

Prevention and Children's Social Care Thresholds



PREVENTION & CHILDREN'S SOCIAL CARE THRESHOLDS

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1. Introduction

This document is primarily aimed at professionals working in both adult and children's services who may have a concern about a child or young person. It also supports local authority children and young peoples' social care teams, in describing how thresholds are applied to referrals they receive.

Most children and young people in any local authority have a number of basic needs that can be supported through a range of universal services. These services may include education, early years services, health, housing, youth services, leisure facilities and services provided by voluntary organisations. In Kingston, these services, in accordance with the Council's equal opportunities policy are available to all children, young people and their families living in the Borough. Some children have more complex needs, and may need more specialised services to support them.

Under current guidance, more agencies have a role in supporting children, young people and their families. An increased range of services has meant an increase in the number of referral pathways for services. This document provides guidance about how thresholds affect the type of referrals accepted by Kingston LA children's social care, and the main categories that referrals fall into.

Definition

The term *thresholds* are used commonly in social care and other services. In this document the term "thresholds" refers to the level at which referrals to children's social care to access a service or complete an assessment, will be actioned. Put simply, it is the point at which prevention and children's social care are likely to accept a referral for a child, young person and their family.

<p>Level 1 Information Sharing / Consultation and Advice</p> <p>Early indicator relating to a child, young person or family who may have an additional need. There may be 1 or more factors that could impact on a child/young person's health, learning or well being and who require sign posting to services.</p> <p>There may be temporary signals of concern which can still be supported within universal services but a professional may wish to share concerns with ASKK or enquire as whether any other professionals have identified similar concerns.</p> <p>Sharing information at this stage can</p>	<p>Level 2 Additional Needs: Dual Agency Involvement</p> <p>Several factors or indicators of disadvantage, impacting on the child/young person's health, learning and wellbeing that may require some intervention or support.</p> <p>This is the threshold for beginning a Common Assessment Framework (CAF). Response services are universal support services and/or targeted services.</p>
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ensure early intervention is offered if further concerns are raised.	
<p>Level 3 Complex Additional Needs: Multi Agency Package of Support</p> <p>A coordinated multi agency response is required where a Lead Professional will be identified. Children and young people in this group will have multiple factors, or indicators of disadvantage.</p>	<p>Level 4 Acute</p> <p>Acute needs, requiring statutory intensive support under S17 (Child in Need) or S47 (Child in Need of Protection) Children Act 1989.</p>

This guidance includes illustrative criteria for referral and assessment service in Appendix A and B.

For Information about indicators for child protection responses please also refer to Section 6 of the London Child Protection Procedures 2010 (these can be accessed at: <http://www.londonscb.gov.uk/procedures>)

2. Referral Pathways Prevention and Statutory Intervention

You may be reading or making reference to this document as a professional who has concern(s) about the welfare of a child or young person. The aim of this document is to help you gauge the type and level of the concern(s) and to guide you to making the most effective referral for services to more fully assess and address the concern(s) identified.

In certain situations the concern may be limited or minor and these will usually be identified for support perhaps through targeted prevention services. Other cases may be more complex requiring more coordinated multi-agency support from Prevention Services. In some circumstances the concern may be significant enough to require referral for a service / assessment from the LA's statutory children's social care teams. You will find illustrative examples to help you judge which service to refer to in **Appendix A and B**.

Referrals regarding concerns about a child typically fall into **three** categories:

Service Area	Service Process
Early Intervention and Prevention	Information sharing, Common Assessment Framework / Lead Professional at Levels 1- 3
Kingston Children's Social Care (Looked After Children & Safeguarding)	Child in Need (Section 17) and CIN of Protection (Section 47) referrals at Level 4
Integrated Disabled Children Team	Section 17 Child in Need (S17) & –

	please add to S17 Child in Need (S17) Level 4 and (section 47)
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Safeguarding and child protection work should always be underpinned by principles of working in partnership with families. In all cases it is good practice to seek consent from parents / carers to share information as appropriate.

Only in circumstances where you can reasonably judge it necessary should you dispense with parental consent. Circumstances where you can dispense with consent include any situation where you judged it to be in the public interest to share information and you duly informed the parent / carer of your action and reason for it despite their refusal. Another circumstance would be any situation where you judged a child or young person to be at risk of significant harm.

