Keeping our Children Safe from Harm

Multi-agency Guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire

Accessing The Right Service

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The Right Time

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Introduction

Working Together to Safeguard Children was published in late March 2013 and comes into effect on the 15th April 2013. It says that *"The LSCB should publish a **threshold document** that includes:*

- *the process for the early help assessment and the type and level of early help services to be provided; and*
- *the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:*

- *section 17 of the Children Act 1989 (children in need);*
- *section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);*
- *section 31 (care orders); and*
- *section 20 (duty to accommodate a child) of the Children Act 1989. "*

This threshold framework, "Accessing the Right Services at the Right Time" is a guide for practitioners and managers in every school and agency that works with, or is involved with children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need, what type of services / resources may meet those needs and what processes to follow in moving from an assessment to a provision of services. It describes needs in terms of 'Tiers' - which is essentially a schematic way of helping to understand children's needs and how they could be met. It does not provide a rigid or concrete set of procedures – it is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them. What follows is therefore **a guide to offer clarification**, not a rigid set of procedures.

The framework follows the Early Help model which is shown on the following page(4) and for the purpose of this document thresholds are defined as a level of evidence based need and the features by which interventions are made available (see appendix 1). The aim is that as far as possible children's needs should be met within universal provision, but that flexible support should be introduced to meet additional needs with the consent of the child and parents, at the earliest possible stage, thus helping to achieve good outcomes and to prevent an increase in difficulties.

The model is designed to support professional practice and *is not a substitute for professional judgement*. It is designed to help everyone to:

- Think clearly and achieve a holistic approach

- Understand the child and young person in the context of their family and wider community

- Develop ideas and solutions with children, young people and their families, in order that children and young people can receive timely additional support whenever this is needed.
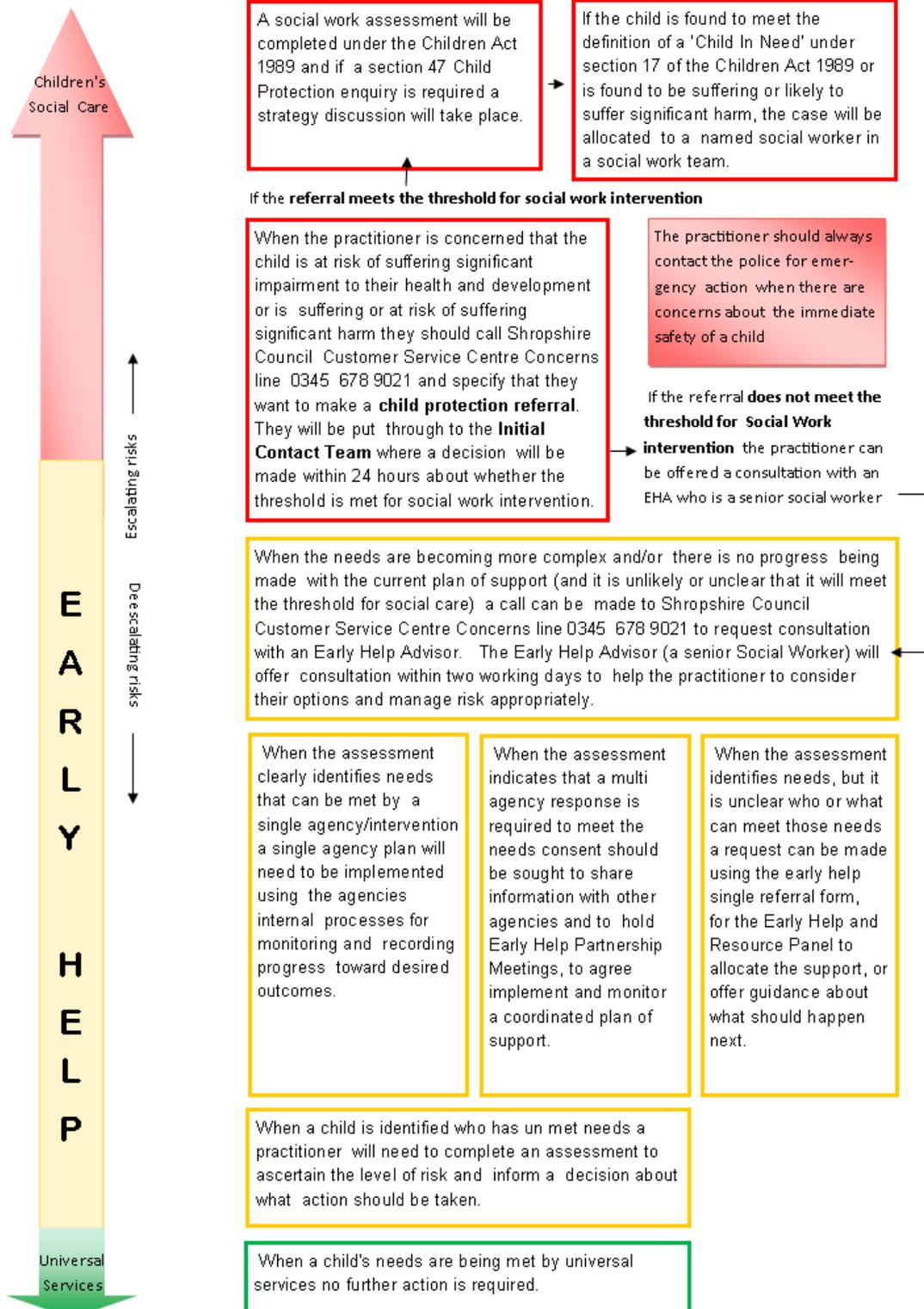
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Just because a child is assessed at a point in time as meeting certain threshold criteria does not mean that they always will. An assessment is an on-going process, not an event; children and young people's needs often change over time and may cross different levels, i.e., high in some areas and low in others. The ages of the child/young person and protective factors that may enhance resilience are also important contributory factors. Of central importance in understanding where a child's needs might lie on this continuum, is the cooperation and engagement of the parents and carers – a lack of cooperation or appreciation about the concern may of itself raise the level of the need and required response.

