

# Warrington's Threshold of Need and Response Guidance

April 2020





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This document has been designed to ensure that children's needs are responded to at an appropriate level and in a timely way. This guidance should be seen as overarching guidance for the children and young people's workforce in Warrington and be used as a guide for all agencies, professionals and volunteers to consider how to best meet the additional needs and vulnerabilities of individual children and the actions required to meet those needs.

Partnership working is essential to ensuring positive outcomes for children and to reduce the need for more intensive interventions at a later stage.

The document sets out the procedures which all practitioners must follow in identifying, raising and responding to concerns about children when coming into contact with them, or receiving information about them.

All children and young people have the right to be protected from harm and to have the opportunity to achieve their full potential.

This framework follows the 'windscreen model' which illustrates when services begin from universal services through early help to statutory intervention.

The aim is that, as far as possible, children's needs should be met within universal provision, but where additional needs are identified support should be introduced at the earliest opportunity with parental (and/or child where age appropriate) consent, thus alleviating problems that have started to emerge, prevent problems from escalating and help to improve outcomes.

In some circumstances a child's and family's/ carers needs and levels of concern may not be met through coordinated early help and consequently there may be a need to provide more intensive or specialist support led by children's social care. The term 'step-up' is often used to describe this process.

The term 'step down' is used to describe children and their families/carers moving from a high level of intervention, including statutory intervention, to a lower level of coordinated support. This is important in ensuring that issues do not re-escalate.

This document is a guide for practitioners and managers and practitioners should always use their professional judgement and take into account the age of the child, context of the situation and any protective and resilience factors.

There are four levels that take into account the different stages of need and types of intervention which are available to children and their families. Children can move across the levels at different times in their lives, or at different times during agencies' contact with them. Support might be provided on a single agency basis or a multi-agency basis.

The service response is directed at reducing risk and vulnerability and meeting needs at the appropriate level of intervention. Access to effective early help and prevention services is essential to achieving this.

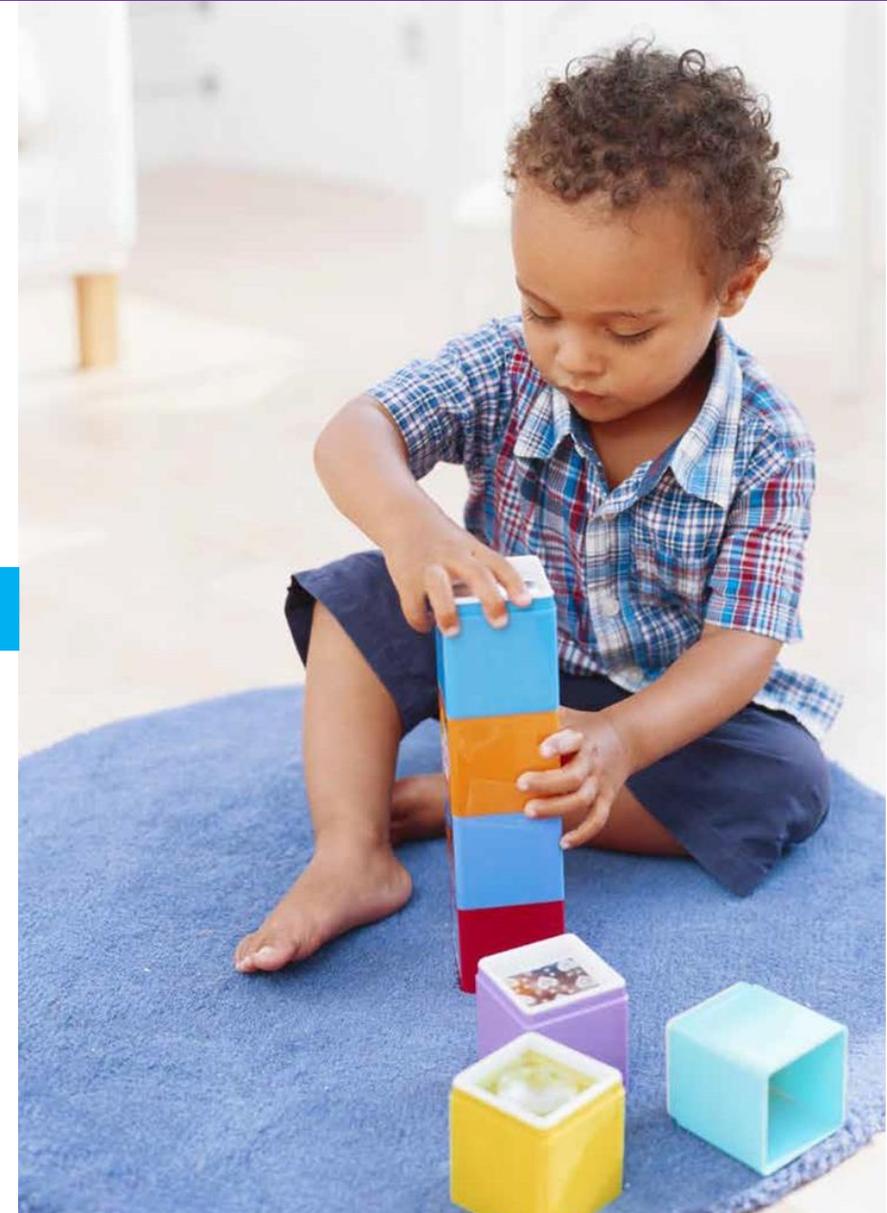
# Introduction

This document is based on 3 key principles:

- Supporting children, young people, families, carers and communities to help themselves wherever possible by developing a strengths based model/ approach.
- Services should work to quickly identify children, young people, families or carers who might need extra help from them.
- Services should act quickly as soon as they know help is needed.

