Multi Agency Guidance

Southampton Child and Family
Early Intervention Model and Threshold Document
Foreword

“Safeguarding is everybody’s business” is a principle that Southampton’s LSCB is working hard with its members to embed in local practice. Children and young people need to be at the heart of our responses to ensure we are safeguarding from harm and promoting their welfare and we need to intervene early to tackle any problems as soon as they emerge. For children who need additional help, every day matters.

Our Early Intervention Model and Threshold Document is for everyone who is working directly or indirectly with children, young people and their families in the City, from any agency: statutory, voluntary, private and independent. Their purpose is to help identify the degree of need of children and their families and to ensure that workers respond appropriately, using the model and guidance to compliment and enhance professional judgement.

Southampton’s Children’s Services are transforming, our success in delivering this is underpinned by some key principles, including those above alongside seven priorities set out in the guidance that follows. This Early Intervention Model and Threshold Document provides a valuable tool for those working in the City to truly achieve change and improve outcomes for our children, young people and their families.

Multi-agency communication is the key to developing a full picture of the child and their family circumstances and the forthcoming launch of Southampton’s MASH (Multi Agency Safeguarding Hub) is an exciting mechanism for the city to ensure this happens, the LSCB has oversight of the MASH and the implementation of these documents. As part of our mission we will closely monitor and evaluate MASH so that both we and the public can be assured that it does bring about continuous improvement in the outcomes for Southampton children, young people and families.

Keith Makin  
Independent Chair  
Southampton LSCB

Alison Elliott  
Director of People  
Southampton City Council

Sarah Elliott  
Director of Nursing  
NHS England
Introduction

The Southampton Child and Family Early Intervention Model and Threshold Document provides a framework for professionals who are working with children, young people and their families; it aims to help you identify when a child may need additional support to achieve their full potential. It introduces a continuum of help and support, provides information on the levels of need and gives examples of some of the indicators that suggest a child or young person may need additional support.

By undertaking assessments and offering services on a continuum of help and support, professionals can be flexible and respond to different levels of need in different children and families. The document reflects how local services provide support for children along a continuum and illustrates the principle that services become increasingly targeted and specialist as the child’s level of need increases. Children’s needs are not static, and they may experience different needs – at different points on the continuum – throughout their childhood years.

The document provides the overarching framework to set out the process for early help assessment and the type and level of early help services to be provided. It also clarifies the threshold for making a referral to the Southampton MASH (Multi Agency Safeguarding Hub) for assessment and statutory services under S.17, S.47, S.31 and S.20 of the Children Act 1989. For Southampton Child Protection Procedures follow the link: www.4lscb.org.uk.

The Vision for Southampton Children and their Families:

“Southampton will be an Early intervention City with a multi agency integrated service provision that works to ensure children’s needs are met at the earliest stage. Where possible, and children’s welfare is assured, these needs will be met within their family and community resources”.

Our Priorities

1. A Good Education for All
2. The Earliest Help
3. Integrated, co-managed and co-located multiagency services.
4. Use the best evidence and science based interventions.
5. When children need to be looked after, we will ensure they have all the opportunities that good parents afford their children.
6. Robust Quality Assurance of our services.
7. A well trained, stable and supported Workforce

Principles

- Safeguarding children and young people is everyone’s responsibility; everyone who comes into contact with children and families has a role to play;
- Services will intervene early to tackle any problems as soon as they emerge. For children who need additional help, every day matters;
- The child is at the centre, their needs are paramount. They must be listened to by professionals, have their voices heard and from each intervention we must be able to answer the questions what is it like to be a child in this family?;
- Any services provided to safeguard children and young people must be clearly focused on the outcomes for the individual child.
• All children, irrespective of culture and ability, can potentially be subject to neglect or abuse.
• Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of not achieving their potential.
• All children have a right to grow up safe from harm, with opportunities to achieve to the best of their potential, and to enjoy life
• Abuse to a child may be disguised by disability; professionals need to be aware of broader issues when undertaking assessments.

Early Identification of Need

From birth, all children will become involved with a variety of different agencies in the community, particularly in relation to their health, education, safety and their personal and social development. For the majority of children their developmental needs will be met by universal service provision – midwives, health visitors, General Practitioners, early years and childcare practitioners, teachers, youth workers, school nurses, school support staff.

Many children will have additional needs for a short period in their lives which could be a short term reaction to a particular change in circumstance that can be met within universal services. However, sometimes advice or intervention may be required from targeted support services, while some children may have more complex needs that may require support from specialist or statutory services.

These needs are likely to be identified initially by the universal service providers, who therefore have an important responsibility to be alert to emerging additional needs and to assessing what level of response is required for the child or young person.

In order to provide a formal multi-agency framework for decisions on addressing needs, Southampton’s Child and Family Early Intervention Model and Threshold Document introduce concepts to facilitate practitioners/agencies in having the means available to consider;

• whether a child/young person has additional needs
• their level of vulnerability
• when to begin a Universal Help Assessment
• which needs require targeted intervention from universal support, voluntary, specialist or statutory services

The Southampton Child and Family Early Intervention Model & Threshold Document has been revised as a 3 band spectrum, replacing the former 4 Tiered Threshold Document.

Some identifiers for children with additional needs are outlined in Southampton Child and Family Early Intervention Additional Needs Indicators which focus on three areas namely:

• Child Development
• Parents and Carers
• Family and Environment

The levels indicated are NOT absolute thresholds - rather a guide to assist in the assessment as to the level of vulnerability and appropriate intervention.

All professionals assessing the needs of children, young people and their families must consider strengths and risks in all three domains of the assessment framework.

Exposure to risk factors is associated with an increased likelihood of experiencing negative outcomes. The combination or accumulation of risk factors, especially when occurring across more than one domain, results in a much higher probability of a child experiencing poorer outcomes.
Exposure to *Sources of Strength and Protective Factors*, such as those outlined, may reduce the likelihood of negative outcomes.

Practitioners always need to take into account the context of the situation, as well as *Sources of Strength and Protective Factors*. Decisions relating to the type of intervention necessary must be evidence based, using professional judgement, supported by consultation and supervision.

**An Integrated Response**

Children and young people with additional needs are the concern and responsibility of all practitioners and professionals from all local authority departments, strategic health authorities and community services who work with children. Each agency delivers different elements of service to meet a wide variety of needs, so it is important that two tools exist:

1) A Universal Approach to assessing needs: the *Universal Help Assessment* combined with the *Southampton Child and Family Early Intervention Additional Needs Indicators* provides a structure to assist professional judgment in identifying different degrees of vulnerability and guide towards appropriate intervention.

