

Effective Support for Children and Families

Guidance for all who work with
Children and Families in Somerset
to provide Early Help and Targeted
and Specialist Support



CONTENTS:

IF YOU ARE
CONCERNED THAT
A CHILD MAY BE AT
RISK OF, OR MAY
BE SUFFERING
SIGNIFICANT HARM
CALL US ON

0300 123 2224



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USEFUL RESOURCES:

[Early Help Assessment](#)

[Step Up Step Down Protocol](#)

[Family Strengths and Needs Toolkit](#)

[Resolving Professional Differences](#)

[Allegations Management](#)

[Child Exploitation Screening Tool](#)

[South West Child Protection Procedures](#)

[Glossary of Terms](#)

INTRODUCTION

This guidance aims to assist professional assessment around the provision of effective support for children and families in Somerset. It covers unborn babies, children and young people aged 0 -19 years, (up to age 25 with special educational needs and disability) and should be used alongside statutory guidance for each agency.

It is important that all agencies understand the needs of each individual child or young person within their own context and realise that each situation is unique and specific to that child. This document should assist professional judgements in determining the next actions in meeting those needs and to help everyone to:

- Understand the child in the context of their family and wider community.
- Develop ideas and solutions with children, young people and their families, so that timely support is provided, by the right person/service and to prevent inappropriate escalation in order to access services.
- Empower families to make decisions and changes to their own lives.

Please use this document alongside [Working Together to Safeguard Children](#)

TOP TIPS FOR APPLYING THIS GUIDANCE WITH A FAMILY:

- Parenting can be challenging and asking for help should be seen as a sign of strength and responsibility rather than parenting weakness.
- Work with families in a transparent way, including avoiding families having to tell their story lots of times.
- If you are unsure about the level of concern for a family, use support and guidance from your own and partner agencies to inform your work, including supervision.
- Universal and targeted services must remain involved even if a child and family is receiving additional or specialist support so there is a joint, whole-system response to meeting outcomes and needs.
- Consider the needs and views of the whole family, including fathers, male carers and own-household parents.
- Consider how extended family, community resources or adult services may be able to contribute to support for families.

Always remember that need is not static; the needs of a child/young person/family will change over time.

EARLY HELP ASSESSMENT:

Within Somerset we take a holistic approach to identifying support for unborn babies, children, young people and their families. The Early Help Assessment (EHA) is a tool to enable all services to gather information, form a holistic overview of the family's needs and support professional judgement to provide the right support, in the right place, at the right time.

Follow this link for more information about: [Early Help Assessment](#)

CHILD IN NEED and CHILD PROTECTION:

A child assessed as being a Child in Need (Section 17, Children Act 1989) is one where:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development; or
- Their health or development is likely to be significantly impaired without the provision for them of such services; or
- They are disabled

Where any one of these criteria are met and services are provided under Section 17 by consensual agreement with the parent(s)/carer(s) this should be led by the Local Authority.

Follow this link for more information about: [Child in Need](#)

If there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm child protection procedures should be initiated and these child protection enquiries should always be led by a social worker under Section 47 of the Children Act 1989.

Follow this link for more information about: [Child Protection](#)

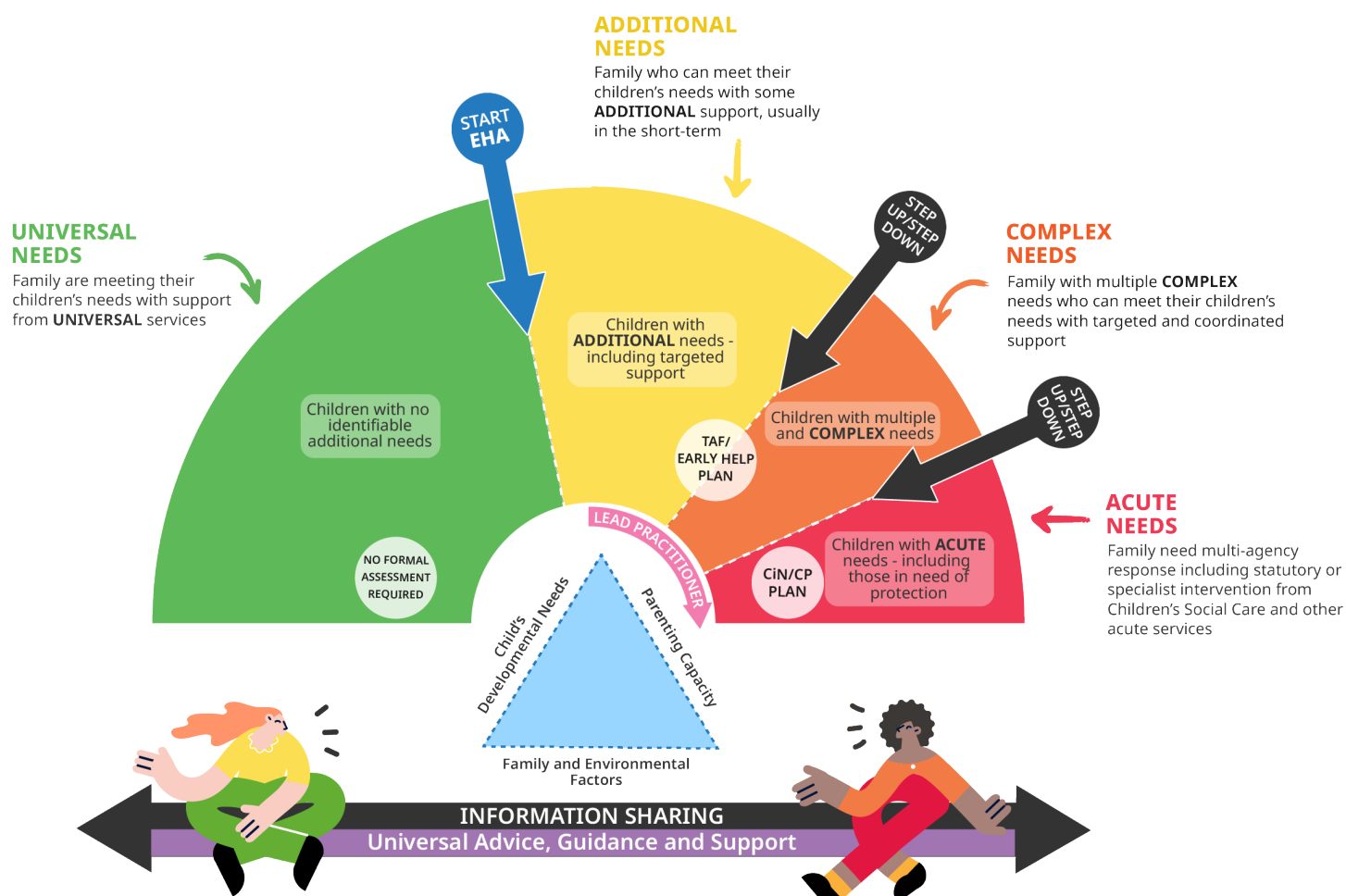
Information can be found at: www.somerset safeguarding children.org.uk



CONTINUUM OF NEEDS AND SERVICES:

The Continuum of Need is intended to provide professionals with a shared understanding and common language around needs and risks.

Movement up and down the continuum of need will not be the same for each child/young person or family; it is a means of providing needs-led appropriate access to services in compliance with statutory duties, when considering the type of support needed.

