Multi-agency thresholds and assessment guidance

2017

CONTENTS

Page no:

1. **Statement of purpose** 2
2. **Our guiding principles** 2
3. **Framework of services for children and families** 3
4. **Working with children and families** 9
5. **Specialist assessment and processes** 13
6. **Confidentiality and information sharing** 15

Appendix 1: Thresholds and eligibility criteria 18

Appendix 2: Indicators of developmental need 20

Appendix 3: Indicators of parental capacity 23

Appendix 4: Indicators of family and environmental factors 24

Appendix 5: Child protection definitions and indicators 25

Appendix 6: SEND functional needs assessment matrix 26

1 Statement of purpose

In common with Camden Council's plan for the borough, the Camden Safeguarding Children Board (CSCB) aims to ensure that all children in the borough have the best start in life and that no child is left behind.

To help achieve this vision, all CSCB partners will work together to ensure:

- All children in the borough are safeguarded and their welfare promoted.
- Children and their families get the right help when they need it.
- Services for children and families will be delivered efficiently, focussing on early intervention and reducing the impact of poverty and inequality.
- Services empower families to become resilient and self-supporting and able to find their own solutions to problems by drawing on community based resources.

This document sets out how children's services in Camden will work together to contribute to this vision of resilient families in strong neighbourhoods whilst ensuring the safety and welfare of children in the borough.

2 Our guiding principles

- The child's needs are paramount and at all times, professionals working with a child will be alert to their needs and any presenting risks, taking action to protect children where necessary.
- Agencies will promote early intervention and preventative work, tackling problems as they emerge in order to avoid the use of more robust interventions at a later date.
- Services and interventions will be based on assessment of all the child's needs, with intervention being kept at the lowest possible level needed to meet these needs and keep the child safe.
- Professionals will work in partnership with families and will support children and parents to participate in decision-making so that their views and wishes can be taken into consideration wherever possible.

- It is acknowledged that no one agency can have full information about a child's life. Therefore information will be shared between relevant agencies in an appropriate and timely manner. All professionals working with children and families will share their knowledge and expertise in order to build as full a picture of the child's needs and circumstances as possible.

- All agencies and professionals will work in a non-discriminatory way that is compliant with the Equality Act 2010.

3 Framework of services for children and families

3.1 The safeguarding duty

All agencies working with children and families have a duty to safeguard and promote children's welfare. The statutory guidance *Working together to safeguard children* defines this as:

- protecting them 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: and
- taking action to ensure all children have the best outcomes.

Safeguarding covers a continuum of children's needs, from those experiencing mild developmental delays to those facing complex and deep-rooted problems and developmental impairment, including children who are at risk of harm.

3.2 Levels of need

Most children's developmental needs can be met solely through universal services such as health and education and the universal children's centre offer. However, some children may need further help in order to maintain a good level of development and achieve good outcomes. This may be due to disability, disadvantaged circumstances or poor standards of parenting.

These children may need targeted services and interventions from a wide range of agencies in order to meet their needs and safeguard their welfare, including intervention to keep them safe from harm.

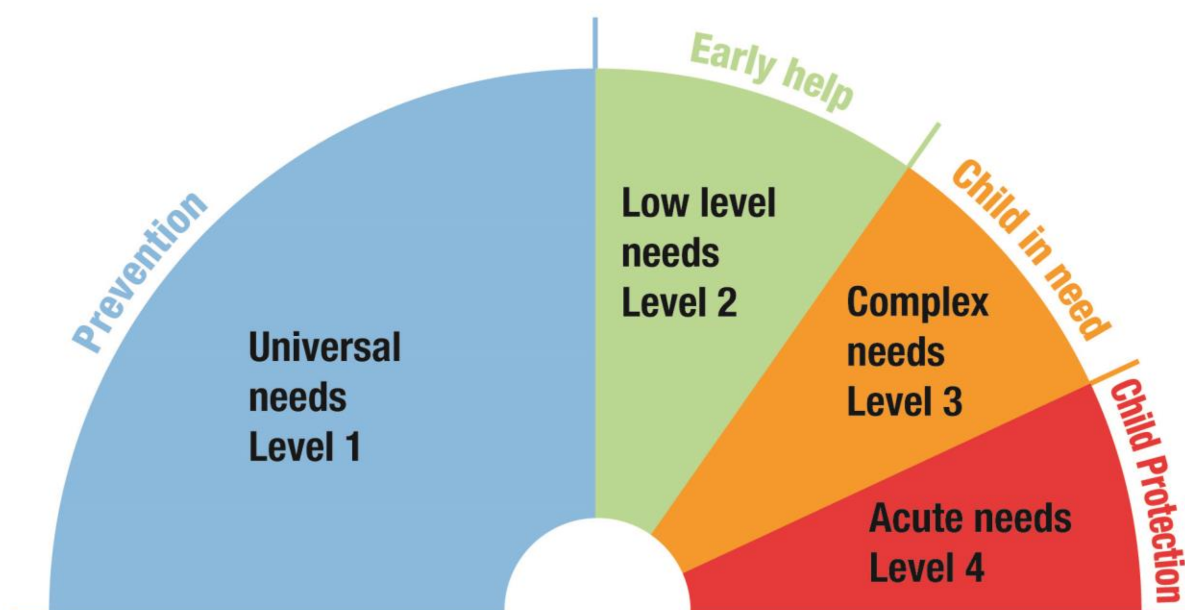
The figure below illustrates how children's increasing needs require a higher and more complex level of intervention.

- **At level 1** children will be in receipt of universal services and this will be sufficient to meet all their needs.

- **At level 2** children may have low levels of need or may be vulnerable to poor outcomes and require extra support and services to help them overcome any difficulties. Services provided at this level will be part of an early help service to prevent any further escalation of need.

