



Helping Children and Families in North Lincolnshire

2020/24

Refreshed October 2023



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1 - Levels of Need Descriptors

Welcome to our **One Family Approach – Helping Children and Families in North Lincolnshire 2020/24** document.

Under the auspices of the Integrated Children's Trust partners, our North Lincolnshire **Children's Commissioning Strategy 2020/24 (refresh 2022)** clarifies our integrated **One Family Approach** and commissioning intent in relation to health, social care and education for children, young people and families.

Children, young people, families and communities are at the heart of what we do and we are proud to acknowledge and celebrate the positive outcomes achieved to date and the strength of partnership working. We are ambitious for the future and for our children and young people, and we have high expectations of ourselves as partners, working with children, families and communities, to improve outcomes (to be safe, well, prosperous and connected). We want to build on the collective strengths of our people and place to innovate and change through integration and system redesign. In North Lincolnshire, our One Family Approach aims to create **a system that works for all children, young people and families** where we work together to provide and commission the integrated children and families offer.

Our ambition is for children to **thrive in their family, achieve in their school and flourish in their community**. As partners take a One Family Approach across North Lincolnshire, we want children, young people and families to be able to build upon their strengths and their resilience to find or be enabled to find solutions when things are not going so well. They should be able to access available information, advice, guidance and be enabled to maximise their potential and enhance their life chances. We want all children and families to have a sense of belonging and equality of opportunity and through our integrated working, we will address inequalities and enable those more in need to achieve positive outcomes. Where there are significant concerns, we want children, young people and families to be able to access swift, creative and flexible help so they can remain independent. We will protect children and young people with an aim to build resilience and help them live within their family, attend their school and be a part of their community.

This **One Family Approach - Helping Children and Families in North Lincolnshire 2020/24 (refresh 2023)** sets out how the integrated children and families offer supports children, young people and families to participate, find help online and in their networks and communities, to be resilient, stay safe and independent. This includes a key role for the three statutory partners – **Police/Health and Care Partnership/Council** - and other relevant partners on how we **safeguard** children.

We want children, young people and families to be supported by a workforce that is resilient, confident, competent and with authorisation to do what they think is the right thing to do without escalating children and families unnecessarily through a range of organisational systems and referral processes when the day to day contact with trusted professionals can make the difference. We will listen to families, work to build upon the child and family's strengths, help them find solutions and only when necessary consult with others to seek assurance, check they're doing the right thing and continue to support the child and family. We want to create equality of opportunities by acknowledging inequalities and removing barriers and we will prioritise our integrated children and families offer to our most vulnerable children and young people so they have fair and equitable opportunities to be the best they can be, irrespective of their background and circumstances. We will develop an integrated workforce, one that works with the whole family and where we reduce unnecessary duplication of professionals involved with a child and family. We will do so by implementing an agreed practice model, based in psychological approach to consultation and formulation where the initial contact both with the child and family and or professional is one of enablement.

By listening, learning, reviewing and adapting; by taking account of the performance data and intelligence, by listening to our children, young people, families and taking account of the **Children's Challenge 2020/24 (refresh 2022)**, we have identified specific areas of focus on which we want to 'shine a light' for commissioning and partnership action.

This document meets the requirements of Working Together to Safeguarding Children 2018 by setting out the levels of need (thresholds) in North Lincolnshire, in the context of our broader system for early help and protection and fulfils the Safeguarding Partners' responsibility to publish a threshold document.

