



**CSCP**

CROYDON SAFEGUARDING  
CHILDREN PARTNERSHIP

# CROYDON SAFEGUARDING CHILDREN PARTNERSHIP

## | THRESHOLD GUIDANCE

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**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 Team Manager, talk to other professionals.**



## INTRODUCTION

Safeguarding and promoting the welfare of children can be defined as:

### Protecting children from maltreatment

### Preventing impairment of children's health or development

### Ensuring that children grow up in circumstances consistent with the provision of safe and effective care

### Taking action to enable all children to have the best outcomes

Working Together to Safeguard Children sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges.

Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

This document provides a framework for professionals who are working with children, young people, and families. It aims to help

identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support.

By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always stay involved and provide support even if there are needs that can not be addressed.

As the level of need increases, the services provided become more specialised and focused to better address the specific needs of the child, young person or family. Individual circumstances are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

This document should be used in conjunction with [The London Child Protection Procedures](#).

The continuum of need matrix does not provide an exhaustive list but provides examples that can be used as a tool to assist assessment, planning and decision making when considering the needs of children and their safeguarding needs. When assessing needs and risks, it's essential

to consider any safeguarding indicators of concern in conjunction with any related needs. Keep in mind that some children may have additional vulnerability due to their disability or complex needs, and it's crucial to evaluate parental response to the child's vulnerability.

For some areas of need there may be specialist tools available to assess those needs such as the [Graded Care Profile 2](#) and the [CAADA DASH](#) domestic violence risk assessment tool. Additional guidance and training can be found on the [LSCB website](#).



Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact the relevant Local Authority, Children's Social Care Service as soon as possible.

## 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 the types of services and support required. 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. The voice of the child should also be integral to this process.

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.

“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”

*(Working Together to Safeguard Children, 2018)*

This guidance 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 18 years and outlines the joint working vision, principles and aims. It also identifies how joint working will deliver timely, robust interventions at the point that children and young people most urgently need them.

It is essential that the needs of children, young people and their families are identified and addressed at the earliest opportunity, before they

escalate into more serious problems that might require greater levels of intervention.

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 within joint working. The purpose of this document 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.

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**Taking action to enable all children to have the best outcomes**

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.



## THE INDICATORS OF POSSIBLE NEED

The indicators on the following pages are designed to provide practitioners with an overarching view on what level of support and intervention a family might need. This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

The assessment matrix on page 12 should be used to record your findings. If there is a combination of indicators of need under Level 2, the case may be a Level 3 case overall.

Also remember that need is not static, the needs of a child, young person or a family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether progress has been made to meet the child's needs and on the level of risk faced by the child. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child or young person.

If you have child protection concerns, you must also consult the [London Child Protection Procedures](#) and you must inform your safeguarding lead or line manager.

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 1), supporting children and families with emerging unmet needs through the Early Help processes (Levels 2), through to those requiring statutory support, including safeguarding services, as set out in Levels 3 and 4.

### **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. Professional judgement must be applied
3. All child protection concerns (Level 4) must result in a referral to Children's Social Care.



## NEGLECT

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

**Maslow's Hierarchy of Needs** succinctly illustrates the five stages of human needs that motivate our behaviour. This theory helps us to understand what children need in order to thrive. At the very minimum adequate food, clean water, shelter, warmth, protection and health care is essential. They also need their carers to be attentive, dependable and kind.

The presence of a single sign does not necessarily indicate that a child is experiencing neglect. However, the persistence of multiple signs over a period of time may indicate a more significant issue. Children and adolescents who are being neglected may exhibit the following indicators\*:

Physical	Educational	Emotional	Medical
Basic needs such as food, clothing or shelter are not met. Safety has been compromised.	Parent fails to enrol or keep their child(ren) in school.	There is a lack of nurture and stimulation needed to aide healthy development.	Inadequate health care, including dental treatment and failure to follow medical advice.

