Derby City and Derbyshire Threshold Document

Providing effective multi-agency support

December 2019

Shared guidance to help all practitioners working with children, young people, families and carers to provide additional and early help, intensive and specialist support

Effective Support for Children, Young People and their families within Derby City and Derbyshire

Contents

To be read in conjunction with the **Derby and Derbyshire Safeguarding Children Procedures**				
Version	**Author/s**	**Signed off by**	**Date**	**Review Date**
1.	HoS Starting Point & HoS & Dep HoS First Contact Team, DDSCP Officer	DDSCP Policies & Procedures Group	October 2019	November 2020

1. Introduction

In 2018, the Government published revised statutory guidance, '**Working Together to Safeguard Children**: A guide to inter-agency working to safeguarding and promote the welfare of children'. It sets out the legal requirements that health professionals, social workers, police, education professionals and others working with unborn babies, children and young people must follow. It emphasises that safeguarding is the responsibility of all professionals working with children and provides advice in support of Sections 10 and 11 of the Children Act 2004 where the primary duties for all agencies are set out.

Working Together to Safeguard Children (2018) government guidance states:

> *Everybody who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.*

As a partnership we agree to help families and work with them to help prevent their children's needs escalating. All agencies will actively seek to work with the child and family at the most appropriate level of need.

This guide to effective support in Derby City and Derbyshire explains the criteria for providing help to unborn babies, children, young people, families and carers. It should be considered as the local 'threshold document' required by Working Together 2018 and should be read in parallel to this guidance, our local safeguarding children procedures and individual agency child protection policies. Working Together is statutory guidance and therefore all practitioners working with unborn babies, children, young people and families should make time to read the document and familiarise themselves with our local safeguarding children procedures. Local arrangements to implement the requirements should be prioritised by leaders and senior managers in every agency with responsibilities for unborn babies, children, young people, families and carers to enable them to safeguard children and to act in their best interests.

We believe that a collaborative approach and engagement in quality conversations is also necessary to identify and respond to the needs of unborn babies, children and young people. Thresholds should not be used as a single point of entry to access either intensive early help services or children's social care. An approach which relies on threshold indicators as a check list approach is mechanistic and on its own it is not able to take into account the complexities of individual children's lives. It can also emphasise family weaknesses and overlook the family's strengths which can then raise the threshold for concern unnecessarily.

Sometimes conversations about how families' needs can be met can be challenging; practitioners and families may not always agree. In such instances practitioners should seek support from their line manager or agency safeguarding lead and if necessary implement the Multi-Agency Dispute Resolution and Escalation Policy.

All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice.

Our vision is to ensure that unborn babies, children and young people access the right service at the right time, at the lowest appropriate level of intervention. In order to achieve this, constructive quality conversations need to form part of a meaningful assessment to improve decision making and joint working to provide the right help at the right time for families.

Our Principles for effective support

All practitioners are committed to working to the following principles:

- The child is at the centre of everything we do and we will listen to the voice of the child.
- Our aim is to build resilience in children and families by working to families strengths.
- We will work together, openly and honestly with children and families, this may include having challenging conversations with families.
- We recognise that families can identify their own strengths, needs and solutions. We will use evidenced based strengths and solution focused approaches to support families to do this and to build resilience in children and families.
- Children's needs will always take priority, therefore if a practitioner identifies risks which the family may or may not agree with appropriate action will be taken to keep the child safe.
- We will work with families at the earliest opportunity to help them identify things they want to change and the support they need to make it happen.
- Wherever possible needs will be met by universal services.
- We will be clear and consistent about the outcomes we are working towards.
- Once family circumstances improve, services will reduce or end, with a clear and agreed pathway forward, so we do not create dependence on services.
- We will fully utilise the support and strength available in our communities.
- We will work together aligning our resources so we can best support families and do what needs to be done when it is needed.

2. How we respond to the needs of Children and Families

All partners will offer support as soon as they are aware of an unborn baby/child/young person's additional needs; the levels of need referred to in this document are a means of developing a shared understanding about working with families. As with all guidance relating to access to services the most important part is forming an *informed* professional judgement about next steps. The criteria in this document should be used to guide

professional discussions and not to support fixed and inflexible positions. Their purpose is to help practitioners and managers make decisions about whether and how a family and its associated network are able to protect and promote the welfare of an unborn baby, child or young person.

It is important to note that unborn babies, children, young people and families rarely fall neatly into one level of need; they may have elements of need across more than one level and there will always be room for different interpretations. The framework provides a starting point for thinking and conversations; it is not intended to provide answers. Unborn babies, children, young people and families will also change and move levels as their needs and circumstances change.

Working in Partnership to help

In Derby City and Derbyshire, practitioners are seeking to work collaboratively and respectfully with the family (or with young people on their own where it is age appropriate) in order to support them to address their needs at the lowest possible level and at the earliest possible time. We recognise that each unborn baby, child, young person and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best intervention requires curious discussion, reflection and professional judgement.   In order to understand the unborn baby/child/ young person/family situation practitioners should consider the questions below within their assessment.