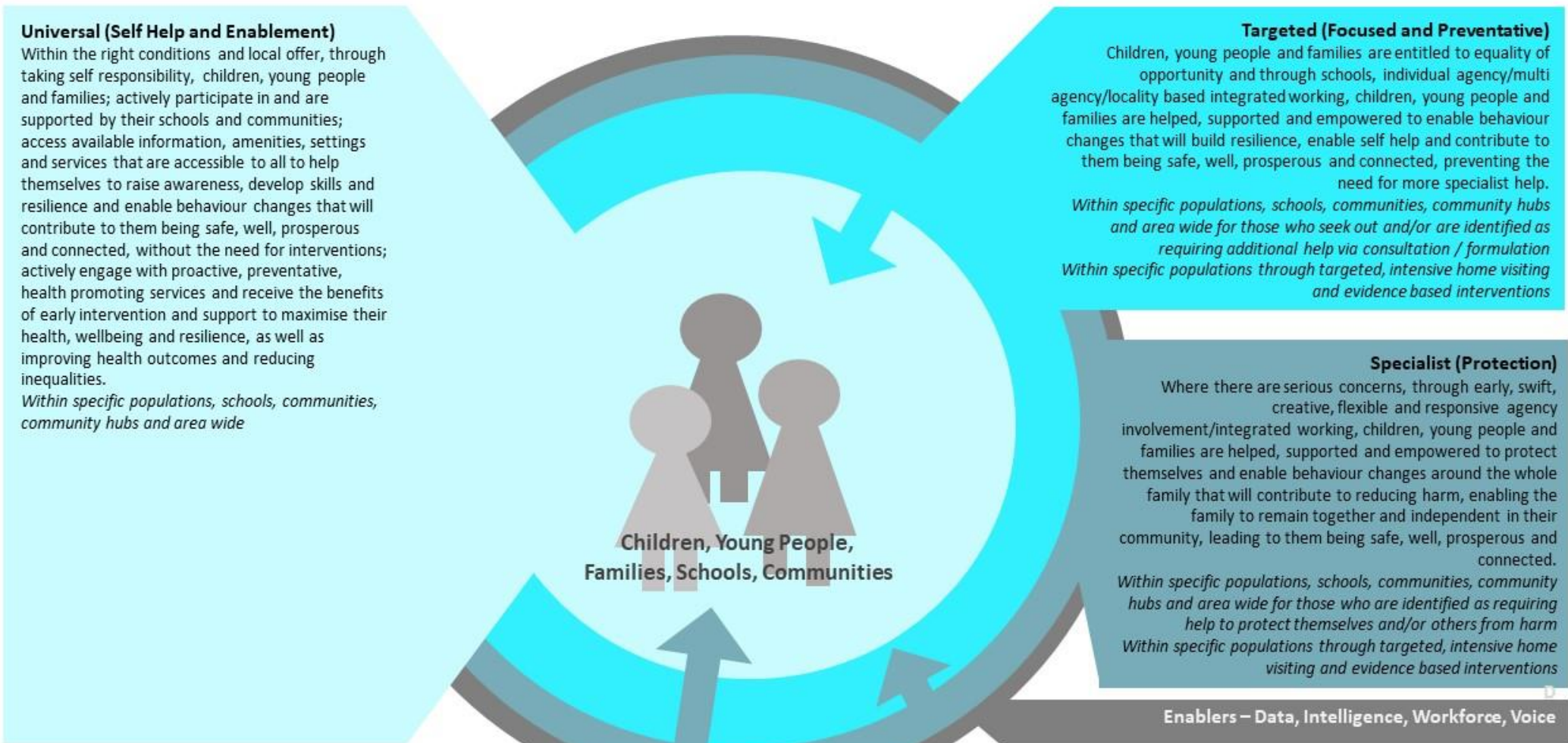
This document also underpins the **One Family Approach – Children's Commissioning Strategy 2020/24 (refresh 2022)** and associated planning and commissioning arrangements.

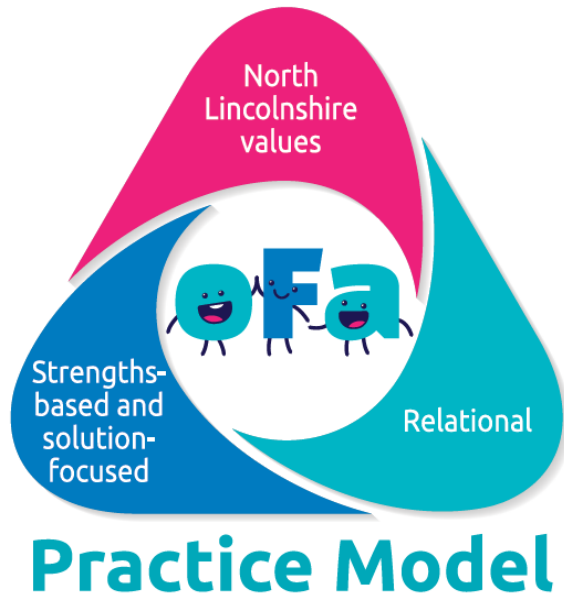
Specifically, this document:

- sets out our local definitions of levels of need, in line with our organisational model
- sets out guidance to professionals about providing early help and making decisions about levels of need
- introduces our One Family Approach Practice Model which provides the framework for how the provision of help and protection should be undertaken across the partnership
- sets out the principles which underpin multi agency practice in North Lincolnshire

Our North Lincolnshire organisational model places children, young people, and families at the centre of a system that works for all, where the earliest help is to enable families to access information and self-help, in their communities. For those more in need, targeted early help prevents escalation and enables resilience and independence, to achieve positive outcomes. Where required, specialist agency involvement and protection is swift, responsive, and effective, leaving the child's family and network stronger.

Note - the levels of need are aligned to threshold indicators later in this document.





Family Approach Practice Model provides the framework for how every professional in North Lincolnshire should work with children, young people, and families.

