

Thresholds for access to services

**For children and families
in Leicester, Leicestershire & Rutland**



Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland

Working Together to Safeguard Children 2018 requires Local Safeguarding Children Partnerships to publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

This should include:

- The process for the early help assessment and the type and level of early help interventions or services to be provided; and
- The criteria, including the level of need, for when a case should be referred to Local Authority Children's Social Care for assessment and for statutory intervention or services under:
 - Section 17 of the Children Act 1989 (children in need)
 - Section 47 of the Children Act 1989 (reasonable cause to suspect child is suffering or likely to suffer significant harm)
- Clear procedures and processes for cases relating to:
 - The abuse, neglect and exploitation of children
 - Children managed within secure youth establishments
 - Disabled children.

This document is relevant to:

Practitioners and Managers in agencies and organisations providing services to children and families in Leicester, Leicestershire & Rutland.

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Introduction

Promoting children's welfare is most effective when they receive help early and at a level according to their needs. The aim is to provide early interventions for children, young people and families that require support to prevent them moving towards higher levels of need, and to reduce the levels of need once these have been identified. This guidance is designed to help identify when a threshold or trigger has been reached, indicating when a child or family might need safeguarding and protection and then to identify where best to get this support from.

This guidance is for practitioners in all agencies who have direct or indirect contact with children, young people and their families in Leicester, Leicestershire and Rutland.

Using the guidance will help practitioners and managers to identify the support that a child, young person or family might need and how best this support can be provided.

The needs of children and young people and their families should be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and, where appropriate, statutory guidance. Practitioners should also take account of the available resources, local priorities, agency and national policy guidance.

This document applies to all practitioners, managers and organisations across Leicester, Leicestershire and Rutland. Each local authority area has a different type of service to offer in Children's Social Care, Early Help offer as well as Disabled Children Service. It replaces all other previous Threshold Guidance.

This document is intended to offer guidance about the type of need which would trigger service. There will be circumstances in which children's needs will cross tiers and for which practitioners will need to seek advice and guidance to ensure service provision is having an impact.

Who is this document for?

- Practitioners who are in contact with children and families who have a concern about a child and want to know how they should help them.
- All children services providers to enable them to support and safeguard children.
- Anyone who has concerns about a child.

Principles underlying this document

It's good to talk

- Early identification of difficulties or risks to provide improved outcomes for children and young people are aided by close collaboration between individual workers, parent/carers and wider partner agencies. This starts with having early conversations with parent/carers and other practitioners and asking what will help and how this can best be provided.
- The needs of children and young people are the concern and responsibility of all agencies and practitioners in Leicester, Leicestershire and Rutland that have contact with children.
- Talking and listening to children and observing their behaviour will help us to understand their lived experiences; what support/help they need.

Proportionate intervention

- Children's needs should be determined by a robust assessment which informs a proportionate service response. This threshold document seeks to enable practitioners to identify the right support for the right child at the right time.
- Most children are helped best by those who already know them and work with them.

A coordinated approach – avoiding duplication

- Safeguarding children is everyone's business.
- In some cases, especially those which are considered complex, a range of specialist meetings associated with different processes may be required. The aim(s) of some of these meetings may be complementary and good coordination and planning will be central to ensuring that families have a clear understanding of what help is on offer and how this is being delivered.

Working in partnership with the family

- Parents and carers should be involved at the earliest opportunity when safeguarding concerns are identified to enable a discussion about how best they can support and protect their child.

Different types of assessed need and levels of intervention

In this guidance we have identified four levels of need: –

Tier 1 | Requiring universal services – children with no additional need (UNIVERSAL)

Children and young people who are achieving expected outcomes and have their needs met within universal mainstream service provision without any additional support.

Tier 2 | Requiring early intervention – children with some additional needs (ADDITIONAL)

Children and young people where some worries are emerging and who will require additional support usually from practitioners already involved with them including schools, health visiting services, children's centres (where they are available) and may also require an Early Help Assessment.

Tier 3 | Requiring targeted early help support – children with multiple needs becoming more complex (TARGETED)

Children and young people where there are significant worries over an extended period or where worries recur frequently who would benefit from a coordinated multi-agency team around the family approach, and who will be supported by an Early Help Assessment.

Tier 4 | Requiring acute/statutory intervention – children with complex and or acute needs (SPECIALIST)

Children and young people who present with acute needs/are very vulnerable and interventions are required to respond to risk of abuse or neglect. They will require a response from specialist service such as Children's Social Care and Community Mental Health Services.

When there is reason to suspect that a child is suffering or likely to suffer significant harm, a referral must be made following Leicester, Leicestershire and Rutland's Children Safeguarding Procedures.

