St Helens Safeguarding Children Partnership

ST HELENS CARES

ST HELENS DESCRIPTIONS OF NEED

2023 - 2026

St Helens
Safeguarding Children
Partnership

Contents Page

Welcome: 'A co-ordinated approach – safeguarding is everyone's responsibility'

Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.' (Paragraph 16 – Working Together to Safeguard Children 2018 – updated 9 December 2020).

This guidance has been developed in consultation with partners with this fundamental principle at its core. It is essential that all members of the children's workforce, and those that come into contact with adults who care for or who are connected with children, are familiar with Working Together and through its application, are able to demonstrate a commitment to supporting children and their families at the earliest point of identified need.

In addition to consultation with partner agencies, parents, carers and community members were consulted. Their feedback has informed in particular the language used within the Descriptions of Need, ensuring as far as possible information contained is as accessible as possible.

This Descriptions of Need Guidance was first published in 2018. Since then, the thresholds between the levels of support have been validated by Ofsted during a series of monitoring visits, culminating in the full Inspection of Local Authority Children's Services (ILACS) of 2023.

In 2020 the St Helens Safeguarding Children Partnership (SSCP) agreed to adopt 'Signs of Safety'. This guidance has been updated to include information in relation to this model.

As a Partnership, we have also conducted work on the factors and vulnerabilities which disproportionately affect our children, young people and families in St Helens. Most significantly these are:

- **Neglect** - The harm resulting from neglect can be wide-ranging, apparent in multiple domains of a child's life and can manifest across a young persons life course. The impact of neglect harm is also understood to be cumulative.
- **Domestic Violence and Abuse (DVA**) 16% of contacts to Childrens Social Care list DVA as the *primary contact* reason, with a significantly higher proportion of contacts listing DVA as an additional risk factor. (data from 2022 – 2023);
- **Extra-familial harm / harm outside the home (contextual safeguarding)** – for example, the impact of sexual and criminal exploitation, organised crime and grooming on our young people; and
- **A disrupted educational pathway, poor school attendance, suspensions, exclusions and school instability** which are common denominators in the circumstances of a number of young people who have adverse childhood experiences including trauma and abuse are caught up in youth disorder, anti-social behaviour and offending.

Recognising and responding to these factors has been included in the updated 2023 2026 Descriptions of Need Guidance.

"In St Helens we are committed to ensuring children, young people and their family's needs are identified and supported when they need it, and at the level which enables them to thrive and be safe."

Introduction

It is important children and young people in St Helens grow-up feeling safe and supported and achieve their full potential throughout childhood, teenage years and into adulthood. As every child and family is unique and situations change, and communities are becoming more diverse. Children, young people and their families have different levels of need which may alter over time.

The aim of this document is to provide professionals working in partnership with families to assess the level of need and to plan the offer of support children and families may require. This support may include more than one service working together, support the child and family. Having a thresholds document and associated guidance is a requirement of Working Together to Safeguard Children (1), which is government guidance on inter-agency working to safeguard and promote the welfare of children.

This document replaces the 2014 'Threshold of Need' and 'Continuum of Need' documents. This document and associated guidance are set within the context of the work of the St Helens Safeguarding Children Partnership plan, the "*Think Family*" approach, and the St Helens Early Help Strategy. The *"Think Family"* approach was developed to improve the support offered to vulnerable children and adults within the same family. Individual needs are looked at in the context of the whole family, so those who use services are seen not just as individuals but as parents, carers or other family members.

All agencies and organisations in St Helens operate within the levels (thresholds) for delivery of services, working collaboratively to identify needs and provide support as soon as worries arise. As the level of need increases, services become increasingly targeted and specialised. There are also some differences in the processes used.

To inform any assessments undertaken at any of the levels, professionals should take into account the vulnerabilities within the family, the parents'/carers' views about their situation, and the lived experiences of children and young people to help understand impact.

The purpose of this document is:

- To provide families and professionals with a practical understanding of the levels of need to support professional judgement and decision making.
- To help families and professionals to better understand the services and support available across the levels of need.
- To ensure both strengths and needs are assessed equally, and action plans are formulated and agreed.
- To encourage more professionals to feel confident to offer help at the earliest opportunity and to work closely with other agencies.
- For families to feel supported so they are encouraged and enabled to find their own solutions and be proactive in engaging with services as required.

The four levels of need are:

- **Level 1 – Universal**: Children and young people, including those with needs, whose needs are met by family, community and universally provided services.
- **Level 2 – Early Help:** Children may have low levels of need or be susceptible to poor outcomes and would benefit from additional support and services to help them overcome difficulties. At this level, professionals may offer single agency support or complete an EHAT assessment, taking account of the whole family's needs and strengths.
- **Level 3 – Child in Need:** Children have a higher or more complex level of need requiring a multi-agency response, offering targeted support to improve outcomes. Children at this level meet the legal level (threshold) for a Child in Need assessment (Section 17) and should be referred to Contact Cares using a service request form to: adultandchildrenteam@sthelens.gov.uk.
  The Contact Cares Team should only be alerted via phone calls if concerns relate to level 4.
- **Level 4 – Child Protection:** Children or young people who are experiencing very serious or complex needs, that are suffering or at risk of suffering significant harm. Their needs will be such that they require intensive support from specialist services. Children at this level meet the statutory level for Child Protection (Section 47 (1)) and should be referred to Contact Cares, telephone number **01744 676767**, The Emergency Duty Team operates outside normal office hours (Monday to Thursday 5pm to 9am, Friday 4.30pm to 9am, and weekends & bank holidays 9am to 9am) and can be contacted on **0345 050 0148** . Concerns should be followed up in writing, using a service request form (SRF), within 4 hours. For an example of what makes a good referral click here.

This document includes a summary of the levels (previously known as thresholds), a description of the levels of need and the processes used, and the Assessment Framework, which is used to outline the indicators of need. This is followed by chapters on support for families and professionals and useful sources of further information.

Signs of Safety

Signs of Safety is an evidence-based, questioning approach, that keeps the child at the centre of the work we do with them and their family.

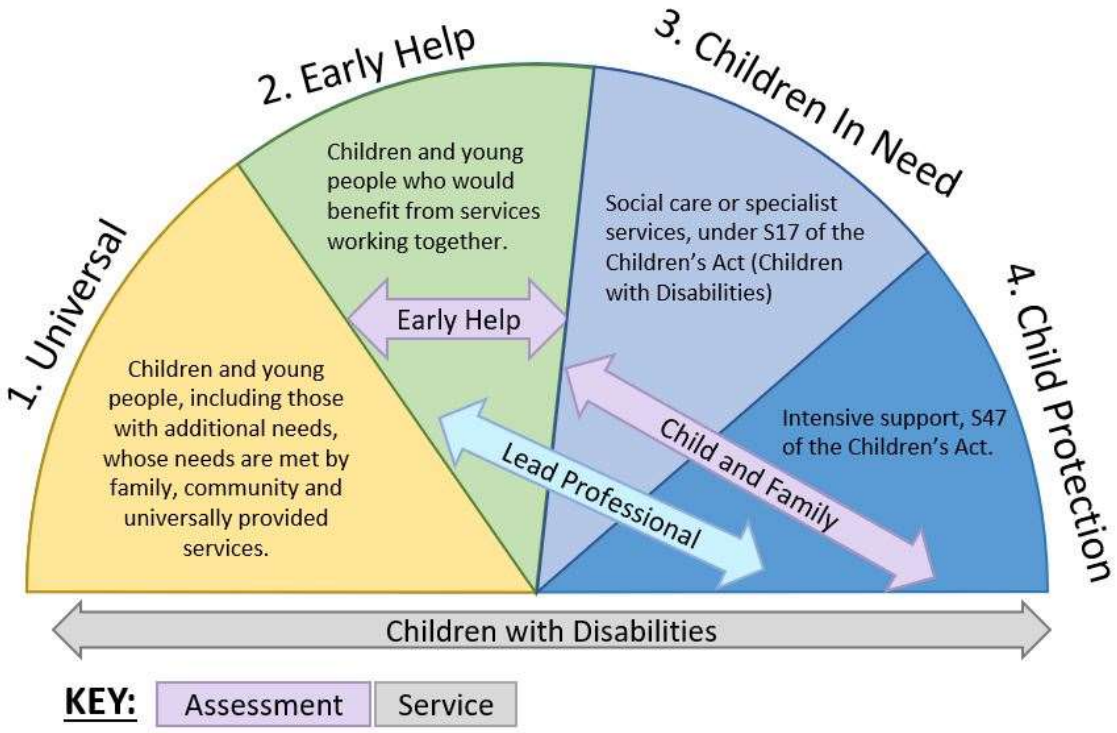
The Signs of Safety model helps to identify what is working well for the family as a starting point for support and planning. It allows us to learn what the family wants and how they think changes can be made.

In St. Helen's, this approach will be embedded in practice from Early Help, through to Child Protection cases. For further information and guidance on Signs of Safety click here

Chapter 1: Description of the four levels of need

The four levels of need are summarised in the diagram below. The descriptions of the levels are intended to help decision making in relation to considering levels of need and strengths; they should not be viewed as a replacement for professional judgement and line management advice. The levels are a guide; the needs of children, young people and families do not easily fit into categories or boxes.

Diagram 1: Summary of the four levels of need



When using the descriptors, practitioners must consider a number of different risk factors and their impact. For example, there may be a child whose needs are in the main met, however the presence of a specific risk factor may lead the professional to consider that a specialist assessment is required. Professionals must consider the negative impact on the child or young person when a set of risk factors have been present for an extended time period. The number and length of time risk factors are present has a cumulative effect. Analysis of the available information and observations should inform next steps in relation to the child's/children's plan, and timescales for the plan to be implemented.

Research and experience indicate that babies are extremely vulnerable, and that work carried out in the antenatal period to assess risk and to plan intervention will help to minimise harm. For more information see the Pan Merseyside Protocol Click here.

For children with Special Educational Needs and Disability (SEND), schools and other professionals should refer to the SEND Code of Practice, which references the need for a graduated approach (2).

- A description of each level follows in the tables on the next few pages. Where there is identified harm or risk of suffering significant harm, Children's Social Care should be contacted immediately via Contact Cares on **01744 676767** during office hours. The Emergency Duty Team operates outside normal office hours (Monday to Thursday 5pm to 9am, Friday 4.30pm to 9am, and weekends & bank holidays 9am to 9am) and can be contacted on **0345 050 0148**. If a child is at immediate risk call **999** immediately. (For an example of what makes a good referral click here).