It is based upon our North Lincolnshire culture, values and beliefs, aiming to help us achieve our ambition - for children **to thrive in their families, achieve in their schools and flourish in their communities.**

We do so by building upon strengths, finding solutions in families and communities, building resilience and confidence, and enabling independence.

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">North Lincolnshire values</p>	<p>Our One Family Approach is underpinned by four values which drive and unite our practice, behaviour, and decisions:</p> <ul style="list-style-type: none"> • Equality of opportunity - where all children, young people and families, regardless of need, community, or diversity, have equal access to the same opportunities to achieve their potential and positive outcomes. To achieve this involves working anti-oppressively to challenge disadvantage and adversity • Excellence - where we have high aspirations for children, young people and families and high expectations of each other across the workforce, and support and challenge together as we strive for best practice and best outcomes • Integrity - where we are respectful, honest and accountable in our actions, where behaviours build trust and effective relationships, and we uphold the highest standards including the creative use of resources across the partnership to achieve shared outcomes for children, young people and families • Self responsibility – where confident and autonomous professionals enable and empower others to have choice and control over their lives, to make decisions, have a voice, and to live independently from interventions, in their families and communities
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Strengths based/solution focussed</p>	<p>Being strengths-based and solution-focused is how we seek to achieve enabling sustainable change that improves the wellbeing of children and young people.</p> <p>A strengths-based and solution-focused approach encourages positive worker-family relationships, and positive restorative conversations that helps people build confidence for the future based upon 'what is working well'.</p> <p>Taking a solution-focused mind-set into our work with children, young people and families reflects our beliefs in North Lincolnshire that the answers to challenges and problems are found within families, neighbourhoods and communities. Effective help and protection is founded upon people being inspired and enabled to resolve and overcome their difficulties, and be more resilient into the future.</p> <p>Being strengths-based and solution-focused does not mean discounting or minimising risk, it calls for risk to be assessed and responded to in a proportionate and sensible way, so that action aims to increase safety rather than reduce professional anxiety.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Relational</p>	<p>Being relational reflects the value we give to family and to community, to identity and to attachment, to teamwork and to love. Building, maintaining, and strengthening relationships improves the wellbeing of children and young people.</p> <p>A relational approach to our work means we take the time to listen, take the time to build rapport, and provide help through trusted relationships. We seek to understand children's and adult's needs and behaviours in the context of their system and experiences (their relationships with family, friends, and their community), adopting a trauma informed mindset.</p> <p>Working relationally means that we recognise help is often best delivered through the trusted professional. We try to reduce unnecessary referrals to other agencies, and when other skill-sets are needed, these agencies may take a more consultative role, supporting the lead professional and network. We use formulation to help get our analysis right and make sure that help improves outcomes.</p> <p>Being relational and restorative sees a high priority given to partnership and co-production, allowing families to lead their own plans. When needed, the professional response must be swift and effective, with families supported to change in the child's timescales.</p>

Most children and families are resilient and thrive, knowing where to go for help and support when needed. But equally, any family or individual can experience difficulties and sometimes people need extra help to see them through challenging times. Professionals need to be alert to the signs of adversity and stress, and certain specific additional vulnerabilities that may increase the need for early help. Where a child:

- is disabled and has specific additional needs
- has special educational needs
- is a young carer
- is showing signs of or engaging in anti-social or criminal behaviour
- is in a family circumstance presenting concerns for the child, such as substance abuse, adult mental health and domestic abuse
- is showing early signs of abuse and/or neglect
- is showing early signs of mental health issues, including self-harm
- is vulnerable to or experiencing child sexual exploitation, criminal exploitation by criminal gangs and organised crime groups such as county lines, serious youth violence, child trafficking, modern day slavery, online abuse, teenage relationship abuse, bullying, child on child sexual violence and harassment and harmful sexual behaviour and radicalisation (or other risks outside the home)
- is living away from home, in care or a care leaver
- is vulnerable to Honour Based Abuse
- is vulnerable to Female Genital Mutilation and other forms of body mutilation
- or family have additional vulnerabilities e.g. cultural, immigration status, language, literacy, temporary accommodation, recent trauma, social exclusion

When early help is needed, we know that families want help from people and professionals that they know and trust. The One Family Approach gives the permissions for professionals, including those working with adult family members, to act early and provide or enable the help that is needed to address the issues behind presenting problems. In line with the organisational model and the One Family Approach Practice Model set out in this document, professionals should seek to enable families to find solutions, based upon their strengths, to improve outcomes and be independent from services. Professionals should know when and how to take the role of lead professional and make a plan for a child and their family, when they should access further help and support from their manager or partner agencies, and when to refer to children's social work services in line with the specialist level of need outlined within this document.