This document is intended to offer guidance about the type of need which could lead to a service being offered. However, there will be circumstances in which children's needs will cross tiers and for which practitioners will need to seek advice and guidance to ensure service provision is having an impact. The tiers represent the types of agencies involved. However, within Tier 3, a specialist agency such as CAMHS could be the lead professional for an Early Help Assessment where there are no safeguarding issues. Within Tier 4, a range of early help services may be supporting families as part of a specialist intervention.

Different types of assessed need and levels of intervention



Continuum of need

The continuum of need in Leicester, Leicestershire and Rutland has four levels. These should help practitioners to decide what assessments and support children, young people and families may require in order to meet their needs.

Children, young people and families will move between levels of need according to circumstances, so services need to be flexible to meet need as it changes.

Most children's development needs can be met solely through universal services such as health, education, housing and the voluntary and community services sector who can also provide additional and targeted support. However, some children may need further help to maintain a good level of development and achieve good outcomes. This may be due to a number of adverse childhood experiences which may include disability, poor standards of parenting or other disadvantaged circumstances. These children may need targeted services and interventions from a range of agencies to meet their needs and maximise their outcomes. For some children, unassessed or unmet needs create risk of abuse or neglect and the intervention will focus on keeping them safe from harm. To be effective this will rely on robust multi-agency assessment and safety planning.

All practitioners should ask what they can do to help and support children that they come into contact with, in order to ensure that their additional needs are identified. Practitioners will need to continue to contribute to multi-agency plans when children's needs become complex. All agencies should make reasonable adjustments to enable children and their families to access services, as required under the Equality Act 2010.

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

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

Understanding Early Help – accessing support at Tier 2 and Tier 3

What is an Early Help Assessment?

Early help means providing support as soon as a concern emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help relies on local organisations and agencies working together.

The Early Help Assessment (EHA) is a multi-agency team around the family approach with an identified lead professional co-ordinating a whole family plan to address multiple issues at an early help threshold. The assessment is used to assess the needs of the child, young person or family when additional needs start to be identified and when these become more complex and require more than one agency to provide help. It provides a framework for practitioners and families to work together to improve outcomes for children.

When should an Early Help Assessment be completed?

Tier 2 and 3 below describe the continuum of support for children and families. However, all practitioners should have access to support via a line manager or designated safeguarding lead to provide support when making decisions regarding intervention and how a child's needs can be met. More guidance to support making referrals using the Multi-Agency Referral Form (MARF) for social care and council early help services is available at the links on page 10 below.

Tier 2 – Agencies will undertake their own assessment to identify need. Some agencies may have their own assessment tool that is used to identify single agency support for children. An assessment of need could be considered at this tier as it can assist in making sense of a child's needs and what help is required. The Early Help Assessment provides a framework to start conversations with parents and children and can be used to identify what agency support may be required at Tier 2. This should be considered as soon as there is a concern that a child has additional needs.

Tier 3 – Where agencies request support from other agencies (except the local authority) to contribute towards an assessment and provision of support for a family. The Early Help Assessment should be used when single agency help is not bringing expected outcomes and a multi-agency whole family plan is being considered at Tier 3. It can help to determine the help and support that a child, young person or family requires to meet their needs when multiple issues may be emerging. It is important that the child and parent/carers' voices are captured as part of the Early Help Assessment process and that they both understand and are committed to the action they need to take to improve their own outcomes. An Early Help Assessment will require parent/carers and young people aged over 16 to engage with the process and agree to the services that are being recommended.

What happens once the Early Help Assessment is completed?

There are different coordination points running along the continuum of need. Coordination points are meetings, processes or services that play a key role in identifying and coordinating needs, activities and services. They all play a role in coordinating the help that a child and family need but the specifics of the process may be defined locally across Leicester, Leicestershire and Rutland.

In principle the completion of an Early Help Assessment should result in a meeting to agree a plan with the family. This may be called an Early Help planning meeting or a Team Around the Family (TAF) meeting. This meeting should include the child, young person, family and practitioners from any relevant agencies to develop an action plan that meets the needs of the child, young person or family.

At the first TAF meeting, a 'lead practitioner' should be identified. The lead practitioner ensures that agency involvement is streamlined, co-ordinated and communicated effectively. The lead practitioner should be nominated through consultation with the child or young person and their family together with the agencies involved in the plan. The lead practitioner can be from any agency. The person appointed to the role should be the practitioner most appropriate given the circumstances and the wishes of the child, young person and family. The name and contact details of the lead practitioner should be clearly communicated to the child, young person and family as well as all the practitioners involved. The Team Around the Family plan should be reviewed at regular periods, normally six to twelve weeks, until the identified improved outcomes have been achieved.

