



# Helping, Supporting and Protecting Children and Families in North East Lincolnshire

**Threshold Document 2024/28** (refresh May 2025)

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## Introduction and Context

Welcome to our **Helping, Supporting and Protecting Children and Families in North East Lincolnshire 2024/28** threshold document.

Children, young people and families are at the centre of all we do and we want North East Lincolnshire to be a place where our children can grow up happy and healthy, safe in their homes and communities with people that love them. We are ambitious for children's futures with a focus on learning and aspiration so they can be the best they can be.

In North East Lincolnshire, we want all children to be safe from harm and enjoy growing up in loving homes, have the best start in life and a happy, healthy, fun childhood. We want them to, start school ready to learn, do well at all levels of learning and have the skills and opportunities they need to enjoy a bright future. We want children be part of an inclusive, compassionate, and thriving community, be listened to, involved in the decisions on their future and respected.

In the context of the Children's Social Care National Framework 2023, we are also committed to ensuring that:

- Children, young people and families stay together and get the help they need
- Children and young people are supported by their family network
- Children and young people are safe in and outside of their homes
- Children in care and care leavers have stable, loving homes

We want children, young people, and families to be supported by a workforce that is passionate, compassionate, motivated, and proud of their work and who know, support and care for our children, families, and communities. We want our workforce to be supported by caring and knowledgeable leaders and colleagues and be supported to learn, develop, reflect on practice, and feel valued, appreciated, and respected. We will ensure the workforce have the tools and resources that they need to make a difference with everyone taking responsibility for their own learning, development and practice.

In North East Lincolnshire, relationships unite us and we put children at the heart and of centre of our work. We are ambitious and we want to be innovative and collaborative to create lasting change. There is a commitment to ensuring the right support, at the right time by the right person. We are aspirational for ourselves, as well as our children and families, and we will hold each other to account with open and honest conversations in the context of a shared vision and thresholds.

## Purpose of this Threshold Document

Helping, Supporting and Protecting Children and Families in North East Lincolnshire 2024/28 sets out how services support children, young people, and families to participate, find help online and in their networks and communities, to be resilient, stay safe and independent.

It is set in the context of our North East Lincolnshire Safeguarding Children Partnership that includes the three statutory safeguarding partner organisations – the Police, Integrated Care Board and Council - and other relevant partners.

It meets the requirements of Working Together to Safeguard Children 2023 by setting out the levels of need (thresholds) in North East Lincolnshire in the context of our system for early help, support and protection and fulfils the safeguarding partners' responsibility to publish a threshold document.

Specifically, the threshold document should set out the local criteria for action in a way that is transparent, evidence based, accessible, and easily understood. This should include:

- The process for early help assessments, and the type and level of early help and targeted early help services to be provided under section 10 and 11 of the Children Act 2004
- 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 the Children Act 1989:
  - section 17 (children in need, including how this applies for disabled children)
  - section 47 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
  - section 31 (care and supervision orders) or section 20 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
  - the abuse, neglect, and exploitation of children
  - children managed within the youth secure estate
  - disabled children