2) A range of options to enable agencies to consult and agree plans to bring all different elements to bear in a coordinated way. The continuum of support for vulnerable children as defined for those at the higher end of need in *Southampton LSCB Child Protection Procedures* extends, through the three levels of *Southampton Child and Family Early Intervention Model 2014* to procedures for medium and lower level additional needs:

- **Level 1** - Some concerns may be addressed within a single agency through its own internal consultation procedures. In some instances, concerns may be addressed through joint or multi-disciplinary consultation or referral – with or without the need for professionals from different disciplines or agencies physically coming together to meet.

- **Level 2** - Where child or public safety is not an issue, but there are other concerns, a multi-agency meeting (Team Around the Child/Family TAC/TAF meeting, Education Health and Care Plan Review, etc) provides the multi-agency planning forum: this may involve practitioners from any of the universal, targeted, specialist, statutory or private, voluntary, independent or community services.

- **Level 3** - In cases where:
  - the protection of a child is an issue, a Strategy Discussion is held, and if followed by a Child Protection Enquiry a Child Protection Conference may be convened as outlined in the *Southampton LSCB Child Protection Procedures*;
  - where public protection is at risk, the Police will lead on co-ordinating a response: this is likely to involve *Multi-Agency Public Protection Arrangements* (MAPPA) corresponding to three categories of offender (involving violent or sex offenders) and three levels of risk management (involving more intensive multi-agency engagement);
  - where a young person is subject to a statutory youth offending order, where the likelihood of re-offending or risk of serious harm is high, internal processes take place to assess interventions required and participation of other agencies;
  - where an Education Health and Care Plan needs to be considered for *Children with Special Education Needs and Disabilities* a multi agency statutory assessment is undertaken.

Any agency can therefore take responsibility for coordinating a response to a concern about a child or young person at Level 1 and 2 in the *Southampton Child and Family Early Intervention Model 2014* – unless the concern is so serious as to warrant statutory or complex specialist intervention at Level 3.
• Services to young people with additional needs should be provided on the basis of assessment and analysis – and be reviewed to ensure that needs are being met.
• The full involvement of children, young people and parents is implicit in Southampton Child and Family Early Intervention Model 2014. All activity involved in multi-agency meetings should be known to parents, children and young people, and they should be fully involved as far as possible.
• All agencies must commit to participating in consultation, without necessarily receiving a referral.
• All agencies must respond seriously to requests to attend multi-agency meetings
• Where significant harm to a child is likely, then the responsibility for coordinating action rests with Social Care under the Southampton LSCB Child Protection Procedures
• Statutory coordination for Public Safety, SEND Education, Health and Care Plans, CAMHS, Youth Re-Offending rests with agencies as outlined in Levels 3 above.

Referrals or Service Requests

• Generally a service request or referral should be made if a child/young person appears to have additional needs and the need cannot be met solely within the referring agency.
• If the child appears to be at risk of significant harm then a referral should always be made directly and immediately to Southampton MASH (Multi-Agency Safeguarding Hub).
• Consultation is a key principle of the new service design if you are at all uncertain please contact a MASH manager or the agency’s designated Child Protection Adviser if in doubt.
• Confidential information must be shared on a need-to-know basis.
• Generally, a referral should only be made where consent of a parent has been given.

• Be clear that this consent can be overridden when the child’s welfare is at risk.
• All referrals should be made in line with agencies procedures, using the Southampton Safeguarding Children Form.

Assessment

The Universal Help Assessment is an important tool for early intervention. It is designed for use when:

• The practitioner has concerns about a child’s well-being or that their development will not progress as appropriate without additional services; or the child or parent themselves have raised a concern about the health, welfare, behaviour, progress in learning or any other aspect of well-being of the child.
• The needs are unclear, or broader than the service (of the practitioner completing the assessment) can address
• A Universal Help Assessment helps to identify the needs and/or get other services to help meet them

The information gathering domains of the Universal Help Assessment are based on those of the Assessment Framework 2000 which provides a universally accepted structure for collecting evidence and recording an assessment that can support a request for the child and/or family to receive additional support from another service, previously the Common Assessment Framework.

Universal Services

The majority of Universal Help Assessment will be carried out or arranged by universal services such as schools, health settings, early years and childcare centres. These services are best equipped to identify possible needs in their early stages. The Universal Help Adviser located in Southampton MASH can support in the completion of a Universal Help Assessment. It is their role to keep a record of all Universal Help Assessments and Action Plans.
undertaken, name of Lead Professional, to monitor arrangements for Universal Help Assessment Reviews and collate measures of outcomes achieved for children.

Specialist Targeted and Statutory Services

The Universal Help Assessment is the main method for early assessments, and is not intended to replace specialist assessments from the targeted (including voluntary) or statutory sectors. However, if a Universal Help Assessment is used to identify the need for a specialist or statutory service, then practitioners within these services should use any relevant information from the Universal Help Assessment to inform their own specialist or statutory assessment.

Multi Agency Assessments

Practitioners will use their professional relationships and networks to assist them in achieving good outcomes for children and their families.

Inter-agency, intra-disciplinary assessment requires an additional set of knowledge and skills to that required for working within a single agency or independently. All staff will need to understand and appreciate the roles and responsibilities of staff working in contexts different to their own.

Universal Help Assessment Process

A Universal Help Assessment can be initiated when a practitioner is worried or concerned about a potential need they have recognised for a child. The Universal Help Assessment Process involves three key stages:

Stage 1: Preparation

This involves recognising potential unmet needs and deciding whether to begin a Universal Help Assessment.

- Identification of need in terms of health, safety, ability to achieve and learn and enjoy life; being able to participate positively in wider community life; not being hampered due to family’s financial or material circumstance.
- Obtain young person or family consent as appropriate.

Similarly, when specialist services are working in collaboration with other services (universal, targeted, statutory, private, voluntary or community) as part of a multi-agency team at lower levels of concern Southampton Child and Family Early Intervention Model 2014 Levels 1-2, they may be asked to contribute to an existing Universal Help Assessment in order to assess and review the progress of a child and identify if any additional support is required to meet the unmet needs.