## Universal Services

Children and young people make good overall progress in all areas of development. These children receive appropriate universal services, such as health, care and education. They may also use leisure and play facilities, housing or voluntary sector services. These children may have a single identified need that can be adequately met by a universal service. However, if further additional needs are identified, an Early Help Assessment (formerly known as a CAF) should be completed.



## What is Early Help?

Early Help refers both to help in the critical early years of a child's life and also to help throughout a child, young person and family's life too. Early help intervention should happen as soon as possible when difficulties emerge in order to prevent problems from worsening or becoming entrenched. Warrington's early help offer is underpinned by colleagues in Universal services identifying the need for support at an early stage for those families who may need it.

Effective and outcome focused early help services may occur at any point in a family's life from pre-birth to young adulthood. Early Help has a key role to play in supporting vulnerable adults.

Our ambition in Warrington is to provide access to coordinated early help in accordance with need as soon as difficulties are identified - particularly for those with multiple and complex needs. This support will be based on a robust assessment (using the early help assessment, combined assessment or specialist agency assessment) of needs, will be personalised, evidence based, multi-agency, strengths based and embedded within our whole family approach.

The key principles behind this approach are:

- Children and young people and their families/carers will be supported to live safe, happy, healthy and fulfilling lives to promote their development into responsible adult citizens
- Effective and timely early help services can break the inter-generational cycle of risk and vulnerability
- Effective early help services, underpinned by robust Universal Services will support families to become more resilient and develop the capability to prevent and resolve problems themselves - this is our vision for community capacity building and developing an asset based approach
- Effective and timely early help services can help to reduce demand for higher cost specialist services and achieve much greater use of community based universal preventative services through, for example, our children's centres offer, the 0-19 integrated Public Health offer, our schools and neighbourhood services.

There is a statutory need to contact children's social care when needs escalate to a level of significant harm and the practitioner identifying those concerns should make contact with MASH to seek specialist advice on how to manage further support.



# How to use the Levels of Need Framework

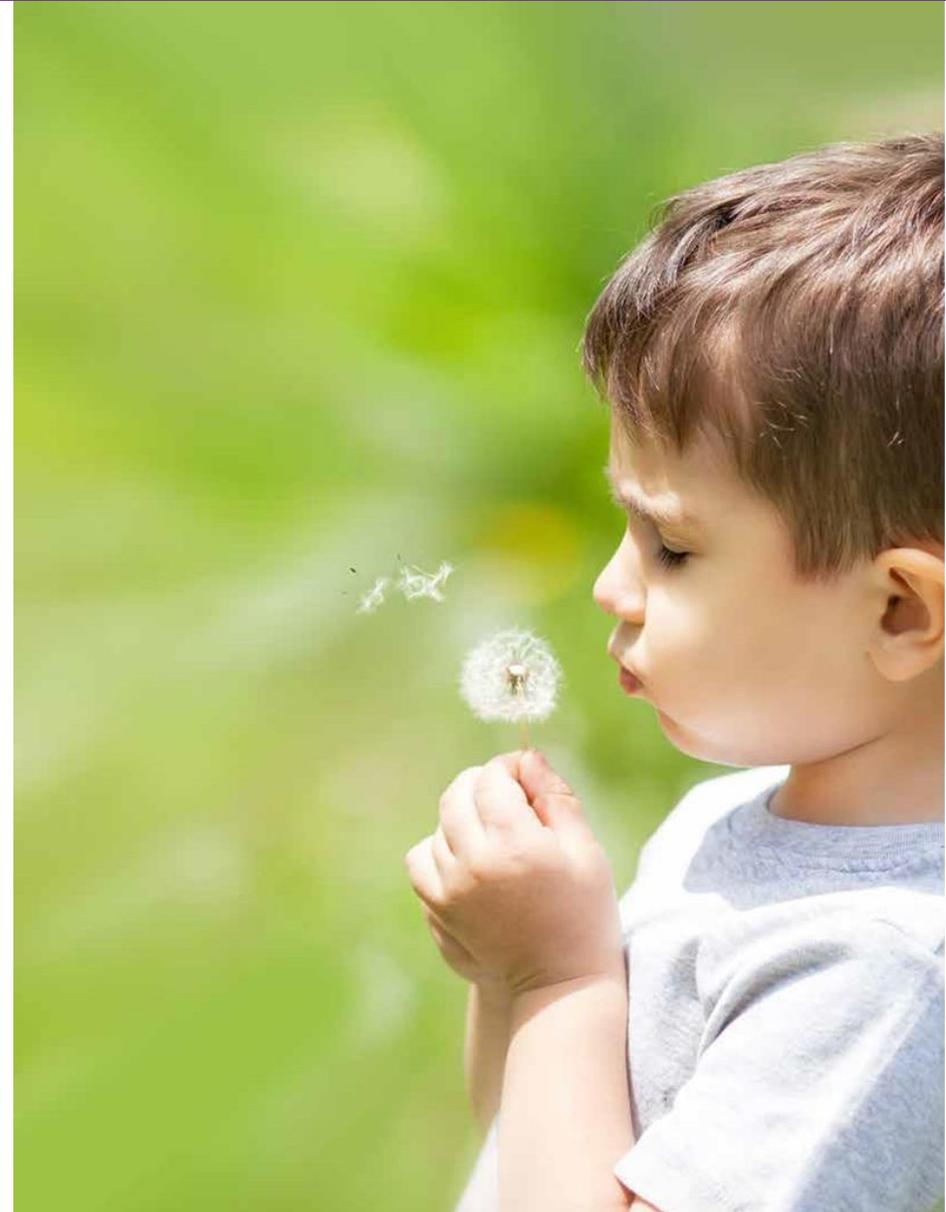
Warrington's framework follows the 'wind- screen' model illustrated within this document. It is a model of practice whose aim is to assist practitioners and managers in assessing and identifying a child's level of need, what types of services/resources might meet those needs and the process to follow in moving from the identification of need to the provision of services. It is important to say that each child is an individual within their own context and realise that each child's situation is unique and specific to them. The model provides a guide to support professional judgements in determining the next course of action to meet those needs.

