e.g being abandoned by parents, being forced to leave home, being exposed to others who may exploit the young person
Be aware of the subjective nature of neglect.	Professionals must be clear regarding the impact upon the child from the neglect, whilst there may be different viewpoints the focus of the intervention must remain upon the impact. Awareness of these different viewpoints and what may contribute to them (e.g. culture, own experiences of being parented, beliefs, values and so on) is a starting point for establishing a working consensus
Young people may under-estimate neglect	This may be related to young people's acceptance of their parents' behaviour, young people's sense of privacy, or their loyalty to their families
Neglect is often seen as a persistent state	It is necessary to look at patterns of neglect over time and recognise the impact of both acute and chronic neglect
There is a difficulty in making a distinction between emotional abuse and neglect	These are associated, inevitably, especially when neglect is seen as an omission of care. What matters is not the label but the consequences and impact upon the young person's health and development
Neglectful behaviour and experience of neglect	Defining neglect should include both maltreating behaviour as well as how the young person experiences neglect i.e. the consequences for them

Threshold Referral Pathway



APPENDIX 3

THRESHOLD MATRIX

LEVEL 1 – CHILDREN’S NEEDS ARE MET THROUGH UNIVERSAL SERVICES

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
<p>Children with no additional needs.</p> <p>Children who make good overall progress in all areas of development and receive appropriate universal services.</p>	<p>CHILD OR YOUNG PERSON’S HEALTH NEEDS</p> <p>GENERAL HEALTH</p> <ul style="list-style-type: none"> • Physically well • Adequate diet/hygiene/clothing • Development checks/immunisations up to date • Regular dental/optical care • Health appointments are kept 	<p>An Early Help Assessment is not needed for these children.</p> <p>Examples of key universal services that provide support at this level:</p> <ul style="list-style-type: none"> • Education • Children’s Centres & Early Years • Health Visiting Service • Midwifery • School Nursing • GP • Play Services • Community Youth Services • Police • Housing • Voluntary & Community Sector
	<p>PHYSICAL AND SENSORY DEVELOPMENT</p> <ul style="list-style-type: none"> • Development milestones met in relation to fine and gross motor skills and vision and hearing • Age appropriate involvement in physical activity 	
	<p>SPEECH, LANGUAGE AND COMMUNICATION</p> <ul style="list-style-type: none"> • Age appropriate development in relation to: <ul style="list-style-type: none"> ○ Willingness to communicate ○ Verbal and non-verbal comprehension ○ Language structure and vocabulary and articulation ○ Fluency of speech and confidence 	
	<p>CHILD OR YOUNG PERSON’S DEVELOPMENT NEEDS</p>	
	<p>EMOTIONAL AND SOCIAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Feelings and actions demonstrate appropriate responses • Ability to build resilience • Evidence of attachment behaviours being responded to consistently promoting felt security to explore the world • Able to adapt to change • Able to demonstrate empathy • Involved in leisure and other social activity 	
	<p>BEHAVIOUR</p> <ul style="list-style-type: none"> • Appropriate self-control • Appropriate social behaviour • Appropriate sexual development and activity • Age appropriate problem solving skills and conflict management skills 	
	<p>IDENTITY, SELF-ESTEEM AND IMAGE</p> <ul style="list-style-type: none"> • Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • An ability to express needs 	
	<p>FAMILY AND SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Aware of personal and family history 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
	<ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers • Good relationships with siblings • Positive relationships with peers • Child able to engage with professionals • Age-appropriate friendships 	
	SELF CARE SKILLS AND INDEPENDENCE	
	<ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills • Good level of personal hygiene • Gaining confidence and skills to undertake activities away from the family • Healthy range of communication skills • Child able to celebrate progress, learning and achievements 	
	CHILD OR YOUNG PERSON'S LEARNING NEEDS	
	UNDERSTANDING, REASONING AND PROBLEM SOLVING	
	<ul style="list-style-type: none"> • Milestones for cognitive development are met • Demonstrates a range of skills and interests 	
	PARTICIPATION IN EDUCATION OR WORK	
	<ul style="list-style-type: none"> • Access to educational provision appropriate to age and ability • Access to employment (including work based learning) appropriate to age and ability • Regularly attends education or training, or in full-time work 	
	PROGRESS AND ACHIEVEMENT IN LEARNING	
	<ul style="list-style-type: none"> • Acquiring a range of skills and interests • No concerns about achievement or cognitive development • Access to books/toys, play 	
	ASPIRATIONS	
	<ul style="list-style-type: none"> • Well motivated and self-confident • Child has sense of self efficacy 	
	PARENTS AND CARERS CAPACITY	
	BASIC CARE AND ENSURING SAFETY AND PROTECTION	
	<ul style="list-style-type: none"> • Provides for child's physical needs, e.g. appropriate nutrition, clothing and medical care • Protects from danger and harm in home and elsewhere • Parent able to assist the child make choices and develop an understanding of risk. • Parents know how and where to access support • Works effectively with services in best interests of the child or young person • Parents promotes professional support and relationships 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	<p data-bbox="373 170 1094 203">CHILD OR YOUNG PERSON'S HEALTH NEEDS</p> <p data-bbox="373 219 979 253">EMOTIONAL WARMTH AND STABILITY</p> <ul data-bbox="427 271 1238 551" style="list-style-type: none"> • Parents provide secure and consistent care • Parents emotional warmth validates child's upset/distress • Ability to promotes trust • Parents show appropriate warmth, praise and encouragement • Parents able to model positive behaviour and demonstrate ability to self-regulate emotional and problem solving <p data-bbox="373 566 1091 600">GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul data-bbox="427 618 1278 763" style="list-style-type: none"> • Sets consistent and appropriate boundaries taking account of age/development of child/young person • Enables child to access appropriate activities and to experience success <p data-bbox="373 779 1031 813">FAMILY AND ENVIRONMENTAL FACTORS</p> <p data-bbox="373 828 1182 862">FAMILY HISTORY, FUNCTIONING AND WELL BEING</p> <ul data-bbox="427 880 1283 1305" style="list-style-type: none"> • Positive, supportive and consistent family relationships, including where parents are separated or bereavement • May be mild physical or mental health difficulties in immediate family, but not impacting on child/well managed and supported • No concerns regarding parental engagement with professional support • Family stressors but coping well • Parental disputes not impacting on the child and are well managed, and child is supported • Few significant changes in family composition <p data-bbox="373 1321 612 1355">WIDER FAMILY</p> <ul data-bbox="427 1373 1203 1429" style="list-style-type: none"> • Sense of larger familial network and/or good friendships outside of the family unit <p data-bbox="373 1444 1026 1478">HOUSING, EMPLOYMENT AND FINANCES</p> <ul data-bbox="427 1496 1283 1720" style="list-style-type: none"> • Accommodation has basic amenities and appropriate facilities • Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful • Reasonable income over time with resources used appropriately to meet individual needs <p data-bbox="373 1736 970 1769">SOCIAL AND COMMUNITY ELEMENTS</p> <ul data-bbox="427 1787 1203 1955" style="list-style-type: none"> • Generally good universal services in the neighbourhood • Family feels integrated into the community • Supportive social and friendship networks • Community are generally supportive of family and/or child 	

