

Multi-agency Continuum of Need

September 2018



Supporting Children,
Young People and
Families

WAKEFIELD & DISTRICT
**safeguarding
children board**

1. Introduction

Context of the Guidance

Most children will have their needs met with support from family, friendships, and their community and via access to universal services. Some children and families will require additional help and a very small minority will need intervention aimed at protecting them from significant harm.

The Children Act 2004, states that local agencies, including the Police, Health and Education should work together to safeguard and promote the welfare of children. This was further strengthened by the Children and Social Work Act 2017 by placing new duties on key agencies, specifically the police, clinical commissioning groups and the local authority, to put in place effective arrangements to safeguard children and ensure that they receive the help that is needed at the earliest opportunity.

Working Together to Safeguard Children was revised in 2018 in response to these changes. The guidance states that safeguarding partners should publish a threshold document or continuum of need which sets out the local criteria for action and safeguarding in a way that is transparent, accessible and easily understood. This should include:

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

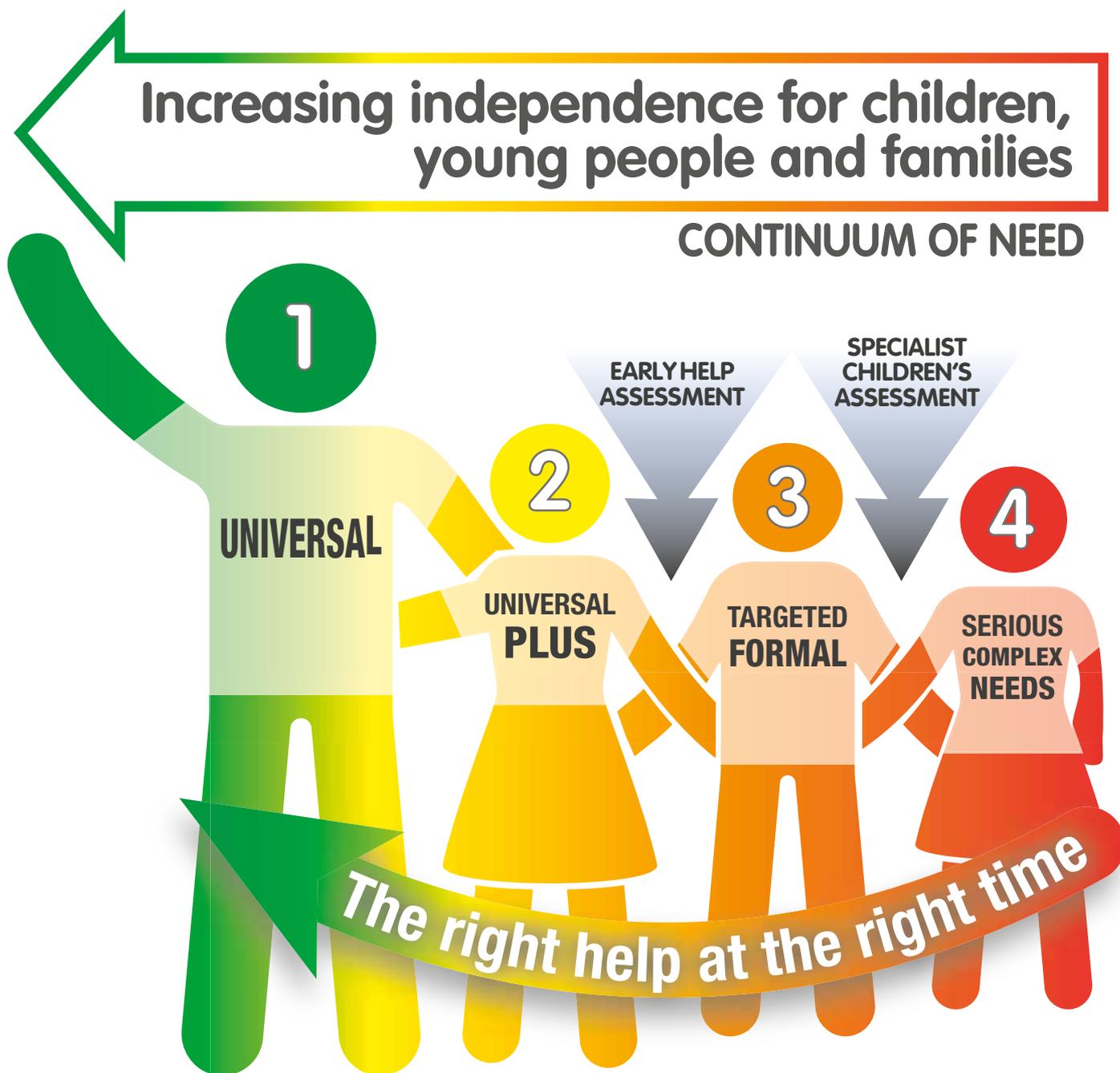
2. Purpose of the Guidance

Everyone has a responsibility in safeguarding children and it is important that there are clear criteria for taking action across this whole continuum. The purpose of this guidance is to provide information for people who work with children in making decisions about interventions so that children and families receive the right help at the right time from the most appropriate service(s).

This guidance:

- Sets out our levels of need and details the processes to be followed when unmet need has been identified (**Continuum of Need and Response - section 3**)
- Describes Early Help, when to provide early help, explains when to complete an Early Help Assessment and when to consult with Children's Social Care (**Early Help and Assessing the Need for Early Help - section 4**)
- When to conduct an **Education Health and Care (EHC)** assessment and when to refer to Education, Health and the Care Panel in line with the Children and Families Act 2014 (**Children with Special Educational Needs and Disabilities SEND - section 5**)
- Provides examples of possible indicators that will assist workers to establish the level of need and the response that is required (**Practitioners Guide - appendix 1**)

3. Continuum of Need and Response