Table: Description of the four levels of need	
Level 1: Universal	
Definition	• Children and young people, including those with additional needs, whose needs are met by family, community and universally provided services. • Universal services have long(er) term involvement with majority of children and families and play a key role in helping them throughout stages of life. Universal services are best placed to help and support children and families to resolve need at this level. • All services should help support children and families to find their own solutions. • Sometimes children and families need more structured and focused help, for example, when they are going through challenging times. One professional may be able to provide the extra help that is needed or help the family to identify where to access the right help.
Example	• Children and young people, who reach their full potential, make good overall progress through the care of their families, communities and the support of a range of universally provided services; this could include welfare rights, debt management, health issues or behaviour management strategies in the home. • For instance a school nurse or learning mentor is encouraged to offer support where they can, and where formal assessment and planning is not required.
Process	• Each agency uses its own processes and documentation. • This is to include a plan that is co-developed with families and monitored to see if the plan has been implemented and agreed outcomes have been achieved and, if not, what the next steps are. • The Early Help Assessment Tool (EHAT) checklist is available to support the consideration of information available and the agreed plan. • All schools should have a graduated approach to identifying and responding to special educational need, one of the first responses should be high quality teaching (3).
Consent	• Each agency will have its own process for gaining and documenting consent. • Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for his or her private and family life, home and correspondence. Workers who have access to information about children and families must therefore treat any information as confidential. • When an individual agency identifies needs that cannot be met by their service alone, consent to refer to an appropriate service should be obtained from parents or carers. • Advice should be sought from your safeguarding lead or line manager if the child's main carer does not hold parental responsibility.
Lead professional	• Not required.
Definitions used by other services	• Example from 0-19: Universal services from the health visitor and school nurse ensure that families can access the healthy child programme, are supported at key times and have access to a range of community services (4)

Table: Description of the four levels of need	
Level 1: Universal	
Information sharing	• It is important to keep accurate and reliable records so that if required, information can be shared appropriately and lawfully (providing there is the appropriate consent).

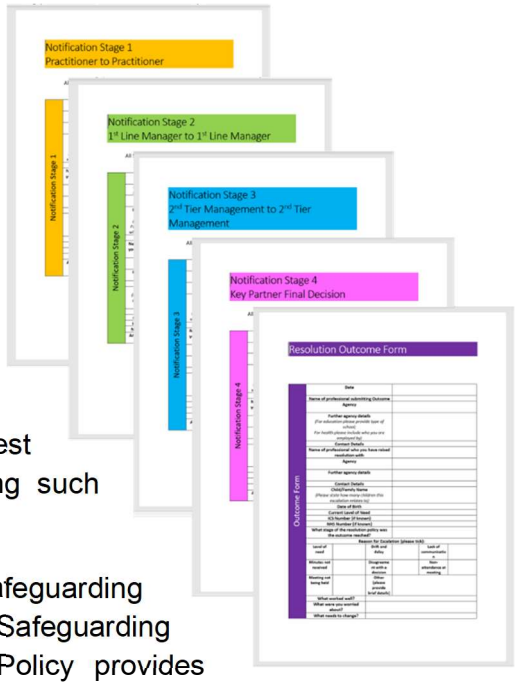
Level 2: Early Help	
Definition	• Children may have low levels of need or may be vulnerable to poor outcomes and require additional support and services to help them overcome any difficulties. Early Help can also prevent problems arising. • Effective Early Help relies upon local agencies working together to: identify children, unborn babies included, and families who would benefit from Early Help; undertake an assessment of the need for Early Help; and provide targeted Early Help services to address the assessed needs of a child and their family, which focuses on activity to significantly improve the outcomes for the child. • Providing Early Help is more effective in promoting the welfare of children than reacting later. Early Help is working together to provide support as soon as a problem emerges, at any point in a child's life, from the unborn through to the teenage years.
Example	• There may be concern about a number of risk factors or one specific risk factor. • The family either require additional support over and above universal services (level 1) or may have improved and no longer be at level 3 or 4. • The level (threshold) for statutory social care intervention is not currently met.
Process	• Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children. • The assessment and recording are supported by the Early Help Assessment Tool. • The procedure is St Helens Multi Agency Early Help Standards and Criteria for Expected Standards (5). • Additional support for the plan can be gained via TESSA and the Level 2 Panel (5). • Consider targeted interventions as part of the graduated response to SEND (3), additional funding may be required. Learners necessitating long term interventions with personalised learning may require an Education, Health and Care (EHC) plan
Consent	• The consent of parents and young people of sufficient age and understanding is therefore required for agencies to share information or to hold a Family Action Meeting. • Agencies should obtain informed consent to start the Early Help Assessment and begin to coordinate a plan of support. • Advice should be sought from your safeguarding lead or line manager if the child's main carer does not hold parental responsibility. • The St Helens Multi Agency Consent Form should be used to record consent to information sharing. The consent statement on the Early Help Assessment Tool system should be updated to include all agencies that are supporting the family. Where appropriate agencies own agreed consent form should be completed. • Unless there are very exceptional circumstances, meetings should not take place without the consent of parents and children of sufficient age and understanding. See the Think Family procedure (5).
Lead professional	• A lead professional is identified from amongst the group of practitioners working with the unborn, child, young person or family. The lead professional is chosen through a process of discussion and agreement between those practitioners who are involved and in consultation with the family. • If the case is referred to the Level 2 Panel and assigned a Family Intervention Worker, the lead professional will be informed of the outcome of panel and the recommended plan. The lead professional and allocated Family Intervention Worker should meet within 5 working days to agree the plan of work.

Definitions used by local services	• Example from the Youth Justice Prevention Service: providing intervention to young people and their families who are identified at early onset of risk of offending or displaying antisocial behaviour in the community.
Information sharing	• Effective sharing of information between professionals and local agencies is for effective identification, assessment and service provision (see page 19 in Working Together (1)). Participants attending the Family Action Meeting will share information documented within their report and relevant to the dimensions and domains of the Assessment Framework outlined in the Early Help Assessment Tool.
Level 3: Child in Need	
Definition	• Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (Child in Need). • Children have a higher or more complex level of need requiring a multi-agency response offering targeted support to improve outcomes. • A Child in Need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
Example	• Children in Need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. • Where concerns escalate beyond Early Help, and a child's level of development/welfare is compromised, the concern can be 'stepped up' for social care interventions where appropriate. • Similarly, where there have been social care interventions, and needs have been addressed, it can be 'stepped down' the levels to ensure continuation of support that is appropriately provided through multi-agency arrangements, which should prevent re-escalation at a later stage.
Process	• Child in Need (CiN). Referrals are made using the Service Request Form which is sent to the Contact Centre on adultandchildrenteam@sthelens.gov.uk. Parents/carers consent needs to be sought before completing this. Once the service request form is received, screening is completed by the MASH Team and a decision is made as to whether to progress to the Duty Teams for a Children and Families Assessment (C&F / Single Assessment). For an example of what makes a good referral click here. • Consider targeted interventions as part of the graduated response to SEND, additional funding may be required. Learners necessitating long term interventions with personalised learning may require an Education, Health and Care (EHC) plan (3) and/or a Care, Education and Treatment Review (CETR) which are for those children and young people with learning difficulties and or autism who have been or may be admitted to a specialist mental health / learning disability hospital (6).
Consent	• The informed consent of parents and young people of sufficient age and understanding is required for agencies to share information or to hold a multi-agency meeting. • Unless there are very exceptional circumstances, meetings should not take place without the consent of parents and children of sufficient age and understanding. On the occasion that meetings do take place it is essential feedback is provided to the family involved. • If parents or young people choose not to consent it may raise questions as to why. If parents or young people are worried or not sure, they should be encouraged to speak to the professional(s) working with them about their concerns. For further guidance see Working Together (1). • Advice should be sought from your safeguarding lead or line manager if the child's main carer does not hold parental responsibility.

	• The Multi Agency Consent Form should be used to record informed consent to information sharing and a service Request Form should be completed.
Lead professional	• The assessment is completed by the lead professional who is usually a social worker but can be one of the other services/agencies working closely with the family.
Definitions used by others	• The same statutory (legal) definition is used by all services.
Information sharing	• The same as for Early Help • Effective sharing of information between professionals and local agencies is for identification, assessment and service provision. Meeting participants will share information documented within their report for a Child in Need Meeting and relevant to the dimensions and domains of the Assessment Framework.
Level 4: Child Protection	
Definition	• The Children Act 1989 introduced significant harm as the level which justifies compulsory intervention in family life and the best interests of the children. • Local authorities have a duty to make enquiries under Section 47 of the Children Act 1989 if they have 'reasonable cause to suspect that a child is suffering or likely to suffer significant harm'. • Children or young people 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. • Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse.
Example	• Concerns about maltreatment may be the reason for a referral to local authority Children's Social Care or may be detected during the course of providing social work services to the child and family. • Cases of physical, sexual or emotional harm or where the child/children are experiencing neglect or have been the perpetrator or victim of a serious crime.
Process	• Referral is made to Contact Cares; telephone number **01744 676767** during office hours (EDT out of hours **0345 050 0148**). Screening is completed by the MASH Team. The case information is sent to statutory services for a Strategy Meeting to determine if Section 47 level is met. • If the case is already open at Level 3, escalation is via internal processes. • The Children and Families Assessment (C&F / Single Assessment) is completed by a social worker.
Consent	• Where possible, informed consent should always be gained from the parent unless informing the parent or person with parental responsibility would put the child or young person at further risk. • Advice should be sought from your safeguarding lead or line manager if the child's main carer does not hold parental responsibility.
Lead professional	• A social worker will be the lead professional.
Definitions used by other services	The same statutory definition is used by all services. Other useful definitions: • Section 20: Some children may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under section 20 of the Children Act, the local authority has a duty to accommodate such children in their area (1). Children remanded (pre-sentencing) to a Youth Detention Centre automatically come under section 20 until or unless sentenced to custody. The Social Worker and Youth Justice Worker work collaboratively to schedule reviews (1). • Section 31: where a child is in the care of the local authority, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan

	which sets out the services which will be provided to meet the child's identified needs (1). • Section 46: Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer Significant Harm, the child may be kept in or removed to suitable accommodation where they may be protected, e.g. a relative's home, a hospital, a police station, a foster home, children's home or other suitable place. When this has happens, the police officer has exercised Police Powers of Protection (PPP). No child may be kept in police protection for more than 72 hours.
Information sharing	• Effective sharing of information between professionals and local agencies is essential for identification, assessment and service provision. See also page 19 in Working Together (1). • Meeting participants will be expected to provide information to a Strategy Discussion/Meeting and any subsequent Child in Need Meeting or Child Protection Case Conference/Core Groups. Any information unless confidential should be disclosed to parents. • Information contained in the Child and Family Assessment, should be across the domains and dimensions and of the Assessment Framework and should consider/include information contained in assessments completed by partner agencies.

Multi-Agency Resolution – "As professionals, we should always be curious about why decisions are made and question if we do not feel this is right. Whatever agency we are from, we should feel confident and able to challenge decision making."



We have a professional responsibility to promote the best multi-agency safeguarding practice and therefore, raising such concerns in an entirely legitimate and essential activity.

Resolution is fundamental in challenging key safeguarding procedures, as well as decision making. The St Helens Safeguarding Children Partnership (SCP) Multi Agency Resolution Policy provides workers with the means to raise any concerns they have towards other professionals or agencies by:

- Encouraging professional curiosity
- Avoiding professional disputes that put the child at risk or obscure the focus on the child
- Resolving any difficulties within and between agencies quickly and openly

- Identifying problem areas in working together where there is a lack of clarity and to promote the resolution via amendment to protocols and procedures.

For further information around the SCP Multi-Agency Resolution Policy (including the forms to complete) please click here.