### Poor appearance and hygiene

- Being smelly or dirty
- Being hungry or not given money for food
- Having unwashed clothes
- Having the wrong clothing, such as no warm clothes in winter
- Having frequent and untreated nappy rash in infants

### Housing and family issues

- Living in an unsuitable home environment, such as no heating
- Being left alone for a long time
- Taking on the role of carer for other family members

### Health and development problems

- Being smelly or dirty
- Being hungry or not given money for food
- Having unwashed clothes
- Having the wrong clothing, such as no warm clothes in winter
- Having frequent and untreated nappy rash in infants

### Change in behaviour

- Becoming clingy
- Becoming aggressive
- Being withdrawn, depressed or anxious
- Changes in eating habits
- Displaying obsessive behaviour
- Finding it hard to concentrate or take part in activities
- Missing school
- Showing signs of self-harm
- Using drugs or alcohol.

\*Taken from NSPCC

In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development. It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed.

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential.

### 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 doing so, it important to consider the needs of any other 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 complex needs, 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 the MASH team 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.

## CSCP CHILD WELL-BEING TOOL

The CSCP Child Neglect Strategy SEEN | HEARD | HELPED – provides a shared approach and direction to preventing and responding to child neglect. Key to preventing neglect is early identification of needs. For a child to develop well, their physical, emotional and developmental care and their safety, has to be provided for. If on an on-going basis a child doesn't have these needs met, then the child's immediate and long-term health, learning and emotional development may be negatively impacted.

The CSCP Child Well-being Tool will help early identification of needs. It is important to exercise caution when using the CSCP Child Well-being tool, as it is not intended as a substitute for the Graded Care Profile 2 (GCP2) in cases where child neglect is known or suspected. While the tool can be used to help evidence needs in onward referrals, it is not a referral or assessment tool and should not be relied upon as such. It is crucial to follow proper protocols and procedures in cases involving child neglect, and to seek appropriate professional guidance and support as needed. This tool along with more guidance for its use can be downloaded from the CSCP website.

### What is it?

If you have concerns about a child's well-being, you'll want to consider if the family needs support or advice. This tool is a short and simple way to clarify those concerns and identify what advice or support is needed.

### When to use it?

This tool is best used when areas of concern have first been noticed. It can help you have a conversation with the parent/carer to explain what you've noticed and talk through what could help address this concern.

### Who should use it?

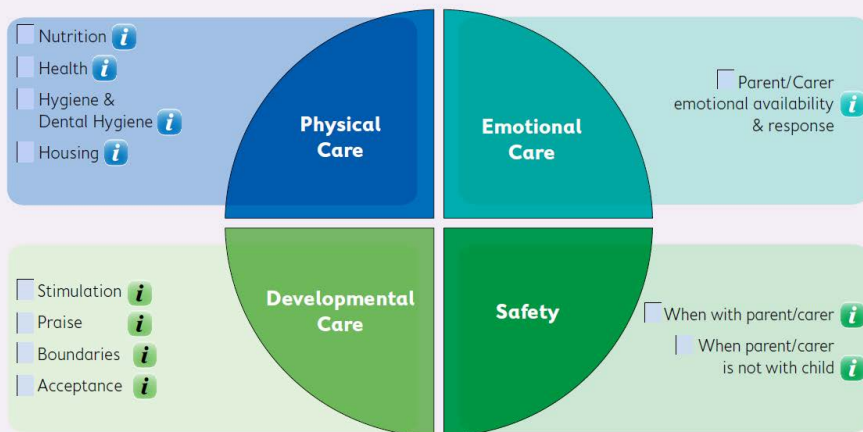
Those working with children and families within community settings – nurseries, dentists, GPs, adult support workers, childminders, school staff, pharmacists, housing officers, police officers and staff, youth workers and volunteers.

### How to use this e-tool:

You can use this tool to support your conversations with a parent/carer to help explain what you've noticed, talk through what might be needed to ensure the child's needs are met and how to support this happening. Use the tick boxes to record areas of concern; further information about the area of need can be seen by clicking on the 'i'; (or read Guidance notes overleaf).

Complete the notes section on the second page and save a copy of this e-tool in line with your data storage policies. **If you need to print a paper copy, click here.**

This tool does not replace the need to use the *Graded Care Profile2\**.