## North East Lincolnshire Levels of Need

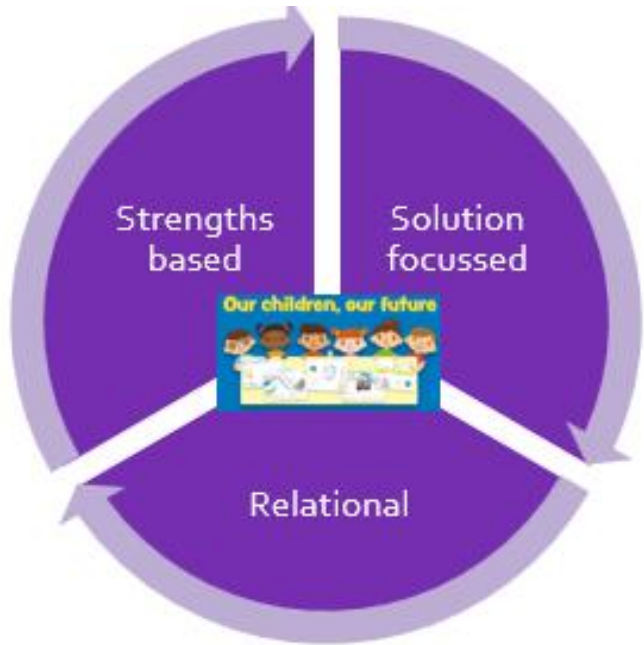
Universal	Targeted	Specialist
<p>Within the right conditions and local offer, through taking self-responsibility, children, young people and families can:</p> <ul style="list-style-type: none"> <li>actively participate in and are supported by their schools and communities</li> <li>access available information, amenities, settings, and services to help themselves and to raise awareness, develop skills and resilience and enable behaviour changes that will contribute to children growing up happy and healthy, safe in their homes and communities with people that love them without the need for interventions</li> <li>actively engage with proactive, preventative, health promoting services and receive the benefits of early intervention and support to maximise their health, wellbeing, and resilience, as well as improving health outcomes and reducing inequalities</li> </ul>	<p>Where families have more significant needs that require more intensive help and support, agencies, organisations and individuals work together to support children and families as soon as problems emerge, which can be described as targeted early help.</p> <p>Some early help is provided through universal services, such as education and health services. Other early help services are co-ordinated by NELC and/or their partners to address specific concerns within a family.</p> <p>Within specific populations, communities, family hubs and area wide, children and families may need more structured and targeted informal help to prevent needs from escalating, and to support them through times that may be challenging.</p> <p>When children's needs are such, a more structured support plan may be required to co-ordinate the targeted formal help needed to achieve agreed outcomes.</p> <p>This a system of support delivered by NELC and/or partners working together and taking collective responsibility to provide the right provision in the borough.</p> <p>Examples of these include parenting support, education support or support through early years provision/schools/colleges, health / mental health support, youth services, youth offending teams and housing and employment services.</p> <p>The lead practitioner role could be held by a range of people.</p>	<p>Where there are significant concerns, through swift, creative, flexible and responsive agency support and integrated working, children, young people and families are supported and enabled to seek their own solutions and build resilience to better equip them to sustain and maintain change, which will contribute to reducing harm.</p> <p>This will enable the family to remain together and become independent in their community, leading to children growing up happy and healthy, attending their school, being safe in their homes and communities with people that love them.</p> <p>Specialist support is provided in the context of statutory responsibilities for example children in need of protection and children entitled to Section 17 provision for children with a disability</p>
<p><b>Enablers:</b></p> <p><b>Views and experiences of children, young people and families are at the centre of all we do</b></p> <p><b>Multi agency working is prioritised and effective</b></p> <p><b>Leaders drive conditions for effective practice</b></p> <p><b>The workforce is equipped and effective</b></p> <p><b>Data and intelligence informs strategic planning frameworks and practice improvements</b></p>		

North East Lincolnshire Practice Approach

The North East Lincolnshire Practice Approach provides the framework for how every practitioner should work with children, young people, and families across the Borough

It is based on our North East Lincolnshire culture, values and beliefs, and our vision ‘our children, our future’ aimed at focusing us to achieve our ambition for children to grow up happy and healthy, safe in their homes and communities with people that love them

We will do so by adopting a relational approach with each other, and our children, young people and families, to build on their strengths and enable them to find solutions for themselves



Relational	We want: <ul style="list-style-type: none"><li>to have strong, positive, trusting relationships across the partnership that builds co-operation and constructive challenge</li><li>such relationships to be at the heart of practitioners, managers and senior leaders' relationships with children, young people and families</li><li>that everyone engages constructively to deliver effective support to children, young people and families</li></ul>
Strengths based	We want: <ul style="list-style-type: none"><li>to work with children, young people, parents and carers to find and amplify their strengths to effect positive change and achieve the best possible outcomes</li></ul>
Solution focussed	We want: <ul style="list-style-type: none"><li>to help people explore their strengths and resources and drawing up a plan about what needs to be achieved to overcome concerns</li></ul>

## Early Help in North East Lincolnshire

Working Together 2023 defines early help:

*Early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area. Some early help is provided through universal services, such as education and health services. They are universal services because they are available to all families, regardless of their needs. Other early help services are coordinated by a local authority and/or their partners to address specific concerns within a family and can be described as targeted early help. Examples of these include parenting support, mental health support, youth services, youth offending teams and housing and employment services. Early help may be appropriate for children and families who have several needs, or whose circumstances might make them more vulnerable. It is a voluntary approach, requiring the family's consent to receive support and services offered. These may be provided before and/or after statutory intervention.*

*If a family does not consent to an early help assessment, practitioners should seek to understand why this is the case, so that they can provide reassurance to the family about their concerns. They should ensure the family has understood the consensual nature of support, and range of services available to meet their needs. The practitioner should consider how the needs of the child could otherwise be met, for example, through provision by universal services that the family already engages with. Practitioners should still inform individuals that their data will be recorded and shared, and the purpose of this explained to them. If a family has chosen not to engage with support in the past, this should not act as a barrier to them accessing support in the future. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, a referral should be made to children's social care.*

At times children, young people and families may need additional support. Early help aims to provide our families with the right service, at the right time, by the right people. This approach means that if we provide support as soon as a problem emerges, we could prevent further problems arising. North East Lincolnshire Safeguarding Children Partnership is committed to working together to support our families at the earliest opportunity to prevent the need for statutory intervention, empower our families to build on their own strengths, promote resilience and provide an inclusive working climate that aims to address inequality and improve outcomes.

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. Working Together 2023 outlines that practitioners should be alert to the potential need for early help for a child who:

- is disabled
- has special educational needs (whether or not they have a statutory education, health and care (EHC) plan)
- is a young carer

- is bereaved
- is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- is frequently missing (from home or from care)
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised
- is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- is suffering from mental ill health
- has returned home to their family from care
- is a privately fostered child
- has a parent or carer in custody
- is missing education, or persistently absent from school, or not in receipt of full-time education
- has experienced multiple suspensions and is at risk of, or has been permanently excluded

**When early help is needed, we know that families want help from people and practitioners that they know and trust. The Practice Approach gives the permissions for practitioners, 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 levels of need and the Practice Approach 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.**

**Practitioners should know when and how to take the role of lead practitioner and make a plan for a child and their family, co-ordinate the activity around the family, ensure the assessment and the family plan responds to all needs identified and lead on ensuring the family co-produce the plan. They should know when to access further help and support from their supervisor / manager or partner agencies, and when to refer to Children's Services in line with the specialist level of need outlined within this document.**



For families receiving co-ordinated early help from two or more agencies:

- The needs and strengths of the whole family should be captured in an early help assessment, undertaken by the lead practitioner, with a clear focus on the child. The lead practitioner role could be held by a range of people and does not have to come through the Integrated Front Door
- Early help assessments and the outcome should be recorded
- 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 and updated as and when the child and family needs change until no longer needed
- There should be effective engagement with the family and their family network, making use of family group decision-making, such as family group conferences, to help meet the needs of the child
- There should be good ongoing communication, for example, through regular meetings between practitioners who are working with the family
- 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, tools, resources and / or methodologies should be considered in collaboration with the family to meet identified need and improve outcomes. 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 Services
- Leaders in individual agencies should have appropriate systems in place to ensure effective oversight and quality assurance of early help work

## Decision-making about Levels of Need

The needs of children, young people and families do not easily fit into categories. Circumstances can change quickly, or over a period of time, and needs can be dependent on the interplay and impact of risk and protective factors, parenting capacity, wider family network support and environmental factors.

Making sense of information about children, young people and families from a range of sources and a judgement about the level of need is a challenge and there is no formula for this decision making. 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 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 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 a practitioner who has a trusting relationship with the child and / or family. In making a judgement about level of need, and how to respond to provide help, support or protection 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 services:

- What are the individual needs and views of each child and young person in the family?
- What are the individual needs and views of parents / carers, and any relevant members of the family network?
- What is working well and what support do they think is required to meet need?
- What is the evidence of impact on the child, in relation to their welfare, safety and development or harm/likely harm?
- What have you, and / or others, done to try and help?
- Have you enabled the children, young person or family to access community or other resources?
- If help hasn't worked, what other ideas and approaches could make a difference?