The local authority has no mandate to compel parents to undertake assessments or accept services, however, if the local authority has evidence of the likelihood or actual incidence of significant harm to a child or young person it may be necessary to seek legal advice and intervene to ensure that child or young person's safety and welfare.

It is important to ensure that this process of assessment is open and that all involved understand the concerns identified and what level of service can be offered. The intention is that the level of service is clearly related to the needs of the child and family that the assessment identifies.

For more guidance around information sharing for practitioners and managers, visit www.education.gov.uk

2.1 Early Intervention and Prevention

It should be recognised that there are some children who, while experiencing difficulties, will not warrant a social work or specialist service intervention.

For these 'children with additional needs', gaps can exist in service provision leading to a risk that, because emerging signs of difficulty are not acted on early enough, they may fail to achieve their full potential. As a result Kingston in partnership with other local service providers has developed ASKK.

ASKK is Kingston's Information Sharing Hub and coordinates information and support for children and young people from a range of sources and signposts and provides brokerage to preventive services, to ensure that children and young people get the help they need, when they need it. This early identification and response gives these children extra support (e.g. Family Support Service) before a crisis point is reached and the involvement of statutory services is required.

The Common Assessment Framework (CAF) for children and young people is one of the elements in the delivery of integrated frontline prevention services and provides a common method of assessment across agencies and services, facilitating early identification of need and gathering evidence to support coordinated service provision. The common assessment has been specifically designed to reduce duplicate assessments and provide a common holistic framework for assessing need.

The common assessment is designed for when:

- There are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being;
- The child's needs are unclear or broader than a single universal service can address.

A common assessment should be completed, in partnership and with the consent of a parent / carer, when a professional in any agency has concerns that a child will not progress towards the five priority outcomes (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being), without additional services.

Completing a Common Assessment should:

- Enable the professional to identify the child's needs;
- Provide a structure for systematic gathering and recording of information;
- Record evidence of concerns and a base-line for measuring progress in addressing them;
- Develop a co-ordinated multi agency action plan;
- Provide a framework for a discussion with LA children's social care regarding an initial or core assessment or to another service for a specialist assessment.
- Provide an interface with other key assessment tools and intervention to avoid repeat assessment.
- Always involve the young person or parent/carers and be a consensual process.

For more information with regard to the Information Sharing Agenda, CAF and Lead professional arrangements then visit www.kingston.gov.uk/caf

Where there is an immediate need to protect a child, professionals must contact LA children's social care and/or police directly and make a referral, rather than completing a common assessment.

2.2 Level 4 - Child in Need Referral and Assessment

These fall under Section 17 of the Children Act 1989 (CA 1989) which places a general duty on every local authority to safeguard and promote the welfare of children who are in need within their area. LA children's social care, so far as is consistent with this duty, must promote the upbringing of children in need by their families, through provision of a range and level of services appropriate to the child's needs.

The definition of a 'child in need' under the CA 1989 states that a child shall be 'in need' if:

1. S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a Local Authority.
2. His/her health or development is likely to be significantly impaired, or further impaired, without the provision of such services.
3. S/he is disabled.

(Sec 17, para 10, CA 1989)

All children are different and have different needs. Similarly a family's capacity to respond to and meet their children's needs may also differ. The thresholds aim to ensure that all children in need referred to Prevention and Safeguarding Services receive appropriate support and that resources are used effectively and efficiently.

The Royal Borough of Kingston upon Thames aims to provide services on a basis that takes proper account of all the circumstances of each child or young person referred. This requires a holistic assessment of the child or young person's needs. In Kingston, social workers will use the 'Framework for the Assessment of Children in Need and their Families' to gather and analyse all appropriate information about a child/young person and their family. The framework takes in to account the child's various needs for health, care etc. alongside the parent's capacity to meet these needs and the community / environmental circumstances of the family. For more detail please refer to the Department of Health website www.dh.gov.uk.

The professional judgement of social workers and partner agencies will be used to evaluate the information gathered in the referral and assessment and decide whether the child / young person require services. Consideration will always be given to the role of other agencies, and the assistance available from family, friends, neighbours and carers.