Thinking about the aspects of the child's care and wellbeing you have concerns about - consider what you can do to offer advice or support.

Save a copy of this record on the child's file in line with your safeguarding and data storage policies.

<p><b>As a professional already working with a child and family, consider how your advice or support might help?</b></p>	<p><b>And/or is there another service or organisation within the locality which could also help with advice or support?</b></p>	<p><b>If you still have concerns speak with your supervisor or safeguarding lead - use this record to illustrate what interventions have had, what's worked and what still needs to improve.</b></p>	<p><b>If you are worried and think that the child may need safeguarding from harm you can call the Croydon Single Point Of Contact (SPOC) Consultation Line</b></p>
<p><b>For example:</b> A nursery worker or childminder seeing a child regularly tired – might talk about suitable home play or routines for a child A dentist noticing infrequent check-ups may offer tailored support to help improve the frequency of check-ups A volunteer home support worker noticing how much time is spent between a parent and child may talk about how a parent organises their time to be with their child</p>	<p><b>For example:</b> Can you help direct the parent/carer to locally available support – such as at a Children's Centre, food bank, benefits advice, parent group, nutrition and wellbeing etc?  For more details on locality based early help services go to: <a href="#">Locality Early Help service information</a></p>		<p>This service is available to all professionals in Croydon. Consider if you have done all you should reasonably have done to help promote the wellbeing of the child. If there are still ongoing concerns, contact the consultation line to support you in your decision making and next steps.  To speak to the Croydon SPOC Consultation Line call <b>0208 726 6464</b></p>



## REFERRAL PROTOCOLS

### A Child in Need is considered 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 could also 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. Modern slavery, human trafficking and the exploitation of children would also meet this threshold. There are also circumstances that meet this threshold and, these are considered on a case by case basis.

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

MASH 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 time-scales for completion of an assessment at Level 4 which are more urgent is within 15 days as part of S47 enquiries.

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

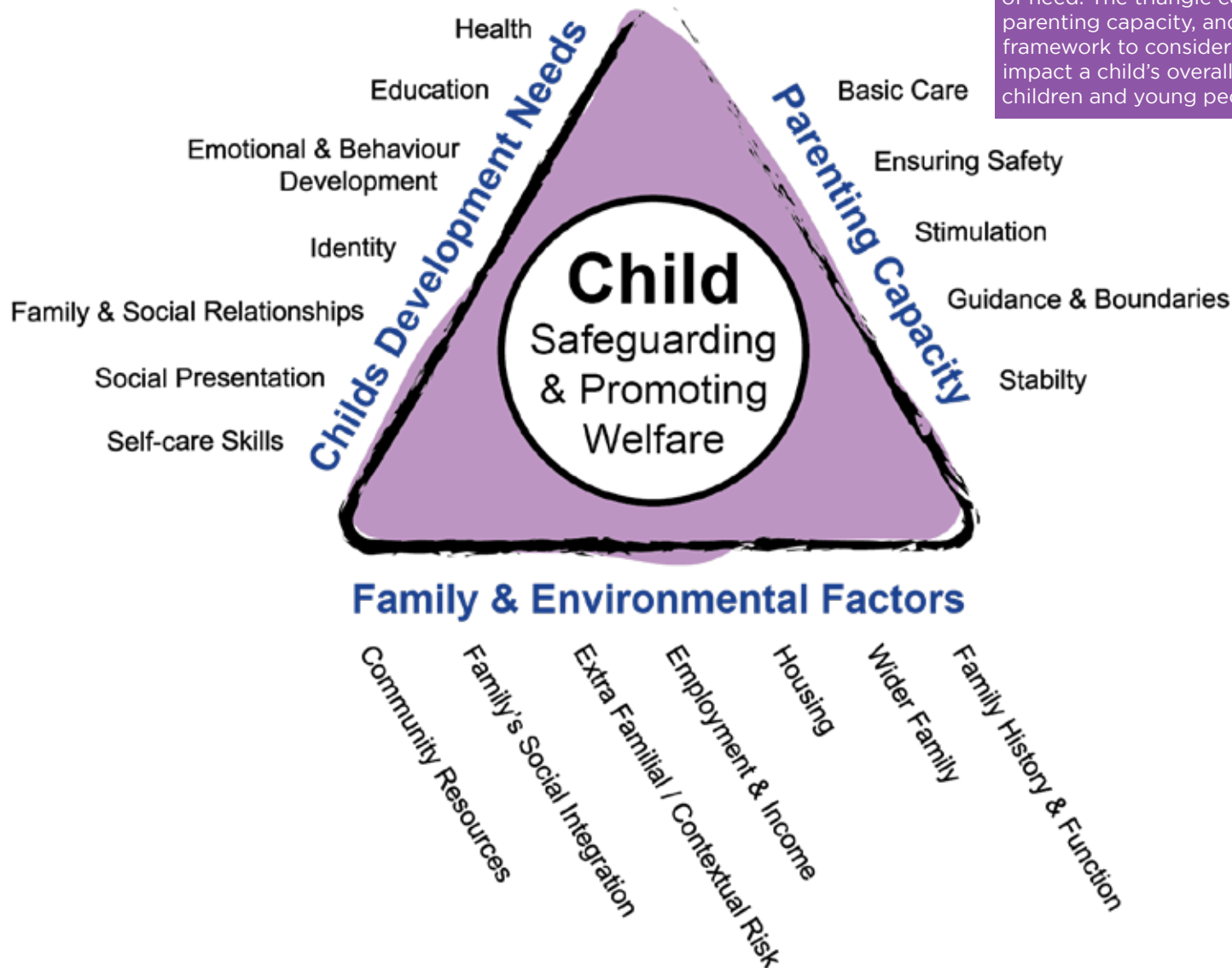
Occasionally a referral will not meet the Level 2 threshold, so support will be discussed with the original referrer for Early Help support at Level 1. Advice for agencies around the Early Help processes can be obtained from the MASH team.