## Risk Analysis Framework

Across the North East Lincolnshire Safeguarding Children Partnership the Risk Analysis Framework (RAF) provides a consistent model for the assessment, analysis and management of risk.

It focuses on two key aspects:

- what factors are there in the child's life that present a risk to their wellbeing (risk factors); and
- what factors guard against risk (protective factors)

Having determined what risk and protective factors exist, the process is then to determine the balance of those factors, particularly whether there are sufficient protective factors in place to balance out the risk factors.

The next stage is to judge what meaning the level of risk has for the child and the impact on them. This will be on a continuum from no significant risk to severe risk.

The last stage is that the worker must determine what needs to change in order to reduce risk and devise a plan to deliver that change.

When making a judgement about the level of need and determining whether to make a referral to children's services, professionals should seek guidance and approval from their supervisor / manager or safeguarding lead within their agency and follow any referral up in writing including sharing any early help assessment and plan. Where it appears that a child may be suffering, or at risk of suffering significant harm, Children's Services Integrated Front Door should be contacted on **01472 326292 (option 2, option 2)**.

## Levels of Need: Universal Overview

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 such as 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 and family network and wider family and 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 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:** Within specific populations, communities, family hubs and area wide

- Most children in North East Lincolnshire have their needs met by their parents and family members where there are positive and 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: Targeted Overview

**Targeted:** Within specific populations, communities, family hubs and area wide

### Targeted - Informal

- Outside the context of early help, 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, young people and families are entitled to equality of opportunity and through individual agencies or multi agencies / integrated working, they are helped, supported and empowered to enable behaviour changes that will contribute to them being happy and healthy, safe in their homes and communities with people that love them 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, relate to 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 may be required to co-ordinate the help needed to achieve agreed outcomes. There may be concern about a number of risk factors but 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-facing behaviour, and it may be difficult to engage family members to create change. Children may also be vulnerable to harm 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 an early help plan should be coordinated by a lead practitioner who takes responsibility for reviewing the plan

## Levels of Need: Specialist Overview

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 their health and development and / or where it is suspected that the child is suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online:

### Definitions

**Children in Need** – Section 17(1) of the Children Act 1989 defines what is meant by children in need.

A child is defined as being in need if:

- S/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 her/him of services by a local authority (under this part of the Act); or
- Her/his health or development is likely to be significantly impaired or further impaired, without the provision of such services; or
- S/he is disabled

The Act also makes it clear that any service provided by an authority (under this section) may be provided for the family of a particular child in need or for any family member, if it is provided with a view to safeguarding or promoting the child's welfare (s17(3)).

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.

**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, sexual, 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 2023 clarifies that the local authority must make or cause to be made enquiries to decide if any action must be taken to safeguard or promote the child's welfare. A strategy discussion with the police, health and education and any other agency identified as required should be held in order to determine the required next steps.

## Helping, Supporting and Protecting Children and Families in North East Lincolnshire 2024/2028

Agencies are required to refer to Children's Services and to provide information in writing to support referrals, in line with relevant Children's Services procedures.

**Section 47** of the Children Act 1989 . Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

**Section 20** of the Children Act 1989 - Under section 20 of the Children Act 1989, a child or young person may be accommodated by the local authority where there is agreement to this arrangement by those with Parental Responsibility. The child becomes Looked After under a section 20 arrangement. In advance of the child becoming accommodated, agreement must be sought from those with parental responsibility.

**Section 31 Care Order** - On the application of any local authority or authorised person, the court may make an order—  
(a) placing the child with respect to whom the application is made in the care of a designated local authority; or  
(b) putting him under the supervision of a designated local authority

A care order is a court order that places a child in the care of children's services. It normally lasts until the child reaches 18 unless the court discharges (i.e. ends) the order before then.

Referrals to Specialist / Children Services – Integrated Front Door on 01472 326292 (option 2, option 2). Children's Services also provide an Emergency Duty Team (EDT), which can be contacted on 01472 326292 (option 2).