2.3 Level 4 - Child Protection Referral and Assessment

Often referred to as a Section 47 investigation these fall under Section 47 of the Children Act 1989 which requires the local authority to make enquiries to enable it to decide whether action is needed to safeguard and promote the well-being of the child. Children's social care will lead on a core assessment as a means of conducting the Section 47 enquiries.

The purpose of the core assessment is to determine whether the child is suffering from, or likely to suffer from, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Partner agencies including Police, Health, Education and other services have a statutory duty to help LA children's social care to carry out the Section 47 enquiry.

A Section 47 enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect.
- Following an Emergency Protection Order or use of Police powers of protection.
- A child breaches curfew criteria, in which case the response must be initiated within 48 hours or receipt of the information (S47 (1) (a) (iii) Children Act inserted by S15 (4) Crime & Disorder Act 1998.

LA Children's Social Care is the lead agency for child protection enquiries and the LA Children's Social Care manager has responsibility for authorising a S47 enquiry.

It is important to note that many children and their families are vulnerable at different stages of their lives. Families may move along the continuum between needing support and needing protection at various stages over time.

At the conclusion of the Section 47 assessment social workers must provide a care plan that sets out the services to be offered, the timescales for the objectives in the care plan to be met and a date when the progress of the plan will be reviewed.

3. Making an Effective Referral

It is important to be clear about the purpose of the referral, and its intended outcome. Using the information in **Appendices A and B** it is helpful to consider the three main categories of referrals and related levels of need, to determine the significance of your concerns about a child or young person.

Appendices A and B will support professionals in identifying the risks and protective factors to help you make a judgement about the needs of the child or young person. Although these indicators are helpful in identifying areas in a child's life that may cause concern, the presence of one or more may not necessarily mean the child is in need of additional support or meets the threshold for statutory services by Children's Social Care.

It can be very useful to consult with other professionals in the child's network (such as health visitor, youth worker, teacher) if you have concerns. When the concern is around risk of harm to a child, you may want to speak to your own agency lead for child protection and safeguarding. Alternatively, you can speak with Kingston's children's social care teams.

In order to ensure that children's services in Kingston are easy to find, contact and access they are organised into two Divisions:

1. Prevention & Integration (including ASKK & Integrated Disabled Children Team which provides a statutory social care service to eligible disabled children and young people.)
2. Children's Social Care Teams (Safeguarding, Looked After Children, Leaving Care& Unaccompanied Asylum Seeking Children).

This structure allows specific services to collaborate and to provide one single access point for service users around a clearly identified theme.

CHILDREN'S SOCIAL CARE

Children's Social Care is required to respond to a referral within 1 working day of its receipt. The decision about the level of response needed will be fed back to the referrer.

All new referrals to these service areas will be received and responded to through a Team Leader who will carefully evaluate any information received to decide on the most appropriate response, supported by a Casework Co-ordinator. Based on the information received the response may be either to:

- Provide Advice and Guidance;
- Re-direct and if necessary introduce the caller to another service group
- Accept as a new referral and begin an Initial Assessment.

It is the responsibility of Children's Social Care to explain the reasons for the outcome decision and ensure that the referrer has clarity about the agreed way forward.

Professionals in all agencies have a responsibility to refer a child to LA children's social care when it is believed or suspected that the child:

- Has suffered significant harm
- Is likely to suffer significant harm

INTEGRATED DISABLED CHILDREN'S TEAM

Because of the particular needs of Disabled Children there are additional arrangements to support their special needs. Information about these arrangements can be obtained from the Disabled Children's Team.

http://www.kingston.gov.uk/browse/health/children_and_family_services/cyp_development_service.htm

However there is a joint protocol in place to manage joint assessments by workers in both the Safeguarding Teams and the Disabled Children's Team. The following protocol has been agreed between these teams.

1. When a **new** referral on a case not currently open to either team is made to either the Disabled Children Team (with potential disability and child protection issues) or a Safeguarding Team (with potential child protection and disability issues) and it is initially unclear whether the threshold criteria for either of these teams are met, a joint assessment by both teams will be undertaken which will determine the case holding team. Pending the assessment outcome, the team receiving the referral will case hold.

