

Continuum of Need

Indicators for Support



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Helping practitioners working with children, young people and families

All children, young people and their families are unique with different backgrounds, strengths, needs, worries and aspirations. This means that the support a child needs whilst growing up or when things are not going so well will also be unique to them.

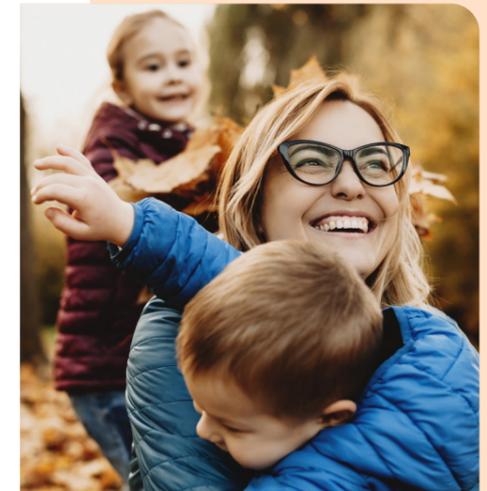
For this reason Swansea Council has developed an approach that aims to provide children and families with the Right Support at the Right Time. This approach is consistent with the principles of the Social Services and Wellbeing (Wales) Act 2014 which focuses on working with people, in partnership and the prevention of escalating needs. This includes:

1. Helping people to problem solve and find their own solutions by working with the whole family and systems around children, young people and families
2. Providing an information advice and assistance service
3. Having meaningful conversations with people about what matters to them
4. Delivering preventative services across the council
5. How departments and organisations work in partnership with each other and develop plans with children, young people and families
6. Provide a service in the Welsh language or the preferred language of children, young people and families

It's important to note that the new Wales Safeguarding Procedures (2019) also identifies the need to focus on prevention first.

Swansea Child & Family Services are committed to using a Signs of Safety / Wellbeing model. This is an innovative strengths-based, safety-organised approach that is for child protection casework, which is grounded in partnership and collaboration. It explores strengths and risks in families in order to stabilise and strengthen a child and family's situation.

Using the Signs of Safety / Wellbeing framework and the continuum of need we will work with children and families to help them identify their needs and the right support for them. The needs of children, young people and families exist on a continuum and the support might be from within their natural network of family or friends but could also be from places in their communities like charities,



Wellbeing – The state of being comfortable, healthy and happy.

In Swansea we hope to support people by changing mind set and / or behaviour to empower them to make positive lifestyle choices to improve their overall health and wellness.



religious groups, health services and schools. Sometimes children and families will need specialist support services or Child and Family statutory Services. This document describes the different types of support that children and young people may need at times from across continuum of need.

The discussions, assessments and support will be proportionate to meet the needs of the family. If there are child protection concerns then child and family services will always need to be involved and there will be a care and support plan.

As children grow up and become adolescents they spend more time outside of the home and this sometimes changes the circumstances of their needs. In Swansea we will take a contextual approach to children and young people's needs. This means that support may be offered in the context where it is needed, for example youth work within the community.

Swansea's Continuum of Need – Indicators for Support is a guide to professional decision making. The aim is to maximise opportunities for the right level of support to be offered at the right time, to ensure that a child, young person or family's needs are met in a proportionate, robust and timely way, improving life chances and keeping children and young people safe. The continuum of need and indicators for support should always be viewed as a clear and fluid continuum, responsive to changing circumstances and environments through which children may travel both down and up and will on occasion be accessing services across the continuum, as need determines.

It is also intended that this model be used to enable practitioners and their partner agencies to communicate their concerns about children using a common format, language and understanding of levels of need, concern and/or risk for children, young people and their families.

This document explains:

1. How to fully understand what's important and what matters to children, young people and their families and our collective responsibility in achieving this
2. Single agency response that can be provided without support from specialist services (key workers)
3. Multi-agency response where there are no child protection concerns or eligible care and support needs identified (lead workers) and how to access this support
4. The role of the Single Point of Contact in supporting the provision of Information, Advice and Assistance as well as safeguarding discussions and referrals to Early Help services
5. The threshold for statutory intervention, the legislation and frameworks Social Workers use and how to access this support

REMEMBER: IF YOU ARE REPORTING A CHILD IN DANGER OR AT RISK OF SIGNIFICANT HARM PLEASE FOLLOW THE WALES SAFEGUARDING PROCEDURES.

<https://www.safeguarding.wales/chi/>

Swansea is committed to working in line with the United Nations Convention on the Rights of the Child. Every child has a right to a name, place to live, be kept safe from harm and have a say in matters that affect them.

For more details on the articles in the UNCRC visit this website: <https://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>

How to fully understand what's important and what matters to children, young people and their families and our collective responsibility in achieving this

The term 'What Matters' is the approach set out in the Social Services and Wellbeing (Wales) Act 2014 that describes how, as professionals, we can understand the important things in a child, young person and family's life. In accordance with the Act, fully understanding What Matters to our service users will enable us to better allocate work so that service users get the right service, from the right person and the right time and are more engaged and involved in the decisions that affect them.

As professionals we have a role in understanding 'What Matters' so that we can identify the things that we can do to provide appropriate support to those who need it.

In supporting a good understanding of 'What Matters' professionals can follow these steps:

1. If you have worries about an individual or they speak to you about something that worries them talk to them about their worry, or ask an open ended question about how things are for them and their family. Ask them what they would like to happen that would make them feel better to understand 'What Matters' to them. Ask them if there is anyone they are particularly close to which would make it easier for them to talk. Explain that dependant on the nature of the worry, you may need to speak to someone else to make sure they get the support they need, including in the first instance parents or relatives.
2. At this point it is be important to consider any action you and your agency can take to help the child, young person or family. Consider if there are colleagues that might be able to support you and if you need to have conversations with the child, young person or families wider network.
3. Social Services have created a document that you can use to help you in this initial 'What Matters' conversation. This document is called a 'Practitioner Request for IAA' and can be used to give you some ideas on the types of questions you could ask or the next steps you could take. The information you record on the 'Practitioner Request for IAA' will feed directly into the child or young person's proportionate assessment so it is important that it is evidence based.
4. If during a 'What Matters' conversation, you receive information from a third party or you observe something that leads you to have reasonable cause to suspect that a child, young person or family is suffering or is likely to suffer significant harm, you can discuss these worries with your named Safeguarding Lead. If your safeguarding lead agrees that you need to speak to a qualified Social Worker you will need to contact the Social Services Single Point of Contact (SPOC) who will ask you to submit your 'Practitioner Request for IAA'.
5. It is still important for you to speak to the family, but if you are unsure about how to do this please seek advice. You can only make a referral to the SPOC, without consent, if by telling somebody else about your worries the child, young person or family would be at greater harm.
6. It is really important to maintain positive relationships with children, young people and families that are known to you and that your staff are open about the worries and seek consent to share the information with SPOC. A presumption of openness is very important and sets the tone for how we work with the child, young person or family going forward.
7. It is important that the reason for withholding information from a child, young person or family is clearly recorded with an explanation why in the circumstances you feel this action is necessary. Safeguarding and promoting the welfare of the child must always be the overriding consideration.

