# Children's Continuum of Need and Response Framework

Blackburn with Darwen

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## Introduction

The Blackburn with Darwen Children's Continuum of Need and Response (CoNR) Framework is the local model to assist all those whose work brings them into contact with children, young people and their families to identify the level of help and protection required to assist children to grow up in circumstances that achieve their best outcomes.

The framework assists practitioners in different agencies to identify where they can work individually with families, and where it may be better to co-ordinate their efforts with other agencies to support children to achieve their full potential. In a very small number of cases, protective services co-ordinated by a range of services may be required, or a child may have to be removed from its family, to ensure the child can reach its full potential.

This document outlines some of the most common indicators of need and risk that practitioners will come across in their work with families, and provides a multi-level framework for practitioners to use in responding with service provision and ensuring both need and risk reduce.

Knowledge and application of the framework's different levels of need must form a common language and culture in the Borough, assisting agencies in all sectors to work together to meet children and young people's needs. The common language and culture also recognises that service responses must be directed at preventing vulnerability and risk, and meeting children and young people's needs at the lowest level of intervention.

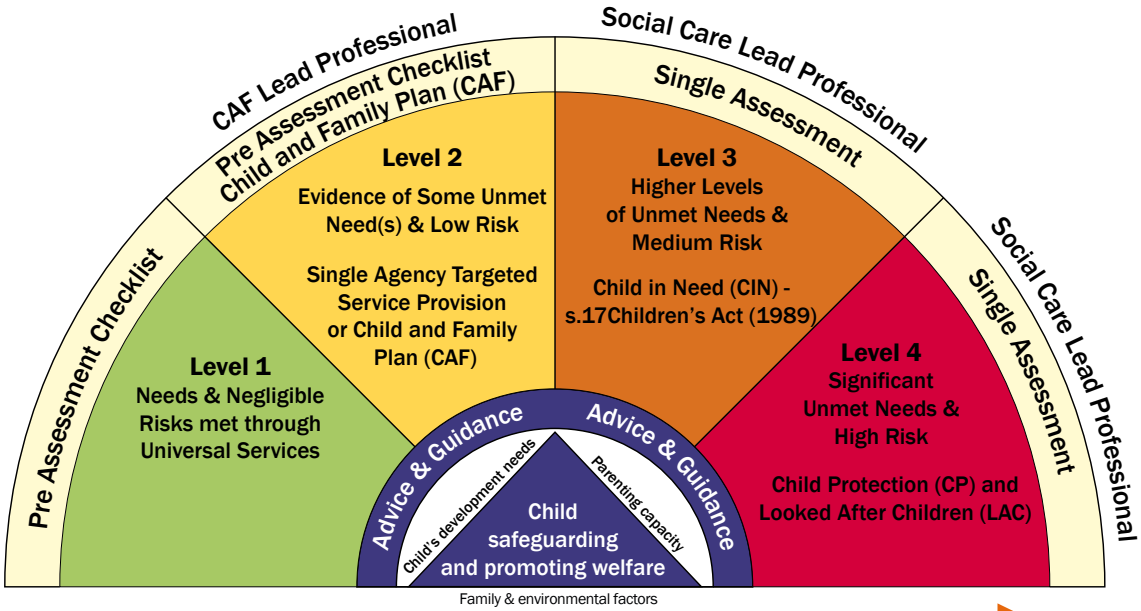
The framework has been agreed by the Health and Well-Being Board and the Local Safeguarding Children Board (LSCB) and will be used by all agencies, in the public, private and voluntary sectors that provide services for children, young people and their families.