2. When a case is already **open** to either the Disabled Children Team or a Safeguarding Team but specialist input into the assessment is required on either a potential child protection concern or a disability issue, case holding responsibility will remain with the referring team. However for the duration of completing the joint assessment, a worker from the other team will be allocated as a 2nd worker until the assessment and/or the child protection enquiry is completed.

4. LA Children's Social Care – Duties and Responsibilities

LA children's social care operates under a strict legal framework, and it is this that dictates which cases are accepted from referral, and what services can be offered or provided to children, young people and families.

To determine what should be treated as a referral, children's social care uses thresholds to consider whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This way, they can ensure that help is targeted at those children who are most

vulnerable, and that any decisions that are made about services are consistent.

There are a number of statutory obligations that do not fall within the thresholds. These will be prioritised on a case by case basis by the relevant social care teams and includes:

- Step parent adoptions
- Section 7 reports requested by a court
- Requests for client access to files
- Section 37 reports requested by a court
- Private Fostering
- Application for Special Guardianship Orders

APPENDIX A

KINGSTON'S COMMON ASSESSMENT FRAMEWORK RISK INDICATORS AND PROTECTIVE FACTORS

The great majority of children achieve good outcomes and grow into successful young adults with the input of their families, friends, community and the support of universal health and education services. At the other end of the spectrum are a very small proportion of children who will require an intervention by statutory agencies, such as children's social care. These children may be at risk of serious harm or defined as a "children in need" under the Children Act 1989. In between those two groups is a third comprising those children whose circumstances do not warrant a statutory intervention but who are less likely to achieve good outcomes with only universal services input. This last group is usually described as children with additional needs.

Although these indicators are helpful in identifying areas in a child's life that may cause concern, the presence of one or more may not necessarily mean the child is in need of additional support as there may be some positive aspects in the child's life which offers a counterbalance. Similarly there are some children/young people who could be adversely affected by one indicator which could make them particularly vulnerable and require additional help. The Common Assessment Framework form offers an opportunity to consider both the positive and negative aspects of the child/young persons' circumstances. This, along with the risk indicators and protective factors in the outlined below, will help you to formulate a judgement as to whether the child should be considered in need of additional support.

DEVELOPMENT OF CHILD AND YOUNG PERSON

	<i>Risk factors</i>	<i>Protective Factors</i>
Health <i>Including:</i> <i>General health,</i> <i>Physical development,</i> <i>Speech, language & communication</i>	<input type="checkbox"/> Child mental health concerns including depression <input type="checkbox"/> Physical concerns <input type="checkbox"/> Physical disability <input type="checkbox"/> Eating/sleeping concerns <input type="checkbox"/> Eating disorder <input type="checkbox"/> Poor diet/nutrition <input type="checkbox"/> Poor health including frequent illness <input type="checkbox"/> Poor dental care <input type="checkbox"/> Injuries <input type="checkbox"/> Missed medical appointments <input type="checkbox"/> Sexual health concerns <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Fatigue	<input type="checkbox"/> Generally physically healthy including adequate diet, appropriate height and weight. Developmental checks and immunisations up to date. <input type="checkbox"/> Good state of mental health <input type="checkbox"/> Registered with GP & accessing appropriate health services including dental <input type="checkbox"/> Achieving developmental milestones
Emotional and	<input type="checkbox"/> Emotional concerns <input type="checkbox"/> ASD	<input type="checkbox"/> Positive attachment to significant adult <input type="checkbox"/> Age appropriate and positive friendships