Single agency response that can be provided without support from professional services (key workers)

Using the model to identify appropriate services

Having understood what matters to the child and their family and identified an overview of a child and family's personal outcomes, professionals will be able to use the detailed indicators for support to reach an understanding of the most appropriate services to assist the family to achieve their identified personal outcomes, this will aid consistent and rationalised decision making. When considering adolescents this decision-making may also include a consideration to how we support and create safety outside of the family home and consider how we support the environments and peer networks that young people spend time in to be as safe as they can be. This might also include family based support relating to the adolescent risk taking behaviour that might be occurring.

Key working arrangements following the what matters conversation

It is common that after having these detailed conversations with families, agencies will be able to identify themselves as the most appropriate service to provide support. They might also identify other universal services who might be better placed to support the child, young person or family. In these examples, the universal service will become the 'key working' agency.

'Key working' agencies may not always work directly with a child, young person or family when the support is needed in a different context. For example, support maybe offered to increase the safety in an area within a neighbourhood by increasing the presence of PCSO or council departments adding additional lighting.

There will be occasions where the universal service has exhausted their offer of support or that the needs of the child, young person or family might be escalating. In these examples, advice can be sought either directly from the Early Help Hub for that location or from SPOC. The Practitioner Request for IAA will be used to support future professional conversations.



Multi-agency response where there are no child protection concerns or eligible care and support needs identified (lead workers) and how to access this support

There are 5 early Help Hubs (EHH) in Swansea which are responsible for supporting families across five different locations – East, Valley, Townhill, West and Penderry. Most professional agencies, including schools, will fit directly into one of the geographic boundaries but there are some individual schools who will seek support from a different Hub to their location. For the most part, schools are aware if this relates to them but if professionals are unsure of the best Hub to support them, they can contact the service via a central number: **01792 635400** or by e-mailing **singlepointofcontact@swansea.gov.uk**.

These multi-agency support Hubs include a range of professionals who can offer support to children, young people and families with a variety of different wellbeing needs.

The Early Help Hubs will provide support for children, young people and families who need help but don't need statutory intervention. For example, there might be some low level substance misuse issues which have been identified through the school.

The Early Help Hubs will be the main point of contact for partners seeking advice and support where they have worries about the wellbeing of children, young people and their families.

The Early Help Hubs will be able to assess all enquiries within the Hub and provide the appropriate guidance, signposting or support based on the need. The Hubs will have multi-agency partnership links to assist with ensuring the correct support for the family is accessed at the right time.

Ultimately the Early Help Hubs will include multi-agency representation providing a single, integrated resource for family support.

Support from the Early Help Hubs can be accessed either directly from the Hub that is in your location via the Early Help Hub Manager or Senior Lead Worker or through contacting SPOC. If a professional identifies that a child or their family needs additional support they should submit

Key Principles of the Early Help Hubs:

- We want to ensure that children and families in Swansea have access to the right support at the right time from the right person regardless of age and location.
- The Early Help Hubs will be working within a joined up approach, using the signs of wellbeing framework alongside a locality based hub structure and a single point of contact for professionals.
- By co-locating and bringing these services into one structure we can ensure that support is available regardless of age or location, that it is integrated with partners and utilises community assets to provide:
 - Child or early years work
 - Youth work
 - Whole family work
- All staff within the Early Help Hubs will work using the Team Around the Family (TAF) approach so more staff can support this offer across early years, primary and secondary education.

a 'Practitioner Request for IAA' form to the Early Help Hubs, using the email singlepointofcontact@swansea.gov.uk.

If a parent / carer or family member thinks their child needs additional support they can contact the Early Help Hubs on **01792 635400** or by e-mailing singlepointofcontact@swansea.gov.uk.

As always, if you consider a child is at risk of immediate harm you need to contact the police and SPOC on **01792 635700**.

Lead working arrangements following the what matters conversation

If, following the What Matters conversation, it is identified that the Early Help Hubs are the right service for the child, young person or family then the case will be allocated to a staff member who will fulfil the lead working function. This means that they will be the lead professional and agency to support the family.

There will be occasions where the child, young person or family might require support from a different agency. In these instances the lead worker from the Early Help Hubs will be able to broker in other services to support the child, young person or family. Additional agencies will provide the key working function and the lead worker will continue to coordinate and support the family.

Lead workers are in a good position to identify extra familial needs (needs outside the family home). Therefore, lead workers can also become the lead for support outside the family home. When considering the context of need, lead workers may undertake an assessment of an area or peer groups as they would an individual or family and will likely support with the wellbeing planning within the context where it is needed.



The key working agencies are vital in supporting the lead worker to de-escalate or close the case once their intervention is complete and the child, young person, family, context or peer group no longer requires professional help. The key workers involved in the child, young person or family will be able to maintain their relationships and support them if they require further help in the future.

There will be occasions where the lead working from the Early Help Hubs has exhausted their offer of support or that the needs of the child, young person or family might be escalating. In these examples, the Early Help Hubs will be able to step-up cases into the statutory Supported Care Planning (SCP) teams within Social Services.

The role of the Single Point of Contact in supporting Information, Advice and Assistance as well as Safeguarding discussions and referrals to Early Help services

The Swansea Single Point of Contact (SPOC) is a multi-agency team made up of Integrated Information Advice and Assistance (IIAA), Integrated Safeguarding Hub (ISH), Domestic Abuse Hub (DAH) and the Contextual Missing Exploited Trafficked Hub (CMET) all of which have a shared purpose of assisting families in Swansea to live happy, healthy and safe lives with help from the right people at the right time if and when they need it.

The Wales Safeguarding Procedures are based on the principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and families, and with adults who may pose a risk to children. Partnership working and communication between agencies is key in order to identify vulnerable children and to help keep them safe from harm and abuse.

In working with children and young people who are at risk of extra familial abuse or harm such as sexual or criminal exploitation, there needs to be consideration to the context in which the harm is suffered. It is important that a Contextual Safeguarding approach is adopted to understand, and respond to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers often have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Our approach to addressing extra familial harm follows the principles of the Social Services and Well Being Act (Wales) 2014, focusing on working with people, in partnership, to meet their needs and prevent them from escalating. Swansea's approach to tackling extra familial harm is to ensure that children, young people and their families know what support is available to help keep them safe from extra familial harm such as exploitation. They are able to access the information and support from the people they trust at the time it's needed and in a place that it is safe.

Reporting procedure

"If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility, to ensure that the concerns are referred to Social Services or the Police, who have statutory duty and powers to investigate and intervene when necessary."

Staff should first discuss their



concerns with their manager / designated member of staff who will then make the appropriate referral. Staff should not worry about being mistaken about concerns regarding a child/young person's welfare, as they will always be taken seriously by the statutory agencies.

It is imperative that staff do not conduct their own investigations as this can have serious implications for any subsequent Police or Social Services enquiry.

The initial referral should be made by telephone in the first instance to the **Information Advice and Assistance Team on 01792 635700** and followed up within 48 hours with a written referral to **singlepointofcontact@swansea.gov.uk**.

Reporting concerns out of office hours contact the **Emergency Duty Team on 01792 775501**.

