Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland

Local Safeguarding Children Boards are required to publish a thresholds document under statutory guidance (Working Together to Safeguard Children, 2015).

This document includes:

- the process for the early help assessment and the type and level of early help services to be provided; and
- the criteria, including the level of need, for when a case should be referred to local authority children’s social care for assessment and for statutory services under:
  - section 17 of the Children Act 1989 (children in need);
  - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
  - section 31 (care orders); and
  - section 20 (duty to accommodate a child) of the Children Act 1989

Relevant to: Practitioners and Managers in agencies and organisations providing services to children and families in Leicester, Leicestershire & Rutland

Updated: March 2018

This document is only valid for 72 hours from the printed date.
Local Safeguarding Children Boards (LSCBs) play an important role in challenging safeguarding practice and assessing the effectiveness of safeguarding services in their area. Each local authority is required to set up an LSCB to bring key agencies such as police, probation, youth justice, health, education and social care together to make sure local safeguarding of children is effective. In addition to coordinating and ensuring the effectiveness of what is done by each agency to safeguard and promote the welfare of children, LSCBs also have a number of key things they must do which are set out in legislation.

These include agreeing local safeguarding policies and procedures for how the different agencies work together, contributing to local plans, communicating to local organisations and the community, ensuring safeguarding training is provided, and monitoring what the LSCB members do and how effective local safeguarding is. LSCBs are also required to:

- undertake a serious case review (SCR) where a child has been killed or seriously harmed, and abuse or neglect is known or suspected;
- review the deaths of all children who are normally resident in their area; and
- produce and publish an annual report on the effectiveness of safeguarding in the local area.

This publication is available at:


**Leicester Safeguarding Children Board**
Leicester City Council
Bosworth House
9-15 Princess Road West Leicester,
LE1 6TH
T: 0116 454 6520
E: lcitlyscb@leicester.gov.uk
W: www.lcitylscb.org/

**Leicestershire & Rutland Safeguarding Children Board**
Leicestershire County Council
Room 100, County Hall
Glenfield, LE3 8RA
T: 0116 305 7130
E: sbbo@leecs.gov.uk
W: http://lrsb.org.uk/

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## Contents

- Foreword by the Independent Chairs of the Boards ........................................ 4
- Introduction ............................................................................................................ 5
- Principles underlying this document .................................................................. 6
- Different types of assessed need ......................................................................... 7
- Different types of assessed need (continued) .................................................... 9
- Responding to need ............................................................................................. 10
- Early Help ............................................................................................................ 11
- Information Sharing ............................................................................................ 13
- Problem resolution ............................................................................................. 14
- Further information ............................................................................................. 14
- Appendix A: Practice examples of the different types of need ......................... 15

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Foreword by the Independent Chairs of the Boards

Developing local threshold criteria is one of a Local Safeguarding Children Board’s core functions. This document brings together, for the first time, the threshold criteria across the three local authorities of Leicester, Leicestershire and Rutland under the responsibilities of the Leicester Safeguarding Children Board and the Leicestershire and Rutland Safeguarding Children Board.

The revised statutory guidance Working Together (DfE, 2015) sets out the LSCBs’ role in developing thresholds, policies and procedures for work under Section 17 and Section 47 of the Children Act 1989, and with children with additional needs.

The needs of some children and families can be straightforward and the majority of these needs can be met by some kind of universal provision. The needs of other children and families can be more complex and may require the intervention by multiple agencies to provide support.

As Working Together states: “It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time” (para. 16).

The intent of this document is to provide that clarity and consistency. It has required widespread consultation with the local authorities and their partners.

It is our shared hope that clear thresholds and processes, together with a common understanding of them across local partners, will help to ensure that appropriate referrals for support are made. Such a common understanding can only improve the effectiveness of joint work, leading to improved outcomes for children and families.

Simon Westwood
Independent Chair
Leicestershire & Rutland SCB

Jenny Myers
Independent Chair
Leicester City SCB

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Introduction

1. This document is intended to assist professionals within the children’s workforce to identify suitable responses to needs and issues that they encounter amongst the children, young people and families they are working with.

2. The needs of children and young people and their families need to be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and where appropriate statutory guidance. It is also incumbent on practitioners to take account of the available resources, local priorities and policy guidance.

3. The document is not intended to be exhaustive or definitive – such a document could never exist in this context. Nor is it meant as a means by which a gateway to a particular service or services can be opened or closed.