- **At level 3** children may have a higher or more complex level of need requiring a multi-agency response offering targeted support to improve outcomes. Children at this level will meet the statutory threshold for a child in need service and should be referred to Children's Safeguarding and Social Work (CSSW).

- **At level 4** children may have acute needs requiring a statutory intervention and may be at risk of significant harm, the threshold for compulsory intervention under child protection procedures. At this level, a referral should be made to CSSW.



3.3 Early help services and the early help offer

Children who are at level 2 are likely to require an early help service under the early help offer.

Working together places a statutory duty on local authorities, in partnership with local children's services, to provide an early help service that:

- identifies those children and families who would benefit from early help
- carries out an assessment of need for early help
- provides targeted early help services to address these needs in order to improve outcomes (**the early help offer**).

Providing early help to families is crucial; research consistently underlines the impact of adversity at the early stages of a child's development on future outcomes. Providing services as early as possible in the child's development and when problems are emerging can be a more effective way of reducing the long-term effects of harm than dealing with more deep-rooted problems at a later date.

Early help can also be more effective in engaging parents and empowering them to improve parenting skills through support rather than a more compulsory and punitive approach later when statutory intervention is needed.

Any child who is vulnerable to poor outcomes should be assessed for an early help service, but the following children **must** be assessed:

- children with disabilities
- children with special educational needs
- young carers
- children showing signs of engaging in anti-social or criminal behaviour
- children growing up in difficult family circumstances with the presence of issues such as substance misuse, adult mental health difficulties or domestic violence
- children showing early signs of abuse or neglect.

3.4 Camden's early help service

Camden has an early help service that provides an offer of preventative and early services delivered by a number of teams from across the children's trust partnership, including services provided by Camden's Integrated Early Years Service, the Family Service, the Integrated Youth Support Service and other services in the private and voluntary sector.

These services deliver a variety of community-based multi-agency interventions designed to support child development and school readiness, strengthen parenting skills and improve outcomes and life chances for children at the earliest opportunity as problems emerge.

A key part of the council's early help strategy is to help children and families to develop resilience so that they are able to harness their own strengths, support systems and resources in order to deal with the challenges they face, hence reducing their dependence on public services over time.

The Resilient Families Programme aims to progress this strategy through the design and delivery of early help services so that families are helped and signposted to appropriate community based resources.

Camden's Early Help CAF team is part of the Children and Families Contact Service and provides support for agencies around carrying out CAF assessments and making appropriate early help referrals. This is to ensure that there is a streamlined response to requests for help and children and families get the right help at the right time.

The team will ensure that:

- the most appropriate early help service for the family is identified and referrals are passed on in a timely manner
- there is support for lead professionals and the team around the child when delivering early help services
- there is a framework for step-down provision from statutory social work services
- information is available on early help provision in Camden
- Camden's early help service is monitored and reviewed regularly to ensure that it meets the needs of children and families in the borough.

In cases where there is no professional best placed within the current network to complete a CAF assessment or act as lead professional, an Early Help Family Support Worker will complete a CAF to identify an appropriate Team Around the Child.

Complex cases which require a multi-agency response will be referred to the weekly multi-agency Early Help panel, where panel members will be able to offer advice about the most suitable services and interventions for the child and family. The Panel can also advise on suitable and effective step-down provision in cases that are being closed to statutory services.

3.5 Statutory intervention and social work services

Children who are at levels 3 and 4 are likely to meet these thresholds.

As a local authority, Camden **has** a statutory duty under the Children Act 1989 to provide services for children in order to safeguard and promote their welfare and to carry out an assessment to decide on services and interventions where the following thresholds are met:

- **A child in need** assessment under section 17 of the Act will be carried out for children whom it is thought are unlikely to meet a reasonable standard of health and development, or whose health and development would be significantly impaired, unless provided with services, or children who are disabled.

- **A child protection enquiry** under section 47 of the Act will be carried out where there is reasonable cause to believe that a child is suffering or at risk of suffering significant harm. This is defined as ill-treatment or impairment of health and development including the impact of seeing or hearing another individual's ill-treatment.

- Children may become **looked after children** and Camden will provide them with accommodation under section 20 of the Act with their parent's consent where:

  - No-one has parental responsibility for the child;
  - The child is lost or abandoned;
  - The parent/carer is prevented from proving suitable care and accommodation;
  - The child is suffering or likely to suffer significant harm which is attributable to the care they are receiving or they are beyond parental control.

- Children may be looked after by Camden on a mandatory basis as a result of a **Care Order** under section 31 being granted to the council because the court believes:

  - The child is suffering or likely to suffer significant harm **and:**
  - The harm is attributable to the quality of parental care which is not of a reasonable standard or the child is out of parental control.

3.6 Definition of significant harm

Significant harm is defined as the threshold at which children's social services has a duty to intervene in family life in order to protect a child. Harm is further defined as ill treatment or impairment of health and development in a child and can be due to physical, sexual or emotional harm and abuse or neglect or the impact on the child's health and development of witnessing the ill treatment of others, for example as a result of domestic abuse.

When making decisions on whether the threshold has been reached, social workers will consider the severity, frequency and duration of the harm and the extent to which it is pre-meditated as this will be positively linked to the level of adversity the child is likely to suffer as a consequence.

3.7 Services for children with special needs and disabilities

Camden's **Children and Young People with Disabilities Service** (CYPDS) provides services for disabled children. The Children Act 1989 defines a disabled child as:

"…blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability"

To qualify as a child in need due to disability, the child must score at least 2 moderate or 1 severe or profound needs on the functional needs assessment matrix as identified by a health professional (see appendix 6 for further details).

Children with complex social care needs and/or where there are concerns around parenting will receive a full **statutory social work service** as described at section 3.5.

Children who do not require a statutory social work service will receive a **short breaks service** and a suitable package of care appropriate to their level of need**:**

- Children requiring significant support due to the complexity of the disability will receive an **enhanced offer** of support based on social work assessment.