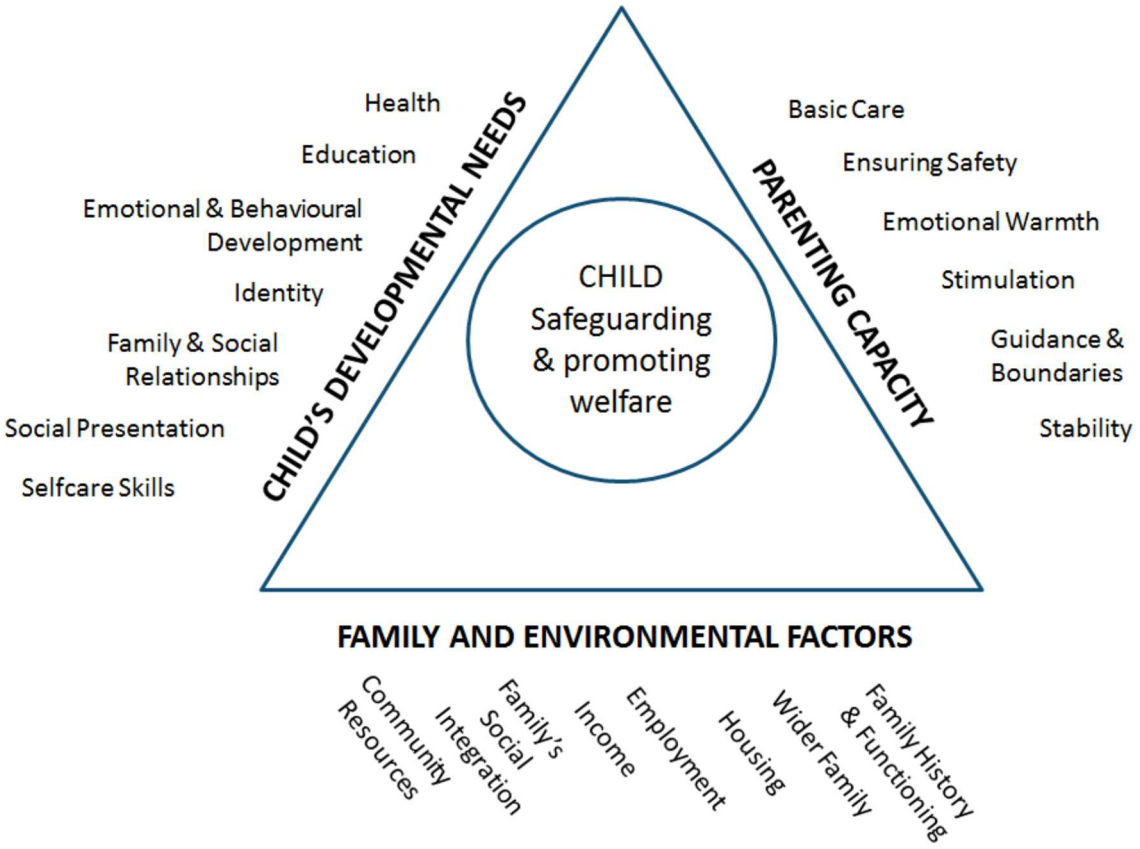
Chapter 2: Assessment

Research has shown that taking a systematic approach using a clear framework is the best way to deliver a comprehensive assessment for all children (1). At whatever level an assessment is being completed, the purpose of the assessment is to gather information, analyse need, assess risk, and decide on appropriate actions to improve the child's outcomes. The Framework of Assessment of Children in Need and their Families (Working Together 2018 (1)) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child (7). When completing an assessment, with parental consent, information should be gathered from previously involved services or locations to inform the current assessment and chronology. If consent is refused, advice should be sought in relation to what impact this could have on the child or young person.

A good assessment is one which investigates the following three domains, see diagram 2 below:

- The child's developmental needs considering adverse childhood experiences and trauma, also including whether they are suffering, or likely to suffer, significant harm
- Parents' or carers' capacity to respond to those needs
- The impact and influence of wider family, community and environmental factors

Diagram 2: Assessment Framework



In making a professional judgement about level of need there are a number of key questions that should be given consideration:

- What is the evidence of impact on the child, in relation to their health and development or harm/likely harm and the impact of cumulative harm?
- What is the evidence of impact on the unborn baby in relation to their health and development or harm/likely harm?
- What are the risks to the child if things do not change?
- What are the individual needs and views of each child in the family?
- What does the family's history tell us in respect of level of need, ability to engage, to make and sustain change, ability to work openly and honestly with involved professionals?
- What services or work has already been undertaken with the family and what impact has this had?
- Does the child receive specific support at school which indicates a Special Educational Need and Disability (SEND)?

The Signs of Safety model which has been implemented across the St Helens Partnership is designed to help practitioners with risk assessment, analysing the harm or worries and safety planning;

Risk assessment is the process of estimating and evaluating risk. Professionals must continually assess, analyse and make a judgment on the risk, during and after every successive contact. Risk assessment tools aid professionals to identify the likelihood and the severity of risk. All professionals are responsible for acting in accordance with the level of risk they have identified and following due process and organisational procedure. Below is an example of risk assessment based on Signs of Safety:

<table>
<tr><th colspan="3">Example risk assessment tool based on Signs of Safety</th></tr>
<tr><th>What are we worried about?</th><th>What is working well?</th><th>What needs to happen?</th></tr>
<tr><td>Past harm or worries (severity, frequency, length of time, impact)

Future harm or worries

Complicating factors (factors that make the situation more difficult to resolve)</td><td>Existing strengths

Existing safety or wellbeing (strengths which demonstrate protection from danger over time)</td><td>Future safety/ wellbeing (what must the caregivers do to address the future danger or worries)

Next Steps / Immediate progress</td></tr>
<tr><td colspan="3">Scaling question to assist making a judgement
0 ⟵ ⟶ 10
Using the scale 0-10, with 10 being the child (ren) are safe from harm and 0 is there is no protection and the child(ren) are not safe from harm.</td></tr>
</table>

NSPCC
Graded Care Profile 2
MEASURING CARE, HELPING FAMILIES

"Use of the GCP2 assessment tool is a proven means of assessing neglect. The GCP2 is seen to improve practitioners' skills and practice in recording and reporting neglect, and their communication with both parents and professionals."

Graded Care Profile 2 (GCP2) helps professionals measure the quality of care provided by a parent or carer in the child or young person's needs, particularly where there are concerns about neglect. Using the GCP2 assessment tool, professionals score aspects of family life on a scale of one to five. This assessment helps them identify areas where the level of care children receive could be significantly improved. It is called Graded Care Profile 2 (GCP2) because different aspects of family life are 'graded' on a scale of 1 to 5. To book on the SCP GCP2 training click here

Questions are broken down into 4 areas:

1. Physical, this includes a number of sub-areas of physical care (e.g. health/housing/nutrition) to give a rounded view of this aspect of parenting, which could be impacting on the welfare of the child.
2. Safety – explores specifically the carers safety related care when they are with the child and the arrangements made when away from the child.
3. Emotional, looks at the emotional care provided by the carer and the relationship between them and their child.
4. Developmental, this section examines the interactive stimulation, approval, disapproval and acceptance given to a child and contributing to their development.

Where there are multiple agencies working with a family, all should be asked to contribute to the GCP2. This will support an increased understanding of the family's strengths, needs and any areas for change i.e. addressing unmet health needs.

How effective is the GCP2 assessment tool?

Professionals who were already embedding the tool have told us that:

- referrals were clearer and more likely to lead to actions that would support the child.
- some practitioners felt it enabled parents to better understand professionals' concerns.
- some families were reported to make positive health and lifestyle choices as a result.

It is recognised that care can fluctuate over time, so the tool allows the results of the current level of care to be compared when the scoring is **repeated**, to reflect improvements or where change has not been sustained. The GCP2 should be repeated regularly (e.g. 3 monthly/as agreed in supervision/multi-agencies) to monitor change in parental care given and to support ongoing interventions. This is helpful in assessing a parent/carers capacity to change.

It is important that professionals are honest and respectful when completing any assessments with the family taking into account culture and family values, the strengths within the family system and building on these to develop sustainable change.

High quality assessments:

- Are child centred; where there is a conflict of interest, decisions should be made in the child's best interests.
- Are rooted in child development and informed by evidence.
- Are focused on action and outcomes for children.
- Are holistic in approach, addressing the child's needs within their family and wider community.
- Ensure equality of opportunity.
- Involve children and families and take a whole family approach.
- Build on strengths as well as identifying difficulties.
- Are integrated in approach.
- Are a continuing process not an event.
- Lead to action, including the provision of services.
- Review services provided on an ongoing basis.
- Are transparent and open to challenge.

The next chapter uses the three domains of the Framework of Assessment and the elements within the domains to aid professional judgement to determine at which level of need a child is at.

Chapter 3: Indicators of need

The indicators of need are intended to aid decision making in relation to considering levels of need and strengths, they are not a replacement for professional judgement and line management advice. The levels are a guide; the needs of children, young people and families do not easily fit into categories or boxes. Professionals need to consider both the number of risk factors, the length of time they have been present and where several risk factors are combined. Consideration should also be given to the child or young person's age and levels of understanding.

When there is an immediate need to protect a child because they are being harmed or are at risk of harm the practitioner must contact the Local Authority Children's Social Care and/or police directly and make a telephone referral **(Contact Cares 01744 676767 During Normal Working Hours)** and make **the selection of option 2** where there is a safeguarding concern. All practitioners must follow the prescribed referral process. For an example of what makes a good referral click here.

The Emergency Duty Team operates outside normal office hours (Monday to Thursday 5pm to 9am, Friday 4.30pm to 9am, and weekends & bank holidays 9am to 9am) and can be contacted on **0345 050 0148**

Level 1: Universal

Element	Indicators	Key Services
Child's / Young Person's Developmental Needs		
Health	• The child or young person is brought to routine and targeted health appointments by their parent/carer (as age appropriate), early booking for pregnancy. • Regular dental/optical care • Good diet and exercise • Developmental checks/immunisations up to date • Speech and language development • Development milestones and motor skills • Sexual activity is age and developmentally appropriate. • Worries of harmful sexual behaviour that are green following completion of the ERASE tool. • Good mental health	Faily Hubs and Children's Centres Dentists Early Years Providers Family information Service GPs Health Visitors Integrated Wellbeing service Thrive Model Housing Infant Feeding Team Leisure Services Midwives Play Services Police
Education	• Attends regularly and on time • Enjoys and participates in learning activities • Has experiences of success and achievement • Access to books and toys, play • Choices and encouragement • Sound links between home and school or electively home educated suitable education is provided, with no concerns identified • Planning for career and adult life	
Emotional and Behavioural Development	• Feelings/actions demonstrate appropriate responses • Good quality early attachment • Able to adapt to change • Able to understand others' feelings • Takes responsibility for behaviour	