4. This document applies to Leicester, Leicestershire and Rutland which have a differing Early Help offer as well as Disabled Children Service. Further information is available as follows:

Leicester-specific information
- Early Help offer: [www.leicester.gov.uk/earlyhelp](http://www.leicester.gov.uk/earlyhelp)
- Disabled Children Service: [https://families.leicester.gov.uk/send-local-offer/](https://families.leicester.gov.uk/send-local-offer/)

Leicestershire-specific information

Rutland-specific information

5. Responsibility for the review and evaluation of this document is held by the Procedures and Development Group, which is a subgroup of both the Leicester Safeguarding Children Board and the Leicestershire & Rutland Safeguarding Children Board.
Principles underlying this document

It’s good to talk

6. Early identification of difficulties and improved outcomes for children and young people are aided by close collaboration between individual workers and agencies.

7. The needs of children and young people are the concern and responsibility of all agencies and practitioners in Leicester, Leicestershire and Rutland that work with children.

Proportionate intervention

8. Children's needs should be determined by a robust assessment which should inform the proportionate service response. This threshold document seeks to enable practitioners to identify the right support for the right child at the right time.

Avoid duplication

9. In complex cases, a range of specialist meetings associated with different processes may be required. The aim(s) of some of these meetings may be complementary. It is important to try to achieve the most for the child(ren) and family with the minimum amount of professionals’ meetings necessary.

Working in partnership with the family

10. Parents and carers should be involved at the earliest opportunity unless to do so would prejudice the safety of the child.

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Different types of assessed need

Specialist

Specialist and high level additional unmet needs, requiring a statutory service; intensive support. The needs are likely to require longer term intervention from specialist services such as Youth Offending Services, specialist CAMHS.

This in particular includes the threshold for a child in need (section 17) and child protection (section 47) which will require Children's Social Care intervention.

Early Help

Early Help is the phrase used to describe services provided for children, young people and families with a very broad spectrum of needs, i.e. from emerging difficulties through to families who may be on the cusp of statutory or specialist services. Early Help services are provided by a range of organisations and teams and include single service responses through to multi-agency approaches. Agencies involved in delivering Early Help include health, education, local authorities, voluntary and community sector. For families with multiple issues and complex needs, Early Help will include an assessment of need and a multi-agency Team around the Family process to support a coordinated response, with a lead practitioner identified. Early Help services may work alongside universal and specialist services to ensure individuals and families receive the best response to the identified needs.

Universal

A need that can be met by a universal service without the need for additional services.

These types of need are represented in the diagram on the following page and explained in greater detail in Appendix A.

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This document is only valid for 72 hours from the printed date.
Different types of assessed need (continued)

11. The continuum (Appendix A) identifies a set of example indicators which establish the variances between the different types of need and establishes a consistent approach for:
   - Service intervention that corresponds to the assessed level of need; and
   - Beginning the Early Help Assessment process

12. To ensure a range of service provision is available to meet the range of need of children in the community, the following considerations may apply:
   - Children can and do move from one type of need to another, sometimes very quickly.
   - Children with Early Help and specialist needs also need and use universal services.
   - Repeated assessments are not necessary to move children from one type of need to another.
   - Children's histories follow them as they progress through service provision.
   - There will be some children – for example, those with complex needs – who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each tier of need.
   - For most children, the service aspiration is to secure them as low down the pyramid of need as possible.

13. When using Leicester, Leicestershire and Rutland’s Threshold of Need indicators it will be clear where some children/young people are on the continuum.

14. For other children/young people a practitioner may need to use the example indicators in Appendix A to decide whether or not the child/young person has additional needs and whether an Early Help Assessment would be appropriate, and to help further clarify need and appropriate response.

15. Assessment is an ongoing process, not a single event; children and young people's needs often change over time and may cross different types of need – i.e. high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors.

16. Of central importance, in understanding where a child’s needs might lie on this continuum, is an understanding, respect for and appreciation of the child’s lived experience, views of those children and young people and their parents and carers, whose co-operation and engagement in the first

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instance is vital to most early support and intervention.

17. The continuum does not guarantee service provision by particular agencies at each type of need. There may be restricting factors such as:
   - Specific threshold criteria related to the agency’s specialist area of work
   - Previous interventions
   - Geographical location
   - Age limits; and
   - Time limited provision (e.g. only available during the school term).