LEVEL 2

2a – CHILDREN WITH AN ADDITIONAL NEED – SINGLE AGENCY RESPONSE NEEDED

2b – CHILDREN WITH MULTIPLE NEEDS – REQUIRE AN INTEGRATED EARLY HELP MULTI-AGENCY ASSESSMENT AND RESPONSE

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
<p>2a – Children with additional needs. Children whose health and development may be adversely affected and who would benefit from extra help in order to make the best of their life chances.</p> <p>These children require additional targeted support from a single agency to address the concern that has been identified.</p>	<p>GENERAL HEALTH</p> <ul style="list-style-type: none"> Concerns re diet/hygiene/clothing Defaulting on immunisation/checks Susceptible to minor health problems Starting to default on health appointments Not registered with GP/dentist Overweight/underweight Encopresis/enuresis Low level substance misuse A&E attendance giving cause for concern 	<p>At Level 2b an Early Help Assessment should be completed with the child/family to identify their strengths and needs. The action plan should identify the child's additional needs, appropriate services and interventions to meet those needs and who will act as the Early Help Coordinator.</p> <p>If an Early Help Assessment is refused and the needs of a child cannot be met, and may escalate, a referral to Children's Social Care should be considered. Also consider consultation with Children's Social Care.</p> <p>Key agencies that may provide support at level 2:</p> <p>Universal and Targeted:</p> <ul style="list-style-type: none"> Youth crime prevention services Youth Offending Service
	<p>PHYSICAL AND SENSORY DEVELOPMENT</p> <ul style="list-style-type: none"> Slow in reaching developmental milestones 	
	<p>SPEECH, LANGUAGE AND COMMUNICATION</p> <ul style="list-style-type: none"> Some communication and language difficulties that impact on everyday life. Impairment in understanding spoken language. 	
	<p>CHILD OR YOUNG PERSON'S DEVELOPMENT NEEDS</p>	
	<p>EMOTIONAL AND SOCIAL DEVELOPMENT</p> <ul style="list-style-type: none"> Finds it difficult to regulate a range of emotions commonly anger, anxiety and shame but could also be seen with positive moods such as excitement. Difficulties in relationships with peer group and/or with adults Over friendly or withdrawn with strangers Finds coping with change difficult even with support Difficulties expressing empathy Impulsive/lacks self-control, reasoning and conflict resolution Child is showing some risk indicators that they may be subject to grooming for sexual or criminal exploitation. Demonstrates caring responsibilities for parent or sibling. 	
<p>2b – Children have a multiple range of needs. Children whose needs are of greater depth and significance and must be met or their health, social development or educational attainment may be significantly impaired and they may have long-term poor outcomes. Children are vulnerable and may be living with considerable adversity.</p>	<p>BEHAVIOUR</p> <ul style="list-style-type: none"> Disruptive/challenging behaviour, including in school or early years setting Concerns about sexual development and behaviour, including sexually inappropriate behaviour Demonstrates a simplistic or flawed understanding of religion or politics showing early signs of risk of radicalisation. 	
	<p>IDENTITY, SELF-ESTEEM AND IMAGE</p> <ul style="list-style-type: none"> Shows lack of self-esteem, positive self-regard 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
<p>This is the level at which there is a need for a clear co-ordinated multi-agency response and therefore an Early Help Assessment should be completed and a Team around the Family should be put in place.</p>	<p>CHILD OR YOUNG PERSON'S HEALTH NEEDS</p>	<ul style="list-style-type: none"> • Police • Targeted drug and alcohol information, advice and education, including advice re harm reduction • Health, e.g. HV, GP, midwifery • BIP • PSA School Nurse • Sure Start or Children's Centres • Education • Early Years • Educational Psychology • Educational Welfare • Specialist Play Services • Voluntary and Community Services
	<ul style="list-style-type: none"> • Vulnerable to bullying, discrimination or harassment, or bullying inclination. • Limited insight into how appearance and behaviour are perceived by others • Signs of grooming through extremist websites and social networking • Expressed lack of mastery and or agency, ability to influence the world in a positive way to get their needs met. • Apathy in accepting and seeking support. • Signalling their needs and expectations of their needs being met by others 	
	<p>FAMILY AND SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Lacks positive role models • Serious conflicts with peers/siblings • Difficulties sustaining relationships • Children returning home following Looked After episode 	