### Integrated Front Door

Children's Services will, within the context of the Integrated Front Door, 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.

The Police will initially triage information that is considered at Partnership Integrated Triage (PIT Stop), including where domestic abuse is a feature, and where children live in the household or are affected by domestic abuse. There is an assessment of risk and agreement as to whether this should be shared with Children's Services.

## Helping, Supporting and Protecting Children and Families in North East Lincolnshire 2024/2028

Where it is assessed that there is no, or no longer, a need for the service, 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 Safeguarding Children Partnership Policy and Procedures on Escalation and Resolution which outlines the process.

**Specialist** - 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 happy and healthy, safe in their homes and communities with people that love them.
- 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 early help 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 includes children who need to be accommodated because they have been abandoned.
- This also includes children who face harm outside the home 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 such as for children in care or disabled children.
- The Risk Analysis Framework will be used to assess and manage risk.

### Further Information

For supplementary information and connected policies, procedures and guidance or further information , please go to:

Web: [SaferNEL](#) | [SaferNEL](#) | [SaferNEL](#) | [Safeguarding Children Partnership - SaferNEL](#)

Email: [NEL.SCPEnquiries@nelincs.gov.uk](mailto:NEL.SCPEnquiries@nelincs.gov.uk)



LEVELS OF NEED: DESCRIPTORS <sup>1</sup>

Universal

Universal - Parenting Capacity

Basic Care, Safety and Protection

- Carers able to identify and provide for the 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 - Family and Environmental Factors

Family History and Functioning

- Supportive family relationships, including when parents are separated

Family Network

- Supportive family network

Family’s Social Integration

- Take part in community events and activities

Community Resources

- Able to identify and seek universal service entitlement.

Extra-Familial Contexts

- Positive social, community, peer and friendship networks

<sup>1</sup> <sup>1</sup> Working Together to Safeguard Children 2023 describes harm outside the home as:

*Some children experience abuse and exploitation outside the home. This is often referred to as ‘extra-familial harm’. Harm can occur in a range of extra-familial contexts, including school and other educational settings, peer groups, or within community / public spaces, and/or online. Children may experience this type of harm from other children and/ or from adults. Forms of extra-familial harm include exploitation by criminal and organised crime groups and individuals (such as county lines and financial exploitation), serious violence, modern slavery and trafficking, online harm, sexual exploitation, teenage relationship abuse, and the influences of extremism which could lead to radicalisation. Children of all ages can experience extra-familial harm.*

Working Together to Safeguard Children 2023 describes extra-familial contexts as:

*Extra-familial contexts include a range of environments outside the family home in which harm can occur. These can include peer groups, school, and community/public spaces, including known places in the community where there are concerns about risks to children (for example, parks, housing estates, shopping centres, takeaway restaurants, or transport hubs), as well as online, including social media or gaming platforms.*

**Housing, Employment and Income**

- Housing has basic amenities and appropriate facilities.
- Appropriate levels of cleanliness/ hygiene are maintained.

**Universal - Child's Developmental 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 with expected parameters
  - Healthy lifestyle
  - Sexual activity appropriate for age
  - Good state of mental/emotional health
- No substance misuse.

**Education and Learning**

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

**Emotional and Behavioural Development**

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

**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 self-care / living skills

## Targeted

### Targeted Informal - Child's Developmental 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 (from 13 and over)
- Childhood obesity
- Sexual behaviours which cause concerns, behaviours are persistent, increasing in frequency, inequality in age, power developmental stage

#### Education and 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

#### Self-Care Skills

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

#### Emotional and 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 and 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

## 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 - Family and Environmental Factors

### Family History and Functioning

- Parents have relationship difficulties which may affect the child
- Low level and / or infrequent domestic abuse not requiring medical treatment
- Experienced loss of significant adult
- May look after younger siblings
- Parent has health difficulties
- Previous social care involvement

### Housing, Employment and Income

- 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

**Family Network**

- Family have a limited, no family network or the network is unsupportive

**Extra-Familial Contexts**

- Low level concern around social, community, peer and friendship networks
- Vulnerabilities to harm outside the home