Continuum

- Level 1 - Universal; Children and young people making good overall progress in all areas of their development, receiving appropriate universal services such as health and education.
- Level 2 - Universal plus; Children, young people and families are experiencing emerging problems, whose needs require some targeted support. They are likely to require early help / intervention for a time limited period, to help them move back to Universal (Level 1) and reduce the likelihood of being stepped up to Targeted Formal (level 3) and Serious Complex Needs (level 4).
- Level 3 - Targeted formal; Children, young people and families with identified vulnerabilities who are experiencing significant additional complex needs and are likely to require a more targeted, multi-agency co-ordinated approach. They are likely to require longer term intervention to help them move to Universal Plus (level 2) or Universal (level 1) services.
- Level 4 - Serious complex needs; Children, young people and families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. These acute needs may require statutory intensive support for children and young people to be protected. Children, young people and families receiving intervention for level 4 need are helped, where possible, in reducing the seriousness and complexity of need and are stepped down.

Response

This table tells you what action to take once you have identified the level of need using the practice guidance in this document. It provides information about when an Early Help Assessment is required, who provides support to the family and how to access support/ advice when completing an assessment.

The flowchart provides guidance on how to make a referral to the Children First Hubs and Children's Social Care. **Please note** that consultation and advice in the completion of an Early Help Assessment can be accessed by contacting the Children First Hubs directly:

Castleford / Pontefract

The Airedale Centre, The Square, Castleford, WF10 3JJ

01977 724350

Central Wakefield

City Limits, Thornhill Street, WF1 1NL

01924 303272

Featherstone /South East

Platform 1, Wakefield Road, Hemsworth, WF9 4AB

01977 722305

Rural / Normanton

Normanton Town Hall, High Street, Normanton, WF6 2DZ

01924 307878

A request for a service from the Children First Hub **requires a referral** through the Integrated Front Door on **0345 8 503 503**

Any concerns about a child having been seriously harmed or being at risk of serious harm should be reported immediately by telephone to the Integrated Front Door on 03458 503503. In an emergency always call 999. For out of hours help contact the Emergency Duty Team on 03458 503503.