	<p>SELF CARE SKILLS AND INDEPENDENCE</p> <ul style="list-style-type: none"> • Friendships and relationships inappropriate for age • Not always adequate self-care, e.g. poor hygiene • Slow to develop age appropriate self-care skills • Failing to develop confidence and skills for independence • Lack of ability to manage behaviours which negatively impact on • Young people living independently • Child going missing from lessons or high levels of absence from school 	
	<p>CHILD OR YOUNG PERSONS LEARNING NEEDS</p>	
	<p>UNDERSTANDING, REASONING AND PROBLEM SOLVING</p> <ul style="list-style-type: none"> • Milestones for cognitive development are not met • Mild to moderate learning difficulties • Identified learning needs on School Action or SEN Code of Practice • Shows behaviours which impact on the ability to participate in learning, social relationships and achievements. 	
	<p>PARTICIPATION IN EDUCATION OR WORK</p> <ul style="list-style-type: none"> • Poor school/early years attendance/punctuality • Behaviour likely to lead to risk of exclusion • Gaps in school/learning • Multiple changes of school/early years setting • No access to early developmental experiences • Not accessing work appropriate skills • Often appears tired in school which appears to impact on participation and achievement 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
	PROGRESS AND ACHIEVEMENT IN LEARNING <ul style="list-style-type: none"> • Requires a modified curriculum and timetable • Learning expectations are not met • Not making progress in line with national expectations or children with similar needs across the ability range 	
	ASPIRATIONS <ul style="list-style-type: none"> • Seeing little or no value in education 	
	PARENT AND CARERS CAPACITY	
	BASIC CARE AND ENSURING SAFETY AND PROTECTION <ul style="list-style-type: none"> • Parent unable to provide appropriate supervision • Parents see little reward from education, do not promote progress, goal setting and a lack of celebration of achievements. • Parents struggling to meet child or young person's needs without support • Child's disability makes parenting challenging • Poor social presentation of parents and/or child • Child or young person exposed to hazards/risks from their environment • Parent struggling to prioritise child's needs over their own 	
	EMOTIONAL WARMTH AND STABILITY <ul style="list-style-type: none"> • Inconsistent responses to child/young person • Lack of regular warmth, affection, positive regard • Erratic or inconsistent care from multiple carers • Inability to manage change/lack of age appropriate functioning as a result of inability to resolve conflict particularly at point of transitions. • Family disputes impacting on child/young person • Poor home routines 	
	GUIDANCE, BOUNDARIES AND STIMULATION <ul style="list-style-type: none"> • Parent provides inconsistent boundaries • Signs of grooming for CSE or criminality • Parent provides limited interaction/stimulation for child • Child or young person spends considerable time alone • Lack of response to concerns raised about child or young person • Parent does not support access to positive new experience or social interaction • Exposure to extremist websites/ social networking linked to extremism 	
	FAMILY AND ENVIRONMENTAL FACTORS	
	FAMILY HISTORY, FUNCTIONING AND WELL BEING <ul style="list-style-type: none"> • Family conflicts or difficulties that may involve children 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	<p data-bbox="373 170 1286 206">CHILD OR YOUNG PERSON’S HEALTH NEEDS</p> <ul data-bbox="424 219 1251 676" style="list-style-type: none"> • History of involvement with statutory services • Loss of significant adult through bereavement or separation impacting significantly • Suspected/occasional domestic violence • Moderate physical or mental health difficulties in immediate family • Multiple births/high number of young children • Family seeking asylum or refugees • Sibling/parent involved in criminal activity • A significant adult in the child’s life has extremist views or sympathies <p data-bbox="373 689 1286 725">WIDER FAMILY</p> <ul data-bbox="424 739 1228 851" style="list-style-type: none"> • Family is socially isolated • Family has poor relationships or no contact with extended family <p data-bbox="373 864 1286 900">HOUSING, EMPLOYMENT AND FINANCES</p> <ul data-bbox="424 913 1254 1339" style="list-style-type: none"> • Barely adequate/poor/temporary accommodation • Housing causing family stress • Difficult to obtain employment due to poor basic skills • Parents experience continuing stress due to unemployment or ‘overworking’ • Difficulties managing household finances • Low level debt/in need of financial advice • Low income/financial hardship • Lack of affordability for basic amenities including household fuel and food <p data-bbox="373 1352 1286 1388">SOCIAL AND COMMUNITY ELEMENTS</p> <ul data-bbox="424 1402 1251 1617" style="list-style-type: none"> • Frequent housing moves • Chronic unemployment affecting parents/family significantly • Unexplained wealth • Family not accessing universal or targeted services • Family is socially excluded 	