**Community Resources**

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

**Targeted****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 appointment
- Concerns about diet, hygiene, and clothing
- Substance misuse impacts negatively on their ability to make positive informed choices (e.g. unprotected sex)
- Disability requiring significant support services
- Sexual behaviours which are escalating in frequency, where there is a level of risk to the health and safety of the child or others

**Identity**

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

**Family and 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

**Education and 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 and toys
- Persistently not in education, employment, or training (NEET)

**Emotional and 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 types of harm outside the home

**Social Presentation**

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

**Self-Care**

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

## Targeted Formal - Parenting Capacity

### Basic Care, Safety and Protection

- Parental conflict which is or may impact on child / parent relationships
- 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

## Targeted Formal - Family and Environmental Factors

### Family History and Functioning

- Low/medium level and / or frequent domestic abuse (may include controlling, coercive behaviour) 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 services)
- Acrimonious divorce/separation, ongoing conflict
- Family members have physical and mental health difficulties.
- Parental involvement in crime
- Evidence of problematic substance misuse (including alcohol)

### Housing, Employment and Income

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

### Family's Social Integration

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

### Community Resources

- Family do not engage positively with the community
- Parents unable or unwilling to access universal services

**Family Network**

- Family have a limited, no family network or the network is unsupportive

**Extra-Familial Contexts**

- Concern around social, community, peer and friendship networks
- Vulnerabilities to extra-familial exploitation and abuse, including association with organised crime groups

**Specialist****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 / Perplexing Presentation
- Early teenage pregnancy
- Concealed or denied pregnancy
- At risk of female genital mutilation 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

**Family and 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
- Unaccompanied asylum seeker

**Education and Learning**

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



- 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 because 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 behaviour
- At risk due to family beliefs

### **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

### **Emotional and 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
- Displays or experiences obsessive/compulsive behaviours which have a harmful impact on daily life.
- At risk of, or experiencing sexual exploitation
- At risk of, or experiencing criminal exploitation
- At risk of, or experiencing harm outside the home including online
- Frequently goes missing from home / care or school
- 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

## 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
- 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 the child safe
- Extremist views or behaviour
- Persistent domestic abuse including referral to Multi Agency Risk Assessment Conference, frequent aggression / violence requiring medical treatment
- Have sustained non accidental injury
- Forced marriage of a child
- Is at risk of honour-based abuse
- Fabricated/induced illness, perplexing presentation
- 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
- 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 family

## Specialist - Family and Environmental Factors

### Family History and Functioning

- Medium/high level and / or frequent domestic abuse (may include controlling, coercive behaviour) which may have required 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 services)

### Housing, Employment and Income

- 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

- Child looked after by a carer in line with Private Fostering Regulations
- Harmful relationships with extended family
- Parents are deceased and there is no one exercising parental responsibility
- Parents are in prison and there is no one exercising parental responsibility

**Family Network**

- Family have a limited / no family network or have disengaged with this network and the family are unable / willing to re-build this support structure

**Extra-Familial Contexts**

- Significant concern around harm outside the home - social, community, peer and friendship networks, including association with organised crimes groups
- Child has friends considered at high risk of / experiencing exploitation
- Significant concern around the places and spaces where the child spends their time
- Child and / or family is having contact with an adult who poses a risk of harm
- Child is experiencing or at risk of modern day slavery / trafficking

**Family's Social Integration**

- Family socially excluded, including rejection by community

**Community Resources**

- Unwilling or unable to access community support
- Restricting and refusing intervention from services

**Children's Services - Threshold Criteria for Care:**

- Child has been abandoned and there are no family network options
- Parents are deceased and there are no family network options
- Parents are in prison and there are no family network options
- Parents in hospital and no family network options
- Child whose welfare and development can only be safeguarded through provision of accommodation outside of the family network
- Child is beyond parental control and there are no family network options
- Meets criteria for secure accommodation
- Child remanded to local authority accommodation/youth detention accommodation
- Unaccompanied asylum-seeking children who requires accommodation
- Eligible and relevant care leavers
- Children and young people whose adoption placement has broken down and there are no family network options