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.



# ASSESSMENT OF NEEDS

This threshold guidance employs the Assessment of Need Triangle to evaluate a child's requirements and make a judgment regarding their level of need. The triangle consists of three main domains: child development, parenting capacity, and family & environmental factors. By using this framework to consider the interplay between these domains and how they impact a child's overall well-being, better outcomes can be created for children and young people.



## Children with a substantial and permanent disability

- For advice and guidance on how a child with a substantial and permanent disability can access services through the SEND Local Offer.
- For advice and guidance on how a child with a substantial and permanent disability can access a CIN assessment, please contact Croydon MASH.

## 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 Croydon MASH.

## 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

## ASSESSMENT OF NEEDS

### 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.

### 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.

In almost all cases, therefore, a parent should be aware that a referral into Children’s Social Care is being made. 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. For further information contact the MASH team.

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, enquiries can begin without the parent’s/carers’ 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
- Suspicion that a child is a victim of modern slavery and trafficking

- A child has been reported missing on three different occasions.
- 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)

This table outlines the **levels of need** and corresponding service and intervention thresholds based on a child's requirements. It includes indicators for each level of need, aiding professionals in identifying the extent of a child's challenges. This information should be used to make informed decisions on which services to refer the child and family to, ensuring they receive the appropriate level of care and support is provided.

	Level of Need	Risk Factors	Responses
<b>Universal</b>	<p><b>Level 1</b></p> <p>These are children or young people with no additional needs; all their health and developmental needs will be met by universal services. These are children who consistently receive child focused care giving from their parents or carers. The majority of children living in each local authority area require support from universal services alone.</p>	<p>Very low as needs are met within the family environment. All children use universal services which include schools, health care including health visitors, GP, housing, and other easily accessed services.</p> <p>At this level, children would be expected to do well with minimum intervention from any additional services.</p>	<p>In some cases, a child or young person supported by the universal services may have an assessed need met by a single agency.</p> <p>This will not require significant information-sharing between multiple agencies and will not require a <b>Team Around the Family</b> approach</p>
<b>Early Help</b>	<p><b>Level 2</b></p> <p>These are children or young person with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focused care giving.</p> <p>This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres.</p> <p>These will be provided within universal or targeted services provision and do not include services from children's social care.</p>	<p>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 or young person will be poor.</p> <p>Remedial action is required to reduce the probability of underachievement, underdevelopment and failure to meet their potential.</p>	<p>The Graded Care Profile 2 should be used to determine the level of concern around the different types of neglect and also contains a <b>Home Conditions checklist</b>.</p> <ul style="list-style-type: none"> <li>• The level of concern around a young person's alcohol or substance misuse to be assessed.</li> <li>• Assess/ determine the level of concern around a young person's anti-social or low-level offending behaviour.</li> </ul>