LEVEL 3

3 – CHILDREN WITH COMPLEX NEEDS WHO REQUIRE SPECIALIST ASSESSMENT

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS	
	CHILD OR YOUNG PERSON'S HEALTH NEEDS		
<p>Children have complex needs and require specialist assessment.</p> <p>Children whose care, health, development and needs are significantly compromised. Children are highly vulnerable or living in the greatest level of adversity. Only a small number of children will fall into this band.</p> <p>This is the level at which children require specialist assessment or support from statutory services such as Children's Social Care, CAMHS, Youth Offending Service, SEN Support. The child may move into the acute category without the provision of services.</p>	<p>GENERAL HEALTH</p> <ul style="list-style-type: none"> • Chronic health problems with a severe impact on every-day functioning • Failure to access adequate health care • Persistent excessive alcohol consumption, smoking or other substance misuse • Serious mental health issues including emotional disorders and eating issues • Pregnancy in young person under 16 • Multiple A&E attendances causing concern • Frequent unexplained minor injuries and delay in seeking medical attention • Where a professional has assessed that a <i>paediatric</i> examination is <i>not</i> required for a mobile baby, consideration should still be given as to whether it is felt the baby has suffered or is at risk of suffering significant harm. 	<p>An Early Help Assessment should be used as the first assessment tool of choice. This may be used to support a referral to specialist/targeted support.</p> <p>Children's Social Care will decide on their response based on the information supplied in the referral. If appropriate they will undertake their Assessment and complete a Child in Need Plan. Following this they may:</p> <ul style="list-style-type: none"> • Be closed • Be actioned • Lead to a fuller assessment <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> • Children's Social Care • Other statutory services e.g. SEN Services • Specialist health or disability services • Police • Youth Offending Team/ 	
	<p>PHYSICAL AND SENSORY DEVELOPMENT</p> <ul style="list-style-type: none"> • Serious developmental delay • Significant physical disability 		
	<p>SPEECH, LANGUAGE AND COMMUNICATION</p> <ul style="list-style-type: none"> • Severe disorder and impairment in understanding spoken language • Communication difficulties have a severe impact on every-day life • Requires alternative or augmented means of communication 		
	CHILD OR YOUNG PERSON'S DEVELOPMENT NEEDS		
	<p>EMOTIONAL AND SOCIAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Suffers from depression and or anxiety which can present as internalised or externalised • Relates to strangers indiscriminately without regard for safety or social norms • Diagnosed attachment disorders • Reaction to change triggers prolonged inability to cope • Phobias and other psychological difficulties • Association with pro-criminal/substance misusing peers • Child is suspected of being subjected to sexual abuse and exploitation by an organised network of perpetrators, a single perpetrator, or through a process of grooming into a relationship by coercing or forcing child to have sex with perpetrator and their associates. 		
<p>BEHAVIOUR</p> <ul style="list-style-type: none"> • Disruptive/challenging behaviour at school, in neighbourhood and at home • At risk of permanent exclusion 			