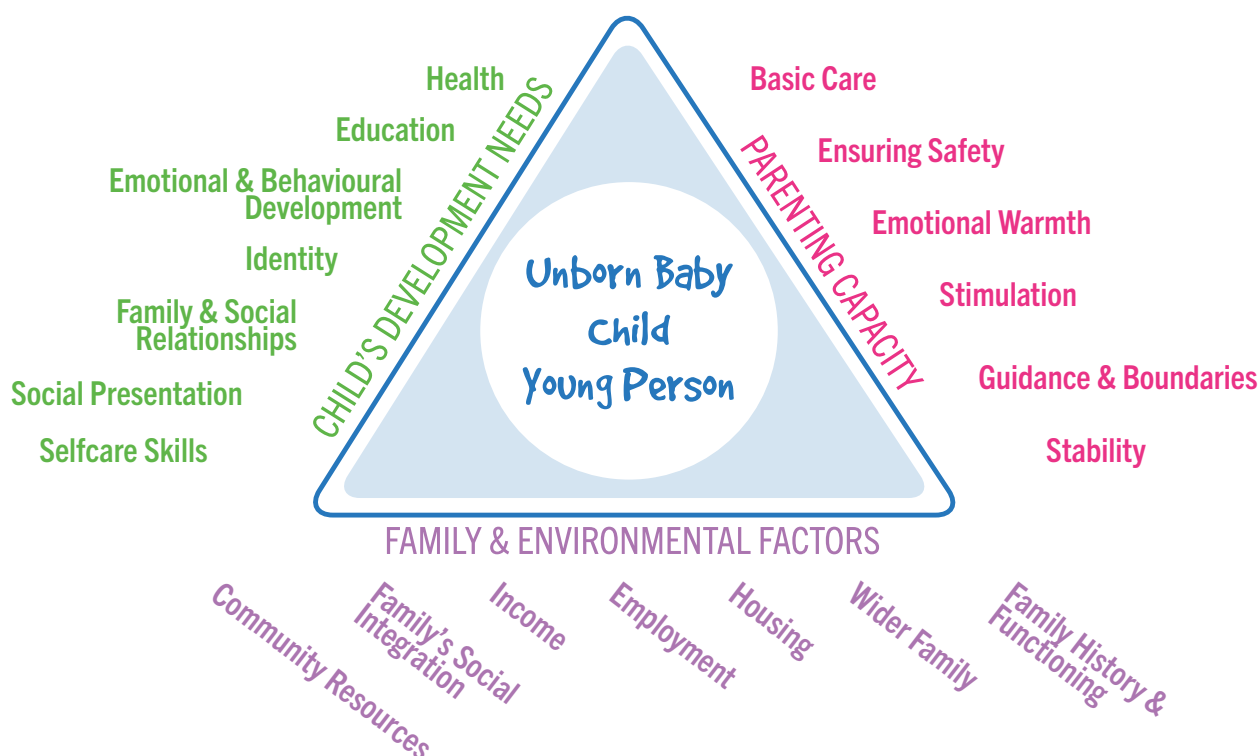


INDICATORS OF NEED:

The indicators of need are designed to provide practitioners with an overarching view of the support and intervention a family might need and have been laid out in the document to enable partner agencies to develop shared terminology and understanding of areas of need, risk and vulnerability.

They are broken down into three domains aligned to the different areas of the Assessment Triangle; the child's developmental needs, the parents' or caregivers' capacities to respond appropriately and the wider family and environmental factors. Each domain relates to the others to inform a holistic approach. By considering all of the areas, practitioners can build a picture of the strengths as well as areas of concern to assess the child and young person's needs, remembering that children, young people and their families can be at different stages within the continuum of need for their education, health and care.

Assessment Framework:



This is not intended to be a tick box exercise, but to give a quick reference guide to support practitioners in their decision-making, including conducting early help assessments, to determine the needs of the child/young person/family.

Remember that need is not static; the needs of a child/young person/family will change over time. Where a plan has been agreed, this should be reviewed regularly to analyse whether sufficient progress has been made to meet the needs and to reassess the level of risk faced by the child or young person. This will be important in situations where small improvements are made, but analysis will need to be undertaken on whether this leads to significant and sustainable improvements for the child/young person.

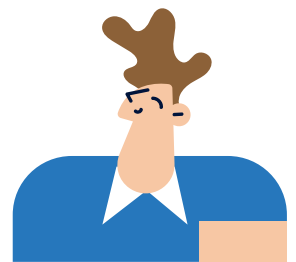
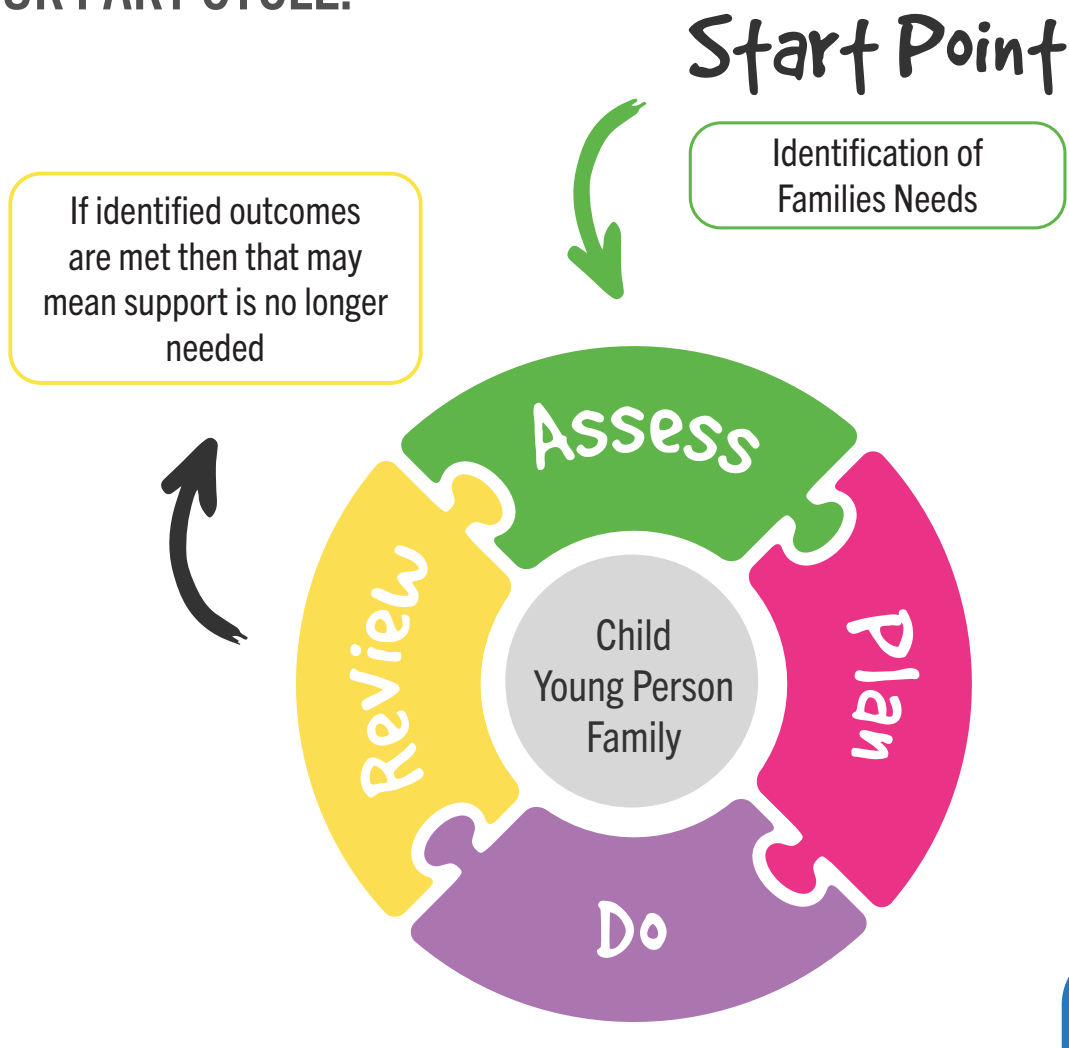
Within Somerset, the [Family Strengths and Needs Toolkit](#) has been developed to help you identify and assess children and young people who are at risk of and experiencing neglect. It will help you with the early identification of neglect or in coordinating support for families in need of additional help. You should use this toolkit in partnership with families to support your practice and to help you track improvements, deterioration or drift.

You can also refer to the [Pre-birth Planning Toolkit](#) and [Child Exploitation Screening Tool](#) and other guidance alongside the indicators. If you are unsure, speak to your safeguarding lead.

If domestic abuse is either suspected or known to be taking place, then the [Avon and Somerset Constabulary Domestic Abuse Stalking and Harassment \(DASH\) Risk Assessment Tool](#) should be completed by the professional, and referrals made as appropriate to specialist support (see www.somersetssurvivors.org.uk for the referral pathway).

Publications can be found at: www.somersetssafeguardingchildren.org.uk

FOUR PART CYCLE:



→ ASSESS:

This stage involves identifying a child/young person as needing support via assessment(s) and/or the individuals development in comparison to their peers.

The first step is to collect the right information and find the right people to be able to plan appropriate support and intervention, drawing on:

- information from agencies, services or organisations involved; and
- the views of the child, young person and their family.

→ PLAN:

During this stage, this might involve a single or multi-agency meeting where the child/young person and their family should agree on appropriate support and intervention to be provided to meet the identified outcomes.

