Bedford Borough
Safeguarding Children Board

A Child Centred System: Understanding Thresholds

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

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Introduction

Safeguarding and promoting the welfare of children is everyone's business. In summary, it can be defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

Working Together to Safeguard Children (2015) sets out a clear expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later when any problems, for example neglect, may have become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

This document provides a framework for professionals who are working with children, young people and families. It aims to help identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the factors that may indicate a child or young person needs additional support. By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The framework recognises that however complex a child's needs, universal services e.g. education and health, will always be provided alongside any specialist additional service.

Along the continuum of need services become increasingly targeted and specialised according to the level of need. Children's needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

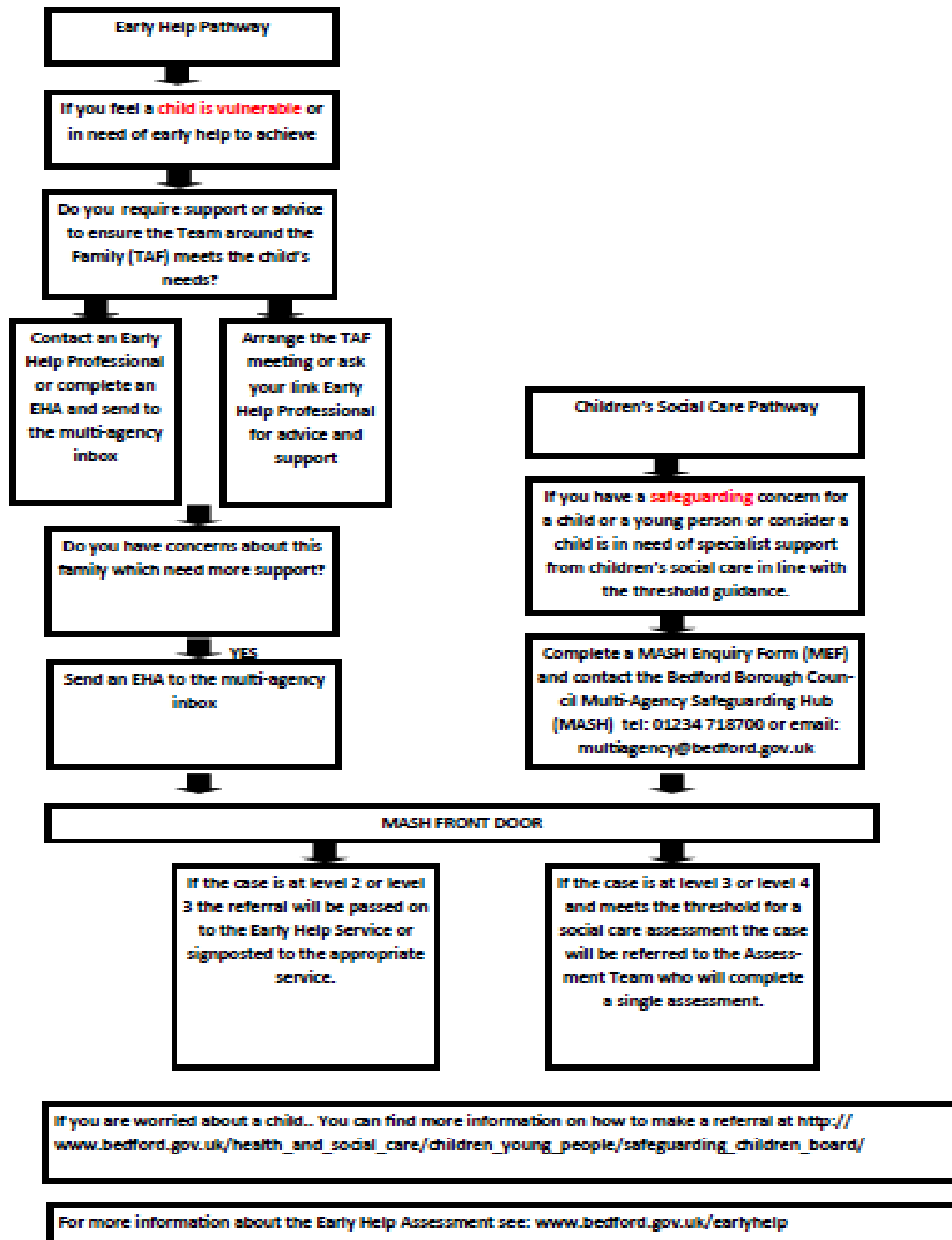
This document should be used in conjunction with Bedford Borough Safeguarding Children Board procedures: http://bedfordscb.proceduresonline.com/

The continuum of need matrix does not provide an exhaustive list but provides examples that can be used as a tool to assist assessment, planning and decision making when considering the needs of children and their safeguarding needs in particular. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

The Children and Families Act 2014 outlines the support that should be made available for children and young people with Special educational needs and disability (SEND). There is a separate process for accessing SEND support as outlined in the Code of Practice for SEND.

Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact Bedford Borough Children's Social Care as soon as possible.

Referral pathways



The Four Levels of Need

The purpose of this section is to clearly identify the different levels of need and related thresholds that are used in Bedford Borough to enable practitioners to make appropriate assessments and access appropriate support for children, young people, and families.

Providing a clear framework will help ensure that practitioners are using a consistent language and assessment process, thus contributing to more effective support for children and families and leading to better outcomes for them.

Assessing need is not a scientific process, and practitioners will need to use their judgement within this framework.

It is recognised that the needs of a child and their family will change over time. Ultimately the aim is to provide support that enables children and families to move to the lower levels of need, ultimately helping them to help themselves.

Please note that children's social work teams will be working predominantly at Level 4, and at Level 3 where the child and young person's needs are likely to escalate to Level 4 without further intervention.

Level 1: Universal

Children, young people and families are generally progressing well and achieving expected outcomes. Their core needs are being met effectively by universal services without any additional support.

Level 2: Early help / Intervention

Children, young people and families are experiencing emerging problems which result in them not achieving outcomes. They are likely to require early help/intervention for a time limited period, to seek to move them back to Level 1. Children who are subject to Education, Health and Care (EHC) plans.

Level 3: Targeted

Children, young people and families who are experiencing significant additional needs, which may be numerous or more serious/complex in nature. This is having a significant impact on their achievement of expected outcomes and is likely to require more targeted support, potentially from a number of agencies. This may require the identification of a lead professional to co-ordinate the support provided to the family. This may meet the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care. Children subject to an EHC plan may well be accessing targeted support.

Level 4: Specialist

Children, young people and families who are experiencing very serious or complex needs that are having a major impact on their achievement of expected outcomes. Their needs will be such that they require intensive support from specialist services. These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. This level also includes Tier 4

health services which are very specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

Examples of services:

Level 1	Level 2	Level 3	Level 4
• Health Visitors • Family Information Service • Children's Centres • Libraries • Schools and Colleges • Public Health Nurses • Midwives • GPs	• Health visitors (also Level 3) • School Nurses (also Level 3) • Therapy Services • Early Help Team • Children's Centres • Schools and Colleges • Educational Psychology Service (also Level 3) • Midwives • GPs	• CAMHS Primary Mental Health Workers • Community Paediatricians • Targeted Prevention Services • Youth Offending Service • Targeted early Help including Children's Centres • GPs • Social Workers • Children with Disabilities team • Schools	• CAMHS (Children & Adolescent Mental Health Services) Specialist (community) and Highly Specialist (inpatient) Services • Community Paediatricians • Specialist Looked After Children Services • Children's Continuing Care • Children in Need Teams • Youth Offending Service (also Level 3) • Social Workers • Family Nurse Partnership

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).

