

**Bracknell Forest  
Local Safeguarding  
Children Board**



# **Thresholds Guidance to Support Safeguarding and Permanency Planning**



**July 2016**

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Annex 1 – Definitions

This guidance is intended to be read in conjunction with '**Planning for Permanency**', a strategy developed by Bracknell Forest Council in conjunction with its partner agencies. As a result the concept of 'permanency' is the lens through which this thresholds guidance should be viewed with the long term outcomes for children/young people being considered from the earliest point at which help is offered.

## 1. Introduction

**Working Together to Safeguard Children (2015)** sets out a clear expectation that local agencies will work together and collaborate to identify children and young people in need and provide support as soon as needs emerge.

Providing early help that supports permanent improvements has proven to be more effective in promoting the welfare of children - and keeping them safe - than reacting later, when any problems, for example neglect, may have become more entrenched.

The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must therefore be based on a clear understanding of the needs and views of the individual child/young person within the context of their family and community.

This document provides a framework for all professionals working with children, young people and their families. It aims to help you identify when a child may need additional support to achieve their full potential.

It introduces a continuum of help and support, providing information on levels of need and gives examples of some of the indicators that may assist in identifying a child or young person who may be in need of additional support.

By undertaking effective and timely assessments and offering services on a continuum of help and support, professionals can be flexible and respond to varying levels of need in individual children, young people and their families. Along this continuum, services may become increasingly targeted and more specialised according to the level of presenting need. The guidance recognises that children and young people's needs are not static, requiring a dynamic response with a focus on improving permanency and resilience aiming to ensure the least interventionist approach is applied; with services working in a collaborative, informed way alongside families.

**Remember – where there is an immediate need to protect a child because they are being harmed or are likely to be harmed, contact the Police or Local Authority Children's Social Care without delay. Please see details below.**

Non-emergency - if there is no immediate danger or you need advice or information, you should call:

- Multi-Agency Safeguarding Hub (MASH)  
8.30am-5.00pm Monday to Friday Tel: 01344 352005
- Out of hours Emergency Duty Team  
(5.00pm-8.30am Monday to Friday and 24 hrs at weekends) Tel: 01344 786543
- Thames Valley Police Non-Emergency – 101

In an emergency you should call:

- Thames Valley Police - 999

This guidance should be read in conjunction with the LSCB Procedures Manual ([www.proceduresonline.com/berks/bracknell](http://www.proceduresonline.com/berks/bracknell)) that sets out guidance relating to referral, assessment, planning and decision making.

## 2. Core Principles When Working With Children, Young People and Families

- Safeguarding children and young people is **everyone's responsibility**; everyone who comes into contact with them and their families has a responsibility to promote and safeguard their wellbeing.
- Services should **intervene early** to assist families in managing their needs as soon as they emerge. For children and young people who need additional help, every day matters.
- The **child should be at the centre**, their needs are paramount. They must be listened to by professionals and have their voices heard.
- Any services provided to safeguard children and young people must be **clearly focused on outcomes for the child. Signs of Safety processes responding to need.**
- **Signs of safety is the underpinning approach adopted in Children, Young People and Learning for how we do work with children and families in Bracknell Forest.** It supports our aspiration to achieve permanency through its emphasis on working collaboratively and transparently with families and can act as the catalyst that initiates behaviour change by families.
- Services will consistently explore and promote resilience and options for permanency for the child, recognising that this means '**security, stability, love and a strong sense of identity and belonging**' for the child which is not connected to legal status.
- Services recognise that **one route to permanency is not necessarily a better option** than another: each individual child's needs will be taken into account with primary consideration of the child retaining links both in terms of birth family, residence and education and health for consistency wherever possible to promote their welfare and good long term outcomes.

### **Effective assessment requires all those working with children, young people and families to:**

- Be alert to children and young people's needs.
- Remember that the child's needs are paramount. Where professionals provide services to adults they must consider the adult in their role as a parent or carer, and assess the risks or needs arising from adult related issues in respect of any children/young people in their care, or with whom they have contact.
- Understand their individual role in keeping children/young people safe, and the role of others in advising them.
- Be aware of factors increasing vulnerability, alert to early signs of difficulties and symptoms of abuse/neglect and share information with other professionals in a timely way.