- Children with lower levels of need will receive a **core local offer** of support based on self-assessment.

The **CPYDS Transitions team** will provide a service for disabled young people aged 14 to 18 if they meet the criteria for a service from the CPYDS and up to 25 if they are likely to meet the eligibility criteria for Adult Social Care services under the Care Act 2014. This service will be available to young people:

- who are already known to the DCT service
- who are moving into the borough and who meet the criteria
- who have acquired or is re-diagnosed with a permanent or substantial disability.

Where disability affects a child's learning, Camden's **Special Education Needs (SEN) service** will provide support at the following levels:

- Where a child requires less than 20 hours a week of support with their learning, this will be provided by the school under the **SEN local offer** for which funding from Camden has been delegated.

- Where a child requires more than 20 hours a week of support with their learning, they will be referred to the SEN service where their needs will be assessed and a package of support made available through the **Education, Health and Care planning** framework.

4 Working with children and families

4.1 Identification of children needing help

All professionals and agencies in the children's workforce have a duty to identify children who need services and support to achieve good outcomes. To carry out this duty effectively, professionals need to be able to recognise not only the signs of neglect and abuse but the early warning signs of additional needs in order to ensure children get help in a timely way.

The appendices at the end of this document have been developed to assist professionals to identify children who may have additional needs or who may be at risk of harm or abuse and provide an indication of the level of need and the most appropriate service and intervention needed to meet these needs.

4.2 CAF assessment

Assessment helps to pinpoint a child's specific needs and enables professionals to make informed judgements on the best services and intervention to meet these needs. Early assessment is key to early intervention so assessments should be carried out as soon as a child is identified as having additional needs or when concerns about a child's welfare first arises.

Professionals should use the Common Assessment Framework template available in the e-CAF system. The template provides a standardised assessment tool used across all agencies in the borough. It is based on knowledge of child development and enables professionals to measure an individual child's development against a benchmark so that they can make a judgement on levels of need and the most appropriate action to take.

The template mirrors the assessment template used by social workers therefore allowing information to transfer easily where interventions are escalated. It also supports early intervention as it can help professionals to identify emerging issues. Professionals should also refer to their own relevant standards of development, for example the Early Years Foundation Stage curriculum.

Assessment should always be carried out with the consent and co-operation of families unless this would lead to a child being put at risk of harm.

4.3 Risk assessment

Risk assessment is a crucial part of assessing children's needs, especially for children who are thought to be at risk of harm or abuse. Professionals should refer to the CSCB risk assessment guidance (available at the link below) for information on analysing and assessing risk whenever they are carrying out a CAF assessment.
http://www.cscb-new.co.uk/downloads/policies_guidance/local/Multi-agency%20risk%20assessment%20guidance%20(October%202013).pdf

The information in the guidance could provide a useful insight into some indicators and behaviours that may suggest a child is at risk of significant harm of which professionals may not otherwise recognise the implications.

4.4 Referral

Following assessment, if professionals wish to refer the child and family on for services, they should make a referral to the Children and Families Contact Service using the e-CAF referral record.

- Referrals for **early help or targeted services (level 2)** will be passed to the Early Help CAF team. Parents should be aware of and consent to the referral.

- Referrals at **level 3 for a child in need service** will be passed to the MASH team. Parents should be aware of and consent to the referral.

- Referrals at **level 4 where there are child protection concerns** will be passed to the MASH team. Parents should be aware of any referral and asked for their consent but a referral may still be made if consent is refused. If it is thought that seeking consent may put the child at further risk of harm, interfere with a criminal investigation or cause undue delay, a referral can be made without seeking consent.

- Referrals to the CYPDS should be made directly to the team via the DCT duty social worker following a Functional Needs Assessment. It is recommended that refers speak to the duty worker in advance of any referral.

If professionals are unsure as to the level of need, whether to make a child protection referral or whether or not to seek consent for a referral, they can seek advice and guidance from social workers in the Children and Families Contact Service on a “no-names” basis.

It is an expectation that an e-CAF referral is completed **unless there are urgent child protection concerns** in which case a telephone referral will be accepted as long as it is followed up in writing within 48 hours on an e-CAF referral record.

4.6 Integrated working to safeguard children

All professionals working with a child and their family will form part of the “team around the child”; this is a model of multi-agency working where professionals work co-operatively with families to resolve issues through delivery of integrated services. The team is led by the lead professional whose role is to co-ordinate the work of the team and act as a central point of contact for the family and professionals.

More information can be found in Camden’s guide to integrated working “Early help – integrated working and joint assessment”.

4.7 Escalation and step down provision

Children’s needs often change over time so it is important that there is a mechanism for moving up and down levels of need to reflect their changing circumstances. Regular reviews of children’s plans and the impact on outcomes are the key process for measuring progress and deciding on what further action needs to be taken.

Escalation to a higher level of intervention may occur when professionals in the team around the child have concerns because:

- no progress is being made in achieving better outcomes for the child or
- the child and/or family's circumstances have changed leading to increased risk and/or concerns.

Escalation is likely to involve referring a case to CSSW for a social work service or escalation from child in need status to a child protection or looked after child status.

"Step down" provision involves planning services for children and families that will continue to support them once CSSW closes a case where it is thought the family has a continued need for support over and above monitoring the situation.

The purpose of step down provision is to ensure families continue to receive services and support in order to maintain good outcomes and avoid future escalation and/or re-referral.

Where it is agreed that step down provision is need, the final child in need review held by CSSW before closing a case will be used to enable the professional network to agree an action plan of continued support for the family that includes:

- the name of the professional who will take over the role of lead professional from the social worker
- other members of the child's professional network who will be part of the team around the child
- the nature of the help and support needed by the family
- any outstanding tasks that need to be carried out
- arrangements for any referrals to be made to other services and resources on behalf of the family
- the circumstances under which the family should be referred back to CSSW for a social work service
- the views of the child and family regarding the proposed action plan.

