MAKING
CHILDREN
SAFER

Northamptonshire Thresholds and Pathways

Information on early help, prevention and statutory services for everyone working with children and families.

October 2015

Northamptonshire
Safeguarding Children Board

CDS NCC145160

1. Introduction – Thresholds and Pathways and Early Help

This document is a key tool in the provision of early help to children, young people and families - providing effective early help is a key part of the Northamptonshire Early Help Strategy.

Early Help Northamptonshire has a single goal: to enable children and families to access appropriate support as early as possible so that they can maintain their quality of life, prevent any problems getting worse and feel stronger, happier and more confident.

The Northamptonshire Children's Early Help Partnership and the Northamptonshire Safeguarding Children Board champion the vital importance of helping children and young people at the earliest point to provide them with the best opportunity for the future. Through effective early help, we will also prevent families from escalating to statutory, high cost services.

We must target our early help where the likelihood is that problems will spiral and become more damaging for children and families. Reducing demand for high-need services will deliver better outcomes for children and families and reduce escalation for safeguarding concerns. Equally, it will reduce demand for services and interventions which are more costly for children's services and other public services to provide.

Northamptonshire's early help offer recognises the crucial role that all family members, not just mothers and fathers, but step parents, grandparents, siblings, other extended family members and carers, and the wider community play in influencing what children experience and achieve as well as the consequences when families are in difficulty.

It is important that we all have a shared vision of how our collective workforce supports Northamptonshire's children, young people and families, so that we understand our role – and that of our organisation as well as our partners – and how we need to work with other services in order to support families with additional needs.

For more details on the Northamptonshire Early Help Strategy see:

http://www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/nscb-business-docs/early-help-strategy/

What is Early Help?

Early help means *'providing support as soon as the problem emerges, at any point in the child's life from the foundation years through to the teenage years.'*

Working Together (2015)

This is what Early Help in Northamptonshire aims to deliver through its Children's Early Help Partnership and through the wide range of professionals who are delivering early help in a variety of settings and organizations. We all identify children and families who need help as soon as the problems start to emerge (and often identify circumstances where there is a strong likelihood that problems will emerge in the future).

Early Help in Northamptonshire is not just for very young children. Problems can also emerge at any point throughout childhood and adolescence. Early Help in Northamptonshire is for children pre-birth to age 19 (and up to 25 for children and young people with disabilities).

For more details on delivering Early Help in Northamptonshire see the Early Help Northamptonshire Practice Manual under supporting documents on:

www.northamptonshire.gov.uk/earlyhelp

2. Levels of Need

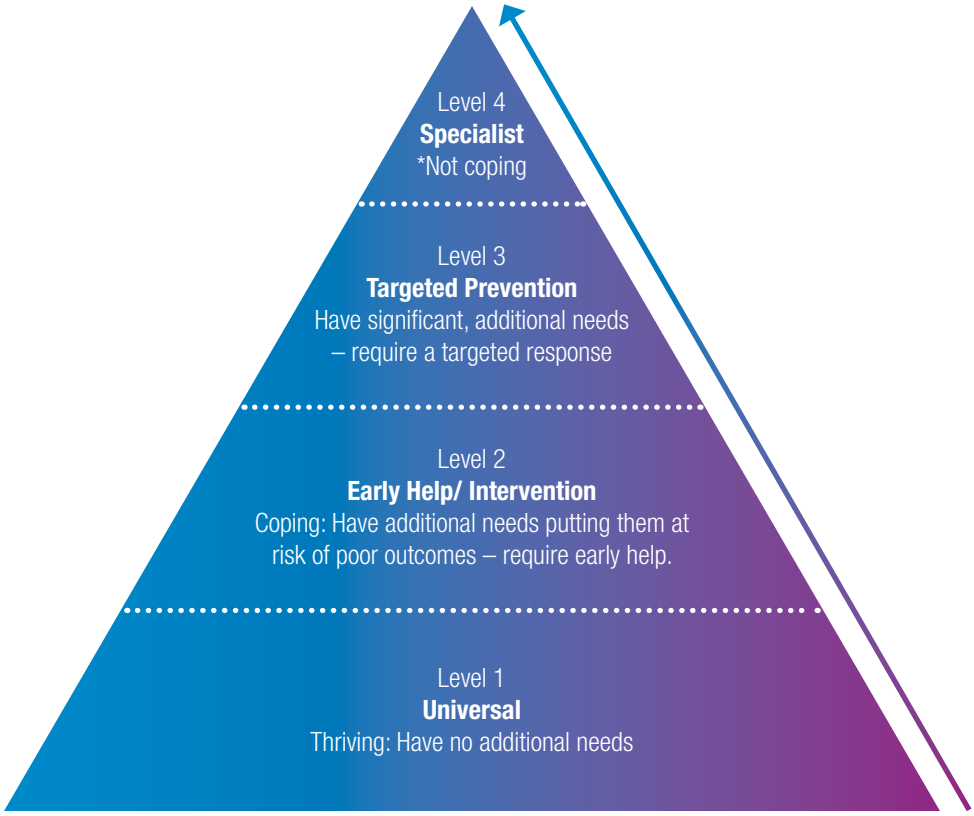
The levels of need triangle is a useful guide to what early help looks like in practice. In Northamptonshire, early help services are defined as operating across levels 2 and 3.

If early help is working, children and families would stay towards the bottom of the triangle. Only those families with highly complex needs would reach the top of the triangle.

However, it is important not to be rigid in how the 'triangle' is applied in practice. Some services described as early help or targeted support are also used by children open to social care (for example children in need or children on child protection plans). Children 'stepping down' from social care may also benefit from ongoing support through early help.

Part Two on page 36 of this document contains the Levels of Need – Vulnerability Matrix that includes detailed descriptions of need at each of the four levels and appropriate interventions. It should be read alongside the special educational needs descriptors:

www.northamptonshire.gov.uk/localoffer



Examples of services:

Level 4	Level 3	Level 2	Level 1
• CAHMS Specialist (Community) and Highly Specialist (Inpatient) Services • Community Paediatricians • Specialist Looked After Children Service • Children's Continuing Care • Children in Need Team • Youth Offending Service (also Level 3) • Social Workers	• CAMHS Primary Mental Health Workers • Community Paediatricians • Early Help and Prevention Service • Youth Offending Service • Children's Centres (also Level 1 & 2) • Connexions / Horizons • GPs • Social Workers	• Health Visitors (also Level 3) • School Nurses (also Level 3) • Therapy services • Children's Centres • Schools and colleges • Educational Psychology Service (also Level 3) • Midwives • Portage Team • GPs	• Health Visitors • Family information service • Children's centres/libraries • Schools and colleges • CYP Public Health nurses • Midwives • GPs

Level of Need and Assessment: Course of action relating to each level of need.

The following table shows the likely course of action dependent on the level of need and risk identified. However this may vary depending on the individual circumstances. At all levels of risk or need contact should be made with other agencies (e.g. health, education who are or have been involved with the family).

More detail about the relevant assessment and referral processes is in the following pages.

Level of Need Identified	Further assessment required?	Referral/action/support
Level 1: Universal	No additional assessment needed.	Child, young person or family directed to relevant universal services for advice/support.
Level 2: Early Help	If a single clear issue or area of need identified – Early Help Assessment (EHA) may not be necessary.	Offer support yourself or direct to relevant universal or early help support service for relevant support.
	If a number of issues or needs at Level 2 are identified, an EHA must be undertaken.	• Contact the Early Help Support Service: www.northamptonshire.gov.uk/earlyhelpsupportservice • Based on results of Early Help Assessment – access appropriate early help service/s. • Establish Team around the Family (TAF) meeting.
Level 3: Targeted Response	If an Early Help Assessment has already been done, new information should be sent to the services already involved, to update the EHA.	• Contact the Early Help Support Service: www.northamptonshire.gov.uk/earlyhelpsupportservice and then feed any new information to the lead professional handling the EHA.
	If not already done, an EHA must be undertaken.	• Contact the Early Help Support Service: www.northamptonshire.gov.uk/earlyhelpsupportservice • Appropriate support to be accessed by lead professional.
Level 4: Specialist/ Statutory	Likely that an EHA has been done but if not the EHA process should not be used at this point and referral should not be delayed.	Immediate referral should be made to the Multi Agency Safeguarding Hub (MASH): www.northamptonshire.gov.uk/MASH
Safeguarding What to do if you are concerned about the safety of a child or young person: • If a child is in immediate danger you should contact the police on **999** or an ambulance. • If there is no immediate danger or you need advice or information contact the Multi Agency Safeguarding Hub (MASH): **www.northamptonshire.gov.uk/MASH**		

3. Risk Assessment

Northamptonshire Risk Assessment Guide for Early Help

The purpose of this section is to support and assist practitioners at all levels, in every agency, to be able to approach the task of risk identification, assessment, analysis and management with more confidence and competence.

Risk, resilience, vulnerabilities and protective factors

Most children and young people are able to develop and progress into adult life with the support of universal services, such as health and education, community-based organisations, and the care and support of their family, friends and community. It is not always obvious when a child or young person has unmet needs, and if they have, what the causes might be, the level of risk to which they may be exposed, or the degree to which resilience can be developed.

In some circumstances children and young people who have similar problems might respond in different ways depending on their own coping skills or the support they get. This can also reflect the impact of age, gender, ethnicity, religion, ability and sexuality.

Resilience concerns the ability to bounce back. It involves doing well against the odds, coping and recovering (Rutter, 1985, Stein, 2005). Discussions around resilience are typically framed with reference to risk, vulnerability and protective factors. Newman (2004) defines these as follows:

- Risk: any factor or combination of factors that increase the chances of an undesirable outcome affecting a person.
- Vulnerability: a feature that renders a person more susceptible to a threat.
- Protective factors: circumstances that moderate the effect of risk.
- Resilience: positive adaptation in the face of severe adversities.