### **Options for Permanence**

A range of options for permanence exist across this framework, all of which can deliver good outcomes for individual children. The permanency planning process, informed by multi-agency contributions, will identify which long term option is most likely to meet the needs of the individual child, taking account of his/her wishes and feelings and matters relating to risk. It is expected that all agencies across the partnership look to actively promote resilience and permanency for every child, responding in a timely and joined up way to the presenting need.

### 3. Levels of Need

**Universal** – these are children/young people with very little or no additional needs; all their health and developmental needs will be met by universal services. The majority of children and young people will have their needs met within the context of their family, community and the support of universal services.

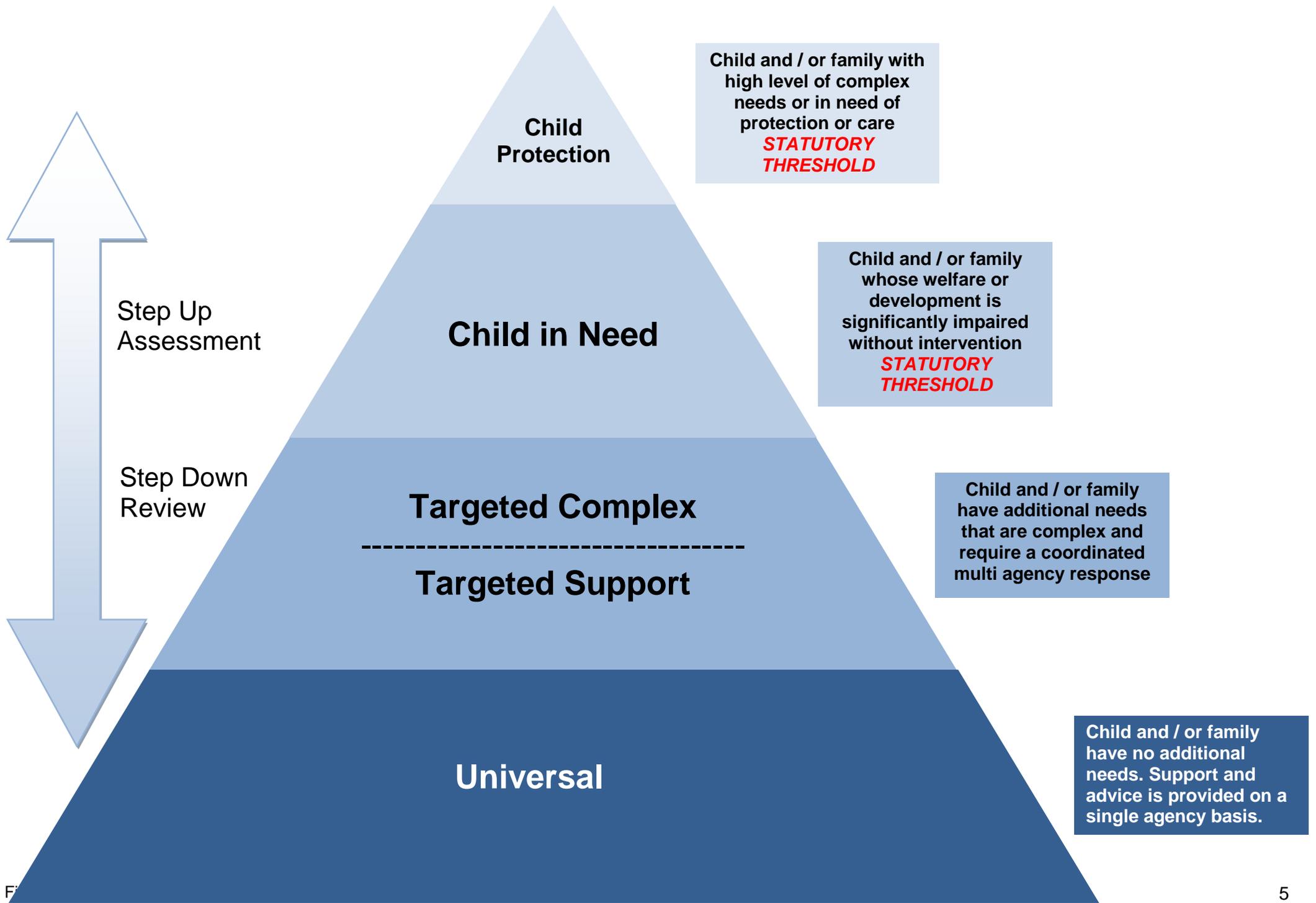
**Targeted** – children within this category may be showing early signs of poor outcomes as a result of their needs not being known, understood or not being met effectively by their caregivers. This is the threshold for the provision of coordinated early help informed by an inter-agency examination of need using the Common Assessment Framework (CAF) or a Family CAF. A CAF or Family CAF will help to assess additional needs and may lead to a Team around the Child (TAC) or Team around the Family (TAF) meeting, or a targeted single agency response.