An agreement/plan should be made for the child/ young person/family. The agreement/plan should be recorded and shared with all parties involved.

→ DO:

In this step, the agreement/plan is put into practice.

→ REVIEW:

Regular review of the effectiveness of the planned/agreed support and interventions put in place for the child/young person/family and their impact on the child/young person.

If the identified outcomes of the plan/agreement are met then that may mean support is no longer needed.



CHILD'S DEVELOPMENTAL NEEDS

1

HEALTH (1.1)

Includes growth and development as well as physical, mental and emotional wellbeing. The impact of genetic factors and of any impairment needs to be considered. This involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations (where appropriate), screening and developmental reviews, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

PHYSICAL ACTIVITY (1.1.1)

The child/young person undertakes regular physical activities and has good physical and mental health. They have access to and make use of health and advice services, including management of any long-term conditions.

The child/young person undertakes little physical activity and has some physical and/or mental health needs or disability which affects their everyday functioning, but support is sought, and these needs are largely met.

The child/young person undertakes no physical activity and there are growing concerns that the child/young person has not accessed health and advice services, as a result, the child/young person's day to day life, social, emotional, health and/or wellbeing needs are inconsistently supported and may be negatively impacted.

There is evidence that the child/young person has not or cannot undertake any physical activities or access health care and advice services. As a result, the child/young person's day to day life, social, emotional, mental and/or physical health is significantly impacted.

Physical or mental health needs are not recognised or overlooked, which has a negative impact on the child/young person's wellbeing.

There is a suspicion of Fabricated or Induced Illness/perplexing presentation – see the [South West Child Protection Procedures](#) guidance. Children who have had illness fabricated or induced require coordinated help from a range of agencies.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

DIET (1.1.2)

The child/young person is provided with and eats a varied diet that is appropriate for their age and stage of development and is maintaining an appropriate weight.

Child/young person's special dietary requirements are met.

The child/young person is usually provided with and eats a varied diet, but can be overly selective with food which may have a negative impact on their health (including height, weight, or teeth).

Child/young person's special dietary requirements are inconsistently met.

Parents/carers seek appropriate advice/support if required.

The child/young person is not provided with and/or does not eat a balanced diet, which is affecting their health (such as being under/overweight, be at risk of tooth decay, risk of diabetes, faltering growth and development).

Child/young person's special dietary requirements are rarely met.

Parents/carers are unaware of the need to seek advice/support.

The child/young person is not provided with, intentionally starved, or does not eat a balanced diet and this is seriously affecting their health (such as severe anorexia or chronic obesity, malnutrition, severe tooth decay, unmanaged diabetes, faltering growth or disordered eating).

Child/young person's special dietary requirements are not met, or professionals are unable to assess.

Parents/carers are resistant to advice/support provided.

DRUGS AND ALCOHOL (1.1.3)

The child/young person has no history of substance misuse or alcohol dependency.

The child/young person may be using drugs/alcohol socially with the occasional impact on their social and mental wellbeing.

The child/young person's drug and/or alcohol use is affecting their mental and physical health and wellbeing. The child is known to be using drugs and/or alcohol.

The child/young person's drug and/or alcohol misuse is putting the child at such risk that specialist resources are required to reduce and resolve the impact and protect the child in the short, medium and long term.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

EDUCATION (1.2)

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities:

- For play and interaction with other children;
- To have access to books;
- To acquire a range of skills and interests;
- To experience success and achievement.

Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

COGNITIVE DEVELOPMENT (1.2.1)

The child/young person possesses age-appropriate ability to understand and organise information and solve problems and makes progress in learning.

The child/young person is not consistently able to understand information and solve problems. This impacts on development and learning and there are strategies in place to support this.

The child/young person is unable to understand and organise information and solve problems.

The child is adversely under-achieving or is making no progress with learning despite support strategies over a period of time. Progress is possible with personalised support.

The child/young person's inability to understand and organise information and solve problems is seriously impacting on all areas of their development creating risk of significant harm.

The child/young person requires a high level of specialist support.

LEARNING OPPORTUNITIES (1.2.2)

The child/young person is undertaking age-appropriate learning opportunities, employment or training.

The child/young person has inconsistent engagement in age-appropriate learning opportunities, employment or training, which could have an impact on their behaviour and/or mental health.

The young person is not in age-appropriate education, employment or training (NEET) and is unable to engage, barriers are in place preventing learning or employment opportunities and is increasingly socially isolated. There is concern that this results from or is impacting on their behaviour and/or mental health.

The child/young person does not engage with age-appropriate learning or employment opportunities, is socially isolated, and is more susceptible to risks outside the home.

There is concern that this is having a significant impact on the child/young person's behaviour and/or mental health.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

LEARNING ENVIRONMENT (1.2.3)

The child/young person's home environment positively supports learning opportunities.

The child/young person's home environment generally provides support to access learning opportunities, but engagement with learning is not always consistent.

The child/young person's home environment provides inconsistent and/or limited support to access learning opportunities, with little engagement with learning.

Factors within the family and/or risks outside the home prevent the child/young person from accessing age-appropriate learning opportunities.

The child/young person's home environment does not support learning opportunities. There is a significant lack of engagement with appropriate learning opportunities.

Factors within the family and/or risks outside the home make it impossible for the child/young person to access age-appropriate learning opportunities.

ENGAGEMENT AND ACHIEVEMENT (1.2.4)

Child/young person does not require any additional support and are meeting expected outcomes or seeks support appropriately when required.

Child/young person is at risk of failing to meet expected outcomes and is accessing additional support in or out of the classroom in order for them to achieve in line with their peers.

The child/young person is failing to meet expected outcomes despite interventions. They have experienced a pattern of short-term suspensions/low attendance/periods of missing education, placing them at potential risk of exploitation and/or offending behaviour.

The child/young person may have been permanently excluded, but their educational needs are being met, such as through interventions, or attending a specialist provision.

The child/young person may be permanently excluded or not in education which puts them at greater risk of exploitation and/or offending behaviour.

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT (1.3)

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and care givers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

EMOTIONAL DEVELOPMENT (1.3.1)

The child/young person is following an appropriate pattern of development.

Some areas of the child/young person's development are not in line with their peers and is delayed and appropriate support is being received.

The child/young person's development is delayed but appropriate support is not always being accessed.

The child/young person's development is being significantly impaired. Appropriate support not being accessed indicating an inability to engage by parents/carers.

CRIME AND ANTI-SOCIAL BEHAVIOUR (1.3.2)

The child/young person's activities are legal.

The child/young person has from time to time been involved in anti-social behaviour.

The child/young person is involved in anti-social behaviour and may be at risk of exploitation.

The child/young person is currently involved in persistent or serious criminal activity and/or is being exploited.

BEHAVIOURAL DEVELOPMENT (1.3.3)

The child/young person's behaviour is age-appropriate, and the child engages in age-appropriate activities, e.g. tantrums which are part of normal behaviour for young children.

The child/young person's behaviour is dissimilar to that which would be expected of a child of their age or stage of development and can be difficult to manage e.g. challenging at home, settled at nursery.

The child/young person's behaviour is consistently challenging and causing significant disruption to the family's home life and child's ability to engage in learning opportunities, e.g. this could include persistent, aggressive and destructive behaviour in a range of settings and environments.

The child/young person's behaviour places them or others at risk of significant harm, e.g. assault of others or self which causes significant physical harm.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

DISPLAYED BEHAVIOURS (1.3.4)

The child/young person demonstrates acceptable behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting, good adult guidance and universal support.

The child/young person exhibits some aggressive or destructive behaviour which impacts on others and interferes with their normal development. The child/young person may be a victim of discrimination or bullying.

The child/young person is involved in negative behaviours or exhibits persistent aggressive, bullying or destructive behaviours which impact on others and places them at risk of exclusion from mainstream services or criminality.

The child/young person exhibits negative behaviours, persistently aggressive, bullying or destructive behaviour which places themselves or others at risk of significant harm and impacts on the health/safety of others.

IDENTITY (1.4)

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality, and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

SELF-ESTEEM AND CONFIDENCE (1.4.1)

The child/young person is supported to develop a positive belief in their self and their abilities.

The child/young person displays some low self-esteem/confidence which can make them anxious and vulnerable to negative influence by peers and/or adults.

The child/young person's negative sense of self, low confidence/self-esteem has contributed to them experiencing anxiety and/or behaviour that is being negatively influenced by peers and/or adults placing them at risk of, for example, school non-attendance, school exclusion, exploitation by adults, and/or self-harm.