Single point of contact processes for support

When families, members of the public or professionals contact SPOC they speak to a qualified Social Worker within the IAA who talks to them to understand what matters, provides information, advice and assistance and agrees personal outcomes with them to identify the right support at the right time.

The Social Worker within the IAA will liaise with multi-agency colleagues on the case and decide on the best next steps for the individual. The decision made could be;

1. Information given and no further action required – this might mean that information is provided to the contact (be it a professional or family member) and that no further wellbeing or safety needs have been identified.
2. Advice given and no further action required – it may be the case that the contact (be it a professional or family member) is provided with advice in relation to actions they can undertake themselves which will enable them to meet the identified wellbeing outcomes, with or without the assistance of others. Or it could be that a support service is already involved and that the contact is advised to speak to the allocated worker to consider further support.
3. Assistance given and referral made to Early Help – in this instance wellbeing needs are identified and the Social Worker refers the case into the right Early Help Hub for that location. This is picked up by the Early Help Hub Manager who allocates the work.
4. Assistance given and referral made to Statutory SCP Teams – in this instance eligible needs are identified and the Social Worker refers the case into the right Supported Care Planning Team for that location. This is picked up by the SCP who allocates the work.
5. Assistance given and the contact is passed directly to the Integrated Safeguarding Hub – this will trigger an ISD from within the ISH which will consider and initiate a section 47 and single assessment if threshold is met. Following the conclusion of the Section 47 discussions the case can be closed with no further action, stepped-down into the Early Help Hubs or stepped up into the SCP Teams and referred to initial Child Protection conference depending on the need identified through the process.
6. If harm outside of the home / extra familial harm has been identified the contact can pass to CMET for a multi-agency response to the identified concerns.
7. Children with a Disability (for further detail see Child Disability Team – Eligibility Criteria – ADD LINK)

The Domestic Abuse Hub (DA Hub) – The DA Hub sits within SPOC and, as well as receiving referrals from IAA, it is the lead Hub that responds to Police Protection Notices where domestic abuse is the reason for Police attendance. The DA Hub has a number of different functions including providing IAA for families where domestic abuse is an issue, delivering the Equilibrium domestic violence perpetrator programme, providing support to victim/survivors and young people through one to one interventions and groups, the non-violent resistance programme and the IDVA service. All contacts relating to Domestic Abuse will be considered by a qualified Social Worker in the DA Hub.



The threshold for statutory intervention, the legislation and frameworks Social Workers use and how to access this support

Safeguarding is everyone's responsibility.

If there is a risk to the life of a child or the likelihood of serious immediate harm which requires action to secure their immediate safety then this requires immediate contact with the police.

DEFINITION OF CHILD ABUSE AND NEGLECT (Wales Safeguarding Procedures)

“A child is abused or neglected when somebody inflicts harm, or fails to prevent harm. Children may be abused in a family or in an institutional setting, by those known to them, or more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency Child Protection plan.”

There are five categories of abuse:

- Physical
- Emotional or psychological
- Neglect
- Sexual
- Financial

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in order to protect children. ***Significant harm is defined in the legislation as ill treatment (including sexual abuse, and forms of ill treatment that are not physical) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural development). The 2002 Adoption and Children Act adds to this by including the emotional harm suffered due to witnessing domestic abuse or aware of domestic abuse in their home. The Children Act 1989 describes the effects of sexual, physical, emotional abuse or neglect, or a combination of different types.***

Local authorities have a statutory duty under the Children Act 1989 section 47 (1) (b) to make enquiries, or cause enquiries to be made, where they have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. A single, serious event of abuse, such as an incident of sexual abuse or violent assault, might be the cause of significant harm to a child. However, more frequently significant harm occurs as a result of a longstanding compilation of events, which interrupt, change or damage a child's physical and psychological development.

Swansea's response to safeguarding concerns

In Swansea, if a professional has concerns about the safety of a child, young person or family then they must contact Social Services SPOC **01792 635700** (NB: Professionals are reminded of the need to contact the Police if they are worried that a child, young person or family are at risk of immediate harm). Initial contacts to the SPOC will be answered by a qualified Social Worker within the IIAA and, once identified, all safeguarding concerns will be supported through the Initial Strategy Discussion (ISD) and, if there are concerns that the child may be at risk of or suffered harm then a Section 47 investigation will be completed by the Integrated Safeguarding Hub..

Following the conclusion of a section 47, if eligible needs are identified, the child, young person or family will be allocated directly into the statutory SCP teams for an assessment.

Social working arrangements in response to identified child protection concerns or eligible care and support needs

Following identified child protection concerns or eligible care and support needs the case will be allocated to a Social Worker in the Statutory Supported Care Planning Hubs who will fulfil a statutory function. This means that they will be the lead professional and agency to support the family.

The Statutory Supported Care Planning Teams (SCP) manage a number of different cases and different levels of complexity, needs and risks. All children within SCP will have been assessed as in need and eligible for 1) a care and support plan, 2) a care and support protection plan or 3) a Looked After Child Care and Support Plan. These are often defined into three categories, children in need of care and support (CINCS), children placed on the child protection register (CP), children who are looked after by the Local Authority (LAC)

■ **CINCS** – Children with complex needs that are persistent and reoccurring and are therefore considered highly vulnerable. The needs of the majority of these children and young people can be met through an EHH assessment and plan with a lead worker coordinating support. However on occasion and despite EHH involvement the personal circumstances of the child, young person and family will either not improve or will get worse and need to be supported by a Social Worker. This escalation is managed via the step-up arrangements in place between the EHH and SCP teams.

□ **Children with a Disability** - The Children's Disability Team works with children and young people who:

- ✓ Have a severe learning difficulty; this includes pre-school children who are showing a significant developmental delay.
- ✓ Whose physical impairment has an impact on their lives. This includes children and young people who have been diagnosed as having a sensory impairment.
- ✓ Has a level of autism that significantly impacts on daily functioning
- ✓ Has a progressive condition/complex health needs;
- ✓ Children who have a life-limiting health condition.

Following a Referral to SPOC where it is determined a child meets the criteria for an assessment by the Child Disability Team (as part of the decision making process eligible needs are identified by way of discussion with a member of the Child Disability Team who is available to SPOC for consultation and advice) - immediate advice and assistance considered necessary is given and a referral is made to the Child Disability Team.

The allocated practitioner in the Child Disability Team will undertake an assessment that is proportionate to the needs and circumstances of each individual child/family, a completed assessment will at a minimum record the core data and take into account the five elements to determine ongoing eligibility.

- **CP** – Children where there are concerns that they are at risk of harm ongoing or have suffered significant harm are therefore in need of immediate care and protection, this is the most urgent category and always requires an immediate referral to children’s social care. These are children and young people whose care is so compromised as to place them at risk of significant harm and in need of a Child Protection Plan, and includes all children and young people already subject of a Child Protection Plan.
- **LAC** – These children and young people have been identified, by Social Workers, as in need of being looked after by the local authority be it through a voluntary agreement or through a legal order or where they are of sufficient age to agree being looked after themselves or through legal order.