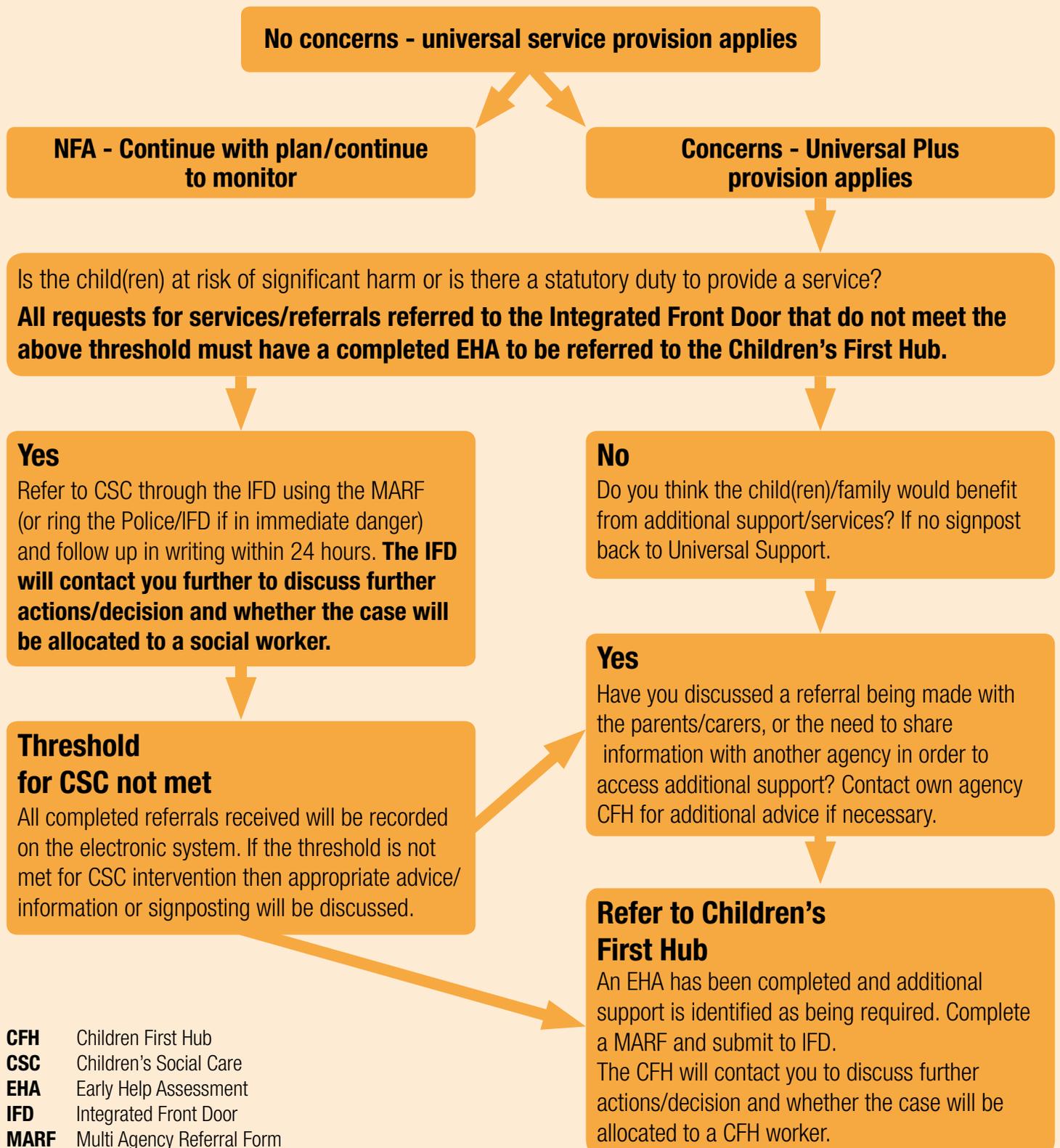


Level of need identified	Early Help Assessment required?	Referral/action/support
Level 1 Universal	No assessment required, signpost to Early Help	Child, young person, carer or family accesses relevant universal services for advice/support such as GP, school, dentist, children's centre and voluntary sector.
Level 2 Universal Plus	<p>If a single, clear issue or area of need is identified - Early Help Assessment (EHA) may not be necessary.</p> <p>If a number of concerns or needs at Level 2 are identified, an EHA must be undertaken. The EHA can be an assessment format that is already used by an agency. Alternatively, the EHA form can be completed.</p>	<p>Offer support yourself, work with a professional partner or direct the family to relevant universal or early help support service for additional support. Dependent on the outcome of the Early Help Assessment - access appropriate early help service/s. Consultation and advice in the completion of the EHA can be accessed through contacting the Children First Hubs:</p> <p>Castleford / Pontefract The Airedale Centre, The Square, Castleford, WF10 3JJ 01977 724350</p> <p>Central Wakefield City Limits, Thornhill Street, WF1 1NL 01924 303272</p> <p>Featherstone /South East Platform 1, Wakefield Road, Hemsworth, WF9 4AB 01977 722305</p> <p>Rural / Normanton Normanton Town Hall, High Street, Normanton, WF6 2DZ 01924 307878</p>
Level 3 Targeted Formal	If an Early Help Assessment has already been completed, new information should be sent to the services already involved, to update the EHA plan. If not already captured, EHA should be undertaken and recommendations made for services required to meet assessed levels of need	Once the EHA is completed and additional services are required from the Children First Hub then contact the Integrated Front Door on 0345 8 503 503 .
Level 4 Serious Complex Needs	Likely that an EHA has been completed 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 Social Care Direct through the Integrated Front Door on 0345 8 503 503 . Completion of a MARF (Multi-Agency Referral Form) will be requested.

Decision making pathway for Children's First Hubs or Children's Social Care

Request for Service/ Referrals can be made by any professional where there are concerns about a child or additional support services are required.

Advice, guidance and support can be provided prior to a referral being made. For Early Help Advice at all levels of need contact the local Children First Hub. For advice from Children's Social Care contact the Integrated Front Door on 0345 8 503 503.



CFH Children First Hub
CSC Children's Social Care
EHA Early Help Assessment
IFD Integrated Front Door
MARF Multi Agency Referral Form

Integrated Front Door ☎ 0345 8 503 503
Emergency Duty Team ☎ 0345 8 503 503

🌐 wakefieldscb.org.uk/professionals-and-practitioners/professional-referral/

Children First Hubs:

Mid Wakefield ☎ 01924 307878
North East ☎ 01977 724350
South East ☎ 01977 722305
Wakefield West ☎ 01924 303272

Step-up and step-down through the levels

