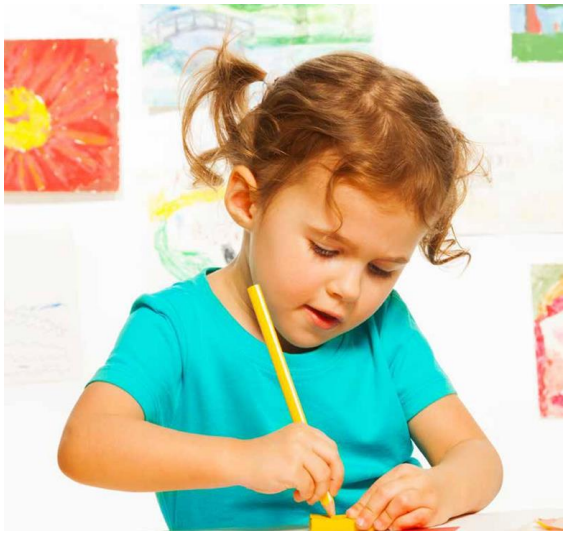
Multi-Agency response to the continuum of need

Helping families to thrive and be safe



November 2022

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Introduction

Who is this guidance for?

This guidance is aimed at every agency, statutory, voluntary, private and independent which works directly or indirectly with children, young people and families.

Purpose

Warrington's continuum of need sets out our approach to keeping children in Warrington safe and protected from harm. Across the continuum of need we want professionals to be confident that the right help is given to the right children at the right time and for the right duration.

This guidance is designed to encourage early conversations when we have emerging worries about children, and to acknowledge that all professionals will need a framework to help them recognise risk and agree an appropriate response.

Partnership working is essential to reduce the need for more intensive interventions at a later stage this improving long term outcomes for children and young people.

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

The tables within the guidance sets out examples of the types of presenting risks, needs or concerns and gives an indication of the type of service response that may be most appropriate.

Using the guide to support decision making and inform their conversations with others will help professionals to make sure the child they are worried about will get the right service at the right time for the right duration.

This guidance will never give all the answers, nor will it ever take the place of talking to each other, sound professional judgement and good communication.

Key Messages!

"The right help, the right time, the right duration".

"Early conversations are crucial".

Continuum of Need Model

Conversation Opportunities

Conversation opportunities are the phone calls and meetings that take place between children, their families and professionals. They also take place between professionals who believe that a child's needs are not being met or that something more or different is needed to improve the outcomes and quality of life for that child.

In order to ensure that all children and young people are receiving the right services at the right time and for the right duration, conversations need to be constructive.

Most constructive conversations will start with the child and their family because an anxiety or uncertainty has arisen about the welfare of a child. Working with the child and their family to address worries as they arise, rather than waiting for concerns to escalate is appropriate for the majority of children and can ensure much needed consistency for a family. Providing encouragement, building on strengths and sharing information with or about other services that might help are all key ingredients to promoting children's wellbeing.

Different professionals will each have important knowledge to share and a crucial role to play in supporting a family. This highlights why conversations are so important and why drawing professionals and family together in a coordinated way is helpful to the whole family.

Most important is knowing when it is appropriate for professionals to make contact with statutory services to discuss safeguarding concerns. Sometimes this will be because the early help provided is not working and things are not getting better for the child. This should be discussed and agreed with the parents/carers and the other agencies involved first. However, sometimes it is because an incident, or an injury to the child, or something the child has told you suggests they are at immediate risk of harm or have been harmed. In these circumstances consultation with the Multi Agency Safeguarding Hub should be regarded as one of the most vital conversation opportunities. These conversations should be recorded.

Continuum of Need Model

Spectrum of need

The Continuum Tool identifies four areas of vulnerability, risk and need to assist practitioners to identify the most appropriate service response for children, young people and their families. These are:

Universal

No emerging concerns. Services are available to everybody and can be accessed by anyone without additional support. Universal provision is fluid throughout all the levels.

Universal Plus

Providing support as soon as a problem emerges. **Usually a single agency response** and coordination is usually by the service/ agency who knows the family well. An Early Help Assessment is the recommended tool to identify needs.

Partnership Plus

Multiple and complex concerns apparent which require **a multi-agency and targeted approach**. **Early Help assessment is essential** and lead professional identified to support.

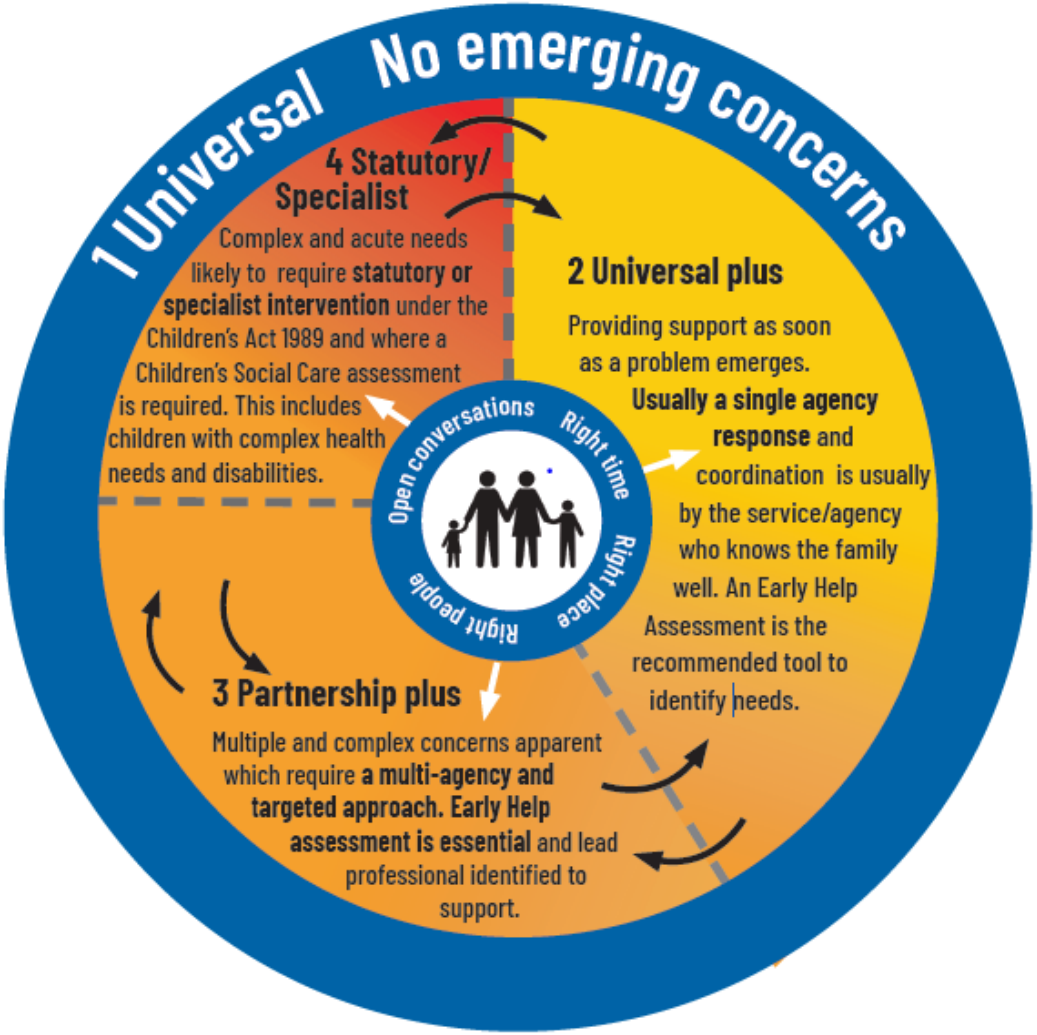
Statutory / Specialist

Complex and acute needs likely to require **statutory or specialist intervention** under the Children's Act 1989 and where a Children's Social Care assessment is required. This includes children with complex health needs and disabilities.