## Principles

The CoNR framework is underpinned by the principles below and must be used by all agencies whose work brings them into contact with children, young people and their families (including the unborn child):

- The child's wellbeing and safety is paramount – during the process of assessment and in the provision of services, agencies will be child-centred, hearing the child's voice, taking into account the child's wishes and feelings and providing services that support their appropriate age and stage development;
- Children are the responsibility of their parents and where possible, brought up by their parents and family members – parents need support and challenge to do this well, however in a very small number of cases agencies may have to use statutory powers to assist parents; where parents do not co-operate with support services, or services do not reach their aim and this increases the level of risk, a child may have to be removed from their care so that the child can be protected and reach the best outcomes;
- Good parenting involves meeting children's basic needs of safety, warmth, love, stimulation, stable environments, consistent guidance and boundaries – these basic needs are met through knowledge, skills and support from the extended family, community resources and access to universal/targeted services – where parents require support to meet these needs it should be promoted as a positive step in taking responsibility, rather than demonstrating failure;
- Early identification of need and early provision of single-agency or multi-agency help is the most effective way to support parents and family members and avoids unnecessary intrusion into family life;
- All agencies should use the Blackburn with Darwen Assessment Protocol and Risk Management Model to assess a child's vulnerability, need and risk and adhere by the principles of assessment and the components of risk management set out in the protocol and model respectively; and
- Identification of need and risk leading to assessment and service provision must be holistic and integrated so as not to duplicate assessments, interventions and intrude unnecessarily into family life.

## Continuum of Need and Response Framework




If in doubt, consult the Advice and Consultation Social Worker in MASH

**Go straight to Level 4 as soon as risk of significant harm suspected**

The Blackburn with Darwen Children's Continuum of Need and Response (CoNR) Framework is a guidance tool to assist all those whose work brings them into contact with children, young people and their families (including the unborn child) to identify the level of help and protection required to ensure children grow up in circumstances that achieve their best outcomes.

## Continuum of Need and Response Framework

The table below defines the four levels of the framework and in the appendix there are more detailed need and risk indicators to help practitioners decide the appropriate level of service response and provision.

| Level | Risk & Need | Definition of the Level |
|---|---|---|
| Level 1 | Needs & Negligible Risk | **Universal Service Provision**<br>• Primary prevention services being accessed by parents/carers through universal service routes; effects of socio-economic disadvantage addressed<br>• Good enough parenting<br>• Social and emotional readiness for school and equipped for life<br>• Step Down from level 2: Provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives |

## Continuum of Need and Response Framework

| Level | Risk & Need | Definition of the Level |
|---|---|---|
| Level 2 | Evidence of Some Unmet Need(s) & Low Risk | **Single Agency Targeted Service Provision and Child and Family Plan (CAF)**<br>• Selective primary prevention services offered to vulnerable groups/areas<br>• Variety of unmet needs and 'underlying risk factors' that are not being met, making the child potentially vulnerable and requiring multi-agency early help to ensure the child maintains the capacity and protective factors to sustain satisfactory development<br>• Parenting and parental relationships requiring additional support and guidance<br>• Secondary prevention to respond quickly to low level problems to prevent them getting worse; interventions designed to stop falling into difficult circumstances<br>• Step Down from level 3: Provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives |
| Level 3 | Higher Levels of Unmet Needs & Medium Risk | **Child in Need (CIN) – s.17 Children Act (1989)**<br>• Unlikely to meet developmental milestones without concerted multi-agency support led by a social worker<br>• Variety of unmet needs and 'underlying risk factors' that are not being addressed (including resistance at CAF level to address), making the child vulnerable and unlikely to achieve good outcomes<br>• Tertiary prevention services including responding to serious problems and avoiding them becoming entrenched<br>• Step Down from level 4: Provision of prevention services to avoid long term suffering, monitoring of progress and access to tools/services required to transform lives |