It may be that as a result of assessment and support from statutory services the family no longer need statutory services, however continued support for the family at a lower level of intervention may still be needed. In this case the family will be 'stepped down' to another service. A child receiving services at Level 4 may require support in the future at Levels 2 and 3. A child receiving support at Level 3 may move to Universal Services for their needs to be met.

Where a family have been receiving a service from a single agency or where an Early Help Assessment has been in place, but over time it becomes apparent that the family's needs have not been met, it may be appropriate to provide a service at a different level. A child or young person for example, who was receiving a service at level 2, may need to receive a more coordinated response within Level 3. Similarly, a child in Level 3 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Level 4.

Not all children will move up and down the levels of support in a sequential manner. Problems may arise which will require an immediate high level response, such as a child protection issue. In these instances, a referral must be made to Social Care Direct through the Integrated Front Door to ensure the matter is fully investigated.

4. Early Help and assessing the need for Early Help

Early Help Explained

The **Early Help Strategy** has been developed to deliver a co-ordinated approach to multi-agency locality working (insert link to Early Help Strategy Here). This provides Wakefield Council and its partners with a framework to ensure the delivery of efficient and effective services to families. The priority is to deliver intervention which is early and focused for children, young people (0-19 or 0-25 for a child with a disability) and their families who have been identified as being most at risk of needing support from a specialist service.

Providing early help is more effective in promoting the welfare of children than reacting later when problems have become entrenched early help means providing support as soon as a concern emerges, at any point in a child's life, from their foundation years through to teenage years.

The effectiveness of early identification is underpinned by professional responsibility both of the referring and of the receiving agency to ensure that if a family does not meet the threshold for specific services, that action is taken to prevent the lower level needs escalating, whilst also being alert to identifying children who without support will not reach their full potential.



The responsibility is, therefore, on all professionals from across the partnership to identify emerging concerns and potential unmet needs for individual children and families, irrespective of whether they are providing services to children or adults. The professionals working mainly in universal services are best placed to identify children or their families, who are at risk of poor outcomes. These will be in health services, such as midwives, health visitors, GPs and school nurses, in Children's Centres, or in education provision at any age from early years onwards.