The welfare of children is a corporate responsibility of the entire Local Authority working in partnership with other public agencies, the voluntary sector, and services users and carers. Joint working extends across the assessment, planning, management, provision and delivery of services. Southampton Child and Family Early Intervention Model 2014 recognizes that quality collaboration at an inter-professional level requires effective multi-agency and multi-disciplinary procedures and arrangements beyond informal processes to ensure that good inter-agency working is not reliant on the commitment of dedicated individuals. Southampton LSCB Procedures contributes towards providing such foundation.
Identification of existing support - Family / Universal Help Adviser
Identification of new support
Consultation as appropriate with appropriate practitioners/agencies

Stage 2: Assessment

Stage 2 involves completing the Universal Help Assessment with the child/family, drawing conclusions, and agreeing actions within timescales with all involved
- Information Gathering
- Information Sharing, and multi-agency meetings where appropriate
- Assessment and Evaluation
- Conclusions, Solutions Identification, and Action Planning

Stage 3: Intervention

Stage 3 involves following through on agreed actions; followed by Review.
- Referrals/Service Requests where appropriate
- Intervention – coordinating and delivering integrated services
- Reviewing progress, with timescales
This leads to repeating the process above as appropriate through updating Stage 2 with follow-up Stage 3 implementation, as cycle repeats through to closure
- Closure, when appropriate

MASH – Safeguarding Children

The Southampton MASH (Multi-Agency Safeguarding Hub) is the single point of contact for all safeguarding concerns regarding children and young people in Southampton. It brings together expert professionals, called “MASH navigators”, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm.

1. Referral

All referrals come to Southampton MASH as the single point of contact. If there is an allocated social worker, they are considered the best person to support the child, so the child is referred directly to them.

If there is no allocated social worker, then the MASH screening officers assess the immediate level of risk and ensure that sufficient information is gathered for the Manager to apply BRAG rating.

The MASH Manager confirms the risk level with a BRAG rating:
2. Following the BRAG rating

- **Blue**: If the rating is Blue then the contact is directed to a Universal service, or closed with no further action.
- **Amber or Green**: If the rating is Amber or Green, the contact is passed to the MASH navigators.
- **Red**: If the rating is Red, the contact is passed to both the MASH navigators and the Child Protection Team at the same time, so they can start an assessment immediately.

<table>
<thead>
<tr>
<th>BRAG rating</th>
<th>Assessment</th>
<th>Action</th>
<th>Time scale for MASH information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>There is a potential child protection issue (e.g. serious injury to the child)</td>
<td>Requires immediate action</td>
<td>2 hours</td>
</tr>
<tr>
<td>Amber</td>
<td>There are significant concerns</td>
<td>Immediate action is not required (e.g. ongoing domestic violence issues in the household)</td>
<td>6 hours</td>
</tr>
<tr>
<td>Green</td>
<td>There are concerns regarding a child’s wellbeing</td>
<td>These do not meet statutory requirements (e.g. attendance at school or health appointments)</td>
<td>24 hours</td>
</tr>
<tr>
<td>Blue</td>
<td>There is no safeguarding concern</td>
<td>The issue can be dealt with by a Universal service.</td>
<td>No MASH response required. Advice or referral to a Universal service may be provided</td>
</tr>
</tbody>
</table>

3. Outcomes from Southampton MASH

See Pathways for Southampton Children & Young People on page 10. These include:

- The Pre-birth – 4yrs Early Help Team for a Social Work Single Assessment s17 CA1989/Universal Help Assessment
- The 5-19yrs Early Help Team for a Social Work Single Assessment s17/Universal Help Assessment
- An appropriate agency for a Universal Help Assessment
- An appropriate universal service.

**Statutory Responsibility - Local Authority Children’s Social Care**

**Section 47 Children Act 1989**

Where there is reasonable cause to suspect children are suffering or likely to suffer significant harm (s.47 Children Act 1989) intensive support and protection under s.47 Children Act 1989 is provided. This is the threshold for multi-agency child protection enquiries led by a Local Authority Children’s Social Worker following a Strategy Discussion.

For more detailed practice guidance, see the relevant chapter in *Southampton LSCB Child Protection Procedures*

**Child provided with accommodation by the local authority under s.20 Children Act 1989**

(This can be on the initiative of the local authority with the agreement of the parents, or at the request of the parents. Any person with parental responsibility can at any time remove the child from the accommodation. (s.20 (8)))
The child is a child in need who requires accommodation as a result of:

- Having no person with parental responsibility for him/her; or
- Being lost or abandoned; or
- The person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care (s.20 (1)); or
- Having reached the age of 16, his/her welfare is likely to be seriously prejudiced if he/she is not provided with accommodation (s.20 (3)); or
- Accommodating the child would safeguard or promote his/her welfare (even though a person who has parental responsibility for him is able to provide him with accommodation), provided that that person does not object (s.20 (4)).

Before providing accommodation, the local authority shall, so far as is reasonably practicable and consistent with the child's welfare:

- Ascertain, and give due consideration to the child’s wishes and feelings (having regard to his/her age and understanding) (s (6)); and
- Ascertain whether the parents/person(s) with parental responsibility have given a valid consent:
  - Does the parent have the mental capacity to consent?
  - Is the consent fully informed?
  - Is it fair and proportionate for the child to be accommodated?

Note also that, in addition to the above legislation, case-law known as the ‘Southwark judgment’ (R (on the application of G) –v-London Borough of Southwark (2009) UKHL 26) (http://www.publications.parliament.uk/pa/ld200809/ldjudgmt/jd090520/appg1.htm) imposes an obligation upon local authorities to provide accommodation and support to homeless 16- and 17-year-olds.

Care Orders under s.31 Children Act 1989; initiation of care proceedings

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to:
  - The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - The child’s being beyond parental control (s.31 (2)).

- ‘Harm’ means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- ‘Development’ means physical, intellectual, emotional, social or behavioural development;
- ‘Health’ means physical or mental health; and
- ‘Ill-treatment’ includes sexual abuse and forms of ill-treatment which are not physical (s.31 (9)).

Where the question of whether harm suffered by a child is significant focuses on a child’s health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child (s.31 (10))
Pathways for Southampton Children and Young People:

Child/Family is identified as in need of services

Child/family is identified as in need of complex services/ and/or protection.

A referral is made to MASH

OUTCOME

Provide advice and information only
Refer to Universal Help Adviser to coordinate universal provision
Pass to one of the teams for a Single Assessment & Early Intervention Plan
Pass to Child Protection Team for immediate S47
Pathways for Southampton Children and Young People:

Two-thirds children or young people approx. have needs addressed by Universal Services.

Children and families may need to access ‘simple’ or singular services to achieve their potential e.g. Children’s Centres, CAHMS, Housing etc. This will be facilitated by a Universal Help Assessment.

Where children are identified as in need of protection they will be firstly be assessed by the child protection team and then will either passed on to specialist social work services or where their needs are being met by the enhanced service passed to the Early Help Teams.

Universal Help Needs

MASH

Complex and enhanced needs

Following a MASH referral a family may be referred to a range of services for a single assessment and early intervention plan.

Children in need of protection and specialist services

Post intervention permanence planning

Where children have progressed through the courts and a permanency plan is in progress.