Risk as a general concept is familiar to all practitioners. However the focus of risk is different within different areas of practice in children's services. For example, education services may focus on the risk of poor attendance or underachievement. But health practitioners may focus on the risk of obesity or emotional problems. An aspect of risk which all practitioners must consider is the risk of significant harm. There are typical factors that can contribute to an increase in risk or resilience. Individual, parenting and environment can all affect a child or young person reaching their potential and achieving their best outcomes.

Practitioners should be aware that some children and young people, because of their individual, family or environmental circumstances, are additionally vulnerable to poor outcomes. However, caution is needed to avoid making any assumptions about an individual child or family based on a small number of key indicators (see table on next page). Developing positive relationships and carrying out structured assessments are necessary when identifying levels of need and making sure effective service is delivered.

Vulnerabilities

Vulnerabilities are known characteristics, or factors which might pre-dispose a child to risk of harm. Essentially these are internal to the child. They need to be understood in relation to potential child abuse and neglect. Consideration should be given to any unmet need which in itself makes a child more vulnerable.

Examples include:

- Age, understanding and/or developmental milestones
- Prematurity
- Family and parental relationships
- Learning difficulties or disability
- Physical disability
- Communication difficulty
- Mental health issues
- Substance misuse
- High risk behaviours
- The child's environment

Protective Factors

These are features of a child's world that might counteract identified risks.

Examples include – for the child:

- Evidenced personal safety skills (for example for teenagers)
- Strong self-esteem
- Evidenced resilience and strong attachment
- Evidence of protective adult(s) in family network (e.g. grandparents)
- Evidence of support network(s).

For the child's caregivers:

- Demonstrable motivation and capacity for change – and acceptance of the need to change
- Evidence of openness and willingness to cooperate and accept intervention

Resilience

Masten et al (1990) have identified three kinds of resilience among groups of children. These are:

- Children who do not succumb to adversities despite their high-risk status, for example babies of low birth-weight.
- Children who develop coping strategies in situations of chronic stress, for example the children of drug-using or alcoholic parents.
- Children who have suffered extreme trauma – for example through disasters, sudden loss of a close relative, or abuse and who have recovered and prospered.

Resilient children, therefore, are those who resist adversity, manage to cope with uncertainty and are able to recover successfully from trauma.

Risk factors

Risk factors are those things that are identified in the child's circumstances or environment that may constitute a risk, a hazard or a threat. Examples of risk factors include:

- Previous abuse or neglect
- Parental substance misuse
- Domestic abuse
- Known or suspected sex offenders involved with the family
- Persons known or suspected of having previously harmed children
- Mental illness or serious mental health problems
- Economic and social disadvantage
- Significant debt
- Young parents
- Parents and carers with physical and/or learning disabilities
- Parents who have unrealistic expectations of their child(ren)
- Dangerous animals

A core part of risk assessment is the recording, storing and sharing of information between professionals and family members (if appropriate) in a structured, systematic and timely way, ensuring the welfare of the child is maintained as paramount and prioritised by all involved. Clearly agreed and recorded plans and decision making enhance the accuracy of assessments while promoting safer timely outcomes for children.

All assessments of children's circumstances should include an assessment of risk. This guidance outlines the way in which risk should be managed by services working with children and young people in Northamptonshire at early and targeted stages.

Agencies should have internal systems to manage risk. Decisions around risk should be organisational or service ones rather than made by individual practitioners alone. Support can be gained through discussions with an Early Help Coordinator, through Team around the Family (TAF) meetings, at Complex Case Discussions and through the Multi Agency Safeguarding Hub.

Where there is a risk of imminent significant harm to a child, referral should be made immediately to the Multi Agency Safeguarding Hub (MASH) on 0300 126 1000.

At lower level of risk, the Early Help Assessment (EHA) is the appropriate assessment to use. Support for practitioners and agencies from the Early Help Support Service is available:

www.northamptonshire.gov.uk/earlyhelpsupportservice

Northamptonshire's Early Help Assessment and action plan, includes tools to enable practitioners and managers to assess, record, share and manage risk.

Work with children and young people and their family needs to be both supportive in character and investigative in approach. We have to acknowledge that intrusion in people's lives is sometimes necessary to support improvement and change in their life circumstances.

Assessment of risk needs to be comprehensive but can only be so if it methodically and analytically considers both past and present in order to identify future risks to the child or young person. When conducting an assessment of risk, the focus is on the safety and well-being of the child and it is important that the child's "whole needs" are fully assessed. This will assist agencies and families to better understand what contributes to a family crisis. It may also help identify the strengths and resources a family has that can be drawn upon when intervention may be necessary to protect a child.

The Munro Review set out a number of indicators and guidance to support the development of accurate risk assessment. All practitioners must be clear about these recommendations and consider them as an essential part of their daily professional decision making processes:

www.education.gov.uk/munroreview

Professor Munro, in her work, 'Effective Child Protection' states that in order to manage risk, there is a need to identify:

a. What has been happening?

b. What is happening now?

c. What might happen?

d. How likely it is

e. How serious it would be

f. A combination of seriousness and likelihood leading to an overall judgement

A thorough approach to risk assessment also needs to take account of these key questions:

- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

In addition, any assessment of risk must also consider the following:

Source of the risk

- Who or what presents the danger/ threat to the child's well-being?
- Where does the abuse occur – at home and/or in the wider community?
- What is the level of intent – is the abuse an act of commission or omission?
- Is the harm isolated to a single event or cumulative, reflecting more than one risk factor?
- What is the actual or likely impact of any harm?

Capacity of the parent/carer to effect the necessary changes

- Does the parent have insight into self, child and the circumstances?
- Is there a shared understanding of professional concern/s by the family?
- What is the parents/carers understanding of the need for change – is change possible?
- Do they sincerely want to change?
- Are they able and willing to work with services to effect change?
- Do we have the resources to help address needs/risk(s) and to build child and family resilience?
- How long is it likely to take to effect change?
- Can they maintain the change required?

The assessment information can then be used to help determine, if a child is safe, what agency resources are needed to keep the child safe with their family and where the risks are such that a child may need to be removed from immediate family.

The stages of risk assessment:

1. Collection, recording and collation of data: All assessment, no matter what the service or circumstances, is based upon the gathering of relevant information from across all areas of a child and family's life circumstances identified as having significance.

Risk analysis: Analysis is a key activity in assessment. Making sense of children's lives and relationships is fundamental to understanding their well-being and safety. Risk analysis is the process of understanding what the information gathered is saying about the actual and potential needs of and risks to the child. Information gathering should be purposeful, systematic and organised in approach and practitioners must consistently ask themselves, **"What is this information telling me?"**

2. Risk management: Clear assessment through focused, systematic information gathering and analysis will better inform the risk management strategy framed within the single Child's Plan.

The development of the Child's Plan is key in defining the actions necessary to be undertaken by services and parent/carers, to satisfactorily address need and reduce risk. This should clearly state who is doing what, when, within what timescale, to achieve what outcome and for what purpose.

4. The Early Help Assessment

The EHA process is a simple way to help identify needs of children and families and make a plan to meet those needs.

The EHA is a simple way to help identify needs of children and families and make a plan to meet those needs. It is designed to be a shared tool which can be used by all agencies in Northamptonshire who are delivering early help. It is a standardised approach so that all children and families have the same experience of exploring their needs, strengths and challenges.

The EHA can be used to support children and young people between 0–19 years, including unborn babies and can also be used with consent up to the age of 24 where a young person has a learning difficulty or disability.

There are five main stages of an EHA process:

- Identifying need
- Assessing needs
- Planning to meet need
- Reviewing what's changed
- Closure

For details of the Early Help Assessment process please see the Early Help Northamptonshire Early Help Assessment Handbook which can be found under supporting documents at:

www.northamptonshire.gov.uk/earlyhelp

5. Definition of a Team around the Family (TAF)

The Early Help Assessment (EHA) is used to assess the needs of the child or young person, and also provides a framework for assessing the wider needs of the family and community in improving outcomes and providing earlier intervention. We know that issues affecting parents or siblings can affect the development of other siblings or family members.

In Northamptonshire, we want to encourage greater integration and multi-agency working between adults' and children's services. We want to ensure that we can shape all these services more closely around the needs of families and draw together all the positive work and interventions taking place with a family in a coordinated approach. In short we want all of the children's and adults' workforce to **'Think Family'** and create a **'Team around the Family'**.

The Team around the Family brings together young people, parents and practitioners, regardless of agency boundaries, into a small, individualised team for each particular child who has been identified as having additional needs. Parents/carers and young people have a full role in the TAF, their parents'/carers' needs are recognised and their central role to meet the needs of the child should be acknowledged.

The membership of the TAF may change as the needs of the child and family change. The TAF operates as a supportive team; there is direct benefit to parents who have opportunities to discuss their child and family with key practitioners in one place.

There is also benefit to practitioners who might otherwise feel isolated and unsupported in their work with the child and family.

A successful TAF meeting will have taken into account the views of the child/young person and parent. It is crucial to the success of an Early Help Assessment process that the voice of the child is heard and recorded and that they are supported throughout, including at Team around the Family meetings. Tools and guidance to help practitioners supporting children, young people and parents/carers to have their voices heard are available at:

www.northamptonshire.gov.uk/earlyhelp

The TAF will:

- Be chaired/facilitated by the practitioner/agency who completed the Early Help Assessment until a lead professional is agreed (if there are two or more assessments being brought to an initial meeting of the Team around the Family, the practitioners/agencies concerned should liaise with the family and with each other to agree who should chair the meeting).
- Share Early Help Assessment information (with the consent of the young person/family) so it can be analysed and understood.
- Identify how support can be offered to the child and family to meet needs assessed through use of an EHA.
- Jointly agree possible solutions and appropriate actions, including actions for the family and child to undertake where appropriate.