Intervention is most likely to be successful if:

- it is child centred and non-stigmatising
- it involves and empowers the family
- it is provided within the community, with a good understanding of what support and facilities are available
- it can be provided straight away and not after a long wait or an appointment

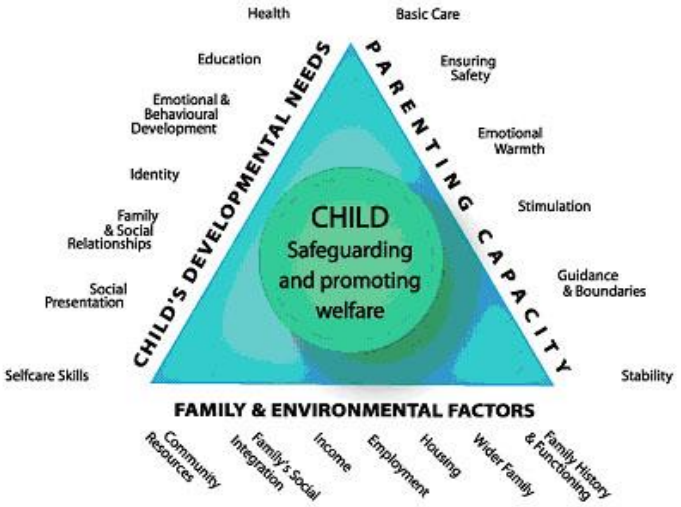
Diagram of Continuum of need



Continuum of Need Matrix

Descriptors
A set of descriptors and indicators have been laid out in the document to enable partner agencies to use shared terminology and develop a shared understanding of areas of need, risk and vulnerability. They provide a detailed breakdown of the three domains and dimension of the Framework for Assessment of Children in need and their families:

The child's developmental needs
Parenting Capacity
Family and environmental factors



The descriptors and indicators are indicative rather that definitive, but will help to provide an evidence base for conversations, professional judgement and decision making. The descriptors and indicators cannot reflect or predict sudden changes in the child's world and any sudden change in a child's presentation should be explored to establish if there is a cause for concern. In addition the age of the child and any protective factors that may enhance resilience need to be taken into account. The lack of impact of previous or on-going service involvement should also be noted as a concern.

This dynamic model provides a needs led, outcome focussed matrix of need and vulnerability which, when used effectively can match the child/young person's needs with the appropriate assessment and provision.
At no time must disagreement prevent a child from being safeguarded. If you are not getting the response you feel is appropriate, please refer to the policy **"Multi Agency Professional Challenge and Escalation"**. This provides the procedures to be followed when disputes cannot be resolved through discussion and negotiation between practitioners at front line level.

Child Neglect

Be professionally curious

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

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

We know that it is better to help children as early as possible before issues get worse. That means all agencies and practitioners need to work together- the first step is to be **professionally curious.**

While the presence of a potential indicator of neglect does not necessarily mean that a child is being neglected, it will always warrant further investigation.

In Warrington practitioners are encouraged to use the **GCP2 tool.** The GCP2 is a tool designed to provide an objective measure of the care of children who are, or maybe suffering from neglect.

Please see Warrington's Neglect Strategy and Practice Guidance

The lived experience for the neglected child

Neglect can have serious and long-lasting effects. It can be anything from affecting early brain development, language delay, physical injuries from accidents, low self-esteem, poor school attendance, to self-harm and suicide attempts. In the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities.

Though neglect can affect any child, its impact particularly infants and very young children who, among all age groups, are the highest risk of death and/or incurring lasting mental and physical damage.

Are you confident that you know what child neglect is?

- Neglect is the failure to meet a child's basic needs. Neglect can happen over a period of time, but can also be a one off event.
- Incidents often don't meet Social Care or Criminal Thresholds: it is a cumulative effect that is the most impactful
- A child may be left hungry or dirty, without adequate clothing, shelter supervision medical or health care.
- A child may be put in danger or not protected from physical or emotional harm
- They may not get the love, care and attention they need from their parents
- A child who is neglected will often suffer from other abuse as well, both inside and outside the home.

Trauma Informed Practice

"The intention of trauma-informed practice is an increased understanding of the ways in which present behaviours and difficulties can be understood in the context of past trauma." (Wilkinson 2018)

"Trauma results from the way children experience adverse events not the events themselves. Some children suffer multiple adverse events without being traumatised, whereas others are overwhelmed by apparently less serious experiences." Furnivall & Grant (2014)

Childhood experiences impact on lifelong health and opportunity. Adverse childhood experiences (ACEs) refer to stressful or traumatic events that children and young people can be exposed to. ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment.

When repeatedly exposed to ACEs, corticotrophin-releasing hormones (CRH) is continually produced by the brain, which results in the child remaining permanently in this heightened state of alert and unable to return to their natural relaxed and recovered state. Children and young people who are exposed to ACEs therefore have increased – and sustained – levels of stress. In this heightened neurological state a young person is unable to think rationally and it is physiologically impossible for them to learn or develop in the same way a child not having these experiences will.

How can we respond?

- Listen to the child's experiences. Think about how those experiences will have an impact on their development and on their behaviours.
- Recognise the signs, and see beyond a child just 'acting out'.
- Give children choices and allow them to feel more in control.
- Understand that there will be mistrust. We need to try and build a relationship with the child that is different to ones they have experienced previously.
- ACEs tend to be passed from generation to generation. If parents do not receive support to reflect upon childhood stressors, and to explore how these may feed into current behaviours and ongoing health issues, this in turn will impact on their ability to parent well.

Domestic Abuse

Domestic Abuse (DA) is any incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

In 90% of reported domestic abuse incidents, children have either been present in the same or a nearby room. Most children exposed to domestic abuse are impacted on an immediate and longer term basis (Stanley 2011). This can include feeling frightened, becoming withdrawn, blaming themselves, bedwetting, running away, not achieving their full potential in terms of growth and development and lead to long term emotional and social difficulties.

The Domestic Abuse Act 2021, recognises that children and young people are victims in their own right and has placed a statutory duty on LA's to ensure that sufficient support is available for them to help deal with the effects of living with Domestic Abuse. Identifying Domestic Abuse at the earliest point provides the greatest opportunity to protect and safeguard, negating the devastating impact domestic abuse has upon children and adults.

Risk Assessment Tools

Domestic abuse assessment tools should be used in conjunction with wider safeguarding assessments.