- What life is like *for each unborn baby/child/young person* and their family? What are the child's wishes and feelings?
- What are the harms or risks (past and present) that we are worried about in respect of an unborn baby/child/young person?
- Are there any concerns or risks external to the family, such as in the extended family, peer group, community, school or on-line?
- What has happened to this child/young person? What trauma may have impacted on them?
- What are we worried is going to happen to the unborn baby/child/young person in the future if nothing changes?
- What are the parents/ carers understanding of the situation and to what extent have they engaged with the services?
- What are the child/young person's and family's strengths? Could these be utilised?
- What support and interventions have been offered previously? Did these make a difference? If not, why not?
- What support and interventions can your agency offer this unborn baby/child/young person and family? Could this address the needs or is support required from another agency or other local facilities? What support is needed and how will this address the needs?

Practitioners are expected to use relevant assessments and assessment tools to support the identification of strengths, needs and concerns and their decision making about the level of support and services which are required. The Derby and Derbyshire Safeguarding Children Partnership have developed a number of assessments tools for use by partner agencies and practitioners. See Assessment Tools section in the DDSCP document library.

Increasingly we are seeing young people, mainly vulnerable adolescents, who are exposed to risks outside of their family environment, known as extra familial risks. Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises and responds to the risks and vulnerabilities that young people can face outside of the home such as within the community (e.g. risk of exploitation and grooming), risks within schools from peer relationships or online content which can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. It is crucial that all practitioners engage with individuals and sectors who have influence over/within extra-familial contexts, and recognise that assessment of, and intervention within these spaces are a critical part of safeguarding practices. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

3. Information sharing and consent

Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. Keeping children safe from harm requires practitioners to be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children. This includes when problems first emerge, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan).

Wherever possible, practitioners should seek consent and be open and honest with the child and family from the outset as to why, what, how and with whom, their information will be shared. Practitioners should seek consent where an individual may not expect their information to be passed on. Consent to share must be explicit and freely given.

Prior to making contact with any agency, including contact made via early help processes or to children's social care, practitioners should discuss needs and concerns with the family and seek the family's agreement. Consent from the parent/carer (and where appropriate the child/young person) should be obtained in writing prior to sharing an Early Help Assessment and/or Team Around the Family (TAF) documents. In all cases a record of the discussion and who gave consent must be made in the practitioner's records.

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put an unborn baby, child or young person's safety or well-being at risk. Where a decision to share information without consent is being considered, a discussion should take place with the practitioners manager or safeguarding lead to agree the action to be taken. A record of the discussion, decision making and a record of what has been shared, or not shared, should be kept.

See DDSCP Information Sharing Guidance for Practitioners

Considerations when consent is not given

Where the parent/carer or young person is consulted and refuses to give permission for information to be shared and contact with another agency made, further advice and approval should be sought from a manager or the Designated Senior Person or Named Professional within your organisation, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent/carers young person's wishes, it is still considered that there is a need to share information with other agencies:

- The reason for proceeding without agreement must be recorded;

- Children's Social Care or other service should be told that the parent/carer/young person has withheld permission;

- The parent should be contacted by the referring practitioners to inform that after considering their wishes, it is still felt necessary to share the information.

4. Levels of Need and Help

Level 1 – Universal – Open Access provision
All unborn babies, children and young people will receive **Universal Services**, however, some children, either because of their needs or circumstances will require extra support from these services to be healthy and safe and to achieve their potential. Universal and individual agencies will be able to take swift action within their services to address these low level needs. In Derby agencies may wish to use the Derby Early Help Pre-Assessment to identify and document low level needs and to develop a single agency action plan, which should be reviewed as appropriate.

Level 2 – Emerging Needs
Unborn babies, children and young people with **Emerging Needs** are likely to require co-ordinated support from more than one agency.   These services should work together to

agree what extra help may be needed to support an unborn baby, child or young person at an early stage. There is no need for intensive or specialist services to be involved.

Practitioners are expected to work collaboratively with one another to meet the unborn baby/child/young person's **emerging needs** and they may need to share information and engage with other services to do so. An Early Help Assessment is the most effective tool to use with the family, with their consent, to discuss and explore the family's strengths and the emerging needs of the unborn baby/child/young person. It can be used to agree a co-ordinated plan of support with the family and agencies and to review the progress made.

A Lead Practitioner from one of the agencies providing support will co-ordinate the actions identified in the assessment process, including any team around the family (TAF) meetings and act as a single point of contact for children and their family. Any practitioner involved with the unborn baby/child/young person and family can undertake the role of lead practitioner.

In Derby if a school identifies that the support required could be provided via the Derby City Council Early Help Schools Offer for targeted group work or an educational programme, a completed Derby Early Help Pre-Assessment can be used, with consent from the child and/or family.