- Record these actions and timescales on an EHA action plan.
- Provide copies of the plan to all TAF members (including the family of the child/ young person, as appropriate).
- Arrange, as necessary, additional requests for involvement/referrals, supported by an Early Help Assessment, as a pathway to other targeted and specialist services.
- Agree who should act as lead professional. Consideration must be given to the views of the child/young person and/or family (see guidance on lead professional overleaf).
- Review the support given to the child and family.
- Make a decision that when needs have been met, an Early Help Assessment process is closed.

The Best Practice Model TAF:

- Is encouraging, positive and supportive to all members, including the child, parents (including fathers), carers (including male carers) or young person.
- Gives all members an equal voice.
- Arrives at collective agreements.
- Acknowledges differences of views and negotiates workable solutions.

The Role of a Team around the Family (TAF) Member

The role of a TAF member includes:

- Having a vision based on children and young people's identified needs and not to be led by the availability of services from agencies.
- Responding to requests for involvement in an Early Help Assessment TAF openly and honestly.
- Where attendance at a meeting is not possible, to inform the requesting agency of the reasons for this and to provide information of what support could be offered to the child/young person or family.
- In cases where the request is inappropriate and/or does not meet the relevant eligibility criteria, to explain this to the requester and to signpost to other appropriate services.
- Supporting the lead professional by providing relevant information for the Early Help Assessment.
- Keeping the lead professional up to date with any developments in between the TAF meetings.
- Ensuring that informed consent has been gained to share information and those children, young people and/or their parents/ carers are an equal part of the team.
- Recognising and being supportive when the lead professional role needs to change and accepting and helping to identify who may be the more appropriate person to take on the role of lead professional.
- Delivering actions as agreed in the TAF plan.
- Contributing to the monitoring of the TAF plan and reviewing outcomes.

6. Lead Professional

Evidence from practice suggests that the lead professional role is a key element of effective frontline delivery of integrated children's services. It ensures that professional involvement is rationalised, coordinated and communicated effectively. Though more importantly, it provides a better experience for children, young people and their families involved with a range of agencies.

It is important that once a lead professional has been appointed through consultation with the child or young person and their family that this is communicated effectively and clearly both to the family and also within the Early Help Assessment Action Plan.

The lead professional will:

- Build a trusting relationship with the child or young person and family (or other carers) to secure their engagement and involvement in the process.
- Be the main point of contact for the family and a sounding board for them to ask questions and discuss concerns. In some cases other practitioners will need to make direct contact with them, and it will be important for them to keep the lead professional informed of this.
- Co-ordinate the effective delivery of an agreed set of actions which provide a solution-focussed package of support and a process by which this will be regularly reviewed and monitored.
- Identify where additional services may need to be involved and put processes in place for brokering their involvement (this may need to be carried out by the line manager rather than by the lead professional themselves).
- Be the main point of contact for all practitioners who are delivering services to the child or young person, including staff in universal health and education services, to ensure the child or young person continues to access this support.
- Continue to support the child or young person and family if more specialist assessments need to be carried out.
- Support the child or young person through key transition points but, where necessary, ensure a careful and planned handover takes place if it is more appropriate for someone else to be the lead professional.

A lead professional will NOT be expected:

- To take action on behalf of another agency, unless that is specifically agreed.
- To take action outside of the person's professional competence and training.
- To hold a budget for the child or young person, unless that is part of your normal role.

Knowledge and skills for carrying out the lead professional functions

Knowledge		Skills
• Knowledge of the Early Help Assessment and integrated working • Knowledge of local and regional services for children, young people and families and how to access them or where to go for information – e.g. the Children and Families Information Service • Understanding of the child or young person's strengths and needs • Understanding of information sharing, consent and issues around confidentiality • Understanding of safeguarding in relation to the EHA and lead professional role • Understanding of the boundaries of their own skills and knowledge	Knowledge and skills are underpinned by skills in: Effective communication, e.g. • Providing information • Giving and receiving feedback • Offering clarification • Interpretation and challenge • Empathy • Diplomacy • Sensitivity • Negotiating • Encouraging the child or young person and family's self directed problem solving • Planning, organisation and co-ordination • Critical and innovative thinking	Ability to: • Establish a successful and trusting relationship with the child or young person and family • Support the child or young person and family to achieve their potential • Empower the child or young person and family to make decisions including challenging them when appropriate • Convene effective inter-agency meetings and initiate discussions with relevant practitioners • Work effectively with practitioners from a range of services

The different responsibilities of the TAF and Lead professional are shown on the next page.

Responsibility of the TAF

The TAF:	The Lead Professional:	The Lead Professional is not:
• Brings a multi-agency approach to supporting a child or young person following assessment • Develops and delivers a package of solution-focused support with each TAF member being responsible and accountable to their home agency for their actions and the services they provide • Reviews progress and outcomes, identifying further action and support that may be needed	• Acts as a single point of contact for the child or young person and their family • Co-ordinates the delivery of the actions agreed by the practitioners involved in the TAF • Reduces overlap and inconsistency in the service received	• An expert in everything • Automatically the person who undertook the Early Help Assessment • Responsible or accountable for the actions of other practitioners or services

The above skills may appear daunting at first glance but there are many practitioners across the children and young people's workforce who could take on the role of lead professional. The skills and knowledge required to carry out the key functions of lead professional are similar regardless of professional background or role. Therefore the lead professional role is not defined by any particular professional; or practitioner grouping although it does instead emphasise the key functions and skills.

7. Northamptonshire threshold criteria for children and young people receiving specialist services from Safeguarding and Children's Services

The purpose of this section is to clarify the thresholds required for specialist services, outlining the likely factors in determining if a child or young person is in need or at risk of significant harm.

Section 17 Child in Need
Some children and young people with complex needs may be children who are defined as being 'in need', under Section 17 of the Children Act 1989. The criteria for Section 17 are those children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development or their health and development will be significantly impaired, without the provision of services, plus those children who are disabled.

Those children will need to be referred to the Multi Agency Safeguarding Hub MASH (0300 126 1000), submitting a multi-agency referral form and enclosing an Early Help Assessment (EHA) if one is available. A decision will be made within one day whether or not an Initial Assessment will be undertaken. Initial Assessments are undertaken by a social worker in the Initial Assessment Team.

The following factors may be evident:

Health and Development
- Children who have suffered or are likely to suffer significant harm which could be physical, emotional, neglect, or sexual abuse.
- Children who are subject of concerns that they may be being sexually exploited. Where a referral is sent to MASH re: CSE – referrers must complete the NSCB CSE Risk Assessment as part of their referral (available on the NSCB website)
- Disability (Permanent and substantial including life threatening conditions).
- Significant mental health needs.
- Chronic alcohol and/or substance misuse.
- Suicide attempts.
- Children whose behaviour may be sexually harmful.
- Children who repeatedly go missing from home.
- Children at risk of Female Genital Mutilation (FGM)

Environmental Factors
- Children who are homeless.
- Young carers.
- Housing places child in danger.
- No recourse to public funds.

Parents and Carers
- Serious or repeated domestic abuse where the children were present or witness to it.
- Children from families experiencing a crisis likely to result in a breakdown of care arrangements.

- Chronic alcohol and/or substance misuse
- Previous children removed from their care and/or subject to child protection plans.
- Physical or learning disability that affects their parenting capacity.
- Chronic or severe mental health problems.

Some children are in need because they are suffering, or likely to suffer significant harm. This includes child protection. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of the children. Local Authorities have a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm in their area.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of the ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. It is important to consider age and context as well as evidence from research and serious case reviews. Babies, young children and adolescents are particularly vulnerable and at increased risk especially when there is a parental history of domestic abuse, substance misuse and mental ill-health.

Therefore, significant harm could occur where there is a single event, such as a violent assault. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing: for example, a child whose health and development suffers through neglect.

Significant Harm

A court may make a care order or supervision order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm.
- The harm or likelihood of harm is attributable to a lack of adequate care or control.

The following list provides a guide of all children where children's social care teams have a statutory responsibility:

- Children who are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services.
- Children who are the subject of a child protection plan.
- Children subject to a care or supervision order.
- Looked after children.
- Children for whom adoption is the plan.

- Offenders remanded into the care of the Local Authority.
- Children who are privately fostered.
- Unaccompanied asylum seeking children.

Immediate safeguarding

The list below includes those children and young people where there is a need for **immediate** safeguarding as they may have suffered or be at risk of suffering significant harm. These children and young people would require immediate referral to the Multi Agency Safeguarding Hub (MASH) and an initial/ core assessment to be completed to better understand their needs and the associated risks. Contact details for the MASH, including MASH referral form can be found here:

www.northamptonshire.gov.uk/MASH

- Children or young people at immediate risk of significant harm including physical, sexual, emotional harm and neglect.
- Children or young people with unexplained injuries, suspicious injuries or where there is an inconsistent explanation of the injury.
- Children and young people from families experiencing a crisis likely to result in a breakdown of care arrangements.
- Where there are serious concerns regarding the risk of significant harm to an unborn baby.
- Children or young people who allege abuse.
- Vulnerable children or young people who are left alone or abandoned.