Working Together 2018 recommends that professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

Early help services are integral to the transition of families from Children's Social Care services to less intensive support and in turn helping reduce the need for high level support and statutory intervention.

Assessing the Need for Early Help

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be a multi-agency assessment. These **Early Help Assessments** should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.

A **lead practitioner** should undertake the assessment, identify and provide help to the child and family, and act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

Voice of the Child

For an Early Help Assessment to be effective, it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living. The voice of the child should be evident throughout the assessment and should inform planning and the type of support provided.



Safety

The Wakefield partnership has adopted the **Signs of Safety** approach to assessment and practice which has a common language for all practitioners. This strengths based approach uses three questions when considering a child and their family.

1. What are we worried about?
2. What's working well?
3. What needs to happen next?

When answering these questions, it is important that practitioners consider the child's circumstances holistically in terms of child development, parenting capacity, family and environmental factors. This provides a structured focus for the discussions that take place with a child, family or each other when we believe that children's needs are not being met or that they may be at risk of harm.

In cases where consent is not given for an Early Help Assessment, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to Social Care Direct through the **Integrated Front Door**. This referral can be made by any practitioner.

Ultimately, meeting children's individual needs and the effective safeguarding of children can only be achieved by **putting children at the centre** of the system, and by every individual and agency playing their full part and working together effectively. Many failures in the safeguarding system have occurred when professionals have lost sight of the needs or views of children.

The **Children First Hubs** are designed to provide additional structure and governance to the provision of early help to families in the Wakefield District and to ensure that professionals offering early help are supported to provide the right services to families at the right time.

There are four Children First Hubs across Wakefield District. The Children First Hubs combine a variety of early help professionals and services in locality based centre where they can work closely together to provide support to families across the entire continuum of need. The Children First Hubs will enable these professionals to work together and support and learn from each other.

Each Children First Hub has developed close links with other services in their area including the local schools and voluntary sector groups as well as specialist and targeted services including the Safeguarding and Family Support Service Locality Safeguarding Teams. These close links will ensure that support to families is coordinated and should enable the level and intensity of service provision to increase or decrease with the family's needs.



5. Children with special educational needs and disabilities (SEND)

Professionals should always consider the additional vulnerabilities which may exist for a child or young person with special educational needs and/or disabilities because of mobility, communication or dependence needs. Decisions should not be reached based on comparisons to developmental stages of non-SEND children but be taken based on a full understanding of the nature and impact of the child's or young person's special and additional needs.

While children and young people are identified by schools and early help providers as needing help in schools due to their SEND, in most cases they will be well supported by the school or by a referral to the appropriate specialist team who can provide additional help. This would normally still be seen as being at Level 2 Universal Plus in the continuum of need. In these cases the child or young person would not need to have an Early Help Assessment and would not qualify for an Education, Health and Care Plan (EHCP).

If however the needs of the child or young person, including any emerging needs, indicate that a multi-agency response is required then consideration must be given to which type of assessment and plan would be most appropriate.

If it is clear that the child's additional needs are brought about by their SEND and wider issues are not apparent, then an Education Health and Care plan should be created. This would still be at Level 2 Universal Plus of the continuum of need. If, however there appear to be other support needs, brought about by, for example, compromised parenting or behavioural

issues in the child not necessarily linked to their SEND, then an Early Help Assessment should be undertaken in addition to the EHCP. Every opportunity should be taken to merge these two plans to prevent duplication. The assessment and review processes should be merged and the Lead Professional should coordinate both processes through one assessment, planning and review process. The EHA meeting must review both plans. This would be at Level 3 of the continuum of need.

If the child's or young person's needs reach a level where statutory intervention by social care is required then this would require a level 4 Safeguarding approach. This would be either through a Child in Need Plan, Child Protection Plan or Care Plan. This would be the case if the child or young person requires respite care or intensive support packages or if the child cannot live at home due to complex, life-threatening or terminal illnesses. If in addition to the SEND the child or young person is suffering or likely to suffer from significant harm as a result of abuse or neglect then the child or young person will become the subject of a child protection plan. In these cases the child or young person will be supported by a multi-agency plan, co-ordinated by a suitably experienced social worker.