**Responding to need**

18. **Specialist:** A relatively small number of children and young people, at risk of harm or significant harm and impairment to health or development, require specialist support, usually led by Children’s Social Care, Child and Adolescent Mental Health Services (CAMHS), Disabled Children Service (DCS)/SEND services or the Youth Offending Teams (YOT).

19. **Early Help:** The majority of vulnerable children will have their needs assessed and met within services who provide additional support to families (these may not be LA services) or through the use of an Early Help Assessment with a Lead Practitioner and a multi-agency Team around the Family (TAF) approach. Those with additional needs may also have involvement by a specialist service such as CAMHS, Special Education Needs and Disability services, Health and Youth Offending.

20. **Universal:** Most children and young people's needs will be met by their parents and carers, family and communities with support from universal services – for example, schools, generic youth services, GP surgeries, public health workers and by accessing services from the Local Offer.

21. When responding to need, the following principles apply:

   - Delivering services to meet needs is a shared responsibility, which falls on all local authority departments, health authorities and other services in partnership with the council, represented by the Leicester Children’s Trust, Leicestershire’s Children & Young People’s Commissioning Board and Rutland’s Children's Trust.

   - This document cannot be all things to all professions involved with children and families. Inevitably some of its content will be a matter of judgement and interpretation. The issuing of this document for reference is not meant to inhibit direct contact and conversations between relevant parties.

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If clarification on thresholds is required, then seek it. A shared understanding from different agencies’ perspectives is essential to provide the appropriate support for families.

Workers should be proactive and engaged in work with children and families; debate about responding to need should be kept to a minimum.

Services should be provided with the explicit agreement of the child/parent (depending on age and understanding of the child), unless the child is at risk of significant harm.

22. For information about Child Sexual Exploitation see Child Sexual Exploitation

23. For information about Female Genital Mutilation see FGM

Early Help

What is Early Help

23. Early Help is about how different agencies work together to help children, young people and their families at any point in their lives to prevent or reduce difficulties.

24. The concept of Early Help reflects the widespread understanding that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and require action by more intensive services.

25. The purpose of Early Help is to improve outcomes for children and young people at all stages of their development – from pre-birth, through the early years stage, throughout their school careers and on into their transition to adulthood. Difficulties may emerge at any point throughout childhood and adolescence.

26. Early Help is about how Universal and Early Help services are coordinated to identify, reduce and prevent specific problems from getting worse or becoming entrenched. Early Help gives families the opportunity to address their problems, ensuring children stay safe and achieve their full potential.

Principles underpinning Early Help services

- Consent and participation are fundamental to Early Help and prevention services.
- Children and young people’s needs are best met when addressed in the context of the whole family.
- Children and young people who need extra help often succeed best if that help is offered in a universal setting.
- Activities and services offered to children and young people should help to build and strengthen their resilience.

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Intervening earlier prevents longer term, more costly and damaging problems occurring later.

Parents and carers have primary responsibility for, and are the main influence on, their children. Our role is therefore to strengthen parenting capacity, and local networks of support from friends and family, whilst remaining clear about our duty to safeguard vulnerable children and young people.

Encouraging and enabling children, young people and families to take up activities, and to access support and services when they are at an early point of experiencing difficulties is vital.

Investment to engage those families who most need support into the right activities and services is key to enabling them to take up the support being offered and to build skills and resilience.

It is also important for both individual staff and services to understand what the barriers are for children, young people and families to take up the offer of Early Help and prevention, and to actively work to remove those barriers.

**Objectives of Early Help**

- Build the capacity of vulnerable families to support their children effectively in achieving positive outcomes.
- Reduce the number of children requiring intervention from statutory services.
- Address the impact of child poverty and worklessness on vulnerable families.
- Target resources effectively so they reach children, young people and their families who require extra help and support at the right time. This can be either to prevent escalation of problems or as part of a step down from statutory services.

**Vulnerability factors**

27. The wellbeing of families, young people and children may be affected by individual, parental or family circumstances. These vulnerability factors can mean that something about the child, parent or family is creating a risk of poor physical or mental health and development, which could impact on children’s outcomes. Examples of factors that may lead to vulnerability are poverty, single parenting, unemployment, caring responsibilities, relationship problems, depression, drug and alcohol use, disability and social isolation.

28. Simply having a characteristic of vulnerability does not mean that children’s health or development will suffer. A robust multi-agency assessment should put that characteristic in a broader view of the child to determine need or risk.