The child/young person's negative sense of self, confidence and low self-esteem results in them frequently exhibiting high anxiety and/or challenging behaviour, and/or self-harm that places them or others at risk of significant harm.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

RADICALISATION (1.4.2)

The child/young person does not express any sympathy for ideologies linked to violent extremism and there are no concerns relating to radicalisation.

The child/young person expresses some sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.

There is the potential to become radicalised.

The child/young person is becoming radicalised, expresses beliefs that extremist violence should be used against people who disrespect their beliefs and values.

The child/young person is radicalised, supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups.

The child expresses a generalised nonspecific intent to go themselves and/or may have family connections.

IDENTITY (1.4.3)

The child/young person has a positive sense of self and identity, which is supported by their family, peer group and the wider community.

The child/young person experiences some difficulties around their identity or views being accepted by their family, peer group or the wider community.

There is a risk that their mental health may be adversely impacted.

The child/young person is treated negatively due to their identity or views by their family, peer group or wider community. They may not feel safe to express their views.

Their mental health and wellbeing is significantly affected.

The child/young person is bullied or abused because of their identity and does not feel safe to express their views or explore support.

Their mental health and wellbeing is significantly harmed.

FAMILY AND SOCIAL RELATIONSHIPS (1.5)

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or care givers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

FRIENDSHIPS (1.5.1)

The child/young person has friendships and positive social interaction with a range of peers.

The child/young person has limited friendships and limited social interaction with their peers which is impacting on their development.

The child/young person does not have access to social activities which results in social isolation, difficulties in communicating and interacting with others that their development is being impaired.

The child/young person experiences social isolation to the extent that their development is significantly impaired.

FAMILY (1.5.2)

The child/young person has positive and consistent relationships with their parents/carers/family.

The child/young person experiences some difficulty or inconsistency in their relationships with their parents/carers/family.

The child/young person experiences difficulty and inconsistency in their relationships with their parents/carers/family which results in emotional/physical harm or anxiety.

The child/young person's relationships with their parents/carers/family causes frequent domestic incidents, severe anxiety and/or significant emotional harm.

RELATIONSHIPS (1.5.3)

The child/young person is in a healthy and mutual relationship appropriate to their age.

There are isolated incidents of physical and or emotional abuse or violence in the child/young person's relationship which is beginning to impact on one or both parties.

One or both children or young people is/are in a physically, emotionally abusive or coercive and controlling relationship.

The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact of their violence/abuse on the other person.

One or both children or young people is/are a perpetrator/s of persistent and/or serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency, or duration.

This places either one or both parties at risk of significant harm.

SOCIAL PRESENTATION (1.6)

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. This includes the availability of advice from parents or care givers about presentation in different settings and appropriateness of dress (e.g. weather appropriate); cleanliness and personal hygiene.

SOCIAL PRESENTATION (1.6.1)

The child/young person wears clothing appropriate to the social or environmental condition and has a good level of cleanliness and personal hygiene.

The child/young person has the skills which enable them to interact effectively with a range of peers and adults, across a range of contexts, including respect and consideration for gender, culture, race, sexuality, ability or disability.

The child/young person may wear clothing inappropriate to the social or environmental conditions. They may have poor hygiene leading a risk of alienation from peers.

The child/young person usually has the skills to enable them to interact effectively with a range of peers and adults, but may have discomfort with aspects of others due to their gender, culture, race, sexuality, ability or disability.

The child/young person's appearance frequently reflects poor cleanliness, personal hygiene and/or social awareness, which results in some isolation/alienation from peers.

The child/young person struggles to understand emotions or develop age and context appropriate responses to peers/adults and lacks social awareness which increases their vulnerability.

The child/young person lacks skills to enable them to interact effectively with a range of peers and adults and has an intolerance of others due to their gender, culture, race, sexuality, ability or disability.

The child/young person's appearance reflects poor cleanliness, personal hygiene and social awareness, which results in isolation/alienation. As a consequence of their actions and behaviours, the child/young person struggles to maintain peer relationships and acquire social skills.

The child/young person has an inability to understand emotions and develop age and context appropriate responses and/or unable to differentially respond to adults taking into account issues such as relationship and context and holds a lack of awareness of their vulnerability which places them at risk.

The child/young person actively discriminates against others due to their gender, culture, race, sexuality, ability or disability.

SELF-CARE SKILLS (1.7)

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

SELF-CARE SKILLS (1.7.1)

Child/young person is supported to develop self-care and independent living skills appropriate to their ability, age and stage of development.

Child/young person is generally supported to develop self-care and independent living skills appropriate to their ability, age and stage of development, however this can at times be inconsistent.

Child/young person is inconsistently supported to develop self-care and independent living skills appropriate to their ability, age and stage of development, resulting in not possessing or unable to use these skills.

Child/young person has been unable to develop behaviour and independent living skills in line with their ability, age and stage of development and this is likely to result in significant self-neglect, impairment or harm.



PARENTING CAPACITY

2

BASIC CARE (2.1)

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

If you have concerns in any of these areas please refer to the **SSCP Family Strengths and Needs Toolkit**.

HEALTH AND HYGIENE (2.1.1)

Parents/carers take an active interest in the child/young person's appearance.

The child/young person is clean and is either given a bath/washed regularly and teeth cleaned or encouraged to do so in an age-appropriate way.

Head lice, skin conditions (including nappy rash) and other medical needs are treated promptly and appropriately, using correct medication if required.

Parents/carers take some interest in the child/young person's appearance and the importance of hygiene to the child/young person's wellbeing.

The child/young person is reasonably clean, but the parents/carers do not bath or wash them regularly and/or consistently encouraged to wash and brush teeth in an age-appropriate way.

Head lice and skin conditions (including nappy rash) and other medical needs are inconsistently treated, and correct medication is not always used, but parents/carers treat it if given encouragement and advice.

Parents/carers are unable to or do not take an interest in child/young person's appearance and do not acknowledge the importance of hygiene to the child/young person's wellbeing.

The child/young person presents as unclean and is only occasionally bathed/washed or encouraged to wash and brush teeth in an age-appropriate way, with evidence that they do not brush their teeth on a regular basis.

Head lice and skin conditions (including nappy rash) and other medical needs are not treated appropriately, and parents/carers are indifferent to concerns expressed by others.

Parents/carers are unable to or do not take an interest in child/young person's appearance resistant to acknowledge the importance of hygiene to the child/young person's wellbeing.

The child/young person routinely presents as being dirty and is not bathed or washed or encouraged wash or brush their teeth, with evidence that they infrequently brush their teeth.

Head lice and skin conditions (including nappy rash) and other medical needs are not treated and become chronic and parents/carers are resistant to concerns expressed by others.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

NUTRITION (2.1.2)

Child/young person is provided with necessary quantity and quality of food and drink, which is appropriate to their age and stage of development – including in the antenatal period.

Child/young person is provided with an adequate quantity of food and drink for their needs, which is of reasonable quality and adequate for their age and stage of development

Child/young person receives insufficient quantity of food and drink and appears hungry. Food provided is of low quality, which is often not appropriate to their age and stage of development

Child/young person does not receive an adequate quantity of food and drink and is observed to be hungry. The food provided is of a consistently low quality with a predominance of sugar, sweets, crisps and chips etc.

PRE-BIRTH (2.1.3)

Pregnant woman and/or father/partner seek support for any difficulties they may have which could negatively impact on the unborn baby.

Parents/carers prepare for the birth of the baby and have the appropriate clothing, equipment, and cot prior to birth.

Pregnant woman and/or father/partner are aware of but can be inconsistent in seeking support for any difficulties they may have which could negatively impact on the unborn baby.

Parents/carers have undertaken some preparation for the birth of the baby but have not considered everything needed or sought advice on this.

Parents/carers are unaware or indifferent to the impact of their own difficulties or activities on the unborn child and do not seek support to prevent it negatively impacting on the unborn baby.

Parents/carers are unprepared for the birth of the baby and have only considered the most basic requirements.

Pregnant woman and/or father/partner cannot or do not engage with interventions to address this.

Pregnant woman and/or father/partner do not address difficulties and engage in activities that could hinder the development, safety and welfare, or actively seek to inflict harm on the unborn baby.

Parents/carers have very little, or nothing, prepared for the birth of the baby.