The first point of call for information, advice and signposting if you are a professional working with the family, is to contact **Barnardo's Wakefield Early Support Advice Information and Liaison (WESAIL)**. The service provides **access to free, accurate and impartial information, advice and support about matters relating to special educational needs and or disability**. This includes issues related to health, education, social care and around personalization and personal budgets. The **WESAIL** service can also offer targeted short term support along with workshops and training for parents of children with additional needs.



Appendix 1- Practitioners Guide

Features	Level 1 - Universal Services Example indicators These indicators are meant as a guide but rely on professional analysis and interpretation.	
Level 1- 'Universal': children, young people, carers and families with no additional needs who may from time to time require support that can be met within Universal Services.	Development needs	Key Partner Support Agencies: <ul style="list-style-type: none"> • Health visiting service • Midwifery • School Nursing • GP • Children First Hubs • Youth support services • Police • Housing • Voluntary and Community Sector • Early years childcare settings • Schools (including SEN support) • Online counselling services • Parenting groups • Adult mental health • SALT and drop in • Sexual health services • Dentist • Ophthalmic services • Nurseries
	Learning/education <ul style="list-style-type: none"> • General development is age appropriate • Achieving education key stages • Good attendance at school/college/training • No barriers to learning Planned progression beyond statutory school age	
	Health Good physical health with age appropriate development, including speech and language	
	Social, emotional, behaviour, identity <ul style="list-style-type: none"> • Good mental health and psychological wellbeing • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active 	
	Family and social relationships <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs 	
	Self-care and independence <ul style="list-style-type: none"> • Age appropriate independent 	
	Family and environmental factors	
	Family history and wellbeing <ul style="list-style-type: none"> • Supportive family relationships 	
	Housing, employment and finance <ul style="list-style-type: none"> • Child fully supported financially • Good quality stable housing/amenities 	
	Social and community resources <ul style="list-style-type: none"> • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities 	
	Parents and carers	
	Basic care, safety and protection <ul style="list-style-type: none"> • Parents able to provide care for child's needs 	
	Emotional warmth & stability <ul style="list-style-type: none"> • Parents provide secure and caring parenting - praise and encouragement 	
	Guidance boundaries and stimulation <ul style="list-style-type: none"> • Parents provide appropriate guidance and boundaries to help child develop appropriate values 	

Features	Level 2 - Universal Plus example indicators These indicators are meant as a guide but rely on professional analysis and interpretation.	Assessment process
<p>Level 2 - 'Universal Plus' means that a family's needs can be met by a universal service offering extra support within its own remit or by signposting or working together with another service where applicable. They are likely to require early help / intervention for a time limited period, to help them move back to Universal (Level 1) and reduce the likelihood of being stepped up to Targeted Formal (level 3) and Serious Complex Needs (level 4).</p>	<p>Development needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • Limited access to books, toys or educational materials • Occasional truanting or non-attendance and poor punctuality • Poor stimulation • Some fixed term exclusions • Identified language and communication difficulties • Few or no qualifications • NEET • SEN support at school level <p>Health</p> <ul style="list-style-type: none"> • Slow in reaching development milestones • Overdue immunisations or checks • Minor health problems • Inadequate diet e.g. no breakfast, being under/overweight • Dental problems and untreated decay - poor dental hygiene • Bedwetting or soiling • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to the procedure <p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Difficulty making and sustaining relationships with peers and • Early onset of sexual activity or at risk of early pregnancy with family • Lack of confidence/low self-esteem which affects behaviour • Social isolation development • Lack of positive role models • Child subject to persistent discrimination • Exhibits antisocial/antiauthoritarian behaviour • Emerging concerns in relation to attachment • Low level mental health or emotional issues requiring • Low level concern about child being radicalised or exposed to intervention extremism • Children involved in bullying or low level cyber bullying • Resistance to boundaries and adult guidance • Lack of empathy • Exhibits aggressive challenging behaviour <p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate self-care skills and independent living skills that increase vulnerability to social exclusion 	<p>Key Partner Support Agencies:</p> <ul style="list-style-type: none"> • Health visiting service • Midwifery • School Nursing • GP • Children First Hubs • Youth support services • Police • Housing • Voluntary and Community Sector • Early years childcare settings • Schools (including SEN support) • Online counselling services • Parenting groups • Adult mental health • SALT and drop in • Sexual health services • Dentist • Ophthalmic services • Nurseries