For families receiving coordinated early help from two or more agencies at 'targeted focused' level:

- The needs and strengths of the whole family should be captured in an early help assessment, undertaken by the lead professional, with a clear focus on the child
- Early Help assessments and the outcome should be recorded on the online DASH system
- There should be a plan of enabling help, developed with the family, aimed at improving outcomes and reducing need, which is regularly reviewed with the family until no longer needed
- Early help should be provided with the consent of, and in partnership with families. The voices of children and adult members should be clear throughout.
- If progress for children is insufficient or if the help does not improve outcomes, other approaches should be taken. Supervision and peer support may help identify other, sometimes creative, solutions. If the needs of children escalate and require a specialist service in line with the levels of need set out in this document a referral should be made to children's social work services.
- Leaders in individual agencies should have appropriate systems in place to ensure effective oversight and quality assurance of early help work

The needs of children, young people and families do not easily fit into categories. Circumstances can change quickly, and over time a child's levels of needs and risks can vary depending upon the interplay and impact of the strengths, vulnerabilities, and risk factors that are present at any one time.

Making a judgement about level of need is not an exact science - this document seeks to provide clarity and guidance to support a consistent understanding of, and responses to, levels of need across the spectrum of services for children, but the key to 'getting it right for children' will always be an evidence-based professional judgement.

It may be the case that a child or young person appears to have needs largely at one level, but there is a specific risk factor that meets the criteria for a specialist assessment i.e. an acute incident and a referral to children's social work services is needed. Equally, there may be situations where an indicator at specialist level is present, but due to the presence of protective factors such as willingness to engage with support, it may be most appropriate for the child to receive services at a lower level via the trusted professional who has a trusting and established relationships with the family.

In making a professional judgement about level of need, and how to respond to provide help, there are a number of key questions that should be given consideration, whether undertaking an early help assessment or thinking about making a referral to children's social work services:

- What are the individual needs and views of each child and young person in the family?
- How are the parents and adult family members, and what do they think needs to happen?
- What is the evidence of impact on the child, in relation to their health and development or harm/likely harm?
- What is working well, and what was going on when things were better?
- What are the risks to the child if things don't change? What is the likelihood of this happening, and what would be the level of severity?
- What have you, and/or others, done to try and help? If help hasn't worked, what other ideas and approaches could make a difference?

When making a judgement about level of need and determining whether to make a referral to children's social work services, professionals should seek guidance and approval from their supervisor or safeguarding lead within their agency and follow any referral up in writing including sharing the early help assessment and plan. Where it appears that a child may be suffering, or at risk of suffering significant harm, children's services Single Point of Contact should be contacted immediately on **01724 296500** or via free phone number **0808 1689 667**.

Children and families can seek the earliest help through universal services: a midwife, health visitor, a school nurse, at the local community hub, their GP, their school and other services and groups available to them in their communities or online.

All services should help support children and families to find their own solutions, this may include helping them access the internet for information, advice and guidance with regard to a specific issue, signposting them to help within their community, including helping them make contact with specific services - housing advice, debt management, support groups - and of course offer direct support and encouragement to build on strengths and make positive change.

Early Help Assessment - Agencies should offer an early help assessment to children and families who have additional needs over and above those they can help within the context of their own agency's core function. This will cover the child, the family/wider family and the environmental factors that have an influence upon the child's life. This assessment should be child centred and undertaken in partnership with the child and family and shared with them. It should in the first instance be used to shape the type of help and enable agencies to work together at the lowest possible level to offer strengths based and solution-focused early help and prevent escalation.

It is important when conducting an early help assessment to first gain consent and that the assessment engages and embraces the child and family, involving others as part of a wider multi-agency approach and plan to promote the child's wellbeing, promote wellbeing and resilience, and prevent needs and problems from escalating and becoming harmful. When working with other agencies, information should be shared appropriately in order to ensure the welfare and safety of the child.

Universal (Self Help and Enablement) - Within specific populations, communities, community hubs and area wide

- The majority of children in North Lincolnshire have their needs met by their parents and family members where there are positive/protective factors. Within the right conditions, with the right information, advice and guidance and through taking self responsibility, children and families actively participate in and are supported by their communities. They can make use of available information, amenities, settings and services that are accessible to all to help themselves to raise awareness, develop skills and resilience and enable behaviour changes that will contribute to them being safe, well, prosperous and connected (such as the GP, children's centre, school, health visitor, or local wellbeing hub).
- This support relies upon the skill and ability of the worker and their motivation to help within the context of their role to make every contact count. This can also involve the provision of advice, signposting and guidance.
- Universal Services have long(er) term involvement with children and families and play a key role in helping them throughout stages of life. Services are encouraged to help and support children and families to resolve need at this level.