For further information about our local arrangements, please see the DDSCP Providing Early Help procedure and the DDSCP early help webpage.

Level 3 – Intensive

Unborn babies, children and young people whose needs are more complex, including vulnerable children and those who have a complex disability and /or special education needs may need more intensive support and a number of the threshold indicators would be present to indicate need at level 3.

Prior to requesting services at **level 3 Intensive**, Practitioners are expected to have worked with the family within the Level 2 framework before making a referral to Local Authority Children's Services, unless there is a clear rationale for escalating the unborn baby/child/young person's needs before early help work has been completed. The evidence of this work would be provided within a new or updated Early Help Assessment and Team Around the Family (TAF) action plan which should set out the concerns of the family and the involved agencies.

Where the threshold is met for intensive support it will be offered via Local Authority Children's Services Multi Agency Team/MAT (Derby) or Early Help Team (Derbyshire) or following a single assessment via Children's Social Care (Section 17, Child in Need). The lead practitioner for intensive support will usually be from one of the above teams.

Level 4 – Specialist

Unborn babies, children, young people and families whose needs are complex and enduring will need more specialist support. More than one service is normally involved, with all practitioners involved on a statutory basis and a qualified Social Worker as the

professional lead. It is usually the local authority Children's Social Care service which acts as the lead agency.

Children's Social Care (CSC) has a responsibility to **Children in Need** under Section 17 of the Children Act 1989; that is, unborn babies/children/young people whose development would be significantly impaired if services are not provided.

For children in need, a referral to Children's Social Care is also appropriate when an unborn baby/child/young person's development is being **significantly impaired** because of the impact of complex parental/carer and or child/young person's mental ill health, learning disability, substance misuse or domestic abuse or very challenging behaviour in the home.

A social care request is also appropriate where parents/carers need support because of a disabled child/young person's complex care needs; or where there has been a family breakdown and children/young people may pose a risk to themselves or others. In these situations, Children's Social Care will work with families on a voluntary basis, often in partnership with other practitioners, to improve the welfare of the children and build strength and resilience in the family network to prevent problems escalating to a point where statutory child protection intervention or admission to Local Authority care is needed.

The second area of Children's Social Care responsibility is **Child Protection**; that is where Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether **a child is suffering or is likely to suffer significant harm**. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Compulsory intervention may include for example applications to the family court for Care Orders or Supervision Orders under Section 31 or in exceptional circumstances application for welfare Secure Orders under Section 25.

There are no absolute criteria on which to rely when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – unborn babies/ babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse and/or substance misuse and/or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Increasingly extra familial risks such as child sexual exploitation or risks of other types of exploitation, e.g. criminal exploitation or radicalisation, are a concern. Practitioners in all

agencies have a responsibility to make a request to Children's Social Care when it is believed or suspected that the unborn baby/child/young person:

- Has suffered significant harm – **Child Protection**

- Is likely to suffer significant harm – **Child Protection**

- Has significant developmental or disability needs, which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parents or carers) – **Children in Need** - children whose development would be significantly impaired if services are not provided.

5. Threshold Table

This table is intended to give an *indication* of thresholds through examples. It is NOT a definitive list and a professional judgement informed by relevant assessment must be applied when deciding the level of intervention when and where to refer. See DDSCP multi-agency safeguarding children procedures, document library for local assessments and tools.

Levels and Referral Routes	Needs	Suggested Services	Outcome
Level 1 Universal Open access to provision	Unborn babies/ children/young people and families who live in the area have core needs such as parenting, health and education and may need help to access services. Low level concerns regarding radicalisation/ extremism and channel processes identify support via universal services.	• Early years • Education providers • Primary health care, GPs, health visitors, school nurses, maternity services • Housing • Community health care • Community and children's centres • Leisure services Children are supported by their family and in universal services to meet all of their needs.	Unborn babies, children and young people make good progress in most areas of development.
Level 2 Emerging Needs **Co-ordinated support from more than one agency needed to meet unborn baby/child and family needs.** **The assessment and support is co-ordinated by a service and/ or people who know the child/ family best.** **The Early Help process is used**	Unborn babies/ children/young people and families with additional needs who would benefit from or who require extra co-ordinated help to improve education (including home education or any other specialist education provision), parenting and/or behaviour, or to meet specific health, development or emotional needs or to improve their material situation. This will identify children	• Parenting support • Support for families with disabled children, with consideration of siblings needs • Family Nurse Partnership • Extra health support for family members via GP, voluntary sector • Behavioural support • Early Help offer to schools for targeted group work and educational programmes • Housing/ tenancy	The life chances of unborn babies, children, young people and families will be improved by offering additional co-ordinated support preventing an escalation to statutory services.