Parents and Carers

DASH Risk Checklist: This form can help to identify the level of risk posed to an adult and it also enables the victim to see what factors are placing them at increased levels of risk. In Warrington there is an expectation that all practitioners will use the DASH Risk Checklist to develop an understanding of the risk in relation to domestic abuse. A quick start guide and the DASH risk checklist can be accessed at Resources for identifying the risk victims face | Safelives

There is also a version of the DASH risk assessment for young people (aged 13-17 who are affected by parental domestic abuse and abuse within own relationship) Young people's Dash risk checklist with guidance

Support Services - See link for all DA support services and a copy of the latest DA Strategy Domestic abuse support | warrington.gov.uk

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online 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. Different forms of abuse and exploitation we see within the community include;

- Child Sexual Exploitation
- Child Criminal Exploitation
- County Lines - Exploitation by criminal gangs and organised crime groups such as county lines.
- Trafficking and Modern Day Slavery.
- Radicalisation of children and young people by extremist groups.

How do I refer a child at risk?

Where Exploitation, or the risk of it, is suspected, practitioners should always complete the Cheshire Contextual Screening Tool If, after discussion there remain concerns, a referral using the Multi Agency Request for Services (MARS) form MUST be made to Children's Social Care.

When practitioners have concerns that a child is linked to a perpetrator(s) or other young people at risk of exploitation or has concerns about a location these will be discussed at the monthly Exploitation and community mapping meeting

Assessment Process

The MARS will be screened and considered at the Multi agency Contextual Safeguarding Huddle meetings. These take place three times per week within the MASH.

Children assessed as Low Risk

If the child or young person requires intervention to educate and to prevent any further incidents, intervention from the most appropriate service from Early Help service is considered. The child/young person or family may be signposted to the Youth Service or School to provide the low level intervention.

Children assessed as Medium Risk

For children screened as medium risk a decision will be made about which agency is best placed to complete an assessment and undertake work with the child / family. The Contextual Safeguarding Lead will then monitor and review these children to ensure there is an effective plan in place to address the identified issues that aims to support a reduction in risk.

Children assessed as High Risk

All children screened as high risk will be considered for a multi-agency strategy meeting at the point of referral, alongside the completion of a child and family assessment. The strategy discussion and assessment will consider the appropriate plan and pathway for the child. These children will have reviews chaired by the Contextual Safeguarding Lead.

Children with Disabilities

Children with a disability are children first and foremost, and deserving of the same rights and protection as other children. By definition, any child with a disability should also be considered as a child in need. A child can be considered to be disabled if he or she has significant problems with communication, comprehension, vision, hearing or physical functioning.

Children and Young People (CYP) with disabilities are known to be more vulnerable to neglect and abuse than their peers and are more likely to experience multiple forms of abuse. However they are less likely to be subject to a child protection plan. There are a number of factors that can increase the risk of harm to CYP with disabilities and a number of barriers that can make it difficult for them to seek help or for professionals to recognise the indicators of abuse and neglect.

As a professional if you believe that a child with a disability (you are supporting) may be best placed to receive additional services from Children Social Care then a referral should be submitted to Multi Agency Safeguarding Hub (MASH) using the Multi-Agency Request for Service (MARS) form. Once screened a decision will be made by MASH about the most appropriate level of need. **Consent is required from the family before a referral can be accepted.**

It is recognised that any parent of a child with a disability may make a request an assessment of their child. In such circumstances full consideration should be given to whether this assessment should take place under S17 or via an Early Help Assessment – the child (if appropriate) and parents/carers should be involved in this decision.

If a referral is received regarding a child/children and the primary reason for the referral is due to safeguarding concerns then the assessment will be completed by a Social Worker in the Child in Need team. On completion of the assessment if it is felt the child or family would be best supported by the Children with Disabilities Team then a case discussion will take place between the Team Manager of Child in Need team and the Children with disabilities Team Manager to consider who would be best placed to support the family.

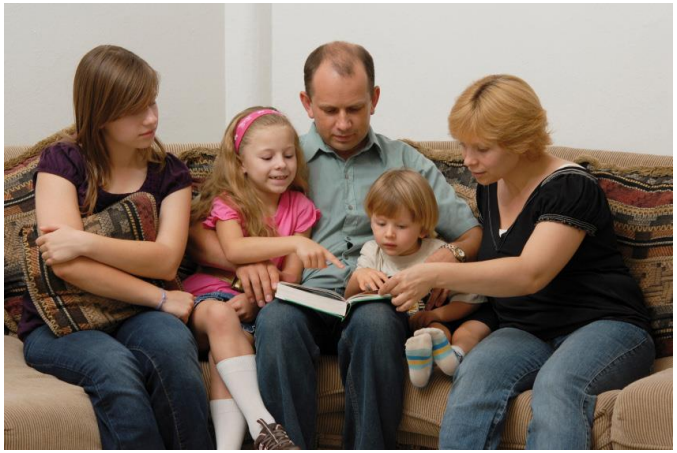
For children and families already being supported by Early Help services, where it is considered an assessment by Children Social Care is required, the family should be discussed at the weekly Step-up meetings held involving Managers from both Early Help and Children's Social Care. At the meeting consideration will be given about how the family's current circumstances, the current assessment, and how best the family should be supported. Decisions will then be made about the threshold of need and which agency is best placed to take the lead and complete ongoing work.

Early Help

Early help and early intervention mean taking action to support a child, young person and their family early on when a problem emerges. It can be required at any stage in a child's life from pre-birth through to adulthood and applies to any problem or need that the family cannot deal with or meet on their own.

We know from what children and their families tell us that it can be daunting asking for help.

Families have told us that they don't want to have to tell their story more than once to lots of different people.



Early help is provided to prevent or reduce the need for statutory or specialist interventions wherever possible. Early help seeks to meet the unmet need, support to resolve the problem and prevent it becoming entrenched.

Within this context our early help approach is based on a set of shared principles:

Early help is everyone's responsibility. All children and young people should have the opportunity to reach their full potential. Parents have the primary responsibility to meet the needs of their children and ensure the wellbeing and prosperity of their family. We recognise that parenting can be challenging and asking for help should be seen as a sign of responsibility rather than a parenting 'failure'. It is essential that when support is required, we all act to provide the right help, from the right worker, at the right time, to improve children's life chances.

Wherever possible all children and families' needs will be met by universal services. Universal services working with children and adults have a vital role to play to ensure families are achieving positive outcomes, to be aware of potential difficulties and act early to prevent needs escalating. Universal services must remain involved even if a child is receiving additional, targeted or specialist support to ensure there is a joined up, whole system response to meeting needs.

Listen to children and families and treat them as partners. In most cases it should be the decision of the parents when to ask for help or advice, although there are occasions when practitioners may need to engage parents actively, and with their consent, help them to prevent

problems becoming more serious. All services must keep the child at the centre of the solution, encourage families to harness their own resourcefulness and build supportive community networks, thereby enabling families to develop resilience.

Focus on whole Family working and "think family". Warrington is committed to a culture shift in the way that we engage and work with families. In particular, adopting a 'whole family approach' and strongly encouraging multi-agency working. This requires a workforce development strategy that underpins all work with children and families across the levels of need. The principles of 'whole family working', 'sustained outcomes' and building 'progression' into the way that we work with families will help to ensure that education, employment and training are a key feature in families' action plans.

All services will work together with children and families to promote family strengths, build resilience and independence. This includes effective information sharing and joint working between professionals in children's and adult's services to reduce the impact that adult's problems have on children's experiences.

Understanding needs. We can best understand the needs of children and families within their communities and maximise our multi-agency resources using evidence-based approaches, learning from feedback and listening to the voice of the child and family. With robust performance management in place we will be able to evidence positive, sustainable impact and best value.