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 is 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 assessment must be offered.	• Contact the EHA Service on 01234 276043 • Complete EHA and send **securely** to the multi-agency inbox multiagency@bedford.gov.uk or mash@bedford.gcsx.gov.uk • Based on results of EHA – access appropriate early help services or establish a Team around the Family (TAF)
Level 3: Targeted Response	If an EHA has already been completed new information should be sent to the services already involved, to update the EHA.	• Contact the named lead professional handing the EHA • Amend the EHA and reflect new information
	If not already done, an EHA must be undertaken.	• Contact the Early Help Service on 01234 276043 • Consider establishing a Team around the Family (TAF) • Appropriate support to be accessed by the lead professional via the Early Help Assessment
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 Bedford Borough Multi-Agency Safeguarding Hub (MASH), or to the Police.

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 Bedford Borough Multi-Agency Safeguarding Hub (MASH)

The Indicators of Possible Need

The indicators on the following pages are designed to provide practitioners with an overarching view on what tier of support and intervention a family might need. The majority of the threshold criteria are inclusive and relevant to all children including children with disabilities, although some specific entries have been made related to children with disabilities. A similar principle applies to those children with existing 'status', for example, looked after children. Children who are looked after may still meet the threshold for services under a range of categories and in this sense the document is fully inclusive.

This is not intended to be a 'tick box' exercise, but to give a quick-reference guide to support professionals in their decision-making, including conducting further assessments, referring to other services and understanding the likely thresholds for higher levels of intervention.

Remember that if there is a combination of indicators of need under Level Two, the case may be a Level Three case overall.

Also 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 child's needs and on the level of risk faced by the child. This will be important in cases of neglect where parents and carers can make small improvements, but an analysis will need to be undertaken on whether this leads to significant improvements for the child/young person.

If you have child protection concerns, you must also consult the Bedford Borough Child Protection Procedures http://bedfordscb.proceduresonline.com/ and you must inform your safeguarding lead or line manager.

Indicators of need matrix (Levels 1-4)

Development of the baby, child, or young person

This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Level 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Level 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Level 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care may be required.	**Level 4** Children in acute need. Require immediate referral to children's social care and/or the police.
The child's education and employment			
Developmental milestones met	Some developmental milestones are not being met which will be supported by universal services.	Some developmental milestones are not being met which will require support of targeted/specialist services	Developmental milestones are significantly delayed or impaired.
The child possesses age-appropriate ability to understand and organise information and solve problems, and makes adequate academic progress.	The child's ability to understand and organise information and solve problems is impaired and the child is under-achieving or is making no academic progress.	The child's ability to understand and organise information and solve problems is very significantly impaired and the child is seriously under-achieving or is making no academic progress despite learning support strategies over a period of time.	The child's inability to understand and organise information and solve problems is adversely impacting on all areas of his/her development creating risk of significant harm.
The young person is in education, employment or training (EET)	The young person is not in education, employment or training (NEET) or their attendance is sporadic and they are not likely to reach their potential.	The young person refuses to engage with educational or employment opportunities and are increasingly socially isolated – there is concern that this results from or is impacting on their mental health.	
The child's health			
The child is healthy and does not have a physical or mental health condition or disability	The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream schools.	The child has a physical or mental health condition, a chronic and recurrent health problem or a disability which significantly affects their everyday functioning and access to education.	The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education.

	Child may have an EHC plan. Child in hospital.	Child may have an EHC Plan.	
The child is healthy, and has access to and makes use of appropriate health and health advice services.	The child rarely accesses appropriate health and health advice services, missing immunisations.	There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result.	The child has complex health problems which are attributable to the lack of access to health services.
The child undertakes regular physical activities and has a healthy diet.	The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health.	The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from early help services.	Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm.
The child has no history of substance misuse or dependency.	The child is known to be using drugs and alcohol frequently with occasional impact on their social wellbeing	The child's substance misuse dependency is affecting their mental and physical health and social wellbeing.	The child's substance misuse dependency is putting the child at such risk that intensive specialist resources are required.
The child's emotional wellbeing			
The child engages in age appropriate activities and displays age appropriate behaviours.	The child is at risk of becoming involved in negative behaviour/ activities - for example anti-social behaviour [ASB] or substance misuse.	The child is becoming involved in negative behaviour/ activities, for example, non-school attendance and as a result may be excluded short term from school. This increases their risk of being involved in ASB, crime, substance misuse and puts them at risk of grooming and exploitative relationships with peers or adults.	The child frequently exhibits negative behaviour or activities that place self or others at imminent risk including chronic non-school attendance. Child may be permanently excluded or not in education which puts them at high risk of Child Sexual Exploitation CSE.
The child has a positive sense of self and abilities.	The child has a negative sense of self and abilities.	The child has a negative sense of self and abilities to the extent that it impacts on their daily outcomes.	The child has such a negative sense of self and abilities that there is evidence or likelihood that this is causing harm.
The child's positive sense of self and abilities reduces the risk that they will be targeted by peers or adults who wish to exploit them.	The child has a negative sense of self and abilities and suffers with low self-esteem which makes them vulnerable to peers and adults who pay them attention and/or show them affection but do so in order to exploit them.	The child's negative sense of self and low self-esteem has contributed to their involvement with peers and/or adults who are thought to be treating them badly and/or encouraging them to get involved in self destructive and/or anti-social or criminal behaviour.	The child's vulnerability resulting from their negative sense of self and low esteem has been exploited by others who are causing them harm.

The child is emotionally supported by his/her parents/carers to meet their developmental milestones to the best of their abilities.	The child occasionally does not meet developmental milestones due to a lack of emotional support or due to the child's disability.	The child is unable to meet developmental milestones due to the inability of their parent/carer to emotionally engage with them. The child's emotional needs are significantly impacted by their disability	The child's development is being significantly impaired.
The child has not suffered the loss of a close family member or friend	The child has suffered a bereavement recently or in the past and is distressed but receives support from family and friends and appears to be coping reasonably well – would benefit from short term additional support from early help services.	The child has suffered bereavement recently or in the past and doesn't appear to be coping. They appear depressed and/or withdrawn and there is concern that they might be/are self-harming or feeling suicidal. There are concerns the child's behaviour has deteriorated significantly at school and/or at home and/or they are engaging in risky behaviours such as going missing or substance mis-use	The child has suffered bereavement and is self-harming and/or disclosing suicidal thoughts. The child has suffered bereavement recently or in the past and is going missing from school or home and is thought to be at risk of child sexual exploitation or of involvement in gang/criminal activity.
The child's social development			
The child has strong friendships and positive social interaction with a range of peers	The child has few friendships and limited social interaction with their peers	The child or young person is isolated, and refuses or is unable due to their disability to participate in social activities.	The child or young person is completely isolated, refusing to participate in any activities.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child has communication difficulties and poor interaction with others.	The child has significant communication difficulties. The child interacts negatively with others and demonstrates significant lack of respect for others.	The child has little or no communication skills Positive interaction with others is severely limited.
The child demonstrates accepted behaviour and tolerance towards their peers and others. Where on occasion this is not the case, this is managed through effective parenting and universal services	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Support is in place to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community. Early support has been refused, or been inadequate to manage this behaviour.	The child exhibits aggressive, bullying or destructive behaviours which impacts on their peers, family and/or local community, and which is impacting on their wellbeing or safety.