	Level of Need	Risk Factors	Response
<b>Child with Complex Multiple Needs</b>	<p><b>Level 3 (Section 17 Children Act 1989)</b></p> <p>Children who require specialised services are those who need help to maintain or achieve sufficient health and development or to avoid significant impairment of their health and development, including those who are disabled.</p> <p>They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs.</p> <p>This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of Children's Social Care.</p>	<p>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.</p> <p>The child or young person may be underachieving and failing to meet their developmental milestones, therefore 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.</p>	<p>The Graded Care Profile 2 should be used to determine the level of concern around the different types of neglect which also contains a Home Conditions checklist.</p> <p>Assess/ determine the level of concern around:</p> <ul style="list-style-type: none"> <li>• Alcohol or substance misuse.</li> <li>• Anti-social or low-level offending behaviour.</li> <li>• Sexual exploitation of a child.</li> <li>• Harmful behaviours in children and young people.</li> </ul> <p>Assess/ determine the level of response to:</p> <ul style="list-style-type: none"> <li>• Domestic abuse.</li> <li>• Potential for Female Genital Mutilation.</li> </ul> <p>Where there are concerns about Extremism or Radicalisation, a referral should be discussed with the MASH team.</p> <p>Assess parental capacity to change.</p>
<b>Child in Acute Need</b>	<p><b>Level 4 (Section 20, 31, or 47 Children Act 1989)</b></p> <p>These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. They may be suffering extra familial abuse or harm.</p> <p>This Level also includes health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.</p>	<p>It is known that the child has already been harmed and that parents have either been involved or have been neglectful in protecting their child.</p> <p>There is an identified, significant risk of harm and without an immediate and urgent response, the child or children are likely to suffer that harm either now or in the future.</p> <p>Without this urgent action, it is highly likely that the issues will escalate to a level where the child(ren) will need to be accommodated.</p>	<p>The Graded Care Profile 2 should be used to determine the level of concern around the different types of neglect and also contains a Home Conditions checklist</p> <ul style="list-style-type: none"> <li>• Assess determine the level of concern around a young person's alcohol or substance misuse.</li> <li>• Assess concerns about CSE; inappropriate sexual or sexually harmful behaviours in children and young people.</li> <li>• Assess/ determine the level of response to domestic abuse.</li> <li>• Where there are concerns about Extremism or Radicalisation, a referral should be discussed with MASH team.</li> </ul> <p>Assess risk regarding parental capacity to change.</p>



## ASSESSMENT OF NEEDS MATRIX

This matrix should be used to help capture observations to help ascertain what level of support is required. The notes should be concise in order to provide a holistic perspective and snap shot of the current situation. This sheet can also be used as an index for a full report and/or case notes.