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	<p>CHILD OR YOUNG PERSON'S HEALTH NEEDS</p> <ul style="list-style-type: none"> • At risk of being not in education employment or training • Young person known to local police and is subject to a behaviour contract or Order. Regularly involved in anti-social criminal activities/violent behaviour that are risky to future safety • Vocally supports terrorist attacks – verbally or in writing Justifies the use of violence to solve societal issues 	<p>Service</p> <ul style="list-style-type: none"> • Targeted drug and alcohol • CAMHS • Family Support Services • Voluntary and Community Services • Services at Level 2 and Universal Level <p>Exit Strategy – A TAF formed under the Early Help process may be required to support child moving out of complex needs with an agreed action plan. This could include continuing multi-agency support co-ordinated by an Early Help Coordinator to enable the child and family's move back to universal services.</p>
	<p>IDENTITY, SELF-ESTEEM AND IMAGE</p> <ul style="list-style-type: none"> • Seriously affected by persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability • Subject to severe bullying or identity based bullying- leading to loss of self-esteem, significant anxiety, depression or self-harm. • High levels of shame, total lack of positive regard and self-image • Overdose/Suicide attempt • Severe bullying of others and controlling behaviour • Family environment (substance misuse/poverty impacting on identity/worklessness/crime) • A change in outward appearance that suggests a new social/ political or religious influence 	
	<p>FAMILY AND SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Poor self-care for age, including hygiene • Young person living independently and not coping • Unable to make and sustain relationships, friendships, socially isolated. • Looked After Children and Young People • Siblings of Looked After Children and Young People with mental health or well-being issues 	
	<p>SELF CARE SKILLS AND INDEPENDENCE</p> <ul style="list-style-type: none"> • Neglects self-care • Unable to regulate emotions, patterns of rapid change in friendships, behaviours • Neglect of own child • Mental or physical health needs or behavioural difficulties impacting on ability to care for self • Multiple disabilities impacting on ability to care for self 	
	<p>CHILD OR YOUNG PERSON'S LEARNING NEEDS</p> <p>UNDERSTANDING, REASONING AND PROBLEM SOLVING</p> <ul style="list-style-type: none"> • Complex learning and/or disability needs • Outbursts of emotional presentations, daily instability of emotions, either euphoric or low. • Serious developmental delay • Identified special educational needs at School Action Plus or Education, Health and Care Plan 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
	PARTICIPATION IN EDUCATION OR WORK <ul style="list-style-type: none"> • Parent/child subject of statutory intervention for poor attendance • Persistent poor attendance with parental acceptance • Multiple changes of school without notification • Multiple fixed-term exclusions • Has no school place and meets hard to place criteria • At risk of or permanently excluded • Emotionally-based school refuser • Not in education, employment or training and experiencing barriers to progress 	
	PROGRESS IN ACHIEVEMENT AND LEARNING <ul style="list-style-type: none"> • Requires alternative curriculum/timetable • Unable to access mainstream curriculum • Not making progress in spite of intervention • Educational (or social or mental health needs) may result in educational placement out of school or away from home 	
	ASPIRATIONS <ul style="list-style-type: none"> • Total disengagement from learning 	
	PARENT AND CARERS CAPACITY	
	BASIC CARE AND ENSURING SAFETY AND PROTECTION <ul style="list-style-type: none"> • Food, warmth, emotional and physical responses erratic and inconsistent • Parents involved in criminal activity • Parents mental health or substance misuse significantly affect care or children • Ongoing domestic violence • Parents unable to care for previous children • Inability to recognise child's needs such that child's development may be significantly impaired 	
	EMOTIONAL WARMTH AND STABILITY <ul style="list-style-type: none"> • Child has experienced multiple main carers • Parents highly critical of child and provide little warmth, praise or encouragement • Chaotic parenting of child/young person • Parents unable to exercise control of child/young person • Parents using emotionally abusive language 	
	GUIDANCE, BOUNDARIES AND STIMULATION <ul style="list-style-type: none"> • Parents unable to provide appropriate role model • Development of child impaired through lack of appropriate stimulation and play • Persistent condoned absence from school • Exposure to inappropriate or harmful material • No effective boundaries set 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
	<ul style="list-style-type: none"> • Parents lack of strategies and ability to gain child's compliance and co-operation with appropriate parenting expectations and boundaries • Parents declining statutory services • No access/no interest in accessing constructive leisure activities • Actively participating in online activity relating to extremism 	
	FAMILY & ENVIRONMENTAL FACTORS	
	FAMILY HISTORY, FUNCTIONING AND WELL BEING	
	<ul style="list-style-type: none"> • Incidents of domestic violence or substance misuse • Moderate mental or physical health difficulties within the immediate family • Family with history of CP registration/previous removal of child • Family involved in criminal activity/received custodial sentence • Family breakdown related in some way to child's behavioural difficulties • A significant adult in the child's life is linked with extremism activity 	
	WIDER FAMILY	
	<ul style="list-style-type: none"> • Destructive relationships with wider family 	
HOUSING, EMPLOYMENT AND FINANCES		
<ul style="list-style-type: none"> • Chronic and long-term employment due to significant lack of basic skills or long standing issues such as substance misuse/offending etc • Serious debts/poverty impacting on ability to meet family's basic needs • Extreme poverty/debt, impacting on ability to care for child 		
SOCIAL AND COMMUNITY ELEMENTS		
<ul style="list-style-type: none"> • Chronic social exclusion • Poor quality or lack of universal and targeted services with long-term difficulties accessing target populations 		