Warrington's framework is underpinned by the following key principles:

- Children at levels 2-4 can also benefit from access to universal services
- Children's needs move from one level to another over time
- Services should be mobilised to move quickly and effortlessly for children and their families via the required service response without having to necessarily progress through each level of need
- Where needs appear to have been met and services withdraw families should be able to have the option to keep an open (but suspended) early help assessment that they can share with services should needs re-emerge at a later stage – this prevents the need for families to be constantly re assessed
- Children and young people's voices should be at the centre of what we do and should be evident in our work
- Our services should be child focused but also operate within the context of whole family working.

There will be times when professionals have different views on how best to support a child and family/carers and the levels of intervention required by different agencies. In the first instance this should be resolved by a multi-agency meeting, supported by an early help assessment, combined assessment or specialist agency assessment and if agreement cannot be reached and cases become 'stuck' then the practitioner who disagreed with the outcome should notify their manager who should consult and use the escalation process.

[Link to the Escalation Policy](#)



This process is based on agencies assessing and describing the needs of the child using the early help assessment or by contacting the Multi-Agency Safeguarding Hub (MASH) on 01925 443400 and providing information to request statutory service support using the Multi Agency Request for Services form (MARS) Please see 'useful links and documents'. The MASH is the single point of contact for all safeguarding concerns regarding children and young people in Warrington. It is made up of a range of multi-agency professionals who share information to decide the most appropriate intervention. If an agency identifies a child as having multiple and complex needs at level 3 on the framework of need they can contact the early help front door on 01925 443400 to seek advice about how to proceed and access services.

Level 2 and 3 needs are supported by the early help services and level 4 describes children with acute and specialist needs where statutory assessments/processes are required. In these cases Children's Social Care leads and assesses the needs of the child alongside other professionals using the combined assessment as per [Working Together to Safeguard Children 2018](#).

This guidance is designed to help practitioners and managers:

- Think within an analyse, plan, do and review framework
- Offer a holistic approach to children, young people and their families/carers
- Understand the child in the wider context of their family and their community
- Use child development as a core part of practice
- Develop solutions with children and their families/carers, which are strengths based, capacity building, outcome focused and which ensure that services are provided in a timely manner and at the right level.

The early help assessment can be used by all services to provide the holistic view of the needs within the family and can be used to inform statutory assessments where needs require acute or specialist support. At levels 2 & 3 the framework sets out the Team around the family approach which is facilitated by a lead professional and supported by a multi-agency early help plan.

Level 4 describes children with acute needs where statutory assessments/interventions are required. These children might be children in need (CIN) or children in need of protection (CP) In these cases children's social care professionals lead and assess the needs of the child, alongside other professionals, using the combined assessment. In some cases CIN cases might be led by children's social care but also have input from early help colleagues with specific pieces of work.

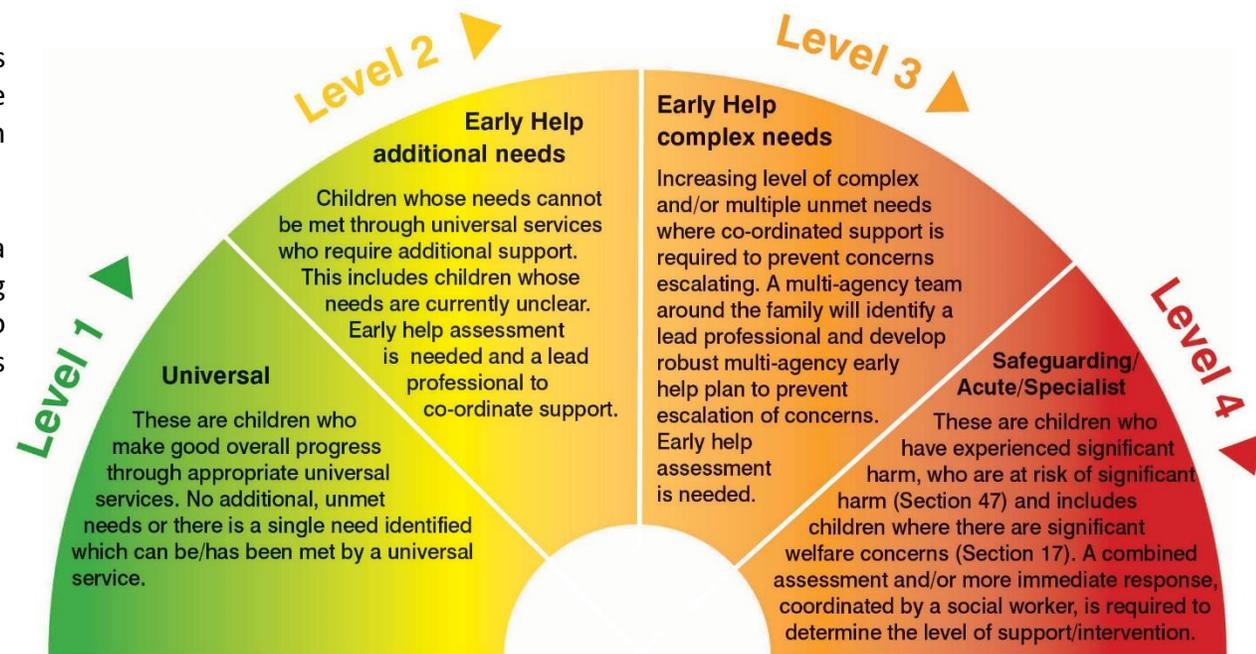
If needs escalate beyond early help and require statutory intervention MASH should be contacted to discuss the best way to meet those needs.