Path of constant ambition
Contact Details:

Southampton MASH (Multi Agency Safeguarding Hub):
Civic Centre,
Southampton

Telephone: 023 8083 2300

Southampton Local Safeguarding Children Board
Telephone: 023 8083 2995
Email: lscb@southampton.gov.uk
Web: www.southamptonlscb.co.uk

Acknowledgements

We are happy for other Local Authorities to make use of this
Southampton Child and Family Early Intervention Model and
Threshold Document.
Their development reflects the generous and fulsome co-operation
and support from a number of other Local Authorities and agencies.
Southampton Child and Family

Early Intervention Model and Threshold Document
Ensuring Children’s Needs Are Met At The Earliest Stage

Southampton Child and Family Early Intervention Model

Universal Help Assessment

Enhanced
Level 2

Universal
Level 1

Specialist
Level 3

Consultation

Offers services in parallel with assessment of need

Two-thirds children or young people approx have needs addressed by Universal Services
Child Development Risk Indicators
| CHILD | Universal - Preventative  
| Level 1 | Enhanced - Complex Preventative  
| Level 2 | Specialist or Statutory - Complex/Acute  
| Level 3 |
| - Poor, or no, pre-natal care  
| - Baby in special care for 48+ hours after birth  
| - Low birth weight/pre term  
| - Baby cries constantly  
| - Multiple births  
| - Short-term illness or hospitalisation  
| - Mild level of disability not adequately addressed by family  
| - Onset of Enuresis (bed-wetting) / Encopresis (soiling)  
| - - Slow in reaching developmental milestones  
| - Limited diet – no breakfast or proper school lunch  
| - Defaulting on health appointments: immunisations, dentist  
| - Not registered with GP  
| - Dental decay  
| - Poor growth  
| - Other diet concerns  
| - Over/under weight needing further investigation  
| - Mental Health  
| - Vulnerable to mental health concerns e.g. undue anxiety, anger, defiance. Inability/unwillingness to understand or communicate feelings  
| - Child appears regularly anxious, stressed or phobic  
| - Chronic, recurring illness  
| - Somatising (physical symptoms caused by psychological problems, with no underlying physical problem identified)  
| - Significant physical disabilities  
| - Terminal illness  
| - Significant Developmental Delay  
| - Frequent illnesses  
| - Frequent accidents  
| - Continuing to miss routine /non-routine health appointments  
| - Susceptible to minor health problems affecting learning / school attendance (less than 87%)  
| - Anorexic or bulimic child  
| - Some evidence of self harming  
| - Regularly self harming  
| - Growing concerns re mental health needs not being addressed  
| - Mental health conditions emerging requiring specialist intervention (conduct disorder, ADHD, autism, eating disorders)  
| - Acute mental health problems – threat of suicide, suicide attempts, psychotic episode, severe depression  
| - Evidence of phobias or severe psychological difficulties  
| - Life threatening self harming: inpatient admission |

Additional Needs Indicators:- Impact of Development on child or young person - Jan 2014
<table>
<thead>
<tr>
<th>CHILD Universal - Preventative Level 1</th>
<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some difficulties with peer relationships and with adults – ‘clingy’, anxious, Can be over-friendly or withdrawn with strangers</td>
<td>Significant difficulties with managing change Finds it difficult to cope with anger/frustration Withdrawn, unwilling to engage, unresponsive Limited ability to understand how actions impact on others Cannot maintain peer relationships – is bullied, bully, aggressive, etc Behaviour alienates or provokes rejection.</td>
<td>Severely challenging behaviour which parents unable to manage, resulting in serious risk to child or others, and high risk of family breakdown</td>
</tr>
<tr>
<td>Starting to show difficulties expressing empathy</td>
<td>Unable to demonstrate empathy Poor attachment to main carer Readily attaches self to strangers</td>
<td>Missing from home on regular basis</td>
</tr>
<tr>
<td>Some difficulties in coping and adjusting following emotional upheaval e.g. DV, bereavement, family breakdown Difficulty managing changes in routine Some difficulties with family relationships Play or social interaction is impaired</td>
<td>Behaviour demonstrates inability to cope following emotional upheaval e.g. DV, bereavement, family breakdown Instability - DV in the home (serious arguments and physical/emotional violence witnessed by child) Frightened of DV abuser – emotional/psych abuse DV around pre birth / history DV Returned home to carer after period of accommodation (within last 6 months) Sibling(s) in care Removed from Child Protection Plan (within last 12 months) Young Carer in substance abuse environment</td>
<td>Unable to connect cause and effect of own actions Places self or others in danger</td>
</tr>
<tr>
<td>Additional resources needed to prevent isolation</td>
<td>Fire-setting (8-12 yrs) motivated by curiosity or experimentation, a greater proportion of their fire-setting represents underlying psychosocial conflicts Fire-setting (13-18 yrs) As a result of psychosocial conflicts and turmoil or intentional criminal behaviour - typically leads to school failure and behaviour problems; tend to be easily influenced by peers.</td>
<td>Severe attachment disorder/ separation anxiety</td>
</tr>
<tr>
<td>Young Carer regularly needed to care for another family member, with responsibilities that may affect own development Cruelty to pets, animals</td>
<td></td>
<td>Children in households where parents/carer have all of the following problems: mental health, substance dependency and DV Severe and persistent DV Single serious incident, involving weapons/ injury</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe professional concerns – but difficulty accessing child/ young person In Care with stable placement: needs monitoring Unaccompanied refugee/asylum seeker Privately Fostered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children who disappear, or are missing from home for long periods, who are high risk In Care with acute placement breakdown In Care out of school</td>
</tr>
</tbody>
</table>