Provide clear pathways to support. We want all families to have easy access to support when it is needed. We will set out clearly what support is available and make it easy for families to contact services themselves.

Everyone will encourage integrated working. This includes anyone who works with children and families, part or all of the time; whether employed, self-employed or in a voluntary capacity. If you are a nurse, volunteer, teacher, early help worker, sports coach, social worker or any other member of the children's workforce, integrated working and building strong working relationships concerns you. We want the services supporting children and families to work much more closely together, forging lasting and meaningful relationships that improve the lives of the children of Warrington in the short, medium and long term.

For more information on Early Help and to access the Early Help strategy go to Early help | warrington.gov.uk

For more information on pathways to support families access the Warrington Local operational and assessment protocol.

My Life Warrington directory is full of help, advice and events in Warrington from early years to activities and support for adults and our Local Offer.

Consent, Confidentiality and Information Sharing

"Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual or if to gain consent could place a child at risk" **Information Sharing Guidance : July 2018 (Advice for Practitioners providing safeguarding services to children, young people parents and carers July 2018).**

Knowing when and how to share information isn't always easy – but it's vital to try and get it right. Children, young people and their families need to feel that their confidentiality is respected. In most cases, you will only share information about families with consent – but there may be circumstances when you will need to override this. Refusal to give consent to share information or to engage with services should not be seen in isolation as a reason to escalate concerns to the next level. This is more likely to alienate the family than secure cooperation. All agencies, but particularly those who are referring, have a responsibility to endeavour to engage positively with the family they intend to refer, to work alongside children, young people, parents and carers to develop relationships that are experienced as supportive and helpful rather than critical and punitive. Building on strengths while being honest about the worries that are identified is the best way of securing both consent, engagement and participation to improve the lived experience of children and their families.

In general, conversations about what is worrying you happens with the family first to test if they share your worries and assess what help they need. If parents understand that you are trying to help and are willing to work with you, they may be open to you making a referral for them to get additional support as required, which will need their explicit consent. Consent means that the family is fully informed about the services they are being referred to, agree with the referral being made and understand what information professionals are passing on and why.

Wherever possible, you must consider consent and be open and honest with the family from the outset as to why, what, how and with whom, their information will be shared. When you gain consent to share it must be explicit, freely given and a record made of what they have consented to.

There may be some circumstances where it is not appropriate to seek consent:

- because the individual cannot give consent,
- it is not reasonable to obtain consent,
- to gain consent would put a child or young person's safety or wellbeing at risk.

Where a decision to share information without consent is made, a record of what has been shared should be kept and why seeking consent was not appropriate. It is preferable that a decision by any professional not to seek parental permission has approval from their line manager and is recorded.

Where a parent has agreed to a referral, this must be recorded and confirmed as part of the referral. Where the parent is consulted and refuses to give permission for the referral, further advice and approval must be sought from the agency's relevant Designated Senior Person or Named Professional, 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's wishes, it is still considered that there is a need for a referral:

• The reason for proceeding without parental agreement must be recorded

• Children's Social Care must be told that the parent has withheld her/his permission

• The parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made.

Click here to access further guidance on UK General Data Protection (GDPR) and the Data Protection Act 2019

Professionals in all organisations have a responsibility to refer a child or young person to Children's Social Care if:

- There are serious concerns about the child or young person's wellbeing.
- The child or young person is suffering significant harm.
- The child or young person is likely to suffer significant harm.

Professional Curiosity

Practitioners need to explore and understand what is happening to a person or within a family rather than making assumptions or accepting things at face value.

Professional curiosity requires practitioners to think 'outside the box', perhaps beyond their usual professional role, and to consider families' circumstances holistically. Curious professionals engage with individuals and families through visits, conversations, observations and asking relevant questions to gather historical and current information.

Look - Does anything make you feel uneasy? Are there indications of abuse or neglect? Does what I see match with what I am being told?

Ask- What direct questions can you ask the family member?

Listen - Do I need clarification on anything? Is someone finding it hard to express themselves?

Clarify -Are other professionals involved? What information do they have? Have other professionals seen the same as you? Are professionals being told the same or different things? Are others concerned? If so, what action has been taken and is there anything else which should or could be done by you or someone else?

Key Messages

- Consider alternative hypotheses.
- Have empathy and hear the voice of the person.
- Know the factors that are barriers to professional curiosity and take steps to reduce them.
- Be courageous and ask difficult questions.
- Think the unthinkable; believe the unbelievable
- Consider how you can articulate 'intuition' into an evidenced, professional view and discuss 'gut feelings' with other professionals.
- Share concerns with colleagues and managers. A 'fresh pair of eyes' looking at a case can help practitioners and organisations to maintain a clear focus on good practice and risk assessment and develop a critical mindset.

Recording what we do

All conversations in relation to our involvement in the lives of children and young people, whatever the outcome, need to be recorded accurately and in accordance with each agency's procedures, in order to show that conversations took place and what was agreed.

Be aware of your own agency's recording policies and codes of conduct.
Remember, don't just record – reflect!

Records are a vital tool to enable staff to reflect on their practice and identify any gaps for support or development. They should be used as part of supervision, in conjunction with their supervisors / managers.

Good record keeping is a vital practitioner practice tool, enabling staff to reflect on their practice, demonstrate their thinking, the rationale behind decision making, analysis of complex situations and management oversight.

It is not simply a record of what is happening; it should be actively used as a tool to provide a professional analysis of the situation and plans to support the child and family.

The use of genograms, chronologies and assessment records can help organise and analyse information.

The following are principles of good practice in relation to record keeping.

- The practitioner primarily involved, that is the person who directly observes or witnesses the event that is being recorded or who has participated in the meeting/conversation, must complete records.
- All relevant information about children and their families must be recorded, including clarity of family relationships - **care should be undertaken to ensure the spelling of names and d.o.b.'s is accurate and where possible, evidenced.**
- Children and their families should be involved in the recording process- they should be asked to provide information, express their own views and wishes, and contribute to assessments, reports and to the formulation of plans.
- Records must be accurate, adequate and kept up to date and kept securely.
- Records must be written clearly using plain language and avoid prejudice.
- Facts must be distinguished from opinion

Where possible, always capture the views or behaviour of the child or young person and reflect this in your recording.

Practice Prompts – Voice of the child

Child focused work means that children feel listened to, plans are more successful when they are involved and prompt decisions are made about safeguarding when necessary. When we listen carefully to children we can see their experience from their point of view.

Children and young people should have the opportunity to describe things from their point of view. They should be continually involved, and have information fed back to them in a way that they can understand. There should always be evidence that their voice has influenced the decisions that professionals have made.

Key points to gathering the voice of the child are:

- Seeking to understand their story
- Ensuring their views are advocated for
- Picking up on nonverbal cues
- Using our power to influence outcomes on their behalf
- Challenging the use of single stories.

Don't just take their word for it. Speak to the children too and assure yourself that you understand their wishes and feelings.