The child demonstrates feelings of belonging and acceptance	The child is a victim of discrimination or bullying.	The child has experienced persistent or severe bullying which has impacted on his/her daily outcomes.	The child has experienced such persistent or severe bullying that his/her wellbeing is at risk.
The child's behaviour			
The child's activities are legal.	The child has from time to time been involved in anti-social behaviour.	The child is involved in anti-social behaviour and may be at risk of gang involvement.	The child is currently involved in persistent or serious criminal activity and /or is known to be engaging in gang activities.
The child's activities are legal.	The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or loses interest quickly.	The child expresses beliefs that extreme violence should be used against people who disrespect their beliefs and values.	The child supports people travelling to conflict zones for extremist/ violent purposes or with intent to join terrorist groups The child expresses a generalised non-specific intent to go themselves.
The child demonstrates self-control appropriate with their age and development.	The child from time to time displays a lack of self-control which would be unusual in other children of their age. Due to a disability the child's behaviour is challenging.	The child regularly displays a lack of self-control which would be unusual in other children of their age. Due to a disability, the child's behaviour presents a challenge to parenting and caring.	The child displays little or no self-control which seriously impacts on relationships with those around them putting themselves/others at risk.
The child has growing level of competencies in practical and independent living skills.	The child's competencies in practical and independent living skills are at times impaired or delayed.	The child does not possess, or neglects to use, self-care and independent living skills appropriate to their age.	Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm. E.g. bullying, isolation.
The child engages in age appropriate use of internet, gaming and social media.	The child is at risk of becoming involved in negative internet use, lacks control and is unsupervised in gaming and social media applications.	The child is engaged in or victim of negative and harmful behaviours associated with internet and social media use, e.g. bullying, trolling, transmission of inappropriate images or is obsessively involved in gaming which interferes with social functioning.	The child is showing signs of being secretive, deceptive and is actively concealing internet and social media activities, e.g. at risk of being groomed for child sexual exploitation or is showing signs of addiction (gaming, pornography).
The child engages in age appropriate use of internet, including social media.	The child is at risk of becoming involved in negative internet use that will expose them to extremist ideology. They have unsupervised access to the internet and have disclosed to	The child is engaged in negative and harmful behaviours associated with internet and social media use. The child is known to have viewed extremist websites and has said s/he shares some	There are significant concerns that the child is being groomed for involvement in extremist activities. The child is known to have viewed extremist websites and is actively concealing

	adults or peers that they intend to research such ideologies although they haven't done so yet. They express casual support for extremist views.	of those views but is open about this and can discuss the pros and cons or different viewpoints.	internet and social media activities. They either refuse to discuss their views or make clear their support for extremist views.
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is at risk of becoming involved in negative behaviour/ activities. For example, the child is expressing strongly held and intolerant views towards people who do not share his/her religious or political views.	The child is becoming involved in negative behaviour/ activities. For example, the child is refusing to co-operate with activities at school that challenge their religious or political views. The child is aggressive and intimidating to peers and/or adults who do not share his/her religious or political views.	The child expresses strongly held beliefs that people should be killed because they have a different view. The child is initiating verbal and sometimes physical conflict with people who do not share his/her religious or political views.
The child engages in age appropriate activities and displays age appropriate behaviours and self-control.	The child is expressing verbal support for extreme views some of which may be in contradiction to British law for example, the child has espoused racist, sexist, homophobic or other prejudiced views and links these with a religion or ideology.	The child has connections to individuals or groups known to have extreme views.	The child has strong links with individuals or groups who are known to have extreme views and/or are known to have links to violent extremism. The child is thought to be involved in the activities of these groups.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time.	The child persistently runs away and/or goes missing.	The child persistently runs away and/or goes missing and does not recognise that he/she is putting him/herself at risk.
The child's whereabouts are always known to their parents or carers.	The child has been missing from home on one or two occasions and there is concern about what happened to them whilst they were away.	The child persistently goes missing.	The child persistently goes missing and is engaging in risky behaviours whilst they are away. There is concern they might be being sexually exploited or being drawn into criminal behaviour.
The child does not run away from home.	The child has run away from home on one or two occasions or not returned at the normal time. There is concern that they might have been staying with friends or relatives who have extreme views.	The child persistently runs away and/or goes missing. There are serious concerns that they are running away in order to spend time with friends or relatives with extreme views and that they are being influenced by them	The child persistently runs away and/or goes missing and does not recognise that s/he is putting him/herself at risk. For example, whilst missing the young person is spending time with people with extremist views and perceives these people as teaching her/him the

			correct way to live and those who don't hold these views as deluded and/or as a threat
The child does not have caring responsibilities.	The child occasionally has caring responsibilities for members of their family and this sometimes impacts on their opportunities.	The child's outcomes are being adversely impacted by their caring responsibilities.	The child's outcomes are being adversely impacted by their unsupported caring responsibilities which have been on-going for a lengthy period of time and are unlikely to end in the foreseeable future.
The child is able to communicate with others, engages in positive social interactions and demonstrates positive behaviour in a wide variety of social situations. Child demonstrates respect for others.	The child expresses intolerant views towards peers and this leads to their being socially isolated.	The child often interacts negatively or has limited interaction with those they perceive as holding different views from themselves. They demonstrate significant lack of respect for others, for example, becoming aggressive with those that do not share their intolerant or extreme views.	Positive interaction with others is severely limited. The child has isolated themselves from peers and/or family because of their extreme and intolerant views. They glorify acts of terrorism and/or believe in conspiracy theories and perceive mainstream society as hostile to themselves. They are frequently aggressive and intimidating towards others who do not share their views or have a lifestyle they approve of.
Abuse and neglect			
The child shows no physical symptoms which could be attributed to neglect.	The child occasionally shows physical symptoms which could indicate neglect such as a poor hygiene or tooth decay.	The child consistently shows physical symptoms which clearly indicate neglect	The child shows physical signs of neglect such as a thin or swollen tummy, poor skin tone/sores/rashes, prominent joints and bones, poor hygiene or tooth decay which are attributable to the care provided by their parents/carers.
The child is appropriately dressed.	The child or their siblings sometimes come to nursery/ school in dirty clothing or they are unkempt or soiled.	The child or their siblings consistently come to school in dirty clothing which is inappropriate for the weather and/ or they are unkempt or soiled The parents/carers are reluctant or unable to address these concerns.	The child consistently wears dirty or inappropriate clothing and are suffering significant harm as a result [e.g. they are unable to fully participate at school, are being bullied and/or are physically unwell]
The child has injuries, such as bruising on their shins etc., which are	The child has occasional, less common injuries which	The child has injuries for example bruising, scalds, burns and scratches,	The child has injuries, for example bruising, scalds, burns and scratches,

consistent with normal childish play and activities.	are consistent with the parents' account of accidental injury. The parents seek out or accept advice on how to avoid accidental injury.	which are accounted for but are more frequent than would be expected for a child of a similar age.	which are not accounted for. The child makes disclosure and implicates parents or older family members.
The child is provided with an emotionally warm and stable family environment.	The child's experiences parenting characterised by a lack of emotional warmth and/ is overly critical and/or inconsistent.	The child experiences a volatile and unstable family environment. and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	The child has suffered long term neglect of the emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim

Environmental factors

Including access to and use of: community resources; living conditions; housing; employment status; legal status. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

Level 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Level 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Level 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	**Level 4** Children in acute need. Require immediate referral to children's social care and/or the police.
The family feels integrated into the community.	The family is chronically socially excluded and/ or there is an absence of supportive community networks.	The family is socially excluded and isolated to the extent that it has an adverse impact on the child.	The family is excluded and the child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.
The family has a reasonable income over time and financial resources are used appropriately to meet the family's needs. The family are living on a very low income and/or have significant debt but the parents use their limited resources in the best interests of their child/children. The parents maximise their income and resources.	There are concerns that the parents are unable to budget effectively and as a result the child occasionally does not have adequate food, warmth, or essential clothing. However, the parents are working with support services to address these issues. The parent/carer's income is affected by the challenge of having to restrict their working	The family does not use its financial resources in the best interests of the child and the child regularly does not have adequate food, warmth, or essential clothing. For example, expenditure on drug, alcohol, gambling or other addictive behaviours means that there isn't enough money to meet the child's basic needs. The parent/carer's	The child consistently does not have adequate food, warmth, or essential clothing. The parents are consistently unable to budget effectively and are resisting engagement.