LEVEL 4

CHILDREN WITH ACTUE NEEDS, CHILDREN IN NEED OF PROTECTION AND REQUIRE SPECIALIST ASSESSMENT

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
<p>Children have acute needs and require specialist assessment and statutory intervention.</p> <p>This is also the level at which child protection intervention is necessary for children who are experiencing significant harm or where there is a likelihood of significant harm. In many cases a joint social worker and police investigation is required under Section 47 of the Children Act 1989, followed by multi-agency protection planning.</p> <p>Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by the Children's Social Care</p>	<p>CHILD OR YOUNG PERSON'S HEALTH NEEDS</p> <p>GENERAL HEALTH</p> <ul style="list-style-type: none"> • Class A/serious drug misuse • Acute mental health issues • Suspected non-accidental injury/abuse/neglect • Children who are disproportionately accessing acute Health Services • Acute Mental or physical health needs or behavioural difficulties, including life-threatening self harm, suicide • Significant failure to thrive • Chronic and persistent physical and emotional Neglect • Risk of Female Genital Mutilation • Non-mobile baby with injury; bruises, scratches, burns, scolds, eye injuries, bleeding from the nose or mouth, bump to head 	<p>Children's Social Care will decide on their response based on the verbal information as repeated in the written notification form. In the case of suspected abuse they will follow the Working Together procedures as laid out in the South West Child Protection Procedures. On the basis of an Assessment a decision will be made whether to hold a Child Protection Conference.</p> <p>Key agencies that may provide support at this level:</p> <ul style="list-style-type: none"> • Children's Social Care Services – Social Care, Fostering, Adoption Teams • Family Group Conferencing Service • Police • Other statutory service e.g. SEN Services, Education
	<p>PHYSICAL AND SENSORY DEVELOPMENT</p> <ul style="list-style-type: none"> • Profound/severe and/or multiple disabilities 	
	<p>CHILD OR YOUNG PERSON'S DEVELOPMENT NEEDS</p>	
	<p>EMOTIONAL AND SOCIAL DEVELOPMENT</p> <ul style="list-style-type: none"> • Endangers own life through self harm/substance misuse/eating disorder • Attempted suicide and deliberate self harm that poses a risk to safety which significantly restricts every day functioning. • Child has suffered or may have suffered physical, sexual or emotional abuse or neglect/has been subject to child looked after proceedings • Abused through sexual exploitation, criminal exploitation or being trafficked . Child is known to be subject to sexual abuse and exploitation by an organised network of perpetrators, a single perpetrator, or through a process of grooming into a relationship by coercing or forcing child to have sex with perpetrator and their associates'. • Loss of developmental or educational stage previously mastered. 	
<p>BEHAVIOUR</p> <ul style="list-style-type: none"> • Sexual exploitation – including if a child is missing, frequency and there are indicators that the child is subject to sexual exploitation • Puts self or others in danger through lack of positive regard and perceived positive future • Children who disappear or are missing from home for long periods 		

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
<p>either on a voluntary basis or by way of Court Order.</p>	<p>CHILD OR YOUNG PERSON'S HEALTH NEEDS</p>	<p>and Child Psychology</p> <ul style="list-style-type: none"> • Specialist Health or Disability Services • Youth Offending Team • Targeted drug and alcohol • CAMHS • Family Support Services • Voluntary and Community Services • Services at Level 2 and Universal Level <p>Exit Strategy Children's Services will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory intervention as described in Level 3, or will embark on Court Proceedings to accommodate the child or young person in a kinship, fostering or residential placement or to place the child for adoption.</p>
	<ul style="list-style-type: none"> • Multiple criminal incidents/involvement in activities that would constitute arrestable offences/behaviour that would constitute criminal activity • Sexual development and behaviour which may be indicative of abuse and/or an indicator of perpetrator behaviour. • Dissociation to feelings, lack of ability to regulate feelings and emotions which significantly interfere with the child's daily functioning • Is a member of extremist organisations • Supports illegal groups e.g. propaganda distribution • The child has travelled to international locations known to be associated with extremism 	
	<p>IDENTITY, SELF-ESTEEM AND IMAGE</p> <ul style="list-style-type: none"> • High level of drug, substance and alcohol misuse • Lack of self-worth, disregard to consequences on self. • Crisis in identity seeking answers about faith and belonging • Employing methods to disguise their true identity 	
	<p>FAMILY AND SOCIAL RELATONSHIPS</p> <ul style="list-style-type: none"> • Child has suffered or may have suffered physical, sexual or emotional abuse or neglect • Child presents as severely neglected • Child not expressing needs, absence of communicating to care giver for their needs, not predicting these will be met or provided for 	
	<p>SELF CARE SKILLS AND INDEPENDENCE</p> <ul style="list-style-type: none"> • Neglects self-care because of alternative priorities, e.g. substance misuse • Severe neglect of own child • Acute mental or physical health needs or behavioural difficulties impacting on ability to care for self • Profound/severe and/or multiple disabilities impacting on ability to care for self 	
	<p>CHILD OR YOUNG PERSON'S LEARNING NEEDS</p>	
	<p>PARTICIPATION IN EDUCATION OR WORK</p> <ul style="list-style-type: none"> • Permanently excluded • Not in Education, Employment or Training 	
	<p>PROGRESS AND ACHIEVEMENT IN LEARNING</p> <ul style="list-style-type: none"> • No evidence of any progress in achievement and learning 	
	<p>ASPIRATIONS</p> <ul style="list-style-type: none"> • Not in Education, Employment or Training • No aspirations due to significantly reduced sense of self-belief. • Not demonstrating they have a sense of agency in their life and future life 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
	PARENT AND CARERS CAPACITY	
	<p>BASIC CARE AND ENSURING SAFETY AND PROTECTION</p> <ul style="list-style-type: none"> • Parents care giving is exposing child to significant harm Multiple indicators of parenting difficulties, instability and violence in the home, parental mental illness, parental learning difficulty • Child not protected from sexual exploitation • Child left alone or unsupervised, resulting in harm to child, fear or lack of guidance • Mental or physical health problem, learning disability or chaotic substance misuse that severely impacts on ability to provide basic care for child • No parent or carer available to provide basic care/child abandoned • Unable to protect from significant harm including contact with unsafe adults • Allegation or reasonable suspicion of serious injury/abuse • Through purposeful and commissioned acts parents prevent services to child 	
	<p>EMOTIONAL WARMTH AND STABILITY</p> <ul style="list-style-type: none"> • Child beyond parental control leads to exposure to significant harm • Parents show complete disregard for child's needs, worth, achievements and individuality • Abandoned child or unaccompanied minor • Child/parent relationship at risk of breakdown • Parent's very limited capacity to act on their understanding of the range of physical, emotional, social, psychological needs of the child through mental illness, learning difficulties, substance misuse. 	
	<p>GUIDANCE, BOUNDARIES AND STIMULATION</p> <ul style="list-style-type: none"> • No effective boundaries set – child out of control/offending etc 	
	FAMILY AND ENVIRONMENTAL FACTORS	
	<p>FAMILY HISTORY, FUNCTIONING AND WELL BEING</p> <ul style="list-style-type: none"> • Significant mental or physical health difficulties within the immediate family • Past or current incidence of abuse, neglect, serious domestic violence or substance misuse • Schedule 1 offender or paedophile posing actual or potential risk • A significant adult in the child's life is a member of extremist organisations • Parent has spoken of their support and intention to perform FGM upon the child 	
	<p>WIDER FAMILY</p> <ul style="list-style-type: none"> • Household members subject to MAPPA or MARAC meetings 	