In addition to the Supported Care planning response to harm; if the harm experienced is identified as being extra familial, such as Child Sexual Exploitation or Serious Youth Violence, the context in which the harm occurred is often important. In these cases professionals can refer the context such as an area in the community, a peer group or a school to SPOC and the Child Exploitation team will then consider a safeguarding response for the context. In these situations the referred context will receive an assessment which will be used to inform any plans that will seek to increase the safety of those within that context. Key working agencies provide vital support in providing a contextual safeguarding response to extra familial harm. Contextual response although co-ordinated by Social Services, will be supported by many key workers and could potentially include members of the community.

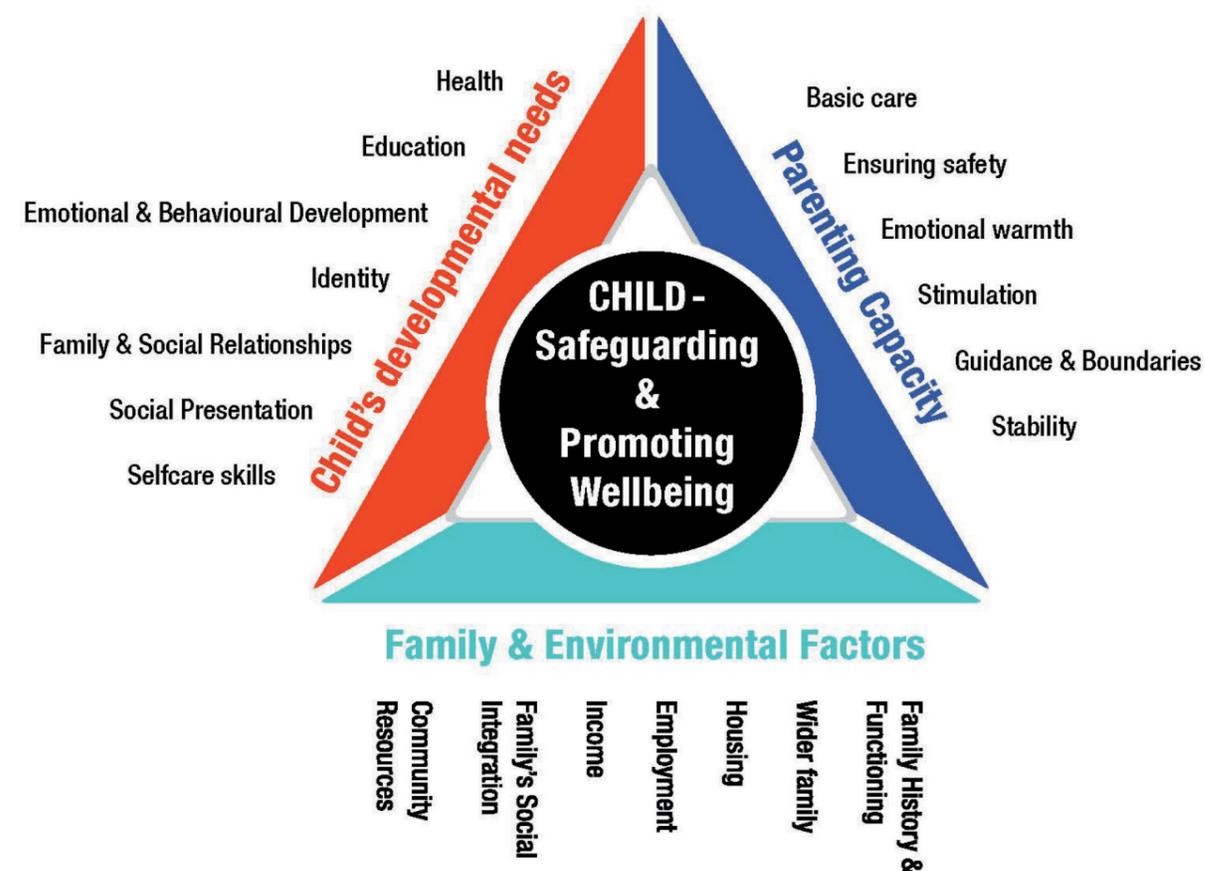
Coordination and Implementation of the Care and Support Plan

There will be occasions where the child, young person or family might require support from a different agency. In these instances the Social Worker from the SCP Teams will be able to broker in other services to support the child, young person or family. Additional agencies will provide the key working function and the Social worker will continue to coordinate and support the family.

There will also be times where the harm has taken place outside the family home (extra familial harm).

The key working agencies are vital in supporting the Social Worker to step-down or close the case once their intervention is complete and the child, young person or family no longer requires professional help. The key workers involved in the child, young person or family will be able to maintain their relationships and support them if they require further help in the future.