	• Responds appropriately to boundaries and constructive guidance	Public Health Nurses School Nurses Schools and Colleges Voluntary and Community Sector Youth Services ERASE
Identity	• Sense of self • Ability to express needs • Positive sense of self and abilities	
Family and Social Relationships	• Stable and affectionate relationships with family • Is able to make and maintain friendships	
Social Presentation	• Good hygiene, appropriately dressed	
Self-Care Skills	• Growing level of competencies in practical and emotional skills such as feeding, dressing and independent living skills	
Parenting Capacity		
Basic Care	• Provides for child's physical needs e.g. food, drink, appropriate clothing, medical and dental care • Parent/carer uses affective and appropriate methods of discipline/chastisement	
Ensuring Safety	• Protects from danger or significant harm in the home and elsewhere • Restricts/monitors internet access • Takes reasonable steps in pregnancy to ensure own safety	
Emotional Warmth	• Demonstrate positive feeling towards the unborn • Facilitates cognitive development through interaction and play • Consistency of emotional warmth over time	
Stimulation	• Facilitates cognitive development through interaction and play • Enables child to experience success	
Guidance and Boundaries	• Provide guidance so that the child can develop a sense of right and wrong • Ensures regular attendance at a school, alternative education placement or elective home education • Young person does not go missing from home or care	
Stability	• Ensures that secure attachments are not disrupted	
Family and Environmental Factors		
Family History and Functioning	• Good relationships with caregivers and siblings • Affectionate with care givers • Demonstrates feelings of belonging and acceptance • Few significant changes in family composition • Young person does not display any vulnerabilities which could place them at risk of being sexually or criminally exploited • Parents/care givers are able to role model healthy relationship behaviours. • Parents/care givers demonstrate emotional resilience and positive coping mechanism strategy awareness.	
Wider Family	• Positive relationships with peers	

	• Sense of larger familial network/good friendships outside of the family unit	
Housing	• Accommodation has basic amenities and appropriate facilities • Adequate furnishings and belongings	
Employment	• Working or in receipt of appropriate benefits	
Income	• Managing budget to meet individual needs	
Family's Social Integration	• Family feels part of the community	
Community Resources	• Access to good universal services in the community	

Level 2 – Early Help

Element	Indicators	Key Services
Child's / Young Person's Developmental Needs		
Health	• Late booking for antenatal care, some missed antenatal appointments • Foetal anomalies noted in pregnancy indicating possible complex health needs • Maternal drug or alcohol use in pregnancy • Maternal mental health problems noted in pregnancy • Teenage pregnancy (dependant on age and support required) • Child not brought to developmental checks and immunisation appointments • Some missed health appointments • Early indicators of developmental delay • Over or underweight / poor diet / poor dental care • Low level or emerging experimental drug and alcohol misuse • Smoking • Low risk sexualised behaviour that is amber on the ERASE tool • Chronic health condition (e.g. diabetes, epilepsy) • Poor mental health impacting on day-to-day functioning • Erroneous/incorrect accounts of the child/young persons health from the parent/carer or the child themselves. For Perplexing Presentations and FII Protocol click here	**Level 1 Universal services plus:** Family Hub and Childrens Centres Alcohol and Drug Treatment Services Barnardo's Behaviour Improvement Team Child and Adolescent Mental Health Services (CAMHS) Paediatrics Services including Occupational Therapy Domestic Abuse Prevention Services Early Help Team, Level 2 Panel Education Welfare Family Nurse Partnership Paediatric Continence Team Psychology
Education	• Some identified learning or physical disability needs, requiring support • Issues around punctuality • Persistently absent from school (less than 90% attendance) or concerns about lack of progression in elective home education • Failure to meet age and or development related educational expectations • Not always engaged in learning – poor concentration/low motivation/interest • Limited access to books/toys, play	

	• Number of school moves • Language and communication difficulties • Not in post 16 education/employment or training	Sexual Health Services Speech and Language Therapy Service Specialist Midwives Specialist Perinatal Services St Helens Young Carers Community Dietetics MERIT Weight Management Services Youth Justice Service Complex Safeguarding Thrive model ERASE
Emotional and Behavioural Development	• Concern about developmental progress e.g. underweight/overweight/bedwetting/soiling (as age appropriate) • Self-harm (including substance misuse) • Some evidence of inappropriate responses and actions • Can find managing change difficult (as age appropriate) • Starting to show difficulties expressing empathy (as age appropriate)	
Identity	• Some insecurities around identity expressed • Low self-esteem/self-confidence, feelings of worthlessness • May be affected by peer/gang pressure or have knowledge of gang activity which is not age or developmentally appropriate • Unsure or unable to disclose sexual orientation • Strong negative gender identification and roles • Unexplained change in peer group – can be dominated	
Family and Social Relationships	• Families affected by parental ill health or parent in custody (absent parent) • Vulnerable to emotional difficulties perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant for their age • Some difficulties with peer group and/or adult relationships • May experience bullying around “differences” • Self-isolation from family / language barriers increase isolation. • May have a caring role for a family member which is affecting their education, health or social life • Teenage pregnancy (dependant on age and support required) • Young person is in an inappropriate and/or unhealthy relationship. Consideration to be given differences in age • Concerns a young person has an older boy/girlfriend • Some concerns regarding conflict or abuse in the young person's relationship (MERIT tool to be used for over 16’s)	
Social Presentation	• Can be over-friendly or withdrawn with strangers • Age or developmentally inappropriate appearance, language and or behaviour	
Self-Care Skills	• Not always adequate self-care e.g. poor hygiene, self-neglect • Slow to develop age-appropriate self-care skills	
Parenting Capacity		
Basic Care	• Professionals are beginning to have concerns as to whether a child’s physical and emotional needs are	

	being met • Engagement with services is poor . Consent is required at level 2 • Parent or carers own physical, learning or mental health needs are beginning to impact on their ability to provide appropriate care • Parent/carers struggling with appropriate methods of discipline/chastisement • Concerns about parental drug/alcohol misuse and impact on parenting capacity • Little preparation for parenthood • Requires advice on parenting issues • Minor concerns re: diet/hygiene/lack of sleep	
Ensuring Safety	• Frequent accidents • Parental decisions affecting child safety eg leaving a young child home alone without appropriate care or supervision • Current or previous parent/carer relationships where there has been abuse but appropriate action has been taken • Parental stresses starting to affect ability to ensure child's safety • Concerns about historical abuse	
Emotional Warmth	• Inconsistent responses to child by parent(s) • Some negative feelings about a pregnancy	
Stimulation	• Low self-esteem for learning • Spends considerable time alone e.g. watching television/computer games • Child is not often exposed to new experiences	
Guidance and Boundaries	• Parent/carer offers inconsistent or distorted perspective of boundaries • Responds inappropriately to boundaries/constructive guidance • Can be involved in or display anti–social behaviour	
Stability	• Parents fail to challenge extremist viewpoint • Lack of routine in the home • Key relationships with family members not always maintained • Unstable family environment • Multiple changes of address	
Family and Environmental Factors		
Family History and Functioning	• Parents have some conflicts or difficulties that can involve and impact the children / emerging concerns that the child is experiencing domestic abuse within the family. • Emerging concerns that the child sees or hears, or experiences the effects of, the abuse within the family. • Has experienced loss of significant adult e.g. through bereavement or separation • Parent has physical or mental health issues • History of abuse	

	• Child to adult abuse, consideration to be given around emotional/psychological and controlling behaviours as factors. • Parents ability to provide for the needs of disabled child • Family attitudes that rationalize or minimise offending • Signs of being bullied • Caring responsibilities • Child depressed, alone, anxious or feeling unhappy/misunderstood • A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings	
Wider Family	• Extended family live in areas of conflict • Family religious/cultural beliefs negatively affect role and responsibilities of child • Age or developmentally inappropriate relationships	
Housing	• Inadequate/poor housing • Rent arrears put family at risk of eviction or proceedings initiated • Risk of becoming homeless in the future but the threat of homelessness is not immediate • Poor home conditions (GCP2 graded as 3)	
Employment	• Periods of unemployment of the wage earning parent(s) • Parents have limited formal education • Parents starting to feel stressed around unemployment or working situation • Barriers to employment opportunities	
Income	• Low income • Financial/debt difficulties	
Family's Social Integration	• Family may be new to the area • Some social exclusion experiences • Negative influences from peer groups or friends • Marginalised from community	
Community Resources	• Family struggling to access universal services	
Complex Safeguarding	(10) Concern of potential involvement in criminal exploitation. • Unexplained change in peer group – can be dominated. • Child is vulnerable and at potential risk of being targeted and/or groomed for criminal exploitation, gang activity or other criminal groups/associations. • May be affected by peer/gang pressure or have knowledge of gang activity which is not age or developmentally appropriate • Young person has been reported missing from home or care less than 3 occasions in 30 days • Some exposure to dangerous situations in the home or community including online violent and/or extremist websites or influences.	

Level 3 – Child in Need

Element	Indicators	Key Services
Child's / Young Person's Developmental Needs		
Health	• Non engagement in antenatal care, parent/carer • Significant maternal drug or alcohol use in pregnancy, poor engagement with services • Evidence of concealed pregnancy, including late access to anti-natal care • Recurrent missed health appointments where health needs are identified • Diagnosis of significant development delay/ multiple/complex needs • Concerns about poor diet, weight or serious dental decay not being addressed consistently • Chronic health condition, non-compliance with care plan • Life limiting condition • Palliative/end of life care • Increased number of attendances with drug and alcohol related issues, child or parent/care • Harmful sexual behaviour that is RED on the ERASE tool but without concern that the child is at immediate risk of significant harm • Teenage pregnancy (dependant on age and support required) • Significant and or enduring mental health difficulties, and or accessing tier 4 mental health services, child or parent/carer • Child or young person has been admitted to hospital for 12 weeks or more • Perplexing presentations, health and education rehabilitation not progressing, however no evidence of actual fabricated induced illness	**Level 1 Universal and Level 2 Early Help services plus:** Catch22 Children's Social Care Children's Community Service Family Support Services Family Nurse Partnership SEND Services, Specialist Health or Disability Services Specialist Acute Paediatrics Service Targeted Drug and Alcohol Support Services Targeted Early Help, including Family Hubs and Children's Centres Targeted Sexual Health Services The Bridge Centre Voluntary and Community Services Youth Justice Service PREVENT Thrive model ERASE
Education	• Significant learning needs and may have Education Health and Care Plan • Persistent absentee (less than 90% attendance) • Evidence of fixed term exclusions • Vulnerable pupils may be placed at greater risk if placed on a part-time timetable • Legal sanctions being considered due to no evidence of elective home education progression • Subjected to managed transfer • Child missing education - not on a school roll or electively home educated • Failure to meet age related expectations	
Emotional and Behavioural Development	• Finds it difficult to cope with anger, frustration and upset • Persistent Disruptive/challenging behaviour at school or in community • Cannot manage change • Unable to demonstrate empathy • Repeated episodes of self-harm and/or substance misuse	

Identity	• Demonstrates significantly low self-esteem in a range of situations • Serious negative belief systems about gender • Marginalised/over identification with group or ideology • Little social relationships outside the home	
Family and Social Relationships	• Is subject to discrimination e.g. racial, sexual orientation or disabilities • Is subject to peer/gang pressure. • Child/young person is involved in anti-social behaviour and may be at risk of gang involvement, early support not having the desired impact. • Peers also involved in challenging behaviour • Regularly needed to care for another family member • Access to extremist networks • Teenage pregnancy (dependant on age and support required) • Where a child is living outside of their immediate family (private fostering) • Young person is in an inappropriate and/or unhealthy relationship • Incidents of domestic abuse between young people, this may include controlling & coercive behaviours • Child uses language that is of concern around their own intermate partner relationships/or family members (i.e. derogatory language/ sexist views /dehumanising language)	
Social Presentation	• Age or developmentally inappropriate behaviour/appearance/language • Clothing is regularly unwashed • Hygiene problems • Attitudes justify offending • Intolerant of others' views – resulting in dehumanising of perceived enemies • High scoring GCP2 assessment	
Self-Care Skills	• Poor or inappropriate self-care for age, including hygiene	
Parenting Capacity		
Basic Care	• Struggling to provide adequate care • Previously looked after by local authority child/or parent, combined with other factors • Parent/carer is using physical methods of punishment and this is causing distress to the child • Parent or carers own physical, learning or mental health need impacts on their ability to provide appropriate care • Professionals have serious concerns e.g. parental drug/alcohol misuse and its impact on parenting capacity • Failure to prepare for parenthood • Significant concerns in regard to care afforded to previous children.	