## Continuum of Need and Response Framework

| Level | Risk & Need | Definition of the Level |
|---|---|---|
| Level 4 | Significant Unmet Needs & High Risk | **Child Protection (CP) and Looked After Children (LAC)**<br>• Reasonable cause to suspect the child is suffering, or likely to suffer, significant harm requiring immediate multi-agency management and service provision – **s.47 Children Act (1989)**<br>• Possible unaddressed 'underlying risk factors' and the presence of 'high risk indicator(s)'<br>• Child accommodated by the local authority due to: the child having no person who has parental responsibility for him/her; or, the child being lost or abandoned; or, the person caring for the child is prevented from providing suitable accommodation or care – **s.20 Children Act (1989)**<br>• Child is suffering, or likely to suffer (if a court order were not made), significant harm and that the harm, or likelihood of harm is attributable to the care given to the child (the care not being what it would be reasonable to expect a parent/carer to provide) – **s.31 Children Act (1989)**<br>• Tertiary prevention services including responding to serious problems and avoid them becoming entrenched |

## Continuum of Need and Response Framework

**The table above should be read together with the appendix to guide practitioners in making a decision about the appropriate assessment required and service provision to meet a child's need and reduce any risks. The indicators in the appendix cannot and do not replace professional judgement.**

Identifying clearly the correct level of a child's needs and risk is a complex task and practitioners should seek advice and guidance from their team manager and/or agency's designated safeguarding lead (or named safeguarding professional) prior to making any referral to another agency.

Where there are difficulties in identifying the correct level of need and risk, the agency's designated safeguarding lead should discuss any welfare concerns and child protection suspicions with a social worker; this is facilitated via the Advice and Consultation Social Worker (A&C SW) in the Multi-Agency Safeguarding Hub (MASH). All such discussions must adhere to the information sharing guidance set out below.

In the majority of cases, it should be the decision of the parents/carers, children or the young person to ask for help, however practitioners need to be alert to children's unmet needs and engage with parents/carers and children early to prevent difficulties escalating. Where children's needs are appropriately met, they will reach their potential and achieve good outcomes.

## Continuum of Need and Response Framework

Prior to contacting another agency for advice and guidance on the correct level of a child's needs and risk, including whether a referral to another service (including reporting to the Police) is required, all practitioners and mangers should consider the following:

- Do you require and do you have consent to share information, including informing the child and their parents/ carers that advice and guidance is being sought with the possibility of a referral being made?

- Are you clear about the reason for requesting advice and seeking guidance, including the desired outcome you are looking for?

- Do you have the following information to hand:

    * Child's name and other identification information;
    * Names and identification information of household members;
    * Names of agencies and professionals known to you to be currently and historically involved with the child and family;
    * Strengths and weaknesses of the child and family; and
    * Significant events in the child and family's life?

All internal or external advice must be clearly recorded including the agreed actions and the outcomes to be achieved from the action.

## Risk Sensible Assessments

In the course of all referrals for multi-agency action it is important to consider issues in relation to both children's unmet needs and the possibility that they may be at risk of harm.

When undertaking risk assessments it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk of harm. When making risk decisions, workers must carefully balance the benefits of taking protective action with the potential costs of such action in terms of stability and disruption of family life. **It is important to remember however, that in all circumstances, the safety of the child (including the unborn child) concerned must be the paramount consideration.**

Risk assessment is the process of getting information about the sources of possible harm to a child and balancing these with an assessment of the child's resilience and the family's strengths.

Risk assessments are most effective when they are completed on a multi-agency basis and typically lead professionals and social workers will contact other professionals who have knowledge of the child and family (such as schools, GPs, health services, probation and other adult services).

Following the assessment the information gathered is analysed (including parental ability and motivation for change) to predict the likelihood and impact of harm and appropriate plans are made to mitigate (reduce) the risk to which the child is exposed.

## Information Sharing

The collation of information on the child, its siblings, parents, carers and wider family members is vital to ensure the holistic needs of the child can be assessed and all risk factors analysed. Information may need to be collated, shared and accessed from a variety of agencies to ensure that all current and past issues are analysed to determine the immediate and future needs of the child.