Name of child or young person  <i>C. Brown</i>  Date of Assessment  <i>3 April 2023</i>	<b>CHILD DEVELOPMENTAL NEEDS</b> <ul style="list-style-type: none"> <li>• Learning/Education</li> <li>• Health</li> <li>• Social, Emotional, Behavioural, Identity</li> <li>• Family and Social Relationships</li> <li>• Self-Care and Independence</li> </ul>	<b>PARENTING CAPACITY</b> <ul style="list-style-type: none"> <li>• Basic Care, Safety and Protection</li> <li>• Emotional Warmth and Stability</li> <li>• Guidance Boundaries and Stimulation</li> </ul>	<b>FAMILY &amp; ENVIRONMENTAL FACTORS</b> <ul style="list-style-type: none"> <li>• Family History and Well-Being</li> <li>• Housing Employment and Finance</li> <li>• Social and Community Resources</li> </ul>
<b>Level 1</b> (Universal)	<i>Attendance to school is good, C. takes part in extra-curricular activities. Health checks all up-to-date, waiting for new glasses to be delivered.</i>		
<b>Level 2</b> (Early Help)		<i>Curfews are not in place, C. comes home from football quite late (past 11pm) this is causing a cycle of arguments. Friendship group is considerably older than C. but this is not a concern for Mum.</i>	<i>Mum is quite stressed from issues relating to recent redundancy, starting to affect ability to ensure child's safety or well-being. Poor supervision and attention to safety issues in and outside the home is a worrying.</i>
<b>Level 3</b> (Child with Complex Multiple Needs)	<div style="background-color: #0070C0; color: white; padding: 10px;"> <p><b>Guidance</b></p> <p>This grid relates to the indicators of need; Child Development, Parenting Capacity and Family &amp; Environmental Factors. The grid assesses these areas against the different levels of support or intervention and must be used in conjunction with descriptors found on the corresponding pages. This matrix should serve as a tool to quickly signpost areas of strength and/or areas that need intervention in a holistic way.</p> <p>While the indicators listed aren't comprehensive, they're intended to guide professionals on how to make informed decisions about appropriate responses and levels of need. It's important to consider a child's family life when determining indications of needs. Professional judgement should be used to evaluate the level of risks and needs involved.</p> </div>		
<b>Level 4</b> (Child in Acute Need)			

# CHILD DEVELOPMENTAL NEEDS

## Level 1

## Level 2

## Level 3

## Level 4

### 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

- Concerning school or early years attendance/punctuality
- No access to early education
- Concerning behaviour with exclusion being considered
- Identified learning needs – SEND 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

- 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.
- Persistent disruptive behaviour in early education setting /school.
- Achieving well below educational potential due to disruption, behaviour or exclusions.

- The child or young person missing from education for an extended period of time. This may be as a result of being permanently excluded which puts them at high risk extra familiar harm.
- Developmental milestones are significantly delayed or impaired.
- There are challenges with comprehension and the ability to solve problems is adversely impacting on all areas of their development creating risk of significant harm.
- The child is being educated by adults who are members of or have links to prescribed organisations.

### Health

- Physically well
- Developmental checks/immunisations up to date
- Health appointments are kept
- Adequate diet/hygiene/clothing
- Regular dental and optical care

- 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,

- Parent does not support the child to access adequate health care, continual missed appointments including not being brought to CAMHS or CYPS sessions.
- Chronic/recurring health problems with missed appointments, routine and non-routine. Parent routinely not taking to necessary appointments, either through neglect or incapacity.
- Frequent accidental injuries to child requiring hospital treatment, where a

- The child or young person endangers own life through serious substance misuse.
- Acute mental health issues, resulting in serious risk to the child or to others. (E.g. active suicidal ideation, self-harm)
- Suspected non-accidental injury/abuse/neglect; disclosure of any abuse including historical.
- Bruising or any other injury in a non-mobile infant.

# CHILD DEVELOPMENTAL NEEDS

hospital and GP

- Encopresis /enuresis (soiling and wetting)
- Low level mental health or emotional issues
- Low level substance misuse
- Any sexual health, mental health or SEMH that indicates, or is related to a heightened risk of extra-familial abuse.

level of parental neglect is indicated.

- 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.
- 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.
- Risk factors relating to Female Genital Mutilation are present. (E.g. mother identified as a victim of FGM)
- Evidence of weapon related wounds/wounding

- There is evidence of Female Genital Mutilation.
- Concealed pregnancy where previous children have been removed.
- The child or young person has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.
- Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.