The parent / carer is able to manage their working or unemployment arrangements and do not perceive them as unduly stressful.	arrangements in order to provide the level of care necessary for their child with a disability	income is affected by the challenge of having to restrict their working arrangements in order to provide the level of care necessary for their child with a disability	
The family's accommodation is stable, clean, warm, and tidy and there are no hazards which could impact the safety or wellbeing of the child. For example the parent/carer ensures access to balconies is restricted unless a young child is with an adult. The family's home is appropriate to the needs of the child with a disability.	The family's accommodation is stable however the home itself is not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child. The family home would benefit from improvements to support the needs of the child with a disability.	The family's home is consistently dirty and constitutes health and safety hazards. The family home would benefit from significant improvements to support the needs of the child with a disability.	The family's home is consistently dirty and constitutes health and safety hazards. The family has no stable home, and is moving from place to place or 'sofa surfing'.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The child is affected by low level anti-social behaviour in the locality	The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of anti-social behaviour or crime, or is participating in anti-social behaviour or at risk or participating in criminal activity.	The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area	The neighbourhood or locality is having a negative impact on the child. The child has been a victim of anti-social behaviour or crime [including sexual or other forms of harassment] and is at risk of being further victimised	The neighbourhood or locality is having a profoundly negative effect on the child who has been a repeated victim of anti-social behaviour and/or crime and is now at high risk of sexual and other forms of exploitation – including being groomed to be a perpetrator.
The neighbourhood is a safe and positive environment encouraging good citizenship.	The neighbourhood or locality is having a negative impact on the child, for example, the child is known to be part of a group or associated with a group which is involved in anti-social behaviour – including	The neighbourhood or locality is having a negative impact on the child who is sometimes participating in anti-social behaviour [including sexual and other forms of harassment] or is	The neighbourhood or locality is having a profoundly negative effect on the child who is frequently involved in anti-social behaviour and criminal activity including, for example, sexual and other forms of harassment

	sexual and other forms of harassment	present in a group when others do so.	or assault
The family is legally entitled to live in the country indefinitely and has full rights to employment and public funds.	The family's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.	The family's legal status puts them at risk of involuntary removal from the country (e.g. asylum-seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the children to criminal activity (e.g. illegal employment, child labour, CSE).	Family members are being detained and at risk of deportation or the child is an unaccompanied asylum-seeker. There is evidence that a child has been exposed or involved in criminal activity to generate income for the family (e.g. illegal employment, child labour, CSE).
The child is legally entitled to live in the country indefinitely and has full rights to education and public funds.	The child's legal entitlement to stay in the country is temporary and/or restricts access to public funds placing the child under stress.	The child's legal status as, for example, an asylum-seeker or an illegal migrant who may have been trafficked puts them at risk of involuntary removal from the country. Their immigration status means they have limited financial resources/no recourse to public funds and increases their vulnerability to criminal activity (e.g. illegal employment, child labour, CSE).	There is evidence that a child has been exposed to or involved in criminal activity either as a result of being trafficked into the country or to support themselves (e.g. illegal employment, child labour, CSE).
The child and their family have no links to proscribed organisations. See link below for list of terrorist groups or organisations banned under UK law	The child and/or their parents/carers have indirect links to proscribed organisations, for example, they attend religious or social activities which are, or have been in the recent past, attended by members of proscribed organisations.	Family members, family friends or friends of the child have strong links with proscribed organisations.	The child, their parents/carers or other close family members or friends are members of proscribed organisations. **https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2**
The child spends time in safe and positive environments outside of the home.	The child is known to be/have been a victim or perpetrator of bullying and/or is part of a group or associated with a group which bullies others.	The child is a repeated victim and/or perpetrator of bullying including sexual or other targeted forms of bullying.	The child is a victim of serious and/or repeated and/or escalating acts of bullying, including sexual bullying.

Parental and family factors			
Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.			
Level 1 Children with no additional needs whose health and developmental needs can be met by universal services.	**Level 2** Children with additional needs that can be met through the provision of 'early help' - a referral to children's social care is NOT required.	**Level 3** Children with complex multiple needs who need statutory and specialist services. A referral to children's social care is required.	**Level 4** Children in acute need. Require immediate referral to children's social care and/or the police.
Parenting during pregnancy and infancy			
The parent/carer accesses ante-natal and/or post-natal care	The parent/carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments. Parent/s receives a diagnosis of disability of unborn baby.	The parent/ carer is not accessing ante-natal and/ or post-natal care.	The parent neglects to access ante natal care and is using drugs and alcohol excessively whilst pregnant. AND/OR The parent neglects to access ante natal care where there are complicating obstetric factors that may pose a risk to the unborn child or new born child.
The parent/carer is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent/carer is struggling to adjust to the role of parenthood.	The parent/ carer is suffering from post-natal depression.	The parent/carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
The parent/carer is able to manage their child's sleeping feeding and crying and is appropriately responsive.	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying but accepts support to resolve these difficulties.	The parent/ carer has sustained difficulties managing their child's sleeping, feeding or crying despite the intervention of support services or refuses to engage with support services.	The parent/carer is unable to manage their child's sleeping, feeding or crying, and is unable or unwilling to engage with health professionals to address this, causing significant adverse impact on the child.
Meeting the health needs of the child			
The parent/carer understands and is appropriately responsive to the health demands of their child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is beginning to impact on the well-being of the child.	The parent/ carer displays high levels of anxiety regarding their child's health and their response is impacting on the well-being of the child. For example, they are unnecessarily removed from school or prevented from	The parent/carers' level of anxiety regarding their child's health is significantly harming the child's development. For example, their attendance at school is poor and/or they are socially isolated. There are strong

		socialising or playing sport. There are some indications that the parent/carer's concerns for the health of the child are unrelated to any physical or mental symptoms of illness.	suspicions or evidence that the parent/carer is fabricating or inducing illness in their child.
All the child's needs (e.g. disability, behaviour, long-term conditions) are fully met by the parents.	Parents are meeting the child's needs but require additional help in order to do so.	One or more child's needs (e.g. disability, behaviour, long-term conditions) are not always met by the parents, with additional support required, and this is having an impact on the day to day lives of the child/children's siblings/parents.	One or more children's needs (e.g. disability, behaviour, long-term conditions) have a significant impact on the day to day lives of the child/children and their siblings and/or parents.
Meeting the educational and employment needs of the child			
The parent/ carer positively supports learning and aspirations and engages with school.	The parent is not engaged in supporting learning aspirations and/or is not engaging with the school. The child has an EHC plan.	The parent does not engage with the school and actively resists suggestions of supportive interventions. The child has an EHC plan.	The parent/carer actively discourages or prevents the child from learning or engaging with the school.
The young person is supported to success in the labour market.	The young person is not supported to success in the labour market.	The young person is often discouraged from success in the labour market.	The young person is actively obstructed and discouraged from success in the labour market.
The child has an appropriate education and opportunities for social interaction with peers.	There is concern that the education the child is receiving does not teach them about different cultures, faiths and ideas or, if it does, is derogatory and dismissive of different faiths, cultures and ideas.	The child is being educated to hold intolerant, extremist views. They are not using public services, such as schools or youth clubs, and are only mixing with other children and adults who hold similar intolerant, extremist views.	The child is being educated by adults who are members of or have links to prescribed organisations – see link below for list of terrorist groups or organisations banned under UK law **https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2**
Meeting the emotional needs of the child			
The child is provided with an emotionally	Parenting often lacks emotional warmth	The family environment is volatile and unstable.	The child has suffered long term neglect of their