Children are best protected when professionals are clear about what is required of them individually and how they need to work together with the child and its family and with other agencies. For the sharing of information to be lawful and proportionate, practitioners need to have clarity about gaining consent from parents, carers and children (in particular if aged 16 or over) to enable different agencies to share information with each other. Practitioners in all agencies must adhere to statutory requirements in the Human Rights Act and the Data Protection Act.

Consent to share information must be both 'informed' and 'explicit'. Informed consent means the person giving consent understands why the information is being shared, what will be shared, who will see the information, how the information will be used and the implications of sharing the information for the person giving consent. Explicit consent refers to all the elements of informed consent being discussed and clearly recorded.

Consent can also be 'implicit' and refers to situations when a child or parent(s) accept the need for a service that is recommended by a practitioner, and to receive the service will require the sharing of personal and/or confidential information. As consent has been obtained to refer for the service, implicit in the agreement is consent to share information about the child and/or family.

Obtaining explicit consent for sharing information is best practice and ideally should be gained in writing at the outset of any service provision. In the case of emergency services identifying safeguarding concerns, what information will be shared with other agencies should be explained during the process of providing the emergency service.

## Information Sharing

The table below outlines at each level of the continuum the required consent:

| Level | Risk & Need | Lawful & Proportionate Information Sharing |
|---|---|---|
| Level 1 | Needs & Negligible Risk | **Universal Service Provision**<br>• Informed and Explicit Consent required |
| Level 2 | Evidence of Some Unmet Need(s) & Low Risk | **Single Agency Targeted Service Provision or Child and Family Plan (CAF)**<br>• Informed and Explicit Consent required – where consent is refused for multi-agency information sharing for CAF, the parents/child should be informed that services will be limited to single agency provision, and where high risk indicators become apparent, it may result in sharing information legitimately without consent<br>• Implicit consent for targeted service provision is acceptable<br>• Once consent has been obtained, it remains in place for the episode of service provision, including step-down, or until parent/child withdraws consent |

## Information Sharing

| Level | Risk & Need | Lawful & Proportionate Information Sharing |
|---|---|---|
| Level 3 | Higher Levels of Unmet Needs & Medium Risk | **Child in Need (CIN) – s.17 Children Act (1989)**<br>• Informed and Explicit Consent required – where consent is refused for multi-agency information sharing, the parents/child should be informed that services will be limited to single agency provision, and where high risk indicators become apparent, it may result in sharing information legitimately without consent<br>• Implicit consent for CIN service provision is acceptable<br>• Where a practitioner has difficulty in identifying the correct level of need between levels 3 and 4, best practice will be to share information with consent<br>• Once consent has been obtained, it remains in place for the episode of service provision including step-down, or until parent/child withdraws consent |

## Information Sharing

| Level | Risk & Need | Lawful & Proportionate Information Sharing |
|---|---|---|
| Level 4 | Significant Unmet Needs & High Risk | **Child Protection (CP) and Looked After Children (LAC)**<br>• Best practice is to share information with Informed and Explicit Consent<br>• To overrule this requires a judgement to be made by a practitioner (including management oversight), that seeking consent may do one or more of the following:<br>- Place a child at risk/further risk of harm;<br>- Prejudices the detection of a crime; and/or<br>- Leads to an unjustified delay in making enquiries.<br>• Where consent has not been obtained, case notes must clearly provide evidence of one or more of the reasons above<br>• Where consent is sought and refused - if there is evidence or reasonable cause to believe a child is suffering, or at risk of suffering significant harm then case notes should<br>- Clearly record how consent was sought and refused; and<br>- Clearly record the practitioner and management's decision to proceed with enquiries/information sharing on the basis of the evidence/reasonable cause |

## Thresholds Disagreement Resolution

In most cases there are good working relationships between agencies, but very occasionally there will be a difference of professional views about the level of need, risk and service provision.

