Meeting the needs of children and families in Shropshire: the right service at the right time

This illustration and those within this document are intended to be indicative rather than representative of the children, families and people working with them in Shropshire.

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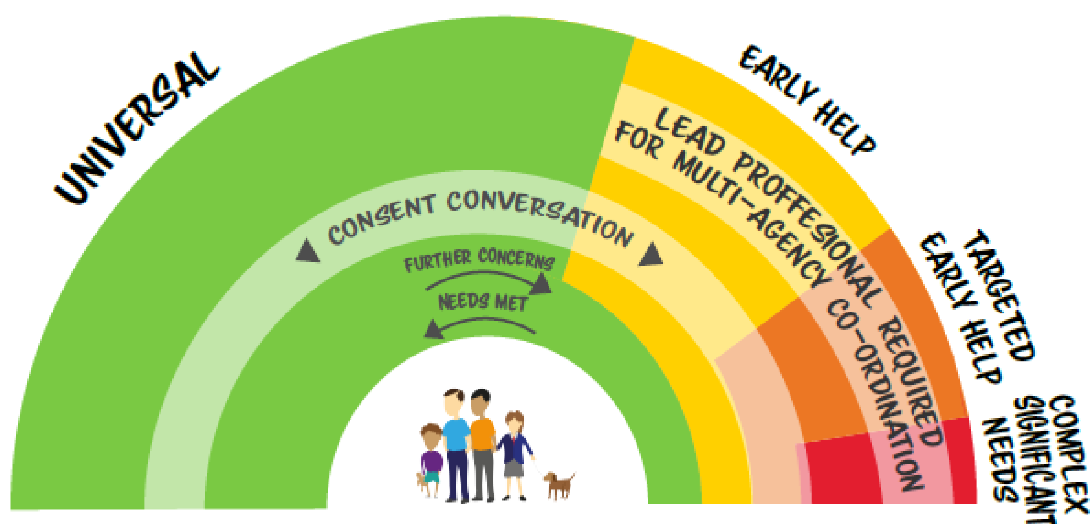
Purpose

This document provides an overview of what action is to be taken by practitioners, volunteers and managers in organisations and agencies working with children and families in Shropshire. It outlines the Shropshire approach to the assessment of need and provision of help to children and their families, to ensure that they receive the right help at the right time.

In applying this document into practice with children and their families; organisations and agencies must ensure that they adhere to their public sector equality duties as outlined in s149 Equality Act 2010.[1]

Levels of Need and Response



The windscreen above is based on the principle that support should be provided as soon as possible, at the lowest level proportionate to the assessed needs of the child (including any unborn children).

The aim is to step up support to children and families if/when there are new or further concerns, to prevent things becoming more difficult whilst the child and family continues to receive Universal support. Once needs are being met, levels of support can then be stepped down.

[1] If you have any feedback on the format or content of this document, please contact SSCPBusinessUnit@shropshire.gov.uk.

This windscreen identifies levels of needs and the support required to meet them rather than levels of service. Please also refer to Children with specific needs/circumstances below when assessing a child's levels of need.

Effective and efficient use of resources across all agencies should be within a clear framework following the principles of:

- Assessment
- Planning
- Delivery
- Review

The windscreen consists of four levels of need:

- Universal
- Early Help
- Targeted Early Help
- Complex/Significant Needs

When concerns for a child or family are present, involved agencies at **all** levels should work with the child, family and each other to ensure that their needs are met. Where there is a need for multi-agency working to support the child and their family, a lead professional/practitioner should co-ordinate the response.

In addition to reading this document, please ensure you have read and are familiar with:

- Chapter 1: Assessing Need and Providing Help in Working Together 2018
- West Midlands Child Safeguarding Procedures
- Shropshire Council Early Help Practitioner information.

For further advice/guidance, contact Shropshire Council First Point of Contact on 0345 678 9021.

The Escalation Policy: Resolution of Professional Disagreements should be applied if there are professional differences of opinion or concerns about practice decisions, actions or lack of actions to a referral, assessment or the progress of child's plan.

Consent: A partnership with families

"A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families"

(Working Together:2018:8)

Working in partnership means having a conversation with children and their families as well as with practitioners working with the family. In order to ensure that children are receiving the right support at the right time, conversations need to be constructive and engaging.

They must go beyond a discussion about concerns, but also focus on strengths and existing support from family, friends, the community or professionals.

Conversations with the child and family should always take place to inform assessments, planning, delivery and review. This includes when there is a change to support.

Practitioners and managers should apply the principles and practice of consent in referring children and families to services or sharing information with others. It is important to be familiar with:

- the 7 Golden Rules of Sharing Information as outlined in Information Sharing: Advice for Practitioners 2018.
- West Midlands Regional Information Sharing and Confidentiality procedure.
- Shropshire Council Early Help guidance and forms on Consent to record and share personal information.

For guidance on how consent should be considered at each level of need, please refer to the relevant level of need below.

Practitioners need to be open and honest with families from the outset as to why, what, how and with whom their personal information will be shared. Information will be treated as confidential and will not be shared without the parent or child's agreement unless there is a legal basis to do so, including when it is considered a child or adult is at significant risk of harm to themselves or others.

If the child does not give consent; those with parental responsibility can override this.

If the child gives consent and the parents do not, a practitioner should consider whether the child is of an age and understanding where their consent can override their parent's lack of consent. Please refer to NHS Guidance on a child's capacity to consent to medical treatment.

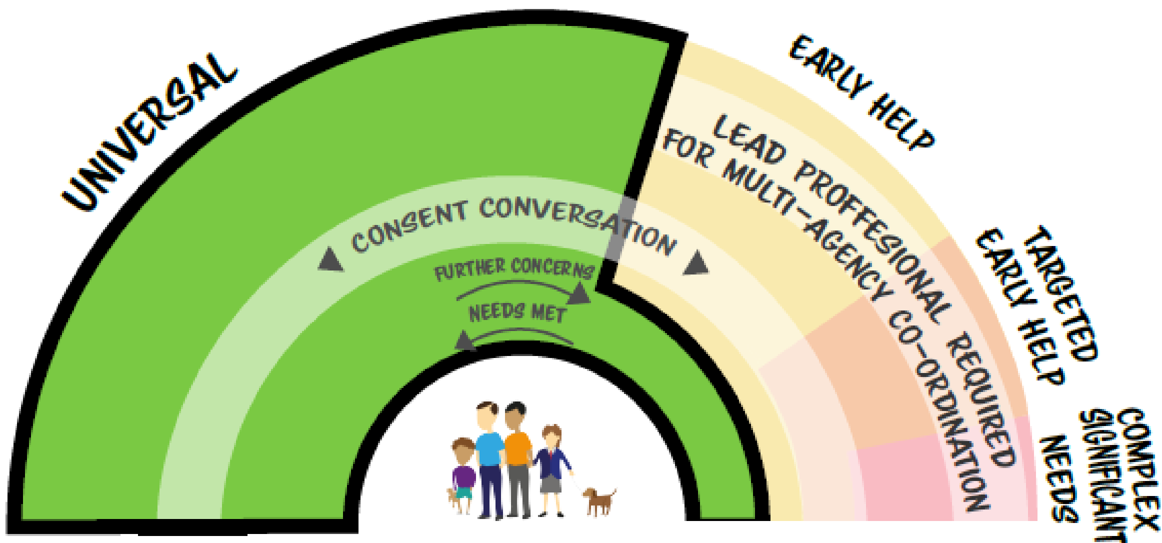
When considering parental consent and the consent of children aged 16 years and over, practitioners and managers should ensure they apply the 5 key principles of the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice.

It is important when working with children and their families in situations where there is conflict or disagreement around consent to be involved with or referred to services; that practitioners are professionally curious and persistent to ensure the continuing engagement of the child and their family and consider how this might impact on the level of need and risks to the child (please see Assessment section). Please refer to the SSCP Professional Curiosity and Management Guidance.

All conversations, including those relating to consent, should be clearly recorded following the principles of good recording practice.

Levels of Need

Universal



Needs:

Children with no additional needs and where there are no concerns.

Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.