Access voice of the child resources on the WSP website or on the policies and procedures page
Good Practice supporting voice of the child

Tips for better recording the child's voice and lived experience:

- Record what children say in 'direct quotes' (e.g. "I feel sad/happy/worried when…"). This has far more meaning than something interpreted, perhaps incorrectly, by a practitioner.
- Use **Bold** to draw attention to where you have recorded the child's voice or lived experience within your assessments.
- Describe a child's physical appearance; do they appear thin, pale, dark shadows under their eyes, listless, or do they appear curious, 'smiley', active – be descriptive.
- Describe the child's interactions with professionals – include what your hypothesis is about this behaviour.
- Encourage children to participate in plans drawn up about them they can do this directly by attending meetings or contribute by putting something in writing or drawing a picture, or giving someone a 'message' from them.
- Record the child or young person's journey through your service.
- Gather feedback from children and young people throughout an intervention, and not just at the end of an intervention.

Using the Continuum of Need Matrix

The Continuum Matrix can be used to create a picture of individual needs and vulnerability.

It is not a formal assessment and you are not required to send this in or share this with anyone.

It is a means of enabling you to set out your thoughts to help you make a decision about what to do next. It is not necessary to complete all areas of the matrix if you do not have the evidence to do so. The needs of child and young people rarely fit into neat categories and often change over time. It has been designed to inform early identification of vulnerability, risk and need and can be used to start the process to clarify concerns and/or monitor progress.

Plot relevant descriptors on the matrix to give a visual representation of the child or young person's level of need. The matrix reflects your professional judgement and informs decision making.

This is a TOOL to help you make your decision as to roughly where your concerns sit. It will enable you to focus on the complex needs of the child and will give you an idea of how Family Support, Social Care will respond and in what way.

REMEMBER: Child neglect – Be professionally curious

- Are your concerns increasing?
- Is there a pattern of neglect emerging?
- Consider the lived experience for the child, impact and risk
- Consider a chronology of events

Continuum of Need Matrix – See explanation above. This does not replace existing assessment tools. The matrix reflects your professional judgement and informs decision making.

		Universal	Universal Plus	Partnership Plus	Statutory / Specialist
Development Health	General Health				
	Physical & Sensory development				
	Speech, language and communication				
Development: Wellbeing	Emotional and Social				
	Behaviour				
	Identity, Self-esteem, Image				
	Family and Social Relationships Self-Care Skills and Independence				
Development: Learning	Understanding, Reasoning & Problem Solving				
	Participation in Education or Work				
	Progress and Achievement in Learning				
	Aspirations				
Parents and Carers	Parents & Carers Basic Care/Ensuring Safety and Protection				

	Emotional Warmth and Stability										
	Guidance, Boundaries and stimulation										
Family and environment	Family History, Functioning and Well-being										
	Wider Family										
	Housing, Employment and Finance										
	Social and Community Elements										
VULNERABILITY ASSESSMENT		**UNIVERSAL**	**Low**	**Medium**	**High**	**Low**	**Medium**	**High**	**Low**	**Medium**	**High**
Response		**No additional needs**	**Additional Support in setting EH assessment recommended**			**Early Help Assessment essential MARS**			**Make a referral to Children's Social Care MARS**		

Indicators of Need

Development of baby, child or young person				
This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.				
The child or young person's **health**				
Action	**Universal**	**Universal Plus**	**Partnership Plus**	**Statutory / Specialist**
General Health	• Physically well • Adequate diet/hygiene/clothing • Developmental checks/ immunisations up to date • Health appointments are kept • Regular medical/dental/optical care • Appropriate weight and height/meeting developmental milestones – including speech and language • No misuse of substances • Sexual activity/behaviour appropriate to age	<u>Be aware of Early Neglect Indicators</u> • Susceptible to minor health problems • Overweight/underweight • Concerns re: diet/hygiene/clothing • Defaulting on immunisations/checks • Starting to miss on health appointments • Not registered with GP/dentist • A&E attendance giving cause for concern • Soiling/wetting self • Low level substance misuse • Slow to reach developmental milestones	• Continuing evidence of neglect, including medical neglect or dental neglect • Chronic health problems with a severe impact on everyday functioning • Failure to access appropriate health care • Persistent excessive alcohol consumption, smoking or other substance misuse • Serious mental health issues • Pregnancy and Sexually Transmitted Infection in young person under 16 • Multiple A&E attendances causing concern • Frequent unexplained minor injuries and/or delay in seeking medical /dental attention	• Faltering growth • Suspected non-accidental injury /abuse/neglect • Class A/serious drug misuse • Acute and serious mental or physical health needs or behavioural difficulties, including life-threatening self-harm, suicide • Children who are accessing acute health services including sexual health clinics which indicates significant harm, ie CSE • Conception to a child under 16 years old/ concerns about parenting capacity • **Pre-birth factors:** – Concealed/denial of pregnancy or unwanted pregnancy – Current Domestic Abuse, or it there is risk

		• Babies with low birth weight due to prematurity/ medical causes/ faltering growth/ poor feeding • Issues of poor bonding /attachment • Disability requiring support services • Concerns about developmental status i.e. speech and language problems • Signs of deteriorating mental health of child including self-harm • Starting to have sex (under 16 years)	• Poor or restricted diet despite intervention • Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting • Overweight/underweight/enuresis/ encopresis/ faltering growth	from a previous partner – Avoidance of/poor attendance of antenatal care – Lack of co-operation with healthcare services and/or non-compliance with medical treatment – Lack of understanding of the needs of the unborn and how pregnancy should progress – Unrealistic parental expectations of a newborn baby or an inability to prioritise the needs of a new-born baby – Parent(s) with special /extra needs/physical disabilities ill health • Disability requiring significant support services to be maintained in mainstream provision • Problematic substance misuse (drugs and alcohol)/ links to risk taking behaviour
Physical and Sensory development	• Physical and sensory development milestones are met • Age appropriate involvement in physical activity	• Slow in reaching developmental milestones • Sensory development delay	• Significant physical disability	• Profound/severe and/or multiple disabilities with significant unmet needs • Suspicions or evidence of female genital mutilation
Speech language and communication	• Age appropriate development • Fluency of speech and confidence • Willingness to communicate • Verbal and non-verbal comprehension • Language structure and	• Reluctant communicator • Not understanding age-appropriate instructions • Confused by non-verbal communication • Difficulty listening for an appropriate length of time	• Severe disorder and impairment in understanding spoken language • Communication difficulties have a severe impact on everyday life • Requires alternative or augmented means of communication	• Sexually inappropriate language/behaviour for age • 'Frozen watchfulness' (see glossary for explanation)

	vocabulary and articulation	• Immature structure of expressive language • Speech sounds immature		

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The child or young person's **wellbeing**

Action	**Universal**	**Universal Plus**	**Partnership Plus**	**Statutory / Specialist**
Emotional and Social	• Good quality early attachments • Feelings and actions demonstrate appropriate responses • Able to adapt to change • Able to demonstrate empathy • Involved in leisure and other social activity	• Difficulties in relationships with peer groups and/or with adults • Over-friendly or withdrawn with strangers • Finds coping with change difficult even with support • Difficulties expressing empathy • Impulsive/lacks self-control • Child causing concerns over use of internet and/or social media • Concerns about possible bullying/cyber bullying	• Disordered attachments that have a negative impact • Relates to strangers indiscriminately without regard for safety or social norms, parents' awareness of risk appears limited • Reaction to change triggers prolonged inability to cope • Phobias that affect function • Association with delinquent/ substance misusing/serious risk taking peers • Suffers from periods of depression or anxiety which could include negative patterns of behaviour, lower level self-harm or disordered eating patterns	• Disordered attachments that have a severe impact on the child and the family • Endangers own life through self-harm/ substance misuse/eating disorder • Child has suffered or may have suffered physical , sexual or emotional abuse or neglect/has been subject to Child Looked After (CLA) proceedings • Child at risk or suspected at risk of Child Exploitation or trafficking