Levels and Referral Routes	Needs	Suggested Services	Outcome
with an assessment, and a clear plan for review to ensure that the help on offer is making a difference. **This would be co-ordinated and managed by a Lead Practitioner from one of the agencies providing support i.e. early years, schools, health or community/ voluntary sector.**	at low risk of exploitation e.g. sexual, financial, emotional and criminal. Concerns about extremism/ radicalisation where Channel processes identify there are additional support needs.	support • Additional learning support • CAMHS tier 2 support to schools • Derbyshire Fire and rescue service input i.e. safe and well check • SEN support and help to find education and employment • Speech and language therapy • Children's centres and targeted youth work • Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation • Adult and young peoples' substance misuse services • Young carers	
Level 3 Intensive **Access requires the completion of an online referral form and /or the completion of an early help assessment to local authority children's services.** **An Early Help or Social Care Single Assessment would be completed with the family and a**	Unborn babies, children, young people and their families with multiple needs or whose needs are more complex, such as children and families who: • Have a disability resulting in complex needs • Exhibit anti-social or challenging behaviour, including the expression of radicalised thoughts or intentions	Due to the complexity of needs, especially around behaviour and parenting, a shared multi-agency assessment and co-ordinated plan is developed with the family. The assessment and plan is usually led by the lead practitioner from Children's Services. The service is provided ONLY with the consent of the	The life chances of unborn babies, children, young people will be significantly impaired without co-ordinated multi-agency support.

Levels and Referral Routes	Needs	Suggested Services	Outcome
child's plan would be developed if required following the assessment. **The Lead Practitioner will usually be from Local Authority Children's Services via Early Help Teams, Multi Agency Teams or Social Care.**	• Where there are concerns about radicalisation or extremism with concerning additional features and risk is increased due to additional vulnerability (alongside Channel processes) • Have experienced neglect or poor family relationships • Have poor engagement with key services such as school and health • Are not in education or work long term This will include children at medium risk of exploitation e.g., sexual, financial, emotional and criminal.	parents/ carers. A wide range of services might be involved in meeting the child and family's needs, e.g. CAMHS, adult mental health, adult or young peoples' drug/alcohol team, domestic abuse services or local authority disabled children's service.	
Level 4 Specialist **Access is mainly via completion of an online referral form, unless immediate Child Protection concerns when a telephone referral should be made.**	Unborn babies, children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect. This will include children at medium to high risk of exploitation e.g. sexual, financial, emotional and criminal. Also: • Those at risk of female genital mutilation (FGM), honour based violence and forced marriage • Children with significant	• Children's social care • Youth offending service • Criminal justice system • CAMHS tier 3 and 4 • In-patient and continuing health care for a child or parent • Drug and alcohol services for adults and young people • Fostering and residential care • Health care for children with life limiting illness • Services for	Unborn babies /children/ young people whose development would be significantly impaired if services are not provided. Unborn babies /children/ young people are likely to suffer significant harm/removal from home/ serious and lasting impairment

Levels and Referral Routes	Needs	Suggested Services	Outcome
	impairment of function /learning and/ or life limiting illness • Children whose parents and wider family are unable to care for them • Families involved in crime/misuse of drugs and/or alcohol/ domestic abuse at a significant level • Families with significant mental or physical health needs • Children whose care is significantly affected by parental involvement in terrorist ideology or activities where the child is likely to suffer harm by their own involvement in extremism	children with profound and enduring disability Referrals have to be made to services with the power to undertake statutory voluntary or non-voluntary intervention and services with specialist skills	without the intervention of specialist services, very often using their statutory powers

6. Next steps

When a practitioner is not sure about the level of needs and concerns they should speak to their manager, named professional or agency lead for safeguarding. Following this if they wish to speak to a social worker about ways to engage children and families in early help, their concerns and whether thresholds for Social Care or Early Help Team /Multi-Agency Team (MAT) have been met they can contact the local authority professional's advice line.

- **Derbyshire:** Consultation and Advice line at Starting Point 01629 535353 9am to 5pm Monday to Friday.
- **Derby City:** Childrens Services Professional Consultation Line 07812300329, available between 10am and 1pm.

How to make a referral to Local Authority Children's Services, including Social Care

If you have immediate child protection concerns "*where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm because of abuse or neglect*", please contact Starting Point via Call Derbyshire on 01629 533190, or the First Contact Team on 01332 641172 for Derby City. These requests must also be followed up in writing via the relevant online social care referral system within 48 hours.

- Derbyshire Starting Point
- Derby City Children's Social Care Online Referral System

For all other referrals into Derbyshire County Council please complete an updated Early Help Assessment to demonstrate your rational for the request for support. Referrals into Derbyshire (other than Child Protection referrals) will not be accepted without the completion of an Early Help Assessment; this can be attached to the online referral form. If the family does not consent to an Early Help Assessment or there has been a sudden escalation in needs, then a judgement should be made as to whether, without help, the needs of children will not be met. In these circumstances a referral would be accepted without the completion of an early help assessment.