It should be noted that Safeguarding Procedures must always be followed and a referral made directly to Children's Social Care where there is a concern that a child might be suffering significant harm. Further guidance can be found in the Safeguarding Procedures which are available at **www.safeguardingshropshirechildren.org.uk**. The Safeguarding Board website also holds information about our local Substance Misuse Protocol and how agencies will work together to address this type of need.

The Shropshire Family Information Service is a useful source of information about activities, support and childcare provision and can be found at **www.shropshirefamilyinfo.co.uk** (telephone 01743 254400).

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Children's Social Care

A social work assessment will be completed under the Children Act 1989 and if a section 47 Child Protection enquiry is required a strategy discussion will take place.

If the child is found to meet the definition of a 'Child In Need' under section 17 of the Children Act 1989 or is found to be suffering or likely to suffer significant harm, the case will be allocated to a named social worker in a social work team.

If the **referral meets the threshold for social work intervention**

When the practitioner is concerned that the child is at risk of suffering significant impairment to their health and development or is suffering or at risk of suffering significant harm they should call Shropshire Council Customer Service Centre Concerns line 0345 678 9021 and specify that they want to make a **child protection referral**. They will be put through to the **Initial Contact Team** where a decision will be made within 24 hours about whether the threshold is met for social work intervention.

The practitioner should always contact the police for emergency action when there are concerns about the immediate safety of a child

If the referral **does not meet the threshold for Social Work intervention** the practitioner can be offered a consultation with an EHA who is a senior social worker

When the needs are becoming more complex and/or there is no progress being made with the current plan of support (and it is unlikely or unclear that it will meet the threshold for social care) a call can be made to Shropshire Council Customer Service Centre Concerns line 0345 678 9021 to request consultation with an Early Help Advisor. The Early Help Advisor (a senior Social Worker) will offer consultation within two working days to help the practitioner to consider their options and manage risk appropriately.

When the assessment clearly identifies needs that can be met by a single agency/intervention a single agency plan will need to be implemented using the agencies internal processes for monitoring and recording progress toward desired outcomes.

When the assessment indicates that a multi agency response is required to meet the needs consent should be sought to share information with other agencies and to hold Early Help Partnership Meetings, to agree implement and monitor a coordinated plan of support.

When the assessment identifies needs, but it is unclear who or what can meet those needs a request can be made using the early help single referral form, for the Early Help and Resource Panel to allocate the support, or offer guidance about what should happen next.

When a child is identified who has un met needs a practitioner will need to complete an assessment to ascertain the level of risk and inform a decision about what action should be taken.

When a child's needs are being met by universal services no further action is required.