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Key activities that make up the Early Help Offer

29. The types of available services that make up the Early Help offer in Leicester, Leicestershire and Rutland is available at the links stated in section 4 of this document and further information below. This is not a definitive list and will be subject to change over time.

30. The example indicators outlined in Appendix A are structured along a continuum spanning all children and young people aged 0-18 (including unborn children and those aged up to 25 if they have a Special Educational Need or are disabled), covering Universal, Early Help and Specialist provision. The continuum of support reflects the range of activities available for families depending on their level of need with the aim of providing a seamless service for families.

31. Alongside, and contributing to, the activities listed, there will be a range of other services and activities delivered by the voluntary and community sector that can also be classed as Early Help.

32. There are different coordination points running along the continuum. Coordination points are meetings, processes or services that play a key role in identifying and coordinating need, activities and services. They all play a pivotal role in coordinating the Early Help offer for children, young people and families in Leicester, Leicestershire and Rutland.

Information Sharing

33. Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

34. It is important that practitioners can share information appropriately as part of their day-to-day practice and do so confidently.

35. It is important to remember there can be significant consequences to not sharing information as there can be to sharing information. You must use your professional judgement to decide whether to share or not, and what information is appropriate to share.

36. Data protection law reinforces common sense rules of information handling. It is there to ensure personal information is managed in a sensible way.

37. It helps agencies and organisations to strike a balance between the many benefits of public organisations sharing information, and maintaining and strengthening safeguards and privacy of the individual.

38. It also helps agencies and organisations to balance the need to preserve a trusted relationship between practitioner and client with the need to share information to benefit and improve the life chances of the client or protect the public.

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For the seven golden rules for information sharing, follow this link to the Leicester, Leicestershire & Rutland LSCBs Procedures website:
http://llrscb.proceduresonline.com/chapters/p_info_shar_confid.html

Problem resolution

39. The joint procedures of both Safeguarding Children Boards contain details on the resolution processes appropriate in circumstances where differences exist between the agencies regarding the handling of a case. The Boards’ procedures can be found at:
http://llrscb.proceduresonline.com/chapters/p_res_profdisag.html

Further information

Relevant guidance for Leicester, Leicestershire & Rutland

Appendix A: Practice examples of the different types of need

Leicester-specific information
- Early Help offer: www.leicester.gov.uk/earlyhelp
- Disabled Children Service: https://families.leicester.gov.uk/send-local-offer/

Leicestershire-specific information

Rutland-specific information
- Early Help offer: https://www.rutland.gov.uk/my-services/health-and-family/early-help/information-for-practitioners/

Assessment Framework

For more information about assessment see the Leicester, Leicestershire & Rutland LSCB procedures, 1.1.2 Principles of Assessment
### Appendix A: Practice examples of the different types of need

<table>
<thead>
<tr>
<th>UNIVERSAL SERVICES WORKING TO MEET CHILDREN’S BASIC NEEDS AT THE UNIVERSAL LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSAL (NO CONCERNS) EXAMPLE INDICATORS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Developmental Needs</th>
<th>Family and Environmental Factors</th>
<th>Parents and Carers</th>
<th>Key Services That May Provide Support At This Level</th>
</tr>
</thead>
</table>
| **Learning / Education** | Family History and Well-Being | Basic Care, Safety and Protection | - Education  
- Early Years  
- Children & Young people Centres (Leicester City)  
- Health visiting service  
- School nursing  
- GP  
- Youth Services  
- Integrated Youth Support Services (Leicester City)  
- Police  
- Housing agencies – local authority, private, associations, charities etc.  
- Voluntary & community sector |
| - Achieving key stages  
- Good attendance at school/college/training  
- No barriers to learning  
- Planned progression beyond statutory school age | - Supportive family relationships  
- Child fully supported financially  
- Good quality stable housing | - Parents able to provide care for child’s needs  
- Parents provide secure and caring parenting | |
| **Health** | Housing, Employment and Finance | Emotional Warmth and Stability | |
| - Good physical health with age appropriate developmental milestones including speech and language  
- Female babies born to mothers subjected to Female Genital Mutilation (FGM) where no risk identified | - Good social and friendship networks exist. Safe and secure environment  
- Access to consistent and positive activities | - Parents provide appropriate guidance and boundaries to help child develop appropriate values | |
| **Social, Emotional, Behavioural Identity** | Social and Community Resources | Guidance, Boundaries and Stimulation | |
| - Good mental health and psychological well-being  
- Good quality early attachments, confident in social situations. Knowledgeable about the effects of crime and antisocial behaviour  
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active  
- Cultural and Racial identity and language are taken into account | - Good social and friendship networks exist. Safe and secure environment  
- Access to consistent and positive activities | - Parents provide appropriate guidance and boundaries to help child develop appropriate values | |
| **Family and Social Relationship** | | | |
| - Stable families where parents are able to meet the child’s needs | | | |
| **Self-Care and Independence** | | | |
| - Age appropriate behaviour and independent living skills | | | |