Consent

Must be sought to access services and share information with others. Any information sharing between agencies without consent must be clear as to its legal basis.

Ensure privacy information is shared with the family and a consent form completed.

Support:

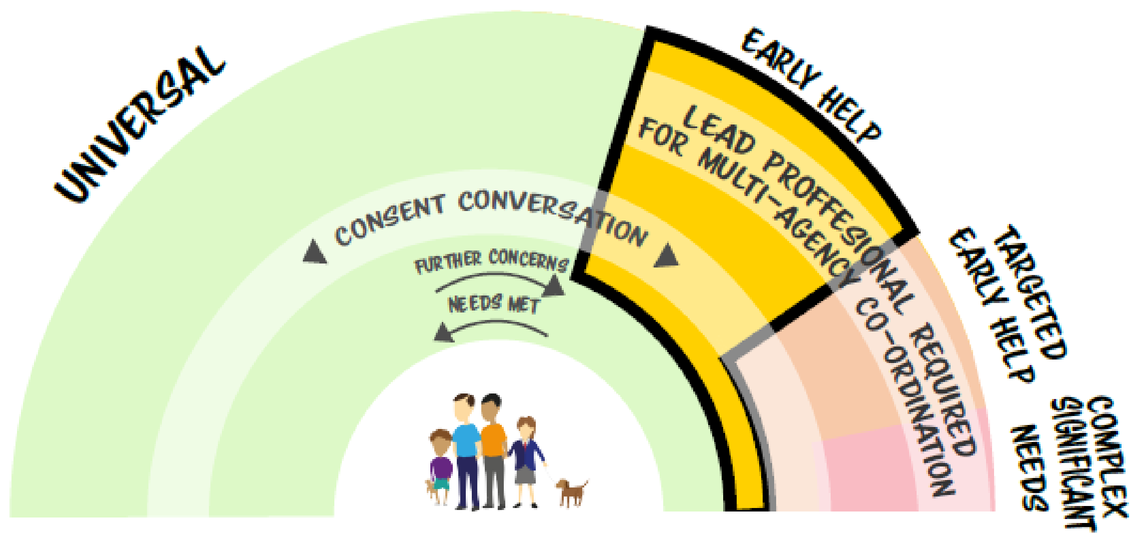
Support is provided by services identified as universal in local communities and are available to all. These include: schools, colleges, early years and childcare provision, primary healthcare provision (i.e. GP, hospitals), and the voluntary and community sector.

Universal support will most likely be provided by a single agency and/or existing support from family, friends, the community.

It is these Universal Services who are best placed to ensure children and families have access to the Early Help Offer. The needs of the child/young person are appropriately met within this framework.

Universal Services are constant and remain involved if/when the child/family move up to other levels of need.

Early Help



Needs:

These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential.

Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child.

In addition to the Whole Family Assessment, specific local tools and pathways should be used where there are concerns about possible harm to the child.

Support:

Early Help aims to provide a multi-agency response when a single agency is not able to progress and help the child and their family.

The existing single agency or multi-agency team should work with the family and each other to complete a Whole Family Assessment and Action Plan.

At this stage a lead professional/practitioner should be identified who can build a relationship with the whole family and ensure that the whole family's needs are met and any actions progressed.

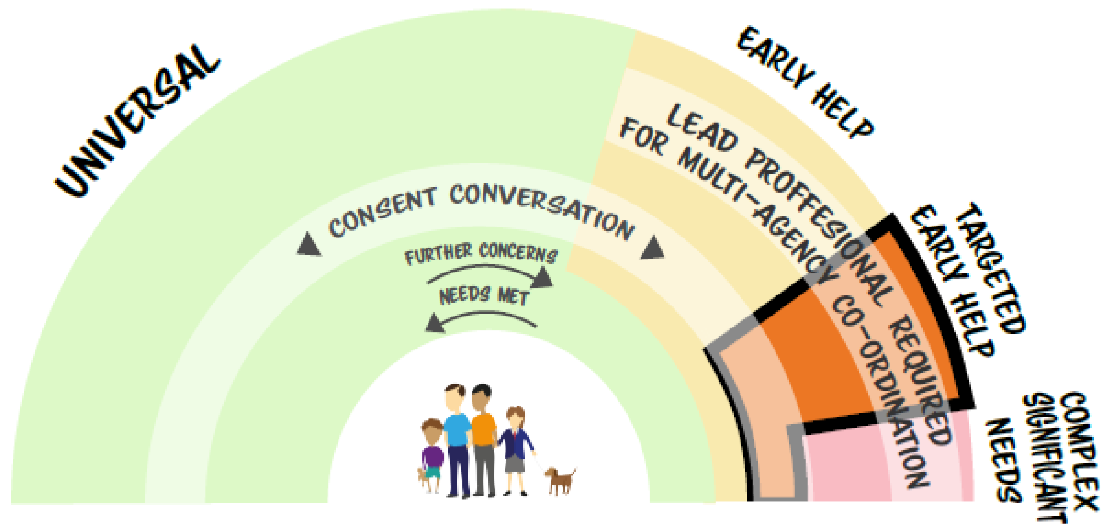
For more information, see the Early Help Practitioner Pages.

Consent

Must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis.

Ensure privacy information is shared with the family and a consent form completed. See Early Help Forms

Targeted Early Help



Needs:

This level applies to those children identified as requiring targeted support and who meet at least 2 of the 6 Strengthening Families criteria in the Whole Family Assessment. It is likely that for these children their needs and care are compromised.

These children will be those who are vulnerable to harm or experiencing adversity. In addition to the Whole Family Assessment, specific local tools and pathways should be used where there are concerns about possible harm to the child.

These children are potentially at risk of developing acute/ complex needs if they do not receive targeted early help.

Support:

If a child continues to have unmet needs which cannot be met by Universal or Early Help support, then the existing single agency or multi-agency team should work with the family and each other to review the Whole Family Assessment and Action Plan and follow the Request for Intervention Pathway to request more intensive family support from a Targeted Early Help Family Support Worker .

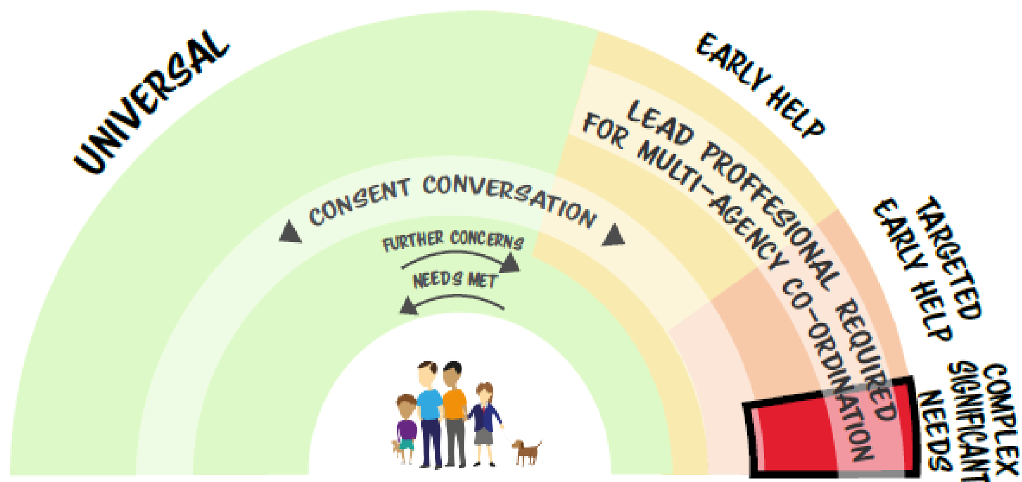
For more information, see the Early Help Practitioner Pages.

Consent

Must be sought from the family to access services. Any information sharing between agencies without consent must be clear as to its legal basis.

Ensure privacy information is shared with the family and a consent form completed. See Early Help Forms

Complex Significant Needs



Needs

These are children whose needs and care at the present time are likely to be significantly compromised and or they are suffering or likely to suffer significant harm and so who require intervention from Shropshire Council Children's Social Care.