E A R L Y   H E L P

Escalating risks

De escalating risks

Universal Services

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1. Understanding Risk

Asking yourself these questions may help you to make the decision about any action you need to take: it may be advice given to the family, signposting, a single agency referral, a multi- agency referral, a child protection referral.

Before making a referral ask you self:

- What is getting in the way of this child's wellbeing?
- Do I have all the information I need to help this child?
- What can I do now to help this child?
- What can my agency do to help this child?
- What additional help, if any, may be needed from other agencies and why?

When considering a referral to another agency the following list may assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns?
- What evidence do you have to support your concerns? Please be specific.
- How/why have you concluded that a referral is necessary at this time?
- What is the context of your concern? Was there a specific trigger or event?
- What is the presenting need?
- How urgent is your referral?
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued input with the child or young person and their family be, if any?
- What do you want the receiving agency to do? Please be as specific as you can be.

1.1 Is the child at risk?

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Harm is defined as the ill treatment or impairment of health and development.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development. It may be:

- the child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;
- the child or young person is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;
- the child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;

- the situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;
- the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required

Careful analysis and interpretation of information will enable practitioners and families to:

- think about what is important and identify needs or difficulties;
- explain why these have come about;
- understand the impact of strengths and pressures on the child or young person;
- reach agreement about what needs to be improved;
- agree the priority issues, aims and goals in terms of improving the child's wellbeing;
- agree desired outcomes.

1.2 Consider:
When and how are the child's needs not being met?
What are the effects on the child's current development and long term effects?
What are the child's needs, wishes and feelings regarding intervention and likely outcomes?

2. Children's Social Care Thresholds

This section of the guidance relates specifically to Children's Social Care. It outlines the thresholds, assessment processes and key services for children and young people in need of Children's Social Care intervention.

The majority of children/young people have a number of basic needs that can be supported through a range of universal services. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. However, some children may have additional needs for which they need support in order to achieve good outcomes. Within this group, a small proportion will have more complex needs which meet the threshold for statutory involvement by Children's Social Care. These are:

- children and young people who need a child protection assessment or are the subject of a child protection plan
- looked-after children and young people
- care leavers
- children and young people for whom adoption is the plan
- children and young people with complex disabilities or complex health needs
- children and young people who are privately fostered

2.1. Child in Need of Children's Social Care Intervention

The threshold for referral to Children's Social care is that the child appears to be in need as set out under the [Children Act 1989](#) – *child shall be taken to be in need if —*
(a)he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
(b)his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c)he is disabled,

It is anticipated that needs at Level 3 would only be referred where other interventions (including Early Help Assessment and Early Help Partnership meeting) at Level 3 have not resolved the issue.

The key factors taken into account in deciding whether a child is in need are:
- What will happen to the child's health and development without services being provided; and
- The likely effect the services will have on the child's standard of health and development

The provision of services at Level 3 occurs after a Social Work Assessment has been completed and indicates one of the following levels of need:
- Child in need of specialist support from children's social care
- Child in need of protection
- Child in need of care

2.2 Disabled Children

The Children Act 1989 places a duty on Children's services to provide or co-ordinate the provision of services to all disabled children. The overall provision of these services is a responsibility across Children's Services, and associated health and voluntary sector services. The Disabled Children's Team was established to provide a more specialist service to a defined group. The Social work team provides one aspect of service provision to children and their families, which is supported by the services identified above.

The following eligibility criteria exist to determine a threshold, which needs to be achieved in order for a child or young person (up to the age of 18 years) to be considered for a service from the Disabled Children's Team. The actual provision of the services i.e. prioritisation, level and type of resource provision will be determined by the Framework for Assessment of Children in need and their families, and the ability of the multi-agency network to meet identified need within finite resources

In Shropshire services for children and young people with a disability have been developed within the context of the Children Act 1989 (2004), the Disability Discrimination Act 1995 (2005), Carers Equal Opportunities Act 2004, the Carers and Disabled Children Act (2000), Every Child Matters and the Framework for the Assessment of Children in Need and their Families. **The basis of this approach is that children with a disability are regarded as children first and, as children with impairment, second.**

Children with a disability are therefore not classified by assessment, according to their physical or mental impairment, but assessed according to the impact any impairment has on their quality of life and that of their family.

The majority of children in Shropshire who require services will receive them through universal provision within their local community. The same should be true of any child with a disability. Only when it has been identified, via the Early Help Assessment that the impact of the child's impairment on their life is too great to be addressed by universal provision, should a referral for a social work assessment be made to the Disabled Children's Team.