For all other referrals into Derby City Council; if an Early Help assessment has been completed it should be sent to the locality Vulnerable Children's Meeting (VCM). If an Early Help assessment has not been completed the Derby City Children's Social Care Online Referral System should be used to make a referral and further discussion will be initiated with the referrer regarding whether an Early Help Assessment or Children's Social Care assessment is required.

For further information please see DDSCP safeguarding children procedures Providing Early Help and Making a referral to Social Care.

Appendix 1   **Derbyshire: If you are concerned about an unborn baby, child, young person or family**

Step 1: What is the nature of your concern?

Level 1 – Universal – open access to provision	**Level 2 – Emerging Needs**	**Level 3 – Intensive**	**Level 4 - Specialist**
Children who make good overall progress in most areas of development and receive appropriate universal services.	Concerns for child's well-being, child's needs not clear, not known or not being met. A range of early help services may be required.	Vulnerable children, whose needs are considered as being more complex, including babies and those who have a disability.	Child or family whose needs are more complex and enduring and cross many domains. (Usually social care who act as the lead agency)

Step 2: What action should you take?

Discuss with your manager how your own agency can address your concerns. Consider with the family what help may be needed. Develop a plan to address and review.	Discuss with your manager Talk with family and seek consent for early help assessment & seek other agency involvement. Develop an action plan, Team Around the Family (TAF) and review progress. If progress is not met review and consider if threshold is met for targeted Early Help Services. (Using the updated EHA to demonstrate the rationale for the referral).	Discuss concerns with your manager or safeguarding lead without delay Talk with the family, review the TAF plan with the family and involved agencies. Complete an electronic referral form and make a referral to Starting Point. (Using the updated EHA to demonstrate the rationale for the referral)	Discuss concerns with your manager or safeguarding lead without delay. Talk with the family - unless this puts the child at risk, refer to Starting Point via the online referral form or for immediate Child Protection concerns contact Starting Point immediately on the number below.

Step 3: Follow up if you need to make a request for support or a referral to Social Care

Consider using tools e.g. CRE checklist, GCP Consult with colleagues & establish if other agencies are involved	If TAF plan fails to achieve identified outcomes consider a request for support by completing an electronic Referral form. Go to: www.derbyshire.gov.uk/startingpoint	If TAF Plan fails to achieve identified outcomes consider a referral to Starting Point, via the electronic Referral form. Go to www.derbyshire.gov.uk/startingpoint	Contact Starting Point immediately on ☎ 01629 533190 if a Child Protection referral is required www.derbyshire.gov.uk/startingpoint

At all stages follow up referrals in writing within 48 hours using any existing assessments and/or for Children's Social Care, the child multi-agency referral form. Ensure the outcome of the referral is followed up.

Appendix 2   **Derby City: If you are concerned about an unborn baby, child, young person or family**

Step 1: What is the nature of your concern?

Level 1 - Universal – open access to provision	**Level 2 – Emerging Needs**	**Level 3 – Intensive**	**Level 4 – Specialist**
Need is relatively low & individual / universal services able to take swift action.	Concerns for child's well-being, child's needs not clear, not known or not being met. A range of early help services may be required.	A child or young person has needs which without intervention would seriously impair their health or development, or put them at risk.	A child or young person is at current risk of significant harm because of abuse or neglect.

Step 2: What action should you take?

Discuss with your manager how your own agency can address your concerns. Consider with the family what help may be needed Develop a plan to address and review.	Discuss with your manager Talk with family and seek consent for early help assessment & seek other agency involvement. Develop an action plan, Team Around the Family (TAF) and review progress. For Early Help Schools Offer complete the Derby Early Help Pre-Assessment and seek consent	Discuss concerns with your manager or safeguarding lead. Talk with the family, Early Help Advisor or ring the professionals' line if you are unsure. Complete an electronic referral form.	Discuss concerns with your manager or safeguarding lead without delay. Talk with the family, unless this puts the child at risk. Make an immediate referral to Social Care Provide a copy of the early help or other assessment, & any plans if available.

Step 3: Follow up if you need to make a request for support or a referral to Social Care

Consider using tools e.g. CRE checklist, GCP Consult with colleagues & establish if other agencies are involved.	If TAF plan fails to achieve identified outcomes consider a request for support by completing an electronic referral form. Go to: Derby City Children's Social Care Online Referral System	Use electronic referral form to refer to Social Care. Go to: Derby City Children's Social Care Online Referral System	Contact Social Care on 01332 641172 Derby City Children's Social Care Online Referral System

At all stages follow up telephone referrals in writing within 48 hours including any existing assessments, for Children's Social Care, the child on line referral form must be used.

Appendix 3: Threshold Indicators of Possible Need Table

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. The indicators are a guide and not a pre-determined level of response.

Level 1 – Universal – open access to provision

Unborn babies, children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary services.