An immediate referral to Compass should be made for assessment under Section 17 or Section 47 of the Children Act 1989.

Specific local tools and pathways and the Shropshire Threshold Matrix should be used to support their referral and help practitioners to assess significant harm to the child.

Consent

Where it is suspected that a child may be suffering or be at risk of suffering significant harm; referring practitioners **must inform** parents or carers that they are making a referral to Compass, and seek consent **unless** to do so may:

- Place the child at increased risk of significant harm; or
- Place any other person at risk of injury; or
- Obstruct or interfere with any potential Police investigation; or
- Lead to unjustified delay in making enquiries about allegations of significant harm.

Children's Social Care Assessment

Child in Need

Section 17 of the Children Act (1989) states that a child shall be considered in need if:

- They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority.
- Their health and development is likely to be significantly impaired, or further impaired, without the provisions of such services **and/or**;
- They are disabled.

Child Protection

Section 47 of the Children Act 1989 states that the authority shall make necessary enquiries to enable them to decide whether they should take action to safeguard or promote the child's welfare where there is reasonable cause to suspect a **child is suffering or likely to suffer significant harm.**

Making a referral to Compass

If you identify that a child has complex significant needs and/or is suffering or at risk of suffering significant harm then you must make a referral to Compass via Shropshire Council's First Point of Contact (FPoC) on 0345 678 9021 and complete and send a Multi-Agency Referral Form (MARF) within 24 hours. If you think the child is in immediate danger, call West Mercia Police on 999.

Children's Social Care Support

Child in Need Plan:
Specialist services provided by a single agency or multi-agency support; where a child is assessed as being a child in need.

Child Protection Plan:
Immediate care and protection provided to the child through the support of multi-agency services and specialist services, where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm.

Becoming a child looked after/accommodated by the Local Authority:
A child may have to be taken into the care of the Local Authority to offer them immediate protection and/or to ensure their needs are met and/or because they are remanded by a criminal court. All children who are looked after by the Local Authority will have a **care plan**.

Once a child has left the care of the Local Authority, they may be eligible for ongoing advice, assistance and support services from the Local Authority (under s23A to 24D Children Act 1989) . All children who are eligible will have a **pathway plan**.

Lead Professional/Practitioner:

Enquiries into complex and significant needs are led by Children's Social Care and/or the Police. Where a child is placed on a plan or accommodated, a social worker (or a personal advisor in the case of a pathway plan) will be allocated and will act as the lead professional/ practitioner.

Children Looked After by the Local Authority

Part III Children Act 1989 outlines the support for children and families provided by Local Authorities in England. Examples where a child is looked after by a Local Authority include:

- An Emergency Protection Order (Section 44 Children Act 1989) if the child is likely to suffer significant harm if not removed to Local Authority care.
- Being provided with accommodation under Section 20 of the Children Act 1989; duty to accommodate a child, for more than 24 hours with the agreement of the parents or of the child if s/he is aged 16 or over.
- A Care Order (Section 31 of the Children Act 1989; care and supervision orders)
- Being remanded by a criminal court to Local Authority Accommodation or Youth Detention Accommodation under Chapter 3 Legal Aid Sentencing and Punishment of Offenders Act 2012. Please also see Children in secure youth establishments below.

Assessment

Purpose

The purpose of assessment[2] by all agencies is:

- to gather important information about a child and family;
- to analyse their needs and/or the nature and level of any risk of harm being suffered by the child;
- to provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe.

In addition, the purpose of Children's Social Care assessments are to decide whether a child is a child in need (section 17) or is suffering or likely to suffer significant harm (section 47).

Understanding the needs of and risk of harm to the child

All assessments must consider:

<u>Childrens' Needs</u>

Every child has the following basic needs[3]:

- Physical: has nutritional food, suitable clothing and belongings, a home/shelter. They feel safe and are properly supervised and kept safe from harm.
- Emotional: gets the love, nurture and stimulation they need. They feel safe and are not ignored, humiliated, intimidated or isolated.
- Educational: has access to and is given an education.
- Medical: is given proper health care. This includes dental care and taking account medical recommendations that are in their best interests.

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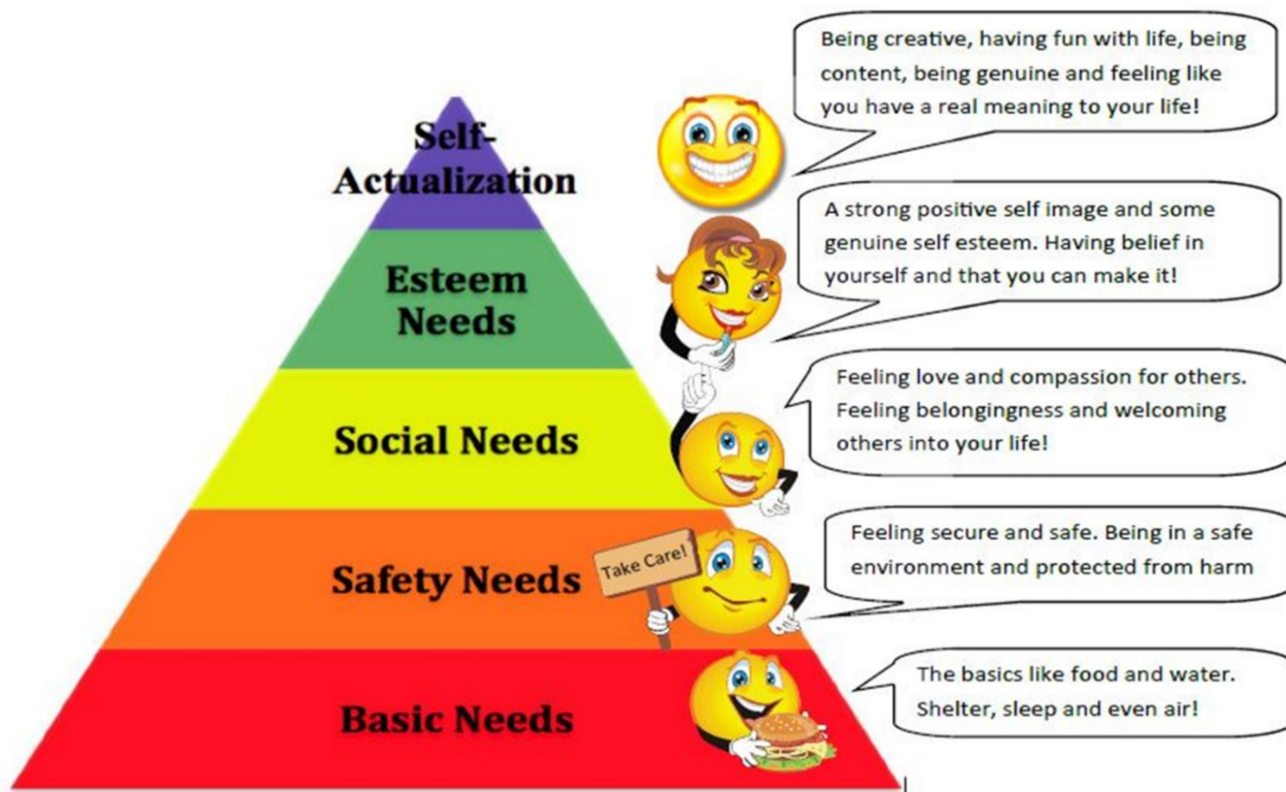
[2] Adapted from Chapter 1 paragraph 45 Working Together to Safeguard Children 2018

[3] Adapted from the 4 types of neglect as outlined by NSPCC and s1(3)(b) Children's Act 1989.

Maslow's Hierarchy of Needs (Maslow:1943) can also be useful to consider a child's needs and motivations:



[Image from Anderida Adolescent Care (2013)]

Risk of harm

In the context of this document, risk is the probability that a child will experience harm.

Harm is defined as[4] the ill-treatment (includes abuse, neglect or exploitation[5]) or impairment of health (mental or physical) or development (physical, intellectual, emotional, social or behavioural). This can include, for example, impairment suffered from seeing or hearing the ill-treatment of another.