Ensuring Safety	• Child perceived to be a problem by parents • Current or previous parent/carer relationships where there has been abuse • Parent, carer and or other significant adult are subject to Multi-Agency Public Protection Arrangements (MAPPA) and they are identified as posing a risk of harm to other children and vulnerable adults • Concerns about historical abuse • May be subject to neglect • Parents hold extremist views and condone extremist behaviours	
Emotional Warmth	• Receives erratic or inconsistent care • Instability affects capacity to nurture • Has no other positive relationships • Unwanted pregnancy	
Stimulation	• Not receiving positive stimulation, with lack of new experiences or activities • Deliberate restricting access to positive activities and experiences	
Guidance and Boundaries	• Erratic/inadequate guidance provided • Parent not offering good role model e.g. behaving in an anti-social way • Parents enforcing unrealistic boundaries and guidance	
Stability	• Has multiple carers • Limited attachments that are controlled by parents	
Family and Environmental Factors		
Family History and Functioning	• Child sentenced to custody / placed in a secure environment • Incidents of domestic abuse between adults, including controlling and coercive behaviours • Children and young people experiencing significant and persistent parental conflict • Family have serious physical and/or mental health difficulties • Family associated with extremist group/ideology	
Wider Family	• Family has poor relationship with extended family/little communication • Caring responsibilities with no agency support • Parents influenced by negative family, community, cultural, religious beliefs and practices • Access to extremist networks	
Housing	• Poor state of repair, temporary or overcrowded • Poor home conditions (GCP2 graded as 4 or 5) • Homeless, living in hostel • A young person aged 16 or 17 who appears to be homeless or threatened with homelessness Exposure to victimisation/racism	
Employment	• Unable to gain or maintain employment due to lack of basic skills or long-term difficulties e.g. substance misuse	

	• Parents are stressed around unemployment or working situation, and this is negatively affecting parenting	
Income	• Serious debts/poverty impact on ability to meet basic needs	
Family's Social Integration	• Parents socially excluded • Lack of support networks • Negative support networks	
Community Resources	• Limited access to universal and targeted resources. Where these services are available they do not fully or partially meet the families needs.	
Complex Safeguarding	• Young person with recurrent sexually transmitted infections, multiple partners, requests for emergency contraception • Child is at risk of Child Exploitation due to vulnerabilities (10) • Associating with young people who are sexually or criminally exploited. • Sudden display of unexplained gifts/clothing • Age or developmentally inappropriate behaviour/appearance/language • Vulnerable to exploitation in respect of their online communications and/or access to pornographic material, considering child's age, levels of understanding and risk associated • Known group/gang involvement • Family history of criminal gang involvement • Family attitude justifies offending. • Young person has been missing from home or care overnight or has been missing on 3 occasions within 30 days • Parents frequently are unsure of children's whereabouts and or not reporting them missing • Over identification with group/ideology • Access to extremist networks • No restrictions imposed regarding access to extreme sites/groups.	

Level 4 – Child Protection

Element	Indicators	Key Services
Child's / Young Person's Developmental Needs		
Health	• Evidence of concealed pregnancy, including late access to anti-natal care • Sudden unexpected death of an infant, child or young person • Non accidental or unexplained physical injury • Bruising in non-mobile child Click here • Sexual activity/pregnancy in under 13 • Allegation of physical/sexual abuse • Confirmed Fabricated or Induced illness, confirmed by paediatrician or designated doctor click here • Significant mental health problems, multiple or significant suicide attempts • Significant health concern associated to drug or alcohol misuse • Significant health concern associated with non-attendance/non-compliance • Child/young person has significant sexual health clinic attendances (as can indicate CSE / domestic abuse/sexual abuse). • Actively subverting weight management initiatives, that is allowing the child to remain clinically or morbidly obese • Pregnancy in a child under 13 or parent with significant learning needs. • Young inexperienced parents with no or limited support and additional concerns that could place the unborn child at risk of significant harm. • Subject to harmful practices such as FGM, breast ironing, virginity testing, FM (forced marriage) and HBV (honour based practices) • The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/children. • The pregnancy is an unwanted pregnancy which significantly reduces level of emotional warmth to the expected child.	**Level 1 Universal, Level 2 Early Help and Level 3 Child in Need services plus:** Sudden Infant Death Syndrome (SIDS) Services Specialist Services for Children We Look After Statutory Children's Social Care Services
Education	• Entrenched school absence, defined as persistent absenteeism 50% or below • At risk of permanent exclusion • Significant failing to meet age related expectations • Legal sanctions being considered due to no evidence of elective home education progression • No access to positive activities and experiences	
Emotional and Behavioural Development	• Significant involvement in anti-social/criminal activities • Self or others in danger e.g. missing from home or in care • Suicide attempts • Children at high risk of sexual and/or criminal exploitation	

	• Harmful sexual behaviour including child on child abuse that scores RED on the Erase Tool. • Drug misuse that significantly impacts on parent or carers ability to care and protect or young person's substance misuse having a harmful impact on wellbeing and development	
Identity	• Involved in manipulation and coercion of others • Manipulation and coercion into negative cultural, religious activities • Experiences persistent discrimination in relation to race, sexual orientation, gender, religion or disability • Subject to harmful practices (see health)	
Family and Social Relationships	• Subject to physical, emotional or sexual abuse or neglect • Periods of being accommodated by the Local Authority • Family breakdown related in some way to child's behavioural difficulties • Main carer for family member	
Social Presentation	• Discriminating on grounds of race, sexual orientation, gender, religious identity and/or disability	
Self-Care Skills	• Neglects to use self-care skills. For example, due to alternative priorities such as substance misuse	
Parenting Capacity		
Basic Care	• Concern child has an injury as result of a physical assault. • Allegation of sexual abuse which is red on the ERASE tool. • Unable to provide "good enough" parenting that is adequate and safe, including for unborn child or there are allegations that a child is suffering frequent and/or severe physical harm. • Mental health problems/substance misuse significantly affects care of child • Parents were unable to care for previous children • Parents support and encourage extremist ideology which is having a significant impact • Parents involved in drug dealing or other serious criminal activity	
Ensuring Safety	• Instability/violence in the home continually • Current or previous parent/carer relationships where there is abuse • Concerns about historical abuse • Parent, carer and or other significant adult are subject to Multi-Agency Public Protection Arrangements (MAPPA) and they are identified as posing a risk of harm to other children and vulnerable adults • Victim of crime	
Emotional Warmth	• Parents inconsistent, highly critical or apathetic towards child.	

	• The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/children. • The pregnancy is an unwanted pregnancy which significantly reduces level of emotional warmth to the expected child.	
Stimulation	• No constructive leisure time or guided play • Encouraged to view/promote extremist ideology • Denying access to positive activities and experiences	
Guidance and Boundaries	• No effective boundaries set • Regularly behaves in an anti-social way in the community which results in arrest or subject to ASB orders. • Exhibiting behaviours to manage unrealistic and negative boundaries • Beyond parental control	
Stability	• Has no-one to care for child • Concerns regarding family travel to areas of conflict • Relationships and attachments based on negative influences	
Family and Environmental Factors		
Family History and Functioning	• Unaccompanied asylum seeker • Family relationships impose negative influence • Children experience persistent domestic abuse, this may include controlling and coercive behaviours • Indicators of Harmful Practices e.g. female genital mutilation, breast ironing, forced marriage or honour-based violence, or trafficked children or modern-day slavery • Poor relationships between siblings • Family member has terrorism conviction or there are serious concerns about links to terrorism. • Family member is known to be a significant risk to children • Parents negative cultural, religious beliefs and practices	
Wider Family	• No effective support from extended family • Destructive/unhelpful involvement from extended family • Intention to travel to area of conflict • Engagement in terrorist activity	
Housing	• Physical accommodation places child/unborn in danger • Poor home conditions (GCP2 graded as 4 or 5) • Homelessness, ‘sofa surfing’	
Employment	• Chronic unemployment, severely affecting parent’s own identity • Parent prioritises work over children’s needs on a regular basis	
Income	• Extreme poverty/debt impacting on ability to care for child	

Family's Social Integration	• Family chronically socially excluded • No supportive network • Family members associated with extremist views	
Community Resources	• Poor quality services with long-term difficulties with accessing target populations	
Complex Safeguarding	• Young person has disclosed current exploitation; although the young person may not recognise it as this (10) • Concern the young person is a victim of or at high risk of being a victim of any form of exploitation • Young person with access to an unexplained amount of money • Young person has been missing from home or care for 72 hours or on 9 occasions within 90 days • Parent/carer normalises situations of risk • Parent/carer unable to keep child safe • Involved in manipulation and coercion of others • Involved or linked with organised gangs or criminal activity • At HIGH risk of financial exploitation (Victims of forced labour may also be victims of debt bondage, where they are tricked into working for little or no money to repay a debt) • Family coerced into acts of abuse? • Travel to areas of conflict • Engagement with extremist activity • Subject to traditional unsafe/illegal practices (e.g. female genital mutilation) • Forced marriage, honour-based violence • Young person has disclosed harmful sexual practice in their own relationships – strangulation/bondage and shows no understanding of risk around these	

Chapter 4: Support for families

A positive partnership between parents and agencies is a fundamental principle underpinning the successful promotion of children's welfare and the protection of children.

When supporting and working with families who have indicators of need, professionals should support the family to identify their family network. Family networks can play an important role in developing a safety or wellbeing plan, to keep the child(ren) safe and protected from harmful or worrying behaviour. The key to this is understanding the network of support around a family and as such full genograms should be completed at the earliest opportunity using information available from across the multi-agency partnership.

For some parents/carers there may be need for independent support, information and advice to be able to participate fully in the system processes from an informed position, particularly where there is a divergence of views. Parents will be treated equally and without discrimination. This is regardless of the individual's ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in them being discriminated against (5).

Arrangements can be made, for example in Family Action or Child in Need Meetings, for parents/carers and children to be accompanied by an advocate or supporter if they choose or if they need independent support because of their vulnerability or having additional needs (5).