Additional Needs Indicators: - Impact of Development on child or young person - Jan 2014
<table>
<thead>
<tr>
<th>CHILD</th>
<th>Universal - Preventative Level 1</th>
<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Changes in attitude or behaviour</td>
<td>Disruptive or victimised behaviour continues or worsens at school and/or at home</td>
<td>Severe and persistent anti-social, reckless and challenging behaviour</td>
</tr>
<tr>
<td></td>
<td>Disruptive behaviour</td>
<td>Victim or witness of offence</td>
<td>Behaviour puts peers at risk</td>
</tr>
<tr>
<td></td>
<td>Suffers or perpetrates bullying, discrimination or harassment</td>
<td>Peer group predominantly anti-social and known to law enforcement agencies</td>
<td>Offence involving sexualised bullying</td>
</tr>
<tr>
<td></td>
<td>At risk of offending</td>
<td>Warned for offending behaviour (petty crime)</td>
<td>Re-offending</td>
</tr>
<tr>
<td></td>
<td>Hostile, aggressive</td>
<td>Experiences persistent discrimination</td>
<td>Regularly involved in criminal activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behaviour becoming increasingly challenging</td>
<td>Serious or persistent offending behaviour , manipulative, involving weapons, likely to require additional services after YJS intervention or to lead to custody / remand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Known to associate with young people involved in gang or group offending</td>
<td>Prosecution for offences – resulting in court orders, custodial sentences, ASBOs, etc</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Starting to offend – criminal offence</td>
<td>Sexual or severe abuse of other children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coming to notice of police or Safer Neighbourhood Teams on regular basis but matters not being progressed.</td>
<td>Young Sex Offenders - criminal abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reprimand , Fixed Penalty Notice (FPN), Final Warning or Triage of Diversionary Intervention</td>
<td>Serious or persistent offending behaviour , manipulative, involving weapons, likely to require additional services after YJS intervention or to lead to custody / remand</td>
</tr>
<tr>
<td></td>
<td>Early sexual experience (under 16yrs):</td>
<td>Age inappropriate sexualised behaviour</td>
<td>Sexually active (under 13 yrs)</td>
</tr>
<tr>
<td></td>
<td>- knowledgeable about sex and relationships</td>
<td>Sexually active 16 -19 year olds with inconsistent use of contraception / not accessing contraceptive and sexual health advice, info and services.</td>
<td>Teenage parent under age of 16 yrs</td>
</tr>
<tr>
<td></td>
<td>- consistent use of contraception / protection</td>
<td>Sexually active teen (14-16yrs)</td>
<td>In some form of sexually exploitative relationship:-</td>
</tr>
<tr>
<td></td>
<td>- Teenage pregnancy (16-18): (family support certain)</td>
<td>Early teenage pregnancy (16 yrs or over and has had (or has caused) two or more previous pregnancies, or is already a teenage parent.)</td>
<td>- Gang related sexual abuse</td>
</tr>
<tr>
<td></td>
<td>Expressing wish to become pregnant or be a parent at a young age</td>
<td>Under 16 yrs and has had previous pregnancy ending in still birth, abortion or miscarriage</td>
<td>- Sexual abuse through prostitution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Under 16 yrs and has caused previous pregnancy ending in still birth, abortion or miscarriage</td>
<td>- Familial sexual abuse</td>
</tr>
<tr>
<td></td>
<td>Occasional experimenting with drugs / substances (12yrs plus)</td>
<td>Frequent experimentation with drugs / substances - low level targeted</td>
<td>- Exploitation of physical disability</td>
</tr>
<tr>
<td></td>
<td>Experimenting with tobacco or alcohol at young age</td>
<td>Experimenting with substances (12 yrs plus)</td>
<td>- Exploitation of learning disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Escalation of substance misuse potentially damaging to health and development.</td>
<td>Under 16 and in relationship with 4 years or more age difference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At risk of being exploited due to substances dependency.</td>
<td>Sexual activity (under 13yrs) leading to police involvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Under 16 and has caused previous pregnancy ending in still birth, abortion or miscarriage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Experiencing harm through use of substances.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Young person injecting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sub misuse exacerbating existing complex needs</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Uncontrolled use and/or physical/psychosocial dependency on substances.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Involvement in drug dealing/ exploitation by drug dealers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Persistent intravenous/ heavy end substance misuse requiring interventions and/or child protection</td>
</tr>
</tbody>
</table>