The greater the impact and likelihood of harm taking place, the higher the level of risk of harm to the child. 'Significant harm' is the threshold that justifies compulsory intervention in family life in the best interests of children (Children Act 1989).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's health or development.

[4] s31(9) Children Act 1989

[5] For basic definitions of abuse (including specific types) neglect, and exploitation please refer to Appendix A Working Together to Safeguard Children 2018

Assessment practice

Assessment requires professional judgment. A professional judgment is an evidence-based analysis of all of the information gathered from the child, their family and others, drawing on research based evidence of child development and the known impact of abuse or neglect of children arising from research and findings of safeguarding practice reviews (see Working Together to Safeguard Children 2018, Chapter 1, para 51-75).

The principles of good assessment practice include:

- **Engagement**: with the child and their family face to face in person; enabling them to speak for themselves; in their whole environment (not just at the doorstep) considering strengths and risks of others within it; with a view to understanding their day-to-day lived experience.
- **Maintaining professional curiosity** ; ensuring respectful uncertainty rather than making assumptions or accepting things at face value. Listening and critically exploring uncertain or uncomfortable thoughts and feelings generating when working with a child or family. If you are concerned about asking a question or entering a property, what does this tell you about the risks to/from others to the child?
- **Recording:** observations, evidence-based judgements and rationale; highlighting any gaps in knowledge or further action required. Use the Assessment/Referral Questions and approved assessment tools to help you.
- **Sharing:** Consider your assessment as a piece of a jigsaw. What do you/others know that might help you/others to identify and manage any risks? Consider the legal basis upon which sharing is taking place.

Assessment/Referral Questions

The following questions will help to assess the needs of and risks to the child and consider what support is required to address their needs or minimise risk of harm:

- What is the lived experience of this child (based on your observations of the child’s statements and actions or other’s observations where this is not possible)?
- What is getting in the way of this child’s health and development (concerns)?
- What is promoting the child’s health and development (strengths)?
- Do I have all the information I need to help this child? If not, what other information would help to better understand their needs?
- What can I do now to help this child?
- What can my agency do to help this child?
- What additional help, if any, may be needed from other agencies and why?

If you consider that additional help from/referral to other agencies would address the needs of the child or protect them from harm, the following questions may assist you in organising and communicating your request for additional help/referral:

- What evidence do you have to support your identified strengths and concerns? Be specific with examples.
- What is the context of any concerns that have arisen? Was there a specific trigger or event?
- What do you think the child needs to improve their health and development?
- How have you tried to address the child's needs and/or resolve any concerns within your own work with the child and their family?
- How/why have you concluded that additional help from/referral to other agencies is necessary at this time?
- What do you want the receiving agency to do?
- How urgently is this additional help/intervention required (how immediate are the concerns how significant is the risk of harm)?
- What will your continued input with the child and their family be, if any?

Assessment Tools

In addition to understanding and applying Chapter 1: Assessing Need and Providing Help in Working Together 2018, it is important that **all** agencies and practitioners working with children and their families are aware of, use and contribute to the different types of assessment approaches and tools used in Shropshire.

Early Help Whole Family Assessment

Working Together to Safeguard Children 2018 (Chapter 1 paragraphs 8-10) outlines the expectations of effective assessment of the need for early help.

There are a range of Early Help tools to help practitioners gather information and evidence to inform their assessment.

The approved multi-agency Early Help child and family assessment tool in Shropshire is the Whole Family Assessment, which should be completed online through the Early Help Module (EHM). Following completion of the Whole Family assessment, a Whole Family Action Plan should be completed.

Shropshire Safeguarding Community Partnership Procedures, Pathways and Tools

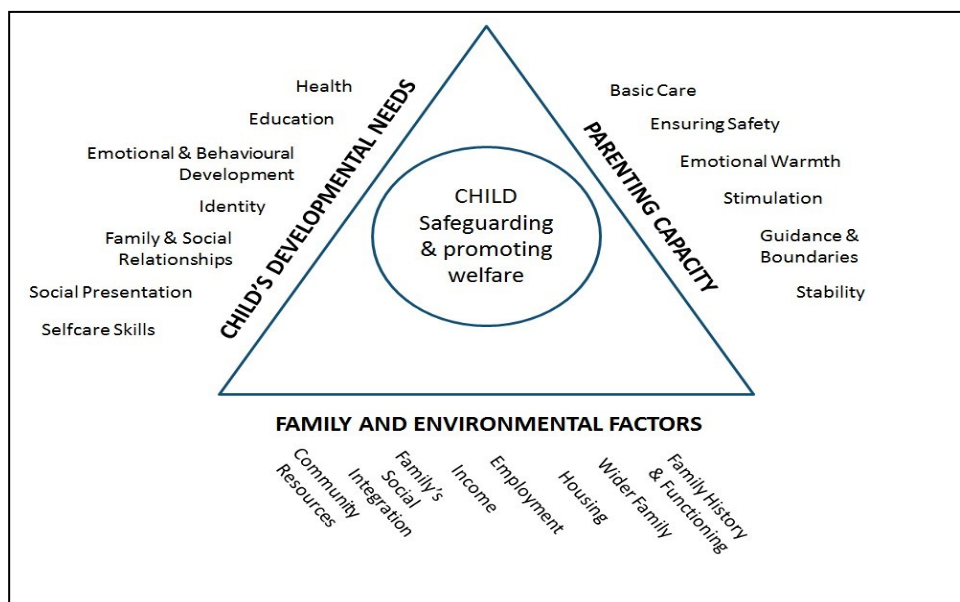
In addition to the Whole Family Assessment and Action Plan, there are a number of multi-agency Child Safeguarding Regional Procedures and Local Tools and Pathways. These should be considered as part of an assessment at the earliest point if/when there are indictors of concern related to risk of harm to a child(ren). It is vital that indicators of harm are identified and everybody works with children, their families and each other to offer support

at the **earliest opportunity**; to try and **prevent** the development of more complex needs, significant harm and the need for statutory child protection.

Children's Social Care Assessment and Threshold Matrix

Shropshire Local Authority Children's Social Care use the assessment framework (also known as the assessment triangle) to assess the needs of all children who enter their service. There are 3 domains to the framework:

i. the child's developmental needs, including whether they are suffering or likely to suffer significant harm
ii. the capacity of parents or carers (resident and non-resident) and any other adults living in the household to respond to those needs
iii. the impact and influence of wider family and any other adults living in the household as well as community and environmental circumstances.



[Working Together 2018:Chapter1:p30]

The framework considers all three domains and how these impact on a child's lived experience. The framework offers a systematic way of collecting and analysing information to support professional judgement about how to help children and families in the best interests of the child.

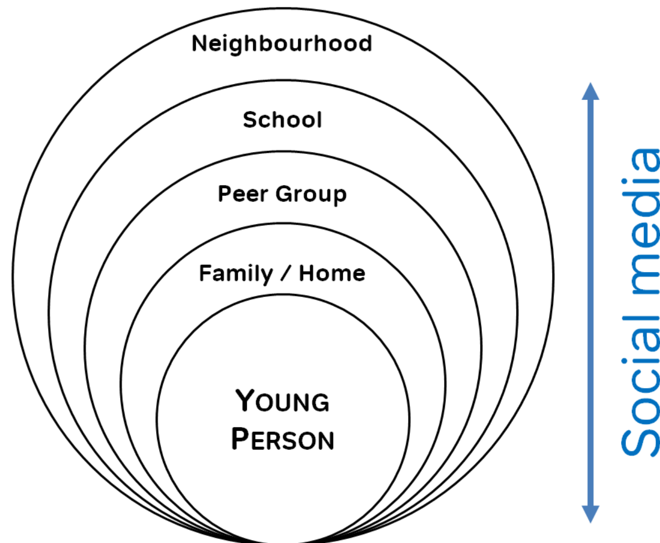
The Threshold Matrix uses the assessment framework domains to help everyone who works with children in Shropshire to consider and assess the lived experience of the child and so their individual needs and that of their family. This then helps to identify what support would be in the best interests of the child and their family to promote their welfare and safeguard them at the earliest possible point.