Behaviour	• Appropriate self-control • Appropriate social behaviour • Appropriate sexual development and activity	• Disruptive/challenging behaviour, including in school or early years settings • Concerns about sexual development and behaviour • Inappropriate relationship with adult or peers	• Disruptive/challenging behaviour at school and in neighbourhood and at home • At risk of permanent exclusion • Regularly missing from education, employment or training (NEET) • Young person regularly involved in antisocial criminal activities/violent/ risk taking behaviour • Young person subject to antisocial behaviour order (ASBO) or acceptable behaviour contract (ABC) • Children withdrawn and isolated • Child displaying elements of harmful sexual behaviours • Children at risk of grooming others (consideration of both as victims)	• Significant evidence the child is at risk or is being exploited • Significant evidence child is at risk of Child Exploitation such as – CSE – Child criminal exploitation (eg Countylines) – Gangs – Radicalisation (Prevent Agenda) – Trafficking/modern day slavery • Puts self or others in danger • Disappears or is missing from home for long periods • Multiple criminal incidents/ involvement in activities that would constitute arrestable offences/behaviour that would constitute criminal activity • Sexual development and behaviour which may be indicative of abuse
Identity, self-esteem, image	• Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • An ability to express needs	• Shows lack of self-esteem • Vulnerable to bullying, discrimination or harassment • Limited insight into how appearance and behaviour are perceived • Inclined to bullying • Emerging evidence of self-harm and/or eating disorder	• Seriously affected by persistent discrimination eg, on the basis of ethnicity, sexual orientation or disability • Subject to severe bullying • Severe bullying of others • Family environment (substance misuse/poverty impacting on identity/worklessness/ crime) • Continuing evidence of self-harm and/or eating disorder • Evidence of emotional abuse	• High level of drug, substance and alcohol abuse • Continuing evidence of self-harm and/or eating disorder – severe or life threatening

Family and Social Relationships	• Aware of personal and family history • Stable and affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers • Age appropriate friendships	• Limited support from family and friends • Lacks positive role models • Serious conflicts with peers/siblings • Difficulties sustaining relationships • Children returning home following looked after episode	• Siblings of looked after children and young people with mental health, wellbeing issues or severe disabilities • Children and young people who have a high level of responsibility for others (young carers)	• Child has suffered or may have suffered serious physical, sexual or emotional abuse or neglect including possible child sexual exploitation • Child presents as severely neglected Forced Marriage/Honour Based Abuse: – Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes (Do not discuss making a referral with the family) – Child is believed to be at risk of honour based abuse • Crime or incident which has or may have been committed to protect or defend the honour of the family or community (honour based violence)
Self-Care skills and independence	• Growing level of competencies in practical and emotional skills • Good level of personal hygiene • Gaining confidence and skills to undertake activities away from the family	• Not always adequate self-care eg, poor hygiene • Slow to develop age-appropriate selfcare skills • Failing to develop confidence and skills for independence	• Poor self-care for age, including hygiene • Friendships and relationships inappropriate for age	• Neglect of self-care because of alternative priorities eg, substance misuse • Neglect of young person's own child • Acute and serious mental or physical health needs or behaviour difficulties impacting significantly on ability to care for self. • Profound/severe and/or multiple disabilities impacting on ability to care for self

Development of baby, child or young person

This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

The child or young person's education and or employment **(Learning)**

Action	**Universal**	**Universal Plus**	**Partnership Plus**	**Statutory / Specialist**
Understanding, reasoning and problem solving	• Milestones for cognitive development are met • Demonstrates a range of skills and interests	• Milestones for cognitive development are not met • Mild to moderate learning difficulties • Identified learning needs from School Support SEN Code of Practice • School support learning needs identified in line with SEN Code of Practice	• Complex learning and/or disability needs • Serious developmental delay • Additional special educational needs support including Education, Health and Care Plan	• Complex learning difficulties and communication needs leading to safeguarding vulnerabilities
Participation in education or work	• Access to educational provision appropriate to age and ability • Access to employment (including work based learning) appropriate to age and ability • Regularly attends education or training, or in full-timework	• Poor school/early years attendance/ punctuality • Gaps in school/learning • Behaviour likely to lead to risk of exclusion • Multiple changes of school/early years setting • No access to early developmental experiences • Often appears tired in school which appears to impact on	• Parent/child subject of statutory intervention for poor attendance; persistent poor attendance with parental acceptance • Multiple fixed-term exclusions • At risk of or permanently excluded • Multiple changes of school without notification • Has no school place and meets hard to place criteria • Emotionally-based school refuser	• NEET and additional significant risk factors • High level concern of radicalisation or extremism • Concern regarding Fabricated Induced Illness (FII) is preventing or impacting on school attendance • Homelessness • Has been permanently excluded • Is a Child Missing Education (CME) • Is Electively Home Educated and evidence child is not in receipt of

		participation and achievement • Not accessing work appropriate skills • Children missing from education • Emerging concerns of a child who is presenting in an unusual/perplexing way (Consider FII) that is beginning to impact on learning	• Not in education, employment or training and experiencing barriers to progress • Has no school place and meets Fair Access Criteria (no school place and hard to reach criteria) • Is a persistent absentee • Is Electively Home Educated and evidence child is not in receipt of efficient and suitable education • For any child who presents in an unusual/ perplexing way (Consider FII) that is now impacting on learning and development	efficient and suitable education and other significant risk factors
Progress and achievement in learning	• Acquiring a range of skills and interests • No concerns about achievements or cognitive development • Access to books/toys, play • Well motivated and self confident	• Requires a modified curriculum and timetable • Learning expectations are not met • Not making progress in line with national expectations or children with similar needs across the ability range • Seeing little or no value in education	• Requires alternative curriculum/ timetable • Unable to access mainstream curriculum • Not making progress in spite of interventions • Educational (or social or mental health needs) may result in educational placement out of school or away from home • Total disengagement from learning • Is accessing alternative curriculum or reduced timetable • Is not accessing a mainstream curriculum (unable to access mainstream curriculum)	• Child's substance misuse dependency putting them at such risk that intensive specialist resources are required • Children with persistent short term exclusions and risk of permanent exclusion • High level concern of radicalisation or extremism • Child has multiple vulnerabilities/risks which impact on academic progress

Parental and Family Factors

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Action	Universal	Universal Plus	Partnership Plus	Statutory / Specialist
Basic Care and ensuring Safety and Protection	• Provides for child's physical needs, eg. Appropriate nutrition, clothing and medical/ dental care • Protects from danger and harm in home and elsewhere • Parents able to meet child's needs and know how and where to access support • Works effectively with services in best interests of the child or young person	• Parent unable or unwilling to provide appropriate supervision • Parents struggling to meet child or young person's needs without support • Child's disability makes parenting challenging • Poor social skills of parents and/or child • Child or young person exposed to hazards/risks • Parent struggling to prioritise child's needs over their own • Parents over-controlling • Medical attendance issues • Elective home education	• Food, warmth and basic care erratic and inconsistent • Parent struggling to provide 'good enough' care with significant impact on child • Parents involved in criminal activity potential impact on child welfare • Parents' mental health or substance misuse potentially affecting care of children • Inability to recognise child's needs such that child's development may be significantly impaired • Parents not offering adequate supervision to child based on age, maturity and development • Previous history of parents unable to care for children • Parent overly controlling or inappropriate use of sanctions/punishment • Unexplained absences from school or home leading to possible exploitation concerns	• Parents unable to provide 'good enough' care that is adequate and safe which places the child at risk of significant harm • Persistent instability and violence in the home • Parents do not take appropriate action if child goes missing • Child not protected from exploitation such as: – CSE – County lines – Trafficking and modern day slavery – Radicalisation (Prevent Agenda) • Suspicions or evidence of female genital mutilation • Crime or incident which has or may have been committed to protect or defend the honour of the family or community (honour based violence) • Suspicions that child may have been or potentially made to marry against their will (forced marriage)