	<i>Risk factors</i>	<i>Protective Factors</i>
social development	<ul style="list-style-type: none"> <input type="checkbox"/> ADHD <input type="checkbox"/> Aspergers <input type="checkbox"/> Child exposed to dangerous situations <input type="checkbox"/> Child finding it difficult to manage and control actions and emotions. <input type="checkbox"/> Does not understand consequences <input type="checkbox"/> Anxiety <input type="checkbox"/> Victim of bullying, anti-social behaviour or crime <input type="checkbox"/> Inappropriate relationships/peer group <input type="checkbox"/> Does not have age appropriate friend group 	<ul style="list-style-type: none"> <input type="checkbox"/> Good emotional development <input type="checkbox"/> Able to demonstrate empathy <input type="checkbox"/> Good quality early attachment <input type="checkbox"/> Able to adapt to change
Behavioural development	<ul style="list-style-type: none"> <input type="checkbox"/> Behavioural difficulties <input type="checkbox"/> Self harm <input type="checkbox"/> Substance misuse <input type="checkbox"/> Has intent to harm others <input type="checkbox"/> Has harmed others <input type="checkbox"/> Dangerous behaviour <input type="checkbox"/> Involved in anti-social behaviour/crime <input type="checkbox"/> Involved in suspected criminal activity <input type="checkbox"/> Brought to the notice of the police <input type="checkbox"/> Association with criminal /substance misusing friends <input type="checkbox"/> Friends involved in crime or anti-social behaviour <input type="checkbox"/> Peers known to YOT/police <input type="checkbox"/> Denies involvement in anti-social behaviour/crime <input type="checkbox"/> Perpetrator of bullying or harassment 	<ul style="list-style-type: none"> <input type="checkbox"/> Age appropriate behaviour and self control <input type="checkbox"/> No concerns regarding substance misuse, lifestyle, aggression or potential offending.
Identity including self esteem, self image and social presentation	<ul style="list-style-type: none"> <input type="checkbox"/> Low in confidence <input type="checkbox"/> Inappropriate self esteem [too high – low] <input type="checkbox"/> Subject to discrimination due to race, cultural, gender or disability <input type="checkbox"/> Displays discriminatory attitude towards others <input type="checkbox"/> Social presentation <input type="checkbox"/> Inappropriate social skills <input type="checkbox"/> Overfriendly <input type="checkbox"/> Withdrawn 	<ul style="list-style-type: none"> <input type="checkbox"/> Positive sense of self (race /religion/ disability / sexual orientation / gender) <input type="checkbox"/> Demonstrates sense of belonging and acceptance of others <input type="checkbox"/> Generally positive and wants to master skills
Family & social relationships	<ul style="list-style-type: none"> <input type="checkbox"/> Non constructive spare time/easily bored <input type="checkbox"/> Child experiencing multiple carers <input type="checkbox"/> Privately fostered <input type="checkbox"/> Young carer 	<ul style="list-style-type: none"> <input type="checkbox"/> Stable and affectionate relationships with parents / carers <input type="checkbox"/> Generally positive relationships with family and friends <input type="checkbox"/> Able to socialise appropriately
Self-care skills and independence	<ul style="list-style-type: none"> <input type="checkbox"/> Personal presentation <input type="checkbox"/> Inappropriate clothing <input type="checkbox"/> Personal hygiene issues 	<ul style="list-style-type: none"> <input type="checkbox"/> Age appropriate self care skills. <input type="checkbox"/> Age appropriate respect for boundaries and rules <input type="checkbox"/> Growing level of competencies in practical and emotional skills such as feeding, dressing and social skills
Learning	<ul style="list-style-type: none"> <input type="checkbox"/> Truancy <input type="checkbox"/> Persistent truancy with/without parental acceptance. <input type="checkbox"/> Unauthorised absences <input type="checkbox"/> NEET, (not in education, employment or training) 	<ul style="list-style-type: none"> <input type="checkbox"/> Access to appropriate play, stimulation & developmental opportunities. <input type="checkbox"/> Attending school regularly and no concerns about achievement or engagement with education <input type="checkbox"/> Acquiring a range of skills and interests

	<i>Risk factors</i>	<i>Protective Factors</i>
<p><i>Including:</i></p> <p><i>Understanding, reasoning and problem solving</i></p> <p><i>Participation in learning, education & employment</i></p> <p><i>Progress & achievement in learning</i></p> <p><i>Aspirations</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Lateness <input type="checkbox"/> Missing education due to sickness <input type="checkbox"/> Behaviour concerns in school: Including: <ul style="list-style-type: none"> <input type="checkbox"/> Bullying <input type="checkbox"/> Lacks motivation/poor concentration/engagement <input type="checkbox"/> Behaviour problems likely to cause school exclusions <input type="checkbox"/> Development delay <input type="checkbox"/> Speech and language concerns <input type="checkbox"/> Underachievement <input type="checkbox"/> SEN <input type="checkbox"/> School Action <input type="checkbox"/> School Action Plus <input type="checkbox"/> Transition to Secondary school <input type="checkbox"/> Home not conducive to education 	<ul style="list-style-type: none"> <input type="checkbox"/> Effective home/school link <input type="checkbox"/> Experiences of success and achievement <input type="checkbox"/> Enjoys and participates in activities <input type="checkbox"/> Normal range of cognitive and learning development <input type="checkbox"/> Aspirations for future progress