Considering extra-familial context and contextual safeguarding

When conducting assessments of children, it is also important to consider wider environmental factors and contexts outside of their immediate family which may

provide positive support for the child or make a child more vulnerable to abuse or exploitation outside of their families; known as extra-familial harm.

If a child has needs for support and/or there are risks to them outside of the family home, agencies should work together to consider a contextual safeguarding approach in their work with the child and their family; including application of local tools and pathways.



[Adapted from Firmin:2013 cited in Safeguarding Network: Contextual Safeguarding

For more information, please see:

- Working Together to Safeguard Children: "Assessment of risk outside the home" (DfE: 2018 updated 2020, Chapter 1 paragraphs 40-44)
- "Contextual Safeguarding: Academic Insights" (Firmin, C (July 2020); Her Majesty's Inspectorate of Probation)
- Contextual Safeguarding Network Webpages.

Children with specific needs/circumstances

Children who have special education needs and/or disability (SEND) and their carers

Children with special educational needs and/or a disability are children first and as such should be able to access all the services available to all children as required under the Equality Act 2010.

Any needs of a child or family arising from the special educational needs and/or disability should be considered with the child and their family as part of a holistic assessment, with support being provided in partnership with the child and their family at the lowest level of need proportionate to the assessed needs of the child.

Shropshire has a Special Education Needs and Disability (SEND) Local Offer that practitioners working with children who have special education needs and/or disability (SEND) should be familiar with.

The impact of SEND on an individual child and their family may mean that additional support is required to enable a child and family to thrive. The level of need experienced by a family may change or fluctuate over time as a result of factors such as changes in family structure, the loss of a family member, or changes in a family's financial status. Sometimes the impact of a child with a disability growing older can lead to families requiring additional support in order to provide appropriate care for their child or young person and/ or to provide support to the child to develop their independence and prepare them for adulthood.

Children with special education needs and/or a disability are recognised as potentially more vulnerable to harm. In many cases, this can stem from the additional challenges faced by families when caring for child with additional needs. Risk can be minimised and child protection action prevented by supporting families with additional support to manage the challenges. It is important that practitioners consider the Child Safeguarding Regional Procedures and Local Tools and Pathways where there is a risk of harm to the child.

Education Health and Care Plans (EHCP)

The majority of children and young people with a special educational need will have their educational needs met within a mainstream school or college with SEN Support. A graduated approach will be applied which will identify any additional educational needs and the provision that should be secured by the education setting to support the child or young person to make progress. This is often through specific and targeted intervention designed to support the child to learn and apply new skills alongside a differentiated curriculum and/or adjustment to the environment to remove any barriers to learning and enable a child to make progress. However, for some children it may be necessary for the local authority to undertake an Education Health and Care needs assessment to determine whether or not it is necessary for an EHCP to be prepared. This is most likely to be the case where a child's special educational needs are: likely to be long term and significant and where it is likely that a child will require a more specialist approach in order to support learning; and/or where consideration also needs to be given to the identification of any additional health and care needs that relate to their SEN.

The Children and Families Act 2014 requires that the Local Authority complete an EHC needs assessment where a child has SEN and there is evidence that it may be necessary to issue an EHCP. Parents carers, the education setting or the young person can request an

EHC needs assessment. You can find out more about this process at Shropshire SEND Local Offer.

The EHC needs assessment will include an assessment of social care need. Sometimes a child with an EHCP may have a further assessment of their care needs as a result of changing level of need. Where this is the case the outcome of any subsequent social worker assessment is likely to result in an amendment to the EHCP so that social care need and provision can be incorporated into the EHCP and consideration given to the specific outcomes that any provision is intended to achieve.

A child with special education needs and/or disability can be referred to Compass for Children's Social Care assessment if:

- a child and their family's primary needs for services arise out of the child's intrinsic condition and disability, which has a substantial or critical impact on the quality of the child and their family's lives **and** these needs cannot be met by universal/targeted services alone. In this case, a referral must be with consent, making it clear that the referral is a request for an assessment.
- a child is disabled as defined by s17(11) Children Act 1989 . The Local Authority has a duty (s17 Children Act 1989) to carry out a child in need assessment if it is requested by the parent(s) in order to establish how best to safeguard and promote the welfare of the child to promote the upbringing of the child by their family. This could include the provision of a range and level of services provided or commissioned by the Local Authority (not just Children's Social Care) appropriate to the child's needs. If parents request an assessment; a referral with consent can be made on their behalf, making it clear that the referral is a request for a child in need assessment. The parent(s) can also make this request themselves.
- a child with a special educational needs and/or a disability is considered to be at significant risk of harm. In this case, consent should still be considered but can be overridden if the criteria as outlined in Complex Significant Needs are met.

When completing an assessment of Disabled Children, the Local Authority must also consider additional legislative duties, as outlined in Working Together to Safeguard Children 2018: Assessment of Disabled Children and Their Carers (Chapter 1:para 35-36).

Shropshire Council Children's Social Care Disabled Children's Team webpages provide further detail of the specialist service that offers support to children and young people with severe, enduring, complex disabilities aged 0-18 and their families.

Young carers

A young carer is a person under 18 [a child] who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work)[6]. It is vital that the view and experience of a child who is a young carer is considered as part an assessment. Professionals should not see the caring role as necessarily negative or a source of unhappiness.

However, for some young carers it is possible that they are undertaking inappropriate tasks that have an impact on their welfare because of their parent's illness, disability and/or drug/alcohol misuse. When a young person is undertaking an inappropriate caring role within the family the first consideration should be whether or not the adult is receiving the necessary services and if the provision of service could provide needed help to a young carer. Working Together to Safeguarding Children 2018: Young Carers (Chapter 1, para 37) outlines the Local Authority duties to young carers.

The Young Carers Service (Shropshire) supports young people aged between 5 and 18 years old who are carers for a family member who is ill, disabled, suffers with mental health difficulties or has alcohol/drug related issues.

Preparing children for adulthood

All agencies working with adolescent children, particularly those whose needs are assessed as Targeted Early Help or Complex Significant, should start to work with the child their family and one another **at the earliest opportunity** to assess and prepare for what their needs are likely to be and what ongoing support and services will be available to and of benefit to them once they become an adult at 18 years old.

Any child who has an Education Health and Care Plan must include preparation for transition into adulthood as part of the review of their plan from Year 9 (aged 13 to 14).

From the age of 16, children are given greater rights and responsibilities relating to consent and capacity and so should be encouraged and supported to have greater independence and control over their own lives in a way which promotes their wellbeing[7] as they move into adulthood. This time is a significant period of change for a person, which can create many opportunities but also challenges and concerns. Support planning during this period needs to ensure that a person's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing and choice into their adulthood.

[6] As defined in Working Together to Safeguarding Children 2018: Glossary
[7] As outlined in Section 1 Care and Statutory Support Guidance

Once a child becomes an adult, the legislation which outlines the statutory duties of a Local Authority in respect of social care and support changes from the Children's Act 1989 and Working Together 2018 to the Care Act 2014, and the Care and Support Statutory Guidance. As with the children's legislation there remains a duty for relevant partners to co-operate[8] with the Local Authority in this regard.

Shropshire Council has a duty to carry out a Transition Assessment of:

- Children who are likely to have care and support needs after they turn 18 years old.
- The carers of children who are likely to have care and support needs after they turn 18 years old
- Young carers who are likely to have needs for support after they turn 18 years old

This assessment can be considered any time from the child's 16th birthday. A transition assessment must be completed with the consent of the child and/or their carer.

For further information on the Shropshire Council's duties to conduct transition assessment refer to:

- Sections 58-66 Care Act 2014
- Chapter 16 Care and Support Statutory Guidance

If it is assessed that a child is likely to become or remain at risk of or experiencing abuse or neglect when they become an adult; agencies should refer to The Adult Safeguarding Process in Shropshire for children who are likely to have care and support needs and the Keeping Adults Safe in Shropshire Working with Risk Guidance.

Children living away from home

Section 85 of the Children Act 1989 places a duty on local authorities to check on the safety and welfare of children living in residential education or hospital provision for any continuous period exceeding and/or likely to exceed 12 weeks.