				• Child left alone or unsupervised based on age, development and/or maturity • Allegations of serious injury/abuse • Pre-birth assessment identifies unborn child at risk of significant harm • Mental or physical health problem, learning disability or chaotic substance/alcohol misuse that severely impacts on ability to provide basic care for child • Unable to protect from significant harm including contact with unsafe adults • Allegation or reasonable suspicions of serious injury or abuse • Extreme/continuous domestic abuse
Basic care factors which may affect parenting capacity		• Concerns around mental health and substance misuse • Emerging inappropriate presentation for health care • Parents' own childhood experiences (ACE's)	• Continuing concerns around mental health and substance misuse • Prolonged inappropriate presentation for health care	• Domestic abuse (disclosure, report by a third party) • Mental illness or disorders • Inability to work with professionals • Parent(s) with learning disability or extreme difficulty (consider conditions which may contribute to learning difficulty and whether the degree of difficulty reduces decision making capacity)
Pre-birth basic care, ensuring safety and protection	• Pre-birth factors: – Antenatal appointments kept – Medical advice followed	• Pre-birth factors: – Some antenatal appointments missed – Some concerns that medical advice not followed	• Pre-birth factors: – Majority of antenatal appointments missed – Medical concerns remain eg, smoking and use of alcohol	• Pre-birth factors: – Concealed /denial of pregnancy or unwanted pregnancy – Current Domestic Abuse, or if there is a risk of abuse from a previous partner

		– Relationship difficulties identified	– Issues of domestic abuse identified – Lack of preparation for the birth – Housing issues – Previous history regarding mental health, substance misuse	– Avoidance of/poor attendance for antenatal care – Lack of co-operation with healthcare services and/or non-compliance with medical treatment – Lack of understanding of the needs of the unborn and how pregnancy should progress – Unrealistic parental expectations of a newborn baby or an inability to prioritise the needs of a new-born baby – Parent(s) with special/extra needs/physical disabilities/ill health – Significant drug or alcohol use– Serious domestic violence/ relationship issues – Signs of serious neglect of self and living conditions – FGM Pathway – Parents had previous children removed – Mother is a Child Looked After (CLA) – Parent who is a significant risk to children
Emotional warmth and stability	• Parents provide secure and consistent care • Parents show appropriate warmth, praise and encouragement	• Inconsistent responses to child/young person • Erratic or inconsistent care from multiple carers • Family disputes impacting on child/young person • Poor home routines • Over-protective care which inhibits child's social an and emotional development	• Child has experienced multiple main carers • Parents highly critical of child and provide little warmth, praise or encouragement • Chaotic parenting of child/young person • Parents unable to exercise control of child/ young person	• Child beyond parental control • Child rejected by parent • Abandoned child or unaccompanied minor seeking asylum • Child/parent relationship at risk of imminent breakdown • Parents not confident in assessing the risks posed by potential carers

Guidance, boundaries and stimulation	• Sets consistent and appropriate boundaries taking account of age /development of child/young person • Enables child to access appropriate activities and to experience success	• Parent provides inconsistent boundaries • Parent provides limited interaction/stimulation for child • Child or young person spends considerable time alone • Lack of response to concerns raise about child or young person • Parent does not support access to positive new experiences or social interaction • Child accessing social media sites without age appropriate parental supervision	• No effective boundaries set • Parents unable to provide appropriate role model • Child/parent relationship at risk of imminent breakdown • Development of child impaired thought lack of appropriate stimulation and play • Persistent condoned absence from school • Exposure to inappropriate or harmful material and people (eg, via internet) • Parents in conflict with statutory services • Not engaging with constructive leisure activities • No access to support for education/social interaction	• Lack of effective parental boundaries leading to adverse consequences to child or others – Parents do not know child's whereabouts – Concerns child may be associating with inappropriate adults or peers – Child at risk of child exploitation such as CSE/radicalisation

Family & Environmental Factors				
Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.				
Action	**Universal**	**Universal Plus**	**Partnership Plus**	**Statutory / Specialist**
Family history, functioning and wellbeing	• Good family relationships, including where parents are separated or bereavement or parental disputes not	• Family conflicts or parental disputes that may involve children	• Concerns of domestic abuse and/or substance misuse	• Emerging move to current incidence of abuse, serious neglect, domestic abuse or substance misuse

	impacting on the child and is well managed, and child is supported. • Physical or mental health difficulties in immediate family, but not impacting on child/well managed and supported • No concerns regarding parental engagement • Family stresses but coping well • Few significant changes in family composition	• History of involvement with statutory services • Physical or mental health difficulties in immediate family • Difficulty with parental engagement • Loss of significant adult through bereavement or separation impacting significantly • Suspected/occasional domestic abuse • Past history of or emerging domestic abuse, neglect, abuse • Multiple births/high number of young children • Sibling/parent involved in criminal activity • Family not coping • Young carer (parent/siblings) • Privately fostered- unapproved or not notified (immediate referral to social care) • Living with other family members • Indicators of emerging chaotic lifestyles including	• Moderate mental or physical health difficulties within the immediate family • Family with history of Child Protection • Family involved with criminal activity/received custodial sentence • Family at risk of breakdown related to child's behavioural difficulties • Suspicions of potential female genital mutilation within the family, or significant others • Family seeking asylum or refugee • Child is suspected of engaging in child exploitation activity such as: – CSE – County lines Trafficking/modern day slavery – Radicalisation • Displaced families/women (illegal immigrant, asylum seeker, refugee, living in a women's refuge or hostel) • At risk of forced marriage • Family with history of CP registration/ previous removal of child • Evidence of female genital mutilation within the family, or significant others • Chaotic lifestyle including homelessness, sofa surfing, frequent moves	• Significant mental or physical health difficulties within the immediate family • A person who has a conviction for offences against children (sexual, physical or neglect) and poses actual or potential risk • Suspicion of child being taken /prepared for female genital mutilation • Serious incidents of domestic abuse and/or evidence of substance misuse • MARAC (see WSP guidance) • Non-engagement with professional services/ disguised compliance • No recourse to Public Funds

		homelessness, sofa surfing, frequent house moves	• Housing and environmental issues • Sex workers (street workers/risk) • Isolation, lack of support, lack of community • No commitment to parenting • Relationship disharmony/conflict/instability/ control issues/poor impulse control • Substantial age difference with additional concerns	
Wider Family	• Sense of larger familial network and/or good friendships outside of the family unit	• Family is socially isolated • Family has poor relationships or no contact with extended family	• Destructive relationships with wider family including historical and intergenerational issues	• Household with young person subject to multi-agency public protection arrangements (MAPPA) with additional concerns
Housing, employment and finances	• Accommodation has basic amenities and appropriate facilities • Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful • Reasonable income over time with resources used appropriately to meet individual needs	• Barely adequate /poor/temporary accommodation • Housing causing family stress • Difficult to obtain employment due to poor basic skills • Parents experience continuing stress due to unemployment or 'overworking' • Difficulties managing household finances • Low level debt/in need of financial advice Low income /financial hardship	• Chronic and long-term unemployment due to significant lack of basic skills • Impacting on family's ability to provide children's basic needs • Children negatively affected by their family's low income or unemployment	• Accommodation places child at serious risk of harm • Extreme debts/poverty impacting on ability to meet family's basic needs • Children negatively affected as a result of overcrowded living conditions and potential homelessness • Longstanding issues such as substance misuse/offending etc