Features	Level 2 - Universal Plus example indicators These indicators are meant as a guide but rely on professional analysis and interpretation.	Assessment process
	<p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which affect the child • Low level inter-sibling violence and aggression • Child has some young carer responsibilities • Unresolved issues arising from parents separation and family • Family is socially isolated reconstitution or bereavement <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Overcrowding in poor housing conditions • Families financial resources impact on child's basic physical • Housing arrangements are temporary or unsecure needs being met • Unsecure or unknown immigration status • Serious debt or rent arrears <p>Social and community resources</p> <ul style="list-style-type: none"> • Families are victim of hate crime • Associating with anti-social or criminally active peers • Poor access to leisure and recreational amenities and activities • Risk of gang involvement or vulnerability to gang activity/exploitation <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Inappropriate child care arrangements • Some exposure to dangerous situations in the home or community • Low level concerns about parental alcohol or substance use • Young or inexperienced parents • Parental lack of insight into effects of child's exposure to parental conflict <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person • Failure to pick up on the child's emotional cues <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Lack of routine and inconsistent boundaries • Poor supervision within the home • Low level physical chastisement that does not cause physical injury • Inappropriate parental chastisement e.g. puts child in stress positions • Threatening and menacing behaviour towards the child 	

Targeted Formal		
Features	Level 3 - Targeted Formal example indicators These indicators are meant as a guide but rely on professional analysis and interpretation.	Assessment process
<p>Level 3 - 'Targeted Formal'; Children, young people, carers and families with identified vulnerabilities who are experiencing significant additional complex needs and are likely to require a more targeted, multi-agency co-ordinated approach. They are likely to require longer term intervention to help them move to Universal Plus (level 2) or Universal (level 1) services.</p>	<p>Development needs</p>	<p>Where practitioners identify that a child and their family would benefit from a more intensive response than they can provide, they should discuss this with the family and complete an Early Help Assessment.</p> <p>The Early Help Assessment needs to identify the child's and family's needs and develop a plan to address these. Guidance and support can be accessed through the Children First Hubs.</p> <p>A more intensive level of family support may be needed from the Children's First Hubs.</p> <p>These indicators are meant as a guide but clearly rely on professional analysis and interpretation. If you are in doubt about whether the child's circumstances are at level 3 or 4 you can ask for a consultation with a qualified social worker at the Integrated Front Door.</p>
	<p>Learning/education</p> <ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent absence from school • SEN school support or EHCP truanting • No access to books, toys or educational materials • Children who are electively home educated where there are concerns that their educational needs are not being consistently met • Inadequate stimulation leading to developmental problems • Parent does not engage with school and actively resists support 	
	<p>Health</p> <ul style="list-style-type: none"> • Child has some chronic/recurring health problems or a disability • Mental health issues emerging e.g. conduct disorder, ADHD, badly managed anxiety, depression, eating disorder, self-harming • Developmental milestones not being met due to parental care • Failure to engage in antenatal services • Regular substance misuse • History of FGM in family • Lack of food • Parent has undergone FGM procedure but risk of child being subject to procedure is unknown and needs to be further assessed • Unsafe sexual activity • Self-harming behaviours • Growing professional concern about fabricated and induced illness but there is no current evidence of significant harm 	
	<p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Evidence of regular/frequent drug use which may be combined with other risk factors • Child under 18 is pregnant where there are significant social family concerns • Evidence of gang affiliation and gang related activities • Low or medium level indicators of CSE • Concern about child being radicalised or exposed to extremism • Child or young person engaging in risk taking behaviours • Starting to commit offences and reoffend • Mental health/physical needs impact adversely on the care of the child • Prosecution of offences resulting in court orders • Child is engaging in cyber activity that potentially places others or themselves at risk of harm • Significant low self esteem • Clear concerns about parent and child attachment 	
	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety 	