Each local authority area has a clearly defined early help offer and Early Help Assessment model. Many services across Leicester, Leicestershire and Rutland provide a range of early help services that can support the Early Help Assessment model to be effective for families. Further information about the current Early Help offer and Early Help Assessment model and how to request targeted early help services in Leicester, Leicestershire and Rutland can be found online at the links given here:

Leicester-specific information

- Early Help offer: [here](#)

Leicestershire-specific information

- Early Help offer: [here](#)

Rutland-specific information

- Early Help offer: [here](#)

If at any point during the Early Help Assessment process risk of harm is identified or the plan is having no impact to improve outcomes for the child(ren), consideration should be given to making a referral to Children’s Social Care. If practitioners suspect that the child or young person is suffering, or is likely to suffer, significant harm then a telephone referral should be made without delay to the appropriate Children’s Social Care Duty Service using the local procedure. Some authorities refer to these as ‘front door’ or ‘access point’.

Multi-Agency Referral Form (MARF) links

- Leicester City MARF form link: [here](#)
- Leicestershire MARF form link: [here](#)
- Rutland MARF form link: [here](#)



Children entitled to a statutory assessment – Specialist services at Tier 4

Statutory requirements for children in need – Children Act 1989

The Children Act 1989 sets out the Local Authority duties to provide services for children in need for the purposes of safeguarding and promoting their welfare.

Local Authorities undertake assessments of the needs of individual children and must give due regard to a child's age and understanding when determining what, if any, services to provide.

- A child in need is defined under Section 17 of 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.
- Under Section 47 of the Children Act 1989, where a Local Authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, the Local Authority has a duty to make enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse or neglect.

There are specific requirements to consider the needs of some young people where specific complexities may be identified. These include:

- Disabled children and their carers
- Young carers
- Children in secure youth establishments
- Children where threats exist outside of the home

It is important to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people.

Extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children and young people can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines, trafficking, online abuse; teenage relationship abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Further information on the duties of the Local Authority regarding assessments can be found in the statutory guidance Working Together to Safeguard Children 2018.

A link is available [here](#).

Further information about the current disabled children processes in Leicester, Leicestershire and Rutland can be found online at the links given here:

Leicester-specific information

- Disabled Children Service offer: [here](#)

Leicestershire-specific information

- Disabled Children Service offer: [here](#)

Rutland-specific information

- Disabled Children Service offer: [here](#)



Pre-birth Assessments

The Leicester, Leicestershire & Rutland Safeguarding Children Procedures on Pre-birth Assessments apply to all practitioners who have identified any concerns for an unborn baby and provide a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby.

The procedures can be found [here](#).

Information sharing

Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare and for wider public protection.

A key factor identified in many Child Safeguarding Practice Reviews (CSPRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

The current Information Sharing Agreement is [here](#).

Resolving practitioner disagreements and escalation of concerns

The Leicester, Leicestershire & Rutland Safeguarding Children Procedures contain details on the resolution processes appropriate in circumstances where unresolved differences exist between the agencies regarding the handling of a case.

The procedures can be found [here](#).

Role of the LADO

Allegations are sometimes made against practitioners or others working with children and young people. It is a legal requirement that any agency must inform the local authority designated officer (known as the LADO) within one working day when an allegation is made against any member of staff or volunteer and prior to any further investigation taking place.

Further details about the Allegations Against Persons who Work with Children processes can be found [here](#).

Whistleblowing

Whistleblowing or confidential reporting policies are designed to encourage any member of staff to raise concerns if they suspect malpractice in their organisation. The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. Staff should raise concerns within their organisation first, following the 'whistleblowing' or other organisational policy, unless they think the employer will cover it up, would treat them unfairly if they complained or hasn't sorted it out and they've already told them. If this is the case the employee can contact a Prescribed Organisation, which has a duty to deal with the concern.

The Safeguarding Children Partnership procedures relating to Whistleblowing can be found [here](#).