The intention behind the legislation is to provide a 'safety net' for vulnerable children living away from home where the child is not accommodated under section 20 and where the child is not subject to the usual processes of Care Planning and review by an Independent Reviewing Officer.

The legislation is aimed particularly at ensuring the safety and support needs of disabled children and their families. These children are at increased risk of significant harm within every category of abuse due to their increased level of dependency on others. The families of disabled children also experience enormous demands upon their parenting capacity in trying to meet a child's additional needs.

[8] Section 6 Care Act 2014

The institutions required to comply with this notification policy include:
•Residential 'special needs' schools either joint or single agency funded both 'in' and 'out' of borough, including maintained and non-maintained boarding schools;
• Hospitals, including small 'local' hospitals and independent/private hospitals;
• Psychiatric units including private and voluntary sector units including those that treat young people for dependency on drugs or alcohol.

Note: The Children and Young Persons Act 2008 amends Schedule 2 Part 1 of the 1989 Children Act and clarifies the sort of services appropriate for 'accommodated' children away from home (Section 85) including financial help to promote contact, advice, counselling and help for children to holiday with their family as well as the provision of advocacy services.

Children in secure youth establishments

If a child is remanded or sentenced to youth custody they will enter a secure youth establishment. The local authority in which a secure youth establishment is located is responsible for the safety and welfare of the children in that establishment (hereafter referred to as the Host Local Authority). There are no secure youth establishments in Shropshire, which means any Shropshire child in these circumstances will be placed in a secure youth establishment out of the Shropshire area. Any concerns about a child being at significant risk of harm whilst in a secure youth establishment will be referred to both the Youth Custody Service, the Host Local Authority and the Home Authority Youth Justice Service.

There are national standards for children in the youth justice system which outlines the minimum expectations for all agencies that provide statutory services to children in the youth justice system.

West Mercia Youth Justice Service is the lead local agency working with and will act as the lead professional for Shropshire children who are at risk of receiving and/or who are placed in youth custody. They will work with local agencies as well as the secure youth establishment in which the child is placed and the national Youth Custody Service Placement and Case work Team to co-ordinate a specialist assessment and support plan which covers both the child's time in youth custody and their resettlement to the community. The Youth Justice Service will notify Compass and other relevant agencies of any concerns about a child being at significant risk of harm whilst in a secure youth establishment.

Children from Shropshire who are remanded to Youth Detention Accommodation or to Local Authority Accommodation become 'Looked After' by Shropshire Council Children's Social Care[9]. West Mercia Youth Justice Service and Shropshire Council Children's Social

[9] Chapter 3, section 104 Legal Aid Sentencing and Punishment of Offenders Act 2012

Care have a Remand Protocol that they follow in these circumstances. Shropshire Council's responsibility for children remanded to youth detention accommodation are outlined in Working Together to Safeguarding Children 2018: Assessment of children in secure youth establishments (Chapter 1 para 39).

Where a child becomes looked after by Shropshire Council because of youth custody or is already open to Children's Social Care at the point of entering youth custody, West Mercia Youth Justice Service and Shropshire Council Children's Social Care will work in partnership to assess and plan the child's needs during their period in custody on their resettlement back into the community. If a child is not already assessed as having Complex/Significant needs and receiving Children's Social Care support, West Mercia Youth Justice Service will review the child's needs to consider whether a referral to Compass is required.

Children who enter youth custody and have Education Health and Care Plans must continue to be supported in line with the Special Education Needs and Disability Code of Practice (with specific reference to Chapter 10: Children and young people in specific circumstances).

Contact details for West Mercia Youth Justice Service (Shropshire Team) are:
Tel: 01743 261841
Email: shropshire.team.wmyjs@westmercia.pnn.police.uk

Homelessness

Where an individual or family is homeless or threatened with homelessness within 56 days; specified public authorities[10] have a duty to notify Shropshire Council Housing Services. Where there are children within the family, any change to housing circumstances should lead to an assessment or review of a child's needs, risk of harm and support required by existing agencies involved; involving Housing Services once notification has taken place.

Where the child is 16 or 17 years old and homeless or threatened with homelessness independently from their primary carers, housing services and children's services have a duty to work "pro-actively with young people and their families to identify and resolve the issues which have led to the homelessness crisis" (Chapter 2, Para 2.1 Statutory Guidance on the prevention of homelessness for 16 and 17 year olds).

If an agency is working with a 16 or 17 year who is homeless or threatened with homelessness within 56 days, both Shropshire Council Housing Services and Children's Social Care will work together to assess what duties apply and what support is required depending on the circumstances and needs of the child and their family. As such agencies who become aware of 16 or 17 year olds who are homeless or threatened with

[10] See Chapter 4 Homelessness Code of Guidance for further information on the duty to refer and a list of specific public authorities.

homelessness need within 56 days must both notify Shropshire Council Housing Services **and** make a Referral to Compass.

Where the joint assessment is that there is no immediate threat of homelessness, it may lead to the conclusion that intervention may be more appropriately managed at an Early Help or Targeted Early Help level of support, whereas if there is an imminent threat of homelessness or if the young person is actually homeless, the child will be managed as a child with Complex Significant Needs, and a child in need assessment must be carried out and the child accommodated under section 20.

For more information, please refer to:

- Working Together to Safeguard Children 2018: Homelessness Duty (Chapter 1, paragraphs 29-34)
- Homelessness Code of Guidance for local authorities
- Provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation.

Mental Health Act Assessments

Where a child is assessed or admitted to hospital under the Mental Health Act 1983 the child and/or their parents have the right to request a child in need assessment under the Children Act 1989. Any referral to Compass for such an assessment will require consent unless the child is considered to be at significant risk of harm. In such case, consent should still be considered but can be overridden if the criteria as outlined in Complex Significant Needs is met.

Appendix 1: Shropshire's Threshold Matrix

This matrix is for everyone who works with children in Shropshire. It is a tool which uses needs and domains in the Children's Social Care assessment framework to help practitioners who are assessing a child's lived experience, their individual needs and that of their family; to establish their Level of Need (Universal, Early Help, Targeted Early Help, Complex/Significant Needs). This matrix should be used in conjunction with specific multi-agency child safeguarding tools and pathways.

Some of the domains also have a separate Extra-Familial section which should be referred to in considering contextual indicators outside of the family environment which may make a child more vulnerable to extra-familial harm.

Domain	Universal	Early Help	Targeted Early Help	Complex/Significant Needs
Child and Young Person's Developmental Needs				
Health	• Physically well/healthy, developmental checks/immunisations up to date and health appointments are kept. • Good state of mental health. • Developmental milestones appropriate and appropriate height and weight/growth. Speech and language development met.	• Slow in reaching developmental milestones. • Not attending routine appointments e.g. immunisations and developmental checks. • Missing set appointments across health including antenatal, hospital and GP appointments.	• Chronic/recurring health problems with missed appointments, routine and nonroutine. • Delay in achieving physical and other developmental milestones, raising concerns. • Frequent accidental injuries to child requiring hospital treatment. • Some concerns around mental health, including	• Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health. • Child not accessing appropriate medical care which puts them at direct risk of significant harm. • Child with a disability in need of assessment and support to access appropriate specialist services.

	• Adequate hygiene/clothing and nutritious diet. • Regular dental and optical care. • Sexual activity is appropriate for age.	• Is susceptible to minor health problems. • Minor concerns re growth and weight (above or below what would be expected). • Low level mental health or emotional issues. Evidence of risk-taking behaviour i.e. drug/alcohol use, unprotected sex. • Minor concerns re diet/hygiene/clothing.	self-harm and suicidal thoughts. • Poor or restricted diet despite intervention/dental decay/poor hygiene. • Learning significantly affected by health problems. • Overweight/underweight/ enuresis/faltering growth.	• Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness. • Parents/carers not acknowledging the child's disability or recognising the needs of the child. • Child is suffering significant harm through inappropriate moving and handling and ill-fitting essential equipment. • Child who is suspected to having suffered non-accidental, or serious unexplained, injuries. • Developmental milestones unlikely to be met which is attributed to parental care. • Significant dental decay and parents not accessing treatment. • Non-organic faltering growth/failure of parent or carer to respond to faltering growth.