Levels of Need – Universal (Self Help and Enablement) – Descriptors detailed in Appendix 1

Targeted (Focused and Prevention) - Within specific populations, communities, community hubs and area wide for those who seek out and/or are identified as requiring additional help via consultation / formulation

Targeted – informal

- Sometimes children and families need more structured and targeted help to prevent needs from escalating, and to support them through times that may be challenging.
- Children and families are entitled to equality of opportunity and through individual agencies or multi agencies/integrated working, children, young people are helped, supported and empowered to enable behaviour changes that will contribute to them being safe, well, prosperous and connected, preventing the need for more specialist help.
- At targeted – informal level, one professional may be able to provide the extra help that is needed, or help the family to identify where to seek the right help, and then support them through, this could include welfare rights and debt management, health issues, or behaviour management strategies in the home. For instance a school nurse or learning mentor are encouraged to offer support where they can do so and where this does not necessitate formal assessment and planning. They should help children and families resolve any difficulties.
- Services should use the early help assessment and framework to work with children and families and shape their work where this helps.

Targeted – formal – single or multi-agency

- At targeted – formal level children’s needs are such that a more structured support plan is required to co-ordinate the help needed to achieve agreed outcomes. It may be that the needs of the child are escalating and help at a targeted-informal level has not been sufficient, or that needs are reducing from a period of specialist intervention. At this level there may be concern about a number of risk factors but where the threshold for statutory social care intervention is not met. These factors may include ongoing lower level neglect, domestic abuse, adult or child mental / emotional health problems, substance misuse, adolescent vulnerabilities, anti-social and or risk taking behaviour, and it may be difficult to engage family members to create change. Children may also experience risks outside the home, for example exploitation, online abuse and bullying which may require a coordinated package of early help
- In such circumstances a multi-agency early help assessment should be undertaken to understand how best agencies can work together with the family to reduce the level of need. After the assessment the early help plan should be coordinated by a lead professional who takes responsibility for reviewing the plan.

Levels of Need – Targeted (Focused and Preventative) – Descriptors detailed in Appendix 1

For those children and families who are more vulnerable, where early help plans are not making sufficient positive difference and the child may be at risk of long term impairment to health and development and or where they are at risk of or have suffered significant harm:

Definition - Children in Need

“...is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, without provision of services or a disabled child...”

(Children in Need may be assessed under section 17 in relation to their Special Educational Needs, disability, as a young carer, because they have committed a crime or because they are a child who is unaccompanied and seeking asylum)

Definition – Significant Harm

The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life and in the best interest of the children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are categories of significant harm.

Harm is defined as the ill treatment or impairment of health and development. It was defined in the Adoption and Children Act 2002 that it may also include impairment suffered from seeing or hearing the ill treatment of another.

“Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm. Working Together 2018 clarifies that the local authority shall make enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote a child’s welfare. A strategy discussion with Police, Health and Education and any other agency identified as required should be held in order to determine the required next steps.

Agencies are required to refer to children’s social work services and to provide information in writing to support referrals, in line with relevant Children’s MARS procedures.

Referrals for specialist social work services should be made to children’s services Single Point of Contact on 01724 296500.

Out of office hours for Child Concern 01724 296555, free phone number 0808 1689 667.

Integrated Multi Agency Partnership

In the context of the “Front Door”, Integrated Multi Agency Partnership (IMAP) including police/education and health, share information to consider next steps on all contact/referrals.

Where it is assessed that a child is in need, in need of protection or becomes a child in care, children and families should be supported through a statutory plan.

Where it is assessed that there is no, or no longer, a need for an intervention, children and families should be supported via locality based early help and where agreed through other levels of need as appropriate

If there is a dispute regarding cases these should be discussed and agreed or professionals can use the Children’s MARS Policy and Procedures on Escalation and Resolution which outline the escalation process for forward resolution.

Specialist (Prevention) - Within specific populations, community hubs and area wide for those who are identified as requiring help to protect themselves and/or others from harm

- Where there are serious concerns, through swift, creative, flexible and responsive agency involvement/integrated working, children, young people and families are helped, supported and empowered to protect themselves and enable behaviour changes that will contribute to reducing harm, leading to them being safe, well, prosperous and connected.
- This guidance focuses upon safeguarding concerns where a child may be in need, in need of protection or of being looked after as defined by statutory guidance. When there are significant concerns about the safety and wellbeing of a child, the child has been harmed or likely to be harmed, or universal and focused intervention has not created sufficient change and there is risk of long term significant impairment in terms of health and development an assessment should be completed under the Children Act 1989 to determine the needs of the child, giving regard to their wishes and feelings, and to then decide whether services should be provided as part of a child in need, child protection, or child in care plan.
- This also includes children who need to be accommodated because they have been abandoned.
- This includes children who face contextual risks outside of the family including Child Exploitation
- Specialist services can be provided to those with acute need where the goal is to create change and support them to manage with longer term support from universal provision and chronic need where they will require long term support i.e. those looked after, disabled children.
- The Risk Assessment Framework will be used to assess and manage risk.