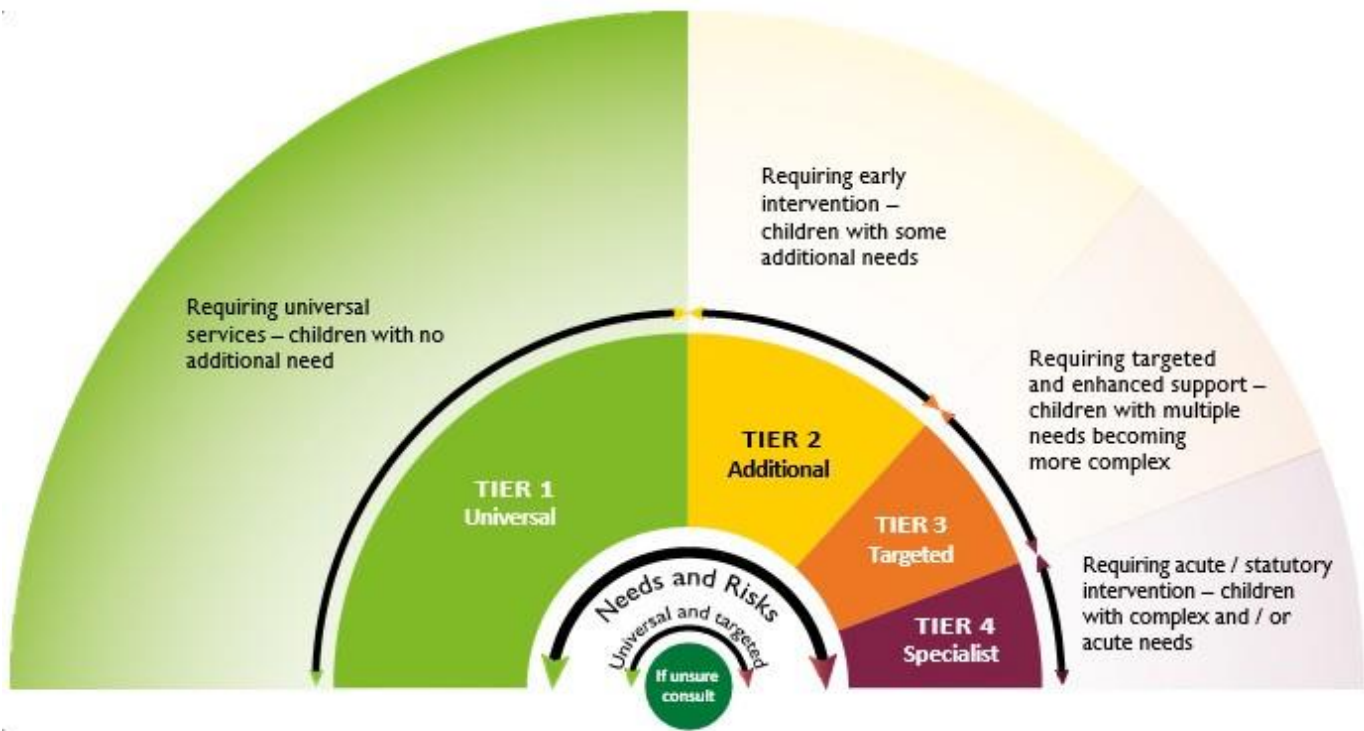
Assessment Framework

For more information about the principles of assessment in Leicester, Leicestershire & Rutland see the Safeguarding Children Partnerships procedures [here](#).



Appendix 1

Children and young people's needs, risk and thresholds





	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and /or acute needs (SPECIALIST)
Child Factors	<ul style="list-style-type: none"> • Child is healthy and well, registered with a GP and dentist, and parent/carers are accessing health services and responding to advice. • Child has a healthy diet with age appropriate height and weight. • Child in general is achieving the expected developmental milestones including speech and language. • Child is developing age appropriate self-care skills. • Child usually appears to have good hygiene with clean skin, hair and teeth. Is appropriately dressed for their age and the environment. • Child shows clear indicators of secure attachment to care giver. • Child generally shows indicators of positive identity, self-worth and feeling of belonging. • Child is able to cope with day to day emotional and relationship difficulties with parental and peer support when needed. • Child usually has positive relationships with siblings and peer group. 	<ul style="list-style-type: none"> • Child has not been brought to health appointments and immunisations. • Health problems / disability which can be supported in a mainstream school. • Height and weight starting to be unhealthy or fluctuating. • Slow to reach or maintain developmental milestones including speech and language. • Lack of age appropriate self-care skills. • Emerging evidence of inconsistent hygiene with dirty skin, hair and teeth and dirty and/or inappropriate clothing for the weather. • Symptoms of insecure attachment (e.g. babies avoiding eye contact/not smiling or reaching out to be comforted; older children attention seeking behaviour; expressions of lack of self-worth). • Low level mental or emotional issues requiring intervention but without suicidal thoughts or intent. • Challenging 	<ul style="list-style-type: none"> • Not seen by health practitioner/s despite multiple invitations leading to concerns about the child’s health needs. • There is a delay in expected growth and developmental milestones and/or including language delay for a child of any age (medically assessed). This is affecting the health and education of the child. • Consistently poor hygiene impacting on the health of the child. • Lack of age appropriate self-care skills within expected milestones (not attributed to disability or organic cause) and impacting on the health of the child. • The child or young person has made minimal health improvements in growth and development despite early intervention, medical advice and support and this could include evidence of disguised compliance of the parent or carer. • Significant issues of poor attachment. 	<ul style="list-style-type: none"> • Prolonged neglect of child impacting on their wellbeing and developmental needs. • Medically unexplained delay in growth and development with clear evidence that this is impacting on the health, development and education of the child or young person. • Lack of self-care / inadequate nutrition and missing appropriate access to health; this is impacting on their health, development, education and future potential and exposes the child to serious harm. • High level of disability and/or serious physical, mental or emotional health problems, including serious self-harm and suicidal ideation evidencing the risk of serious harm. • Professional observation of frequent parental criticism, non-engagement with baby/child and expectation beyond developmental age of child. • Persistently difficult to comfort baby, unsettled/crying, difficult to feed, poor