An advocate is generally someone employed by an advocacy organisation or a specialist solicitor without personal involvement with the service user. Examples of advocacy organisations include: Advocacy Focus; St Helens Information Advice and Support Service (IASS) for parent/carers; and N-Compass Advocacy Service for mental health. The role of the child's advocate is distinct from that of the parent's advocate as they each represent the views of their own client. A supporter will have an informal relationship with the service user such as friend, relative or member of a self-help group.

The goal of advocacy is:

- To empower parents and children to participate in the process from an informed position
- To promote good communication between parents, children and professionals

Feedback from parent/carers and young people

During the workshops, parents and young people were asked for their views on Early Help and they said:

- **Overcoming stigma:** being referred to social services can make you feel like you are a 'bad parent', Early Help is voluntarily entered into, and parents need to be able understand what Early Help is and that it is supportive and enabling.
- **Consistent support:** sometimes families go up or down a level or cross from one level to another. However, because the level has changed, it does not automatically mean that the parent feels any different. Thus it needs to be made clear 'what happens now' and 'where can I get support if I need it'.
- **Achievable goals:** It can be distressing for a parent or family to have a service 'come in'; there can be feelings of shame or guilt and it can knock your confidence. Sometimes different services seem to have different 'must do's' and it can feel overwhelming. Therefore, it is helpful to have a coordinated action plan and to know which things to focus on first. Any action planning must be SMART (Specific, Measurable, Achievable, Relevant, and have clear agreed Timescales).
- **Consistency of worker:** This is vital for the formation of trusting relationships. Parents and families understand that workers leave, go on holiday or can be off sick. Therefore, it is really

helpful if parents meet another member(s) of the team so that they are not shocked by someone 'knocking on their door' who they don't know.

Chapter 5: Support for staff (supervision)

Through discussions with practitioners, one of the themes identified by attendees was the importance of supervision. There was an acknowledgement that within different agencies, the quality and frequency of supervision varies. Thus, it was decided to include some key points on supervision within this document.

Supervision involves making the time and developing the practical structure to give support to co-workers. People needing care and support often say that services are only as good as the person delivering them. Any inability of workers to check understanding, seek support and assistance can be frustrating, damaging to confidence and potentially dangerous. Supervisees value supervisors who can address difficult issues in an open and honest way rather than focusing on blame and criticism. Challenging practice and creating an environment where it is possible to learn are essential elements of any supervisory relationship (11). Effective supervision benefits the worker, their managers, their organisation and crucially, the people being supported (12).

Supervision is essential to recognising and overcoming biases that can impact on work to safeguard and promote the welfare of children, both within and between agencies, including:

• Adultification – when children are perceived as being adult-like and not acknowledged as vulnerable and in need of protection

• Diffusion of responsibility - when people who need to make a decision wait for someone else to act instead.

• Source bias - the tendency to interpret information depending on its source not substance.

• Confirmation bias - tendency to search for, interpret, favour, and recall information or evidence in a way that confirms or supports your prior beliefs or values.

• Risk aversion - preference for certain/safer options over risky options even when an uncertain option could be of greater benefit.

Supervision requires:

- A clear supervision policy, with practice that supports that policy.
- Effective training of supervisors
- A strong lead and example by senior managers
- Performance objectives for supervision practice in place for all supervisors
- Monitoring of actual supervision practice - both frequency and quality

The functions of supervision:

- Line management – accountability, workload management, performance appraisal, duty of care
- Learning and development – developing the worker's critical thinking and awareness of their work and how they learn more about it

- Support – for both issues at work and anything in the worker's private life with which the workplace can legitimately help.
- Supervision is part of the mechanism by which organisations protect their workers from vulnerability and isolation.
- Often supervision in a care setting involves informal support, such as a more experienced co-worker overseeing an inductee. Although non-managerial, this is still important as it provides the opportunity for professionals to reflect and discuss openly and honestly what has happened and overcome the barriers that result in drift and delay. This process also helps to build resilience, improve wellbeing and deepen professional commitment to progressing the plans around a child and must be done to agreed standards.

Examples of the knowledge, skills and values of a supervisor include:

- self-awareness – recognising their own impact on others.
- a positive expectations approach – i.e. starting from the basis that staff generally want to do a good job
- knowledge of the factors that might affect performance, including where the supervisor may be a contributory factor.
- an understanding of the factors affecting motivation to change
- skills in listening, giving constructive feedback and motivating others.

The frequency of supervision will depend on the role undertaken in the organisation, the experience of the employee and the departmental and professional/government guidelines.

There are different forms for supervision:

- **Case Supervision –** one to one supervision that takes place in private at a pre-arranged time with an agreed agenda and preparation on behalf of both parties.
- **Peer/Group supervision –** this should not replace individual supervision but can be used to complement it. It will involve a group of staff; all involved in the same task, meeting with a supervisor to discuss issues about their work or the way they work together as a team. This can be single or multiagency.
- **Signs of Safety Group Supervision** – A group of workers will "map" a case using the 3 columns of assessments and the 7 categories of analysis.
- Signs of Safety always adapts an Appreciate Inquiry approach to any form of supervision.

It is the responsibility of the line manager to ensure supervision takes place. There should be an agreement between the supervisor and supervisee which includes:

- Frequency of supervision sessions
- Length of supervision sessions
- Location of sessions
- Main areas for discussion/agenda items
- Confidentiality issues
- All supervision meetings should be recorded by the supervisor
- To keep a record of what has been discussed
- To keep a record of any disagreements
- To contribute to the management of staff performance

New employees, apprentices, trainees, volunteers and those practitioners where there is a performance issue may need more frequent supervision. Issues arising from informal supervision may generate a formal supervision meeting e.g. safeguarding.

Where do you go if you want advice about a specific child, young person and or family?

There are a number of sources of support; your first step should be to speak to your line manager and or safeguarding lead.

- For advice about Early Help, contact the Partnership Co-ordinators on 01744 671788.
- For advice about Child in Need or Child Protection contact the Contact Centre on 01744 676767 during office hours or EDT outside working hours on **0345 050 0148.**
- For staff working in an educational setting, contact the Safeguarding Children in Education Officer on 01744 673176.

It is your responsibility to document the advice received and agree the next steps within your individual agency recording systems. If for any reason you are still concerned, seek guidance from your line manager in relation to this, agreeing the most appropriate next steps. If you dispute any of the advice provided (regardless of the level) or the recommended course of action and this cannot be resolved through discussions with the relevant agency the **St Helens Safeguarding Children Partnership Multi Agency Resolution Policy,** should be utilised at the earliest given opportunity. This should also be supported with clear recording of any dispute no matter how minor within your relevant agency recording systems.

Expectations when completing St Helens Children and Young Peoples Service Request Form

Below sets out the expectations of agencies and an example of how a referral to St Helens Childrens Social Care should be completed. By following the below example it will reduce the time needed to assess concerns to ensure timely support for families at the most appropriate level.

Pointers

Why are you worried? Is the child/ren at risk of or experiencing **'Significant Harm'?** (this could include physical, emotional or sexual harm or concerns the child is being neglected)

What have you **seen**? (where, when)

What have you **heard?** (when, who from)

What is the **impact** on the child now?

What do you think the **future impact** on the child/ren is likely to be if CSC don't become involved?

What is the **child's lived experience**? i.e. what is life like for them? What do they think about their lives? Have you asked them?

Identify **what you have tried already to reduce risk** and meet the child/ren's needs…and reasons you think the risk remains. Or, if you are making a referral without engaging with the child/ren and family at an earlier intervention level please explain why, for example where there is an immediate risk of harm or perhaps your role doesn't bring you into direct contact with children and families. Even if the information is from a third party please refer your concerns.

Remember to separate **Facts and Opinions**. You can have a professional opinion but make sure this is stated clearly. For example; the young person said "I wanted to have sex with them" however in my view they were coerced and are being sexually exploited because…then list evidence that leads you to this opinion – use of substances/alcohol, significant age difference etc.

Do you have **consent** to make this referral? Unless it increases the risks to the child (immediate safeguarding concern) or is a risk to your own personal safety – then having the consent of parents (or the young person if they are old enough) is required for CSC to accept the referral. However, don't let the issue of consent get in the way if you are worried – you can always call for advice. Having consent is best practice and you should always endeavour to inform parents you are making a referral, but if this has not been possible please explain this within your referral.

Have you included the **basic information** about the parents and their contact details? Do you know who has parental responsibly? Are there parents not living with the child? Do you know about them?

Pitfalls

Using **'Unknown'** as an answer – why don't you know?

Formalising, sanitising or omitting language used. When quoting someone use their actual words, this includes swearing and slang language. You may want to include clarification of what they meant. Remember, this could become part of an evidence submission to court – don't leave room for ambiguity or dispute.

Not enough details of the impact on the child and what their lived experience is, for example a good referral would not refer to a family having "a chaotic lifestyle" but would instead separate fact from opinion and evidence the lived experiences for that child; poor school attendance (e.g. 3 days in last fortnight), child cared for my multiple adults (who they are/how many are you aware of?), lack of routine and boundaries (e.g. 4 year old playing out in the street at 3am) and poor home conditions (e.g. damp, refuse piling up, flies, animal waste on carpets, no toothbrushes for the children) etc.

The record is written in a way that is not for sharing, for example it includes **judgemental or stereotypical views and language.** State your concerns but be respectful – would you be happy for the person you are writing about reading your comments over your shoulder?

Delays in submitting the referral. If you are worried about a child/ren then making the referral should be a priority. We know you are busy with many demands on your time, but timely referrals help to minimise risk and mean we can act faster to assess and protect children.

A top tip in a making referral is to remember **that you are not telling a story you are sharing concerns about a child**. Keep the child at the centre of your referral: What is a day in their life for them? What are you worried about? What needs to happen for things to get better?

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EXAMPLE – Service Request Form (Email)

(This will be replaced in 2024 with the all new electronic referral)

St Helens Children and Young Peoples Service Request Form

This form should be used to make a referral to St Helens Children and Young People Services.

If you have any questions regarding completing the form or would like to discuss your concerns with a member of staff, please contact the **Contact Cares team on 01744 676600**. The Contact Carers Team is available between 9am and 4:30pm (Mon to Thurs) and 9am to 4pm (Fri). ***If you send your service request form outside of these hours it may not be read/ actioned by a member of the team until the next working day.***

Out of normal hours (including evening, weekends and bank holidays), please contact the **Emergency Duty Team on 0345 050 0148**.

Where you believe there is an immediate risk of significant harm, please contact the police on 999.

All sections of this service request form MUST be completed. ***If all sections are not completed the form will be returned to the referrer with the request for additional information to be provided. Note; the contact will not be generated until this information has been provided. If the form is not returned within 24 hours, the contact will be closed.***

In relation to the St Helens Levels of Need Framework:

What is your concern/ reason for referral?

☐ Early Help & Support (Level 2 of St Helens Continuum of Need Framework)

☒ Statutory intervention (Level 3 of St Helens Levels of Need Framework)

☐ Immediate Child Protection concerns (level 4 of St Helens Levels of Need Framework) **–must be rung through to the Contact Carers Team on 01744 676600 without delay and followed up in writing within 24 hours of making the call.**

If a disclosure is made, where possible details of the date, time, person involved are to be gained. Does the child/young person have a mark or bruise? Are they scared to go home?