The terms 'step up' and 'step down' are commonly used to describe children moving between levels of need and is used within this framework to describe how children's needs can change, especially through the life of an assessment as more information comes to light. This requires all professionals working with children and their families to be familiar with this document and the approach so that if a service is stopped due to a change in need or circumstances, there is a clear and agreed continuation of service response from some agency – this is so that families, who still have presenting needs, do not suddenly experience a termination in services.

In the current financial climate it is recognised that services will continue to change as organisations respond to local and national priorities and agencies. However the principles of partnership working and holistic support for families remain constant in Warrington.

It is vital that every professional working in Warrington sees how their role can be a contribution to the support of a child in the family, even if they are not directly working with the child, and that the broader support from partners is what is essential to making the difference for families and in preventing concerns escalating and thus requiring statutory social care interventions.

**Although consent is required to complete an early help assessment you are reminded that consent is not needed where there are safeguarding concerns. Practitioners working with families undertaking an early help assessment should always clearly explain the consent statement to avoid any misunderstandings. If the family are to be supported through the Troubled Families agenda (in Warrington known as Complex Families) consent is vital to enable us to track the progress of families.**



Please note that Universal Services are available to families at any stage on the continuum of need framework and that successful partnership working is facilitated by effective information sharing and transparent communication.

# Understanding the Levels of Need and an indication of the factors affecting need

	Level of need 1 Universal (Community)	Level of need 2 Early Help Additional Needs (Universal Plus)	Level of need 3 Early Help Complex Needs (Universal Partnership Plus)	Level of need 4 Children in Need and Children in need of Protection
	Children, young people and families/ carers having all their needs met by universal services and are thriving. They require no additional support.	Children, young people and families/ carers who have additional unmet needs, who may need extra support to thrive.	Increasing level of complex and/or multiple unmet needs where coordinated support is required to prevent concerns escalating. A multi-agency team around the family will identify a lead professional and develop robust multi agency early help plan to prevent escalation of concerns. Early help assessment is needed	A child or young person living in circumstances where there is a significant risk of harm, abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability
Response	At this level, services are 'universal' meaning that they are available to all children and young people. Families and young people can use these services without the need for a referral or assessment for example Family Information Service, schools, GP surgeries, children's centres, libraries and leisure centres, health services and a range of services provided by private, voluntary and independent services.	In order to resolve these additional unmet needs, an agency needs to respond to offer support, advice, direction and planned intervention or additional resources. These needs can be identified through an Early Help Assessment.  All Early Help Assessments must be logged with the EH support team.	Early Help assessment, plan and interventions are required if the situation is not to escalate into neglect, abuse or long term dysfunction.	
Procedure	Direct contact with universal services: Schools, GP surgeries, children's centres, libraries and leisure centres, health services and a range of services provided by private, voluntary and independent services.  <a href="http://www.warringtonchildren.org">www.warringtonchildren.org</a> or 01925 443400 for information, advice and guidance for children and families	<a href="http://www.warringtonchildren.org">Check out www.warringtonchildren.org</a> For information, advice and guidance  Undertake an Early Help Assessment (EHA)  Log with the EH support team on <a href="mailto:earlyhelpsupport@warringtongov.uk">earlyhelpsupport@warringtongov.uk</a>  Consider bringing the professionals together you feel could support the family and develop a plan  Undertake actions and review process	Contact MASH and check family is already open. If open and there is already a Lead Professional make contact with the Lead Professional  If not already open undertake an Early Help Assessment (EHA)  Log with the Early Help Support team on <a href="mailto:earlyhelpsupport@warringtongov.uk">earlyhelpsupport@warringtongov.uk</a>  Bring the professionals together you feel could support the family and develop a plan  Undertake actions and review process	Follow the Warrington Multi-Agency Safeguarding Hub Referral & Decision Making Process (please refer to the diagram on page 13)

# Route to support for children in Warrington

## Level 1 universal all agencies/ services to respond

- No concerns Universal Services accessed – single agency response

## Level 2 – additional needs

- review levels of need indicators
- review good practice prompts
- discuss with line manager/safeguarding lead/Early Help champion if uncertain
- Check if there is already an established CAF or early help assessment on the family which you might be able to contribute to (contact the early help support team on 01925 443136)
- Complete an early help assessment and identify a lead professional if multi-agency coordinated support is required. Parental consent is required. Register your early help assessment with the early help team, agree lead professional with the family and develop the family support plan with actions and timescales to meet the identified needs.

## Level 3 complex needs

- Need(s) required targeted/intensive multi-agency support and intervention
- Services must be coordinated under an early help assessment with informed parental consent, registered with the early help team and lead professional agreed, with a family support plan with actions and time scales to meet the identified needs. Some professional judgement may call for statutory intervention or result in a discussion with MASH.