## Social, Emotions, Behaviour & 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

- 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
- Low self esteem

- Persistent challenging behaviour at school, in the community and at home.
- Self-harming; suicidal thoughts in child/young person not accessing appropriate mental health support.
- Frequent missing episodes (if a child is missing for an extended period, or a number of missing episodes that would equate to a strategy discussion)
- Assessed as an emerging risk of sexual / criminal exploitation / extra-familial harm.
- Suspected victim of criminal

- The child or young person has difficulty regulating emotions, negatively impacting well-being and safety of others.
- Child or young person often engages in self-endangering or harmful behaviour, including chronic absenteeism from school.
- They have become isolated, refusing to participate in any activities.
- Difficulty addressing or resolving complex mental health concerns that require specialised treatment.
- The child or young person is

# CHILD DEVELOPMENTAL NEEDS

- Demonstrates feelings or belonging and acceptance

- Concerns about sexual development and behaviour

- exploitation and recruited to a county line, with some level of evidence. Please note, once a child becomes fully involved with County Lines this now becomes S47.
- Emerging concerns about radicalisation or extremist views.

suspected or has been charged with sexual assault or abuse.

- Victim of grooming and parents incapable or unwilling to safeguard
- Significant risk of child exploitation, trafficking, or abuse based on evidence or arising concern.
- Frequently absent from home, at risk of harm or abuse, and subjected to prolonged periods of danger.
- Evidence of radicalisation where there is risk to the child or young person.
- At risk of honour-based violence.
- Has suffered bereavement and is self-harming and/or disclosing suicidal thoughts.
- Recent or past bereavement resulting in school/home absenteeism.
- Is thought to be at risk of child sexual exploitation or of involvement in gang/criminal activity.
- At risk of suffering from serious violence or harm.
- At risk of causing serious violence or harm.

## 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**

**Help families needing statutory interventions to be supported earlier**

## 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.**



# CHILD DEVELOPMENTAL NEEDS

## Self-care & Well-being

- 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

- 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

- Poor self-care for age, including hygiene and failure to access sexual health services.
- Regularly engaging in risk-taking behaviour or unaware of risk in own behaviours.
- Vulnerable to grooming/ exploitation or targeted online
- Victim of grooming and parent unable to intervene appropriately

- The child or young person is left unsupervised 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.



# PARENTING CAPACITY

## Level 1

## Level 2

## Level 3

## Level 4

### Basic care, Safety & Protection

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

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

- 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 being 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.
- 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.

- Parents unable or unwilling to protect from significant risk of physical, sexual or emotional harm.
- Continual instability and violence in the home where significant harm to the child is evidenced.
- Parents have or may have abused/neglected the child/young person.
- Child not protected from sexual exploitation/abusive situations.
- Harm outside the home is beyond the parents control.
- Forced marriage of a child/young person under 18 years.
- Pre-birth assessment indicates unborn child is at risk of significant harm - refer at 16 weeks gestation.
- There are strong suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.

# PARENTING CAPACITY

## Emotional warmth & Stability

- Parents/Carers provide secure and caring parenting and show warmth, praise and encouragement.
- 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.
- Child receives erratic or inconsistent care
- Parental instability affects capacity to nurture/care
- Negative language is used to or about the child(ren) 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.
- Parent(s) are emotionally abusive towards child(ren).
- Abandoned child or unaccompanied minor.
- Imminent family breakdown and credible evidence of risk to child from the proposed alternative care arrangements.
- The child's emotional needs have been neglected for an extended period, which has led them to be at a high risk of, or already involved in sexual or other exploitation as a victim or suspected of causing harm onto others.

## Guidance boundaries & 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.
- 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
- Child/young person receives little positive stimulation
- Boundaries are not applied or are inconsistent, including between separated parents or multiple care-givers
- Child put at significant risk due to parents' inability or unwillingness to impose appropriate boundaries.
- The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.

# FAMILY & ENVIRONMENTAL FACTORS

## Level 1

## Level 2

## Level 3

## Level 4

### Family History & Family Well-being

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

- 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
- Parent/carer experiencing low-level abuse from child
- Parental complicity in drug trafficking or serious violence

- 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 this.
- Child is a young carer (NB - all young carers are entitled to an 'assessment of need')

- 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.
- Siblings' or other household members' drug or alcohol misuse is significantly adversely impacting on 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.
- Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.
- The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant.
- The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or newborn child.
- The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and



# FAMILY & ENVIRONMENTAL FACTORS

- and to have identified needs met.)
- Family is isolated and has no support network, or is in conflict with wider family members.
- Parent/carer experiencing physical abuse from child.
- Early Help interventions to date has not made positive improvements

- their child(ren).
- A criminal record relating to sexual violence or serious crime is held by a family member and impacting the well-being of children in the household.
- Family members are being detained and at risk of deportation.
- The child is an unaccompanied asylum-seeker.