Children's social care is the lead agency for undertaking Section 17 and Section 47 enquiries. If you are in any doubt or would like to discuss particular concerns contact your line manager or the Multi Agency Safeguarding Hub (MASH):

www.northamptonshire.gov.uk/MASH

Please read in conjunction with Northamptonshire Safeguarding Children Board procedures which are available at:

www.northamptonshirescb.org.uk/pm

Safeguarding and Children's Services Safeguarding and Care Planning Teams

Initial Assessment: A decision to gather more information by children's social care in respect of a child constitutes an Initial Assessment. The Initial Assessment should involve all the agencies relevant to the children and be undertaken by a qualified social worker. The Initial Assessment is a brief assessment of each child referred where it is necessary to determine whether the child is in need, the nature of any services required, and whether a further more detailed Core Assessment should be undertaken.

Core Assessment: A Core Assessment is an in-depth assessment that assesses risk to the child and what their needs are. It also assesses the capacity of the parents or caregivers to respond to those needs within the wider family and community. The Core Assessment is also the tool which is used when Section 47 enquiries are undertaken to assess whether a child is suffering or likely to suffer significant harm. The assessment is led by a social worker in one of the assessment teams or the joint child protection teams and fully involves key agencies to contribute information they have about family members as well as specialist knowledge or advice and potential and ongoing support to the family. Core Assessments should be undertaken in a timely manner and commence in the following circumstances, when the conclusion of an Initial Assessment recommends a Core Assessment and, when a strategy discussion decides to initiate enquiries under Section 47 of the Children Act 1989.

8. Information Sharing

This section is based on Government guidance "Information sharing advice for safeguarding practitioners", which can be found at:

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

Information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor identified in many serious case reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

About this government advice

This HM Government advice is non-statutory, and has been produced to support practitioners in the decisions they take when sharing information to reduce the risk of harm to children and young people.

This guidance does not deal in detail with arrangements for bulk or pre-agreed sharing of personal information between IT systems or organisations other than to explain their role in effective information governance.

This guidance supersedes the HM Government Information sharing: guidance for practitioners and managers published in March 2008.

Who is this advice for?

This advice is for all frontline practitioners and senior managers working with children, young people, parents and carers who have to make decisions about sharing personal information on a case by case basis. It might also be helpful for practitioners working with adults who are responsible for children who may be in need.

The Seven Golden Rules of Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living people is shared appropriately.

2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Sharing Information

Sharing information is an intrinsic part of any frontline practitioners' job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death. Poor or non-existent information sharing is a factor repeatedly flagged up as an issue in Serious Case Reviews carried out following the death of, or serious injury to, a child.

Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. No practitioner should assume that someone else will pass on information which may be critical to keeping a child safe.

Professor Munro's review of child protection concluded the need to move towards a child protection system with less central prescription and interference, where we place greater trust in, and responsibility on, skilled practitioners at the frontline. Those skilled practitioners are in the best position to use their professional judgement about when to share information with colleagues working within the same organisation, as well as with those working within other organisations, in order to provide effective early help and to keep children safe from harm.

Lord Laming emphasised that the safety and welfare of children is of paramount importance and highlighted the importance of practitioners feeling confident about when and how information can be legally shared. He recommended that all staff in every service, from frontline practitioners to managers in statutory services and the voluntary sector should understand the circumstances in which they may lawfully share information, and that it is in the public interest to prioritise the safety and welfare of children.

Being alert to signs of abuse and neglect and taking action

All practitioners should be alert to the signs and triggers of child abuse and neglect. Abuse (emotional, physical and sexual) and neglect can present in many different forms. Indicators of abuse and neglect may be difficult to spot. Children may disclose abuse, in which case the decision to share information is clear. In other cases, for example, neglect, the indicators may be more subtle and appear over time. In these cases, decisions about what information to share, and when, will be more difficult to judge. Everyone should be aware of the potential for children to be sexually exploited for money, power or status and individuals should adopt an open and inquiring mind to what could be underlying reasons for behaviour changes in children of all ages. If a practitioner has concerns about a child's welfare, or believes they are at risk of harm, they should share the information with the local authority children's social care, NSPCC and/or the police, in line with local procedures. Security of information sharing must always be considered and should be proportionate to the sensitivity of the information and the circumstances. If it is thought that a crime has been committed and/or a child is at immediate risk, the police should be notified without delay.

Legislative framework

Key organisations who have a duty under section 11 of the Children Act 2004 to have arrangements in place to safeguard and promote the welfare of children are:

- The local authority;
- NHS England;
- Clinical commissioning groups;
- NHS Trusts, NHS Foundation Trusts;
- The local policing body;
- British Transport Police Authority;
- Prisons;
- National Probation Service and Community Rehabilitation Companies;
- Youth offending teams; and
- Bodies within the education and /or voluntary sectors, and any individual to the extent that they are providing services in pursuance of section 74 of the Education and Skills Act 2008.

The Principles

The principles set out below are intended to help practitioners working with children, young people, parents and carers share information between organisations. Practitioners should use their judgement when making decisions on what information to share and when and should follow organisation procedures or consult with their manager if in doubt. **The most important consideration is whether sharing information is likely to safeguard and protect a child.**

Necessary and proportionate
When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act 1998 requires you to consider the impact of disclosing information on the information subject and any third parties. Any information shared must be proportionate to the need and level of risk.

Relevant
Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

Adequate
Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

Accurate
Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

Timely
Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Secure
Wherever possible, information should be shared in an appropriate, secure way. Practitioners must always follow their organisation's policy on security for handling personal information.

Record
Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process.

When and how to share information
When asked to share information, you should consider the following questions to help you decide if and when to share. If the decision is taken to share, you should consider how best to effectively share the information. A flowchart follows the text.

When
Is there a clear and legitimate purpose for sharing information?
- Yes – see next question
- No – do not share

Does the information enable an individual to be identified?
- Yes – see next question
- No – you can share but should consider how

Is the information confidential?
- Yes – see next question
- No – you can share but should consider how

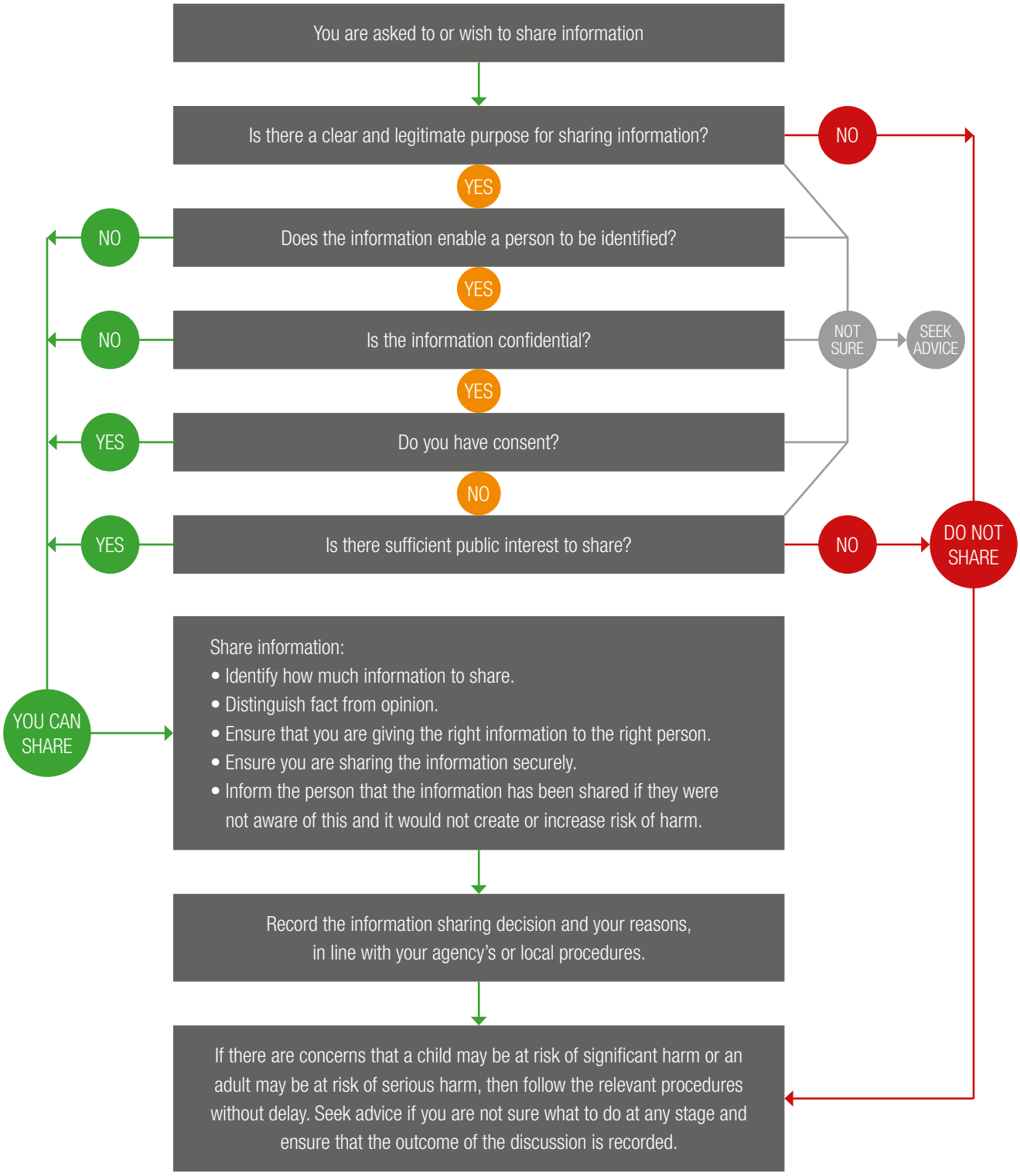
Do you have consent?
- Yes – you can share but should consider how
- No – see next question

Is there another reason to share information such as to fulfil a public function or to protect the vital interests of the information subject?
- Yes – you can share but should consider how
- No – do not share

How
- Identify how much information to share
- Distinguish fact from opinion
- Ensure that you are giving the right information to the right individual
- Ensure where possible that you are sharing the information securely
- Inform the individual that the information has been shared if they were not aware of this, as long as this would not create or increase risk of harm

All information sharing decisions and reasons must be recorded in line with your organisation or local procedures. If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded. If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.