4.8 Resolving professional differences

This guidance aims to provide the framework for the referral and assessment of children based on clear thresholds of need. In the event of any disagreements arising between partner agencies on the application of thresholds or the outcome of referrals, professionals should refer to the Camden Safeguarding Children Board (CSCB) escalation policy for resolving professional differences between agencies available: http://www.cscb-new.co.uk/wp-content/uploads/2015/12/CSCB-escalation-policy-final1.pdf.

The policy sets out what steps should be taken by agencies in order to find solutions to any professional differences of opinion.

5 Specialist assessments and processes

All children who are referred to CSSW will have a child and family assessment carried out by the allocated social worker to establish the level of need and the appropriate social work intervention to meet their needs. This will decide how the case will be conducted by CSSW.

As well as this, CSSW also carry out the following specialist assessments and processes to establish and meet the needs of children in specific circumstances:

5.1 Children with disabilities

To establish that the child's needs meet the threshold for a service from the CYPDS, health professionals will carry out a Functional Needs Assessment (see appendix 6). If the child is a child in need, a specialist CYPDS child and family assessment will be carried out that incorporates the following:

- an assessment of the child's needs under the Children Act 1989 (a child in need assessment)

- an assessment of the child's needs under the Chronically Sick and Disabled Persons Act 1970 to establish what services and assistance should be provided to meet the child's physical needs arising from their disability;

- an assessment of the support needs of the child's parents or carers due to their caring role under the Children and Families Act 2014.

At 14, the CYPDS Transitions team will carry out a specialist transitions assessment which will look at meeting the young person's current and future needs and whether the young person is likely to meet the threshold for care and support from Adult Social Care under the Care Act 2014 so that work can begin on planning the transition to adult services.

5.2 Young carers

When carrying out any assessment of an adult under the Care Act 2014, Adult Social Care will also carry out a young assessment under the Children and Families Act 2014 of any child who provides care to that adult as part of a "whole family" assessment.

The assessment will look at the impact of caring on the child's welfare and establish whether or not the caring role is excessive and/or inappropriate and whether they should be referred for support from early help services or CSSW under the Children Act 1989.

5.3 Unborn children pre-birth assessments

Specialist pre-birth assessments will be carried out in cases where:

- there are concerns about the welfare of an unborn child because the mother's lifestyle during pregnancy or because there are concerns about whether parents will be able to care for the child adequately once born **and**:

- there are no other children living with the parent.

Assessment will begin once the pregnancy has been confirmed at 13 weeks. If the parent is already caring for children, a child and family assessment will be carried out but will specifically look at the risks to the unborn child and the likely impact the child's birth will have on the family.

5.4 Looked after children returning home

Children who have been looked after by Camden but are returning home will become a child in need and will continue to have an allocated social worker. Prior to return, social workers will carry out a specialist risk assessment to establish whether it is safe for a child to return home and whether reunification with their family is sustainable over time.

As part of this assessment, social workers will repeat the child and family assessment to support the return by identifying how the child's needs will be met within the family and how parents will be supported in their caring role.

5.5 Children at risk of child sexual exploitation (CSE)

Camden has put in place specialist CSE child protection procedures for dealing with cases where children are thought to be at risk of CSE. A CSE risk assessment based on the main vulnerability factors and indicators of CSE is available to help professionals identify children who may be at risk of CSE.

On referral, CSSW will hold a specialist CSE child protection strategy meeting to assess the level of risk and inform the CSE plan that will keep the child safe and reduce the risks associated with CSE.

Information from individual cases is fed in to the Multi-agency Sexual Exploitation group (MASE) to inform the borough-wide CSE strategy.

5.6 Children at risk of Female Genital Mutilation (FGM)

CSSW follows the London Safeguarding Children Board procedures for FGM and all FGM cases will be dealt with under child protection procedures. A specialist FGM risk assessment based on the key vulnerabilities and indicators of FGM is available to professionals to help them identify children at risk of FGM and guidance on the mandatory reporting requirement under the Serious Crime Act 2015 is available on the CSCB website.

5.7 Children at risk of radicalisation

Camden's multi-agency *Prevent* strategy ensures a robust response to concerns around the radicalisation of young people. Where professionals have concerns that a young person they work with may be at risk of radicalisation and extremism, they can refer the young person to Camden's multi-agency Channel panel to assess the level of risk to the young person and provide support that diverts them from extremism and reduces any risk.

5.8 Trafficked children

CSSW has a system in place to deal with children who may have been trafficked that is compliant with Camden's duties under the Modern Slavery Act 2015.

Where there are concerns that a child may have been trafficked, CSSW, as a First Responder agency under the National Referral Mechanism, will refer the child to the Human Trafficking Centre and share information so that the Centre can carry out a trafficking assessment. CSSW will also carry out a child and family assessment in order to meet the assessed needs of the child.

6 Confidentiality and information sharing

Good information sharing is vital in supporting integrated working and improving outcomes for children. It is a crucial component of risk assessment as no single agency can ever know for sure what is happening in a child's life. It is only when information is shared that the full picture can be seen.

Many agencies working with children and families owe them a duty of confidentiality and any information provided by the family can only be shared lawfully with their consent. However, where a child is at risk of significant harm, it is lawful to share information with third parties in order to protect the child.

The following are good practice points for information sharing. Professionals can always seek advice from social workers in the MASH team on a "no names" basis if they are unsure about any aspect of information sharing.

- Professionals should always try to seek consent before making referrals to or sharing information with other agencies.

- If consent is not given, and the child is not at risk of significant harm, the information cannot be shared. However, parents should be made aware that this could affect the help and support agencies will be able to provide to them.

- If consent is not given, and the child is at risk of significant harm, the information can be shared but parents should be informed that this will happen.

- The only circumstances when consent to share information should not be sought is when seeking consent would:

    - put the child at further risk of harm
    - compromise a criminal investigation
    - cause undue delay in taking action to protect the child.