Health
- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Developmental and health checks / immunisations up to date
- Developmental milestones and motor skills appropriate
- Sexual behaviour age-appropriate
- Good mental health, including maternal mental health in the unborn
- Pregnant women accessing appropriate ante-natal care and making good health choices for their unborn

Emotional/Behavioural development
- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings.
- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance.
- Ensure the child can develop a sense of right and wrong
- Parent shows warm regard, praise and encouragement

Identity and self-esteem
- Can discriminate between safe and unsafe contacts/relationships offline and online

Family and social relationships
- Stable and affectionate relationships with family
- Is able to make and maintain positive friendships on and offline
- Good relationships within family, including when parents are separated

Basic care, ensuring safety and protection
- Provide for child's physical needs, e.g. food, drink, and appropriate clothing, medical and dental care
- Protection from danger or significant harm
- Pregnant women ensure that the baby is not exposed to unnecessary risk in utero, and ensure that their own lifestyle choices do not impact adversely upon them

Housing, work and income
- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

Social and community integration
- Has friendships and is able to access local services and amenities
- Family feels part of the community

Education and Learning
- Access to books and toys
- Enjoys and participates in play and learning activities
- Has experiences of success and achievement
- Sound links between home and school
- Planning for career and adult life

Level 2 – Emerging Needs

Unborn babies, children and young people whose needs require some extra co-ordinated support from more than one agency. These services should work together to agree what extra help may be needed to support a child or young person at an early stage. There is no need for intensive or specialist services.

Health
- Missing immunisations/checks
- Child is slow in reaching developmental milestones
- Minor concerns re diet, hygiene, clothing
- Dental difficulties untreated/some decay
- 'Was not brought' to some routine and non-routine health appointments
- Limited or restricted diet e.g. no breakfast, no lunch money
- Concerns about developmental progress: e.g. overweight/ underweight, bedwetting/ soiling
- Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- Pregnant women missing ante-natal appointments and / or who do not prioritise the health of their unborn baby

Identity and self-esteem
- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be exhibiting bullying behaviour
- Lack of confidence is incapacitating
- Child/young person is beginning to show age inappropriate sexualised behaviour
- Child subject to persistent discrimination, e.g. racial, sexual, identity or due to disabilities

Family and social relationships
- Lack of positive role models
- Child has some difficulties sustaining relationships
- Unresolved issues arising from parents' separation, step parenting or bereavement
- Inconsistent responses to child/young person by parent/carer
- Parents struggling to have their own emotional needs met
- Child/young person not able to develop other positive relationships
- Starting to show difficulties with attachments
- A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
- No effective support from extended family or community
- Domestic abuse in the household

Emotional/Behavioural development
- Some difficulties with family relationships
- Child/young person has experienced a bereavement
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others/ has few or no friends
- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries/ constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age-appropriate self-care skills
- Parent/carer offers inconsistent boundaries/lack of routine in the home
- Child/young person spends considerable time alone, e.g. watching television or online
- Child/young person is not often exposed to new experiences; has limited access to play and leisure activities
- Parents who struggle to show emotional attunement with their child

Education and Learning
- Has some identified specific learning needs with targeted support and/or Education Health and Care plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality/pattern of regular school absences (including consideration for learning in all environments such as Elective Home Education)
- Not always engaged in play/learning, e.g. poor concentration
- Limited access to books/toys
- Some fixed term exclusions

Basic care, ensuring safety and protection

- Basic care is not provided consistently
- Parent/carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents
- Inappropriate child care arrangements and/or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent access to medical services e.g. GP/ Emergency Department/Ambulance Service
- Failing to bring the child to planned medical appointments where there is a known health need, or for routine health care such as immunisations. Not seeking appropriate medical advice when in the child's best interest
- Parent/carer stresses starting to affect ability to ensure child's safety

Housing, work and income

- Family seeking asylum or refugees
- Periods of unemployment of parent/carer
- Parents/carers have limited formal education
- Low income/ financial/debt difficulties
- Poor state of repair, temporary or overcrowded, or unsafe/unclean housing
- Intentionally homeless
- Serious debt/poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in education employment or training post-16

Social and community Integration

- Some social exclusion or conflict experiences
- Low tolerance of other groups in Community characterised by negativity towards them
- Difficulty accessing community facilities
- Adult family members, child/young person can behave in an anti- social way in the community

Level 3 – Intensive

Vulnerable unborn babies, children and young people and those who have a disability. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at a level 3 criteria. More than one service is likely to become involved. It is expected that the updated Early Help Assessment will provide clear analysis and rationale for both the family and other services that **Level 3 Intensive** threshold has now been met. If it was considered that the Team Around the Family (TAF) plan had not met the child / family's emerging needs and that threshold for Level 3 Intervention was met, consideration would be given to the role of intensive services being offered via Children's Services Early Help Team/Multi-Agency Team (MAT) or the completion of a Single Assessment by a qualified Social Worker.