				• Female Genital Mutilation (known or suspected), including any suspicion that a young girl is being taken abroad for this purpose. • Child/young person in a hospital setting continuously for 3 months and longer.
Extra-familial: Health	• If sexually active and age appropriate which is in line with their mental capacity to make safe decisions, the child/young person is engaging in consensual sex and is practicing safe sex.		• Child/young person is attending health services for sexually transmitted infections or unwanted pregnancy and there are concerns that they are engaging in sexual relations due to peer pressure. • Attendance at A&E due to injuries or risks experienced in extra-familial settings. • Teenage pregnancy. • Escalating concerns about sexual exploitation,	• A sexually transmitted infection (STI) particularly if reoccurring or multiple infections and there is concern about the age of the child or risk of sexual exploitation. • Child is under 13 and sexually active. • Medium to high risk of Child Exploitation. • Evidence of physical, emotional, or sexual harm/exploitation or neglect perpetrated by peers or adults in the community (not connected to the family).

			parents engaged and supportive.	
Learning/Education	• Acquired a range of skills/interests. • Experiences of success/achievement. • No concerns around cognitive development. • Access to books/toys, play. • Good attendance at school (95% or above for secondary pupils and 96% or above for primary)/college/training.	• Occasional truanting, punctuality issues, attendance below 95% for secondary pupils and below 96% for primary pupils. • Not always engaged in learning, e.g. poor concentration, low motivation and interest. • The child's current rate of progress is inadequate despite receiving appropriate support and are not thought to be reaching educational potential. • Have some identified learning needs that place him/her on Special Educational Needs (SEN) Support. • Lack of adequate parent/carer support for child's learning e.g. appropriate stimulation (books/toys) and opportunities to learn.	• Short term exclusions from school or at risk of permanent exclusion. • Low level attendance. • Not achieving key stage benchmarks.	• Child not in education, in conjunction with concerns for child's safety. • Identified learning needs and may have Education, Health and Care Plan (EHCP). • Chronic non-attendance/persistent truanting. • Permanently excluded, frequent exclusion or no education provision.

		• Child/young person under undue parental pressure to achieve/aspire or parent/carer lacks aspirations for child/young person. • Few or no qualifications leading to NEET (not in education, employment or training). • Not educated at school (or at home by Parents/Carers).		
Extra-familial: Learning/Education	• Protective school context. • Access to PSHE curriculum. • Clear safeguarding and referral policies in education establishment, • Child/Young person knows who to talk to and has access to a trusted adult and experiences appropriate responses to worries and concerns.	• Difficulties with peer relationships at their education provision. • Child/young person experiences levels of academic pressure which places them under stress.	• Child/young person is being pressured to become gang involved via peers linked to their educational provision. • Child/young person is being bullied within their educational provision.	• Child/young person is groomed into sexual or criminal exploitation as either a victim or perpetrator at school/through school-based networks. • Child/young person is exposed to physical and/or sexual violence at school or through school-based networks.
Social, emotional, behaviour and identity	• Demonstrates age appropriate responses in feelings and actions.	• Emerging anti-social behaviour and attitudes	• Children with serious level of unexplained and	• Challenging behaviour resulting in serious risk to the child and others.

	• Good quality early attachments, child is appropriately. • Comfortable in social situations. • Able to adapt to change and demonstrate empathy and express needs. • Demonstrates feelings of belonging and acceptance. • Positive sense of self and abilities. • Knowledgeable about the effects of crime and antisocial behaviour (age appropriate). • Sexual activity is appropriate for age.	and/or low-level offending. • Child is victim of bullying or bullies' others. • Expressing wish to become pregnant at young age. • Low level drug/alcohol misuse (current or historical). • Low self-esteem. Limited peer relationships/social isolation. Expressing thoughts of running away. • Disruptive/challenging behaviour at school/neighbourhood/ household. • Behavioural difficulties requiring further investigation/diagnosis. • Some difficulties with peer group relationships and with some adults. • Can find managing change difficult.	inappropriate sexualised behaviour. • Child currently/frequently missing from home and concerns raised about their physical and emotional safety and welfare. Parents engaged and supportive. • Child whose behaviour is making them vulnerable to risk of harm, including drug/alcohol misuse. • Evidence of regular/frequent drug/alcohol misuse which may combine with other risk factors. • Continuous breeches of curfew order with other risk-taking behaviours. • Child/young person out of control in the community. • Difficulty coping with anger, frustration and upset. • Disruptive/challenging behaviour and unable to demonstrate empathy.	• Child/young person beyond parental control. • Regularly absconds from home and is at risk of significant harm, concerns are mainly around 'push' factors. • Failure or inability to address complex mental health issues requiring specialist interventions e.g. self-harm / suicidal attempts. • Young people with complicated drug/alcohol misuse problems requiring specific interventions and/or child protection and who can't be managed in the community. • Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others.

		• Starting to show difficulties expressing empathy. Can be over-friendly or withdrawn with strangers. • Early onset of sexual activity.	• Regularly involved in antisocial/criminal activities. • Extremist views. • Demonstrates significantly low self-esteem in a range of situations. • Parents do not see their child age appropriately and their actions reflect this. • Parents are dismissive of the wishes and feelings and the rights of their child. • Parents/carers not supporting the child to make good social relationships which would avoid social isolation.	
Extra-familial: Social, emotional, behaviour and identity:	• Child/young person has awareness of safe online behaviour and knows how to seek help if they experience harm. • Online activity is safe, healthy and age appropriate.		• Child/young person is being pressured into becoming gang-involved. • Child/young person is being exposed to violence and trauma within their peer associations.	• Child/young person appears to have been trafficked. • Concerns the young person is going missing primarily due to 'pull' factors outside of the home.

			• Subject to discrimination – racial, sexual or due to disabilities (outside of the family context). • Concerns that the child/young person is vulnerable to Child Exploitation (Low Risk).	• Concerns about Child Exploitation (medium/high). • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability. • Concerns of radicalisation.
Family and Social Relationships	• Stable, supportive and affectionate relationships with caregivers. • Good core relationships with siblings. • Positive relationships with peers.	• Some support from family and friends. • Has some difficulties sustaining relationships.	• Has lack of positive role models. • Associating with peers who are involved in challenging behaviour. • Regularly needed to care for another family member and would be defined as a young carer.	• Periods of being accommodated by Local Authority. • Family breakdown related in some way to child's behavioural difficulties subject to physical, emotional or sexual abuse/neglect. • Privately Fostered children.
Extra-familial: Family and Social Relationships	• Development is stimulated through appropriate play and/or peer group interaction.	• Difficulties with peer relationships.	• Child/young person is aware of others carrying weapons and feels it	• Child/young person is exposed to selling illegal drugs/alcohol.

	• Child/young person has socially acceptable and reciprocal relationships with peers, professionals and community. • Child/young person has age appropriate friendships.	• The child/young person is a victim of crime (not connected to the family).	necessary to do so themselves.	• Suspected rape of child/young person perpetrated by another child/young person not connected to the family. • Child/young person groomed into violent extremism. • Child/young person being sexually exploited. • Child/young person exploited for criminal purposes. • Concerns of trafficking. • Severe and/or complex relationship difficulties outside of the home environment leading to significant impairment of functioning and wellbeing. • Child/young person involved in group sexual offences.
Self-Care and Independence	• Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills. • Able to discriminate between 'safe' and 'unsafe' contacts. • Knowledgeable about sex and relationships and consistent use	• Slow to develop age appropriate self-care skills. • Early onset of sexual activity (13-14); sexually active young person (15+) with risk taking behaviours e.g. inconsistent use of contraception.	• Child suffers accidental injury as a result of inadequate supervision. • Child found wandering without adequate supervision. • Severe lack of age appropriate behaviour. • Poor self-care for age – hygiene.	• Child is left "home alone" without adequate adult supervision or support and at risk of significant harm. • Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities.