- Young people aged 16 and 17 can give their own consent to information sharing; children aged 12 and under cannot give consent and their parents must be asked for consent instead. Young people aged 13-15 can give their own consent as long as they are considered to be able to understand the issues and make an informed decision (known as **Gillick competent**).

- When deciding to share information without consent the professional must consider if this is a proportional response based on the risk to the child; there must be a balance between the confidentiality owed to the service user and the need to protect the child.

- All information-sharing should be on a “need to know” basis; only the information needed should be shared and only with those who need to know. It should be made clear when sharing the information that it is confidential and not to be disclosed other than for the purpose of protecting children.

More information is available in the government’s information sharing guidance available at this web link. Information Sharing - Children and young people

Appendix 1 – Thresholds and eligibility criteria for children's services

	Level of need	Indicators	Responses
Universal	**Level 1: Universal:** children whose needs are being met through universal services. This includes children with additional needs which can be met through a single universal service.	• Children in good physical health whose general development is age appropriate and who are making good progress academically. • Children living in stable families where parents are able to meet all the child's needs. • Children who need some support and who would benefit from additional universal services to improve outcomes.	All children should receive universal services such as health care and education, as well as early years and Integrated Youth Support Services. Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to early help intervention.
Early help	**Level 2: Low level needs or vulnerable to poor outcomes**: Children whose needs cannot be met from one service and where there are a number of factors preventing the child from achieving their potential. Two or more of the indicators listed here need to be present.	• Children with mild disabilities or health issues. • Children with special educational needs. • Children who are out of school or have regular unauthorised absences. • Young carers. • Children showing signs of engaging in anti-social or criminal behaviour. • Children growing up in difficult family circumstances where there are low levels of substance misuse, adult mental health difficulties or domestic violence. • Families affected by parental ill health, custody, homelessness, poverty, immigration or other problems. • Children showing early signs of developmental delay. • Families affected by social isolation, discrimination or harassment. • Children who show early signs of being radicalised by people outside of their immediate family.	Professionals should talk to the family about carrying out a CAF assessment in order to identify appropriate services that could improve outcomes for the child. Where more than one agency is involved, a lead professional should be identified and the Team Around the Child should meet to devise an action plan that meets the child's additional needs. Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.

Child in need	**Level 3**: ***Complex needs***: Children who have more complex and enduring needs requiring a statutory social work service. Parents may lack insight and may not engage with services to address problems. For youth offending cases, children who are involved in low level criminal activity and who have entered the criminal justice system.	• Children with lifelong disabilities. • Children whose growth and development is being impaired by the quality of care received. • Children exhibiting high levels of behavioural difficulties and risk-taking behaviour or who are out of parental control. • Pregnant women whose lifestyle may be affecting the development of the unborn child. • Parents experiencing difficulties in parenting capacity due to substance misuse, physical disability, learning difficulties, domestic or family violence or mental health problems. • Children with high levels of emotional difficulties who may need a service from CAMHS. • Children who show more advanced signs of being radicalised and where parents or siblings may be involved in radicalisation.	Professionals should talk to the family about making a CAF referral to CSSW for a child in need service. CSSW will carry out a child and family assessment and convene a child in need meeting to devise the child's CIN plan. The allocated social worker will be the child's lead professional. Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.
Child protection	**Level 4: *Acute needs***; Children may be suffering significant harm, in need of a safe home and/or a legal order to safeguard and promote their welfare. Parents face difficulties that affect parenting capacity and may not engage with services. For youth offending cases, children who are involved in serious criminal activity, eg gangs, and who may be remanded into care or receive a custodial sentence.	• Children requiring accommodation because there is no-one who is able to care for them. • Children whom it is suspected are being physically, emotionally or sexually abused or neglected or living with high levels of domestic violence. • Children who may be at risk due to trafficking, sexual exploitation, forced marriage or FGM. • Unborn babies where a pre-birth assessment has shown them to be at serious risk of significant harm. • Children who are deeply enmeshed in the extremist narrative and/or at imminent risk of carrying out violent acts or leaving the UK following radicalisation.	Professionals must make a referral to CSSW. If the matter is urgent, professionals can make a child protection referral to the MASH by telephone and follow up with a written referral within 48 hours. CSSW will carry out a child and family assessment and take appropriate action needed to safeguard the child under statutory child protection procedures. The allocated social worker will be the lead professional for the child. Where there are high levels of concern around radicalisation, the Police **must** be informed.

Appendix 2 – Indictors of children's developmental need

0-4 years	Universal	Low	Complex	Acute
Indicators of need appropriate to this age group for each level of need	Unborn child's development is normal. In good health, meeting developmental milestones, up to date with immunisations and checks; good diet. Attending and enjoying children's centre services and early years provision. achieving to their potential, good home/school links; good home learning environment; "school ready". Demonstrates appropriate feelings and responses and has a sense of belonging and acceptance. Stable family relationships, good attachments with carers and positive sense of self. Good presentation, appropriate dress, clean, well-cared for and happy. Shows some suspicion towards strangers. Beginning to carry out some self-care, ie feeding, dressing.	Some concern about unborn child's development. Mild concerns about the rate of the child's development and growth or their weight and diet; persistent minor illnesses; missing immunisations or checks. Poor punctuality at early years provision with some absences; some concerns about concentration and achievement; limited learning opportunities at home; not "school ready". Mild emotional and behavioural difficulties; some difficulties in relationships with family and peers; some experience of bullying or being bullied. Some difficulties in family relationships; experience of family breakdown or bereavement. Demonstrates limited self-confidence and some insecurities around identity; experience of discrimination Some low level concerns about dress or presentation.	Significant concerns about the unborn child's development. Chronic health problems; concerns about weight, growth and developmental delay; limited or restricted diet; dental decay. Poor early years settings or school attendance and punctuality with unauthorised absences; poor home/school links; unresolved speech and language difficulties; poor educational attainment. Poor peer relationships; disruptive behaviour or withdrawn and difficult to engage; unable to deal with anger or frustration; limited ability to understand impact of actions on others. Demonstrates low self-esteem; poor self-confidence; seems socially isolated. Inappropriate clothing; sexualised behaviour; poor hygiene; Takes no responsibility for self-care.	Unborn child's development is at serious risk. Serious concerns about the child's health and development linked to the quality of care given; emergent mental health and behavioural issues. Very poor school attendance; behaviour puts peers at risk; hostile or non-existent relationship between home and school; significantly low educational attainment. Unable to maintain relationships; aggressive and bullying behaviour or frequently bullied; lack of empathy; unable to understand consequences of actions. Experience of discrimination reflected in poor self-image; socially isolated; no self-confidence. Extremely poor family relationships; family breakdown; experience of rejection by parents and others; at risk of harm due to neglect or abuse; Appears uncared for.