Additional Needs Indicators:- Impact of Development on child or young person - Jan 2014
<table>
<thead>
<tr>
<th>Identity, Self Image, Social Presentation</th>
<th>Universal - Preventative Level 1</th>
<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Some insecurities around identity expressed; low self-esteem.</td>
<td>➤ Demonstrates significantly low self-esteem in a range of situations</td>
<td>➤ Child has internalised discrimination and behaviour reflects poor self-image</td>
<td>➤ Severe disability – child relies totally on other people to meet care needs.</td>
</tr>
<tr>
<td>➤ Presentation impacting on school relationships</td>
<td>➤ Subject to persistent discrimination</td>
<td>➤ Irrational fear of persecution by others</td>
<td>➤ Offending / substance misuse / sexual activity prevent self-care; also impacts on vulnerability to exploitation.</td>
</tr>
<tr>
<td>➤ Can be over friendly or withdrawn with strangers</td>
<td>➤ High risk of being, or actual victim of crime</td>
<td>➤ Mental health problems becoming seriously manifest</td>
<td>➤ Homeless young person (16-18yrs)</td>
</tr>
<tr>
<td>➤ May experience or perpetuate bullying or discrimination around ‘difference’</td>
<td>➤ Provocative in appearance and behaviour (inappropriate clothes, make-up for age and understanding)</td>
<td>➤ Suffers from eating disorder</td>
<td>➤ Young person leaving offending unit who is homeless</td>
</tr>
<tr>
<td>➤ May not discriminate effectively with strangers</td>
<td>➤ Some evidence of / regularly self harming</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family and Social Relationships</th>
<th>Some inconsistencies in relationships with family and friends</th>
<th>Child receives erratic or inconsistent care from adult carers</th>
<th>Relationships with family all experienced as critical and/or negative – low warmth, high criticism</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Limited support from family and friends</td>
<td>➤ Some issues arising from parents divorce or death of parent/carer</td>
<td>➤ Family breakdown related in some way to child’s behavioural difficulties</td>
<td></td>
</tr>
<tr>
<td>➤ Lack of positive role models</td>
<td>➤ Inappropriate succession of carers</td>
<td>➤ Complete rejection by a parent and/or step parent</td>
<td></td>
</tr>
<tr>
<td>➤ Lack of consistency in routine</td>
<td>➤ Child can be over familiar with strangers</td>
<td>➤ Subject to physical, emotional or sexual abuse or neglect</td>
<td></td>
</tr>
<tr>
<td>➤ Parents divorce</td>
<td>➤ Conflict in relationship with peers/siblings</td>
<td>➤ At risk from harmful cultural practices (forced marriage of a child; female genital mutilation)</td>
<td></td>
</tr>
<tr>
<td>➤ Death of a parent/carer or significant other</td>
<td>➤ Child is main carer for family member</td>
<td>➤ Abandoned child</td>
<td></td>
</tr>
<tr>
<td>➤ Other significant loss or trauma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➤ Lack of friends/social network</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>➤ Difficulties sustaining relationships</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>➤ Misses school or leisure activities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independence and Self Care</th>
<th>Impaired self care skills e.g. poor hygiene</th>
<th>Additional resources needed to develop sense of self, self care skills and ability to express needs.</th>
<th>Severe disability – child relies totally on other people to meet care needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Child slow to develop age-appropriate self-care skills</td>
<td>➤ Disability prevents self-care for significant task range.</td>
<td>➤ Offending / substance misuse / sexual activity prevent self-care; also impacts on vulnerability to exploitation.</td>
<td></td>
</tr>
<tr>
<td>➤ Disability limits extent of self-care possible</td>
<td>➤ Child precociously able to care for self (overly independent)</td>
<td>➤ Homeless young person (16-18yrs)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➤ Young person living independently and not coping</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➤ YP not entitled to benefits with no means of support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➤ Child lacks sense of safety and often puts him/herself or others in danger</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Needs Indicators:- Impact of Development on child or young person - Jan 2014
<table>
<thead>
<tr>
<th>Learning and Education</th>
<th>Universal - Preventative Level 1</th>
<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Lack of stimulation and access to safe play</td>
<td>▪ Significant difficulties in understanding and using language for age and ability</td>
<td>▪ Is at least 2 National Curriculum levels below expected progress.</td>
<td></td>
</tr>
<tr>
<td>▪ Not always engaged with learning e.g. poor concentration, low motivation</td>
<td>▪ Has received targeted interventions over time with little progress..</td>
<td>▪ Has had specialist support from Outreach services such as Vermont, Springwell and/or EPs, Specialist Teacher Advisors with no impact on progress.</td>
<td></td>
</tr>
<tr>
<td>▪ Poor language stimulation environment (TV always on; soother-dummy always in use)</td>
<td>▪ Severe dysfluency (stutter) affecting child at school and in home environment.</td>
<td>▪ Accessing small amounts of education.</td>
<td></td>
</tr>
<tr>
<td>▪ Not thought to be reaching his/her educational potential</td>
<td>▪ Acrimonious home-school link</td>
<td>▪ On part time table for at least 2 months.</td>
<td></td>
</tr>
<tr>
<td>▪ Home-school link not well established /poor</td>
<td>▪ Impairment due to medical/physical difficulties affecting health as well as communication e.g. cleft palate</td>
<td>▪ Is being educated away from the main school building and/or off site.</td>
<td></td>
</tr>
<tr>
<td>▪ Limited evidence of, or inappropriate, progression planning</td>
<td>▪ Refusal to engage in progression planning.</td>
<td>▪ At risk of Permanent Exclusion or has been Permanently Excluded.</td>
<td></td>
</tr>
<tr>
<td>▪ Few if any achievements at KS4 and 16+</td>
<td>▪ NEETs (16-18 yrs) (Not in Education, Employment or Training)</td>
<td>▪ Has had 1 or more managed moves.</td>
<td></td>
</tr>
<tr>
<td>▪ No support in place for child not showing engagement in play or learning opportunities</td>
<td>▪ History of long term poor attendance at school</td>
<td>▪ Early statutory review as provision no longer able to meet needs.</td>
<td></td>
</tr>
<tr>
<td>▪ Not achieving key stage benchmarks</td>
<td>▪ Reluctance of parents and carers to address non-attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ No access to leisure facilities</td>
<td>▪ Child without school place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Limited participation in education, employment or training post-16</td>
<td>▪ Fixed term exclusion from primary school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Irregular school attendance (&gt;87%) / poor punctuality/ collected late / first warning letter</td>
<td>▪ Out of school/ very poor school attendance record / final warning letter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Difficulties for services maintaining links with children educated in the home.</td>
<td>▪ Severe difficulties sustaining home/ school relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Fixed term exclusion from secondary school</td>
<td>▪ At risk of permanent exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Risk of persistent absence</td>
<td>▪ Out of school, family not engaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Special educational needs at School Action or Early Years Action</td>
<td>▪ Out of school, no appropriate specialist placement, family engaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Undertaking speech/ language therapy</td>
<td>▪ Failed Education Supervision Order – 3 prosecutions for non-attendance: family refusing to engage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Special educational needs at School Action Plus or Early Years Action Plus</td>
<td>▪ Permanently excluded from school or without school place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Under achieving due to learning difficulties</td>
<td>▪ Second permanent exclusion from school or imminent second exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Under achieving due to learning difficulties</td>
<td>▪ High risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Undertaking speech/ language therapy</td>
<td>▪ Interim SEN Statement Review – breaking down; no longer meets need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Special educational needs at School Action Plus or Early Years Action Plus</td>
<td>▪ Child/young person with statement of SEN, out of school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Under achieving due to learning difficulties</td>
<td>▪ Out of residential school</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Needs Indicators:- Impact of Development on child or young person - Jan 2014
Family and Environmental Risk Indicators
<table>
<thead>
<tr>
<th><strong>Family &amp; Environment</strong></th>
<th><strong>Universal - Preventative Level 1</strong></th>
<th><strong>Enhanced - Complex Preventative Level 2</strong></th>
<th><strong>Specialist or Statutory - Complex/Acute Level 3</strong></th>
</tr>
</thead>
</table>
| **Family History and Functioning** | ▶ Parent, sibling or family involved in petty criminal activity  
▶ Sibling with disability or significant health problem  
▶ Family history of parenting difficulties  
▶ Stress/conflict in family relationships  
▶ Acrimonious divorce/ separation  
▶ Daughter of a teenage mother or other teenage parents in family  
▶ Early parenthood accepted in family and wider social network  
▶ Significant ongoing relationship issues between siblings  
▶ Family is socially isolated  
▶ Life limiting illness within the family | ▶ Family have serious physical/ mental health difficulties  
▶ Family crisis where family not coping  
▶ DV suspected or apparent within the household  
▶ Criminal activity or offending behaviour in family  
▶ Parent or sibling has received custodial sentence  
▶ Life limiting illness leading to death of main carer | ▶ Person defined as 'Risk to Children' in vicinity and known to household  
▶ Child/ young person has been identified as In Need, but parent/carers have refused support  
▶ High risk of family breakdown and risk of child/ young person being removed from home  
▶ Family home used for drug taking, prostitution, illegal activities |
| **Wider Family** | ▶ Limited support from friends and extended family  
▶ Lack of support networks  
▶ Family under stress without extended network of support  
▶ Family has poor relationship with extended family or little communication | ▶ Destructive/ unhelpful involvement from extended family. | ▶ Person defined as 'Risk to Children' living in home  
▶ Imminent family breakdown and risk of child becoming looked after  
▶ Escalating or persistent serious domestic violence |
| **Housing** | ▶ Overcrowded housing  
▶ Family / guardian of the child/young person under notice to quit their accommodation  
▶ Home insufficiently heated in winter  
▶ Poor state of repair; broken windows unattended to  
▶ House visibly damp  
▶ Unhygienic housing  
▶ Inadequate overcrowded home causing family stress | ▶ Homeless family in temporary housing  
▶ Housing is likely to significantly impair health/ development  
▶ Homeless and not eligible for temporary housing, or accommodation at risk  
▶ Family constantly moving – while concerns need attention or monitoring  
▶ Inappropriate housing for family need or circumstance e.g. child in Hall Place  
▶ Disconnection of utilities | ▶ Hygiene of home environment places child/ young person at risk  
▶ Physical accommodation places child in danger |
<table>
<thead>
<tr>
<th>Family &amp; Environment</th>
<th>Universal - Preventative Level 1</th>
<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
</table>
| Employment income    | • Low income / poor budgeting limiting a child/young person’s life chances  
• Periods of unemployment of the wage earning parent  
• Parents have limited formal education or basic skills.  
• Living on benefits  
• Parents find it difficult to obtain employment due to poor basic skills  
• Financial difficulties  
• Children with mobility issues needing special adaptations / equipment / storage.  
• Chronic debt problems due to mismanagement of own income  
| • Serious debts/ poverty impact on ability to have basic needs met, or on ability to care for child / young person  
• Parents experience stress due to unemployment or ‘overworking’  
• Chronic unemployment that has severely affected parents’ own identities  
• Family not entitled to benefits with no means of support  
• Family unable to gain employment due to long-term difficulties e.g. substance misuse, disability, and/or with significant lack of basic skills.  
| • Family chronically socially excluded  
• Persistent racial harassment or abuse from neighbours  
• (Rational) fear of persecution by others  
• Socially abusive family involved in ASBO’s  
| • Family re-housed as part of Witness Protection programme.  
| Family’s Social Integration Community Resources | • Family may be new to area.  
• Family have had former experiences of social exclusion.  
• Adequate universal resources but family may have access issues  
• Parents socially excluded.  
• Poor social contacts or community support systems  
• Seeking asylum  
• Family experiencing discrimination or are victims of crime  
• Child lured into truanting with peers in neighbourhood  
• Deprived neighbourhood, with resources such as schools, clinics and play areas difficult to access  
| • Family chronically socially excluded  
• Persistent racial harassment or abuse from neighbours  
• (Rational) fear of persecution by others  
• Socially abusive family involved in ASBO’s  
| • Family re-housed as part of Witness Protection programme.  