**FEATURES:** Children with no additional needs  
Children whose developmental needs are met by family, community and universal services. This section also applies to unborn children.

**ASSESSMENT PROCESS:** No Early Help or Single assessment is required. Children should access universal services in a normal way.

N.B. Agencies to work to a ‘whole family approach’ and work with adult/children services appropriately.

N.B. Diversity issues, including linguistic difficulties should be considered.

For Information about Children in Specific Circumstances see: [http://llrscb.proceduresonline.com/chapters/contents.html#ch_spec_curcums](http://llrscb.proceduresonline.com/chapters/contents.html#ch_spec_curcums)

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EARLY HELP SERVICES WORKING ALONGSIDE UNIVERSAL SERVICES TO MEET A RANGE OF NEEDS (WHERE THE NEED IS NOT MET BY UNIVERSAL SERVICES) OF CHILDREN, YOUNG PEOPLE AND FAMILIES WHO NEED SUPPORT

EARLY HELP (LOW TO MEDIUM CONCERN) – EXAMPLE INDICATORS

<table>
<thead>
<tr>
<th>Developmental Needs</th>
<th>Family and Environmental Factors</th>
<th>Parents and Carers</th>
<th>Key Services That May Provide Support At This Level</th>
</tr>
</thead>
</table>
| **Learning / Education** | • Occasional truanting or non-attendance  
• Identified language and communication difficulties  
• Few or no qualifications / NEET  
• Short term exclusions or at risk of permanent exclusion, persistent truanting  
• Education Health Care Plan  
• No (or reduced) access to books, toys or educational materials | **Family and Social Relationships and Family Well-Being** | • Inconsistent care e.g. inappropriate child care arrangements; young inexperienced parent; parents with disabilities; or aging grandparents or family members who already have a number of children to care for  
• Physical care or supervision of the child is inadequate. Parental learning disability, parental  
• substance misuse or mental health impacting on parent's ability to meet the needs of the child  
• Parental non-compliance with Early Help  
• Dominance of one parent | • Universal and targeted  
• Youth crime prevention services. Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices  
• Health  
• Education (FE, Early Years, Schools and Academies)  
• Children's Centres  
• Early Years Educational psychology  
• Education Welfare services  
• Integrated Youth Support Services  
• Voluntary & community services  
• Family support services  
• Midwifery services  
• Housing agencies – local authority, private, associations, charities etc.  
• Community Safety  
• SEN services  
• Specialist health services eg CAMHS or disability services  
• Family support services  
• Voluntary & Community services  
• Services at Universal Level  
• Police  
• Domestic Violence Services |
| **Health** | • Not attaining developmental milestones including for speech and language  
• Absence of medical explanation for poor growth trajectory  
• Missed appointments – routine and non-routine  
• Minor health problems which can be maintained in a mainstream school  
• Disability requiring specialist support to be maintained in mainstream setting  
• Physical and emotional development raising significant concerns  
• Unmanaged chronic/recurring health problems  
• Wetting and soiling issues unrelated to toilet training  
• Concerns re: Female Genital Mutilation (FGM) where no immediate risk to child – see below  
• Mental Health concerns including anxiety, attachment and separation | **Housing, Employment and Finance** | • Overcrowding or house of multiple occupancy  
• Families affected by low income or unemployment. Young people at risk of homelessness  
• Severe overcrowding, temporary accommodation, homeless, unemployment  
• Transient lifestyle | **Guidance, Boundaries and Stimulation** | • Lack of response to concerns raised regarding child  
• Parent provides inconsistent boundaries or responses. |
| **Social, Emotional, Behavioural, Identity** | • Mental health or emotional issues not requiring specialist intervention  
• Prone to offending behaviour and attitudes  
• Early onset of offending behaviour or activity  
• Coming to notice of police through low level offending | **Social and Community Resources** | • Insufficient facilities to meet needs e.g. transport or access issues  
• Family require advice regarding social exclusion e.g. hate crimes, associating with anti-social or criminally active peers  
• Limited access to contraceptive and sexual health advice, information and services  
• Family require support services as a result of social exclusion | }