		• Lack of affordability for basic amenities including household fuel and food		
Social and Community Resource	• Generally good universal services in the neighbourhood • Family feels integrated into the community • Adequate social and friendship networks • Community are generally supportive of family and/or child	• Unemployment affecting parents/family significantly • Family is socially excluded • Frequent housing moves • Learning difficulties of parents or child leading to marginalisation	• Social exclusion • Victimisation of family in their local area	• Children vulnerable to gangs due to social environment as victim or associate • Children negatively affected as a result of insufficient facilities to meet needs or to access local services • Children negatively affected as a result of the family's social exclusion • Children associating with anti-social or criminally active peers • Children who have limited access to age appropriate advice, including contraceptive and sexual health advice, information and services • Children experiencing bullying, racism or discrimination at school or in the community

Criteria for: Section 47, Section 20, Section 31

In addition the following Criteria also apply.

Section 47, Children Act 1989: Child Protection Enquiries (Statutory / Specialist)
The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive.
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury / sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations / reasonable suspicions of serious neglect.
Medical referral of non-organic faltering growth in under-fives.
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.

Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Child/ren subject of parental delusions.
A child at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour based violence or forced marriage.

Section 20, Children Act 1989: Child Provided with accommodation
This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation.
The child is a child in need who requires accommodation as a result of:
• Having no person with parental responsibility for him/her; or
• Being lost or abandoned; or
• The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or
• Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or
• Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.
Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare

• Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
• Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
• Does the parent have the mental capacity to consent?
• Is it fair and proportionate for the child to be accommodated?

Section 31, Children Act 1989, Initiation of care proceedings
The child is suffering, or is likely to suffer, significant harm; and
The harm, or likelihood of harm, is attributable to:
• The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
• The child's being beyond parental control.
Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
Development' means physical, intellectual, emotional, social or behavioural development;
Health' means physical or mental health; and
Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

Section 1 Children Act 1989 – The Court Welfare Checklist
The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child
The ascertainable wishes and feelings of the child concerned (considered in the light of his/her age and understanding);
His/her physical, emotional and educational needs;
The likely effect on him/her of any change in his/her circumstances;
His/her age, sex, background and any characteristics which the court considers relevant;
Any harm which s/he has suffered or is at risk of suffering;
How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/her needs;
The range of powers available to the court under the Children Act 1989.

Responding to Need

Continuum	**Universal** No emerging concerns. Services are available to everybody and can be accessed by anyone without additional support. **Universal provision is fluid throughout all the levels.**	**Universal Plus** Providing support as soon as a problem emerges. **Usually a single agency response** and coordination is usually by the service/ agency who knows the family well. An **Early Help Assessment is recommended** to identify needs.	**Partnership Plus** Multiple and complex concerns apparent which require a **multi-agency and targeted approach**.	**Statutory / Specialist** A child or young person living in circumstances where there is a significant risk of harm, abuse or neglect, where the young person themselves may pose a risk of serious harm to others or where there are complex needs in relation to disability
Response	Families and young people can use these services without the need for a referral or assessment for example Family Information Service, schools, GP surgeries, children's centres, libraries and leisure centres, health services, private, voluntary and independent services.	An agency needs to respond to offer support, advice, direction and planned intervention or additional resources. These needs can be identified through an Early Help Assessment. **All Early Help Assessments must be logged with the EH support team.**	**Early Help Assessment is essential** and lead professional identified to support.	**Children & Families Assessment required,** maybe Section 17 or Section 47. The intervention will be led by the Social Worker, working in partnership with all relevant agencies.
Procedure / Action	No concerns Universal services accessed – **Single Agency response** www.warringtonchildren.org or 01925 443400 for information, advice and guidance for children and families	This can be a single agency or multi-agency response • Seek line management/Safeguarding oversight to ensure this is an appropriate level for Early Help. • Check if there is already an established Early Help Assessment on	• Seek line management/ Safeguarding oversight to ensure this is an appropriate level for Early Help. • Check if there is already an established Early Help Assessment on the family which you might be able to contribute to by contacting the Early Help Team **earlyhelpsupport@warrington.gov.uk**	• Need(s) require specialist services to protect from significant harm – contact Multi-Agency Safeguarding Hub (MASH) on 01925 443400 and providing information to request statutory service support using the Multi Agency

		the family which you might be able to contribute to by contacting the Early Help Team **earlyhelpsupport@warrington.gov.uk** • Complete an Early Help Assessment and identify a lead professional if support is required. **Parental consent is required.** • Please complete the Early Help Assessment and email it to **earlyhelpsupport@warrington.gov.uk** • Agree lead professional with the family and develop and record the Early Help Plan with actions and timescales to meet the identified needs, reviewed every 4-6 weeks. • Please ensure that all reviews are recorded on the system or emailed to **earlyhelpsupport@warrington.gov.uk** My Life Warrington For information, advice and guidance	• Complete an Early Help Assessment and identify a lead professional if support is required. **Parental consent is required.** • Please complete the Early Help Assessment and email it to **earlyhelpsupport@warrington.gov.uk** • Agree lead professional with the family and develop and record the Early Help Plan with actions and timescales to meet the identified needs, reviewed every 4-6 weeks. • Please ensure that all reviews are recorded on the system or emailed to **earlyhelpsupport@warrington.gov.uk**	Request for Services form (MARS) • The MARS is then screened and prioritised. • Information gathering from all agencies involved. • Decision is then made about whether this meets threshold for children's social care (CSC) • Referred to children's social care for Child and Family Assessment • Child & Family Assessment to determine if social work lead professional as Children in Need (CIN) or Child Protection (CP) agreed statutory intervention. • Or if after screening it does not meet threshold for CSC then consideration is given to a role for Early Help services • Referrer receives a response in writing giving a rationale for why threshold for CSC is not met. • Signposted to Early Help or universal services

Useful Contacts / Links

Ask Ollie: Services for children and young people with special educational needs and/or disabilities

Early Help

Warrington Local operational and assessment protocol

Multi Agency Request for Services (MARS)

Working Together to Safeguard Children (2018)

Pan Cheshire Multi Agency Professional Challenge and Escalation Policy

Warrington Safeguarding Partnerships - The Warrington Safeguarding Partnership website home page

My life Warrington

Early Help Team - 01925 443136

Multi Agency Safeguarding Hub (MASH) - 01925 443400 or outside office hours ring – 01925 444400

Adult Social Care First Response Team - 01925 443322 or outside of office hours ring 01925 444400