## Level 4 safeguarding/ acute/ specialist

Need(s) require specialist services to protect from significant harm – contact MASH on 01925 443400

- Review the information in the MARS
- The MARS is then screened and prioritised
- Information gathering from all agencies involved
- Decision is then made about whether this meets threshold for children's social care (CSC)
- Referred to children's social care for Child and Family Assessment
- Combined assessment to determine if social work lead professional as Children in Need (CIN) or Child Protection (CP) agreed statutory intervention
- Or if after the MASH screening does not meet threshold for CSC then consideration is given to a role for Early Help services
- Referrer receives a response in writing giving a rationale for why threshold for CSC is not met
- Signposted to Early Help or universal services

A child may have needs at more than one level and may move between levels - partnership working is key to ensuring that interventions are timely, proportionate, appropriate, effective, do not drift, are SMART, outcome focused and keep the child's safety at the centre.

To check if an early help assessment is already open contact the early help support team on 01925 443136. If one is open you will be advised on how to contact the lead professional.

**If there is an immediate and/or significant risk to a child, a referral should always be made to MASH. It is a requirement that all referrals to MASH should be through the use of the MARS. Only child protection referrals should be made by telephone and then followed up with a MARS within 24 hours.**

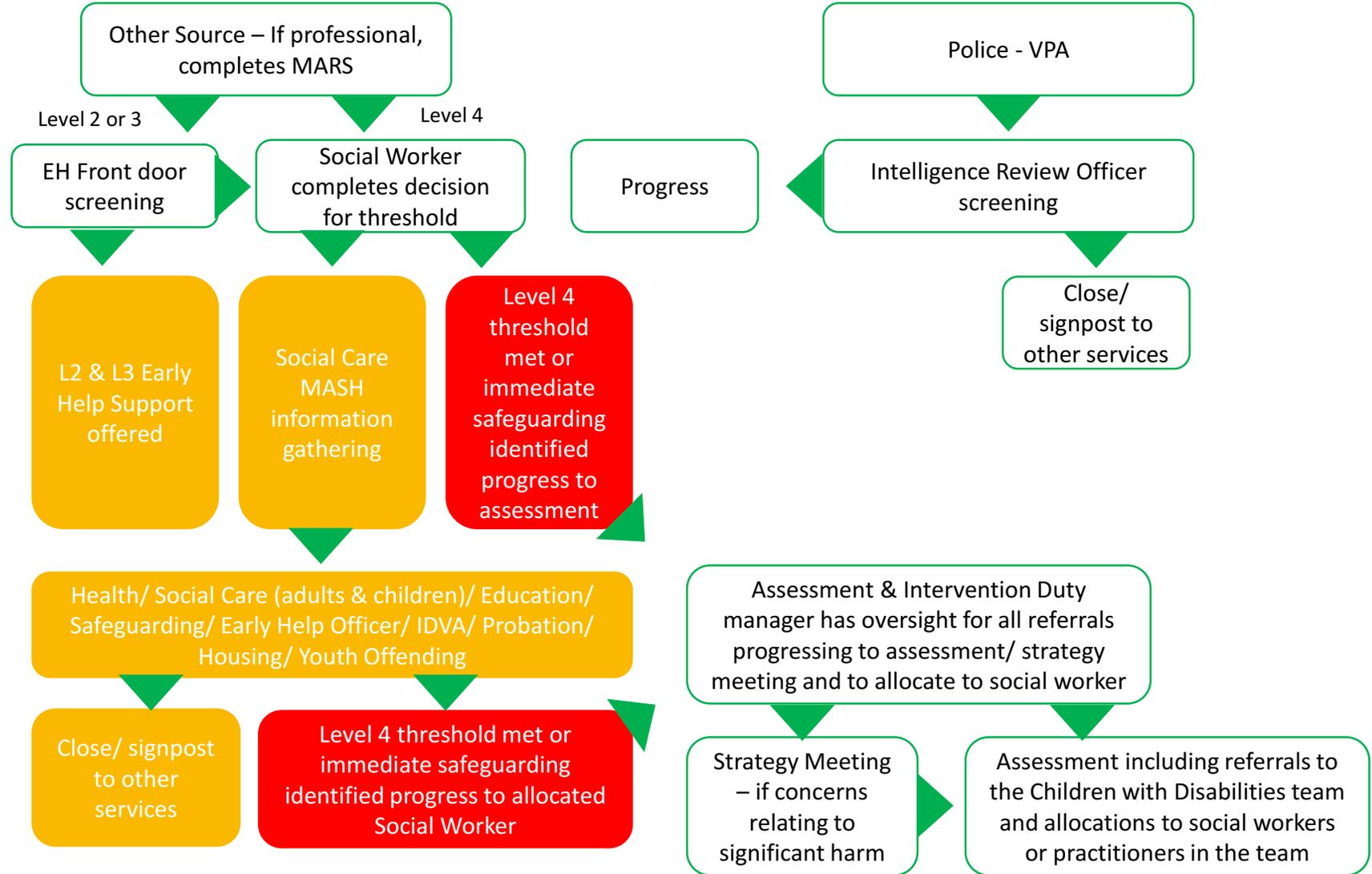
If you know that a case is already open to children's social care contact the relevant social work team directly if you want to discuss a concern. All other referrals for children's social care will be made via MASH which is the first point of contact for all initial referrals. The MASH will make a decision about whether the request for the service/ referral meets the criteria for statutory services at level 4. MASH will inform the referrer of the outcome. Where the request does not meet the criteria for children's social care involvement you will be advised accordingly and the request will be passed to the early help front door staff.