Health
- Child has chronic/recurring health needs; not treated, or inadequately managed
- Developmental milestones are not being met due to lack of stimulation or inappropriate parental care
- Self-harming behaviours
- Child has significant physical and/or learning disability
- Mental health issues emerging e.g. anxiety; depression; eating disorder; self-harming
- Substance misuse issues
- Behavioural and neuro-developmental disorders e.g. Conduct Disorder, ADHD and Autistic Spectrum Disorder
- Dental decay as a result of poor diet or management with irregular access to dental services
- Pregnant women who do not prioritise the health of their unborn baby

Emotional/behavioural development
- 'Unsafe' or age inappropriate sexualised behaviour
- Child/young person has experienced a bereavement
- Child appears regularly anxious, angry or fearful
- Young carer whose development is being compromised by virtue of having those responsibilities
- Changed behaviour and reference to radicalised thoughts and threats to act
- Young people committing offences resulting in Youth Offending Services intervention
- Parents struggle/refuse to set effective boundaries e.g. ineffective/ restrictive/ involving physical chastisement
- Disability prevents appropriate self-care in a significant range of tasks
- Child or young person exhibits risk taking behaviours and often puts themselves in danger offline and/or online

Family and social relationships
- Relationships with carers characterised by unpredictability
- Family have physical and mental health difficulties impacting on their child

Basic care, ensuring safety and protection
- Domestic abuse in the home
- Parent's mental health difficulties, learning disability or substance misuse affect care of child/young person
- Child has few positive relationships
- Child has multiple carers, some of whom may have no significant relationship with them

Education and learning
- Consistently poor nursery/school attendance and punctuality (including all environments such as Elective Home Education)
- Young child with few, if any, achievements
- Not in education (under 16)
- Unsuitable home education
- Misses school consistently
- Challenging at school, possible threat of exclusion and school have been providing support for some time

Social and community Integration
- Some social exclusion or conflict experiences
- Low tolerance of other groups in community characterised by negativity towards them
- Difficulty accessing community facilities
- Adult family members, child/young person can behave in an anti- social way in the community
- Community are hostile to family
- Exposure to risks outside of the family environment e.g. child at risk of exploitation

Identity and self-esteem
- Presentation (including hygiene) significantly impacts on interpersonal relationships
- Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
- Child/young person is isolated and has very few positive relationships

Housing, work and income
- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term health issues or substance misuse
- Insecure housing due to debt
- Home environment unfit for unborn baby/child/ young person

Level 4 – Specialist

Unborn babies, babies, children, young people and families whose needs are complex and enduring and cross many domains. More than one service is normally involved, with all professionals involved on a statutory basis with qualified social workers as the professional leads. It is usually local authority Children's Social Care who act as the lead agency.

Health

- Child/young person has severe/chronic health needs
- Poor nutrition or faltering growth
- Parent/carer failing to facilitate appropriate medical care placing the unborn baby/child at risk of harm or compromising their development
- Significantly obese/ underweight
- Significant dental decay through persistent lack of dental care
- Persistent and high risk parental and or young person's substance misuse
- Concerning/risky sexual activity and/or early teenage pregnancy (under 13 or if the young person is considered vulnerable)
- Child at risk of exploitation (CRE) medium or high risk
- Sexual abuse or risk of sexual abuse
- Evidence of significant harm or neglect
- Non-accidental injury and/or unexplained injuries
- Acute mental health difficulties e.g. severe depression; suicidal ideation or self-harm
- Physical/learning disability requiring intensive support or supervision
- Pregnant women who repeatedly fail to ensure that their baby is not exposed to unnecessary risk in utero
- Suspicion /evidence of Fabricated or Induced Illness (FII)

Basic care, ensuring safety and protection

- Parent/carer's mental health, learning disability or substance misuse that significantly affects care of child
- Parents/carers unable to care for previous children
- Parent/carer is failing to provide adequate care
- Persistence abuse/violence in the home
- Parents/carers involved in violent or serious crime, or crime against children
- Non-compliance of parents/carers with services
- Child/young person at risk of or subject to neglect and/or abuse
- Parents/carers own needs mean they are unable to keep child/young person safe

Emotional/Behavioural development

- Puts self or others in danger e.g. missing from home
- Child/young person has experienced a bereavement
- Concerning/risky sexual activity/age inappropriate sexual behaviours and/or early teenage pregnancy
- Challenging behaviour at school, home or in the community which may put self or others at risk of harm
- Allegations that the child/young person has harmed others
- Serious or persistent offending behaviour
- Severe emotional/behavioural challenges
- Parent's own emotional experiences impacting on their ability to meet child/young person's needs
- Child has no-one to care for him/her
- Ineffective boundaries set by parents/carers
- Multiple carers
- Child 'beyond parental control'

Identity and self-esteem

- Child/young person likely to put self at risk
- Significant parent and or child mental health needs
- Severe disability – child/young person relies totally on other people to meet care needs