<ul style="list-style-type: none"> • Age appropriate sexual interests / activity. • Regular attendance at nursery or school, causing no concerns to teaching staff. 	<p>behaviour that parent/carers find difficult to manage.</p> <ul style="list-style-type: none"> • Bullying / being bullied. • Difficulty in forming positive peer relationships. • Sexual interests/activity which are not age appropriate. • Child/young person becoming socially isolated. • Practitioners from health and/or education starting to have concerns that child's physical needs are not being met. • Unexplained poor school attendance. Failure to make progress in learning. • Emerging signs of offending or antisocial behaviour including episodes being missing from home. • Adverse family and/or environmental circumstances beginning to impact on child's wellbeing including the above. • Awareness of risk of shaking a baby and comfort methods but emerging concerns of inconsistency in applying ICON messages. Needs guidance and support to manage a crying baby and their responses as carers. 	<ul style="list-style-type: none"> • Difficulty coping with anger, frustration or upset. Emerging self-harm with suicidal ideation. • Disability or health condition requiring specialist support including mental health conditions. EHCP/High level needs funding. • Increasingly challenging / offending behaviour including found with drugs and/or carrying a weapon. • An emerging pattern of child missing from home or education. • Child's substance or alcohol misuse posing a risk to their health. • Emerging pattern of sexual behaviour inappropriate to age / harmful sexual behaviour. • Emerging concerns around risky sexual activity posing a risk e.g. peer on peer coercive control and exploitation. • Child starting to miss educational opportunities e.g. short-term exclusions, persistent non-attendance, withdrawal from school / school avoidance or insufficient home-schooling arrangements. • Forming inappropriate relationships with 	<p>sleep pattern.</p> <ul style="list-style-type: none"> • Child's behaviour and activities place self or others at imminent risk. • Child discloses abuse / neglect, injuries not consistent with explanation. • Child persistently missing from home. • Serious family and environmental factors impacting on child's safety and wellbeing – e.g. domestic abuse, parental mental health, parental substance misuse and/or alcohol misuse. • Fabricated or Induced Illness (FII). • Child persistently missing from educational opportunities that impacts on the child's education and social development – e.g. longer-term exclusions, persistent non-attendance, withdrawal from school / school avoidance or inadequate home-schooling arrangements. • A young person who is 16 or 17 years old and is presenting as homeless. • Non-mobile baby with an injury. • Teenage pregnancy under 13 years. • Child under 16 living outside immediate family network which may meet the criteria of a private fostering
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			<p>unknown adults.</p> <ul style="list-style-type: none"> • Despite advice, support and guidance using ICON and other appropriate advice, there is a repeated inconsistent response to care giving and significant concerns of the risks other carers and unknown adults pose to the baby/infant. • The carer struggles to manage a crying baby and understand normal developmental behaviours of infants. <p><u>Fabricated or Induced Illness</u></p> <ul style="list-style-type: none"> • Presentation of medically unexplained symptoms (MUS), Perplexing Presentations (PP) resulting in: • The child has limited/interrupted school attendance and education. • The child's normal daily life activities are limited. • The child assumes a sick role (e.g. with the use of unnecessary aids, such as wheelchairs). • The child is socially isolated. 	<p>arrangement.</p> <ul style="list-style-type: none"> • Unaccompanied young person presenting for asylum to any agency or service. • Baby at risk of significant harm – despite high levels of support, there is prolonged evidence of failure to implement ICON advice and high risk behaviour in relation to handling and leaving the baby with unknown or young carers. <p><u>Fabricated or Induced Illness</u></p> <ul style="list-style-type: none"> • Presentation of medically unexplained symptoms (MUS), Perplexing Presentations (PP) resulting in serious harm to the child's health, development and life. • The child undergoes repeated (unnecessary) medical appointments, examinations, investigations, procedures & treatments, which are often experienced by the child as physically and psychologically uncomfortable or distressing. • Restrictions in child's daily living activities risk emotional harm, social isolation, independence and self-worth.
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ACTION	<p>Children and family will access universal services and have no additional need</p>	<p>Gather more information, consider completion of Early Help Assessment with family Involve relevant agencies in the Team Around the Family plan Identify lead professional</p>	<p>Complete an Early Help Assessment with the Family If concerns escalate, seek advice from agency / safeguarding lead Consider completing a MARF</p>	<p>Referral to Tier 3 and 4 services Child requires specialist or statutory involvement Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm Refer to Children's Social Care immediately</p>
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	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and / or acute needs (SPECIALIST)
Parenting Factors	<ul style="list-style-type: none"> • Parent/carers can generally provide good care, meeting children’s safety, physical and protection needs. • Parent/carers provide a safe and secure environment and support access to consistent and positive activities. • Parent/carers provide secure attachment and consistent caring parenting; guidance and boundaries in place to help child develop appropriately. • Supportive and positive family relationships, including separated parent/carers. • Support for and promoting of learning and development through education and play. • Safe and secure housing and environment. • Children’s physical, safety, developmental and emotional needs are met. • Parenting generally demonstrates praise, emotional warmth and encouragement. • Parent/carers respond to advice from services. • Parent/carers manage their own physical and emotional health 	<ul style="list-style-type: none"> • Parent/carers whose learning difficulties (including literacy difficulties) may impact upon them accessing and engaging with services. • Missing health appointments and/or unscheduled attendance at out of hours services including during pregnancy. • Inconsistent care / difficulties in attachment / child perceived as a problem. • Difficulties in managing child’s physical, emotional and developmental needs. • Poor parental relationship impacting on child. • Parent/carers not seeking help for health, developmental and education difficulties. • Parent/carers overly anxious about child’s health and developmental needs. • Parent/carers provide few opportunities for play and 	<ul style="list-style-type: none"> • Inconsistencies in parent/carers accessing support for the following areas: Domestic Abuse, Mental Health or substance misuse, including during pregnancy. • Substance and/or alcohol misuse / learning disabilities or poor mental health affecting the parent/carer’s ability to parent safely. • The parenting is having an impact on the child/young person’s mental health and/or self-harm behaviour. • Inconsistent parenting impairing the physical, emotional or behavioural development of the child. • Children with significant needs whose parent/carers are unable to meet them without support; support offered at a lower level has not achieved and sustained the desired outcomes. • Chaotic, intolerant, critical or rejecting parent/carers. • Child deliberately kept out of school and/or not receiving a suitable and efficient education. • Evidence of neglect of child, inappropriate 	<ul style="list-style-type: none"> • High levels of domestic abuse that puts child or unborn baby at risk. • Inadequate care: parent/carers unable to meet child’s health / safety / developmental needs, impacting on the child. • During pregnancy inconsistent acceptance of intensive support for mental health, alcohol, and substance misuse issues. • Concealed or denied pregnancy which would result in a referral to Children’s Social Care. • Young child left alone. • Evidence of fabricated illness. • Crisis occurring, including where parent/carers have disengaged with support services, where parent/carer has a disability, illness, mental health problem, substance misuse or domestic abuse which affects or is likely to affect their ability to parent safely. • Parental disengagement, minimal uptake of support services leading to minimal sustained improvement and the parenting is having an impact on the child/young person’s mental health and/or self-harm