When making a referral to Early Help or MASH the following will be required:

- Multi Agency Request for Services form (MARS)
- Full details about the child and their circumstances
- Any relevant history
- Clear details on what concerns you have about the child
- Your availability to undertake a joint visit with the social worker if required.



## Referral & Decision Making Process



## Level 1: Children and Young People with Universal Needs

Children and young people at this level are achieving expected outcomes and families having all their needs met by universal services and are thriving.

### Child's Developmental Needs:

#### Health

- Health needs are being met by universal services
- Appropriate weight and height/meeting developmental milestones – including speech and language
- Emotional health and wellbeing needs are being met
- Pre-natal health needs are being met
- Up to date immunisations and developmental checks
- Adequate nutritious diet
- Regular dental checks
- Accessing optical care
- No misuse of substances
- Sexual activity/behaviour appropriate to age

#### Education & Learning

- Achieving key stages and full potential
- Good attendance at nursery/school/college/ training
- Demonstrates a range of skills/interests
- No barriers to learning
- Access to play/books
- Enjoys participating in educational activities/ schools
- Sound home/school link
- Planned progression beyond statutory education
- Age appropriate communication

#### Emotional & Behavioural Development

- Positive early attachments
- Growing levels of competencies in practical and emotional skills – feelings and actions demonstrate appropriate responses
- Sexual behaviour appropriate for age and developmental stage
- Confident in social situations
- Able to adapt to change
- Able to demonstrate empathy

#### Identity

- Demonstrates feelings of belonging and acceptance
- Positive sense of self and abilities
- Has an ability to express needs verbally and non-verbally

#### Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Appropriate relationships with siblings
- Positive relationship with peers

#### Social Presentation

- Appropriate dress for different settings
- Good levels of self-care/personal hygiene
- Involved in leisure and other social activity

#### Self-care skills

- Age appropriate independent living skills

## Level 1: Children and Young People with Universal Needs

Children and young people at this level are achieving expected outcomes and families having all their needs met by universal services and are thriving.

### Parents and Carers:

#### Basic Care, safety and protection

- Child's physical needs are met (food, drink, clothing, medical and dental)
- Carers able to protect children from danger or harm

#### Emotional Warmth

- The child is shown warm regard, praise and encouragement
- The child has secure relationships which provide consistency of warmth over time
- There may be low level post-natal depression

#### Guidance, boundaries & stimulation

- Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.
- Carers support development through interaction and play to facilitate cognitive development

### Family and Environmental Factors:

#### Family History and Functioning

- Good supportive relationship within family/ carers (including with separated parents and in times of crisis)
- Good sense of 'family' outside of smaller family unit

#### Housing, employment & finance

- Accommodation has basic amenities/ appropriate facilities
- Appropriate levels of hygiene/cleanliness are maintained
- Families affected by low income or unemployment

#### Family's Social Integration

- The family have social and friendship networks
- Community Resources
- Appropriate access to universal and community resources
- Community is generally supportive
- Positive Activities are available

## Level 2: Early Help Children and Young People with additional needs

Children, young people and families/ carers who have additional unmet needs, who may need extra support to thrive

### Child's Developmental Needs:

#### Health

- Slow to reach developmental milestones
- Additional health needs
- Missing health checks/routine appointments/ immunisations
- Persistent minor health problems
- Babies with low birth weight due to prematurity/ medical causes/ faltering growth/ poor feeding
- Pre-natal health needs
- Issues of poor bonding/attachment
- Minor concerns re healthy weight /diet/ dental health /hygiene/or clothing
- Disability requiring support services
- Concerns about developmental status i.e. speech and language problems
- Signs of deteriorating mental health of child including self-harm
- Starting to have sex (under 16 years)
- Not registered with a GP/dentist

#### Education & Learning

- Is regularly late for school/occasional truanting or significant non-attendance/parents condone absences
- Escalating behaviour leading to a risk of exclusion
- Experiences frequent moves between schools
- Not reaching educational potential or reaching expected levels of attainment
- Needs some additional support in school
- Identified language and communication difficulties
- Few opportunities for play/socialisation

#### Emotional & Behavioural Development

- Low level mental health or emotional issues requiring intervention
- Is withdrawn/unwilling to engage
- Development is compromised by parenting
- Some concern about substance misuse
- Involved in behaviour that is seen as anti-social
- Poor self-esteem

#### Identity

- Some insecurities around identity/low self-esteem
- Lack of positive role models
- May experience bullying around perceived difference/ bully others
- Disability limits self-care
- A victim of crime

#### Family and Social Relationships

- Some support from family and friends
- Some difficulties sustaining relationships
- Undertaking some caring responsibilities
- Child of a teenage parent
- Low parental aspirations

#### Social Presentation

- Can be over-friendly or withdrawn with strangers
- Personal hygiene starting to be a problem

#### Self-care skills

- Not always adequate self-care — poor hygiene
- Slow to develop age appropriate self-care skills
- Overprotected/unable to develop independence

## Level 2: Early Help Children and Young People with additional needs

Children, young people and families/ carers who have additional unmet needs, who may need extra support to thrive