Education and Learning

- No school placement due to parental neglect
- Child/young person is out of school due to parental neglect
- Permanent exclusion from school/parental non engagement with services
- Child is in unsuitable home education

Housing, work and income

- At risk of homelessness or homeless 16-17 year olds
- Families at risk of homelessness
- Families with no recourse to public funds
- Housing dangerous or seriously threatening to health/well-being of unborn baby/child/ young person
- Extreme poverty/debt impacting on ability to care for unborn baby/child/young person

Family and social relationships

- Relationships with family experienced as negative and detrimental to the child/young person's health and/or development
- Rejection by a parent/carer; family no longer want to care for - or have abandoned child/young person
- Family breakdown related to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or neglect
- Young person is main carer for family member
- Significant parental/carer discord and persistent domestic abuse and discord between family members
- Child/young person in need or where there are child protection concerns
- Individual posing a risk to children in, or known to, household
- Family home used for drug taking, sex working or illegal activities
- Parent's/carers own needs mean that they are unable to keep the child/young person safe or provide adequate care

Social and community Integration

- Significant social exclusion or conflict experiences
- Difficulty accessing community facilities
- Adult family member's, child/young person can behave in an anti-social way in the community
- Evidence of radicalisation
- Extra familial risk issues, including child at risk of exploitation (CRE) medium or high risk

Specific issues

- Professional concerns – but difficulty accessing child/young person
- Unaccompanied asylum seeker child/young person
- Trafficked child/young person
- Privately fostered child or young person
- Children who pose a risk to other children
- 'Honour' based abuse/violence/forced marriage/ female genital mutilation (FGM)
- Allegations against staff, carers and volunteers

Appendix 4: **Glossary of Key Definitions and Acronyms**

	Acronym	Definition
Derby and Derbyshire Safeguarding Children's Partnership	DDSCP	Partnerships established under Working Together 2018 to replace LSCBs. The Partnership is comprised of key senior officers from the Police, Local Authority and Clinical Commissioning Group (CCG) who work collaboratively to strengthen the child protection and safeguarding system.
Early Intervention	EI	A principle of service delivery in health and social care that emphasises the importance of intervening in families positively at an early point to provide appropriate support, promote health and well-being and prevent deterioration in circumstances.
Multi-agency working	MA	Work across organisations to deliver services to people with multiple needs. Multi-agency working is about providing a seamless response to individuals with multiple and complex needs.
Contextual Safeguarding	CS	Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. This approach expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.
Intra-familial abuse	IFA	Intra-familial child sexual abuse refers to child sexual abuse (CSA) that occurs within a family environment. Perpetrators may or may not be related to the child.
Extra-familial abuse	EFA	Sexual abuse by anyone other than a relative; abuse from outside the family and family control
Early Help Assessment	EHA	An early assessment and planning tool to facilitate coordinated multi-agency support. It enables professionals to efficiently identify the emerging needs of children and young people at risk of poor outcomes reducing duplication of assessment and improving involvement between agencies.
Team Around the Family	TAF	A group of multi-agency professionals who are working with a family to provide help and support for specific needs.
Solution Focused Approach		Solution-focused approaches places focus on a person's present and future circumstances and their goals rather than past experiences.
Children's Social Care	CSC	Services provided to children by Local Authorities.
Looked After Children	LAC	Children cared for by the local authority. They may live with foster carers, other family members or in residential care.
Multi Agency Public Protection Arrangements	MAPPA	Arrangements to ensure the successful management of violent and sexual offenders.
Multi Agency Risk Assessment Conferences	MARAC	Multi-agency processes which focus on the victims of domestic violence where there is a high or very high risk. They aim to provide a co-coordinated response to support the victim and to link into relevant groups
Child and Adolescent Mental	CAMHS	NHS Services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.

	Acronym	Definition
Health Services		
SEN	**SEN**	A child or young person has *SEN* if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. SEN Support is the process and approach to meet the needs of children with SEN.
Female Genital Mutilation	**FGM**	Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but there is no medical reason for this to be done. It's also known as female circumcision or cutting, and by other terms, such as sunna, gudniin, halalays, tahur, megrez and khitan, among others.
Prevent		Partnerships established as part of the UK's counter terrorism strategy, a multi-agency process aimed at preventing people from becoming involved in terrorism or supporting terrorism.
Channel		Multi-agency safeguarding process and early intervention strategy aimed at identifying and supporting individuals (including children) vulnerable to the recruitment of violent extremism.
Strengths based approach		An approach focusing on identifying families' strengths, as well as their difficulties. Supports the family to identify the skills they have and how these can be built upon in order to make meaningful change in their lives.
Child at Risk of Exploitation	**CRE**	Child exploitation relates to forms of child abuse including (but not exclusively) the sexual and criminal exploitation of children under 18 years of age and possibly up to age 25 for children who have Special Educational Needs and Disability (SEND); or have previously been in the care of the Local Authority

END