FEATURES	ILLUSTRATIVE EXAMPLES	ASSESSMENT PROCESS
	CHILD OR YOUNG PERSON'S HEALTH NEEDS	
	HOUSING, EMPLOYMENT AND FINANCES <ul style="list-style-type: none"> • Physical accommodation places child in danger 	
	SOCIAL AND COMMUNITY ELEMENTS <ul style="list-style-type: none"> • No supportive network or negative network that impacts on a child • Non engagement with statutory agencies 	

CHILDREN'S SOCIAL CARE CHILD IN NEED & CHILD PROTECTION REFERRAL FORM



This form is to be used by all agencies when referring a child to Children's Social Care. The more information received at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and their families.

BEFORE PROCEEDING – PLEASE CONSIDER – Have you consulted within your own agency about this referral? If so, was it agreed that a referral was required?

1. Personal Details				
Child's First Name/s:		Child's Surname:		
Any alternative name:				
Date of Birth or EDD	Gender (M/F)	Religion	First Language	
	Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>	Please Select	A-F Please Select G-Pe Please Select. Po-T Please Select U-V Please Select	
Name of Parent / Carers:				
Home Address:		Any other relevant addresses:		
Post Code:		Post Code:		
Telephone Number(s):				
Ethnic Origin [<i>Please choose one category and select from the drop down menu</i>]				
White	Mixed	Asian or British Asian	Black or Black British	Other Ethnic Groups
Please Select	Please Select	Please Select	Please Select	Please Select

2. Other Significant Family Members/Adults			
Name	Relationship	Date of Birth	Contact Details

3. Professionals Involved with the Child, for example GP, Health Visitor, School			
Role	Name	Address	Telephone Number(s)

4. Have you had a consultation with Children's Social Care? If so, what advice were you given? Please include the consultation number and a copy (if available)

5. Has an Early Help Assessment been completed in respect of this child? If not has this been considered? If an Early Help Assessment has been completed, please attach a copy of the assessment and recent plan

6. Why are you referring Child to Children's Social Care Today?
[Please identify your specific concerns and comment on what you think the family need from Children's Social Care. State how long you have known the child and in what capacity, i.e. as Teacher, Doctor etc]

7. What information do you know about this child?
[Include all relevant information about the child, i.e. about their development, health, behaviour, their views about the referral, their views about the issues / concerns, etc. If you have information such as chronology, body maps, or centile charts, please attach]

8. What information do you know about the child's parent(s) and wider family?
[Include relationships, friendships, behaviour, support, stability, safety, English is their second language, parent unable to read, substance misuse, etc]

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9. What information do you know about the wider environmental factors which may impact on this child?
[Consider for example, housing issues, who is working in the household, financial situation, community and social involvement]

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10. Any other relevant information? [Including previous referrals]

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11. Is there a perceived risk of violence or other matter that could place those making contact with this family in danger (such as unsafe neighbourhood, persons of a violent nature, an un-tethered dog, etc)

Please Select: Yes or No

If Yes, please specify what the identified risk is:

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12. In circumstances where there is a risk of violence (such as domestic abuse), please provide details regarding a safe point of contact for the non-abusing parent e.g. alternative telephone number or postal address, contact through school, children's centre, friend or relative.

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13. Have you spoken to the parent or carer about making this referral? If not please explain why not.

*If you are making a Child in Need referral, agreement **must** be sought from the parent/carer (and where appropriate the young person) to make the referral. If parental agreement is not obtained it will not be possible to progress a Child in Need referral. Wherever possible the parent/carer should be asked to sign the referral form.*

If you are making a referral of a child protection concern and are unsure about whether to advise the parent/carer, you should consult within your own agency about this issue. If you remain unsure about whether the parent/carer should be consulted/informed about the referral (i.e. due to evidence being compromised, or someone being placed at risk) please consult with Children’s Social Care in the first instance. See Guidance Notes.