Flowchart of when and how to share information



Myth-busting guide

Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and young people at risk of abuse or neglect. Below are common myths that can act as a barrier to sharing information effectively:

The Data Protection Act 1998 is a barrier to sharing information

No - the Data Protection Act 1998 does not prohibit the collection and sharing of personal information. It does, however, provide a framework to ensure that personal information about a living individual is shared appropriately. In particular, the Act balances the rights of the information subject (the individual whom the information is about) and the need to share information about them. Never assume sharing is prohibited – it is essential to consider this balance in every case. The Information Commissioner has published a statutory code of practice on information sharing to help organisations adopt good practice.

Consent is always needed to share personal information

You do not necessarily need the consent of the information subject to share their personal information. Wherever possible, you should seek consent or be open and honest with the individual (and/or their family, where appropriate) from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on and they have a genuine choice about this. Consent in relation to personal information does not need to be explicit – it can be implied where to do so would be reasonable, i.e. a referral to a provider or another service. More stringent rules apply to sensitive personal information, when, if consent is necessary then it should be explicit. But even without consent, or explicit consent, it is still possible to share personal information if it is necessary in order to carry out your role, or to protect the vital interests of the individual where, for example, consent cannot be given.

Also, if it is unsafe or inappropriate to do so, i.e. where there are concerns that a child is suffering, or is likely to suffer significant harm, you would not need to seek consent. A record of what has been shared should be kept.

Personal information collected by one organisation cannot be disclosed to another organisation

This is not the case, unless the information is to be used for a purpose incompatible with the purpose that it was originally collected for. In the case of a child at risk of significant harm, it is difficult to foresee circumstances where sharing personal information with other practitioners would be incompatible with the purpose for which it was originally collected.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information

No - this is not the case. In addition to considering the Data Protection Act 1998 local responders need to balance the common law duty of confidence and the rights within the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

If information collection and sharing is to take place with the consent (implied or explicit) of the individuals involved, providing they are clearly informed about the purpose of the sharing, there should be no breach of confidentiality or breach of the Human Rights Act 1998. If the information is confidential, and the consent of the information subject is not gained, then the responder needs to satisfy themselves that there are grounds to override the duty of confidentiality in these circumstances. This can be because it is overwhelmingly in the information subject's interests for this information to be disclosed. It is also possible that an overriding public interest would justify disclosure of the information (or that sharing is required by a court order, other legal obligation or statutory exemption).

To overcome the common law duty of confidence, the public interest threshold is not necessarily difficult to meet – particularly in emergency situations. Confidential health information carries a higher threshold, but it should still be possible to proceed where the circumstances are serious enough. As is the case for all personal information processing, initial thought needs to be given as to whether the objective can be achieved by limiting the amount of information shared – does all of the personal information need to be shared to achieve the objective?

IT Systems are often a barrier to effective information sharing

Professional judgment is the most essential aspect of multi-agency work, which could be put at risk if organisations rely too heavily on IT systems. There are also issues around compatibility across organisations along with practitioners who may not have the knowledge/ understanding of how to use them. Evidence from the Munro review is clear that IT systems will not be fully effective unless individuals from organisations co-operate around meeting the needs of the individual child.

Part 2: The Levels of Need
The Vulnerability Matrix

Level 1 – Needs are met through engagement with Universal Services

Development of unborn baby, infant, child or young person. Common life events including parental separation, sibling rivalry, loss or bereavement are part of normal life which most children and young people experience, are generally short-lived and can be coped with.

Learning/education

- Achieving key milestones.
- Interested in and enjoying friends and play.
- Appropriate access to Early Years settings.
- Good attendance at an early years setting/ school/ college/ training.
- No barriers to learning.
- Well-informed and realistic planned progression beyond statutory school age.
- Engages in age-appropriate hobbies and activities.

Physical health, development and disability

- Accessing health services.
- Good physical health with age-appropriate development including motor development, continence and speech and language.
- Age appropriate eating and feeding, diet and nutrition.

Self-care and independence

Age-appropriate independent living skills including keeping safe.

Social, behavioural and emotional wellbeing (including mental health), identity

- Good mental health and psychological well-being.
- Good quality early attachments, confident in social situations.
- Positive sense of self including opportunities to explore issues relating to equality and diversity.
- Able to make and maintain age-appropriate relationships.
- Growing levels of competencies in practical and emotional skills.
- Knowledgeable about sex and relationships and consistent use of contraception if sexually active.
- Ability to manage and cope with everyday emotional and relationship difficulties.

Parents and Carers		
Basic care, safety and protection • Parents/carers confident to manage common childhood behavioural issues. • Parents/carers able to provide care for child's needs and seek and use appropriate advice. • Stable and affectionate relationships where parents and carers are able to meet the child's needs.	**Emotional warmth and stability** • Parents/carers provide secure and caring parenting. E.g. pay attention to the young person's interests and achievements. Respond to the child's emotional needs. • Parents are sensitive to the child's needs within the context of the wider family. • Encourage development of friendships.	**Guidance boundaries and stimulation** • Parents and carers setting and fostering age-appropriate expectations to help child develop appropriate values and parents engage positively. • Engagement with child's learning and community involvement. • Family routines are organised and appropriate, and adapt to changes and untoward events.

Family and Environmental Factors Heritage, culture, religion and beliefs should be taken into consideration	
Family history and well-being • Supportive family relationships including when parents are separated.	**Housing, employment and finance** • Appropriate housing and safe, secure and stable accommodation. • Condition of property – good housing standards complies with health, housing and safety regulations. • Household not in fuel poverty. • Location of housing near to facilities, schools, good transport links and access to community facilities and family/friends, support. • No observed risks in home e.g. fire, electric, water, slips, trips and falls. • Able to manage budget within their financial resources (and pay any rent). E.g. parents, carers are in employment and receive appropriate benefits.
Social and community resources • Good social and friendship networks exist. • Access to recreational and leisure activities. • Good universal services in neighbourhood. • Positive relationship with peers.	

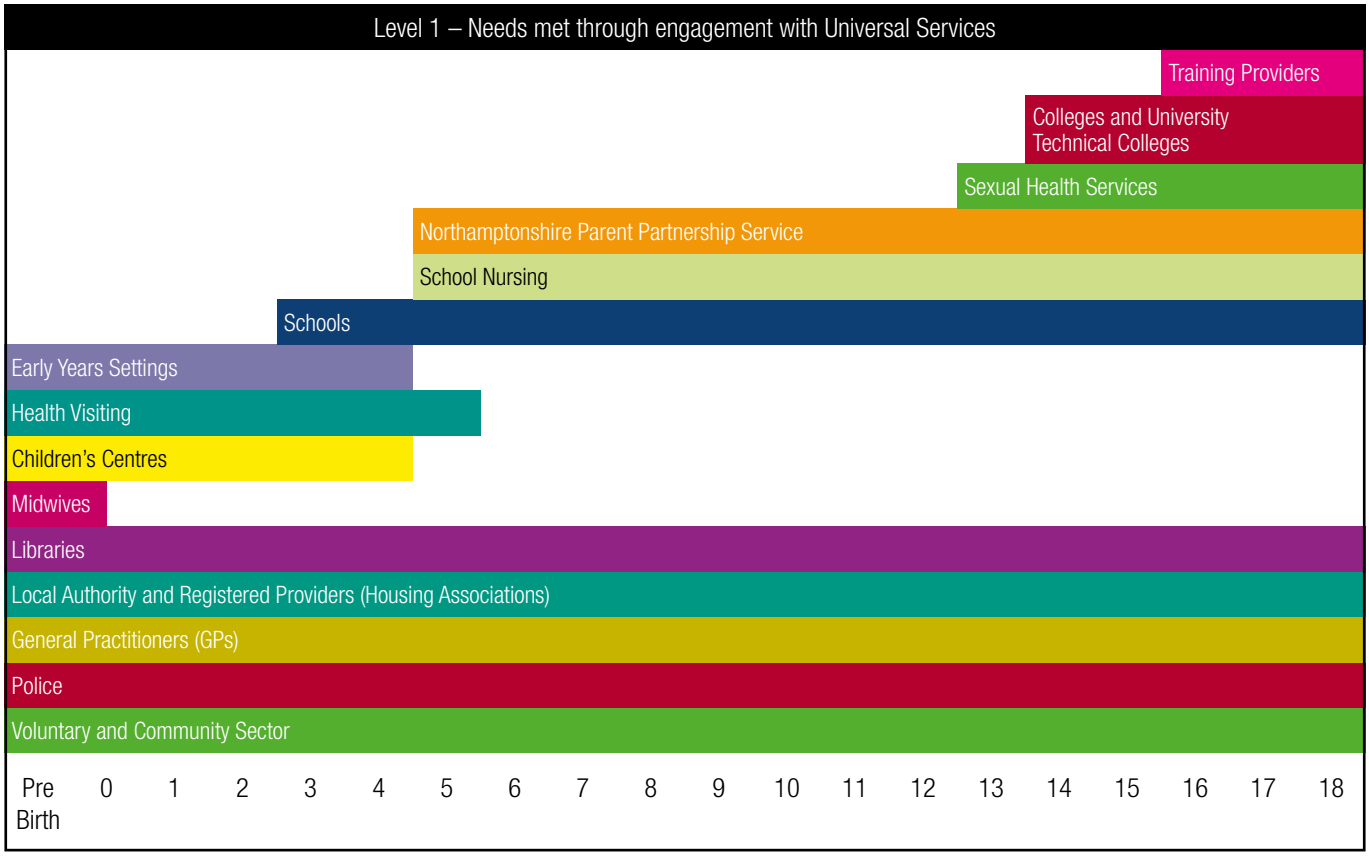
Assessment Process

No assessment is needed; features at this level indicate existing resilience factors in the child, young person and their family which need to be considered in all assessments at all levels of need.