**Targeted Complex** - where a CAF or Family CAF has identified additional needs that are more complex and indicate a higher level of risk factors, a more coordinated multi-agency response may be required. This is the threshold for a referral to the multi-agency Early Intervention Hub.

**Children in Need** – these are children and young people who are unlikely to achieve or maintain a satisfactory level of safety, health or development, or their health and development will be significantly impaired, without the provision of services; or children/young people who are disabled. They may require longer term intervention from statutory and specialist services. This is the threshold for an assessment led by children’s social care under s.17 Children Act 1989.

**Child Protection** - these children/young people are suffering, or are likely to suffer significant harm. They will require intensive support under s.47 Children Act 1989. This is the threshold for child protection and may lead to court proceedings/voluntary accommodation arrangements in order to implement timely permanency planning processes to promote positive outcomes for the child in this regard.

**The diagram below shows the continuum of need which reflects these levels.**



The tables below provide an example of some of the indicators of need that may be identified, possible assessment routes and the type of services that work with those needs identified. Not all the services listed will be involved in all cases and these may vary according to each individual child/family.

### Level 1 – Universal Services - No Additional Needs

Summary	Indicators of need – the level of need will always be increased by the presence of multiple indicators.	Services that might be involved with children and families at this level of need
<p>These are children with little/no additional needs</p> <p>All health and developmental needs can be met within the family when supported by universal services</p> <p>*Most families will ensure children achieve their full potential through <b>the provision of universal services alone</b></p>	<p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• achieving appropriate key stages of learning</li> <li>• good attendance</li> <li>• planned progression beyond statutory school age</li> <li>• no barriers to learning</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• good physical health with age appropriate developmental milestones; including speech and language</li> </ul> <p><b>Social, emotional, behavioural, identity</b></p> <ul style="list-style-type: none"> <li>• good mental health, psychological well being</li> <li>• good quality early attachments, confident in social situations</li> <li>• engages in age appropriate legal activities and behaviours</li> <li>• has a positive sense of self and abilities that reduce the risk of exploitation</li> <li>• does not go missing/run away/whereabouts are known</li> </ul> <p><b>Family and social relationships</b></p> <ul style="list-style-type: none"> <li>• stable families where parents are able to meet the children’s needs</li> <li>• child has not experienced difficulties due to loss of a close family member/significant other</li> <li>• child has friendships and demonstrates positive social behaviour</li> <li>• Child does not have caring responsibilities</li> </ul> <p><b>Self care and independence</b></p> <ul style="list-style-type: none"> <li>• appropriate independent living skills</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Children’s Centres and Early Years Settings</li> <li>• Health Visiting</li> <li>• School Nursing</li> <li>• GP</li> <li>• Midwifery</li> <li>• Youth Services</li> <li>• Police</li> <li>• Housing</li> <li>• Voluntary and community sector</li> <li>• Family Information Service</li> </ul>

	<ul style="list-style-type: none"> <li>engages in age appropriate use of internet, gaming and social media</li> </ul> <p><b>Family and Environmental Factors</b></p> <ul style="list-style-type: none"> <li>supportive family relationships</li> <li>child is fully supported financially</li> <li>suitable and stable housing</li> <li>good social and friendship networks exist</li> <li>access to positive activities</li> </ul> <p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>are able to provide for child's needs</li> <li>provide secure and caring parenting</li> <li>provide appropriate guidance and boundaries to help child develop appropriate boundaries including appropriate dress</li> <li>are not isolated</li> <li>provide appropriate level of support and supervision</li> </ul>	
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**Level 1 Action and the Assessment Process – action that may be taken by appropriate agency**

No multi-agency assessment is required  
 Children will access services in the usual way  
 If a practitioner has any concerns a CAF checklist (pre assessment) may help to identify those concerns and determine if a full CAF or Family CAF assessment needs to be undertaken