warm and stable family environment. The parenting generally demonstrates praise, emotional warmth and encouragement.	and/or can be overly critical and/or inconsistent.	For example, parenting is intolerant, critical, inconsistent, harsh or rejecting and this is having a negative effect on the child who, due to the emotional neglect they have suffered is vulnerable to grooming and/or exploitative relationships with abusive adults or risky peer groups	emotional needs and, as a result, is now at high risk of, or is already involved in sexual or other forms of exploitation either as a perpetrator or victim
There is a warm and supportive relationship between the parent/carer and the child which supports the child's emotional, behavioural and social development.	Occasional periods of relationship difficulties impact on the child's development.	Relationship difficulties between the child and parent/ carer significantly inhibits the child's emotional, behavioural and social development which if unaddressed could lead to relationship breakdown. The child has a significant mental health condition.	Relationships between the child and parent/carer have broken down to the extent that the child is at risk of significant harm. For example, the parent/carer rejects their child from home. The child has a mental health condition which cannot be managed in the home environment.
The parent/ carer sets consistent boundaries and give guidance.	The parent/ carer struggles to set age appropriate boundaries and has difficulties maintaining their child's routine.	The parent/ carer is unable to judge or manage dangerous situations and/or is unable to set and maintain appropriate boundaries.	The parent/ carer is unable to judge dangerous situations and/or is unable to set appropriate boundaries and their child is frequently exposed to dangerous situations in the home and / or community.
There is a positive family network and good friendships outside the family unit.	There is a significant lack of support from the extended family network which is impacting on the parent's capacity.	There is a weak or negative family network. There is destructive or unhelpful involvement from the extended family.	The family network has broken down or is highly volatile and is causing serious adverse impact to the child.
The child is not privately fostered. OR The child is privately fostered by adults who are able to provide for his/her needs and there are no safeguarding concerns. The local authority has been notified as per the requirements of 'The Children (Private	There is some concern about the private fostering arrangements in place for the child.	There is some concern about the private fostering arrangements in place for the child, and that there may be issues around the carers' treatment of the child. And/or the local authority hasn't been notified of the private fostering arrangement.	There is concern that the child is a victim of CSE, domestic slavery, or being physically abused in their private foster placement.

Arrangements For Fostering) Regulations 2005'.			
	A child is known to live with an adult or older child who has extreme views. The child either doesn't express support for these views or is too young to express such views themselves.	A child is taken to demonstrations or marches where violent, extremist and/or age inappropriate imagery or language is used.	The child, their parents/carers or other close family members or friends are members of proscribed organisations.
	A child is known to live with an adult or young person who has extreme views and the child has unsupervised access to computers which means they may view violent extremist imagery which the adults or young people have been viewing	A child is being sent violent extremist imagery by family members / family friends or is being helped to access it.	A child is circulating violent extremist images and is promoting the actions of violent extremists and/or saying that they will carry out violence in support of extremist views. Parents/carers either don't challenge this activity or appear to endorse it.
	The child and/or their parents/carers express strong support for a particular extremist organisation or movement but do not express any intention to be actively involved.	The child and/or their parents/carers express strong support for extremist views and a generalised, non-specific intention to travel to a conflict zone in support of those views.	The child and/or their parents/carers are making plans to travel to a conflict zone and there is evidence to suggest that they are doing so to support or participate in extremist activities.
Meeting the practical needs of the child			
The parent/ carer makes appropriate provisions for food, drink, warmth and shelter.	The parent/ carer occasionally makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/ carer regularly makes inappropriate or inadequate provisions for food, drink, warmth and shelter.	The parent/carer has consistently failed to provide appropriate or adequate provisions for food, drink, warmth and shelter.
The parent/carer provides appropriate clean, clothing.	The carer gives consideration to the provision of clean, age appropriate clothes to meet the needs of the child, but their own personal circumstances or struggles to cope can get in the way of ensuring their child has these clothes.	Carer(s) neglect their child physically through their indifference to the importance of providing clean, age appropriate clothes for the child. , This impacts on the child and prevents them meeting developmental milestones.	The parent /carer neglects their child physically and/or emotionally for example providing dirty or inappropriate clothing and this causes the child severe distress and/or prevents him/her meeting their developmental milestones.
The parent/carer provides for all the child's material needs	The parent/carer is sometimes neglectful of the child's material needs and this could make them vulnerable to	Parent/carer has been/is often neglectful of the child's material needs and this is having a negative impact on the	The child has suffered long term neglect of the material needs and is now at risk of or is already involved in criminal

	peers or adults who offer them clothes, foods etc. in return for favours.	child who may, for example, be socially isolated because of their old or dirty clothing or may be involved in petty theft to get clothes etc. This puts them at risk of grooming for sexual exploitation or involvement in criminal activity.	activity to meet their material needs and/or they are being sexually exploited.
Domestic abuse			
The expectant mother or parent/carer is not in an abusive relationship.	The expectant mother/ parent/carer is a victim of occasional or low-level non-physical abuse.	The expectant mother /parent/carer has previously been a victim of domestic abuse and is a victim of occasional or low-level non-physical abuse.	The expectant mother/parent/carer is a victim of domestic abuse which has taken place on a number of occasions.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	One or more adult members of the family is physically and emotionally abusive 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 has on the child. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence.	One or more adult members of the family is a perpetrator of persistent and/or serious physical violence which may also be increasing in severity, frequency or duration. The perpetrator is emotionally harming the child/ren who witness or are otherwise aware of the violence. The children may also be at risk of physical violence if, for example, they seek to protect the adult victim.
There are no incidents of violence in the family and no history or previous assaults by family members.	There are isolated incidents of physical and/or emotional violence in the family. The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments/disputes in the family home.	The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and are suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE	The child is at high risk of, or is already either a perpetrator or a victim of serious abusive behaviour, including child sexual exploitation.

Parental and family health issues and disability			
Parents do not use drugs or alcohol. OR Parental drug and alcohol use does not impact on parenting.	Drug and/or alcohol use is impacting on parenting but adequate provision is made to ensure the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases.	Drug/alcohol use has escalated to the point where it includes binge drinking, drug paraphernalia in their home, the child feeling unable to invite friends to the home, the child worrying about their parent/ carer.	Parental drug and/or alcohol use is at a problematic level and the parent/ carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child is present, involving the child in procuring illegal substances, and dangers of overdose.
There is no evidence of siblings or other household members misusing drugs or alcohol. NB See Parental factors for assessment of need relating to parental drug/alcohol misuse]	Siblings' or other household members' drug or alcohol mis-use occasionally impacts on the child.	Siblings' or other household members' drug or alcohol mis-use consistently impacts on the child.	Siblings' or other household members' drug or alcohol mis-use is significantly adversely impacting on the child.
The physical or mental health of the parent/carer does not affect the care of the child.	Physical and mental health needs of the parent/carer Which impacts upon the care of the child.	Physical or mental health needs of the parent/ carer significantly impacts upon the care of their child.	Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk of significant harm.
The parents/ carers learning disabilities do not affect the care of their child.	The parents/carers learning difficulties occasionally impedes their ability to provide consistent patterns of care but without putting the child at risk.	The parents/ carers learning disabilities are affecting the care of their child.	The parents/ carers learning disabilities are severely affecting the care of their child and placing them at risk of significant harm.
The parent/carer's mental health does not impact the child adversely.	Adult mental health impacts on the care of the child. The carer presents with mental ill-health which has sporadic or low level impact on the child however there are protective factors in place.	Adult mental health impacts on the care of the child. The carer presents with mental ill-health which has sporadic or low level impact on the child and there is an absence of supportive networks and extended family to prevent harm.	Adult mental health is significantly impacting on the care of the child. Any carer for the child presents as acutely mentally unwell and /or attempts significant self-harm and/or the child is the subject of parental delusions.
Where siblings or other members of the family do not have disabilities, serious health conditions or mental	Where siblings or other members of the family have disabilities, serious health conditions or mental health concerns	Siblings or other members of the family have a disability or serious health condition, including mental health	Siblings or other members of the family have disabilities, health conditions or mental health concerns that are