## Housing, Employment & Finance

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

- Inadequate/poor/overcrowded housing – home conditions a cause for concern. This includes evidence of co-sleeping in cases that include overcrowding.
- Families affected by low income/debt/living with poverty affecting access to appropriate services to meet child's needs
- Family seeking asylum or refugees

- Significant financial difficulties / poverty impacting on ability to have basic needs met and limited access to funding.
- No recourse to public funds and/or community resources.
- Overcrowded or poor quality housing likely to impair health and/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).
- No basic amenities provided due to reasons other than poverty.
- Living independently as a teenage parent and needing additional support.

- The family's home is consistently in a state of disrepair and constitutes health and safety hazards.
- The family has no stable home, and is moving from place to place or 'sofa surfing'.
- The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and resisting engagement.
- There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, exploitation).

# FAMILY & ENVIRONMENTAL FACTORS

## Social & Community Resources

- 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.

- 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

- 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).
- Any level of involvement in gang activity / criminality / high-level anti-social behaviour.

- Forced marriage of a child/ young person under 18 years.
- Child affected by exclusion, isolated from support by family who resists attempts to achieve inclusion.



## THRESHOLD LEGISLATION

### Section 1 Children Act 1989 – The Court Welfare Checklist

**The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:**

- The ascertainable wishes and feelings of the child concerned (considered in the light of their age and understanding);
- Their physical, emotional and educational needs;
- The likely effect on them of any change in their circumstances;
- Their age, sex, background and any characteristics which the court considers relevant;
- Any harm which they have suffered or is at risk of suffering;
- How capable each of their parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting their needs;
- The range of powers available to the court under the Children Act 1989.

Members of the public and professionals requiring advice should contact the relevant local authority's children's social care department.

Professional referrers should normally carry out an early help assessment using the Common Assessment Framework (CAF) or similar to identify whether the child/children have needs that should be met by more than one agency. This should then be sent to the relevant Children's Social Care Department - often via a secure e-CAF system.

Children's social care will then review the information about those needs and determine the most appropriate level of service to be provided, which may be universal, early help or statutory provision.

Professional referrers are expected to gain parental consent to share information prior to making a referral for further services, unless to do so would place the child at risk of further harm.

Concerns about child protection should be made through direct telephone contact with the relevant Children's Social Care Department.



## Section 20, Children Act 1989: Child provided with accommodation

This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation.

The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/her; or
- Being lost or abandoned; or
- The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or
- Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or
- Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that person does not object.
- Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:
  - Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
  - Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
- Does the parent have the mental capacity to consent?
  - *Is the consent fully informed?*
  - *Is it fair and proportionate for the child to be accommodated?*

## Section 31, Children Act 1989: Initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to:
  - The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - The child's being beyond parental control.
- 'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- 'Development' means physical, intellectual, emotional, social or behavioural development;
- 'Health' means physical or mental health; and
- 'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
- Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.



**Section 47, Children Act 1989: Child Protection enquiries**

Listed below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the London Child Protection Procedures 5th edition. <http://www.londonscb.gov.uk/procedures/>

- Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
- Allegations or suspicions about a serious injury / sexual abuse to a child.
- Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
- Inconsistent explanations or an admission about a clear non-accidental injury.
- Repeated allegations or reasonable suspicions of non-accidental injury.
- A child being traumatised injured or neglected as a result of domestic violence.
- Repeated allegations involving serious verbal threats and/or emotional abuse.
- Allegations / reasonable suspicions of serious neglect.
- Medical referral of non-organic failure to thrive in under-fives. .
- Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
- Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
- An individual (adult or child) posing a risk to children.
- Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
- No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
- Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
- Child/ren subject of parental delusions.
- A child at risk of sexual exploitation or trafficking.
- Pregnancy in a child aged under 13.
- A child at risk of FGM, honour based violence or forced marriage.



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