Additional Needs Indicators:- Impact of Family and Environment on child or young person - Jan 2014
Parent or Carer Risk Indicators
### Additional Needs Indicators: Impact of Parent or Carer on child or young person - Jan 2014

<table>
<thead>
<tr>
<th>Parent or Carer</th>
<th>Universal - Preventative Level 1</th>
<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
</table>
| **Basic Care** | • Delay in seeking health care for child/young person  
• Parent/carer engagement with services is poor  
• Parent/carer requires advice on parenting issues  
• Concerns emerging around child's physical / emotional needs being met  
• Difficulties in pregnancy and/or labour  
• Inappropriate anxiety regarding child/young person's health  
• Difficult to engage parents with services: failure to sign on with GP; to attend health appointments; to make application for school place  
• Poor maternal health -not accessing ante/postnatal care  
• Concealed pregnancy (e.g. due to DV fears)  
• Basic care needs not adequately addressed: diet, clothing, hygiene concerns  
• Significant language/communication difficulties  
• Has disability or significant health problem  | • Parent not engaging with professionals  
• Parent struggling to provide adequate care  
• Struggles to meet special needs without support services  
• Physically sick or disabled, affecting parenting  
• Learning difficulties affecting parenting  
• Expects child/young person to take over caring responsibilities (for self / other siblings)  
• Needs support to recognise health care needs for self or child person's development (including obesity)  
• Multiple births/several children aged under 5 and family having difficulty coping  | • Parent resisting engagement with professionals  
• Unable to meet additional needs, despite support  
• Mental health or severe substance misuse involvement affecting ability to function on daily basis and affecting majority of parenting responsibilities including child's health and development  
• Parents unable to care for previous children  
• Failure to seek appropriate health care affecting child/young person  
• Child is taken into care  
• Child is on Child Protection Plan  
• Care proceedings are being undertaken with legal solution not yet secured  
• Failure, in spite of help, to recognise health care needs for self or child person's development  
• Parent unable to provide 'good enough' parenting that is adequate and safe  |
| **Emotional warmth** | • Parents show lack of warmth in response to child  
• Inconsistent responses to child/young person by parent(s)  
• Marital / relationship difficulties that impinge on child/young person (including contact disputes)  
• Anxiety/low self esteem  
• Erratic or inconsistent care.  
• Limited opportunities to develop positive relationships  | • Significant parenting difficulties with emotional warmth  
• Indifferent, intolerant, critical, rejecting  
• Leaving child inconsistently with multiple carers - attachment issues manifesting  
• Child/young person threatened with rejection from home – relationship at risk of breakdown  | • Parents inconsistent, highly critical or apathetic towards child/young person  
• Deep distress to child/young person due to severe emotional abuse (rejection, verbal abuse)  |
### Ensuring Safety, Protection, Stability