All differences in views should be resolved at a frontline team manager level between the agencies involved. Where differences cannot be resolved quickly at this level, all agencies should follow the procedure set out in section 8.1 of the Pan-Lancashire LSCB policy and procedures.

http://panlancashirescb.proceduresonline.com/chapters/p_resolving_prof_disagree.html

| | Health | Education | Emotional and Behavioural Development | Identity | Family and Environmental | Parenting Capacity |
|---|---|---|---|---|---|---|
| LEVEL 1: Needs & Negligible Risk Universal Services | Registered and accesses GP, dentist and ophthalmic services – all health advice accessed and followed<br><br>No repeated or persistent injuries, infections or infestations<br><br>Immunisations, development and medical appointments up to date<br><br>Child takes exercise, eats a healthy diet and has a healthy lifestyle<br><br>Child self care both age and developmentally appropriate<br><br>Meeting developmental (physical and mental) milestones | Regular attendance, age appropriate attainment and positive behaviours in education settings<br><br>Cognitive development appropriate<br><br>Good links between home and school/ nursery<br><br>Special educational needs met with positive parent and education links to identify and address needs<br><br>Making good progress in relation to age, aptitude and attitude; child experiences success regularly<br><br>Has access to appropriate stimulation through books, toys, play | Appropriate responses in accordance to age and stage of development<br><br>Displays secure and good quality attachment behaviours<br><br>Able to demonstrate sympathy and empathy<br><br>Capacity to concentrate and maintain attention – not overactive<br><br>Good mental health state<br><br>Able to adapt to change | Secure sense of self as an individual and as belonging to family<br><br>Sense of belonging both socially and culturally<br><br>Satisfactory sense of gender, sexuality and sexual health<br><br>Ability to make age appropriate choices that promotes their safety and wellbeing<br><br>Appropriate dress and social presentation<br><br>Age appropriate ability to voice opinion and make clear wishes and feelings | Accessing universal services and resources within the community<br><br>Income and resources used appropriately to meet child's needs<br><br>Accommodation has basic minimum amenities and appropriate facilities<br><br>Good, ordered and sociable family networks and friendships outside the family home | Good protective factors in place both within the home and within the community<br><br>Consistent warmth, praise, encouragement and safe care provision experienced by the child<br><br>Consistent guidance and effective safe boundaries<br><br>No substance misuse issues<br><br>Supportive relationship between parents and stable home environment; even when living separately<br><br>Parents and carers seek and access support when required to help promote the child's welfare |

## Level 1 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family's needs
- They are not exhaustive and no single indicator should be taken out of context
- If a child's needs are being met in accordance with the baseline above, this would indicate that the child is making good enough progress across all areas of their development and that parents are making the right choices and effort to mitigate all 'underlying risk factors' to help support the child's welfare and outcomes

## Response by Agencies:

- Signposting to appropriate universal services
- Offer of information and advice that is good quality and allows the parents/child to continue making their own informed choices, including step-down from level 2
- Routine single-agency assessments as requested by parents/child and recommended by national and professional guidance/best practice