5-13 years	**Universal**	**Low**	**Complex**	**Acute**
Indicators of need appropriate to this age group for each level of need	Appropriate height and weight; physically healthy; good diet; dental checks up to date; good mental health. Making expected progress at school; acquired a range of skills and knowledge and experience of success good attendance and punctuality; good home/school links; access to books and activities; enjoys and participates in school life. Demonstrates appropriate emotional responses and feelings; good quality family relationships; can demonstrate empathy. Positive sense of self and good self-esteem; experience of belonging and acceptance. Stable family relationships and good routines; good relationships with family. Appropriate dress and good personal hygiene; good self-care skills.	Weight not increasing at expected rate; missed routine appointments; persistent minor health problems; limited diet; poor dental care; vulnerable to emotional or mental health difficulties. Subject to school action plan; poor punctuality and occasional absences; some difficulties with concentration or motivation; not reaching potential; home/school links not well established. Some difficulties with peer relationships; some inappropriate responses; multiple carers or house moves. Some insecurities around identity, low self-esteem and aspirations; poor self-confidence. Poor routines; inconsistent family relationships; few recognised achievements; lack of family social networks. Inappropriate clothing/lack of uniform that is impacting on their self-image and relationships in school; some difficulties with personal hygiene; can appear withdrawn.	Faltering growth; chronic health problems that affect learning; restricted diet; dental decay; behavioural difficulties and possible use of substances; sexually active. Poor punctuality or attendance; poor progress requiring investigation; fixed term exclusions; poor home/school links; home educated but thought to be poor quality. Poor peer relationships; offending behaviour; withdrawn or emotional and behavioural problems; unable to show empathy or understand impact of behaviour on others. Experiences discrimination; socially isolated; very low self-esteem and poor self-confidence; concerns about mental wellbeing. Inappropriate/sexualised behaviour; provocative dress/behaviour; poor family relationships. Poor presentation; may not discriminate effectively with strangers.	Unresolved problems with growth; appropriate health care not sought when needed; dietary needs not being met; habitual substance misuse; acute mental health difficulties; pregnancy or unsafe sexual behaviour. Not in school/excluded; additional educational needs that are not being met; no home/school links; attainment well below potential. Behaviour puts peers at risk; regularly involved in criminal or anti-social behaviour/in the criminal justice system; cannot maintain social relationships. Internalisation of discrimination affecting behaviour/outlook; poor self-image, no confidence; negative family relationships; suffering abuse or neglect; family breakdown imminent; experience of rejection. Alienated from or rejected by peers; unable to discriminate and putting themselves at risk; self-care skills affected by other negative aspects.

14-18	Universal	Low	Complex	Acute
Indicators of need appropriate to this age group for each level of need	Appropriate height and weight; physically healthy; good diet; dental checks up to date; good mental health; no substance misuse; age-appropriate sexual activity. Making expected progress at school; acquired a range of skills and knowledge and experience of success at school; good attendance and punctuality; good home/school links; access to books and activities; enjoys and participates in school life. Age-appropriate responses; good quality relationships; can adapt to change; demonstrates empathy. Positive sense of self; feelings of belonging; good relationships with family and peers. Appropriate dress; good personal hygiene; growing competence and development of self-care skills. Stable family relationships; good routines.	Excessive or low weight gain; not attending routine appointments; persistent minor health problems; limited diet; insufficient dental care; consensual sexual activity and experimental substance use. Requires some help to achieve; NEET; poor punctuality; some absences; inconsistent home/school links; some difficulties with concentration and motivation; not reaching potential; limited evidence of planning for future. Some difficulties with peer and family relationships; some inappropriate responses; finds change difficult; multiple house moves. Limited self-confidence; victim of crime or discrimination; low self-esteem; few recognised achievements. Poor routines; inconsistent family relationships; some difficulties maintaining relationships; socially isolated. Inappropriate clothing/uniform; not always clean/inadequate self-care; can be withdrawn.	Chronic health problems affecting learning; restricted diet; significant dental decay; persistent substance misuse; unsafe sexual activity; refusing medical care; pregnancy; concerns about mental health. Not in school; NEET; progress does not match potential or is inadequate despite support; poor home/school links. Poor peer and family relationships and routines; cannot maintain relationships; aggressive; cannot cope with anger/frustration; withdrawn or does not engage; unable to display empathy. Experiences persistent discrimination; significantly low self-esteem and self-confidence; socially isolated. Behaviour is inappropriately sexualised; provocative in appearance and behaviour; clothing inappropriate; poor hygiene and self-care skills; alienates self.	Lack of food resulting in harm; sexual activity or substance misuse that threatens harm; pregnancy; acute mental health problems; refusing medical treatment for serious conditions. No school placement/permanently excluded; additional educational needs are not being met; extra support has made no impact; achieving well below potential; home/school relationship hostile or non-existent; NEET. Abuses other children; puts self and others at serious risk; prosecuted for offences; regularly involved in criminal or anti-social behaviour. Very poor self-esteem and no self-confidence; self-image distorted; feelings of persecution. Negative family relationships; lack of routine; rejected by family and peers; suffering abuse or neglect. Poor hygiene and self-care skills.