Levels of Need – Specialist (Protection) – Descriptors detailed in Appendix 1

Working together, we can make a real difference to the lives, experiences and outcomes of children and families in North Lincolnshire.

We will continually listen, learn, review and adapt to help to enable and support children and families to be safe, well, prosperous and connected and so children are in their families, in their schools and in their communities.

For supplementary information and connected tools or for further information or queries, please go to:

Web: www.northlincscmars.co.uk

Email: mars@northlincs.gov.uk

Appendices

Universal – Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Carers able to identify and provide for child’s needs and protect from danger and harm

EMOTIONAL WARMTH AND STABILITY

- Carers able to provide warmth, love, praise and encouragement

GUIDANCE, BOUNDARIES AND STIMULATION

- Carers provide positive guidance and boundaries
- Supports development through opportunities for interaction and play

Universal - 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
- Appropriate levels of cleanliness/ hygiene are maintained

FAMILY’S SOCIAL INTEGRATION

- Positive social, community and friendship networks
- Take part in community events and activities

COMMUNITY RESOURCES

- Able to identify and seek universal service entitlement

Universal - Child's Development Needs

HEALTH

- Good physical health
- Adequate diet/hygiene/clothing
- Developmental reviews/immunisations up to date
- Developmental milestones met including:
 - Accessing health services when needed
 - Speech & Language
 - Height & weight within expected parameters
 - Healthy lifestyle
 - Sexual activity appropriate for age
 - Good state of mental/emotional health
 - No substance misuse (including alcohol)

EDUCATION & LEARNING

- Good attendance at school/college/training
- No significant barriers to learning
- Achieving key stages

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Growing level of competencies in practical and emotional skills
- Good quality early attachments

IDENTITY

- Positive sense of self & abilities
- Demonstrates feelings of belonging & acceptance
- An ability to express needs

FAMILY & SOCIAL RELATIONSHIPS

- Stable & 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 self-care/living skills

Targeted - informal - Child’s Development Needs

HEALTH

- Assessed development delay
- Missing/late immunisations or checks
- Minor concerns, about health including impact of low level mental/emotional health issues, diet, hygiene, or alcohol consumption (but not immediately hazardous)
- Disability requiring low-level support
- Starting to have sex with similar age group (under 16)
- Childhood obesity
- Sexual behaviours which cause concerns, behaviours are persistent, increasing in frequency, inequality in age, power developmental stage

EDUCATION & LEARNING

- Occasional missing from school, low risk identified
- Some non-attendance, poor punctuality
- At risk of fixed term exclusion or had a previous fixed term exclusion
- Not in education, employment or training
- Identified language and communication difficulties
- Not reaching educational potential

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Low level emotional health issues requiring support/ monitoring
- Substance misuse that is not immediately hazardous including alcohol

- Involved in behaviour seen as anti-social
- Low-level emotional and behavioural difficulties that may be linked to attachment and/or emotional development delay e.g. adopted child
- Involved in bullying behaviour, or victim of bullying

IDENTITY

- Some insecurities around identity
- May experience bullying around ‘difference’

FAMILY & SOCIAL RELATIONSHIPS

- Age 16+ and living away from home
- Some support from family and friends
- Has some difficulties sustaining positive relationships
- Undertaking occasional caring responsibilities
- Low parental aspirations

SOCIAL PRESENTATION

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

SELF-CARE SKILLS

- Concerns about poor hygiene
- Slow to develop age appropriate self-care skills
- Overprotected/unable to develop independence

Targeted - informal - Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Parental engagement with services may be inconsistent
- Parent requires advice and help with parenting
- Low-level concerns about neglect
- Professionals are beginning to have some concerns about substance misuse (including alcohol) by adults within the home
- Some exposure to inappropriate situations in home/community/online
- Teenage parent(s)
- Vulnerability to child exploitation or other risks outside the home including online
- Parental involvement in criminality/ substance misuse

EMOTIONAL WARMTH AND STABILITY

- Inconsistent parenting
- Parental mental health not impacting upon care
- Child perceived negatively by parent

GUIDANCE, BOUNDARIES AND STIMULATION

- May regularly have different carers
- Inconsistent boundaries offered
- Anti-social behaviour in family
- Carers provide some stimulation
- Few opportunities for new experiences