PARENT AND CARERS

	<i>Risk factors</i>	<i>Protective Factors</i>
<p>Basic care, safety and protection including</p> <p>emotional warmth and stability</p> <p>Guidance, boundaries and stimulation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Parental mental health issues <input type="checkbox"/> Parental post natal depressions <input type="checkbox"/> Parental physical health problem <input type="checkbox"/> Parental learning disability <input type="checkbox"/> Domestic violence <input type="checkbox"/> Parental substance misuse includes adults living in or visiting the home. <input type="checkbox"/> Neglect <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Lack of basic care <input type="checkbox"/> Parenting skills <input type="checkbox"/> Parent inability to recognise health care needs <input type="checkbox"/> Parents refusing to accept special needs <input type="checkbox"/> Parents struggling with own emotional needs <input type="checkbox"/> Inconsistent parenting <input type="checkbox"/> Parent/child interaction <input type="checkbox"/> Inappropriate parent/child relationship 	<ul style="list-style-type: none"> <input type="checkbox"/> Parent able to provide good basic care for child's physical needs e.g. appropriate nutrition, clothing, medical & dental care <input type="checkbox"/> Protection from danger and harm <input type="checkbox"/> Parental health problems not impacting on child and well supported by family/extend family <input type="checkbox"/> No concerns of ante or pre natal care/activity <input type="checkbox"/> Parent able to meet child's special needs and knows how and where to access support <input type="checkbox"/> Age appropriate caring responsibilities <input type="checkbox"/> Stable and affectionate relationships with parents / carers <input type="checkbox"/> Parents shows appropriate warm regard, praise and encouragement <input type="checkbox"/> Parents provide secure and consistent parenting / caring

	<i>Risk factors</i>	<i>Protective Factors</i>
	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of emotional warmth <input type="checkbox"/> Lack of poor home care routine <input type="checkbox"/> Family not coping <input type="checkbox"/> Discipline issues <input type="checkbox"/> Request for childcare <input type="checkbox"/> Animal cruelty within the home 	<ul style="list-style-type: none"> <input type="checkbox"/> Changes to family dynamics do not impact on child/ cause concern <input type="checkbox"/> Parents provide appropriate guidance & boundaries to help child develop appropriate values <input type="checkbox"/> Provide appropriate interaction & play <input type="checkbox"/> Positive regard for education & achievement. <input type="checkbox"/> Accesses appropriate leisure activities <input type="checkbox"/> Learning is supported <input type="checkbox"/> Parent responds appropriately to any concerns raised regarding child or young person <input type="checkbox"/> Enables child or young person to experience success