Appendix 3 – Indicators of parenting capacity

Parenting capacity	Universal	Low	Complex	Acute
Indicators of parenting capacity and the ability to meet the child's needs	Meets all the child's physical and emotional needs. Protects the child from harm and provides appropriate levels of supervision. Provides warmth and emotional support. Provides a learning environment and stimulation at an age appropriate level. Provides a secure, loving home for the child. Provides appropriate guidance and boundaries for the child.	Basic care is not consistently provided; parent needing support; young parent. Inconsistent supervision and awareness of danger; inappropriate child care arrangements. Inconsistent responses to the child; parent has own emotional needs. Limited learning opportunities; child spending time alone. Complex family dynamics; poor home routines; difficult home environment. Difficulties with setting boundaries.	Basic care frequently inconsistent; basic food and warmth not always available; very young and unsupported parent; parents with issues that affect basic parenting skills ie: mental health, substance misuse. Unstable family environment; domestic violence; poor supervision; inappropriate care arrangements. Parental instability affects capacity to nurture; parent's own emotional needs compromising the child's needs; some relationship difficulties. Little positive stimulation; lack of new experiences; undue pressure to achieve at school. Multiple carers but poor relationships with them. Erratic or inadequate boundaries or refusal to set boundaries.	Basic care is rarely consistent; parent has harmed/neglected the child; basic food and warmth frequently unavailable; previous child removed from care; parent's own needs mean they cannot keep the child safe. Inadequate level of supervision for the child's age; presence of dangerous adults at the home; children left in the care of unsuitable adults or left alone; chronic domestic violence at home. Low warmth, high criticism; rejection by parent; inconsistent responses to child; parent's own emotional issues affecting their ability to meet the child's needs. No constructive leisure time; no age appropriate stimulation; exposure to inappropriate adult material at a young age. No effective boundaries; child beyond parental control; chaotic family life; parental substance misuse or mental health issues.

Appendix 4 – Indicators of family and environmental factors

Family and environment	Universal	Low	Complex	Acute
Indicators of family and environmental factors that affect the child's needs and parenting capacity	Good relationships within the family; few significant changes in household composition. Family has good networks and friendships out of the home; integrated into the community Accommodation is appropriate for the family's needs. Parents able to manage employment (or unemployment) with no undue stress. Reasonable income over time with effective budgeting to meet family needs. Accessing universal services; good community support available.	Some family conflict; experience of loss, separation or bereavement. Some support from family and friends. Poor housing; some problems with basic amenities. Periods of unemployment; stress from work affecting the family; parents have limited formal education. Low income. Limited contact with community; new to area; some conflict within the community. Adequate universal resources but family may have problems accessing; community not child-friendly.	Incidents of domestic violence and poor family relationships; limited support from extended family. Family socially isolated or in conflict with extended family/friends. Accommodation in poor state of repair or overcrowded; family at risk of eviction due to arrears or action already being taken. Stress from overworking or unemployment; parents find it hard to find work. Low income plus additional factors eg; borrowing. Family isolated or socially excluded; poor relationship with the community; discrimination. Poor use of universal services; no community support.	Significant family discord and persistent domestic violence; family characterised by conflict and serious relationship difficulties; abusive sibling relationships. No effective support from extended family; negative input from extended family. Homeless or imminently homeless; accommodation poses a serious health and safety threat; family seeking asylum. Chronic unemployment having a severe effect on the family; family unable to gain employment due to lack of skills or other difficulties; no expectation for young people to work. Extreme financial difficulties; unable to meet basic needs. Family chronically socially excluded; high levels of conflict with the community. No access to universal services; community hostile.

Appendix 5:

Child protection; definitions and indicators

Definitions

Child protection is part of the safeguarding agenda that focuses on preventing maltreatment and protecting children at risk of neglect or abuse. Under the Children Act 1989, CSSW have a legal duty to investigate and take any action to protect children where there are concerns that they are at risk of suffering **significant harm**, which is defined as:

- **Neglect**: failure to provide basic care to meet the child's physical needs, such as not providing adequate food, clothing or shelter; failure to protect the child from harm or ensure access to medical care and treatment.
- **Physical abuse:** causing physical harm or injury to a child.
- **Sexual abuse:** involving children in sexual activity, or forcing them to witness sexual activity, which includes involving children in looking at or the production of pornography.
- **Emotional abuse:** failure to provide love and warmth that affects the child's emotional development; psychological ill treatment of a child through bullying, intimidation or threats.

Possible indicators of abuse and neglect

Neglect	• inadequate or inappropriate clothing • appears underweight and unwell and seems constantly hungry • failure to thrive physically and appears tired and listless • dirty or unhygienic appearance • frequent unexplained absences from school • lack of parental supervision
Physical abuse	• any injury such as bruising, bite marks, burns or fractures where the explanation given is inconsistent with the injury • injuries in unexpected places or that are not typical of normal childhood injuries or accidents • high frequency of injuries • parents seem unconcerned or fail to seek adequate medical treatment

Sexual abuse	• sexual knowledge or behaviour that is unusually explicit or inappropriate for the child's age/stage of development • sexual risk taking behaviour including involvement in sexual exploitation/older boyfriend • continual, inappropriate or excessive masturbation • physical symptoms such as injuries to genital or anal area or bruising, sexually transmitted infections, pregnancy • unwillingness to undress for sports
Emotional abuse	• developmental delay • attachment difficulties with parents and others • withdrawal and low self-esteem
Indirect indicators of abuse and neglect	• sudden changes in behaviour • withdrawal and low self-esteem • eating disorders • aggressive behaviour towards others • sudden unexplained absences from school • drug/alcohol misuse • running away/going missing
Parental attributes	• misusing drugs and/or alcohol • physical/mental health or learning difficulties • domestic violence • avoiding contact with school and other professionals