There are concerns that parents are concealing the pregnancy from professionals.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

CARING FOR BABY (2.1.4)

Parents/carers are nurturing and responsive to the baby's needs and are careful whilst handling and laying the baby down, and frequently check if baby is unattended.

Parents/carers spend time with baby, interacting, holding, and showing warmth and affection.

The parents/carer are coping well emotionally following the birth of their baby.

Parents/carers are not always consistent in their responses to the baby's needs, due to their own personal circumstances.

Parents/carers can at times be precarious in handling and are inconsistent in supervision.

The parents/carer are generally coping emotionally following the birth of their baby and seek support for their mental health and wellbeing if required.

Parents/carers cannot or do not recognise the importance of responding consistently to the needs of the baby.

Handling can be precarious, and baby is left unsupervised with potential risks (e.g. choking risk if bottle left in the mouth).

The parents/carer are unable to cope with their mental health and wellbeing following the birth of their baby and require support to meet the needs of themselves and their baby.

Parents/carers do not respond to the needs of the baby and only address issues when they choose to do so or when felt it to be a necessity (e.g. due to sustained crying due to hunger).

There is consistent unsafe handling, and the baby is left dangerously unsupervised.

The parents/carer have significant mental health and wellbeing needs following the birth of their baby and cannot or do not accept support to meet the needs of themselves or their baby.

There are concerns that the child's birth is not registered, and/or parents are not considering the potential health needs of the baby.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

ENSURING SAFETY (2.2)

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

BABY SAFETY (2.2.1) - in all areas of need, the risk of harm is known to be higher for babies and infants under 2 years old

Parents/carers seek and respond to safe baby care messages.

Parents/carers have information on safe sleeping and follow the advice and guidelines.

Parents/carers are generally responsive and alert to safe sleep practices and baby care messages, but these can sometimes be inconsistent, especially when there is a change to routine such as family sickness or staying over at a different address.

Parents/carers are not responsive and alert to safe sleep practice when out of routine but are willing to engage in understanding the risk and demonstrate the intention of safe sleep practice.

Parents/carers are not responsive to or do not follow baby care messages around, for example safe handling, coping with crying and/or feeding.

Parents/carers are indifferent or resistant towards safe sleeping advice and guidance and may see advice given as interference.

Parents/carers are resistant to or do not follow baby care messages and this places the baby at risk of significant harm or injury.

SUPERVISION AND BOUNDARIES (2.2.2)

Effective supervision is provided in line with age and stage of development and parents/carers recognise the importance of appropriate supervision for the child/young person's well-being.

Parents/carers ensure the child/young person does not have access to inappropriate material (including online).

Variable supervision is provided but Parents/carers intervene effectively where there is danger.

Parents/carers are mostly aware of the need to monitor the child/young person to ensure they do not watch inappropriate material (including online).

Parents/carers provide limited supervision or boundaries, and Parents/carers do not always respond quickly to dangers. There is limited concern about where child/young person is, or who they are with.

Parents/carers do not monitor the child/young person to ensure they do not access inappropriate material (including online).

Parents/carers are unable to or indifferent to providing supervision or boundaries, and often do not know where child/young person is, or who they are with and are oblivious to any dangers.

Parents/carers allow the child/young person to access inappropriate material (including online) and do not recognize the potential impact on the child/young person's wellbeing.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

PROTECTION FROM HARM (2.2.3)

The child/young person is not affected by crime, discrimination, or antisocial behaviour.

There are growing concerns that the child/young person may be affected by discrimination and/or low level anti-social behaviour.

When the child/young person is away from home the parents/carers do not always know where child is and have inconsistent awareness of safety issues.

Parents/carers show concern about when child/young person should be home and take proportionate action (e.g. a phone call) if not home on time.

The child/young person is affected by discrimination and/or anti-social behaviour or crime which affects the child/young person through involvement or being a victim.

The child/young person has missing episodes and is at increased risk of exploitation.

The parents/carers are unable or unwilling to keep the child/young person within a safe environment.

The child/young person is radicalised, supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups.

The child expresses a generalised nonspecific intent to go themselves and/or may have family connections.

PHYSICAL INJURIES (2.2.4)

The child/young person has a positive sense of self and identity, which is supported by their family, peer group and the wider community.

The child/young person has occasional minor injuries which are caused by occasional poor supervision.

The parents/carers seek out or accept advice on how to avoid accidental injury.

The child/young person has injuries, for example bruising, scalds, burns and scratches, as a result of poor supervision.

Injuries are more frequent than would be expected for a child of a similar age.

The child/young person has injuries, for example bruising, scalds, burns, bites and scratches, which are non-accidental or resulting from persistently poor Supervision. Parents/carers' explanation of the injury is inconsistent with the injury or child's account.

Explanation, origins, characteristics, and history should be explored and considered in a multi-agency strategy discussion.

[Bruising in non-mobile babies and children](#) is unusual and is highly suggestive of non-accidental injuries.

Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injuries.
(see **ACUTE NEEDS** & [Bruising and Injuries to Non-Mobile Children](#))

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

ADULT DRUG AND ALCOHOL USE (2.2.5)

Members of the household do not use drugs or alcohol, or drug and alcohol use does not impact on the child/young person (including during the pre-birth period).

Drug and/or alcohol use of household members is impacting on the child/young person, but adequate provision is made to ensure the child/young person's safety (including during the pre-birth period).

Drug/alcohol use has escalated to the point where it includes binge-drinking and/or drug paraphernalia in the home, which is overshadowing the care of the child/young person and adversely impacts the child/young person (including during the pre-birth period).

Parental/member of the household drug and/or alcohol use is at a problematic level, having significant adverse impact on the child/young person (including during the pre-birth period) and/or the parents/carers cannot carry out daily parenting.

This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of safely, using drugs/alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.

SEXUAL ABUSE / SEXUAL EXPLOITATION (2.2.6)

The parents/carers protect their family from danger or harm. There is no evidence of sexual abuse.

There are potential risk factors within the family such as parents/carers not understanding sexual risk or being vulnerable to exploitation (including online).

There are concerns that the child/young person is exposed to inappropriate sexual behaviour (including online).

There are concerns that the child/young person is being groomed and parents/carers do not understand the risks or are not being protective.

An allegation (this could be current or historic) that the child has been sexually abused by a parents/carers/member of the extended family which requires investigation under Section 47 of the Children Act.

The family home is used for drug taking and or dealing, prostitution and illegal activities.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

The child/young person is being sexually abused/exploited.

A known sexual offender who is a serious risk is in contact with the family.

Parents/carers has expressed thoughts that they may sexually abuse their child/young person.

DOMESTIC ABUSE (2.2.7)

There are no incidents of violence or abuse in the family and no history or previous assaults by family members.

There are isolated incidents of physical and/or emotional abuse or violence in the family.

The harmful impact of such incidents is mitigated by other protective factors within the family.

The parents/carers is a victim of abuse assessed as low risk.

One or more adult members of the family is physically and emotionally abusive or is coercive and controlling to another adult member/s of the family.

The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence and abuse has on the child/young person/unborn child.

The parent/carer has recently (within last 12 months) been a victim of domestic abuse and is a victim of abuse assessed as medium risk.

One or more adult members of the family is a perpetrator of persistent and/or serious physical or sexual violence or coercive and controlling behaviour which may also be increasing in severity, frequency, or duration.

The perpetrator is emotionally harming child/young person/unborn child who are experiencing domestic abuse.

The parent/carer is a victim of domestic abuse which has taken place recently on a number of occasions and is assessed as high risk.

[See DASH Risk Assessment Tool \(DASH, 2009\) used to assess the risk of harm from domestic abuse:](#)
[DASH Risk Assessment Tool](#)

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

HARMFUL CULTURAL PRACTICES (2.2.8)

There is no concern that the child/young person may be subject to harmful cultural practices such as female genital mutilation (FGM), honor-based violence (HBV), forced marriage and belief in spirit possession.

There are developing concerns that the child/young person is in a culture where harmful practices are known to have been performed.

There is concern that the child/young person may be at risk of becoming subject to harmful cultural practices.

There is evidence that the child/young person is subject to harmful cultural practices or is at risk of being sent outside the UK to be subject to these.

[See FGM guidance.](#)

EMOTIONAL WARMTH (2.3)

Ensuring the child's emotional needs are met giving the child a sense of being valued, with a positive sense of own racial and cultural identity. Includes ensuring the child has secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

EMOTIONAL NEEDS (2.3.1)

Parents/carers have a warm and supportive relationship with the child/young person which supports emotional, behavioural and social development of the child/young person.