**Level 2 – Targeted and Targeted Complex - Responding Early to Children with Additional Needs or who may be Vulnerable**

<b>Summary</b>	<b>Indicators of need – the level of need will always be increased by the presence of multiple indicators.</b>	<b>Services that might be involved with children and families at this level of need</b>
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<p>Children with <b>additional needs</b> or children whose needs are not clear, not known or not being met.</p> <p>Professionals should work with families help identify and address problems as soon as they emerge, rather than wait for them to escalate.</p> <p>Early help services can also be offered directly to children/ young people and families who are more likely to experience difficulties e.g. teenage parents, children engaged in criminal or anti- social behaviour, disabled children, young carers and children with parents who have substance misuse problems/ domestic abuse and violence and/or mental health problems.</p>	<p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• reduced access to books, toys or educational materials</li> <li>• language and communication difficulties</li> <li>• receiving school action or school action plus / special educational needs</li> <li>• occasional non attendance at school</li> <li>• have experience series of fixed term exclusions</li> <li>• few or no qualifications</li> <li>• not in education, employment or training</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• slow in meeting developmental milestones</li> <li>• missed immunisations or health checks</li> <li>• minor health problems which can be managed in a mainstream school</li> <li>• children in hospital</li> <li>• children with disabilities</li> </ul> <p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>• asylum seeking children</li> <li>• low-level emotional or mental health issues which require intervention</li> <li>• at risk of involvement in negative/anti-social behaviours and early onset of offending behaviour / involvement in the criminal justice system</li> <li>• children at risk of gang activity</li> <li>• sexually active young person*</li> <li>• low level substance or alcohol misuse</li> <li>• negative sense of self and poor self esteem increases vulnerability exploitation</li> <li>• poor social skills risking social exclusion</li> <li>• involvement in problematic substance misuse</li> <li>• missing from home and concerns exist about whereabouts/wellbeing</li> <li>• child has experiences difficulties relating to loss/bereavement and</li> </ul>	<p>Support will be provided by Universal Services (as above) with additional input from targeted services such as:</p> <ul style="list-style-type: none"> <li>• Health Visitors</li> <li>• School Nursing</li> <li>• Education</li> <li>• Children's Centres</li> <li>• Child Development Centre</li> <li>• Educational psychology</li> <li>• Educational welfare</li> <li>• Traveller Education Service</li> <li>• Family Support Advisers</li> <li>• Family Intervention Team / Family Focus Support</li> <li>• Behaviour Support Service</li> <li>• Short Breaks</li> <li>• Targeted youth support services</li> <li>• Voluntary and community services</li> <li>• Youth line</li> <li>• Parenting programmes</li> <li>• Youth Offending Service Prevention Support</li> <li>• Drug and alcohol services</li> <li>• Adviza (formerly Connexions)</li> <li>• Berkshire Women's Aid (BWA)</li> </ul>
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	<p>would benefit from short term support</p> <ul style="list-style-type: none"> <li>• child has few friends and limited social interaction with peers</li> <li>• low level impact associated with caring responsibilities</li> </ul> <p><b>Self care and independence</b></p> <ul style="list-style-type: none"> <li>• lack of age appropriate behaviour and independent living skills</li> <li>• inappropriate/unsupervised use of technologies including evidence of accessing extremist ideological materials and expressions of interest in/support for associated groups/individuals</li> </ul> <p><b>Family and environmental factors</b></p> <ul style="list-style-type: none"> <li>• parents / carers have relationship difficulties which may affect the child, including domestic violence and abuse</li> <li>• parents who are known to misuse drugs or alcohol</li> <li>• parental physical or mental ill health</li> <li>• children who are acting as young carers</li> <li>• parents request support to help manage their child's behaviour</li> <li>• child affected by difficult family relationships or bullying</li> <li>• families affected by low income or unemployment</li> <li>• family require advice regarding social exclusion (e.g. hate crime)</li> <li>• Parent/significant other in prison</li> <li>• limited family/community support</li> </ul> <p><b>Parents and Carers</b></p> <ul style="list-style-type: none"> <li>• concerns about parenting capacity identified before a child is born (e.g. because of substance misuse, domestic violence and abuse, mental health issues)</li> <li>• concerns regarding basic care, safety and protection.</li> <li>• inconsistent care, e.g. inappropriate child care arrangements or young inexperienced parents</li> <li>• inconsistent parenting but development not significantly impaired</li> <li>• early signs of abuse or neglect identified in children, including inappropriate dress</li> <li>• lack of response to concerns raised by professionals about child</li> </ul>	
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## Level 2 Action and the Assessment Process– action that may be taken by appropriate agency

This is the threshold for the Common Assessment Framework or Family CAF to begin. This may be undertaken by any practitioner working with the child, young person or family. The purpose of the CAF or Family CAF assessment is to identify the areas where support is needed, so that targeted, multi agency early help services can be provided in response.