For all levels of need you must ensure parent/carers have been informed of the referral unless there is evidence that to inform them would put the child or other children at greater risk of harm.

CONSENT & CONFIDENTIALITY

If your referral relates to Early Help & Support (level 2) you MUST have the parent/carers FULL CONSENT and be able to answer YES to all of the below questions. If this is not the case then the referral will not be accepted.

If your referral relates to Statutory intervention (level 3) then you MUST have INFORMED CONSENT from the parent/carer for the child in order to make the referral. This means that the person giving consent should understand:

- Why the information needs to be shared

- What information is being shared

- What the information will be used for

- What the implications of sharing information are.

If you have not discussed the details of the referral with the parent/carer, St Helens People services will be unable to progress your referral or make any contact with the family unless the concerns are of a child protection nature (level 4).

Have you discussed your concerns with the parent/carer and subsequently advised them that you are making this referral?	YES (Delete as appropriate)
Has the parent/carer given consent to the referral been made?	YES (Delete as appropriate)

Has the parent/carer agreed that key agencies can be contacted by St Helens people services e.g. school, health and police? This may include school being asked to complete "my views" with the child/children?	YES (Delete as appropriate)
Please provide an overview of the parents/carers views.	
Mum is aware of the referral and says she understands why school have concerns however she is worried about the prospect of her children been taken away if social workers get involved.	
EARLY SUPPORT & EARLY HELP ASSESSMENT TOOL (EHAT) **Any concerns which are not of an immediate Child Protection nature should be discussed or escalated within your own agency or setting before you consider a referral to children's services (e.g. discussion with the Designated Safeguarding Lead or your Line Manager).** **It is essential that professionals work in partnership with families. For this reason if your referral is not in respect of immediate safeguarding concerns you should, prior to making this referral, consider initiating an EHAT plan or implementing Family Action Meetings with the family. This early help & multi agency support may assist the family in addressing issues as soon as they arise and ensure that support needs do not escalate to statutory level prematurely.** **If you have not considered an EHAT it is likely your referral will not progress past the screening stage.** **It is also likely that the outcome of your referral will be for you to complete an EHAT.**	
Has an EHAT plan been completed or considered prior to this referral being made?	NO (Delete as appropriate) – consideration has been given
If yes, Name and role of lead professional	**N/A**
If yes, address and contact details of lead professional	**N/A**
If yes, have you discussed your concerns with the lead professional? **PLEASE DISCUSS YOUR CONCERNS WITH THE LEAD PROFESSIONAL BEFORE MAKING THIS REFERRAL UNLESS YOUR CONCERNS ARE LEVEL 4 ON THE CONTIUUM OF NEED**	YES NO (Delete as appropriate)
If yes, please provide details of dates and outcomes of EHAT plans/ Family Action Meetings *Attach of copy of the last plan/assessment with this referral form*	N/A
If no, why?	No EHAT has been completed in relation to the family, an EHAT has been considered with discussions held with my line manager and DSL. Given the level of concerns in line with the DON a higher level of intervention/support is required

REFERRER DETAILS (complete in full)

Date of referral	8/11/2019	**Time of Referral**	11:00
Name of Referrer	Andrew Jenkins	Role/Profession	Safeguarding Lead
Agency/ Organisation	Atlas House High School	Office phone number	01744671111
Office Address	Atlas House	Mobile phone number	07845 269666
Email address- this must be provided in order to receive	Andrewjenkins@sthelens.gov.uk		

a response in respect of the referral outcome			

CHILD/ YOUNG PERSON DETAILS			
Family name	**Smith**	**First name**	Tom
DOB/ Expected date of delivery (EDD) for unborn	**12/8/2011**	**Gender**	☒**Male** ☐**Female** ☐**Unborn**
Address	1 Christmas Street, St Helens WA9 1LD		
Current Address (if different to usual home address			
	Please ensure that you provide up to date contact numbers as this will ensure full screening can be completed.		
Home telephone number	0151 422 1234		
Mobile phone number for parent	07845676767		
Mobile phone number for young person	Not got a mobile		
Disabilities (Y/N) If Yes please state	**NO**		
Is there an Education Health care Plan (EHC Plan) in Place?	**NO**		

FAMILY DETAILS

HOUSEHOLD MEMBERS

Name ***Start with primary care giver***	**DOB/Age**	**Gender**	**Relationship to child/young person**	**School or Nursery**	**GP**	**Parental Responsibility** **(Y/N)**
Christine Smith	24.2.1990	Female	Mum	N/A	Dr Brownbear	yes
Sophie	1.7.2016	Female	Sister	Helena Primary	Dr Brownbear	N/A
Olivia	5.1.2021	Female	Sister	none	Dr Brownbear	N/A
Unborn	Due September 2023	unknown	Half sibling	N/A		N/A
Mark Jones	26.4.1987	Male	Unborn dad & mum's boyfriend	N/A		no

SIGNIFICANT OTHERS – NOT OF THE HOUSEHOLD *(for example parent or half sibling not living as part of the household)*

Name *Start with parent if not living with child*	DOB/Age	Gender	Address	Relationship to child / young person	Does this person hold parental responsibility? Y/N	Is this person a known risk to children? Y/N
Chris Smith	Aged 30	Male	2, Fairfield Road, Wigan	Dad to Tom, Sophie and Olivia	Yes	No
Valerie Jones	2.12.1970	Female	12 Highfield road, St Helens 01744 345678	Maternal nan	No	No

REASON(S) FOR CONTACT OR REFERRAL

What are you worried about?

What is the IMPACT (or potential impact) on the child/ren/young person(s)?

Is there any support EVIDENCE?

(Refer to the development of child/young person – health, behaviour, family relationships, signs of neglect)

If the child is less than 5 years old have you made a referral to the Children's Centre?

Remember: What have you seen? (where, when)

What have you heard? (when, who from)

What is the impact on the child now?

What do you think the future impact on the child/ren is likely to be if CSC don't become involved?

What is the child's lived experience?

Identify what you have tried already to reduce risk

School safeguarding lead, Andrew Jenkins (AJ) has completed a home visit today following advise from MASH after a referral was previously submitted on 1.11.2019.

2 year old, Olivia answered the door in her nappy and said her mummy was sleeping. AJ shouted to mum from the hall and she emerged from the living room looking tired. AJ advised mum, Christine that we had completed a visit today because we are concerned that Tom is once again not in school and his attendance is currently 75%. Christine said she is aware an education welfare officer is involved as she has had a letter but she isn't sure who this is or where the letter is now.

Following concerns were highlighted from observations during the visit:

1) The home conditions are poor- there are dirty dishes, some with mould on in the living room. There are lots of clothes strewn about, there are bags of rubbish in the living room and Olivia was playing with some of this rubbish. The floor was dirty with mud stains, bits from the cat litter tray could be seen and lots of general bits such as hairs and crumbs. Olivia was eating the food after dropping it with no intervention from Christine.
2) Christine said that Olivia sleeps in her bed as she can't afford another cot and the last one broke when the kids were playing in it.
3) Olivia had a very soiled nappy during the visit and Christine needed prompting to change this- by the time we left she hadn't yet changed it but said she was going to once she's been the shop for nappies.
4) Christine advised that Sophie was in school as Tom walked her there this morning. During the visit Tom was in his room playing on his xbox. Christine allowed AJ to speak to Tom and Tom raised concerns about parental conflict happening when he is in school (see voice of the child below). He is also aware that he can't see his dad right now because mum is sad and angry with him for "cheating on her". Tom said he knows dad wants to see him because he hears phone calls between mum and dad.

   AJ discussed the above with Christine and she confirmed that the family are struggling due to limited finances, no child support from dad and unemployment. This is causing regular arguments as Mark is struggling to adjust to living with three young children and isn't happy about the pregnancy as this was not planned. Christine and Mark have only been in a relationship for 6 months. Mark has been going to the pub to get out of the house and using cannabis a couple of nights a week when the children are in bed. Christine also feels Mark doesn't understand her mental health issues as she has depression and anxiety but he feels "she should snap out of it"

Christine says her anxiety at leaving the house is why she hasn't attended any anti natal appointments and why Tom is taking Sophie to school. Christine said baby is due September 2023 but not sure of exact date as she hasn't had a dating scan yet.

Considering the St Helens descriptions of need document, I believe the following level 3 criteria is met:

Health

- Non engagement with anti-natal care

Education

- Persistent absentee (less than 90% attendance)

Identity

- Tom demonstrates low self esteem
- Tom has little social relationships outside the home

Family and social relationships

- Tom regularly needs to care for another family member- Tom cares for Sophie and takes her to school

Social presentation

- Clothing is regularly unwashed – recorded on CPOMs on 5 separate occasions
- Hygiene problems- as per above

Basic Care

- Mum is struggling to provide adequate care – evidenced by home conditions and Tom and Olivia's unkempt presentation

- Mum's mental health needs are impacting on her ability to provide adequate care- she can't get the children to school or attend key appointments for baby

Ensuring Safety

- Children may be subject to neglect

Emotional Warmth

- Unwanted pregnancy

Guidance and Boundaries

- 2 year old opened the front door to a stranger and the children broke the cot and therefore this could indicate lack of supervision

Housing

Poor home conditions – see above description

Employment

Parents are stressed about unemployment and this is negatively affecting parenting – lack of finances to provide items such as nappies

Income

Mum reports debts but school cannot say this is impacting on basic needs of all children at this time. However MASH screening needed to confirm this.

What's working well? (Existing strengths and safety)

Are parents engaging with professionals and what difference has this made?

- Mum and Olivia seem to have a close bond. Olivia approached mum when she wanted something and sat on mum's knee seeking reassurance when AJ tried to speak to her directly
- Tom clearly loves his mum as indicated by the fact he worries about her and considers her feelings
- Tom is trying to improve things and support his mum by taking Sophie to school
- Mum and Tom recognise the family need support and things could be better particularly finances and home conditions
- Mum has consented to the referral and willing to receive support
- Mum says she has some support from her own mother but she hasn't been completely honest with her about how much she is struggling

Plan agreed today was that mum would go and buy nappies immediately after AJ left and she consented that AJ could ring nan, Valerie to let her know we had visited today and had some worries about Tom's school attendance and home conditions.

AJ contacted nan after the visit and she was shocked that school were concerned enough to contact CSC but also recognised she hadn't been inside the house for 4 months as she doesn't really like Mark. Nan said she would go and visit the family after work at 6pm today

What needs to happen? (Future safety planning)

What do you want Children and Young people Services to do with this information?

Child and family assessment to be completed by Children's social care as from considering the St Helens descriptions of need document school strongly feel that Tom and his siblings will be unlikely to achieve a reasonable level of health or development. Tom will not be able to achieve educational outcomes expected of him without the provision of services as home life is hindering him from engaging fully in education and engaging in social relationships. Also the family need a multi-agency response of targeted support to improve outcomes.