Assessment Framework Triangle

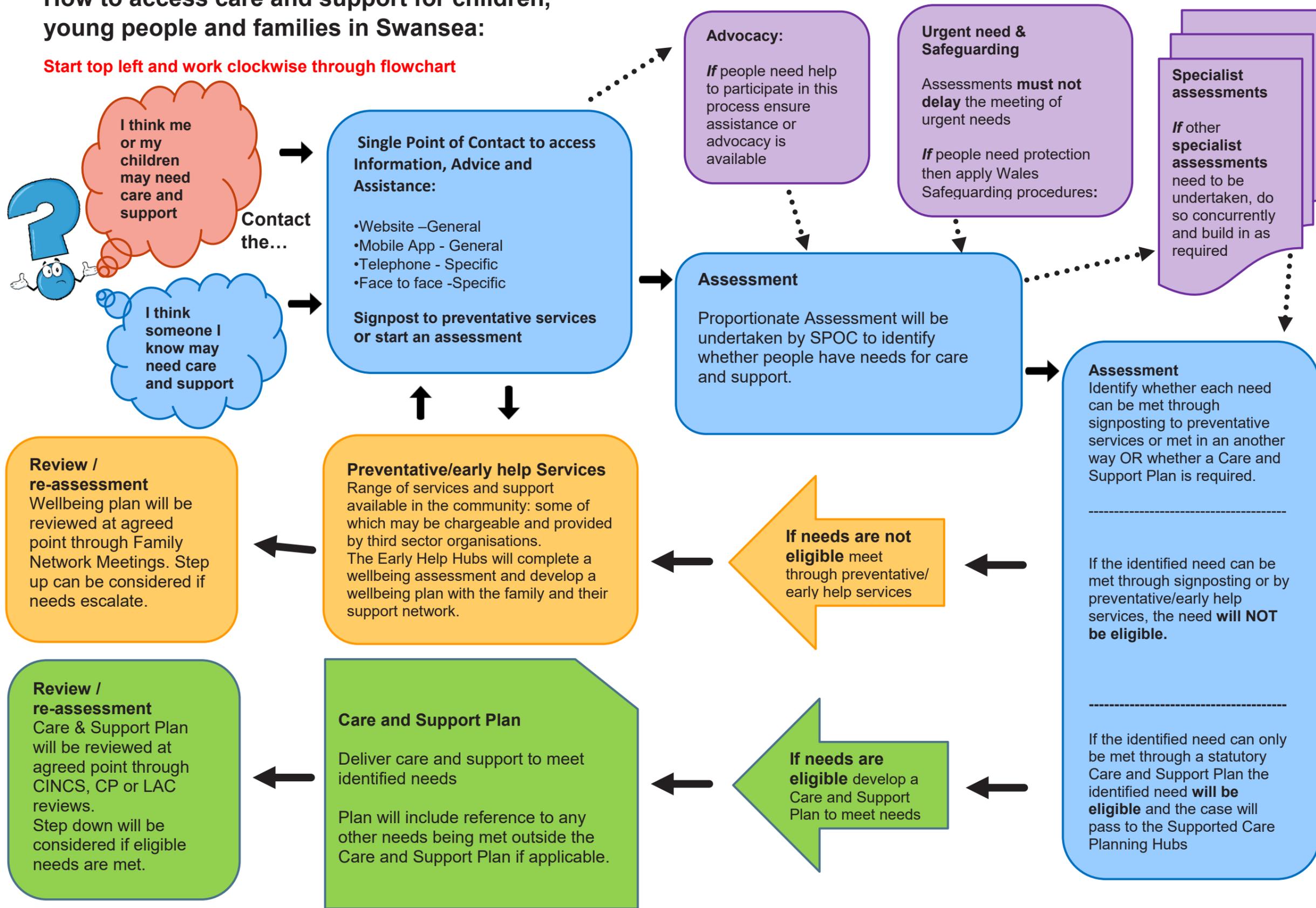


All children change and develop over time. Parents have a responsibility to respond to the child’s needs. The purpose of this assessment triangle is to help you to identify areas of strength and areas of developmental need, in order to assist you to determine whether this child/young person requires information, advice or assistance and/or care and support to achieve a reasonable standard of development or to prevent significant impairment of his/her health, and development.

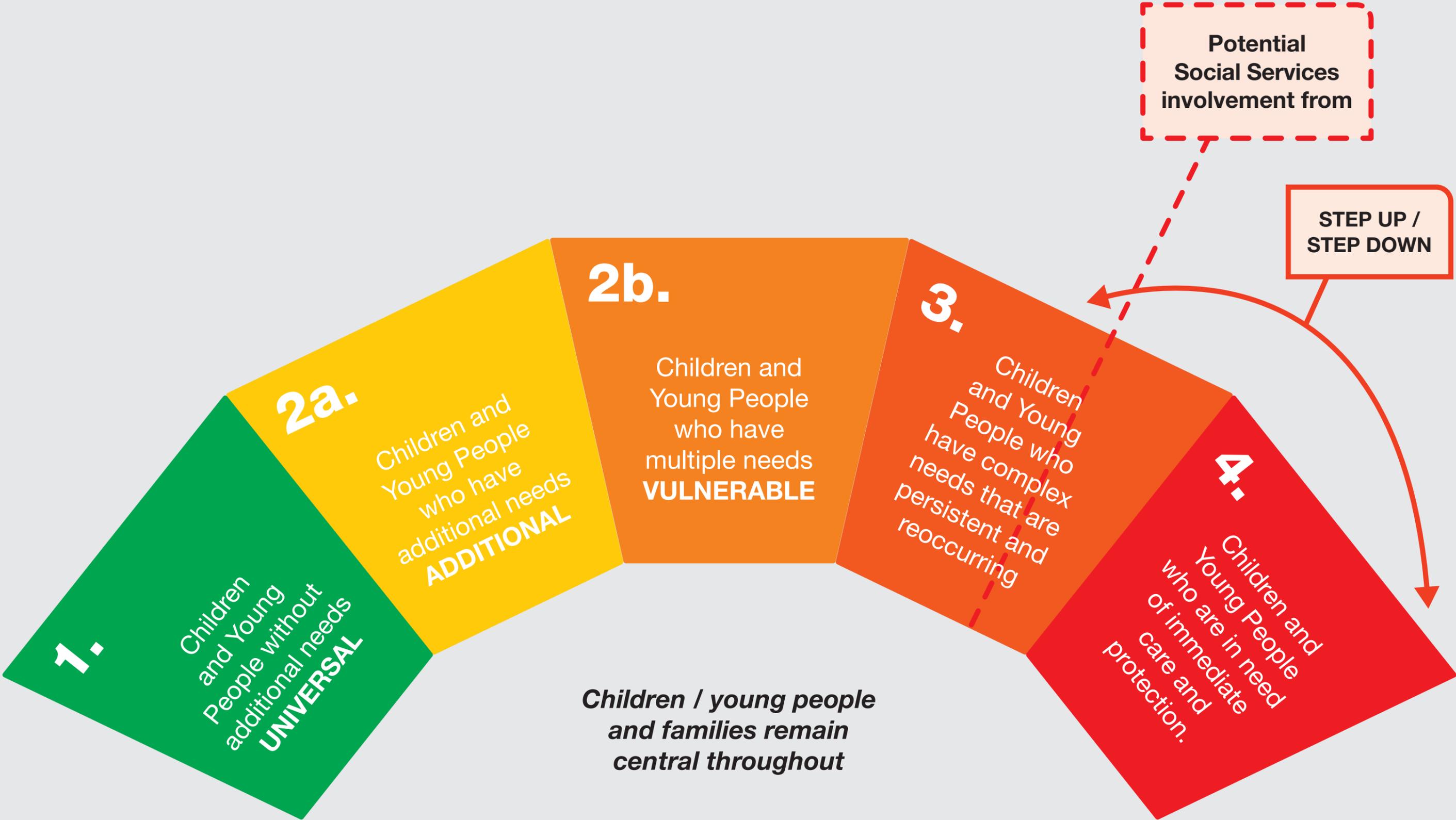
Although the previous statements may not be concerning in isolation, the combination of factors needs to be considered in a holistic assessment. It is important to consider strengths as well as difficulties.

How to access care and support for children, young people and families in Swansea:

Start top left and work clockwise through flowchart



Continuum of Need



Continuum of Need

1.

Level 1 - At this level, support is 'universal', which means that it is generally available to all children and young people, such as schools, leisure centres, GP surgeries. Children and young people are making good overall progress across all areas of development. It is likely they live in a protective environment where their needs are well understood and met. These children need no additional support other than those universally available within public services. (Health, education, third sector, open access youth clubs and playgroups, PLAY).

2a.

Level 2a - Children and young people who need additional support, this may relate to their health, educational or social development. Support is required to improve the chances of reaching their personal outcomes, if not identified and addressed at an early stage, these issues may escalate and become increased concerns under level 2b or 3. Support at this level can be provided by an involved professional from universal services or from preventative and third sector services. These services may be offered in the context they are required e.g school, park, peer group or community based area. (IAA information, Drop in, groups, Flying Start, ELDT, open access and targeted youth clubs and playgroups).

2b.

Level 2b - Children, young people and their families have a range of needs. Multi-agency support is required to reduce levels of vulnerability within the family and and / or to reduce the impact of Extra Familial worries. If needs are not met then children's health, social development, or educational attainment may be significantly impaired. A Practitioner Request for IAA is required for consideration of the right support at the right time coordinated through the establishment of a Team around the Family (TAF) approach. (IAA advice, DAH and EHH Lead workers, 121 delivery of group content).

3.