Level 1: Universal – Key Services

Some of the key universal services available for all are identified in the table below.

Information about all services available can be accessed via the Families Information Service: www.northamptonshire.gov.uk/families



Level 2 – Emerging needs require early help/ intervention

Development of unborn baby, infant, child or young person

Learning/education

- Reduced interest in play appropriate to age.
- Reduced access to books, toys or educational materials.
- Not achieving individual education targets.
- Reduction in rate of progress and attainment.
- Occasional truanting or non attendance, poor punctuality.
- Does not or cannot access appropriate support to overcome barriers to learning.

Physical health, development and disability

- Missing immunisations, ante-natal care, medical appointments or developmental checks.
- Growth or weight gain above or below expected norms.
- Not registered with a General Practitioner and/or dentist.
- Identified disability which is beginning to impact on learning and development.
- Identified language and communication difficulties. Suspected developmental disorder such as ADHD or ASD requiring an assessment.
- Diagnosed developmental disorder requiring support.
- Slow in reaching developmental milestones.
- Recurrent illness or health concerns. beginning to have an impact on education, family or social functioning.

Self-care and independence

- Lack of age-appropriate behaviour and independent living skills that increase vulnerability.

Social, behavioural and emotional wellbeing (including mental health), identity

- Concerns about attachment and interaction issues.
- Low self esteem, mood changes, self doubt, anxiety and fears affecting a sense of security.
- Sleep disturbance related to anxiety.
- Low level mental health problems or emotional vulnerability requiring intervention, e.g. bereavement.
- Ongoing concern about emotional and/or behavioural problems.
- Offending behaviour which leads to pre-court measure (community restorative disposal/ community resolution, youth caution or youth conditional caution).
- Anti-social behaviour becoming known to the Anti Social Behaviour Forum, resulting in a warning letter or acceptable behaviour contract.
- Exhibiting some low level conduct and anti-social behaviour requiring support and intervention, in the home, school and community.
- Self harming as a way of coping without suicidal thinking or intent.
- Low level risk-taking requiring early intervention.
- Increased outbursts of aggression/protests and prone to disengage with reluctance to engage in some activities.
- Early onset of sexual activity (13–14).
- Sexually active (15+) with additional vulnerability.
- Teenage parent or pregnant or expectant father (16–18 years).
- Experimental use of substances, solvents, drugs or alcohol which requires prevention/ early intervention support.

Parents and Carers		
Basic care, safety and protection • Inconsistent care, inappropriate child care arrangements or carer unsupported. • Parental behaviour or health need that does not significantly impact on their ability to meet the needs of the child or young person.	**Emotional warmth and stability** • Inconsistent parenting, but child's development not significantly impaired. • Child/young person has multiple carers.	**Guidance boundaries and stimulation** • Lack of response to concerns raised regarding child. • Difficulties in setting boundaries. • Unable to manage behaviours effectively. • Parents and carers have reduced interest in providing appropriate stimulation.

Family and Environmental Factors		
Family and social relationships and family well-being • History of domestic abuse. • Parents/carers have relationship difficulties which may affect the child/unborn baby. • Absence or loss of significant adult. • Parents request advice to manage their child's behaviour. • Children affected by difficult family relationships or bullying. • Reduced contact or limited social and friendship networks.	**Housing, employment and finance** • Overcrowding. • Families affected by low income or unemployment. • Lack of continuity in housing arrangements i.e. short term tenancies. • Accommodation in need of repairs. • Debt issues evident. • In fuel poverty. • Eviction for rent arrears or breach of tenancy condition. • Supported housing required or floating support to help maintain tenancies.	**Social and community resources** • Insufficient facilities to meet need e.g. transport or access issues. • Some social exclusion. • Associating with anti social or criminally active peers. • Victims of crime or anti-social behaviour.

Features

Children and young people needing some early help or intervention support fall into this category because without such intervention they are likely to be at risk of not reaching their full potential.

Assessment Process

A single clear area of need for a child or young person identified at Level 2 is unlikely to require an Early Help Assessment (EHA) or Team around the Family (TAF). Support should be provided through universal services or a single additional service may be appropriate.

When a number of Level 2 needs are identified an EHA assessment MUST be completed. This will then be used to identify and access the appropriate support.

Level 2: Early Help – Key Services

Some of the key early help services available for Level 2 needs are identified in the table opposite.

Information about all services available can be accessed via the Families Information Service www.northamptonshire.gov.uk/fis

Child Sexual Exploitation (CSE).

Please note if the young person you are concerned about has several of the following indicators they may be at risk of CSE. For young people believed to be at risk of or being a victim of CSE a referral to the Multi Agency Safeguarding Hub (MASH) 0300 126 1000 is required.

Northamptonshire has a CSE Toolkit and Risk Assessment. The Toolkit can be found at www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/cse-toolkit/

It provides:

- a comprehensive overview of the causes of Child Sexual Exploitation (CSE);
- the risk factors for vulnerable young people so that frontline practitioner have raised awareness;
- detailed advice on the approach frontline workers should take when they believe a young person is at risk of CSE;
- guidance on completing the CSE assessment and how to refer to children's social services;
- useful resources for professionals and practitioners.

The CSE Risk Assessment

The CSE Risk Assessment has been designed for use by professionals working with children and young people who may be vulnerable to, being targeted for or involved in child sexual exploitation.

This includes concerns that the young person's internet use is putting them at risk of CSE.

Before carrying out the assessment:
Professionals should discuss any concerns with their designated child protection or safeguarding officers before using this assessment.

Please also refer to the Tackling CSE Toolkit document - this assessment is part of the toolkit and familiarity with the relevant chapters within the toolkit will help you to successfully complete the assessment.

When carrying out this assessment:
Practitioners must use their knowledge of the young person and answer the questions within the assessment to reflect the young person's:

- situation
- presentation
- any evidence that grooming or exploitation is taking place.

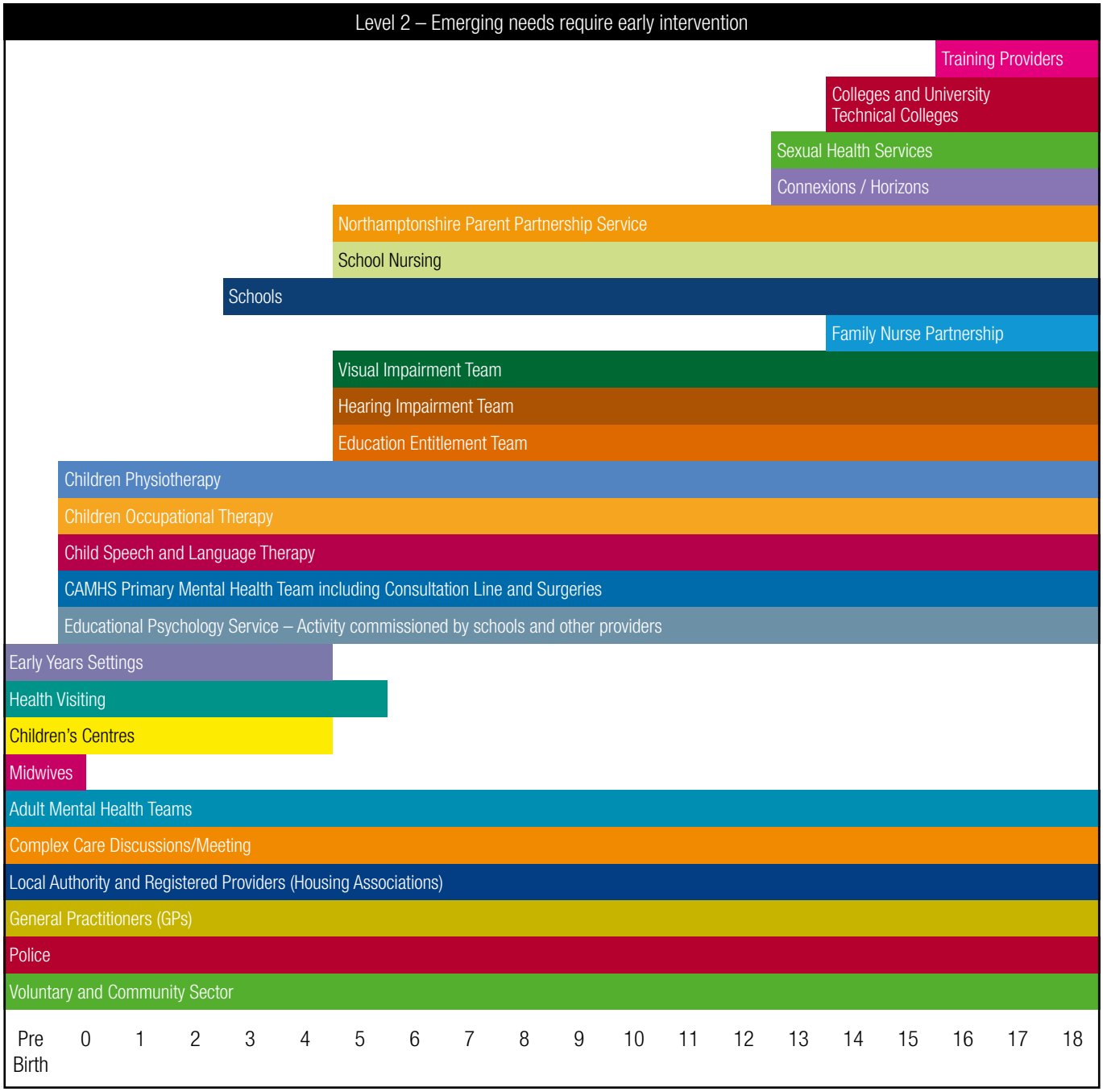
All the questions within the assessment must be considered. This is to ensure that the overall picture of the young person and their situation is as complete as possible.