AJ will make a referral to Home start today as mum consented to this during the visit

AJ has contacted Helena Primary to share the concerns and advise that it seems Tom is taking Sophie to school

AJ has agreed with mum that Tom will not take Sophie to school anymore

AJ has agreed with mum that Tom will be in school at 8:45am tomorrow

School will continue to support and monitor Tom's attendance alongside EWS

The Child/ren / Young Person(s) Voice

What did the child/young person say? What are your observations of the child/young person? What is the child's/young person's view on what needs to happen?

Attach my views document alongside this referral if completed

Tom has said that he can't "think straight" in school because he's always worrying about what is happening between mum and Mark at home and if they are arguing. Tom gets scared about arguments happening when he isn't there because Olivia cries and he can't help her and his mum if he is in school. Tom said he thinks the arguments are about Mark spending money at the pub.

Tom wants to go to school and see his friends but he is worried

Tom said he would like it if his sisters had more toys and the house wasn't so messy

Mum and dad argue on the phone to and Tom said he can't see his dad because his mum is angry and sad at him for cheating on her.

When talking about what happens at home and his routine Tom said he gets himself up some mornings but other days he stays in bed as he "cant be bothered and neither can mum".

Outline your agency's role / service provided to the child and/ or family and your knowledge of the child/ young person's needs and parenting capacity to meet these.

What action have you / your agency taken to date to address the concerns?

Is there any additional support/signposting that you could offer which would reduce or manage the concerns?

Have you considered completing an Early Help Assessment Tool (EHAT) or convening a Family Action Meeting (FAM)?

(If you or your agency have already completed a EHAT please attach it with this referral form)

Could you initiate an EHAT plan to address the issues now?

School have been making attempts to contact mum to discuss our concerns about Tom's attendance, his presentation and to explore the possibility of EHAT support for weeks. As this was proving impossible over the phone we have now completed a home visit and discussed the concerns at length with mum and considered Tom's voice and lived experiences. **Based on this and review of the descriptions of need document we feel the concerns meet threshold for level 3**.

Agencies working with The Child/children/ Young Person(s)

AGENCY	NAME	TEL:	AGENCY	NAME	TEL:
Education Welfare Officer (EWO)	Bernadette Grey	01744671244	**Nursery**		
School	Helena Primary for younger siblings	01744678999	**Health Visitor (HV)**	Julie Rogers	01744 612354
School Nurse	Paula Miller	01744 223311	**Youth Justice Service**		
Community and Adolescent Mental Health Service (CAMHS)			**Community Paediatrician**		
Police			**Other**		

ETHNICITY

The children's social care method of determining a child/young person's ethnicity involves first asking the child/young person about their ethnic identity. If they are not yet old enough to respond, ask their primary carer.

Ethnicity is now specified using the codes within the Common Basic Dataset (CBDS). The ethnicity of unborn children should be coded under "Information not yet obtained", even if it is thought to be known.

This item should <u>not</u> be left blank.

White British	☒	White and Black Caribbean	☐	Pakistani	☐	Any other Black background	☐
White Irish	☐	White and Black African	☐	Bangladeshi	☐	Chinese	☐

Traveller of Irish Heritage	☐	White and Asian	☐	Any other Asian background	☐	Any other ethnic group	☐
Any other White background	☐	Any other Mixed background	☐	Caribbean	☐	Refused	☐
Gypsy/Roma	☐	Indian	☐	African	☐	Information not yet obtained	☐

RELIGION					
Christian	☒	Jehovah Witness	☐	Taoist	☐
Atheist	☐	Muslim	☐	Not Known	☐
Hindu	☐	Sikh	☐	Other Religion	☐
Buddhist	☐	Mormon	☐	Refused to say	☐
Jewish	☐	Jainism	☐	No Religion	☐
If 'Other Religion' category chosen, please give details:					

First Language Child/ren	**English**	**Interpreter Required?**	YES ☐ NO ☒
First Language Parent/Carer	**English**	**Interpreter Required?**	YES ☐ NO ☒

Please email the completed Service Request form to the Contact Centre:

adultandchildrenteam@sthelens.gov.uk

NEW FOR 2024

Electronic Service Request Form

Throughout 2022/23, St Helens Children and Young People Service have worked to develop an electronic version of the above Service Request Form. The role out of this form commenced with a small number of agencies being utilised. At the beginning of 2024 this will be formally launched and rolled out across wider agencies. The electronic form will include guidance in relation to the information required, when completing the electronic form practitioners should still consider and incorporate the guidance included in the above email example.

Sources of further information

Birth to five development timeline:
Birth to five 2023 complete.pdf (hscni.net)

Bruising in non-mobile children:
pan_mersey_bruis_non_mobile.pdf (proceduresonline.com)

Care, Education and Treatment Reviews (CETRs):
https://www.england.nhs.uk/learning-disabilities/care/ctr/care-education-and-treatment-reviews/

Child Exploitation Protocol (pan Mersey)
Microsoft Word - FINAL VERSION PAN Merseyside Multi Agency CE Protocol March 2018 (004).docx (proceduresonline.com)

Child Neglect:
https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/neglect/

Common approach to Child Health (Catch):
www.catchapp.co.uk

Family Information Service Directory:
St Helens Borough Council - St Helens Borough Council

Female genital mutilation:
Female Genital Mutilation

Management of Perplexing Presentations and Fabricated or Induced Illness:
pan_mersey_fab_illness.pdf (proceduresonline.com)

Graded Care Profile:
https://learning.nspcc.org.uk/services-children-families/deliver-nspcc-services/

Healthy Child Programme (NHS):
Healthy child programme - GOV.UK (www.gov.uk)

Harmful Sexual Behaviours:
https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/harmful-sexual-behaviour/harmful

St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

Merseyside Honour Based Violence and Forced Marriage Protocol

Information Sharing:
https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

Knife, gun and gang crime:
https://www.gov.uk/government/policies/knife-gun-and-gang-crime

Making a complaint:
Complaints, comments and questions - St Helens Borough Council
(Also see Multi-Agency Resolution Policy)

Multi-Agency Resolution Policy
St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

Missing from home or care strategy:
https://sthelensscb.proceduresonline.com/chapters/full_contents.html#cases

Online Safety
https://www.sthelens.gov.uk/community-living/digital-st-helens/staying-safe-online/

Pre-Birth Protocol:
pan_mersey_pre_birth.pdf (proceduresonline.com)

Prevention of homelessness and provision of accommodation (16/17 yr. olds):
https://www.gov.uk/government/publications/provision-of-accommodation-for-16-and-17-year-olds-who-may-be-homeless-and-or-require-accommodation

Prevent Duty Guidance:
https://www.gov.uk/government/publications/prevent-duty-guidance

Private Fostering:
Children Living Away from Home with Other Families (proceduresonline.com)

St. Helens Safeguarding Children Partnership - Families (sthelenssafeguarding.org.uk)

Resolution Policy:
new_policy_final.docx (live.com)

Sexual Behaviours Traffic Light Tool:

https://sthelenssafeguarding.org.uk/scp/scp/workforce/child-sexual-abuse

St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

Signs of Safety:
St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

St Helens Council:
https://www.sthelens.gov.uk/

St Helens Young Carers:
http://www.sthelensyoungcarers.org/

St. Helens Child Protection Procedures:
https://sthelensscb.proceduresonline.com/chapters/full_contents.html#cases

St Helens Safeguarding Children Partnership:
St. Helens Safeguarding Children Partnership - scp (sthelenssafeguarding.org.uk)

St Helens Missing and Child Exploitation (Sexual & Criminal) Service
https://www.catch-22.org.uk/services/st-helens-missing-child-sexual-exploitation-service/

Special Educational Needs and Disabilities (SEND):
https://www.sthelens.gov.uk/send

Transfer between Local Authority procedures:
https://sthelensscb.proceduresonline.com/chapters/full_contents.html#cases

Think Family:
St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

St Helens Multi-Agency Early Help standards & criteria for expected practice

St. Helens Safeguarding Children Partnership - (sthelenssafeguarding.org.uk)

Working together 2018:
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Advocacy Focus Referral Form:
Referral Form: Children's Advocacy - St Helens and Salford - Advocacy Focus

Advocacy Rights:
What is Advocacy? - Advocacy Focus

Children's Rights Helpline St Helens - Advocacy Focus

Bibliography

1. **H M Government.** *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.* London : Crown copyright, 2018.

2. **Department of Education & Department of Health.** *Special educational needs and disability code of practice: 0 to 25 years.* London : Crown Copy Right, 2015.

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6. **NHS England.** Care, Education and Treatment Reviews (CETRs). [Online] 2018. https://www.england.nhs.uk/learning-disabilities/care/ctr/care-education-and-treatment-reviews/.

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10. ***PAN Merseyside Multi-Agency Protocol Safeguarding children & young people from Child Exploitation (CE).* Merseyside** : Merseyside Safeguarding Partnership, 2018.

11. **Social Care Institute for Excellence.** Effective supervision in a variety of settings. [Online] January 2017. [Cited: 5 September 2018.] https://www.scie.org.uk/publications/guides/guide50/foundationsofeffectivesupervision/managingperformance.asp.

12. **skillsforcare.** *Effective Supervision in Adult Social Care: Free summary edition.* Leeds : Skills for Care, 2015.

13. **Blackburn with Darwin Borough Council.** Supervision Guidance – Early Years and Early Help, Early Years Nursery Team. [Online] February 2015. http://blackburndarwenchildcare.proceduresonline.com/chapters/p_early_help_sup_guide.html.

14. **Camden Safeguarding Children Board.** *Multi-agency thresholds and assessment guidance 2017.* Camden : Camden Safeguarding Children Board, 2017.

Revision History

The document was launched in November 2018 and there were staff briefing sessions in November, December 2018 and January 2019; a number of agencies also briefed their own staff; data collected indicates 600 professionals have been briefed. In addition to feedback received from the briefing sessions further multi-agency review of the Descriptions of Need took place in 2019, 2021 and again in 2023. The main changes are:

- **Front page:** photo changed
- **Page 2:** updated the welcome
- **Page 5:** Diagram 1 was updated to include numbers for each level
- **Pages 6-10:** added in parental responsibility, informed consent and references for information sharing, more on the graduated response to SEND
- **Page 10:** reference to Multi Agency Resolution Procedures has been updated
- **Page 12:** added in the need to gather historical information to inform current assessment
- **Page 12:** SOS practice guidance has been updated
- **Page 13:** GCP2 guidance has been updated
- **Pages 15-28:** added in some 'key services', changed to age and developmentally appropriate, added in home education, added in missing from home, added in more on exploitation (including

on-line), added in teenage pregnancy, added more on over/under weight, added in more on mental illness, added in clear definitions on school attendance, added in parents physical, learning or mental health and emotional needs, added more on history of abuse, added in more on parental conflict / domestic abuse, more on home conditions, added in length of hospital admission, sudden and unexpected death, and serious crime

- **Page 30–32:** Supervision and Support has been updated
- **Page 32:** additional contact information added into the section where to go for advice
- **Page 32-41:** New section added "Expectations when completing St Helens Children and Young Peoples Service Request Form"
- **Page 42-44:** new sources were added including information sharing, missing from home or care, online safety, child protection procedures, private fostering arrangements, and transfers between local authorities
- **Page 45-46:** as well as adding the revision history, the acknowledgements were updated
- There is increased reference to complex safeguarding through out the document.

Acknowledgements

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