<p>needs effectively.</p> <ul style="list-style-type: none"> • Parent/carers support development through age appropriate activities and interaction. Appropriate use of social media. • Parent/carer is aware of the risks of shaking a baby and is able to use comforting techniques and seek help if needed. • Awareness of the risk of shaking a baby and how to comfort a baby and seek support if needed. ICON 	<p>socialisation.</p> <ul style="list-style-type: none"> • Expectations of parent/carers exceed the child's developmental ability. • Harsh parenting / lack of boundaries and guidance and poor supervision. • Lack of ante-natal / post-natal care. • Post-natal depression. • Parent/carers acknowledge they need support for their substance misuse, mental health needs, social isolation, bereavement, domestic abuse and are accepting of this support. • Requires advice on parenting and behaviour management. • Condone absence from school / lack of support and interest in child's education. • Daily stresses affecting ability to ensure child's safety e.g. exposure to dangers online. • Parental history of adverse childhood experiences impacting on parenting. • Parent/carer aware of the risks of shaking a baby but needs some support and guidance to plan 	<p>boundaries, no access to play.</p> <ul style="list-style-type: none"> • Risk of relationship breakdown between parent/carer and child. • Child undertaking inappropriate caring/parenting tasks for siblings or parent/carers. • Parent/carers whose criminal, antisocial or hostile behaviour threatens the welfare of the child or undermines the intervention to support the child. • Parental behaviour: domestic abuse, substance misuse, mental health, criminal, antisocial or hostile behaviour threatens the welfare of the unborn child. • Parent/carers require intensive support to put guidance and boundaries in place. This includes advice on online danger to child/young person. • Parent/carers ignoring or unable to engage with advice about safe infant sleep practices, unable to adapt to mitigate risk. • Parent/carer is inconsistent in their response to the risks. <p><u>Fabricated or Induced Illness</u></p> <ul style="list-style-type: none"> • Parent/carers' insistence on continued investigations instead focusing on symptom alleviation when reported symptoms and signs not 	<p>behaviour.</p> <ul style="list-style-type: none"> • Child/young person rejected from family home. • Child beyond parental control. • Suspicion of physical, emotional, sexual abuse or neglect. • Unable to protect the child from immediate harm / inability to recognise the child is being placed at risk. • Individual in the home who is known to pose a risk to children. • Individual in the home who has previously had a child removed or had previous social care involvement. • Parent/carers unable to put professional advice re guidance and boundaries in place despite intensive support, including for online risks to child/young person. • Parent/carer place baby/infant at risk of significant physical harm with unknown or risky carers or is unable to respond to their infant or seek support. • Parents/carers leave the children without making adequate arrangements for their care. • Parent/carer displays episodes of severe withdrawal or irritability. • Parent/carer displays unusual and/or bizarre beliefs about the child. • Parent/carer makes
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		<p>how to manage crying and seeks appropriate help.</p>	<p>explained by any known medical condition in the child.</p> <ul style="list-style-type: none"> • Parent/carers' insistence on continued investigations instead of focusing on symptom alleviation when results of examination and investigations have already not explained the reported symptoms or signs. • Repeated reporting of new symptoms. • Repeated presentations to and attendance at medical settings, including Emergency Departments. • Inappropriately seeking multiple medical opinions. • Providing reports by doctors from abroad which are in conflict with UK medical practice. • Child repeatedly not brought to some appointments, often due to cancellations. • Objection to communication between professionals. • Frequent vexatious complaints about professionals. • Not letting the child be seen on their own. • Talking for the child / child repeatedly referring or deferring to the parent/carer. • Repeated or unexplained changes of school (including to 	<p>threats to harm their child or might do so as part of a suicide plan.</p> <p><u>Fabricated or Induced Illness</u></p> <ul style="list-style-type: none"> • Parental interference with child's treatment, medication or clinical management plan that is life threatening/puts the child at risk of serious harm. • Not able to accept reassurance or recommended management, and insistence on more, clinically unwarranted investigations, referrals, continuation of, or new, treatments (sometimes based on internet searches).
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			<p>home schooling), of GP or of paediatrician/health team.</p> <ul style="list-style-type: none"> • Factual discrepancies in statements that the parent/carer makes to professionals or others about their child's illness. • Parent/carers pressing for irreversible or drastic treatment options where the clinical need for this is in doubt or based solely on parental reporting. 	
ACTION	<p>Children and family will access universal services and have no additional need</p>	<p>Gather more information, consider completion of Early Help Assessment with family Involve relevant agencies in the Team Around the Family plan Identify lead professional</p>	<p>Complete an Early Help Assessment with the Family If concerns escalate, seek advice from agency / safeguarding lead Consider completing a MARF</p>	<p>Referral to Tier 3 and 4 services Child requires specialist or statutory involvement Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm Refer to Children's Social Care immediately</p>