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The eligibility criteria for the Disabled Children's Team (Social Work) are:

- Children and their families whose main need for services arises out of the children's disabilities or intrinsic condition

And

- These conditions have a substantial or critical impact on the quality of the child/young persons or/and their families lives;

And

- The needs cannot be met by Universal/Targeted services alone.

Social care and key partner agencies are required to maintain, where possible and appropriate, the child/young person safely within their family and community.

The Disabled Children Team (Social Work) will usually provide a service to those children who have:

- *Severe learning disabilities;*
- *Severe physical disabilities;*
- *Severe developmental delay in motor / and or cognitive functioning;*
- *Profound multiple disabilities;*
- *Severe sensory impairment (registered blind and profoundly deaf);*
- *Complex and severe health problems that arise from the disability, that are life threatening, degenerative illness or organic disorder resulting in severe disability.*

The Disabled Children's Team will sometimes provide a social work service to children with less severe disabilities but where there is a combination of factors which mean that the 'child in need' threshold is met if:

- *A parent has a disability or chronic illness that significantly impacts upon their ability to care for their disabled child;*
- *The impact on the family of the child's disability is severe and may cause family breakdown;*
- *A sibling also has severe disabilities.*

2.3 *Child Protection:* It should be noted that Safeguarding Board Procedures must always be followed and a referral made to Children's Social Care where there is concern that a child is suffering or is a risk of suffering significant harm.

Concept of significant harm - Some children are in need because they are suffering, or 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, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

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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, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. Further guidance can be found in the Safeguarding Procedures which are available at www.safeguardingshropshirechildren.org.uk

2.4 *Children in Need of Services at Level 4* are those who are suffering or likely to suffer significant harm and those who are in need of care or are in the care of the Local Authority.

A child in need of care could become a Looked After Child (sometimes referred to as 'LAC') by being Accommodated - this normally refers to a child for whom the local authority has provided accommodation, with parental consent, under Section 20 of the Children Act 1989. A child could also become LAC if care proceedings are initiated by the Local Authority and the child is made subject to an Emergency Protection Order, Interim Care Order or full Care Order. Alternatively, a child who is remanded by a court into local authority accommodation or Youth Detention Accommodation will also be deemed as a Looked After Child.

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3. A summary of the levels of need and threshold criteria is shown on the following chart.

Thresholds for Children's Social Care		
Early Help	**Complex Needs**	**Acute Needs \ Child Protection**
Key Features • Need for early intervention • Parents seeking community services • Child registered as having a disability	**Key Features** • Highly complex • High level multi-agency support to work with compromised parenting • Significant risk of family breakdown or harm • Likelihood of significant harm but where Social Work Assessment suggests the risk can be managed outside a Protection Plan	**Key Features** • Child suffering or likely to suffer significant harm • Child in need of care or who has previously been in care
Evidence • Requires additional support, usually within the setting • Needs are well established and can usually be met within identified resources • Children, young people and parents/carers can access these services using the EHAF assessment process • Physically and psychologically well • Adequate diet / hygiene / clothing • Meeting developmental milestones, including speech and language • Accesses health services • Occasional truanting or non-attendance, poor punctuality • At risk of exclusion	**Evidence** • Issues not resolved by other interventions at Level 3 including EHAF and Early Help Partnership meeting arrangements • Significant parenting capacity problems which impact to the extent of the child being on the "threshold of care" • Child posing a risk to self or others that without intervention may result in significant harm and the consequent need for a Protection Plan or Care • Adoption breakdown • Unaccompanied Asylum Seeker • Complex needs relating to disability • Request for a Court report where there is significant current/previous social care involvement	**Evidence** • Actual or likely significant harm through abuse/neglect • Reported pregnancy where there have been previous child protection concerns • Forced Marriage of child • Parents involved in serious criminal acts which may impact on the child • Sexual exploitation • Adult assessed as having a risk to children having contact with a child • Child witnessing violence, including sexual violence • Child abandoned – no family or friends options • Parents in prison – no family or friends options • Welfare can only be safeguarded through care • Unaccompanied asylum

	• Homeless and vulnerable 16/17 year olds	seeker • Remanded to care • Child placing him/herself at serious risk • Eligible and relevant care leavers • Highly complex needs relating to disability • Specialist short breaks for disabled children
Level of Assessment • Informal • Possible Early Help Assessment by another agency • Non-statutory • Signposting	**Level of Assessment** • Social Work Assessment as per Working Together 2013	**Level of Assessment** • Social Work Assessment as per Working Together 2013 • Section 47, Children Act 1989 • Reports for Reviews/Conferences