| LEVEL 2: Evidence of Some Unmet Need(s) & Low Risk Single Agency Targeted Services or CAF | Health | Education | Emotional and Behavioural Development | Identity | Family and Environmental | Parenting Capacity |
|---|---|---|---|---|---|---|
| | Not registered with GP, dentist or ophthalmic services<br><br>Failing to attend, missed or re-arranged health appointments<br><br>Indications of developmental delay<br><br>Identification of dietary needs<br><br>Lack of exercise<br><br>Concerns around poor hygiene and self care skills<br><br>Behavioural and/or sleep issues<br><br>Identified mental health needs<br><br>Risk taking behaviour without accessing or knowledge of safety and health/sexual health risks<br><br>Identification of unmet health needs requiring co-ordination | Poor attendance and /or punctuality, poor behaviour, and below nationally expected attainment levels in education settings<br><br>Lack of concentration / tiredness / motivation / interest<br><br>Poor links between home and school<br><br>Lack of equipment, resources and uniform<br><br>Poor behaviour through bullying; withdrawn behaviour through being bullied<br><br>Low level learning difficulties and disabilities | Withdrawn, not in normal company of peers and adults<br><br>Low level offending or anti-social behaviour<br><br>Inability to control behaviour<br><br>Inappropriate responses to others<br><br>Indicators of depression<br><br>Episodes of missing from home | Low self–esteem<br><br>Low self–image<br><br>Low self-worth<br><br>Difficulties in relating to peers and appropriate adults<br><br>Spends considerable time alone<br><br>Experience of discrimination due to ethnicity, sexual orientation, disability or poverty<br><br>Poor presentation<br><br>Access to and presence /use of age inappropriate resources<br><br>Inability to voice opinion and make clear wishes and feelings<br><br>Parental health and social needs require the support of the child as a carer | Isolation and social exclusion in the community<br><br>Income and resources not used appropriately to meet child's needs<br><br>Debt impacting on household and child<br><br>Frequent house moves<br><br>Partners not introduced and their contribution to a child's life not explained<br><br>Lack of some basic amenities<br><br>Accommodation in poor repair<br><br>Lack of wider family and community support | Parenting requiring support to ensure consistency; inexperience through isolation, age, poor family examples<br><br>Fragmented attachments and relationships within family<br><br>Parental learning difficulties and disabilities affecting parenting<br><br>Parents require support for substance dependency<br><br>Lack of evidence of good attachment / bonding<br><br>Identified mental health issues requiring support<br><br>Domestic abuse identified in family<br><br>Parents and carers do not consistently seek and access support when required, to help promote the child's welfare and ensure safety |

## Level 2 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family's needs
- They are not exhaustive and no single indicator should be taken out of context
- If some of the child's needs are being met in accordance with the baseline above (level 1), but there is a single or cluster of needs identified in level 2, this would indicate that the child has some important unmet needs and unassessed 'underlying risk factors' that without intervention or support, including multi-agency co-ordinated support, their health and wellbeing may be impaired

## Response by Agencies:

- For **single** unmet need / unassessed 'underlying risk factor', signposting to appropriate universal and targeted services
- Offer of information and advice that is good quality and allows the parent and child to educate themselves regarding potential vulnerability and risks and assists the parents/child to continue making their own informed choices and help move down to level 1
- Routine single-agency assessments as identified by practitioners, requested by parents/child and recommended by national and professional guidance/best practice

- For a **cluster** of unmet needs / unassessed 'underlying risk factors', discuss with and persuade the parents/child that the range of needs are best addressed through a co-ordinated framework, through the Child and Family Plan(CAF); use the Pre-CAF Checklist with the parents/carers to identify the cluster of unmet needs
- Offer of information and advice through the use of a Child and Family Plan (CAF) that is good quality and allows the parents/child to educate themselves of potential vulnerability and risks, and assists the parents/child to continue making their own informed choices
- Multi-agency CAF assessment leading to a holistic and regularly reviewed Child and Family Plan
- Where there is resistance to multi-agency services from parents/carers at this level, need and risk should be regularly reviewed and where this escalates/likely to escalate, step-up to level 3
- Step-down from level 3 - the provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives

# Appendix – Indicators of Need and Risk

| | Health | Education | Emotional and Behavioural Development | Identity | Family and Environmental | Parenting Capacity |
|---|---|---|---|---|---|---|
| LEVEL 3: Higher Levels of Unmet Needs & Medium Risk CIN | Identified health needs and development delay not being met<br><br>Persistent missed appointments – non compliance with medical treatment and advice<br><br>Poor dental hygiene – widespread cavities<br><br>Mental health concerns not being addressed<br><br>Poor hygiene causing health difficulties<br><br>Complex health needs and children with disabilities<br><br>Risk taking behaviour impacting on safety and health/sexual health<br><br>Identified substance and alcohol misuse<br><br>Co-morbidity of health risks<br><br>Teenage pregnancy | Persistent absence from education<br><br>Significant under achievement; unlikely to meet age appropriate developmental and attainment milestones<br><br>Poor behaviour in school leading to regular exclusion, permanent exclusion or alternative education provision<br><br>Poor presentation and hungry<br><br>Poor home and school links | Presents as very anxious and withdrawn<br><br>Behavioural / emotional difficulties<br><br>Violent / abusive to others<br><br>Lack of self control in response to change or challenge<br><br>Risk to self and others<br><br>Risk taking behaviours<br><br>Unable to demonstrate empathy | Poor sense of belonging within the family<br><br>Poor self-esteem, self-image and self-worth<br><br>Feelings of self loathing<br><br>Regular experience of discrimination due to ethnicity, sexual orientation, disability or poverty<br><br>Persistent episodes of missing from home<br><br>No independent views or choices – child not listened to or wishes / feelings respected<br><br>Regular use of age inappropriate resources<br><br>Over reliance on others for support<br><br>Young carer not coping<br><br>Cannot maintain appropriate sibling, peer and/or adult relationships | Poverty<br><br>Poor housing<br><br>Homelessness<br><br>Isolated within the community<br><br>Transient – high levels of mobility<br><br>Victimised within the community<br><br>Income and resources not used to meet child's basic needs<br><br>Partners persistently not visible to professionals and their contribution to a child's life not explained/evident<br><br>No wider family and community support | Poor experience of parenting<br><br>Poor attachments and relationships<br><br>Distressed/ distracted parent<br><br>Repeated parenting inconsistency in following professional advice<br><br>History of offending impacting on the child<br><br>Problematic substance misuse and impacting on the child<br><br>Low protective factors<br><br>Domestic disputes<br><br>Mental health affecting parenting<br><br>Learning difficulties affecting parenting |

## Level 3 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family's needs
- They are not exhaustive and no single indicator should be taken out of context
- If only a minority of the child's needs are being met in accordance with the baseline above (level 1) and intervention at level 2 has not been successful leaving the child with a cluster of needs identified in level 3, this would indicate that the child has some very important unmet needs and unassessed 'underlying risk factors' that without multi-agency co-ordinated support, their health and wellbeing will be impaired and likely to lead to presentation with one or more high risk indicators

## Response by Agencies:

- For a cluster of unmet needs / unassessed 'underlying risk factors', discuss with and persuade the parents/child that the range of needs are best addressed through a co-ordinated framework led by a social worker, through the Child in Need (CIN) framework
- Offer of information, advice and services through the use of a CIN Plan that is good quality and allows the parent and child to address their vulnerability and risks and assists the parents/child to continue accessing multi-agency support to sustain their improvements
- Multi-agency 'Single Assessment' leading to a holistic and regularly reviewed CIN Plan
- Consider whether any crime(s) has been committed and report to the Police
- Where there is resistance to multi-agency services from parents/carers at this level, need and risk should be regularly reviewed and where this escalates/is likely to escalate, step-up to level 4
- Step-down from level 4 - the provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives

| | Health | Education | Emotional and Behavioural Development | Identity | Family and Environmental | Parenting Capacity |
|---|---|---|---|---|---|---|
| LEVEL 4: Significant Unmet Needs & High Risk CP & LAC | Repeated injuries, infections, infestations<br><br>Persistent failure to thrive for medical reasons<br><br>Unhygienic – causing significant and persistent health problems<br><br>Suspicion of non-accidental injury; unexplained injuries in pre/non-mobile child<br><br>Pre-birth medical advice not accessed and/or not followed<br><br>Personality disorders, uncontrolled mental health difficulties including periods of in-patient care<br><br>Refusing the appropriate medical care and advice Severe obesity<br><br>Fabricating or Inducing illness | Significant delay in cognitive and/ or language skills suspected through neglect<br><br>Considerable educational difficulties suspected through neglect<br><br>Failure to acquire skills appropriate to age, aptitude and ability<br><br>No school/ education attendance despite alternative provision<br><br>High levels of transience – regular changes of school affecting the ability to track progress | Persistent high levels of agitation, frustration, distress and/or disorganised emotions; inability to regulate emotions<br><br>Difficulties with attention and concentration impacting on self and others<br><br>Lack of sympathetic or empathic behaviour<br><br>Oppositional behaviour, aggression, self harm, dangerous behaviour<br><br>Indiscriminately friendly with people they do not know<br><br>Previous experience of abuse, neglect, violence or offending<br><br>Cognitive distortions about the use of violence and appropriate sexual behaviours towards others | Lack of secure sense of self as individual and as belonging to a family<br><br>Negative sense of self as being bad<br><br>Unable to make choices or assert personal views, wishes or feelings<br><br>Lack of sense of belonging either socially or culturally<br><br>No pride in appearance<br><br>Inability to keep self safe<br><br>Experience of hate crimes impacting on outcomes<br><br>Persistent episodes of missing from home with risk taking behaviour involved or suspected<br><br>Persistent use of age inappropriate resources; peer pressure on other children | Absence of warmth either within and/or outside the family<br><br>Abusive or abused by siblings and/or peers<br><br>Withdrawn, hostile or unable to be responsive<br><br>Transient – constantly high levels of mobility and homelessness<br><br>Siblings removed or relinquished<br><br>Partners persistently absent from professional view and reason for absence not explained; family functioning indicates a high reliance on one partner for the care of the child<br><br>Wider family and community support not conducive for the safe and effective care of the child<br><br>Forced Marriage, Honour-Based Violence | Failure to provide adequate basic care<br><br>Failure to protect from hazards in the home and/or community<br><br>Failure to accept responsibility for abuse / neglect<br><br>Unwillingness/ Inability to place child's needs first<br><br>Unreceptive, cold, critical, or punitive; unrealistic and age inappropriate expectations<br><br>Serious, problematic and chaotic substance misuse<br><br>Significant mental health disorders<br><br>Denies or legitimises violence in the home or other settings<br><br>Co-morbidity of issues – substance misuse, violence, mental health |

## Level 4 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family's needs
- They are not exhaustive and no single indicator should be taken out of context
- If only a minority of the child's needs are being met in accordance with the baseline above (level 1) and interventions at level 2 and 3 have not been successful, leaving the child with a cluster of needs identified in level 3 and one or more risks indicators identified in level 4 - this would indicate that the child is subject to high risk indicators that without multi-agency co-ordinated protective action, the child will continue to suffer significant harm, or is likely to suffer significant harm

## Response by Agencies:

- For high risk indicators inform the parents/child that the range of needs are best addressed through a co-ordinated framework led by a social worker, through the Child Protection (CP) framework
- Where there is evidence that the provision of care, accommodation and/or parenting is absent, resulting in the persistence of 'high risk indicators', the range of needs will be best addressed through a co-ordinated framework led by a social worker, through the Looked After Children (LAC) framework
- Offer of information, advice (including use of an advocate) and services through the use of a CP or LAC Plan that is good quality and allows the parents/child to address their risks and assists the parents/child to continue accessing multi-agency support to sustain their improvements
- Where the application of an emergency protection order could delay the immediate protection of a child, discuss with the Police the use of Police Protection Powers
- Consider whether any crime(s) has been committed and report to the Police
- Multi-agency 'Single Assessment' leading to a holistic and regularly reviewed CP or LAC Plan

## Contacts

| | |
|---|---|
| Children's Social Care/MASH: | (01254) 666400 |
| Advice & Consultation Social Worker (A&C SW): | (01254) 666403 |
| CAF Admin: | (01254) 666913/666914 |
| Adult Safeguarding Team: | (01254) 585957 |
| Safeguarding Unit | (01254) 585297 |