Level 3 - Children with complex needs that are persistent and reoccurring and are therefore considered highly vulnerable. The needs of the majority of these children and young people can be met through an EHH assessment and plan with a lead worker coordinating support. However on occasion and despite EHH involvement the personal circumstances of the child, young person and family, or the impact from Extra Familial harm, will either not improve or will get worse and may need to be supported by a more intensive lead work offer or by a Social Worker. This escalation is managed via the step-up arrangements in place between the EHH and SCP teams. * See STEP UP Procedure (IAA Assistance, CDT moderate, DA LW, EHH LW or FWT LW).

4.

Level 4 - Children in need of immediate care and protection, this is the most urgent category and always requires an immediate referral to children's social care. These are children and young people whose care is so compromised as to place them at risk of significant harm and in need of a Child Protection Plan, and includes all children and young people already subject of a Child Protection Plan. This level includes children and young people who are identified, by Social Workers, as at risk of becoming looked after by the local authority, and all children and young people already looked after by the local authority be it through a voluntary agreement or through legal order. These children/young people will be subject to the 'STEP DOWN' process once safety is secured. *See STEP DOWN Procedure (IAA assistance, ISH, SCP, CDT complex).

Continuum Threshold for Level 1

Level 1 No additional needs, requiring universal service support
(Health, education, third sector, open access youth clubs and playgroups, PLAY)

Universal - Example Indicators

Developmental Needs

Learning / Education

- Achieving key stages
- Good attendance at school / college / training
- No barriers to learning
- Planned progression beyond statutory school age
- School staff and environment has a wealth of professional knowledge and understanding of extra familial harm
- There is information available so young people know who can help them with any concerns

Health

- Good physical health with age appropriate developmental milestones including speech and language
- Young Person has access to advice and information that provides knowledge of the effects of substance misuse
- Young Person has access to advice and information that provides good knowledge and understanding of sexual health and consistent use of contraception if sexually active

Social, Emotional, Behavioural, Identity

- Good mental health and psychological well-being
- Good quality early attachments, confident in social situations
- Has the correct information and access to advice services that promote safe sex and relationships
- Young person has access to information and advice around digital safety skills

Family and Social Relationships

- Stable families where parent(s) / carer(s) and guardian(s) are able to meet the child's needs
- Part of a community, peer group or family that have pro social attitudes

Self-Care and Independence

- Young person has access to information and advice that promotes appropriate independent living skills

Low to Vulnerable - Example Indicators

Family and Environmental Factors and Environmental

Family History and Wellbeing

- Supportive family relationships

Housing, Employment and Finance

- Child fully supported financially
- Good quality stable housing

Social and Community Resources

- Good social and friendship networks exist
- Safe and secure environment
- Safe contexts to spend time where there are positive guardians and safeguarding processes in place
- Access to consistent and positive activities

Low to Vulnerable - Example Indicators

Parents and Carers

Basic Care, Safety and Protection

- Parents able to provide care for child's needs
- Parents have an understanding of a child's or young person's peer group and frequented area
- Parents have access to the information they need to promote digital safety within the home

Emotional Warmth and Stability

- Parents provide secure and caring parenting

Guidance Boundaries and Stimulation

- Parents provide appropriate guidance and boundaries to help child develop appropriate values

Assessment Process

No joint assessment required

Children should access universal services in the usual way

Key universal services that may provide support at this level:

Education

Early Years Health visiting service

School nursing

GP

Play Services

Youth / Community resources

Youth Club and Outreach Youth Offer

Police

Housing

Crime stoppers fearless

NSPCC – In Control

Educative substance misuse services

Continuum Threshold for Levels 2a-2b

Level 2a-2b Low to Vulnerable Targeted Support

2a. (IAA information, Drop in, groups, Flying Start, ELDT, open access and targeted youth clubs and playgroups). **2b.** (IAA advice, DAH and EHH Lead workers, 121 delivery of group content)

Low to Vulnerable - Example Indicators

Developmental Needs

Learning / Education

- Occasional truanting or non-attendance
- Identified languages and communication difficulties
- Reduced access to books, toys or educational materials
- Few or no qualifications
- NEET

Health

- Slow in reaching developmental milestones
- Missing immunisations or checks
- Minor health problems which can be maintained in a mainstream school
- Refusal/avoidance of registration with health care services (eg midwife, health visitor) including timely booking of pregnancy (16 weeks) and post-pregnancy appointments

Social, Emotional, Behavioural, Identity

- Low level mental health or emotional issues requiring intervention
- Pro offending behaviour and attitudes
- Early onset of offending behaviour or activity (10-14)
- Coming to notice of police through low level offending
- Expressing wish to become pregnant at young age
- Early onset of sexual activity (13-14)
- Sexual active (15+) with inconsistent use of contraception
- Low level substance misuse (current or historical)
- Poor self esteem
- Showing signs of early stages of grooming towards extremist views
- Young person often arriving home late for curfew
- Pregnant aged 16 years or under

Self-Care and Independence

- Lack of age appropriate behaviour and independent living skills that increase vulnerability

Low to Vulnerable - Example Indicators

Family and Environmental Factors and Environmental

Family History and Wellbeing

- Parents / carers have relationship difficulties which may affect the child
- Parents request advice to manage their child's behaviour
- Children affected by difficult family relationships or bullying

Housing, Employment and Finance

- Over crowding
- Families affected by low income, debt or unemployment

Social and Community Resources

- Insufficient facilities to meet needs e.g. transport or access issues
- Family require advice regarding social exclusion / discrimination / hate crimes
- Associating with antisocial or criminally active peers
- Limited access to contraceptive and sexual health advice, information and services

Extra familial

- Spending time in a place where young people have experienced EFH where there is little guardianship capacity.
- Have peer relationships with others who have experiences EHF

Parents and Carers

Basic Care, Safety and Protection

- Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent

Emotional Warmth and Stability

- Inconsistent parenting, but development not significantly impaired
- Very young and inexperienced parents whose basic needs are not being met (in conjunction with other indicators)
- Parent appears to lack affection, attachment or bonding (including during pregnancy)
- Parents who are care experienced

Guidance Boundaries and Stimulation

- Lack of response to concerns raised regarding child

Assessment Process

2a. No Practitioner Request for IAA required where additional needs can be met through universal and single targeted intervention.

Early years or in school assistance to reach expected milestones

2b. A Practitioner Request for IAA should be completed with the child & family when multiple issues are identified requiring a multi-agency response

Key agencies that may provide support at this level:

Early Help Services.