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<table>
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<th>Family and Environmental Factors</th>
<th>Parents and Carers</th>
<th>Key Services That May Provide Support At This Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Current or historical substance misuse</td>
<td>• Parents socially excluded, no access to local facilities</td>
<td></td>
<td>• Universal and targeted</td>
</tr>
<tr>
<td><strong>Continued below</strong></td>
<td>• EAL</td>
<td></td>
<td>• Youth crime prevention services.</td>
</tr>
<tr>
<td><strong>Social, Emotional, Behavioural, Identity</strong></td>
<td></td>
<td><strong>See above</strong></td>
<td>• Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices</td>
</tr>
<tr>
<td>• Exposure to adults exhibiting substance misuse</td>
<td></td>
<td></td>
<td>• Health</td>
</tr>
<tr>
<td>• Acrimonious separation of parents/carers</td>
<td></td>
<td></td>
<td>• Education (FE, Early Years, Schools and Academies)</td>
</tr>
<tr>
<td>• Unable to see extended family that are important to the child</td>
<td></td>
<td></td>
<td>• Children's Centres</td>
</tr>
<tr>
<td>• Expressing wish to become pregnant at young age</td>
<td></td>
<td></td>
<td>• Early Years Educational psychology</td>
</tr>
<tr>
<td>• Sexually active with inconsistent use of contraception/pregnancy</td>
<td></td>
<td></td>
<td>• Education Welfare services</td>
</tr>
<tr>
<td>• Early onset of sexual activity or at risk of sexual exploitation</td>
<td></td>
<td></td>
<td>• Integrated Youth Support Services</td>
</tr>
<tr>
<td>• Poor self-esteem</td>
<td></td>
<td></td>
<td>• Voluntary &amp; community services</td>
</tr>
<tr>
<td>• Demonstrates adult like sexual behaviour or knowledge</td>
<td></td>
<td></td>
<td>• Family support services</td>
</tr>
<tr>
<td>• Coming to notice of police on a regular basis but not progressed</td>
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<td></td>
<td>• Midwifery services</td>
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<tr>
<td>• Fascination with fire or fire starter</td>
<td></td>
<td></td>
<td>• Housing agencies – local authority, private, associations, charities etc.</td>
</tr>
<tr>
<td>• Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention</td>
<td></td>
<td></td>
<td>• Community Safety</td>
</tr>
<tr>
<td>• Evidence of regular/frequent drug use which may be combined with other risk factors</td>
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<td></td>
<td>• SEN services</td>
</tr>
<tr>
<td>• Significant low self-esteem</td>
<td></td>
<td></td>
<td>• Specialist health services eg CAMHS or disability services</td>
</tr>
<tr>
<td>• Under 18 and pregnant</td>
<td></td>
<td></td>
<td>• Family support services</td>
</tr>
<tr>
<td>• Victim of crime including discrimination</td>
<td></td>
<td></td>
<td>• Voluntary &amp; Community services</td>
</tr>
<tr>
<td><strong>Self-Care and Independence</strong></td>
<td></td>
<td><strong>See above</strong></td>
<td>• Services at Universal Level</td>
</tr>
<tr>
<td>• Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</td>
<td></td>
<td></td>
<td>• Police</td>
</tr>
<tr>
<td>• Lack of age appropriate behaviour and independent living skills, likely to impair development</td>
<td></td>
<td></td>
<td>• Domestic Violence Services</td>
</tr>
<tr>
<td>• Young carers established as having more responsibilities than age appropriate</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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EARLY HELP SERVICES WORKING ALONGSIDE UNIVERSAL SERVICES TO MEET A RANGE OF NEEDS (WHERE THE NEED IS NOT MET BY UNIVERSAL SERVICES) OF CHILDREN, YOUNG PEOPLE AND FAMILIES WHO NEED SUPPORT

FEATURES: Vulnerability – these children are of low to medium concern. Early Help services work alongside universal services to meet a range of needs (where the need is not met by universal services) of children, young people and families who need support. This section also applies to unborn children and children with additional needs.