Targeted - informal - Environmental Factors

FAMILY HISTORY AND FUNCTIONING

- Parents have relationship difficulties which may affect the child
- Infrequent or short duration of domestic abuse, controlling behaviour, aggression and physical not requiring medical treatment – evidence of some factors which may increase risk (i.e. previous history, unborn baby/young children, not engaging with or involved with services)
- Experienced loss of significant adult
- May look after younger siblings
- Parent has health difficulties
- Previous social care referral

HOUSING, EMPLOYMENT AND FINANCE

- Families affected by low income or unemployment
- Parents have limited formal education
- Frequent house moves / poor housing
- Family seeking asylum, accessing help

FAMILY'S SOCIAL INTEGRATION

- Family may be new to area
- Some social exclusion in the community
- Low-level victimisation by others
- Vulnerabilities to grooming and exploitation

COMMUNITY RESOURCES

- Adequate universal resources but family may not access them at the right time

Targeted - formal - Child's Development Needs

HEALTH

- Concerns around mental / emotional health / self harm
- Has some assessed or physical development delay that may be connected to neglect
- Missed planned health appointments
- Concerns about diet, hygiene, clothing
- Substance misuse impacts negatively on their ability to make positive informed choices (e.g. unprotected sex)
- Disability requiring significant support
- Sexual behaviours which are escalating in frequency, where there is a level of risk to the health and safety of the child or others

EDUCATION & LEARNING

- Short term exclusion or persistent missing from school, poor school attendance
- At risk of permanent exclusion or previous permanent exclusion
- Identified learning needs and may have Education Health and Care Plan (EHCP)
- Not achieving key stage benchmarks
- Limited access to books, toys
- Persistently not in education, employment or training (NEET)

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Emotional health and development raising concerns (including due to self-harm)
- Difficulty coping with feelings
- Challenging behaviours that may be linked to early experiences, including attachment difficulties
- Early onset of sexual activity (13–14)
- Hazardous substance misuse (including alcohol)
- Persistent bullying behaviour
- Inappropriate sexual behaviour including online and via social media
- Offending behaviour
- Vulnerable to criminal and/or sexual exploitation and other risks outside the home

IDENTITY

- Subject to discrimination
- Significantly low self-esteem
- Developing extremist views
- Vulnerability to child exploitation and/or friends with others who are vulnerable

FAMILY & SOCIAL RELATIONSHIPS

- Peers also involved in anti-social behaviour
- Regularly cares for another family member
- Involved in conflicts with peers/siblings
- Family relationships under severe stress
- Older siblings / family members involved in criminality
- Older siblings / family members serving custodial sentence
- Experienced the death of a parent or close family member
- Parental mental ill health including self harm and suicide attempts

SOCIAL PRESENTATION

- Clothing regularly inadequate or unwashed
- Hygiene problems
- Body language and general presentation impacts on relationships

SELF-CARE SKILLS

- Poor self-care skills for age - hygiene
- Able to care for self

Targeted - formal - Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Parent is struggling to provide adequate basic care
- Parental learning disability impacting on parent’s ability to meet the needs of the child
- Parental substance misuse (including alcohol) impacting on parent’s ability to meet the needs of the child
- Parental mental health impacting on parent’s ability to meet the needs of the child
- Previously subject to statutory interventions
- Teenage parent(s) with little support
- Child/parent previously looked after

EMOTIONAL WARMTH AND STABILITY

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

GUIDANCE, BOUNDARIES AND STIMULATION

- Few age appropriate toys in the house
- Parent ignores disputes between siblings
- Inconsistent parenting impairing development

Targeted - formal - Environmental Factors

FAMILY HISTORY AND FUNCTIONING

- Frequent and short durations of domestic abuse, controlling behaviour, aggression and physical not requiring medical treatment – evidence of a number of factors which may increase risk (i.e. previous history, unborn baby/young children, not engaging with or involved with agencies)
- Acrimonious divorce/separation, ongoing conflict
- Family members have physical and mental health difficulties
- Parental involvement in crime
- Evidence of problematic substance misuse (including alcohol)

FAMILY’S SOCIAL INTEGRATION

- Family socially excluded, or part of a risky network
- Escalating victimisation

COMMUNITY RESOURCES

- The family do not engage positively with the community
- Parents unable or unwilling to access the universal offer

HOUSING, EMPLOYMENT AND FINANCE

- Overcrowding, temporary accommodation, homelessness, unemployment
- Poorly maintained bed/bedding, home conditions poor
- Serious debts/poverty impacting on ability to care for child