### Parents and Carers:

#### Basic Care, safety and protection

- Basic care not consistently provided e.g. non-treatment of minor health problems
- Parents struggle without support or adequate resources e.g. as a result of mental health/ learning disabilities.
- Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home
- Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties/post-natal depression
- Some exposure to dangerous situations in home/community
- Teenage parents /young, inexperienced parents
- Inappropriate expectations of child/young person for age/ability
- A&E attendance giving cause for concern including unexplained injury or delay in seeking medical attention

#### Emotional Warmth

- Inconsistent parenting but development not significantly impaired
- Post-natal depression affecting parenting ability
- Child / young person perceived to be a problem by parents or carers/experiencing criticism and a lack of warmth

#### Guidance, boundaries and stimulation

- May have a number of different carers
- Parent/carer offers inconsistent boundaries
- e.g. not providing good guidance about inappropriate relationships formed, such as via the internet.
- Can behave in an anti-social way
- Child/young person spends a lot of time alone
- Inconsistent responses to child by parent
- Parents struggle to have their own emotional needs met
- Lack of stimulation impacting on development

### Family and Environmental Factors:

#### Family History and Functioning

- Child or young person's relationship with family members/carers not always stable
- Parents have relationship difficulties which affect the child/acrimonious separation or divorce that impacts on child
- Experienced loss of a significant adult/child

#### Housing, employment & finance

- Families affected by low income or unemployment
- Parents have limited formal education
- Adequate/poor housing
- Family seeking asylum or refugees

#### Family's Social Integration

- Family may be new to area
- Some social exclusion problems
- Victimization by others

### Level 3: Targeted Early Help

Children, young people and families/ carers struggling to cope, presenting with significant concern and living in circumstances where the worries, concerns, behaviours or conflicts are frequent, are multiple and over an extended period or are continuous AND need a more targeted and coordinated approach

#### Child's Developmental Needs:

##### Health

- Chronic/recurring health problems with missed appointments, routine and non-routine
- Delay in achieving physical and other developmental milestones, raising concerns
- Frequent accidental injuries to child requiring hospital treatment
- Some concerns around mental health, including self-harm and suicidal thoughts
- Poor or restricted diet despite intervention/ dental decay/poor hygiene
- Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting
- Learning significantly affected by health problems
- Overweight/underweight/enuresis/encopresis/ faltering growth
- Frequent/ Multiple GP's, out of hours, A&E attendance causing concern including accidental injury, unexplained injury or delay in seeking medical attention

##### Education & Learning

- Child not in education, in conjunction with concerns for child's safety
- Chronic non-attendance/truanting/authorised absences/fixed term exclusions/punctuality issues
- Identified learning needs and may have an Education Health and Care Plan (EHCP)
- Not achieving key stage benchmarks
- No interests/skills displayed

##### Emotional & Behavioural Development

- Difficulty coping with anger, frustration and upset
- Physical and emotional development raising significant concerns
- Significant attachment difficulties e.g. child adopted from care
- Early onset of sexual activity (13 –14)
- Hazardous substance misuse (including alcohol)
- Persistent bullying behaviour
- Inappropriate sexual behaviour including online and via social media
- Offending or regular anti-social behaviour
- Animal abuse – the intentional harm of an animal including but not limited to wilful neglect, inflicting injury or pain or distress or malicious killing of animals

##### Identity

- Subject to discrimination
- Significantly low self-esteem
- Extremist views
- Gang membership

##### Family and Social Relationships

- Peers also involved in challenging behaviour
- Regularly needed to care for another family member
- Involved in conflicts with peers/siblings
- Adoptive family under severe stress

##### Social Presentation

- Clothing regularly unwashed
- Hygiene problems
- Is provocative in behaviour/ appearance

### Level 3: Targeted Early Help

Children, young people and families/ carers struggling to cope, presenting with significant concern and living in circumstances where the worries, concerns, behaviours or conflicts are frequent, are multiple and over an extended period or are continuous AND need a more targeted and coordinated approach

#### Self-care skills

- Poor self-care for age – hygiene
- Overly self-reliant for their age

#### Parents and Carers:

##### Basic Care, safety and protection

- Parent is struggling to provide adequate care
- Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child
- Previously subject to child protection plan
- Teenage parent(s)
- Either or both previously looked after

##### Emotional Warmth

- Child often scapegoated
- Child is rarely comforted when distressed
- Receives inconsistent care
- Has no other positive relationships

##### Guidance, boundaries and stimulation

- Few age appropriate toys in the house
- Parent rarely referees disputes between siblings
- Inconsistent parenting impairing emotional or behavioural development

#### Family and Environmental Factors:

##### Family History and Functioning

- Evidence of domestic violence
- Acrimonious divorce/separation
- Family members have physical and mental health difficulties
- Parental involvement in crime
- Evidence of problematic substance misuse (including alcohol)

##### Housing, employment & finance

- Overcrowding, temporary accommodation, homelessness, including sofa-surfing, unemployment
- Poorly maintained bed/bedding
- Serious debts/poverty impacting on ability to care for child

##### Family's Social Integration

- Family socially excluded
- Escalating victimisation

##### Community resources

- Parents socially excluded with access problems to local facilities and targeted services

## Level 4: Protection

A child or young person living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability

### Child's Developmental Needs:

#### Health

- Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent's ability to care for them
- Growth falling 2 centile ranges or more, without an apparent health problem
- Learning affected by significant health problems
- Experiencing chronic ill health or diagnosed with a life-limiting illness
- Mental health is deteriorating and there is failure to engage with services/ self-harming
- 'Un-safe'/ inappropriate sexual behaviour/ risk of sexual exploitation
- Problematic substance misuse (drugs and alcohol)/ links to risk taking behaviour
- Failure to access medical attention for health chronic/ reoccurring health needs
- Concerns about diet/ hygiene/ clothing
- Conception to a child under 16 years old/ concerns about parenting capacity
- Disability requiring significant support services to be maintained in mainstream provision