health concerns.	which require additional support.	concerns which impact on the child. The child is acting as a young carer.	seriously impacting on the child, for example causing neglect, putting them at risk of significant harm or causing them high levels of stress and emotional anxiety.
Protection from harm: physical or sexual abuse			
The parent/ carer protects their family from danger/ significant harm.	The parent/carer on occasion does not protect their family which if unaddressed could lead to risk or danger.	The parent/carer frequently neglects/is unable to protect their family from danger/significant harm.	The parent/ carer is unable to protect their child from harm, placing their child at significant risk. Parent/carer is unable to engage in meaningful change.
The parent/carer does not sexually abuse their child.	There is a history of sexual abuse within the family or network but the parents respond appropriately to the need to protect the child.	There are concerns around possible inappropriate sexual behaviour from the parent/carer. Parent or carer has expressed thoughts that they may sexually abuse their child but are willing to engage in therapeutic support.	The parent/ carer sexually abuses their child. There is a risk the parent/carer may sexually abuse their child and he/she does not accept therapeutic interventions.
There is no evidence of sexual abuse.	There are concerns relating to inappropriate sexual behaviour in the wider family.	The family home has in the past been used on occasion for drug taking /dealing, prostitution or illegal activities.	The family home is used for drug taking and/or dealing, prostitution and illegal activities. The child is being sexually abused /exploited. A schedule 1 offender who is a serious risk is in contact with the family.
The parent/carer does not physically harm their child. The parent uses reasonable physical chastisement that is within legal limits – that is they do not leave the child with visible bruising, grazes, scratches, minor swellings or cuts.	The parent/carer physically chastises their child within legal limits but there is concern that this is having a negative impact on the child's emotional wellbeing (for example, the child appears fearful of the parent). There is concern that it may escalate in frequency and/or severity as the parent seems highly critical of	The parent/carer physically chastises their child leaving the child with visible bruising, grazes, scratches, minor swellings or cuts –this may result from a loss of control. The parent is willing to access professional support to help them manage their child's behaviour.	The parent/ carer significantly physically harms child.

	their child and/or expresses the belief that only physical punishment will have the desired impact on the child's behaviour. However, The parent is willing to access professional support to help them manage their child's behaviour.		
There is no concern that the child may be subject to harmful traditional practices such as Female Genital Mutilation FGM, Honour Based Violence HBV, Forced marriage and Belief in Spirit possession.	There is concern that the child is in a culture where harmful practices are known to have been performed (in the community or by family or extended family) however parents are opposed to the practices in respect of their children.	There is concern that the child may be subject to harmful traditional practices.	There is evidence that the child may be subject to harmful traditional practices and parents/carer are opposed to resisting these practices.
Criminal or anti-social behaviour			
There is no history of criminal offences within the family.	There is a history of criminal activity within the family.	A criminal record relating to serious or violent crime is held by a member of the family (parent, carer, child) which may impact on the children in the household.	A criminal record relating to serious or violent crime is held by a member of the family which is impacting on the children in the household.
The family members are not involved in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity impacting significantly on the child and family.

Threshold Criteria: Section 47, Section 20, Section 31

In addition the following threshold criteria also apply.

Section 47, Children Act 1989: Child Protection enquiries [Level 4]
The table below is an indicator guide of the type of circumstances which would lead to a S47 assessment. This table is intended as a guide and is not exhaustive. Reference should also be made to the Bedford Borough Child Protection Procedures. http://bedfordscb.proceduresonline.com/
Any allegation of abuse or neglect or any suspicious injury in a pre- or non-mobile child.
Allegations or suspicions about a serious injury / sexual abuse to a child.
Two or more minor injuries in pre-mobile or non-verbal babies or young children (including disabled children).
Inconsistent explanations or an admission about a clear non-accidental injury.
Repeated allegations or reasonable suspicions of non-accidental injury.
A child being traumatised injured or neglected as a result of domestic violence.
Repeated allegations involving serious verbal threats and/or emotional abuse.
Allegations / reasonable suspicions of serious neglect
Medical referral of non-organic failure to thrive in under-fives. .
Direct allegation of sexual abuse made by child or abuser's confession to such abuse.
Any allegation suggesting connections between sexually abused children in different families or more than one abuser.
An individual (adult or child) posing a risk to children.
Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.
No available parent and child vulnerable to significant harm (e.g. an abandoned baby).
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.
Child/ren subject of parental delusions.
A child at risk of sexual exploitation or trafficking.
Pregnancy in a child aged under 13.
A child at risk of FGM, honour based violence or forced marriage.

Section 20, Children Act 1989: Child provided with accommodation [Level 4]

This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation.

The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/her; or
- Being lost or abandoned; or
- The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care; or
- Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation; or
- Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object.

Before providing accommodation, so far as is reasonably practicable and consistent with the child's welfare:

- Ascertain, and give due consideration to the child's wishes and feelings (having regard to his/her age and understanding); and
- Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:

  - Does the parent have the mental capacity to consent?
  - Is the consent fully informed?
  - Is it fair and proportionate for the child to be accommodated?

Section 31, Children Act 1989: Initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to:
    - The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
    - The child's being beyond parental control.

'Harm' means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
'Development' means physical, intellectual, emotional, social or behavioural development;
'Health' means physical or mental health; and
'Ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child.

Section 1 Children Act 1989 – The Court Welfare Checklist

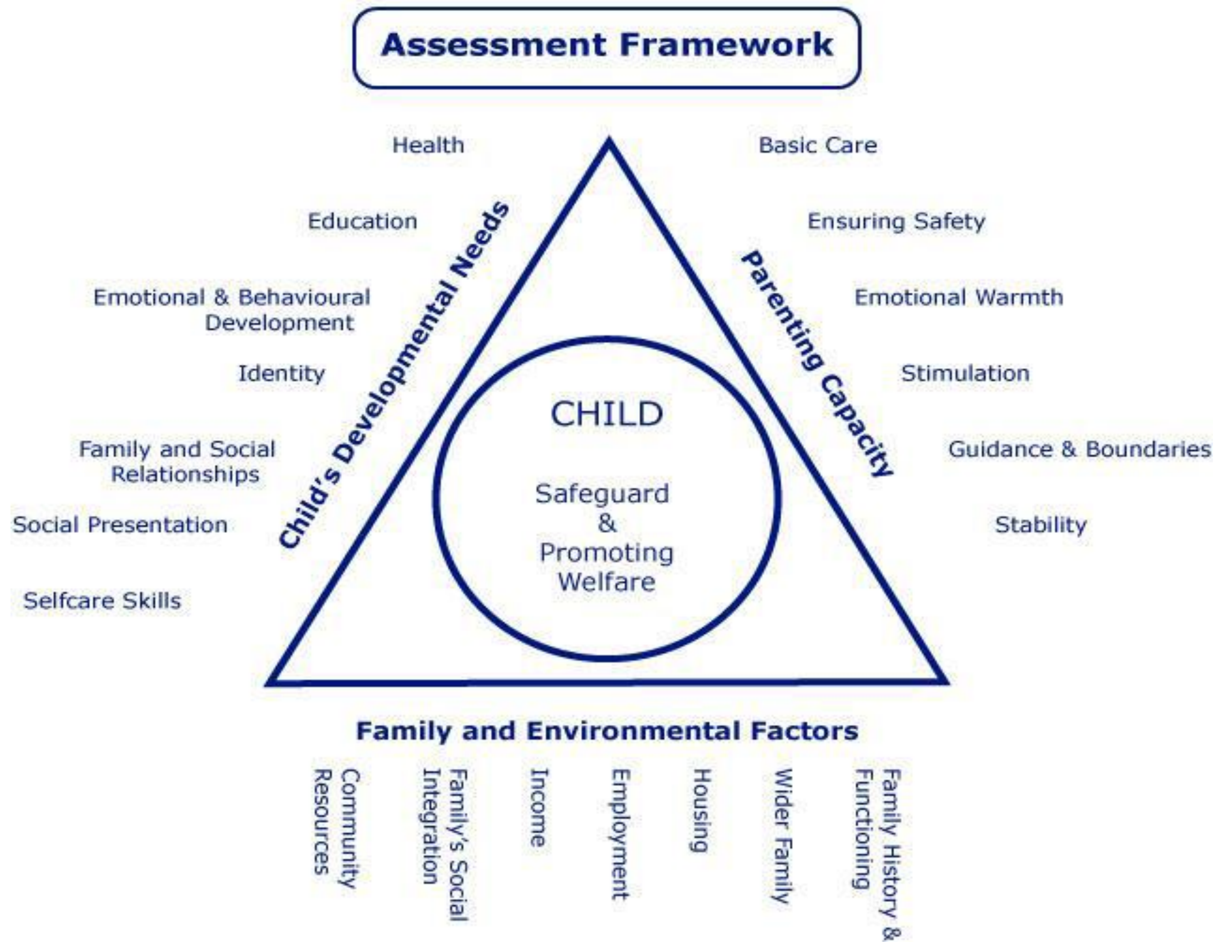
The welfare checklist to which courts will have regard when deciding whether to make an order in respect of a child:

- The ascertainable wishes and feelings of the child concerned (considered in the light of his/her age and understanding);
- His/her physical, emotional and educational needs;
- The likely effect on him/her of any change in his/her circumstances;
- His/her age, sex, background and any characteristics which the court considers relevant;
- Any harm which s/he has suffered or is at risk of suffering;
- How capable each of his/her parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his/her needs;
- The range of powers available to the court under the Children Act 1989.

Appendix A

The Assessment Triangle

The assessment triangle below should be used to identify the interplay between the three domains to assess the child's needs and form a judgement regarding the level of need.



Appendix B

Neglect

It can be particularly difficult for practitioners to recognise the signs of neglect because there is unlikely to have been a significant incident or event that highlights the concerns; it is more likely that there will be a series of concerns over a period of time that, taken together, demonstrate that the child is in need or at risk.

Children (including those who are unborn) need adequate food, water, shelter, warmth, protection and health care in order to thrive. They also need their carers to be attentive, dependable and kind. Children are neglected if these essential needs (the things they need to develop and grow) are persistently not met.

There are many signs that may indicate neglect as outlined below:

- Neglect may occur during or after pregnancy as a result of parental substance abuse (drugs or alcohol).
- A chaotic family environment which can include an absence of boundaries or routines.
- A parent / carer who has mental health difficulties or learning disabilities such that impacts on their ability to meet the needs of any children.
- Inadequate parenting and/or understanding of what it means to look after a child safely including ensuring adequate supervision or using inadequate caregivers.
- Ensuring access to appropriate medical care or treatment.
- Ensuring that educational needs are met.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Signs of neglect can include poor physical appearance, bad hygiene, lack of appropriate clothing, the child being withdrawn or exhibiting antisocial or sexualised behaviours, and the child not meeting physical or emotional development milestones.

In considering whether or not a child has been neglected, it is important to consider the quality of care they have received over a period of time, as this could vary to the extent in which it impacts on their development. . It is also important to consider the age of the child in relation to the nature of the neglect and the length of time for which the concerns have existed.

The above signs in isolation would not necessarily indicate for certain that a child is being neglected, however, children who are severely and persistently neglected may be in danger and neglect can also result in the serious impairment to their health or development.

Some adults lack the resources and support to properly care for their children, but some have more complex problems. In both cases help and support from professionals is essential.

Deciding if a child is neglected can be very hard – even for a trained professional – and it's natural to worry that you may be mistaken. For more information about neglect, go to:

http://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/

Appendix C

What is the Universal Early Help Assessment (EHA)?

The Universal EHA aims to recognise and provide assistance as soon as possible to help families cope with difficulties that they face. It will identify agencies such as education, housing and health services that will listen to families to find out what is working well and areas to be addressed. The assessment is a way of gathering all the relevant information to support families in one place to ensure a seamless provision of services.

It is designed to support children and young people with additional needs below the threshold for social care intervention. The assessment offers a holistic approach to identify needs based on the child's health and wellbeing, parenting ability and the child's wider family and environment.

How will it help?

Once the needs of the child are clear, practitioners will be able to co-ordinate a range of services to support the child to:

- Prevent the escalation of need to social care by intervening early
- Reduce bureaucracy for the family
- Engage the child to understand their needs
- Empower parents to meet their child's needs
- Improve interagency working

Who should complete the assessment?

The assessment should be initiated by any practitioner/professional that has a concern about a child's development and identifies that more than one agency will be required to support that child.

Consent

The assessment can only be completed with the consent of the parent/carer. If the young person requiring support is aged over 16 and is able to fully understand the concept and implications of the process, they may be able to give consent.

Team around the Family

If the child or family have a range of needs and several agencies are likely to be involved, Team Around the Family (TAF) meetings should be arranged. This will ensure a co-ordinated approach to the gathering of information and implementation of services to support the family.

At these meetings, all services will agree actions they will do to support the child/young person and will agree outcomes that they want the family to achieve. The number of TAF meetings will depend on the needs of individual families.

The Lead Professional

The person who is to act as the Lead Professional is usually agreed at the first TAF meeting and:-

- Acts as a single point of contact for the family

- Is the person best placed to co-ordinate services for the family and is not necessarily the person who initiated the assessment
- Reduces duplication and inconsistency by having regular meetings and recording and sharing outcomes

Reviewing Progress

It is important to have regular meetings with the family to ensure that the family are progressing towards their agreed outcomes. The first review should take place no longer than 12 weeks after the initial assessment. If significant changes in the families' circumstances emerge during the review process, it may be necessary to re-appraise the assessment and develop new milestones.
If you are concerned that the family's needs are escalating and may now meet the threshold for social care, it may be necessary to 'step it up' to a social worker for statutory/specialist intervention.

Closing

Once you are satisfied that all actions have been achieved and the child's needs are now being met, you should decide with the family and other agencies involved whether the process should be closed. You will need to record the reasons for the decision to close on the form and also ensure the family complete an evaluation of the services they have received

For more information about the Early Help Assessment and the Early Help and Intervention service go to www.bedford.gov.uk/earlyhelp

Appendix D

Seven Golden Rules for 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 persons is shared appropriately. Safeguarding of children is paramount and consent issues should not prevent information from being shared.

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 wellbeing 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.