14. Parental Agreement [See Guidance Notes before completion]

I agree to the information in this referral being passed to North Somerset Council, Children’s Social Care Services

Name of Parent / Legal Guardian [Please Print]:
Signature of Parent / Legal Guardian:
Date:

15. Referrer

Name and Status [Please Print]:	
Work Address:	
Contact Number(s):	
Signature:	Date:

Please email the completed inter-agency referral form to:

Duty.intake@n-somerset.gcsx.gov.uk **(Secure email*)**

*Secure email is accepted from the following addresses:

@nhs.net, @pnn.police.uk, @gcsx.gov.uk, @gsi.gov.uk

Duty.intake@n-somerset.gov.uk **(Standard email)**

Please note if using this email address it is not secure. If you wish to send client level information you will need to password protect the document and not include it within the body of the email.

If you do not have email facility please fax the completed form to 01275 884821.

Child in Need and Child Protection Referral Form Guide Notes

The more information received by Children's Social Care at the first point of contact, the more likely it is that appropriate services will be delivered at the earliest opportunity to help children and families in the best interests of the child. Please ensure this form is fully completed and contains some analysis of both the problems and needs of the child/ren as this will inform the Children's Social Care initial assessment of the child.

Child Protection Referrals – If there are concerns that a child may be suffering **significant harm**, the information must be **telephoned** directly through to 01275 888808. The initial referral form must be completed and forwarded to duty.intake@n-somerset.gcsx.gov.uk within two working days. If a child protection referral results from a professional consultation with a children's and families team, the team will act on the information presented to them, but the Child in Need and Child Protection Referral Form must be sent to duty.intake@n-somerset.gcsx.gov.uk within two working days.

Children in Need referrals – Referrals of children with high levels of need should be forwarded to duty.intake@n-somerset.gcsx.gov.uk without prior discussion with Children's Social Care unless a professional consultation is considered necessary or useful (see Section 4).

Consent and Confidentiality – The parent(s)/Legal Guardian(s) must sign Section 13.

Consent – In most circumstances the agreement of the parent/legal guardian of the child must be sought before a referral is made, providing this will not place the child at an increased risk of harm. **If a professional has any concern that informing a parent may place a child at risk or may compromise Police evidence, immediate advice must be sought from either Social Care or the Police.** Should a parent or Guardian refuse their agreement to a referral being made consideration should be given to the impact this may have on the level of concern for the child's welfare, and the parents or guardians ability to meet the child's needs.

Early Help (EH) – The aim of EH is to identify at the earliest opportunity, a young person's additional needs. Written consent is given by the parent(s)/carer(s) and/or young people before the Early Help process is undertaken.

Sufficient Information – Every effort must be made to complete the form as fully as possible as this will make it easier to make decisions about the eligibility and urgency of the referral. The reasons for referring to Children's Social Care must be clearly stated (Section 6) and the form should contain as much information as possible about the child being referred (Section 7).

Information about family members gathered during interview or known by the referrer should also be included (Section 8).

Reports – Any additional detailed reports should be attached to the form. If reports are attached please ensure that the consent of the author has been obtained.

Observation of the Child – When completing this form it is important to record your observations of the child. If you have specific expertise in a given area this should be clearly stated.

Third Parties – Information about third parties should only be included if it is directly relevant to the referral and there is consent.

Parent's and Child Views – may be included if volunteered but care must be taken not to interview either parents or children about the substance of any concerns where it is possible that a criminal offence may have been committed.

Legal Proceedings – those completing the form should be aware that the contents may be used in legal proceedings should proceedings follow.

Consultation with Children's Social Care**Unsure about making a Social Care Referral?**

1. If you are unsure about making a referral to children's social care, a consultation process has been devised to assist you.
2. In the first instance discuss the situation within your own agency adviser, e.g. a designated teacher/nurse, and try to resolve the issue.
3. If you are still unsure about whether to make a referral you should telephone the Single Point of Access (SPA) on 01275 888808 and tell them you wish to have a formal consultation with Children's Social Care.
4. The SPA will take your details and arrange for you to be called back within 2 hours. **DO NOT SHARE ANY DETAILS ABOUT THE CHILD AND/OR FAMILY.**
5. A qualified social worker will call you to discuss the case.
6. **THE CONSULTATION PROCESS IS DESIGNED TO ASSIST YOU TO MAKE A DECISION ABOUT WHETHER TO REFER A CHILD TO CHILDREN'S SOCIAL CARE. AT THIS STAGE YOU WILL NOT HAVE GAINED THE CONSENT OF THE PARENTS SO THE PROCESS RELIES ON THE CHILD'S DETAILS REMAINING CONFIDENTIAL AND NOT SHARED WITH CHILDREN'S SOCIAL CARE.**
7. As a result of the consultation you will be advised to:
 - a. Make a formal referral of child protection concern
 - b. Gain consent from the parents to make a child in need referral
 - c. Undertake further work such as completing an Early Help Assessment (CAF) as the case does not meet the threshold for referral to Children's Social Care.
 - d. Refer or involve another agency/service other than Children's Social Care.
 - e. Seek further information and contact us again.
8. Your consultation advice will be noted and a record sent to you within 48 hours. The consultation will be given an identifying reference number which can be used for any further consultations or referrals.