FAMILY AND ENVIRONMENTAL

	<i>Risk factors</i>	<i>Positive Factors</i>
Family history, functioning and well-being	<ul style="list-style-type: none"> <input type="checkbox"/> Domestic violence <input type="checkbox"/> Family involved in crime/anti-social behaviour <input type="checkbox"/> Bereavement <input type="checkbox"/> Family breakdown <input type="checkbox"/> Separations/divorce <input type="checkbox"/> Family conflict <input type="checkbox"/> Dysfunctional family relationships <input type="checkbox"/> Non-crime domestic incidents <input type="checkbox"/> Arguments between parents <input type="checkbox"/> Lone/unsupported family <input type="checkbox"/> Sibling health concerns <input type="checkbox"/> Problems with siblings and impact on other children 	<ul style="list-style-type: none"> <input type="checkbox"/> Good family relationships, including where parents are separated or bereavement <input type="checkbox"/> May be mild physical or mental health difficulties in immediate family but not impacting on child/ well managed and supported <input type="checkbox"/> No concerns regarding parental engagement <input type="checkbox"/> Family stresses but coping well <input type="checkbox"/> Parental disputes not impacting on the child and is well managed and child is supported <input type="checkbox"/> Few significant changes in family composition
Wider Family	<ul style="list-style-type: none"> <input type="checkbox"/> Family socially isolated <input type="checkbox"/> Family isolation - has poor relationships or no contact with extended family <input type="checkbox"/> Inconsistent relationship with family/friends 	<ul style="list-style-type: none"> <input type="checkbox"/> Sense of larger familial network and/or good friendships outside of the family unit
Housing, employment and financial considerations	<ul style="list-style-type: none"> <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary accommodation <input type="checkbox"/> Eviction <input type="checkbox"/> Lack of basic amenities <input type="checkbox"/> House dirty/ in disrepair <input type="checkbox"/> Arrears <input type="checkbox"/> Overcrowded <input type="checkbox"/> Frequent moves <input type="checkbox"/> Neighbour concerns Includes disputes with neighbours <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Unemployment <input type="checkbox"/> Low income /financial hardship <input type="checkbox"/> Lack of affordability for basic amenities <input type="checkbox"/> Living in high crime area 	<ul style="list-style-type: none"> <input type="checkbox"/> Accommodation has basic amenities and appropriate facilities. <input type="checkbox"/> Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful <input type="checkbox"/> Reasonable income with resources used appropriately to meet individual needs

	<i>Risk factors</i>	<i>Positive Factors</i>
Social and community elements and resources	<ul style="list-style-type: none"> <input type="checkbox"/> Family is socially excluded. <input type="checkbox"/> Family experiencing harassment or discrimination <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Refugee <input type="checkbox"/> English as an additional language <input type="checkbox"/> Lack of access to community provision 	<ul style="list-style-type: none"> <input type="checkbox"/> Generally good universal / targeted services in the neighbourhood <input type="checkbox"/> Family feels integrated into the community <input type="checkbox"/> Adequate social and friendship networks <input type="checkbox"/> Community are generally supportive of family and/or child <input type="checkbox"/> Generally good universal services in the neighbourhood <input type="checkbox"/> Family feels integrated into the community <input type="checkbox"/> Adequate social and friendship networks <input type="checkbox"/> Community are generally supportive of family and/or child

For additional information see
www.kingston.gov.uk/caf_guidance/risk_and_protective_factors.htm

APPENDIX B

CHILD IN NEED (S17)

A reasonable standard of health and development is unlikely to be maintained without support. The child may move into high priority category without the provision of services. There are identifiable factors, which indicate that considerable deterioration is likely without support. This may include children who have been assessed as “high priority” in the recent past, or children who have been adopted and now need additional support. Where appropriate, Children’s Social Care or the Disabled Children’s Team may complete an Initial Assessment and if required, a Core Assessment.

Although these indicators are helpful in identifying areas in a child’s life that may cause concern, the presence of one or more may not necessarily mean the child or young person reaches the criteria for a statutory service. There may be some positive aspects in the child’s life which offers a counterbalance. Similarly there are some children/young people who could be adversely affected by one indicator which could make them particularly vulnerable and require additional help

Areas of Need	Child in Need <i>These are examples, other situations may fit this criteria</i>
Health	<ul style="list-style-type: none"> • Children living in an environment that poses a risk to their safety or well being • Children with a significant level of special needs, whose parents are unable to meet their needs without the provision of support • The physical care or supervision of the child is inadequate • Children who self harm. • Chronic/recurring health problems. • Missed appointments, routine and non routine.
Education	<ul style="list-style-type: none"> • Child underachieving at school and is not supported or encouraged by parents • Child has been excluded for a limited period and is at risk of permanent exclusion • The child has been permanently excluded resulting in a risk of family breakdown.
Social, Emotional and Behavioural, including identity	<ul style="list-style-type: none"> • Children with challenging behaviour whose parents are unable to cope without the provision of services • Children whose behaviour alienates or provokes rejection • Children involved in offending behaviour leading to the involvement of the courts. • Evidence of regular substance misuse which may be combined with other risk factors • Mental health issues requiring specialist intervention.
Family and Social Relationships	<ul style="list-style-type: none"> • Children who may have to be looked after outside their own family • Children where there is a risk of breakdown of relationship with parent/carer • Children experiencing several carers within their family network creating inconsistency and insecurity for the child • Children exhibiting attachment disorders i.e. severe separation anxiety
Child’s	<ul style="list-style-type: none"> • The child is living in an environment where there is a history of