**The difference between targeted and targeted complex** is identified as a result of undertaking a thorough CAF or Family CAF, the findings may indicate that a Team Around the Child or Team Around the Family or Single Agency Response is sufficient to meet the additional needs.

The threshold for a referral to the Early Intervention Hub is met when the CAF or Family CAF has identified a range of additional needs that are more complex and require a coordinated multi-agency response

**N.B:** Early help assessments require the consent of families. If parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgment as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

The information gathered in a CAF or Family CAF may identify significant concerns / safeguarding issues. If this is the case the practitioner should contact Children's Social Care for advice as the risks may indicate the threshold for Section 17 or Section 47 statutory intervention is required.

Children who have additional educational needs (known as special educational needs) may be assessed under the new arrangements for a single Education and Health Care Plan.

## Level 3 – Children in Need (Section 17 Children Act 1989); Children Who Require Longer Term Intervention from Statutory and Specialist Services

Summary	Indicators of need – the level of need will always be increased by the presence of multiple indicators.	Services that might be involved with children and families at this level of need
Children/young people who have complex / multiple needs and are more likely to require longer term intervention from <b>statutory and specialist services</b>	<p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• short term exclusions or at risk of permanent exclusion, persistent absence</li> <li>• Education, Health and Care Plan (EHCP)</li> <li>• child missing from education</li> </ul>	<ul style="list-style-type: none"> <li>• Education Welfare</li> <li>• Children's Social Care</li> <li>• CAMHS – Tier 3</li> <li>• Domestic Abuse Perpetrators Service (Tier 2)</li> <li>• Berkshire Women's Aid (BWA)</li> <li>• Family Group Conference</li> </ul>
Children whose health, welfare	<p><b>Health</b></p>	

and development will be **significantly impaired** without the provision of services

- disability requiring special support to be maintained in mainstream setting
- physical and emotional development raising significant concerns among professionals
- chronic / recurring health problems
- missed appointments – routine and non routine
- high level of complex health needs or constant care needs

#### **Social, Emotional, Behavioural and Identity**

- sexually active children aged 14\* (A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate significant harm to the child)
- 16 and pregnant\*
- evidence of regular, frequent alcohol or substance misuse
- mental health issues including poor self esteem
- disruptive challenging behaviour, anger management issues
- involvement with peers/adults who present a risk of encouraging self destructive and/or anti-social/criminal behaviour and exploitation, together with increased risk of being trafficked
- truanting and behaviours that increase likelihood of high risk behaviours including substance misuse that creates vulnerability to grooming
- child has suffered loss/bereavement and appears depressed and/or withdrawn, is not coping and may be at a risk of self harm or experiencing suicidal feelings
- history of domestic abuse
- child is isolated and refuses to participate in social activities
- child persistently runs away and/or goes missing

#### **Self care and independence**

- lack of age appropriate behaviour and independent living skills, likely to impair development
- child is engaged in, or a victim of misuse of technologies associated with online bullying/trolling, sharing of images, obsessive use of social

- SEN Team
- Pupil Referral Service
- Specialist health services
- Learning Disability Team (CSC)
- Short Break Care
- Youth Offending Service
- Drug and alcohol services
- Probation Service
- Voluntary and community services

Universal and targeted services as at level 1 and 2 may be accessed as part of a package of care.

media/online gaming

- child is known to have engaged with extremist material and thought to share similar values, but is willing to discuss pros and cons of ideology and different viewpoints

#### **Family and environmental factors**

- risk of relationship breakdown between parents / carers and the child
- children who are privately fostered, children with parents in prison, children who have had periods as a 'Looked After Child'
- child with attachment issues
- there is a tradition and/or risk of forced marriage
- Severe overcrowding, temporary accommodation, homelessness
- family require support as a result of social exclusion
- Significant debts within the family
- there are suspicions of honour based violence within the family
- outcomes for child adversely impacted on due to their caring responsibilities