Appendix 6: Children with special needs - functional needs assessment matrix

FUNCTION	0 – NO PROBLEMS	1 - MILD	2 - MODERATE	3 - SEVERE	4 - PROFOUND	N – NOT TESTED
INTELLECTUAL LEARNING (1)	No Problems	• Usually functionally independent (allowing for age) • Identified Specific Leaning Disability (likely to have continuing educational implications).	• Psychometric / Developmental assessment reveals Moderate Learning Difficulty	• Psychometric / Developmental assessment reveals Severe Learning Difficulty	• Psychometric / Developmental assessment reveals Profound Learning Difficulty	Not Tested
GROSS MOTOR (E.G. MOBILITY) (2)	No Problems	• Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry. • Motor organisational difficulties • Mild motor impairment.	• Difficulty in changing positions. • Moderately delayed level of mobility • Walks with aids or assistance, may use wheelchair • May require postural management for function	• Requires assistance to move in and out of position. • Markedly abnormal patterns of movement. • High level of postural management required. • Unlikely to be independently mobile.	• Unable to walk / uses wheelchair exclusively.	Not Tested
FINE MOTOR (E.G. MANIPULATION) (3)	No Problems	• Possible tremor, unsteadiness, awkward release. • Delay in acquisition of skills • Some difficulties in play, writing, drawing or dressing.	• Restricted movements of one or both hands when reading / stretching / feeding / writing / dressing i.e. affects daily life. • Poor manipulative skills.	• Requires aids / assistance for fine motor function.	• No bilateral grasp and release. • Unable to feed self or write, might use a switch system.	Not Tested
VISION (4)	No Problems	• VQ < 6/18 in better eye. • Problem e.g. amblyopia in one eye. • Minor visual field loss.	• VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility). • Reads print with aids. • Defect in at least half visual field.	• Partially sighted i.e. VA 6/36 – 6/60 in better eye.	• (Registered) blind, i.e. Visual Activity (VA) less than 6/60 in better eye (unable to see hand movements).	Not Tested
HEARING (5)	No Problems	• One ear normal (<30 dB), profound loss in other (>70 dB). • Bilateral hearing loss of 30 – 40 dB.	• Bilateral hearing loss with 41-70 dB loss in better ear and / or failed free-field testing on 2+ occasions over a six month period.	• Hearing loss of 71 – 90 dB in better ear	• Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted.	Not Tested
SPEECH & LANGUAGE / COMMUNICATION (6)	No Problems	• Child may show isolated pockets of specific speech and / or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay.	• Child may show an uneven profile of development across verbal / non-verbal skills, demonstrating areas of strength as well as areas of difficulty. Alternatively the child may present with the moderate delay in acquisition of language skills in	• Communication difficulties present as the primary factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the key area of form, content	• Child presents with complex communication needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions. Alternative / argumentative systems used	Not Tested

			association with globally delayed learning skills and other areas of development.	and/or use.	as primary means of communication.	
FUNCTION	**0 – NO PROBLEMS**	**1 - MILD**	**2 - MODERATE**	**3 - SEVERE**	**4 - PROFOUND**	**N – NOT TESTED**
BEHAVIOURAL PROBLEMS (7)	No Problems	• Sometimes aggressive or difficult to manage / control (2+ times a week). • Sometimes tearful / depressed / anxious (unrelated to immediate circumstances). • Restless / distractible – often does not settle to age-appropriate activity. • Problems probably outside norms for age and social group.	• Frequent aggressive or difficult to manage / control (once a day). • Frequent tearful / depressed / anxious (once a day). • Rarely settles to age-appropriate activity. • Problems causing considerable difficulties to family or group.	• Persistently aggressive or difficult to manage / control (several times a day). • Depressed / anxious sufficient to be considered at risk of self harm or to be disrupting daily routines i.e. attendance at school. • Never settles to age-appropriate activity. • Unable to function in a group	• Aggressive behaviour causing significant injury to others requiring constant adult supervision. • Severe persistent self-harm behaviours (overdose, head banging, cutting) or assessed as suicide risk by appropriate child mental health professional.	Not Tested
SOCIAL / ENVIRONMENTAL (8)	N/A	N/A	THE community trust has no plans to use this category at this time	N/A	N/A	N/A
SELF HELP (9)	No Problems	• Some delay in independent function in relation to age norm. • Organisational difficulties requiring supervision.	• Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self-feeding regimes.	• Requires constant assistance with ADL.	• Totally dependant on others for ADL.	Not Tested
PHYSICAL HEALTH (10)	No Problems	• Well controlled symptoms.	• Partially controlled symptoms.	• Has a serious deteriorating illness. • Poor control of symptoms. • Oxygen dependant.	• Palliative care required. • Requires mechanical ventilation.	Not Tested
EATING DRINKING and SWALLOWING (11)	No Problems	• Copes well with wide variety of textures but occasional problems in chewing or controlling food and drink, particularly liquid, in the mouth. • Infrequent episodes of choking: minimal risk of aspiration. • Rejection or intolerance of some textures e.g. spits out or gags on lumps. • Manages without NG or gastrostomy.	• Some ability to cope with limited textures e.g. soft foods and thickened drink, but some loss of control of food and drink in the mouth. • Periodic episodes of choking: some risk of aspiration. • Wary and intolerant of the introduction of new textures e.g. averts head, pushes spoon away. • Needs intermittent NG or gastrostomy feeding.	• Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth. • Adverse reaction often observed when food or drink presented e.g. cries, extends. • Needs long term NG or gastrostomy feeding.	• Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth. • Frequent choking on all intake; significant risk of aspiration. • No oral feeding ability.	Not Tested