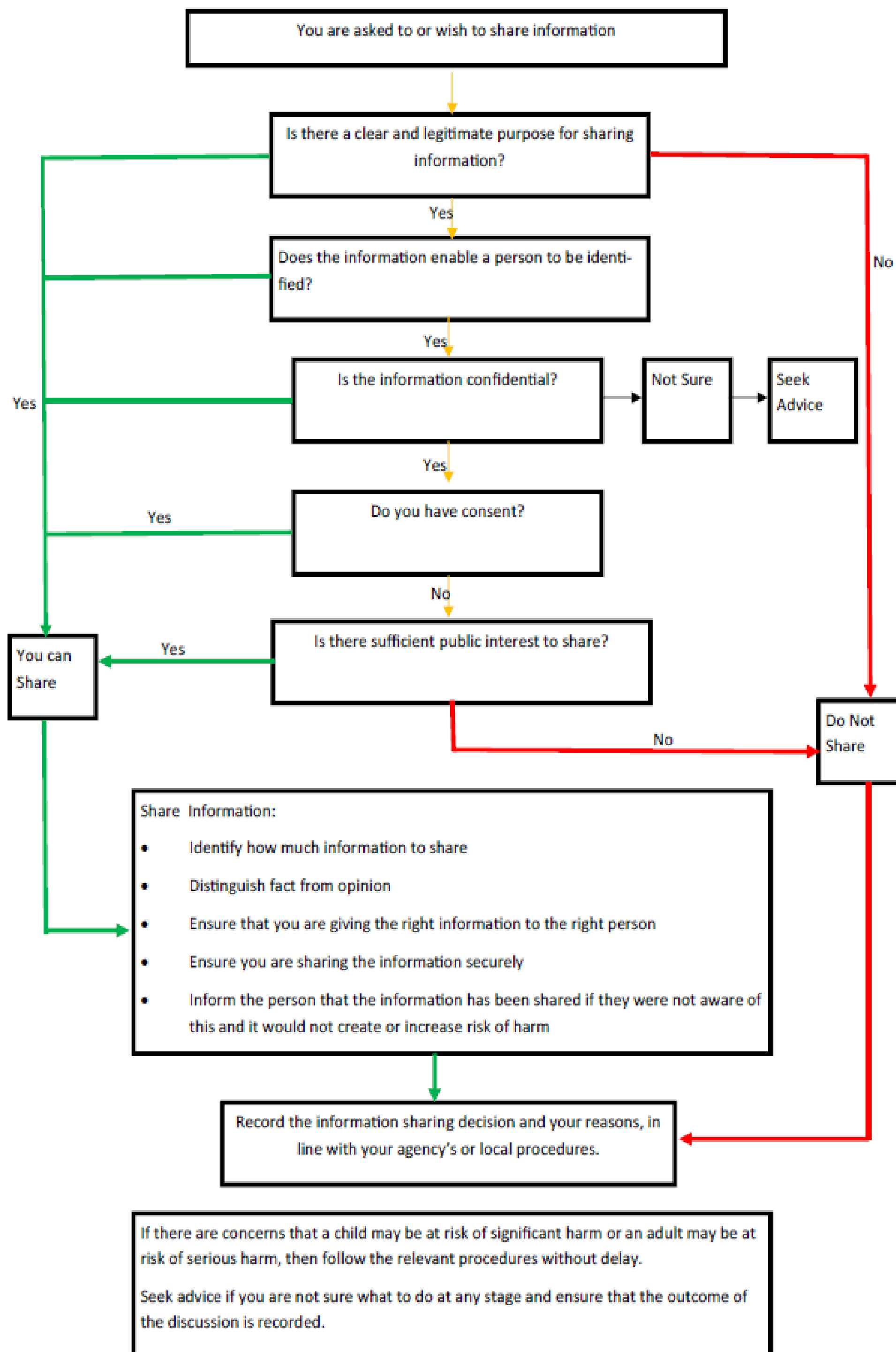
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The 'Seven Golden Rules' and the following questions 1–7 will help support your decision making so you can be more confident that information is being shared legally and professionally.

If you answer 'not sure' to any of the questions, seek advice from your supervisor, manager, nominated person within your organisation or area, or from a professional body

Appendix E

Flowchart of key questions for information sharing



Appendix F

Question 1: Is there a clear and legitimate purpose for sharing information?

- Why do you or the other person want the information?
- What is the outcome you are trying to achieve?
- Could the aims be achieved without sharing the information?

Golden rule

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

Other things to consider:

- Do not assume that you need to share the whole case file.
- Different agencies may have different processes for sharing information. You will need to be guided by your agency's policies and procedures and, where applicable, by your professional code.

Question 2: Does the information enable a living person to be identified?

- If the information is about an identifiable living individual, or could enable a living person to be identified when considered with other information, it is personal information and is subject to data protection law. This is likely to be the case in the course of your work. You should be open about what information you might need to share and why.
- However, it may not be appropriate to inform a person that information is being shared, or seek consent to this sharing. This is the case if informing them is likely to hamper the prevention or investigation of a serious crime, or put a child at risk of significant harm or an adult at risk of serious harm.

Golden rule

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.

Other things to consider:

- If the person was informed about how and with whom their personal information might be shared at the outset, it will usually not be necessary to inform them again as long as the use as described in the original notification is the same.

Question 3: Is the information confidential?

- Not all information is confidential.
- Confidential information is information of a private or sensitive nature that:
  - Is not already lawfully in the public domain or readily available from another public source; and
  - Has been provided in circumstances where the person giving the information could reasonably expect that it would not be shared with others.

Golden rule

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

If the information is not confidential you must now consider Question 6.

If the information is confidential you must now consider Question 4.

Question 4: Do you have consent to share?

- You should seek consent where possible and respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement on the facts of the case, that lack of consent can be overridden in the public interest.
- You do not always need consent to share personal information. There will be some circumstances where you should not seek consent, for example, where doing so would:
    - place a child at increased risk of significant harm; or
    - place an adult at increased risk of serious harm; or
    - prejudice the prevention, detection or prosecution of a serious crime; or
    - lead to unjustified delay in making enquiries about allegations of significant harm or serious harm.

Golden rule

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 need to base your judgement on the facts of the case.

Other things to consider:

- Generally, there should be 'no surprises'.
- Obtaining explicit consent is best practice. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute.
- You will need to consider whose consent should be sought. Does the person have the capacity to understand and make their own decisions on this occasion? If not, is someone else authorised to act on their behalf?
- Consent must be informed, i.e. when people agree to information sharing, they must understand how much of their information needs to be shared, who will see it, why it is necessary to share the information and any implications of sharing or not sharing.
- Consent can be withdrawn at any time.

Question 5: Is there sufficient public interest to share the information?

- Even where you do not have consent to share confidential information, you may lawfully share if this can be justified in the public interest. Where consent cannot be obtained or is refused, or where seeking it is unsafe or inappropriate (as explained at Question 4), the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. A public interest can arise in a wide range of circumstances. For a fuller definition of public interest refer to the Glossary in Information Sharing: Guidance for practitioners and managers.
- Where you have a concern about a person, you should not regard refusal of consent as necessarily to mean that you cannot share confidential information.
- In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on professional judgement.

Golden rule

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.

Other things to consider:

- A competent adult has the right to make decisions which may put themselves at risk but which present no risk of significant harm to children or serious harm to other adults. In this case it may not be justifiable to share information without consent.

If you decide not to share information you must consider Question 7.

If you decide to share information you must consider Question 6.

Question 6: Are you sharing information appropriately and securely?

- Only share what is necessary to achieve the purpose, distinguishing clearly between fact and opinion.
- Share only with the person or people who really need to know the information.
- Make sure the information is accurate and up-to-date.
- Understand the limits of any consent given and especially if the information has been provided by a third party.
- Check who will see the information and share the information in a secure way. For example, confirm the identity of the person you are talking to; ensure a conversation or phone call cannot be overheard; use secure email; ensure that the intended person will be on hand to receive a fax.
- Establish with the recipient whether they intend to pass it on to other people and ensure that they understand the limits of any consent that has been given.
- Inform the person to whom the information relates that you are sharing the information, if it is safe to do so, and if you have not already told them that their information may be shared.

Golden rule

Necessary, proportionate, relevant, accurate, timely and secure:
Ensure 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.

Question 7: Have you properly recorded your information sharing decision?

- Record your information sharing decision and your reasons, including what information you have shared and with whom, following your agency's arrangements for recording information and in line with any local information sharing procedures in place.
- If, at any stage, you decide not to share information, you should record this decision and the reasons for it.

Golden rule

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.

Managing Professional Disagreements

What to do when you are concerned about a decision or practice in a case involving a child or young person.

http://www.bedford.gov.uk/health_and_social_care/children__young_people/safeguarding_children_board/professionals/escalating_a_concern.aspx

Resources for practitioners

[Links to various resources/tools/guides]

Early Help website: www.bedford.gov.uk/earlyhelp