Early Help services may work in partnership with statutory services to deliver a child’s safety plan, e.g. Child In Need Plan. Early Help services are delivered with the consent of families.

ASSESSMENT PROCESS: An Early Help assessment (i.e. the assessment approach and format designated by the agency concerned as their early help assessment) should be completed with the child to identify their strengths & needs and to gain specialist support where there is specialist single agency involvement. i.e.) YISP, YOS. This assessment will suffice for a standalone piece of work or become part of a multi-agency early help assessment and plan.

Depending on the level of concern, assessment / Early Help services are likely to be the most appropriate first step and may be used as supporting evidence to gain further support, including from other early help services and specialist services. The Early Help assessment may also be completed to support child moving out of complex needs.

N.B. Agencies to work to a ‘whole family approach’ and work with adult/children services appropriately.
N.B. Diversity issues, including linguistic difficulties, preferred methods of communication or communication needs should be considered.

For Information about Children in Specific Circumstances see: http://lincby.proceduresonline.com/chapters/contents.html#ch_spec_curcums
### SPECIALIST SERVICES WORKING ALONGSIDE UNIVERSAL AND EARLY HELP SERVICES TO MEET THE COMPLEX AND/OR MULTIPLE NEEDS OF VULNERABLE CHILDREN AND YOUNG PEOPLE

### SPECIALIST (HIGH CONCERN) — EXAMPLE INDICATORS

<table>
<thead>
<tr>
<th>Developmental Needs</th>
<th>Family and Environmental Factors</th>
<th>Parents and Carers</th>
<th>Key Services That May Provide Support At This Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning / Education</strong></td>
<td>• Chronic non-attendance, truanting</td>
<td></td>
<td>• Local Authority Children’s Social Care</td>
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<td></td>
<td>• No parental support for education</td>
<td></td>
<td>• Specialist health or disability services</td>
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<td></td>
<td>• Permanently excluded, frequent exclusions or no education provision</td>
<td></td>
<td>including CAMHS.</td>
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<td></td>
<td>• Home education where there are concerns/risks identified</td>
<td></td>
<td>• Youth Offending Team</td>
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<tr>
<td></td>
<td>• Additional risk factors present</td>
<td></td>
<td>• Supported by services operating at universal and Early Help levels</td>
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<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td>• Adult Mental Health services</td>
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<tr>
<td></td>
<td>• High level disability which cannot be maintained in a mainstream setting</td>
<td></td>
<td>• Education Welfare</td>
</tr>
<tr>
<td></td>
<td>• Injury and bruising in babies and children who are not independently mobile</td>
<td></td>
<td>• Housing agencies — local authority, private associations, charities etc.</td>
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<td></td>
<td>• Injury and bruising to immobile older children with disabilities</td>
<td></td>
<td>• Police</td>
</tr>
<tr>
<td></td>
<td>• Bruising and injury to child that is non-accidental</td>
<td></td>
<td>• Domestic Abuse, Refuge, and Sexual Violence Services</td>
</tr>
<tr>
<td></td>
<td>• Female Genital Mutilation (FGM) – see below</td>
<td></td>
<td>• Substance misuse services</td>
</tr>
<tr>
<td></td>
<td>• Serious physical and emotional health problems</td>
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<td></td>
<td>• Escalation of self-harm</td>
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<td></td>
<td>• Absence of medical diagnosis for persistent or recurring pain during urination and bowel movements</td>
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<td></td>
<td>• Wetting and soiling accidents unrelated to toilet training; pain, discoloration bleeding or discharges in genitals, anus or mouth</td>
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<td></td>
<td>• Physical and emotional development raising significant concerns</td>
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<td></td>
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<tr>
<td></td>
<td>• Chronic/recurring health problems where needs are not being managed</td>
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<tr>
<td></td>
<td>• Breast ironing</td>
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<td><strong>Continued below</strong></td>
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</tbody>
</table>