<table>
<thead>
<tr>
<th><strong>Parent or Carer</strong></th>
<th><strong>Universal - Preventative</strong> Level 1</th>
<th><strong>Enhanced - Complex Preventative</strong> Level 2</th>
<th><strong>Specialist or Statutory - Complex/Acute</strong> Level 3</th>
</tr>
</thead>
</table>
| ▶ May experience some exposure to unsafe situations in the home or community.  
▶ - Parental stresses starting to affect ability to ensure child's safety.  
▶ - Taking prescribed medication for medical condition(s) that could impair parenting ability  
▶ - Post natal depression  
▶ - Difficulties with managing child's sleeping, feeding, or crying  
▶ - Regular exposure to dangerous situations in the home or community  
▶ - DV incident  
▶ - Unsupported parent  
▶ - Parent less than 19 years old  
▶ - Child's key relationships with family members not always kept up  
▶ - Sense of helplessness  
▶ - Parental instability affects capacity to nurture  
▶ - Previous child death | ▶ Substance &/or alcohol misuse affecting parenting  
▶ - Supported in the community by substance misuse team  
▶ - Criminal or anti social behaviour affecting parenting  
▶ - Concerns about parenting of a child/young person who has been looked after  
▶ - Inability to manage severe challenging behaviour without support – resulting in high risk of family breakdown Child perceived to be a problem by parents  
▶ - Requesting young person be accommodated  
▶ - Physical care or supervision of the child/young person inadequate or erratic  
▶ - DV: repeat incident  
▶ - Recent experience of serious loss or trauma affecting parenting ability  
▶ - Mental illness affecting parenting  
▶ - Child previously In Care  
▶ - Child has different carers leading to attachment concerns | ▶ Disclosure from parent of abuse to child/young person  
▶ - Significantly harms child/ young person  
▶ - Allegation or reasonable suspicion of serious injury, abuse or neglect  
▶ - Instability and severe physical violence in the home continually – victim very frightened; child directly involved in incidents; witnessed by child  
▶ - Child/young person rejected from home  
▶ - Persistent, serious DV, child at risk of significant harm.  
▶ - Child/young person subject of parental delusions which imply risk  
▶ - Evidence of, or suspected; Fabricated or Induced Illness  
▶ - Child/young person beyond parental control  
▶ - Concerns about parenting of a child/young person who is at risk of becoming looked after  
▶ - Unable to protect child/young person from harm  
▶ - DV: stalking mother/children  
▶ - DV where abuser violates protective legal orders to commit acts of violence or abuse.  
▶ - Actively putting young person at risk of harm  
▶ - Child beyond parental control  
▶ - Child looked after by LA, whether local or by other local authority (e.g. child being educated in Southampton)  
▶ - Child has no parent/carer or has been abandoned |
<table>
<thead>
<tr>
<th>Parent or Carer</th>
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<th>Enhanced - Complex Preventative Level 2</th>
<th>Specialist or Statutory - Complex/Acute Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulation</td>
<td>• Child not often exposed to new experiences; spends considerable time alone watching TV</td>
<td>• Significant parenting difficulties with stimulation</td>
<td>• Very young child left at home alone or with young carers</td>
</tr>
<tr>
<td></td>
<td>• Unable to provide constructive leisure or guided play</td>
<td>• Lack of response to child / young person's underachievement at school</td>
<td>• Inability to judge dangerous or risky situations</td>
</tr>
<tr>
<td></td>
<td>• Unable to provide positive stimulation – lack of positive activities or experiences</td>
<td>• Learning not supported/encouraged</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Learning not supported/encouraged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance &amp; Boundaries</td>
<td>• Lack of consistent boundaries and guidance</td>
<td>• Child/ Young person deliberately kept out of school</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Condoned absence from school</td>
<td>• Significant parenting difficulties with boundaries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Child allowed to behave in an anti-social way in the neighbourhood e.g. petty crime</td>
<td>• Parent does not offer a good role model e.g. behaving in an anti-social way</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack of routine in the home</td>
<td>• Chaotic, inconsistent, insecure parenting</td>
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<tr>
<td></td>
<td>• Boundaries are too loose/tight/physical</td>
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</tr>
</tbody>
</table>

Additional Needs Indicators:- Impact of Parent or Carer on child or young person - Jan 2014
Sources of Strength and Protective Factors
<table>
<thead>
<tr>
<th><strong>Sources of Strengths and Protective Factors for Children, Young People &amp; Families Which Build Up Resilience.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Child’s Developmental Needs</strong></td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>‣ Experiences of success/achievement</td>
</tr>
<tr>
<td>‣ No concerns around cognitive development</td>
</tr>
<tr>
<td>‣ Access to books/toys, as appropriate</td>
</tr>
<tr>
<td>‣ Acquired a range of skills/interests</td>
</tr>
<tr>
<td><strong>Health</strong></td>
</tr>
<tr>
<td>‣ Physically healthy</td>
</tr>
<tr>
<td>‣ Developmental checks/immunisations up to date</td>
</tr>
<tr>
<td>‣ Adequate and nutritious diet</td>
</tr>
<tr>
<td>‣ Regular dental and optical care</td>
</tr>
<tr>
<td>‣ Developmental milestones met</td>
</tr>
<tr>
<td>‣ Speech and language development met</td>
</tr>
<tr>
<td>‣ Appropriate height and weight</td>
</tr>
<tr>
<td><strong>Emotional and Behavioural Development</strong></td>
</tr>
<tr>
<td>‣ Good quality early attachments</td>
</tr>
<tr>
<td>‣ Able to express empathy</td>
</tr>
<tr>
<td>‣ Able to adapt to change</td>
</tr>
<tr>
<td>‣ Demonstrate appropriate responses in feelings and actions</td>
</tr>
<tr>
<td><strong>Family and Social Relationships</strong></td>
</tr>
<tr>
<td>‣ Positive relationships with peers</td>
</tr>
<tr>
<td>‣ Good relationships with siblings</td>
</tr>
<tr>
<td>‣ Stable and affectionate relationships with caregivers</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
</tr>
<tr>
<td>‣ Positive sense of self and abilities</td>
</tr>
<tr>
<td>‣ Demonstrates feelings of belongingness and acceptance</td>
</tr>
<tr>
<td>‣ Ability to express needs</td>
</tr>
<tr>
<td><strong>Self-Care Skills</strong></td>
</tr>
<tr>
<td>‣ Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills</td>
</tr>
<tr>
<td><strong>Social Presentation</strong></td>
</tr>
<tr>
<td>‣ Appropriate dress for different settings</td>
</tr>
<tr>
<td>‣ Good level of personal hygiene</td>
</tr>
<tr>
<td><strong>2. Parenting Capacity</strong></td>
</tr>
<tr>
<td>‣ <strong>Basic Care</strong> for child’s physical needs, e.g. food, drink, appropriate clothing, medical and dental care</td>
</tr>
<tr>
<td>‣ <strong>Ensuring Safety</strong> from danger or significant harm, in the home and elsewhere</td>
</tr>
<tr>
<td>‣ <strong>Emotional Warmth</strong> warm regard, praise and encouragement</td>
</tr>
<tr>
<td>‣ <strong>Stability</strong> ensures that secure attachments are not disrupted</td>
</tr>
<tr>
<td>‣ - Provides consistency of emotional warmth over time</td>
</tr>
<tr>
<td>‣ <strong>Stimulation</strong> Facilitates cognitive development through interaction and play</td>
</tr>
<tr>
<td>‣ - Enables child to experience success</td>
</tr>
<tr>
<td>‣ <strong>Guidance and boundaries</strong> Provides guidance so that child can develop an appropriate internal model of values and conscience.</td>
</tr>
<tr>
<td><strong>3. Family and Environmental Factors</strong></td>
</tr>
<tr>
<td>‣ <strong>Basic Care</strong> for child’s physical needs, e.g. food, drink, appropriate clothing, medical and dental care</td>
</tr>
<tr>
<td>‣ <strong>Ensuring Safety</strong> provides protection from danger or significant harm, in the home and elsewhere</td>
</tr>
<tr>
<td>‣ <strong>Emotional Warmth</strong> shows warm regard, praise and encouragement</td>
</tr>
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<td>‣ <strong>Stability</strong> Ensures that secure attachments are not disrupted</td>
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