	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and / or acute needs (SPECIALIST)
Family and Environmental Factors	<ul style="list-style-type: none"> • Supportive, positive family relationships, even where parent/carers are separated. • Good quality stable housing. • Home shows an adequate level of hygiene and cleanliness. • Good social and friendship networks. • Income is consistent and sufficient to meet child’s needs. • Access to universal services locally or parent/carer has access to transport. • Access to consistent and positive activities. • Family members are generally physically and mentally well. 	<ul style="list-style-type: none"> • Children affected by conflict in family relationships, including parental conflict. • Low income, debt or unemployment affecting family income and causing stress. • Overcrowded, unsafe or temporary housing / home not conducive to child’s play or activities. • Bereavement impacting on child or parent/carers’ well-being. • Living in an unsafe neighbourhood. • Family are victims of harassment / bullying or crime. • Poor access to universal services. • Lack of wider family support. • Sibling or close family member with disability or significant health problem. • Social isolation. • Poor hygiene in family home. • Using very young carers or carers who parent/carers do not know well. • Family does not have enough income to meet their needs. 	<ul style="list-style-type: none"> • Homeless in temporary accommodation or at risk of eviction. • Inadequate or overcrowded housing likely to significantly impair health or development and previous intervention has been ineffective. • Significant parental discord / Domestic Abuse. • Children do not have access to adequate clothing and nutrition. • Hygiene standards in family home are a cause for concern and have not improved following intervention. • Parent/carer socially excluded with no access to local services or family support. • Domestic abuse is present in the family environment. • Children or young people at risk of Trafficking, Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) or Radicalisation (Prevent), Modern Slavery, cybercrime, online grooming. Any of the above presentations affecting a pregnant 	<ul style="list-style-type: none"> • Individual who has contact with the family and is known to pose a risk to children. • Lack of adequate food, heating and clothing. • Homeless and destitute. • High levels of domestic abuse that put the child at risk. • Family home used for illegal activities, including sex work, drug taking and selling. • Children placed at risk by intoxicated adults visiting the home. • Child and family need immediate protection due to harassment and discrimination. • Forced marriage. • Honour based violence. • Breast Ironing / Female Genital Mutilation (FGM). • Children or young people who have experienced Trafficking Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) or Radicalisation (Prevent), Modern Slavery, cybercrime or online grooming. Any of the above presentations affecting a pregnant woman.