Parents/carers lack emotional warmth and/or can be critical and/or inconsistent, which could impact the child/young person's emotional, behavioural and social development.

The family environment is volatile and unstable. For example, parents/carers are intolerant, critical, inconsistent, harsh or rejecting and this is having an adverse effect on the child/young person's emotional, behavioural and social development, and may increase their vulnerability to risk.

Parents/carers expose the child/young person to persistent emotional maltreatment which causes severe adverse effects on their emotional development, for example conveying to the child that they are worthless, unloved, inadequate, humiliated or valued only because they meet the needs of another person.

Parents/carers impose developmentally inappropriate expectations on the child/young person or expose them to the ill-treatment of another.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

PRE-BIRTH ATTACHMENT (2.3.2)

Pregnant woman and/or father/partner are reporting warmth and love for unborn baby and are positively anticipating parenting a newborn.

Pregnant woman and/or father/partner are reporting ambivalence towards the unborn baby and are actively seeking and responding to support and interventions to address this.

Pregnant woman and/or father/partner are demonstrating ambivalence towards the unborn baby and despite engagement and interventions cannot or are unable to articulate/demonstrate a bond with the unborn baby.

Pregnant woman and/or father/partner are not able to demonstrate attachment with the unborn baby and are resistant to engaging with interventions to address this.

STIMULATION (2.4)

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

STIMULATION AND DEVELOPMENT (2.4.1)

The parents/carers provide effective stimulation and encouragement to develop independence, and ensure adequate safety and supervision.

The parents/carers provide inconsistent stimulation for the child/young person's age/stage of development, and this may impact on the child/young person's development.

The parents/carers provide limited stimulation to the child/young person, and this impacts on the child/young person's development.

Parents/carers needs take precedence at times over the child/young person's needs.

The parents/carers provide minimal stimulation, which is contributing to significant developmental delay in the child/young person or impeding the child/young person's development.

Parents/carers needs take precedence over the child/young person's needs.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

ENGAGEMENT AND INTERACTION (2.4.2)

The parents/carers provide positive interaction and stimulation for the child/young person and encourage participation in and benefit from play and learning opportunities which support development.

Parents/carers understand the importance of play and learning for the child/young person development and wellbeing and provide play and learning opportunities but sometimes their own circumstances and other demands made on their time get in the way and they may have difficulty in prioritising the child's needs over their own.

Parents/carers do not recognise the importance of play and learning opportunities this for the child.

The child lacks key play and learning opportunities – not because of financial issues, but a lack of understanding, interest or recognition of the child's needs.

Parents/carers are unable or unwilling to recognise the importance of play and learning on child development and resistant to child's needs or advice from others about the importance of stimulation.

The child may be left unsupervised for extended periods of time while parents/carers go out locally, e.g. to socialise with friends.

PROMOTING OPPORTUNITIES (2.4.3)

Parents/carers show an active interest in age-appropriate learning or employment opportunities.

Parents/carers are inconsistent in supporting the child to access learning or employment opportunities.

Parents/carers do not recognise the importance of supporting the child to access learning or employment opportunities.

Parents/carers are unable or unwilling to support learning or employment opportunities.

GUIDANCE AND BOUNDARIES (2.5)

Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not overprotecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

GUIDANCE AND BOUNDARIES (2.5.1)

Parents/carers set consistent age-appropriate boundaries and provide guidance, including online.

The parents/carers can struggle to set age-appropriate boundaries and has difficulties maintaining the child/young person's routine.

The parents/carers have the ability to set appropriate boundaries, including online, however the child/young person cannot always adhere to this.

The parents/carers are unable or unwilling to judge dangerous situations and/or is unable to set appropriate boundaries despite significant support.

The parents/carers have the ability to set appropriate boundaries, including online, however the child/young person is refusing to adhere to this.

The parents/carers are unable or unwilling to judge dangerous situations and/or is unable or unwilling to set appropriate boundaries.

Their child/young person is frequently exposed to dangerous situations in the home and/or community, including online.

The parents/carers have the ability to set appropriate boundaries, however the child/young person is refusing to adhere to this and placing themselves at significant risk of harm.

STABILITY (2.6)

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

ACCOMMODATION (2.6.1)

The family's accommodation is stable.

The family's accommodation is stable, but the child/young person may have experienced frequent moves which has had some impact on the child's development.

The family have unstable accommodation, resulting in frequent moving which has had a detrimental impact on the child's development.

The family have highly unstable accommodation, or experience homelessness, which has significant detrimental impact on the child's development.

FAMILY STABILITY (2.6.2)

The child/young person has stable relationships and experiences.
They have regular contact with any family members that they wish to see.

The child/young person's relationships and experiences are not always consistent.
Parents/carers sometimes argue in front of child/young person, but there is no threatening behaviour from either party.
They generally have contact with family members that they wish to see.

The child/young person's relationships and experiences are inconsistent, which impacts on their emotional wellbeing.
Parents/carers frequently argue aggressively in front of the child/young person and this may at times lead to abuse and/or threatening behaviour.
They are unable to have contact with family member(s) that they wish to see.

The child/young person experiences significant instability in their home life and relationships which has a detrimental impact on their emotional wellbeing.
Parents/carers frequently argue aggressively in front of the child/young person and this leads to frequent violent and threatening behaviour.
One or more parent/carer is in prison, and this is significantly impacting on the family.
Family members are being detained and at risk of deportation or the child is an unaccompanied asylum seeker.

FAMILY AND ENVIRONMENTAL FACTORS

3

COMMUNITY RESOURCES (3.1)

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including members with disabilities.

ACCESSING SERVICES (3.1.1)

The family is able to access all key services, social activities and learning opportunities.

The family is usually able to access key services, however this means that there are some missed opportunities for the child/young person, such as education or medical appointments.

The family has inconsistent access key services, meaning that there is negative impact on the child/young person.

The family is unable to access key services which causes significant impairment to the child/young person's diet, education, social development, or emotional wellbeing.

FAMILY'S SOCIAL INTEGRATION (3.2)

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

SOCIAL INTEGRATION (3.2.1)

The family experience positive friendships and networks locally.

The family can experience social isolation on occasions and/or there is an absence of supportive community networks.

The family is largely socially excluded and isolated to the extent that it has an adverse impact on the child/young person.

The family is socially excluded, and the child/young person is seriously affected but the family actively resists all attempts to achieve inclusion and isolates themselves from sources of support.

UNIVERSAL NEEDS**ADDITIONAL NEEDS****COMPLEX NEEDS****ACUTE NEEDS****INCOME (3.3)**

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

FINANCE (3.3.1)

The family's accommodation is stable.

The family's accommodation is stable, but the child/young person may have experienced frequent moves which has had some impact on the child's development.

The family have unstable accommodation, resulting in frequent moving which has had a detrimental impact on the child's development.

The family have highly unstable accommodation, or experience homelessness, which has significant detrimental impact on the child's development.

EMPLOYMENT (3.4)

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

EMPLOYMENT (3.4.1)

Parents/carers are in regular stable employment which provides financial assurance.

The work undertaken does not impact upon the child/young person and education, training and employment are viewed positively as part of the family culture.

Parents/carers would like to work but are unable to find regular or stable employment, leading to financial impact or negative impact on the child/young person's emotional wellbeing.

The demands of the work of parents/carers is creating some occasional instability or difficulty for the child/young person.

Parents/carers are not in work, and this is causing moderate financial or emotional difficulty for the family/child/young person.

The demands of the work of parents/carers is creating regular instability or disruption for the child/young person and this may affect the care they receive.

Parents/carers are not in work, and this is causing significant financial or emotional difficulty for the family/child/person.

The demands of the work of parents/carers is creating severe instability or disruption for the child/young person and this is significantly affecting the care and supervision they receive.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

HOUSING (3.5)

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable for the needs of family members with disabilities? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

SOCIAL HOUSING (3.5.1)

The family home is clean and warm, and without hazards which could impact the safety or wellbeing of the child.

The accommodation has all essential amenities such as heating, washing/bathing facilities, cooking facilities, adequate beds and bedding and a toilet and is in a reasonable state of repair and decoration.

Parents/carers take appropriate action when there are defects with the property e.g. undertake repairs or contact the landlord to request repairs carried out.

The family home is not consistently clean and is not always free of hazards which could impact on the safety and wellbeing of the child.

The accommodation has some essential amenities but is in need of repair.