Flying Start

Health, education

Educational Psychology / Behaviour Support Team

Voluntary & community services e.g. Programmes aiming to build self-esteem and enhance social/life skills

Positive activities / nurture groups, parenting programmes / group

Youth Offending Service Prevention Program

Primary CAMHS

Police Community Support Officers (PCSO)

Substance Misuse Services adult and young people service

Education Welfare Officers (EWO)

Counselling Services

Continuum Threshold for Level 3

Level 3 Complex Additional needs requiring integrated targeted support / may require **STEP UP** (IAA assistance, DAH and EHH Lead workers, FWT)

Medium Risk - Example Indicators

Developmental Needs

Learning / Education

- Frequent Short term exclusions or at risk of permanent exclusion, persistent truanting
- Statement of special educational needs in a mainstream setting (such as STF)
- No access to books, toys or educational materials

Health

- Disability requiring specialist support to be maintained in mainstream community setting
- Physical and emotional development impacting on wellbeing (rather than safety)
- Chronic / recurring health problems
- Missed appointments – routine and non-routine
- Minor injuries that have occurred consistent with violence within or outside the home
- Carers with chronic ill health or terminal illness which is impacting on child/young person or pregnancy
- Refusal / avoidance of registration with health care services (eg midwife, health visitor) including late booking of pregnancy (24 weeks) and antenatal / post-pregnancy appointments

Social, Emotional, Behavioural, Identity

- Under 16 and has had a previous pregnancy (including father) ending in still birth, termination or miscarriage
- 16+ and has had 2 or more previous pregnancies or is a teenage parent (including father)
- Under 18 and pregnant where there is no identified support network
- Coming to notice of police on a regular basis but no action taken by police
- First time arrest, attended bureau, first entered criminal justice system
- Evidence of parent or child's regular/frequent drug use which is impacting on their / their child's wellbeing
- Evidence of parents disengaging with support and there being an negative impact on the child's wellbeing
- If a young person or parent / carer has mental health difficulty that impacts on their ability to perform day to day tasks, impacting on wellbeing rather than safety
- Significant low self-esteem (of parent or child) impacting on wellbeing of the child
- Victim of crime including discrimination impacting on the wellbeing of the child
- Missing episodes, reported or unreported to the Police, where the child or young person has been out after 12pm or overnight.
- Substance use that is impacting on their day to day life and health
- Inappropriate / sexually harmful behaviour displayed by young person
- Pregnant age 16 or under, and there is no wider family support and/or lack of engagement with health services

Self-Care and Independence

- Lack of age appropriate behaviour and independent living skills, likely to impair wellbeing development

Medium Risk - Example Indicators

Family and Environmental Factors and Environmental

Family History and Wellbeing

- Current and recurring evidence of domestic violence
- Risk of relationship breakdown with parent / carer and the child
- Young carers where there is evidence of impact on their wellbeing
- Children where either parent is serving a custodial sentence, where there is evidence of impact on their wellbeing
- Children who are over familiar and do not have an attachment to a primary caregiver
- Child displaying sexually harmful behaviours in regards to themselves or others
- Child displaying cohesive and controlling behaviours that are causing harm to others

Housing, Employment and Finance

- Severe overcrowding, temporary accommodation, risk of homelessness, poverty impacting on wellbeing, young people at risk of homelessness due to family breakdown

Social and Community Resources

- Family require support services as a result of social exclusion

Extra familial

- Child experiencing grooming for the purpose of exploitation online or in person.
- Child is involved in one or more incidents of serious youth violence

Parents and Carers

Basic Care, Safety and Protection

- Physical care or supervision of child is impacting on their wellbeing (rather than safety)
- Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child
- Parents blame child for harm they have experienced outside the family home
- Domestic abuse, instability or violence within the home which is impacting on the health and development of the child/unborn
- Child or unborn is living in communities with potential harmful values, such as Honour-Based Violence, FGM etc

Emotional Warmth and Stability

- Inconsistent parenting impacting on the wellbeing of the child
- Inability of parents to be affectionate and attentive and there are attachment issues (including during pregnancy)

Guidance Boundaries and Stimulation

- Parent provides inconsistent boundaries or responses, impacting on the wellbeing of the child

Assessment Process

EHH assessment and plan may be used as supporting evidence for 'STEP UP' to specialist / targeted support if indicated

Statutory and/or specialist services assessment (NB The EHH assessment does NOT diminish or replace the need for statutory or specialist assessment)

A Practitioner Request for IAA may support child/family STEPPING DOWN' from acute / complex threshold

Key agencies that may provide support at this level:

Early Help Hubs

Children's social care

Other statutory service e.g. SEN services. Specialist health and/or disability services

Youth Justice Service

Barnardos Youth Homelessness

Targeted drug and alcohol services

CAMHS

Specialist family support services

Voluntary & community services

Services at universal level (1)

Services at additional wellbeing level (2a and 2b)

St Giles trust

NSPCC Protect and Respect

Continuum Threshold for Level 4

Level 4 Eligible needs requiring specialist or statutory integrated response Single Assessment – Section 37 Child in Need of Care and Support OR child protection Section 47

STEP DOWN as needs/risk reduce (IAA assistance, ISH, SCP and Edge of Care)

High Risk - Example Indicators

Developmental Needs

Learning / Education

- Parents not supporting or encouragement to access to any education or health services which results in the child / YP's physical and emotional development being impaired
- No active parental support to access education or health services

Health

- Severe disability of a child where there are safeguarding concerns, negative impact on family life or risk of family breakdown
- Physical and emotional health difficulties that may impact on the safety of the child
- Suspected NAI .or unexplained / inconsistent explanation of bruising in non-mobile babies
- Chaotic parental drug/alcohol misuse with chronic impact on health and wellbeing for children and young people and that of unborn babies
- Concealed or denied pregnancy, following LSCB multi-agency guidance

Social, Emotional, Behavioural, Identity

- Behaviour resulting in serious risk to themselves/ child and others
- Enduring mental health issues that compromises the safety of the child
- Identified exploitation including CCE, CSE, modern Slavery, radicalisation and Trafficking
- Teenage parent under 16 where there is no identified support network
- Concerning Missing episodes as outlined by the All Wales practice guide for Safeguarding children who go missing from home or care
- Young people whose use of substances is compromising their safety and health
- Pregnant aged 16 years or under

NB: The list of indicators above is not exhaustive and threshold for statutory Social Services intervention may require multiple risk indicators

High Risk - Example Indicators

Family and Environmental Factors and Environmental

Family History and Wellbeing

- Evidence of physical, emotional, sexual, financial abuse or neglect
- Parents are unable to safely care for the child
- Privately fostered (cared for by someone who is not a close relative (grandparent, sibling, aunt, uncle) for more than 28 consecutive days)
- Children who need to be looked after by the local authority (either by a voluntary arrangement or through legal order) following an assessment by a social worker
- Where there are concerns about the likelihood of culturally harmful behaviour (ie. female genital mutilation, honour based violence)

Housing, Employment and Finance

- No fixed abode or homeless
- Family living in extreme poverty that adversely affects safety, health and development
- Home environment that places a child or young person at risk of harm

Social and Community Resources

- Child or family need immediate protection due to community threat / exploitation / harassment / discrimination
- Disclosure of significant harm from a child or young person which is caused by and / or took place outside the family home
- There is very limited or no positive safe adults in the context

Parents and Carers

Basic Care, Safety and Protection

- Child's basic needs are not being met
- Where a parent / carer has had a child removed from their care previously
- Parents are aware and appear to be supporting and or facilitating harm outside of the home
- Very young and inexperienced parents whose basic needs are not being met (in conjunction with other indicators)
- Child involved in / victim of criminal activity, which is placing them or others (including unborn babies) at high risk of harm
- Domestic abuse and/or violence within the family which is having significant adverse impact on the child / unborn

Emotional Warmth and Stability

- Child's emotional needs are not being recognised or responded to
- Immediate risk of family breakdown
- Inability of parents to be affectionate and attentive and there are attachment issues (including during pregnancy)
- Person within the home is identified as posing a risk to children or unborn babies

Guidance Boundaries and Stimulation

- The child is unsafe as a result of a lack of boundaries and/or stimulation that impacts on their development

Assessment Process

Additional services:

A Practitioner Request for IAA or an EHH assessment may be used as supporting evidence to gain specialist / targeted support

Statutory or specialist services assessment (NB An EHH assessment does NOT diminish or replace the need for a single or specialist assessment)

Key agencies that may provide support at this level:

Children's Social Care inc Looked After Children's provision

Specialist health / disability and / or Education services

Police

Domestic Abuse Services

Youth Justice Service

Specialist Family Intervention services

Voluntary & community services

Services at universal level (1)

Services at additional wellbeing level (2a and 2b)

Services at complex needs level (3)

Continuum Threshold for Level 4 Contextual

Identified risk of harm within an extra familial setting requiring specialist or statutory integrated response Single Assessment – Additional to CSP response to harm.