This assessment must be used to assist decision making.

www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/publications/cse-assessment/

The indicators are:

- Links with older men/people
- Episodes of missing from home
- Concern about emotional/behavioural problems
- Truanting/excluded from school
- Self harm
- Looked after history
- History of neglect/abuse
- Early onset sexual activity
- Sexualised risk taking
- Misusing drugs and/or alcohol
- Poor relationships with family and peers
- Unexplained money or gifts
- Having more than one sim card/phone
- Associating with known sex workers
- Low self esteem.


Level 2 – Emerging needs require early intervention
Training Providers
Colleges and University Technical Colleges
Sexual Health Services
Connexions / Horizons
Northamptonshire Parent Partnership Service
School Nursing
Schools
Family Nurse Partnership
Visual Impairment Team
Hearing Impairment Team
Education Entitlement Team
Children Physiotherapy
Children Occupational Therapy
Child Speech and Language Therapy
CAMHS Primary Mental Health Team including Consultation Line and Surgeries
Educational Psychology Service – Activity commissioned by schools and other providers
Early Years Settings
Health Visiting
Children's Centres
Midwives
Adult Mental Health Teams
Complex Care Discussions/Meeting
Local Authority and Registered Providers (Housing Associations)
General Practitioners (GPs)
Police
Voluntary and Community Sector
Pre Birth
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Level 3 – Needs causing concern requiring a targeted response.

Development of unborn baby, infant, child or young person.

Learning/education

- No access to books, toys or educational materials.
- Educational needs not being met despite support.
- Short term exclusions or at risk of permanent exclusion, persistent truanting.
- Frequent non attendance or persistent absence from educational settings.
- Not in Employment Education or Training (NEET).

Physical health, development and disability

- Physical disability or complex medical needs requiring specialist support at home or at school.
- Developmental, language or social communication delay/disorder having significant impact on access to education, learning, psychological wellbeing and/or on family and social functioning requiring specialist services.
- Frequently missing routine and non-routine healthcare appointments including ante-natal.
- Chronic or recurring health problems (including developmental disorders and substance misuse) having significant impact on foetal development, access to education, learning, psychological wellbeing and/or on family and social functioning.

Self-care and independence

- Marked over familiarity and poor personal boundaries.
- Lack of age appropriate behaviour and independent living skills, likely to impair development.

Social, behavioural and emotional wellbeing (including mental health), identity

- Insecure attachment behaviours, e.g. distress at reunion.
- Significant low self esteem.
- Child is withdrawn, isolated and/or unwilling to engage.
- Persistent mild to moderate mental healthcare problems e.g. generalised anxiety, low mood or obsessional behaviour.
- Persistent and significant emotional and behavioural problems e.g. physical aggression, highly oppositional behaviour or lack of self-regulation/achievement of emotional milestones.
- Increase in risk taking behaviour
- Victim of crime including discrimination.
- Evidence of regular/frequent drug use and/or evidence of escalation of substance, solvent or alcohol use.
- Offending behaviour resulting in a court-ordered community sentence (low or medium risk of re-offending/standard or enhanced intervention level).
- Self harming as a means of coping, there may be fleeting suicidal thinking but without suicidal intent.
- Concerns regarding self-image and body size leading to low self-esteem, attempt of controlling diet but without extreme dietary chaos.
- Anti-social behaviour – discussed as open case to the Anti Social Behaviour Forum, resulting in acceptable behaviour contract – file building for ASBO.
- Under 16 and pregnant or has had or caused a previous pregnancy ending in still birth, abortion or miscarriage.
- At risk of radicalisation and/or initiation into a gang culture.

Parents and Carers

Basic care, safety and protection

- Basic care or supervision of child is inadequate.
- Parental learning disability, parental substance misuse, physical or mental health problems impacting on their ability to meet the needs of the unborn child, child or young person (including post-natal depression).
- Parents do not engage with targeted support services.
- Parental involvement in crime or anti-social behaviour.

Emotional warmth and stability

- Inconsistent parenting impairing emotional or behavioural development.
- Negative or critical responses to a child or young person's emotional needs.

Guidance boundaries and stimulation

- Parent provides inconsistent boundaries or responses.
- No parent support in child's learning and engagement in leisure activities.

Family and Environmental Factors

Family and social relationships and family well-being

- Ongoing domestic abuse.
- Risk of relationship breakdown between parent/ carer and the child.
- Child or young person are in the following categories; young carer, prisoner's child, child has had previous periods of being looked after.
- A child's additional needs are having a negative impact on the family.
- Family relationships significantly impaired due to caring responsibilities.
- Inconsistent arrangements leading to chaotic care for the child or young person.

Housing, employment and finance

- Severe overcrowding.
- Living in temporary accommodation, temporary homelessness. Bed and breakfast emergency accommodation.
- Accommodation is not suitable or safe to meet the needs of the family.
- Levels of debt that are unmanageable.
- Frequent moves have impacted on child's education and wellbeing.

Social and community resources

- Parents socially excluded or have no access to local facilities.
- Involvement in criminal or anti-social behaviour.
- Victim of crime having a sustained impact on the family.

Features

Children and young people who fall into this category have significant additional needs, and in some cases their development is further impaired by an additional unmet need, such as compromised parenting or environmental factors. Due to the nature, complexity, range or intensity of the needs, children and young people will require intervention from specialist or statutory services. This will include situations where current or previous interventions have not achieved desired outcomes. In a number of cases they may require longer term intervention from those specialist and/or statutory services.

Behaviour in schools

The Local Authority is currently developing in partnership with schools and other stakeholders policy and practice guidance to support children and young people with behaviour difficulties. This will include a website and a tool kit of quality assured evidence based support such as restorative justice.

Assessment Process/ Intervention/ Agencies

Concealed Pregnancy

The NSCB has a new set of guidance on concealed pregnancy which can be found at: http://northamptonshirescb.proceduresonline.com/

The concealment and denial of pregnancy will present a significant challenge to professionals in safeguarding the welfare and well being of the foetus (unborn child) and the mother. While concealment and denial, by their very nature, limit the scope of professional help better outcomes can be achieved by coordinating an effective inter-agency approach. This approach begins when a concealment or denial of pregnancy is suspected or in some cases when the fact of the pregnancy (or birth) has been established. This will also apply to future pregnancies where it is known or suspected that a previous pregnancy was concealed. In some cases, pregnancies may be concealed until or after delivery.

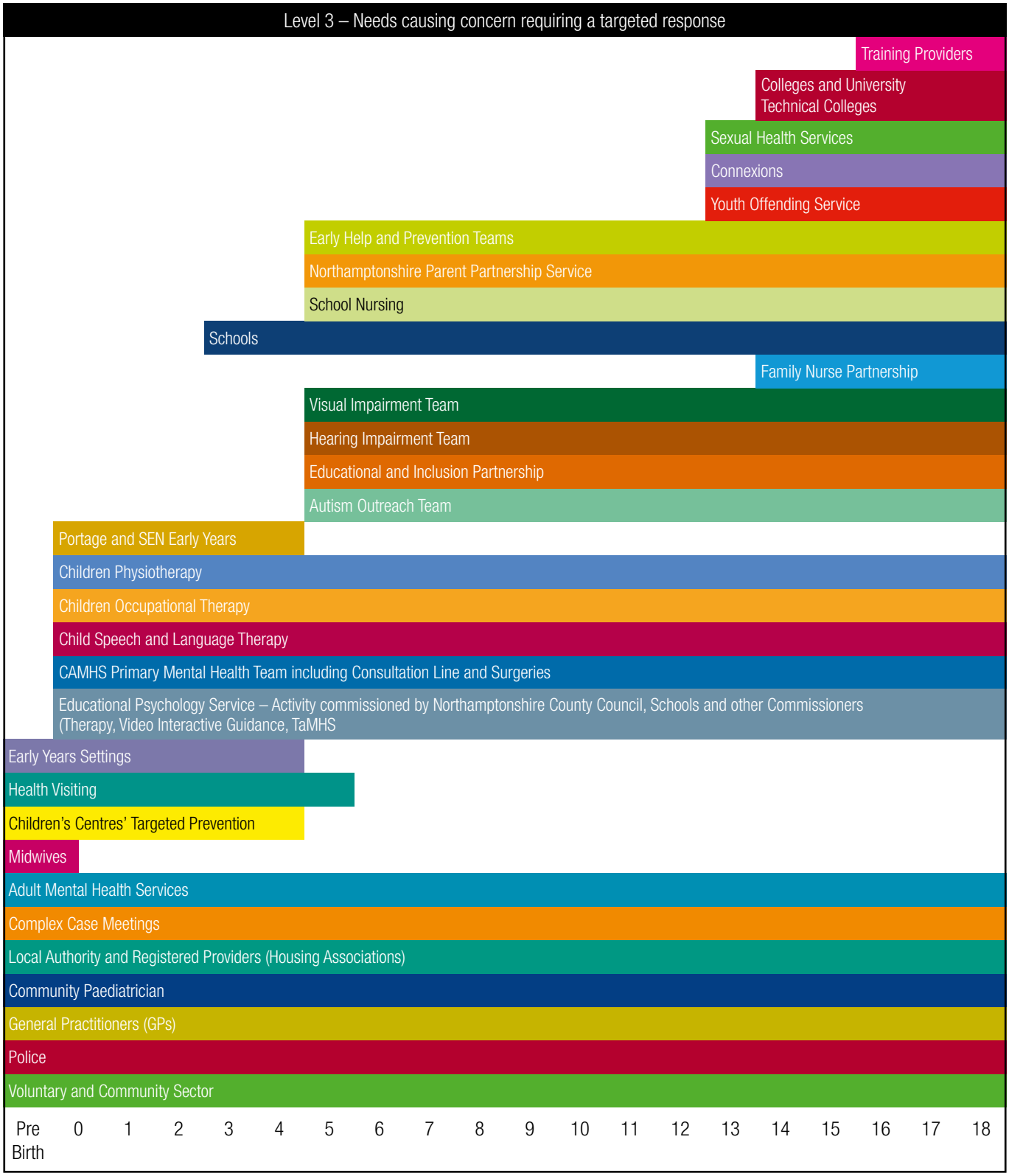
This guidance is intended for all professionals who encounter women and girls who conceal the fact that they are pregnant or where there is a known previous concealed or denied pregnancy.