Parents/carers can be inconsistent in taking appropriate action when there are defects with the property.

The family's home is consistently dirty, in a state of disrepair and/or unsafe to the extent that it impacts on the child's safety and wellbeing including their ability to sustain engagement with learning opportunities.

There are inadequate amenities such as beds and bedding, a dirty toilet, lack of clean washing facilities and the environment is dirty and cluttered.

Parents/carers are indifferent or unable to recognise the impact of the home conditions on the child/young person's sense of wellbeing and often don't take appropriate action when necessary.

The family's home is in a dangerous state of disrepair such that it represents an immediate risk to the safety and wellbeing of the child and parents/carers fail to take appropriate action when there are defects with the property.

There is a lack of essential amenities such as a working toilet, washing/bathing facilities, inappropriate and dirty bed and bedding and poor facilities for the preparation of food.

Parents/carers are unable to make changes or unwilling to take advice about the impact of the home circumstances on child/young person's welfare or well-being.

WIDER FAMILY (3.6)

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and wider family. What is their role and importance to the child and parents and in precisely what way?

SUPPORT NETWORKS (3.6.1)

The parents/carers, child/young person have positive relationships with their wider family and support networks.

The parents/carers, child/young person's relationship with the wider family and support network is inconsistent and can be limited.

The parents/carers, child/young person's relationship with the wider family and support network is limited, unstable and may be detrimental to the child/young person.

The parents/carers, child/young person's relationship with the wider family and/or support network has broken down and is having a detrimental impact and pose a risk of harm to the child/young person.

FAMILY HISTORY AND FUNCTIONING (3.7)

Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

ADDITIONAL PARENTAL NEEDS (3.7.1)

Parents/carers do not have physical, mental health or disabilities needs which impact the care of the child/young person.

Parents/carers have some physical, mental health or disability needs, creating an adult focus which at times may impact the child/young person.

Parents/carers physical, mental health or disability needs take precedence over the needs of the child/young person which is having a detrimental impact on their care and may place them at an increased risk of harm.

Parents/carers physical, mental health or disability is significantly affecting the care of their child/young person placing them at risk of harm.

UNIVERSAL NEEDS

ADDITIONAL NEEDS

COMPLEX NEEDS

ACUTE NEEDS

YOUNG CARER (3.7.2)

The child/young person does not have caring responsibilities or the child's caring role does not adversely affect their health, wellbeing and/or attainment.

The child/young person has some caring responsibilities, which can adversely affect their health, wellbeing and/or attainment.

The child/young person has regular caring responsibilities, and these have an impact upon their health, wellbeing and/or attainment, for example missing learning opportunities, loneliness and/or risk of poor mental health.

The child/young person has long term caring responsibilities which are excessive or inappropriate for the age and ability of the child.

The child/young person's health, wellbeing and/or attainment are being significantly impacted, including (but not limited to) being unable to access learning opportunities, social isolation, poor mental health and/or hygiene.

CRIMINAL ACTIVITY (3.7.3)

There is no history of criminal or anti-social behaviour which would impact on the family.

There is suspicion or evidence of criminal, anti-social or extremist activity, or parental imprisonment within the family where intervention may be needed to reduce the impact on the child/young person.

There is a known involvement in gang or other criminal activity relating to serious or violent crime, prolific offending, or extremist/terrorist activity by a member of the family. This is impacting on the safety, health or wellbeing of the child/young person.

Evidence that an adult who is less than 12 months from their release or who is subject to license/supervision arrangements and will have parenting responsibilities on release which indicates and poses a risk to the well-being of the child/young person.

Substantiated evidence of involvement in gang activity, organised crime or extremist groups or sexual offences against adults or children by a member of the family which indicates there is an immediate risk to the safety, health or well-being of the child/young person.

ASSESSMENT SUMMARY SHEET:

These resources should be used to engage with families and hold discussions to assess what support, if any, they require.

Effective Support for Children and Families can be used in conjunction with more targeted resources ([see p1](#)) to gain a holistic understanding of a families circumstances, with the Summary Sheet (completed via either online interactive tool, or editable MS Word version) assisting in providing a snapshot overview to inform any formal assessments you may be undertaking, such as an Early Help Assessment or a Child & Families Assessment (for Social Workers).

[INTERACTIVE SUMMARY SHEET](#) - [follow this link](#)

[MS Word SUMMARY SHEET](#) - [follow this link](#)

TOP TIPS:

- Consider ALL descriptors to gain a holistic view of both families strengths and needs.
- The Effective Support for Children and Families document is NOT a scoring exercise, but is intended to shape an understanding of current needs and strengths.
- Ensure you keep a focus on the child(ren) and/or young person(s) at all times. How much does this impact them? Not just the **what**, but also the **so what**.
- In using the resource, ensure you capture the involvement of other agencies, and the voice of the child/young person and parents/carers.
- Use the indicators of need to identify escalation or deescalation of strengths and needs of the child/young persons/family, and review changes in circumstances.

“Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.”

Working Together to Safeguard Children, 2018



UNDERSTANDING THE INDICATORS OF NEED:

UNIVERSAL NEEDS

DESCRIPTION:

Children with no additional needs.

Children and young people who are achieving expected outcomes and have their needs met through universal service provision. Typically, these children/young people are likely to live in a resilient and protective environment. Families will make use of community resources. Universal services remain in place regardless of which level of need a child is experiencing.

In general, children and young people with disabilities will have their needs met through early help and targeted services. However, some children with a high level of need related to severe disabilities may require specialist services - please also refer to: [Effective Support for Children and Young People with Special Educational Need and Disabilities \(SEND\) and their families in Somerset.](#)

What you need to do:

All children and families should receive universal services, such as health care and education, as well as early years and youth services.

Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to increase support to meet greater emerging needs.

No formal assessment needed.

ADDITIONAL NEEDS

DESCRIPTION:

Targeted provision which can be met by a single practitioner / single agency or where a coordinated multiagency response is needed.

These are children and young people identified as having an additional need which may affect their health, educational or social development and they would be at risk of not reaching their full potential.

A co-ordinated response, such as Team Around the School, may support children, young people and their families. The Early Help Assessment (EHA) is the tool to use to identify need and plan help for the family.

You will need parental consent to share relevant information with other involved practitioners.

What you need to do:

Practitioners should talk to the family and consider carrying out an Early Help Assessment (EHA) to ensure the child receives the right support, in the right place, at the right time.

If a joint agency response is needed, a Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan with parents as full partners.

Early Support Record will be carried out by one of the Children with Disabilities Early Support Teams.

COMPLEX NEEDS

DESCRIPTION:

Targeted provision for children with multiple issues or complex needs where a co-ordinated multi-agency response is required.

Despite Early Help interventions via a single agency or partnership working these are children and families whose needs are not being met due to their range, depth and significance. This makes them very vulnerable and at risk of poor outcomes.

A multi-agency response is required using the EHA framework as in most instances there will be issues for parents which are impacting on the children achieving positive outcomes. These families need a holistic and co-ordinated approach and more intensive intervention and help.

The lead practitioner could come from a range of agencies as the key issue will be the quality of the relationship that exists between practitioner and family to assist them to make change.

What you need to do:

Practitioners should talk to the family and carry out an Early Help Assessment (EHA) to ensure the child receives the right support, in the right place, at the right time.

A Team Around the Family (TAF) meeting must take place to agree a co-ordinated response which will be detailed in an action plan.

If there are concerns about mental health please contact our CAMH's Single Point of Access advice line:

0300 124 5012

ACUTE NEEDS

DESCRIPTION:

The child has a high level of unmet and complex needs, or is in need of protection and requires support from statutory services.

Support provided by children's services:

- Child is/ or may be at risk of significant harm if they remain in their parent's or carer's care and requires a Child in Need assessment and support.
- Child is assessed as having suffered significant harm requiring a multi-agency Child Protection plan to safeguard them.
- Child may need to be cared for outside their immediate family full time.

A social worker will co-ordinate an assessment of the child's need and a multi-agency response, where it is assessed that on-going support is required. Where it is assessed that the needs are not best met through children's social care involvement, the social worker will ensure that identified needs are shared to enable support to be offered at the right level as part of a [Step-Down process](#).

Children with complex or severe needs may also require acute health services e.g. CAMH's.