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Appendix 1
Level 1 Threshold - Universal

Key Features:
• Needs met within universal provision • May need limited help within setting to prevent needs arising • Children, young people and parents/carers can access these services directly

Child's Development Needs	Parents & Carers
Health • Physically and psychologically well • Adequate diet/hygiene/clothing • Meeting developmental milestones, including speech and language • Accesses health services, including dental and optical care **Education and Learning** • Good attendance at school/college/ training • No barriers to learning • Achieving key stages **Emotional and Behavioural Development** • Good quality early attachments • Growing competencies in practical and emotional skills **Identity** • Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • An ability to express needs **Family and Social Relationships** • Stable and affectionate relationships with care givers • Good relationships with siblings • Positive relationships with peers **Social Presentation** • Appropriate dress for different settings • Good level of personal hygiene **Self –care skills** • Age appropriate independent living skills	**Basic Care, Safety and Protection** • Carers able to provide for the child's physical needs, and protect them from danger and harm. **Emotional Warmth** • Carers able to provide warmth, praise and encouragement **Guidance, Boundaries and Stimulation** • Carers provide appropriate guidance and boundaries • Carers support development through interaction and play **Family and environmental factors** **Family History and Functioning** • Supportive family relationships, including when parents are separated **Housing, Employment and Finance** • Housing has basic amenities and appropriate facilities • Not living in poverty • Appropriate hygiene/ cleanliness maintained **Family's Social Integration** • Good enough social and friendship networks exist **Community Resources** • Good enough universal services in neighbourhood

Assessment Process
Children, young people and families have their needs met through universal services. Universal assessments will apply such as those provided through health and education.

Key universal services who provide support at this level are:
Shropshire Family Information Service, Schools, Colleges, Training Providers, IAG (Connexions), Positive Activities, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service (Healthy Child Programme), School Nursing Service, General Practitioners, NHS Direct, Parenting Programmes, Play Services, Youth Service, Police, Housing Services, Leisure Services, Voluntary and Community Sector

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Level 2 Threshold – Children in Need of Early Help

Key Features
Requires additional support, usually within the setting
Needs are well established and can usually be met within identified resources
Children, young people and parents/carers can access these services using the EHAF assessment process

Child's Developmental Needs	Parents & Carers
Health • Slow in reaching development milestones • Additional health needs • Missing health checks/immunisations • Susceptible to minor health problems • Minor concerns re: diet/dental health, hygiene/clothing • Disability requiring support services • Starting to have sex (under 16) • Previous pregnancy **Education and Learning** • Occasional truanting or non-attendance, poor punctuality • At risk of exclusion • School action or school action plus • Not achieving educational potential • Not in education, employment or training • Few opportunities for play/socialisation • Identified language and communication difficulties **Emotional and Behavioural Development** • Low level mental health or emotional issues requiring intervention • Some concern about the child's substance misuse • Involved in behaviour that is seen as anti-social • Poor self esteem	**Basic Care, Safety and Protection** • Parental engagement with services is poor • Parent requires advice on parenting issues • Professionals are beginning to have some concerns around child's basic needs being met • Professionals beginning to have some concerns about substance misuse by adults within the home • Some exposure to dangerous situations in home/community • Teenage parent(s) • Inappropriate expectations of child/young person for age/ability **Emotional Warmth** • Inconsistent parenting but development not significantly impaired • Post natal depression • Perceived to be a problem by parents **Guidance, Boundaries and Stimulation** • May have different carers • Inconsistent boundaries offered • Can behave in an anti-social way • Spends much time alone • Child not exposed to new experiences **Family and environmental factors**

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Identity • Some insecurities around identity • May experience bullying around perceived difference, or bully others **Family and Social Relationships** • Some support from family and friends • Some difficulties sustaining relationships • Undertaking some caring responsibilities • Child of a teenage parent • Low parental aspirations **Social Presentation** • Can be over friendly or withdrawn with strangers • Personal hygiene starting to be a problem **Self –care skills** • Not always adequate self-care – poor hygiene • Slow to develop age appropriate self-care skills • Over protected/unable to develop independence	**Family History and Functioning** • Parents have relationship difficulties which may affect the child • Experienced loss of significant adult • May look after younger siblings or parent • Parents has health difficulties • Some support from family and friends **Housing, Employment and Finance** • Family affected by low income or unemployment • Parents have limited formal education • Adequate/poor housing • Family seeking asylum or refugees **Family's Social Integration** • Some social exclusion problems • Family may be new to area **Community Resources** Good enough universal services in neighbourhood but family may have access issues

Assessment Process

Additional needs at this level can be met within the setting with some identified additional support.