		• Low level alcohol/drug misuse (current or historical).		
Parents/Carer's Capacity				
Basic Care, Safety and Protection	• Parents/carers provide for child's physical needs: food, drink, appropriate clothing, medical and dental care. • Parents/carers protect from danger or significant harm, in the home and elsewhere	• Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. • The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and drug/alcohol misuse. (See wider family and environmental factors). • Poor engagement with universal services likely to impact on child's health or development. • Parents/carers have had additional support to care	• Parent/Carer is able to meet child's needs with support but is not providing adequate care. • Concern that an unborn child (of at least 12 weeks gestation) may be risk of harm. • The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and drug and alcohol misuse (See wider family and environmental factors). • Child has indirect contact with individuals who pose a risk of physical or sexual harm to children.	• Parents/carers are unable to care for the child. • Parents/carers have or may have abused/neglected the child/young person. • Pre-birth assessment indicates unborn child is at risk of significant harm. • Chronic or acute neglect where food, warmth and other basics often not available. • Parents' own needs mean they cannot keep child/young person safe. • Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. • The following factors relating to parents or carers present a risk of

		for previous child/young person. • Parent requires advice on parenting issues. • Professionals are beginning to have some concerns around child's physical needs being met. • Some exposure to dangerous situations in home/community where risk is accepted by parent and managed.	• History of previous child protection concerns. • Elements of neglect are present where food, warmth and other basics not available that with support would improve. • Child's personal care needs are not being met which is having a significant impact on the child. • Parents/carers using inappropriate care givers to meet the child's specific needs. • Child experiencing unsafe situations where they may be vulnerable to exploitation. • Parents/carers are late or miss appointments, not engaged or do not attend appointments.	significant harm to the child: mental health issues; drug/alcohol misuse; learning difficulties, health/disability (see wider family and environmental factors). • Parent unable to restrict access to home by adults known to be a risk to children and other adults. • Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child. • Child's personal care needs are persistently not being met which is having a significant impact on the child. • Parents/carers persistently use inappropriate care givers to meet the child's specific needs, which places the child at risk of significant harm. • The parents/carers persistently do not comply with feeding regimes/plans

				which could place the child at risk of significant harm. • Parents/carers are not complying with the prescribed medication plan which could place the child at risk of significant harm. • Low warmth, high criticism is an enduring feature of the parenting style. • Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. • Previous child/young person(s) have been removed from parent's care. • There is an instability and violence in the home continually.
Emotional Warmth and Stability	• Parents/carers show warm regard, praise and encouragement.	• Difficulties with attachment. • Inconsistent responses to child by parents e.g. discipline and praise.	• Parent is emotionally unavailable. • Succession/multiple carers but no significant relationships with	• Deliberate cruelty or emotional ill treatment of a child resulting in significant harm.

	• Parents/carers ensure that secure attachments are not disrupted. • Parents/carers provide consistency of emotional warmth over time.	• Lack of response to concerns raised about child's welfare. • Able to develop positive relationships with others (not the child).	any of them or others. • Inappropriate childcare arrangements. • Receives erratic/inconsistent care/parenting. • Parental instability affects capacity to nurture.	• Parents/carers are persistently not safeguarding the sibling(s) who are being injured by other sibling(s) within the household. • Child is continually the subject of negative comments and criticism or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. • Beyond parental-control. • Has no-one to care for him/her .
Guidance, Boundaries and Stimulation	• Parents/carers provide guidance so that child can develop an appropriate internal model of values and conscience. • Parents/carers facilitate cognitive development through interaction and play.	• Inconsistent parenting in respect to routine and boundary setting for child's stage of development and maturity. • Parent has age inappropriate expectations that child or	• Child/young person receives little positive stimulation – lack of new experiences or activities. • Parents/carers provide inconsistent boundaries or present a negative role model.	• Lack of appropriate supervision resulting in significant harm to child. • Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child.

	• Parents/carers enable child to experience success	young person should be self-reliant. • Lack of response to concerns raised about child. • Child not exposed to new experiences and spends much time alone. • Can behave in an anti-social way	• Erratic/inadequate guidance provided. • Concealed/Concerning use of internet including web-cam and social media with may place the child at risk and parents are responding positively.	• No constructive leisure time or guided play. • Concealed/Concerning use of internet including web-cam and social media with may place the child at risk and parents are not responsive. • No effective boundaries set by parents (who) regularly behave in an anti-social way. • Child at risk of harm through inadequate supervision.
Family and Environmental Factors				
Family and Social Relationships and Family Wellbeing	• Good relationships within family, including when parents are separated. Few significant changes in family composition. • Sense of larger family network and good	• Parents/Carers have relationship difficulties which may affect the child. • Low level concerns about domestic abuse.	• Domestic abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident.	• Assessment identifies risk of physical, emotional, sexual abuse or neglect. • History of previous significant harm to children, including any concerns of previous child deaths.

	friendships outside of the family unit.	• Parents/Carers request advice to manage their child's behaviour. • Child is a teenage parent. • Child is a young carer (may look after younger siblings). • Large family with multiple young children. • Experienced loss of significant adult. • Some support from family/ friends.	• An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident. • Risk of family relationship breakdown which may lead to a child becoming looked after outside of family network. • Acrimonious divorce/separation which is having an impact on a child. • Family has poor relationship with extended family/little communication. • Family is socially isolated Parents own needs (including the following factors) relating to parents or carers may have an impact on their capacity to parent and present a risk of harm to the child or needs not being met: Mental health issues; drug/alcohol misuse;	• Family characterised by conflict and serious, chronic relationship difficulties. • Child is privately fostered. • Unaccompanied asylum-seeking children. • Child is a young carer requiring assessment of additional needs. • Child requires assessment for respite care service due to family circumstances and has no appropriate friend/relative/carer available to support. • Parents/carers are unable or unwilling to continue to care for the child. • Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child. • Adult victim of Domestic Abuse is assessed as high-level risk and the child

			learning difficulties; health/disability.	(including unborn) is at risk of significant harm. • Child or young person is at risk of or exposed to Honour Based Violence (HBV). • Child or young person is at risk of Forced Marriage (FM) . • Members of the wider family are known to be, or suspected of being, a risk to children. • Child needs to be looked after outside of their immediate family or parents/carers due to abuse/neglect. • Significant parental discord and persistent domestic violence which impacts significantly on the child. • Destructive/unhelpful involvement from extended family which impacts significantly on the child. • Parents own needs mean they cannot keep child/young person safe. Parents own emotional

				needs/experiences persistently impact on their ability to meet the child/young person's needs. • The following factors relating to parents or carers impacts on their capacity to parent and presents a risk of significant harm to the child: mental health issues; drug/alcohol misuse; learning difficulties; health/physical disability.
Housing, Employment and Finance	• Housing has basic amenities and appropriate facilities. • Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful. • Reasonable income over time, with resources used appropriately to meet individual needs.	• Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development. • Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs. • Wage earner has periods of no work/low income plus adverse additional factors which affect the child's development.	• Increasing financial difficulties which are starting to impact on ability to have basic needs met. • Family at risk of eviction having already received support from Housing services. • Housing is in poor state of repair, temporary or overcrowded. • Parents stressed due to "overworking" or unemployment/parents may	• Homeless child in need of accommodation including 16-17-year olds. • Hygiene conditions within the home present a serious and immediate environmental/health risk to children. • Physical accommodation places child in danger . • Extreme poverty/debt impacting on ability to care for child.

		• Parents have limited formal education which is affecting ability to find employment. • Family seeking asylum or refugees	find it difficult to obtain employment due to poor basic skills.	
Social and Community Resources	• Family feels integrated into the community and have good social and friendship networks exist. • Access to regular and positive activities within universal services	• Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community. • Family/child demonstrating low level anti-social behaviour towards others. • Limited access to contraceptive and sexually active health advice, information and services. • Parents/carers are socially excluded, have no access to local facilities and require support services. • Family may be new to the area.	• Significant levels of targeted hostility towards the child and their family and conflict/volatility within the neighbourhood. • Parents socially excluded and lack of support network.	• Child or family need immediate support and protection due to harassment/discrimination and have no local support.

		• Adequate universal resources but family may have access issues.		