			woman.	
ACTION	Children and family will access universal services and have no additional need	Gather more information, consider completion of Early Help Assessment with family Involve relevant agencies in the Team Around the Family plan Identify lead professional	Complete an Early Help Assessment with the Family If concerns escalate, seek advice from agency / safeguarding lead Consider completing a MARF	Referral to Tier 3 and 4 services Child requires specialist or statutory involvement Follow Safeguarding Children Partnership Procedures if child at risk of, or suffering, significant harm Refer to Children's Social Care immediately

Types of services available (some services will be specific to each locality in LL&R)	Requiring universal services – children with no additional need (UNIVERSAL)	Requiring early intervention – children with some additional needs (ADDITIONAL)	Requiring targeted and enhanced support – children with additional needs becoming more complex (TARGETED)	Requiring acute / statutory intervention – children with complex and / or acute needs (SPECIALIST)
	<ul style="list-style-type: none"> • Universal services are available to this group of families – e.g. schools, colleges, nurseries, Children’s Centres, GPs, Public Health Nurse – Health Visitor, Public Health Nurse – School Nurse and Midwifery. • Access to more specialist provision may be required for a time-limited period or specific issues – e.g. Speech and Language. • Local Authority, Borough and District Council services – e.g. housing, homeless services, Community Safety Partnerships (CSPs). • Third Sector housing and homelessness services. • Talk2sort young people’s mediation service (The Bridge East Midlands). 	<ul style="list-style-type: none"> • All services at universal level. • Early Start City providing intensive early intervention programme. • Family Information Service and Local Offer. • Targeted Youth Support. • Children and Family Wellbeing Centres and Family Support, early help. • Schools – Pastoral Support Team, Parent Support Advisors, emotional well-being nurse. • Educational Welfare Service / Inclusion Service. • Barnardo’s Sibling Support and Young Carers Project. • Alcohol and Substance Misuse Services. • Healthy Together Packages of Care. • Specialist Health Visitors. • School Nursing Team. • Domestic Abuse Support Services. • A range of voluntary sector services. 	<ul style="list-style-type: none"> • All services at universal and additional levels. • Local Authority Targeted Early Help services. • Children’s Social Care. • Tenant’s First. • Youth Offending Team. • MARAC. • Integrated Inclusion Service. • SEND and disability services. • Education Psychology services. • IAPT Well-Being practitioners. • Family Therapy. • CAMHS. • Specialist Health and Disability Services. • Adult Mental Health. • Perinatal Mental Health Service. • Adult Learning Disability. • Child Sexual Exploitation, Sexual Abuse and Sexual Violence Support Services. • Multi-Systemic Therapy Team. • Special schools and alternative provision. 	<ul style="list-style-type: none"> • All services at universal, additional and targeted levels. • Children’s Social Care. • Acute Hospital in patient services. • Leicestershire Police.

Links to Local Authority, Borough and District Council websites

- Leicester City Council: [here](#)
- Leicestershire County Council: [here](#)
- Rutland County Council: [here](#)
- Borough and District Council websites: [here](#)



Leicester
Safeguarding
Children Partnership Board

WORKING TOGETHER TO
KEEP CHILDREN SAFE



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