Universal assessment procedures may be sufficient. However, the Early Help Discussion Record is a useful tool to help identify whether needs can be met within the setting or whether there is a need for a co-ordinated, multi-agency response. If a multi-agency response is needed, an Early Help Assessment should be offered, with the consent of the family/child/young person.

The Early Help Assessment Framework is a standard holistic assessment that can be used by all services working with children and young people. It is suitable for use in early intervention work and beyond. It supports practitioners to work in partnership with parents/carers and provide co-ordinated multi-agency support and actions.

Key services who provide support at this level are:

Shropshire Family Information Service , Schools, Colleges, Training Providers, IAG (Connexions), Positive Activities, Targeted Youth Support, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service (Universal Plus), School Nursing Service, General Practitioners, NHS Direct, Play Services, Youth Service, Police, Housing Services, Leisure Services, Family Support and Parenting Support Services, Voluntary and Community Sector, Parenting Programmes.

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Level 3 Threshold – Children with complex needs

Key Features
• Requires co-ordinated multi-agency response
• Lead professional required
• High level of unmet need

Child's Developmental Needs	Parents & Carers
Health • Has some chronic/recurring health problems or terminal illness • Concerns around mental health, self harm • Missing routine and non-routine health appointments • Concerns about diet/hygiene/clothing • Conception to a child under 16 • Inappropriate sexual behaviour • Substance misuse impacts negatively on their risk taking behaviour • Disability requiring significant support services to be maintained in mainstream provision **Education and Learning** • Short term exclusion, persistent truanting or poor school attendance • Previous permanent exclusions • Persistent NEET • Statement of Special Educational Needs **Emotional and Behavioural Development** • Physical and emotional development raising significant concerns • Difficulty coping with anger, frustration and upset • Early onset of sexual activity (13 to 14) • Problematic substance misuse • Inappropriate sexual behaviour/risk of sexual exploitation • Offending or regular anti-social behaviour **Identity** • Subject to discrimination • Extremist views **Family and Social Relationships** • Peers also involved in challenging behaviour • Regularly needed to care for another	**Basic Care, Safety and Protection** • Parent is struggling to provide adequate care • Substance misuse (including alcohol) is impacting on parenting ability • Parental learning disability is impacting on ability to provide care • Teenage parents • Previously subject to Child Protection Plan or Looked After • Private fostering or young carer **Emotional Warmth** • Child is often scapegoated • Child receives inconsistent care/has multiple care givers • Child is rarely comforted when distressed • Parents have no other positive relationships • Parents have lack of empathy for child **Guidance, Boundaries and Stimulation** • Erratic or inadequate guidance provided • Parent rarely manages disputes between siblings • Inconsistent parenting which impairs emotional or behavioural development
	Family and environmental factors
	Family History and Functioning • Evidence of domestic violence, potential honour based violence, forced marriage • Acrimonious relationships • Family members have physical and mental health difficulties • Parental involvement in crime • Parental involvement in problematic substance misuse **Housing, Employment and Finance** • Overcrowding, temporary accommodation, homelessness

family member • Involved in conflicts with parents/siblings **Social Presentation** • Inappropriate in behaviour and appearance – unwashed, hygiene problems, provocative behaviour/appearance **Self –care skills** • Poor self-care for age – hygiene • Takes inappropriate risks in self care	• Serious debts/poverty impacting on ability to care for the child **Family's Social Integration** • Family social excluded • Escalating victimisation **Community Resources** • Parents socially excluded with access problems to local facilities and targeted services • Children from families experiencing a crisis likely to result in a breakdown of care arrangements

Assessment Process

Additional needs at this level will need Early Help Partnership meeting approach. The child may already be known to a statutory service. If not, the pre-assessment checklist and an Early Help Assessment (using the Early Help Assessment Framework) should be completed. Completion of an Early Help Assessment should not delay any appropriate referral to a statutory service.