For children and young people with this level of need, support from universal and targeted services will have already have been provided, and will still be required, but the nature and level of need is such that additional assessment and support is likely to be required from one or more specialist or statutory services.

If an Early Help assessment has already been done, any new or escalating concerns should be fed to the lead professional. If one has not been done **an Early Help Assessment MUST be completed.** This will then be used to identify and access the appropriate support.

Level 3 – Key Services

Some of the key early help services available for Level 3 needs are identified in the table below.



Level 4 – Needs require specialist and/or statutory services

Development of unborn baby, infant, child or young person.

Learning/education

- Permanently excluded.
- Not accessing education due to physical illness or mental health problems.
- Not in education, employment or training, NEET (as a result of complex/acute needs that cannot be met by Level 3 services or interventions).
- No access to early years setting.

Physical health, development and disability

- Failure to access health care which is likely to cause significant avoidable impairment to unborn child, child or young person.
- Possible fabricated or induced illness.
- Severe or complex physical health problems including one or more of the following features:
  - Potential for acute/life-threatening deterioration.
  - Requiring end of life care.
  - Severe health needs which are not currently being met at home or in education setting.
  - Severe abnormalities in social communication.

Self-care and independence

- Severe lack of age-appropriate behaviour and independent living skills with no transition plan to manage this.
- Homelessness.
- Needs considerable supervision and support to attend to personal hygiene.

Social, behavioural and emotional wellbeing (including mental health), identity

- Challenging behaviour resulting in serious risk to the child, young person and/or others.
- Severe mental health conditions, eg; OCD, anorexia, depression, suicide attempts.
- Frequently or regularly going missing from home and/or school.
- Child or young person is in sexually exploitative relationship/s.
- Children who are subject of concerns that they may be being groomed or sexually exploited.
- Under 13 engaged in sexual activity (or older but with concerns regarding individual's competency to consent).
- Offending behaviour resulting in a court-ordered community sentence (high risk of reoffending/ intensive intervention level).
- Offending behaviour resulting in a court-ordered custodial sentence.
- Anti social behaviour resulting in Anti Social Behaviour Order.
- Known to be part of gang or 'post code collective'.
- Teenage parent under 16.
- Young people with complicated substance, alcohol or solvent abuse problems.
- Children or young people whose behaviour is or has been sexually harmful.
- Intimate partner abuse (aged 16–18).

Parents and Carers	
Basic care, safety and protection • Persons posing a risk to children within the home or in contact with the family. • Parent has children or young person who has previously been subject to a child protection plan, removed or cared for in extended family. • Parent who is a prolific offender • Parent not able to provide safe parenting. • Child or young person inappropriately left at home alone or unsupervised. • Parent is engaged in drug dealing, subject to multi agency public protection arrangements, anti social behaviour order or parenting order (and is living in the same household and/or has direct contact with the child). • Children from families experiencing a crisis likely to result in a breakdown of care arrangements.	**Emotional warmth and stability** • Parent unable to manage child or young person's behaviour and there is a risk of family breakdown. • Child or young person is rejected or abandoned. **Guidance boundaries and stimulation** • Child or young person is beyond control of the parent and is putting themselves or others at risk.

Family and Environmental Factors	
Family and social relationships and family well-being • Continued instability and violence in the home including serious or repeated domestic abuse where the children were present or witness to it. • Suspicion of physical, emotional, sexual abuse or neglect of child or young person (including unborn children). • Severe alcohol or substance misuse. • Parent who is a persistent or prolific offender. • Child living with carers who are not immediate family (private fostering). • Parents are unable to meet the needs of the child or young person. • Children or young person who need to be looked after outside their own family. • Severe mental health problems. • Severe family relationship problems. • Severe learning disability.	**Housing, employment and finance** • No fixed abode or homeless. • Family in extreme poverty. • Anti-Social Behaviour Injunction (ASBI) applied to the family home. • Housing places child or young person in danger. • Housing eviction • Local authority housing allocations policy exclusions i.e. debt, ASB, breach of tenancy conditions etc. **Social and community resources** • Child or family need immediate support and protection due to harassment/ discrimination and no access to community resources.

Features

There will be a small number of children and young people with presenting needs which are so enduring, complex, intense and/or unpredictable that they impact upon all areas of functioning and require a co¬ordinated response from all key agencies.

The presenting needs of these children and young people will be such that they require an immediate response or statutory intervention from specialist services. This will either be a safeguarding response or a coordinated urgent support response.

It is highly likely that these children and young people will already have had an Early Help Assessment (EHA) and will be known to one or more specialist services. If this is not the case, the EHA process should not be used at this point and provision of support must not be delayed by the absence of an EHA.

Assessment Processes

Safeguarding Referral to the Multi Agency Safeguarding Hub MASH:

www.northamptonshire.gov.uk/MASH

This should include the submission of a multi-agency referral form and a completed Early Help Assessment if one exists.

Through its multi-agency approach to information sharing, the Multi-Agency Safeguarding Hub (MASH) will make a decision as to the best course of action within one day.

This could be to open an Initial Assessment, a section 47 child protection enquiry, signpost onto another agency for a specialist assessment or step down to Tier 2/3 services and closure of the referral. In all cases, the referrer should be informed once this decision has been made within 24 hours of that decision.

- If the decision is that an Initial Assessment will be undertaken, there will be an electronic transfer of case file to area assessment team.
- Allocation of social worker.
- Initial Assessment.
- Section 47 enquiries.
- Core Assessment.

Other Assessment Processes

- Specialist CAMHS assessment.
- Specialist Paediatric assessment.
- Specialist Learning Disability assessment.
- Continuing Care Assessment.
- Youth Offending Service.
- ASSET (a structured assessment tool to be used by YOTs in England and Wales on all young offenders who come into contact with the criminal justice system).
- Special educational needs assessment.

Key services that may provide support at this level are:

All those listed under Universal and Levels 2 and 3 and in addition:

- NCC specialist looked after children (LAC) service.
- Specialist child and adolescent mental health (CAMH) crisis home intervention services and inpatient provision.
- Children's continuing care assessment team.
- Children's complex and homecare services.
- Specialist learning disability team.
- Northamptonshire Police – protecting vulnerable persons unit – www.northants.police.uk/default.aspx?id=675

Female Genital Mutilation (FGM)
Northamptonshire Safeguarding Children Board has a FGM screening tool which can be found at: www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-board/policies/

The screening tool is for practitioners who may come across children or young people vulnerable to FGM.

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.

Female Genital Mutilation is illegal in the UK. It is illegal to perform any FGM procedure and it is also a criminal offence to take a girl out of the country for that purpose, or to arrange it.

The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is newborn, during childhood or adolescence, at marriage or during the first pregnancy.

However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM. **There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person.** These indicators can be found via the hyperlink below.

Professionals should also note that the girls and women at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

In all cases make a referral to children's social care by contacting the MASH:
www.northamptonshire.gov.uk/MASH

National Government guidance is available at: https://www.gov.uk/government/publications/female-genital-mutilation-guidelines

Level 4 – Needs require specialist and/or statutory services
Training Providers
Colleges and University Technical Colleges
Sexual Health Services
Connexions
Youth Offending Service
Early Help and Prevention Teams
Northamptonshire Parent Partnership Service
School Nursing
Schools
Family Nurse Partnership
Visual Impairment Team
Hearing Impairment Team
Educational and Inclusion Partnerships
Autism Outreach Team
Hospital and Outreach Education
CAMHS Specialist Support
Portage and SEN Early Years
Disabled Children's Team
Children Physiotherapy
Children Occupational Therapy
Child Speech and Language Therapy
CAMHS Primary Mental Health Team including Consultation Line and Surgeries
Educational Psychology Service – Activity commissioned by Northamptonshire County Council, Schools and other Commissioners (Therapy, Video Interactive Guidance, TaMHS)
Early Years Settings
Health Visiting
Children's Centres' Targeted Prevention
Midwives
Adult Mental Health Services
Children's Social Care Teams
Community Paediatrician
General Practitioners (GPs)
Police
Voluntary and Community Sector
Pre Birth
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Notes

MAKING **CHILDREN** SAFER

www.northamptonshire.gov.uk/mcs