| **Family and Social Relationships and Family Well-Being** | • Suspicion of physical, emotional, sexual abuse or neglect | • Basic Care, Safety and protection |
| | • History and/or a serious incident of domestic violence | • Parent is unable to meet child’s needs without support. Parental mental health/ DA or SV/Substance Abuse but not accessing essential support |
| | • Domestic violence that put the child at risk of significant harm | • Parental hostility to statutory / voluntary services |
| | • Parents or other family members are unable to care for the child | • Concealed pregnancy - multiple risk factors |
| | • Children who need to be looked after outside of their own family | • Multiple Risk and Vulnerability of parents or carers (Trilogy of Risk) |
| | • History and/or a current incident of domestic violence | **Emotional Warmth and Stability** |
| | • Young carers, Privately fostered, children of prisoners, periods of LAC | • Parents unable to manage and risk of family breakdown |
| | • Chaotic and transient lifestyles | **Guidance, Boundaries and Stimulation** |
| **Housing, Employment and Finance** | • No fixed abode or homeless. Extreme poverty | • Parent does not offer good role model leading to serious risk taking behaviour e.g. condones antisocial behaviour |
| | • Social and Community Resources. Child or family need immediate support and protection due to harassment/discrimination and no access to community resources | • Child exposed to adult sexual material. |

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### SPECIALIST SERVICES WORKING ALONGSIDE UNIVERSAL AND EARLY HELP SERVICES TO MEET THE COMPLEX AND/OR MULTIPLE NEEDS OF VULNERABLE CHILDREN AND YOUNG PEOPLE

#### SPECIALIST (HIGH CONCERN) – EXAMPLE INDICATORS

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</tr>
</thead>
<tbody>
<tr>
<td>Social, Emotional, Behavioural, Identity</td>
<td>See Above</td>
<td>See above</td>
<td>• Local Authority Children’s Social Care&lt;br&gt; • Specialist health or disability services including CAMHS.&lt;br&gt; • Youth Offending Team&lt;br&gt; • Supported by services operating at universal and Early Help levels&lt;br&gt; • Adult Mental Health services&lt;br&gt; • Education Welfare&lt;br&gt; • Housing agencies – local authority, private, associations, charities etc.&lt;br&gt; • Police&lt;br&gt; • Domestic Abuse, Refuge, and Sexual Violence Services&lt;br&gt; • Substance misuse services</td>
</tr>
<tr>
<td>• Challenging behaviour resulting in serious risk to the child and others. Failure or rejection to address serious (re) offending behaviour&lt;br&gt; • Known to be part of gang or neighbourhood group engaged in antisocial behaviour&lt;br&gt; • Complex mental health issues requiring specialist interventions&lt;br&gt; • In sexually exploitative relationship&lt;br&gt; • Teenage parent under 16&lt;br&gt; • Under 13 engaged in sexual activity&lt;br&gt; • Distorted self-image&lt;br&gt; • Significant concern re parental behaviour and risk factors where there is an unborn child&lt;br&gt; • Frequently go missing from home for long periods&lt;br&gt; • Evidence of changing attitudes and more disregard to risk&lt;br&gt; • Young people experiencing harm through their use of substances&lt;br&gt; • Demonstrates adult like sexual behaviour or knowledge&lt;br&gt; • Mental health issues requiring specialist intervention in the community&lt;br&gt; • Inappropriate access or response to social media&lt;br&gt;</td>
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<td>Self-Care and Independence</td>
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<tr>
<td>• Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm – e.g. bullying, isolation</td>
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</tbody>
</table>
SPECIALIST SERVICES WORKING ALONGSIDE UNIVERSAL AND EARLY HELP SERVICES TO MEET THE COMPLEX AND/OR MULTIPLE NEEDS OF VULNERABLE CHILDREN AND YOUNG PEOPLE

FEATURES: Specialist services working alongside universal and Early Help services to meet the complex and/or multiple needs of vulnerable children and young people. Statutory services intervention such as specialist assessments (e.g. CAMHS), Section 17 (Children in Need), Section 47/Child Protection/Look After Children, Youth offending. This section also applies to unborn children.

ASSESSMENT PROCESS: Statutory or specialist services assessment (NB an Early Help assessment must NOT replace a specialist assessment). The Early Help assessment can be used as supporting evidence to gain specialist/Early Help support. This will include specialist assessment for children and young people with complex needs that suffice such as MST, YOS, and CAMHS.

FGM: i) Health professionals – completed DoH FGM Risk Assessment indicates significant or immediate risk; ii) Other practitioners – seek advice from their agency’s safeguarding advice line or relevant safeguarding lead.

N.B. Agencies to work to a ‘whole family approach’ and work with adult/children services appropriately.

N.B. Diversity issues, including linguistic difficulties, preferred methods of communication or communication needs should be considered.

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