An Early Help Partnership meeting at Level 3 may be appropriate as a "step down" from statutory intervention at Level 4. For example, when a child is no longer in need of social care services, with consent from the family, a new lead professional can be identified to enable continued support when social care is no longer involved. The Level 4 Assessments and Plans will inform this approach rather than completing a further assessment.

Key services who provide support at this level are:

Shropshire Family Information Service , SEN Services, Special Schools, CAMHS, Schools, Colleges, IAG (Connexions), Targeted Youth Support, Training Providers, Children's Centres, Early Years Settings, Midwifery Service, Health Visiting Service (Universal Partnership Plus), Paediatric Services, Speech and Language Therapy, School Nursing Service, General Practitioners, NHS Direct, Play Services, Youth Service, Drug and Alcohol Services, Family Support and Parenting Support Services, Voluntary and Community Sector, Disabled Children Team, Inclusion Services, Children's Social Care

Level 4 Threshold – Targeted - Children with acute specialist needs/child protection

Key Features
• At risk of becoming, or has become, a child in care
• Multi-agency plan failing
• In need of a formal Child Protection Plan
• Often poor co-operation

Child's Developmental Needs	Parents & Carers
Health • Has severe chronic/recurring health problems, including severe obesity and dental decay • Fabricated/induced illness • Non-organic failure to thrive • Sexual exploitation/abuse • Sexual activity under the age of 13 • Serious/complex mental health issues requiring specialist intervention • Disability requiring the highest level of support • Persistent substance misuse **Education and Learning** • Permanently excluded from school or at risk of permanent exclusion • Significant development delay due to neglect/poor parenting **Emotional and Behavioural Development** • Puts self or others in danger • Failure to address serious (re)offending/anti-social behaviour • Endangers own life through self harm, suicide attempts, substance misuse and eating disorder • Child abuses others • Frequently missing from home for long periods • Presenting sexualised behaviour **Identity** • Demonstrates extremist views • Socially isolated and lacking appropriate role models • Alienates self from others • Participates in gang activity **Family and Social Relationships** • Child in care or care leaver • Family breakdown related in some way to behavioural difficulties • Subject to physical, emotional or sexual	**Basic Care, Safety and Protection** • Parent unable to provide „good enough parenting" that is adequate and safe • Parents unable to care for previous children • Parents" mental health problems or substance misuse significantly affects care of child • Child subject to public law proceedings in the family court • Continuous instability and violence in the home • Parents unable to keep the child safe • Parents involved in criminal activity **Emotional Warmth** • Parents inconsistent, highly critical or apathetic towards child • Child is rejected or abandoned • Parents are negative and abusive (verbally, emotionally, mentally) towards the child **Guidance, Boundaries and Stimulation** • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood • Inconsistent and violent discipline • Subject to a parenting order which may be related to their child's criminal behaviour, anti-social behaviour or persistent absence from school.
	Family and environmental factors
	Family History and Functioning • Significant parent discord, domestic violence/honour based violence/forced marriage • Child privately fostered (cared for by non-relative) • Destructive relationships in extended family • Parents deceased and no family/friends

abuse/neglect • Is main carer for family member • Adoption breakdown • Forced marriage of a minor **Social Presentation** • Poor/inappropriate self presentation **Self –care skills** • Neglects to use self-care skills due to alternative priorities e.g. substance misuse • Severe lack of age appropriate behaviour and independent living skills likely to result in harm • Takes inappropriate risks in self care	options • Parents are in prison and there are no family/friends options **Housing, Employment and Finance** • Physical accommodation places child in danger • No fixed abode or homeless • Extreme poverty/debt impacting on ability to care for child **Family's Social Integration** • Family chronically socially excluded **Community Resources** • Non engagement with services

Assessment Process

Additional needs at this level will need an Early Help Partnership meeting approach led by a statutory/specialist service (Social Worker, Youth Offending Service, Education and Inclusion Staff, CAMHS, specialist Health etc). The child may the subject of a formal Child Protection Plan or a Child in Care Plan.

The types of assessments will include:
• Social Work assessment as per Working Together 2013
• Child Protection Investigation
• Other specialist assessments including health and education

These assessments may build on earlier assessments under the Early Help Assessment Framework

Key services who provide support at this level are:

Children's Social Care, CAMHS, specialist Health Services, Disabled Children Team, Education Inclusion Services, IAG (Connexions), Targeted Youth Support, Parenting and Contact Team, Substance Misuse Services, Youth Offending Service, Voluntary and Community Sector, Adult Services, Police, Probation etc..