Features	Level 3 - Targeted Formal example indicators These indicators are meant as a guide but rely on professional analysis and interpretation.	Assessment process
	<p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Parental illness or disability leading to inability to provide basic care • History of ongoing domestic violence • Risk of relationship breakdown leading to child possibly becoming looked after • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Child is a young carer and this is adversely impacting on their development and welfare • Destructive or unhelpful involvement from extended family <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Severe overcrowding, temporary accommodation, homeless • Intentionally homeless unemployment <p>Social and community resources</p> <ul style="list-style-type: none"> • Family require support services as a result of social exclusion • No recourse to public funds • Parents socially excluded, no access to local facilities • Families financial resources seriously compromise child's basic physical needs being met/their general wellbeing <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Child is left at home alone but this does not seriously place them at significant risk • Inappropriate child care arrangements which are consistently prejudicing the child's safety and welfare • Health and safety hazards in the home • Escalating concerns that parental alcohol or substance use is adversely impacting on the child • Parent fails to prevent child's exposure to potentially unsafe situations through cyber activity <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting impacting emotional or behavioural development • Parent is unresponsive or fails to recognise child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses 	<p>Key Partner Support Agencies</p> <p>Mental health services Health</p> <p>Schools</p> <p>Education and Inclusion Family support</p> <p>Drug and alcohol services</p> <p>Voluntary & community services</p>

Features	Level 4 - Serious/ Complex These indicators are meant as a guide but rely on professional analysis and interpretation.	Assessment process
Level 4 - Serious complex needs; Children, young people and families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is extreme concern for their safety. These acute needs may require statutory intensive support for children and young people to be protected. Children, young people and families receiving intervention for level 4 need are helped, where possible, in reducing the seriousness and complexity of need and are stepped down.	Development needs	Immediate safeguarding concerns/child protection
	Learning/education <ul style="list-style-type: none"> Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving and the parent has consistently failed to cooperate with services at the early help level to address this Children who are EHE where there are significant concerns that the child's educational needs are not being met Inadequate stimulation leading to significant developmental delay 	If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to
	Health <ul style="list-style-type: none"> Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, specific physical or medical conditions which require specialist interventions Concern about serious unexplained injury Persistent presentation to professional with injuries: raising concerns about child safety/ parental behaviour Child is at serious risk of FGM There is evidence of FGM from a lead clinician 	Where an immediate response is required because of the child's physical / medical health dial 999 for an ambulance. Where a child's safety is at immediate risk contact the police by dialling 999.
	Social, emotional, behaviour, identity <ul style="list-style-type: none"> Serious persistent offending behaviour attributable to neglectful absent parenting Allegations of child on child sexual harmful behaviour Serious concerns that the child is being sexually and criminally exploited Child under 16 is pregnant where there are significant social family concerns Safety and welfare seriously compromised by gang involvement and parents failure to manage these significant risks Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent Frequently go missing from home for long periods which seriously compromises the child's safety and wellbeing Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent Child goes missing and child's age/level of vulnerability means that welfare and safety is seriously compromised 	After any immediate protective action has been taken you need to speak in person to children's social care. If this incident occurs out of hours contact EDT service. You will be required to complete the Multi-Agency Referral Form.
Self-care and independence <ul style="list-style-type: none"> Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm 		

Features	Level 4 - Serious/ Complex These indicators are meant as a guide but rely on professional analysis and interpretation.	Assessment process
	<p>Family and environmental factors</p> <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Clear evidence that a family is destitute <p>Social and community resources</p> <ul style="list-style-type: none"> • High levels of domestic violence that put the child at serious risk • Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after • Child is young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is subjected to physical, emotional, sexual abuse or neglect • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse • Child is privately fostered • There is nobody with parental responsibility to ensure the child's wellbeing and stability of care • Unaccompanied minors • Trafficked children <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child • Parent has a history of being unable to care for previous children • Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network <p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting significantly impairing emotional or behavioural development <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child 	<p>Additional key agencies that may provide support at this level:</p> <p>Children's social care</p> <p>Youth offending team CAMHS</p> <p>Family support service</p> <p>Voluntary and community services</p> <p>In the event of any concerns about Prevent please contact:</p> <p>Michelle Dunne 01924 306645, mdunne@wakefield.gov.uk</p> <p>or</p> <p>Rachel Payling 01924 305352, rachelpayling@wakefield.gov.uk</p> <p>and</p> <p>CTULEEDS.INTEL@WESTYORKSHIRE.PNN.POLICE.UK</p>