#### Education & Learning

- Short-term exclusion, persistent truancy or poor school attendance
- Previous permanent exclusions
- Persistent 'Not in Education, Employment or Training (NEET)/ this could be as a result of compromised parenting
- Alienates self from school and peers through extremes of behaviour
- No, or acrimonious home/ school links
- Has an Education Health and Care Plan

#### Emotional & Behavioural Development

- Alienates self from school and peers through extremes of behaviour
- Physical/emotional development raising significant concerns
- Difficulty coping with emotions/unable to display empathy unable to connect cause and effect of own actions
- Early onset of sexual activity (13-14 years)
- Offending/prosecution for offences
- Puts self or others in danger
- Disappears or is missing from home regularly or for long periods

#### Identity

- Subject to persistent discrimination
- Is socially isolated and lacks appropriate role models

#### Family and Social Relationships

- Peers also involved in challenging behaviour
- Regularly needed to care for another family member
- Involved in conflicts with peers/siblings
- Adoptive family under severe stress

#### Social Presentation

- Clothing regularly unwashed
- Hygiene problems
- Is provocative in behaviour/appearance

#### Self-care skills

- Poor self-care for age – hygiene
- Overly self-reliant for their age

## Level 4: Protection

A child or young person living in circumstances where there is a significant risk of abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability

### Parents and Carers:

#### Basic Care, safety and protection

- Parent/carer is struggling, is unable to or refuses to provide adequate and consistent care
- Child or young person receives erratic or inconsistent care
- Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment
- Parents have previous history of struggling to care for child or sibling/children previously subject to a child protection plan/looked after
- Parents learning disability, substance misuse (alcohol and drugs) or mental health negatively impacts on parent's ability to meet the needs of the child
- Level of supervision does not provide sufficient protection for a child
- Either or both parents/carers have previously been looked after and their parenting ability is compromised
- Private fostering/young carer
- Teenage pregnancy or inexperienced young parent or carer with additional concerns

#### Emotional Warmth

- Child/young person has multiple carers but no significant relationship to any of them/ receives inconsistent care
- Child/young person receives little stimulation/ negligible interaction
- Child/young person is scapegoated
- Child/young person is rarely comforted when distressed/lack of empathy
- Child/young person is under significant pressure to achieve/aspire/experiencing high criticism

#### Guidance, boundaries and stimulation

- Parents struggle to set boundaries/act as good role models
- Child or young person's behaviour out of control
- Child or young person is regularly beyond control of parent or carer
- Parenting impairing emotional or appropriate behavioural development of child / young person

### Family and Environmental Factors:

#### Family History and Functioning

- Parents or carers are experiencing, on an on-going basis, one or more of the following problems significantly affecting their parenting: mental ill-health, substance dependency or domestic abuse/ potential honour based violence/forced marriage
- Parental involvement in crime
- Family characterised by conflict and serious chronic relationship problems
- Parents or carers persistently avoid contact/do not engage with childcare professionals

#### Housing, employment & finance

- Physical accommodation places child in danger
- No fixed abode or homeless (including sofa surfing)
- Chronic unemployment due to significant lack of basic skills or long standing issues such as substance misuse/offending, etc.
- Extreme poverty/debt impacting on ability to care for child

#### Family's Social Integration

- Family chronically socially excluded

#### Community resources

- Poor quality services with long term difficulties with accessing target populations



## Good practice prompts

Information from Safeguarding Practice Reviews continues to highlight that when faced with complex circumstances in a child's life, professionals can find it difficult to keep on a focus on the child and the key elements which contribute to his or her safety. Professionals should consider these questions:

- Have you been able to speak to the child alone? Are you still able to do so?
- Is the child at risk of immediate harm (physical, sexual, emotional, neglect)?
- Are there other children who could be at risk from harm (e.g. siblings)?
- Is there a parent or carer at risk of harm?
- Does the parent or carer and the child/ren have a safety plan?
- Is there a reason that makes you think the child will resist efforts to safeguard him/her?
- Have you recorded everything that has been said to you by the child?

<b>FIS:</b>	<a href="https://www.mylifewarrington.co.uk/kb5/warrington/directory/home.page">https://www.mylifewarrington.co.uk/kb5/warrington/directory/home.page</a>
<b>Ask Ollie:</b>	<a href="https://www.mylifewarrington.co.uk/kb5/warrington/directory/localoffer.page?localofferchannel=0">https://www.mylifewarrington.co.uk/kb5/warrington/directory/localoffer.page?localofferchannel=0</a>
<b>Early Help:</b>	<a href="https://www.warrington.gov.uk/early-help">https://www.warrington.gov.uk/early-help</a>
<b>Multi Agency Request for Services:</b>	<a href="https://www.warrington.gov.uk/mars">https://www.warrington.gov.uk/mars</a>
<b>Working Together</b>	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf</a>
<b>Pan Cheshire Escalation Policy:</b>	<a href="https://www.proceduresonline.com/pancheshire/warrington/p_escalation_pol.html">https://www.proceduresonline.com/pancheshire/warrington/p_escalation_pol.html</a>

## Glossary of Abbreviations

MASH – Multi-Agency Safeguarding Hub  
MARS – Multi-Agency Request for Services  
EHA – Early Help Assessment  
EHCP – Education, Health and Care Plan