High Risk - Example Indicators

Extra Familial Harm

Young person/peer group needs

- Disclosure of significant harm from a child or young person which is caused by and/or took place outside the family home
- Evidence of Physical abuse / sexual abuse / emotional abuse / neglect including coercion and control within the community, outside the family home or one or more young person
- Young people being targeted for the purpose of exploitation in an place or within a group
- One or more arrests related to criminal exploitation within a peer group, community or education provision i.e. – young people found in possession of a large quantity of drugs
- One or more hospital admission due to peer on peer abuse or youth violence i.e knife related injury
- Pattern of concerning substance misuse use or substances that is compromising their safety
- One or more child young person within a peer group where Trafficking concerns where a National Referral Mechanism (NRM) has been submitted due to a child young person being moved around for the purpose of exploitation
- One or more Child / young person within a peer group being groomed into violent extremism
- One or more young people in a context has been a victim or perpetrator of a group sexual offence sexual assault

High Risk - Example Indicators

Environment and community factors

- Young people being repeatedly targeted and exploited within a specific area
- Serious concerns over young people being exposed to adults who pose a significant risk of harm in an area
- Serious concern over problematic substance misuse in an area
- Concerns over serious youth violence in an area or within a school environment
- There is active organised crime within an area involved in the exploitation of young people
- Missing or trafficked children being located in the area

High Risk - Example Indicators

Guardianship Capacity - (ability or availability of adults to safeguard in the context)

- Adults in the community actively exploiting one or more young people
- Adults in the area supplying children or young people with substances
- Adults facilitating or supporting harmful peer activity – i.e. adult allowing the sexual exploitation of a young person within their home
- There are no safe adults with safeguarding capacity within the context

Assessment Process

Additional services:

Area Peer Group assessment and safety plan.
MA strategy meeting to address the concerns in context i.e. Area meeting.

Key agencies that may provide support at this level:

Youth Offending service
Police – public protection
Fire service
Child Exploitation Team
Community safety partnership
Health safeguarding team
Housing Teams
Neighbourhood Support Unit
Specialist Family Intervention services
Voluntary & community services
Services at universal level (1)
Services at additional wellbeing level (2a and 2b)
Services at complex needs level (3)
Licensing department
Youth homelessness services

Levels of Need	Level 1 - Universal Services	Level 2a - Single Agency Response	Level 2b - Multi-Agency Response	Level 3 - Complex	Level 4 - Acute
Who	All children and young people. Services would include those that are available to all with no 'threshold' or 'criteria' for support such as health visitors, GP's and schools.	2a & 2b. Children with low level additional needs that are likely to be short-term but are not being met. Child's needs are not clear, not known or not being met. Children and their families who have a range of needs requiring multi-agency coordination.		Complex needs are likely to require intervention from integrated targeted services and / or specialist services. High level of unmet needs. More complex level 3 may meet the 'STEP UP' threshold for Children's Social Care intervention.	Eligible needs requiring statutory intervention from Children's Social care. This includes meeting the required level of threshold for child protection intervention
Features: Children and Young People	Households, children and young people with no identified additional needs – accessing universal services as normal.	From households where parents/carers are under stress, possibly impacting on their parenting capacity. Children or Young People whose health & development may be adversely be affected without multi-agency intervention. 2b EHH assessment required; Lead Professional identified, TAF approach used.		Children and Young People who are unlikely to enjoy a reasonable standard of development or health and are at risk of negative outcomes without the provision of co-ordinated targeted services. Children and Young People at risk of offending. Children and Young People Missing from Education. Practitioner Request for IAA required; Lead Professional identified, TAF approach initiated. 'STEP UP' to Children's Social care maybe required.	Children and Young People who have suffered or are at risk of suffering significant harm. Where there are serious concerns about his/her health and development or deemed to be suffering neglect and/or abuse.
Possible Indicators: Children and Young People	There are no indicators associated with this level as services are available to all.	Slow in reaching developmental milestones. Unanticipated, dramatic or sustained behaviour change. Health issues / problems which can be maintained in mainstream education. Appearing Vulnerable to Extra Familial harm.		Frequent short-term exclusions at risk of permanent exclusions, persistent truanting. Psychological / emotional / social development raising significant concerns. Chronic / recurring health problems requiring specialist input. Experience of extra familial risks	Chronic non-attendance, truanting. No parental support for education. High level of need which cannot be maintained in a mainstream setting. Information / evidence of physical / sexual / emotional abuse / exploitation / serious youth violence and/or neglect.

The GREEN, AMBER, RED, indicators are used at referral / incident stage to assess risk and allocate services appropriately and proportionately to presenting need.

STEP UP / STEP DOWN

As we know the needs of children & young people and their families are not static, these may escalate e.g. in the face of a crisis or unanticipated incident, equally they may diminish, e.g. as a result of a successful intervention, an increase in protective factors, reduction in risk and enhancement of resilience.

Evidence tells us in such circumstances a seamless integrated transition between thresholds is indicated, which can assist a family to maintain positive momentum or indeed manage a crisis or incident, without additionally and instantly losing the input and support of the lower threshold agencies.

The **STEP UP/STEP DOWN** is underpinned by the fundamental principle that safeguarding is everyone's responsibility.

The Early Help Hubs (EHH), Child In Need of Care and Support (CINCS), Child Protection (CP), and Looked After Children (LAC) systems are all multi-agency and multi-disciplinary processes which differ only in terms of their threshold focus.

The forum in which to agree the **STEP UP/STEP DOWN** of an intervention is a multi-agency meeting where the family are in attendance. For cases stepping up from EHH, DAH or FWT this would be Family Network Meeting and for cases stepping down from SCP the CINCS review.

Principles Across Thresholds of Need

- ✓ The child's welfare and safety is paramount.
- ✓ Children and young people's welfare is everyone's responsibility.
- ✓ Investment in early intervention and preventative programmes to achieve sustainable positive outcomes for children and young people requires the commitment and participation of all agencies.
- ✓ When a child's needs change, all services need to ensure that existing support including assessments undertaken are integrated and facilitate a seamless transition between thresholds of need.
- ✓ Intervention and planning is underpinned by a child centred, holistic assessment with a balanced focus on both the needs and strengths of children young people and their families.



Continuum of Need – Indicators for Support