What you need to do:

All practitioners wishing to request involvement of Children's Social Care in relation to Child in Need or Child Protection must complete an Early Help Assessment (EHA) and submit this to:

SDinputters@somerset.gov.uk

For children with disabilities also refer to: [Effective Support for Children and Young People with Special Educational Needs and Disabilities \(SEND\) and their Families in Somerset](#)

CONSENT GUIDANCE

This guidance sets out the issue of consent for practitioners working with families within Children's Social Care under Child in Need plans and/or below the level of statutory social care involvement. It sets out the need to gain consent from parents or those who have parental responsibility when practitioners wish to:

a) Seek information from practitioners in other services and share information with them.

b) Request the involvement of another agency for assessment and provision of services.

WHEN CAN I REQUEST INVOLVEMENT OF CHILDREN'S SOCIAL CARE WITHOUT PARENTAL CONSENT?

If the request for involvement is considered a child protection issue, seeking consent may not be appropriate. In most cases it is appropriate to seek consent. However, there are some cases where it is not. Consent should not be sought if doing so would:

- Place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult);
- Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children;
- Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

a) Seek information from practitioners in other services and share information with them:

All practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, practitioners should record who has been given the information and why.

This consent must be re-sought for each episode of work that a practitioner undertakes with a family (for example: if work with a family has finished and then reopens, consent must be re-sought again, unless the need is defined as Section 47 (Child Protection) and parents do not give their consent. In this case, the welfare of the child overrides the parental wishes).

Practitioners must make clear to parents which organisations they wish to seek information from and who they wish to share information about the family with.

If anyone in the family home is aged 16 or over their individual consent should be sought to seek or share information about them with other agencies.



If an adult does not consent to information sharing with a particular organisation or any organisations at all and the concern does not reach a risk of significant harm you cannot seek information from or share information with that organisation until such time as the adult consents. If you are unsure talk to your safeguarding lead or call the Consultation Line.

It is good practice to record in writing which agencies parents (or other people in the household aged 16 or over) have consented to information sharing, and place a copy on the child's record in your respective agency.

b) Request the involvement of another agency for assessment and provision of services:

All practitioners should seek parental consent when they wish to request the involvement of another organisation for assessment or services, where the request for involvement is not in relation to a child protection issue, and consent should be sought for each request a practitioner makes for a child or their family. Practitioners should make clear to parents which organisations they wish to request the involvement of and which individuals within the family are the subjects of the request.

If anyone in the family home is aged 16 or over, their individual consent should be sought to make a request for involvement about, or including them, to another organisation (unless the person is aged 16 to 17 and the referral relates to a child protection issue about them).

You should always talk to parents and carers, when you have a child in need or a child protection concern, unless to do so would place a child at risk of significant harm, to let them know that you intend to share information with other agencies and make a request for involvement to Children's Social Care.

Where consent is not sought the decision and rationale should be clearly recorded on the child's file within the agency making the request for involvement.

A child protection request for involvement from a practitioner cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the practitioner. Where the parent refuses to give permission for the request for involvement, unless it would cause undue delay, further advice should be sought from a manager or your safeguarding lead and the outcome fully recorded. If, having taken full account of the parent's wishes, it is still considered that there is a need for a request for involvement:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to Children's Social Care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

THIS GUIDANCE DOES NOT COVER CONSENT FOR MEDICAL TREATMENT



EARLY HELP ASSESSMENTS AND CONSENT:

For an Early Help Assessment to be effective it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them.

It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living.

In cases where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child has suffered significant harm or is likely to do so (as defined in the Children Act 1989), a request for involvement should be made immediately to Children's Social Care.

This request for involvement can be made by any practitioner.

INFORMATION SHARING:

For more on information sharing for people who provide safeguarding services to children, young people, parents and carers:

GOV.UK guidance: [Information Sharing Advice for Safeguarding Practitioners](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

This guidance includes:

- The seven golden rules to sharing information.
- The principles.
- Myth-busting guide.



COMPLETING AN EARLY HELP ASSESSMENT (EHA):

Discuss the EHA and process with the family unless you are making a child protection referral where you feel obtaining consent places the child at greater risk



Establish which other agencies are working with the family from speaking with them to triangulate information to complete your assessment



Universal Needs

No need for an EHA unless additional needs are emerging and EHA required as preventative assessment.

Store on own agency file.



Additional Needs

If joint agency response, share EHA with consent with that agency and update the EHA together with the family.

Consider TAF



Complex Needs

Lead Practitioner to be identified, TAF to be arranged and completion of joint EHA with the family.

Shared ownership of actions agreed.



Acute Needs

Please refer to diagram: Requesting Involvement from Children's Social Care



The EHA is both an ongoing assessment tool and a request for involvement for other services.

During discussions with partner agencies and in the Team Around the Family (TAF), responsibility needs to be agreed as to who will make the request to another service for ongoing support and intervention.

The EHA should also be used when requesting a Step-In from a listed service ([EHA section 9](#)). When requesting a Step-In the date, time and location of the meeting must be included.*

All agencies have a responsibility to store the EHA in line with their own agency procedures.

* Services not listed on the EHA (section 9) should be contacted directly to discuss the Step-In request.



REQUESTING INVOLVEMENT FROM CHILDREN'S SOCIAL CARE:

IF YOU ARE UNSURE CONSULT WITH YOUR AGENCY
SAFEGUARDING LEAD OR CALL THE CONSULTATION LINE ON:

0300 123 3078

CHILD PROTECTION ENQUIRY

Is there reasonable cause to suspect that a child is suffering or likely to suffer significant harm?

CALL Somerset Direct on 0300 123 2224 or 999 if there is immediate risk to the child.

Follow up EHA within one working day.

CHILD IN NEED

Is the child unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development?

Is their health or development likely to be significantly impaired without the provision of such service?

Discussion with social worker at the Family Front Door who will review the information.

If not deemed significant harm.

Complete an EHA and gain consent from parents/carers. Send to Somerset Direct.

Triaged by social worker, contact will be made with parents, child and partner agencies where appropriate.

Analysis and recommended action, feedback to requester.

Strategy Discussion

Child and Family (C&F) assessment with consent from parents/carers.

Request involvement of Early Help Services with consent from parents/carers.

No further action by statutory services.

STEP-UP STEP-DOWN PROTOCOL

This protocol describes the application of Step-Up and Step-Down mechanisms across Somerset to ensure a seamless journey for children, young people and their families across all services. It also describes processes where services may Step-In to families' lives as their needs change.

Good practice requires all practitioners working with children, young people and their families to be familiar with these approaches so that children do not fall between services when there is a reduced or increased need. Instead, children are held safely in the transition from one service to another. Those agencies involved should maintain and promote a strengths-based approach to working with families to help them identify solutions to the challenges they face.

Follow this link for more information about: [Step Up Step Down Protocol](#)

WHAT IF I HAVE A DIFFERENCE OF OPINION WITH ANOTHER PRACTITIONER?

There will be times when there are differences of opinions about how best to support a child and family, and the intervention required by different agencies.

In the first instance, attempts should be made to resolve differences using the [Resolving Professional Differences Protocol](#) (Steps 1 & 2 - informal) within agencies to seek the best outcome.

If agreement is not reached and resolution of differences become 'stuck' then the [Resolving Professional Differences Form](#) (Step 3 – formal) should be completed in line with the Resolving Professional Differences Protocol guidance.

Follow this link for more information about: [Resolving Professional Differences](#)

ALLEGATIONS MANAGEMENT

Allegations Management procedures should be followed when it is alleged that a member of staff or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children; or
- behaved, or may have behaved, in a way that indicates they may not be suitable to work with children.

Somerset Direct - **0300 123 2224** - will advise you of the process to follow and request that an Allegations Reporting Form is completed. If the concern relates to the immediate safety of a child, then you will be transferred to the duty social worker.

Follow this link for more information about: [Allegations Management](#)

Publications can be found at: www.somerset safeguarding children.org.uk

USEFUL INFORMATION:

Consultation Line - for Children's
Safeguarding Leads, GPs and Lead Practitioners

0300 123 3078
(9.00 to 4.30 Mon to Thurs, 9.00 to 4.00 Fri)

Early Help Hub

01823 355 803

Emergency Duty Team

0300 123 2327

Prevent - Regional Police Prevent Team

01179 455 536

Somerset Direct (children's and adult's)

0300 123 2224

Somerset Drug and Alcohol Service
(SDAS)

0300 303 8788
(24/7 for enquiries)

**Somerset Integrated Domestic
Abuse Service** (SIDAS)

0800 694 9999

CAMHs Single Point of Access

0300 124 5012



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