Specialist – Child’s Developmental Needs

HEALTH

- Has severe/chronic health problems (including mental/emotional and/or physical health)
- Persistent substance misuse (drugs and alcohol)
- Unexplained or suspicious injury
- Concerns that children are suffering significant physical, emotional or sexual harm
- Non-organic failure to thrive
- Obesity
- Fabricated / Induced illness
- Early teenage pregnancy
- Concealed or denied pregnancy
- At risk of FGM or breast ironing
- Dental decay and no access to treatment
- At risk of sexual exploitation/abuse
- Sexual activity under the age of 13
- Disability requiring highest level of support
- Harmful Sexual Behaviour towards others where sexual behaviours are excessive, compulsive, coercive or threatening, may involve secrecy or trickery. Significant power/age imbalance
- At risk of physical harm as a result of experiencing domestic abuse, exploitation, bullying and / or other risks outside the home

IDENTITY

- Experiences persistent discrimination
- Is socially isolated and lacks appropriate role models
- Alienates self from others
- Distorted self-image
- Extremist views or behavior
- At risk due to family beliefs

FAMILY & SOCIAL RELATIONSHIPS

- Looked after child
- Is a privately fostered child
- Care leaver
- Family breakdown blamed in some way on child’s behavioural difficulties
- Is a young carer for a family member
- Adoption breakdown
- Forced marriage of a minor
- Is at risk of honour based abuse

EDUCATION & LEARNING

- No education provision
- Permanently excluded from school
- History of previous exclusions
- Significant developmental delay due to neglect/poor parenting

EMOTIONAL & BEHAVIOURAL DEVELOPMENT

- Regularly involved in anti-social/criminal activities
- Puts self or others in danger through behaviour
- Endangers own life through self harm/substance misuse including alcohol/eating disorder/suicide attempts including online/through social media
- Displays or experiences obsessive/compulsive behaviours which have a harmful impact on daily life
- At risk of or being sexually exploited
- At risk of or being criminally exploited
- Experiencing risks outside the home including online
- Frequently goes missing from home/school/care
- Child has been reported to have significantly harmed another person
- At risk of or experiencing serious youth violence including knife crime
- Significant attachment problems and/or severe emotional development delay

SOCIAL PRESENTATION

- Poor and inappropriate self-presentation

SELF-CARE SKILLS

- Lack of age-appropriate self-care skills
- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse
- Unaccompanied asylum seeker

Specialist – Parenting Capacity

BASIC CARE, SAFETY AND PROTECTION

- Parents unable to provide “good enough” care
- Parents’ mental health problems or substance misuse significantly impact upon care of the child
- Parents unable to care for previous children resulting in removal/alternative carers
- There is regular instability and violence in the home
- Parents are involved in crime that impacts upon the care of the child
- Parents unable/unwilling to keep child safe
- Extremist views or behaviour
- persistent domestic abuse including referral to Multi Agency Risk Assessment Conference, frequent aggression /violence requiring medical treatment. some factors may increase risk such as previous history, unborn baby, young children, not seen
- Have sustained non accidental injuries
- Forced marriage of a minor
- Is at risk of honor based abuse
- Fabricated/induced illness
- Parental involvement in serious and organised crime

EMOTIONAL WARMTH AND STABILITY

- Parents provide inconsistent, emotional warmth and are highly critical or apathetic towards child
- Child is rejected or abandoned
- Child is scapegoated in comparison to siblings

GUIDANCE, BOUNDARIES AND STIMULATION

- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood
- Child beyond parental control
- Subject to a parenting order which may be related to their child/young person’s criminal behaviour, antisocial behaviour or persistent absence from school
- Pro criminal families

Specialist – Environmental Factors

IDENTITY

- Significant parent discord
- Child looked after by a carer in line with Private Fostering Regulations
- Harmful relationships with extended family
- Parents are deceased and there are no family/friends options
- Parents are in prison and there are no family/friends options
- Children having contact with an adult who poses a risk of harm.
- Friends with children considered at high risk of/experiencing exploitation

HOUSING, EMPLOYMENT AND FINANCE

- Physical accommodation places child in danger
- Family home is cuckooed
- No fixed abode or homeless
- Multiple house moves
- Extreme poverty/debt impacting on ability to care for child

FAMILY'S SOCIAL INTEGRATION

- Family socially excluded, including rejection by community

COMMUNITY RESOURCES

- Unwilling or unable to access community support
- Restricting and refusing interventions

Specialist Social Work - Threshold Criteria for Care:

- Child has been abandoned and there are no family/ friends options
- Parents are deceased and there are no family/friends options
- Parents are in prison and there are no family/friends options
- Parents in hospital and no family and friend options
- Child whose welfare and development can only be safeguarded through provision of accommodation outside of the family/friend network
- Child is beyond parental control and there are no family/friends options
- Meets criteria for secure accommodation
- Child remanded to Local Authority accommodation/youth detention accommodation
- Unaccompanied asylum seeking children who require accommodation
- Eligible & Relevant Care Leavers
- Children and young people whose adoption placement has broken down and there is no family or friend options.