Environment	incidences of domestic violence <ul style="list-style-type: none"> • Home environment or hygiene places the child at risk of significant harm • Family requires support services as a result of racial harassment.
Parental Factors	<ul style="list-style-type: none"> • Parent/Carer has physical disability or history of mental health problems or learning disability which affects their ability to care for the child • Parent/Carer has no effective family or community supports, which adversely impacts on the child • Parents whose criminal and/or anti-social behaviour threatens the welfare of the child • Parent/Carer has chronic debts due to their inability to manage their finances.

CHILD IN NEED OF PROTECTION (S47)

There is an urgent need if there is a serious concern about the care, health or development of a child or the child has suffered or is likely to suffer significant harm. This may include circumstances where there is a serious family dysfunction, a child is beyond control, no person has (or is able to exercise) parental responsibility, or the child is abandoned or rejected.

On receiving a referral, in urgent cases Children's Social Care will start an assessment within 24 hours. They will complete an Initial Assessment, and if required a Core Assessment.

Areas of Need which maybe complex & unmet	Child in Need of Protection
	High Risk – Example Indicators
Health	<ul style="list-style-type: none"> • Children with a high level of special needs or a disability requiring constant supervision, which results in a high risk of family breakdown • Situations where the physical care or supervision of a child is severely neglected • Children involved in a serious substance misuse • Children who seriously self harm including eating disorders • Serious physical or emotional health problems.
Education	<ul style="list-style-type: none"> • Chronic non-attendance, truanting & no parental support.. • Permanently excluded, frequent exclusions or no education provision. •

Social, Emotional, Behavioural & Identity	<ul style="list-style-type: none"> • Children with severely challenging behaviour, which results in serious risk to the child or others, which parents are unable to manage resulting in a high risk of family breakdown • Children who are experiencing acute emotional rejection by parents/carers including unrealistic expectations, “scapegoating” and inconsistent parenting • Children at risk of suffering significant harm, including physical, sexual, emotional and neglect • Failure or rejection to address serious (re)offending behaviour. • Known to be part of gang or post code derived collective • Complex mental health issues requiring specialist interventions • In sexually exploitative relationship • Under 13 engaged in sexual activity • Frequently missing from home for long periods • Distorted self image • Young people with complicated substance problems requiring specific interventions and/or child protection
Self Care & Independence	<ul style="list-style-type: none"> • Severe lack of age appropriate behaviour and independent living skills • likely to result in significant harm e.g. bullying, isolation
Family and Social Relationships	<ul style="list-style-type: none"> • Suspicion of physical, emotional, sexual abuse or neglect • High levels of domestic violence that put the child at risk • Parents are unable to care for the child • Children who need to be looked after outside of their own family
Child’s Environment	<ul style="list-style-type: none"> • No fixed abode or homeless. • Family unable to gain employment or extreme poverty • Child or family need immediate support and protection due to harassment /discrimination and no access to community resources • The child is living in an environment where there is the presence of risk of extreme domestic violence • The child/family requires immediate support and protection because of racial harassment • Home environment or hygiene places a child at immediate risk of harm.
Parental Factors	<ul style="list-style-type: none"> • Parent/Carer has physical disability or history of mental health problems or learning disability which affects their ability to care for the child • Parent/Carer has no effective family or community supports, which adversely impacts on the child • Parent/Carer has chronic debts due to their inability to manage their finances. • Parent is unable to meet child’s needs without support • Parents unable to manage and risk of family breakdown • Parent does not offer good role model e.g. condones antisocial behaviour • Both or only parent/carer is suffering from severe physical or mental health problems or learning disability and are failing to

	<p>adequately care for a child.</p> <ul style="list-style-type: none">• Both or only parent/carer is involved in severe alcohol or substance misuse which is affecting the child's wellbeing.• Parent/carer has a predisposition to violence and/or extreme antisocial behaviour, which threatens the child's welfare.
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