#### **Parents and carers**

- physical care or supervision of the child is inadequate
- parents have a physical and/or learning disability which impacts on their capacity to meet the needs of their child
- parents have substance misuse problems (drugs or alcohol) which impact on their capacity to meet the needs of their child.
- parents have mental health problems which impact on their capacity to meet the needs of their child
- parents difficult to /do not engage with professionals (in spite of adverse impacts)
- inconsistent parenting impairing emotional or behavioural development
- parents provide inconsistent boundaries or responses resulting in risk of adverse outcomes for the child/young person

**Level 3 Action and the Assessment Process– action that may be taken by appropriate agency**

This is the threshold for a **statutory** child in need assessment under s.17 Children Act 1989 undertaken by children's Social Care.

The assessment will be carried out by a social worker from the Local Authority Children's Social Care Department.

If information gathered during the assessment process results in a social worker suspecting that a child is suffering or likely to suffer significant harm, then they will convene a multi agency strategy discussion, and may seek legal advice, the intervention will become a **Level 4** Section 47 Child Protection enquiry.

A Section 17 assessment could result in a child becoming looked after.

If information gathered during the assessment process indicates the threshold for Children's Social Care has not been met, a referral may be made to the Early Intervention Hub for ongoing support.

Tier 3 CAMHS services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service. This level of support is provided where a child or young person has more severe, complex and persistent disorders.

**Level 4 – Child Protection (Section 47 Children Act 1989); these are Children Suffering, or likely to Suffer Significant Harm**

Summary	Indicators of need – the level of need will always be increased by the presence of multiple indicators.	Services that might be involved with children and families at this level of need
<p>These children will require intensive support and protection under s.47 Children Act 1989. This is the threshold for child protection for children at risk of significant harm</p> <p><b>Key to meeting this threshold is the level of risk that is identified and the impact of this on outcomes for the child, young person or family</b></p>	<p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• chronic non school attendance</li> <li>• frequent fixed exclusions or permanently exclusion from school</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• complex needs requiring high level of support and care</li> <li>• serious physical and emotional health problems</li> <li>• harmful level of alcohol / substance misuse</li> <li>• impact of physical trauma relating to sexual violence including FGM</li> <li>• sexual and physical health problems related to past abuse and neglect e.g. difficulties walking/sitting, urinary/bladder/menstrual problems</li> </ul> <p><b>Social, emotional, behavioural and identity</b></p> <ul style="list-style-type: none"> <li>• challenging or risky behaviours resulting in serious risk to child and</li> </ul>	<ul style="list-style-type: none"> <li>• Education Welfare</li> <li>• Children's Social Care</li> <li>• Specialist health or disability services.</li> <li>• Youth Offending Service.</li> <li>• CAMHS – Tier 4</li> <li>• Parenting Support</li> <li>• Voluntary and community services</li> <li>• Berkshire Women's Aid (BWA)</li> <li>• Domestic Abuse Perpetrators Service (DAPS)</li> <li>• Drug and alcohol services</li> <li>• Fostering and Adoption</li> <li>• Probation Service</li> </ul>

	<p>others</p> <ul style="list-style-type: none"> <li>• behaviour changes after prolonged absences from school</li> <li>• significant mental health issues</li> <li>• involved in gang activity which presents a risk to them and/or others</li> <li>• involved in, or at risk of, child sexual exploitation</li> <li>• frequently goes missing from home</li> <li>• offending or re-offending behaviour</li> <li>• sexual activity under the age of 14 years*</li> <li>• pregnant under the age of 16 year*</li> <li>• child exhibits negative behaviours, or is involved in activities where the likelihood of harm is increased including chronic non-school attendance which increased the risk of abuse, CSE and trafficking</li> <li>• vulnerability to exploitation due to extreme negative sense of self and very low self-esteem</li> <li>• persistent periods of missing and running away engaging in high risk behaviours, associating with high risk individuals, frequenting high risk locations and/or having little regard as to the risk of CSE</li> <li>• child has experience loss/bereavement and is engaging in high risk behaviours making them vulnerable to abuse and exploitation</li> <li>• child is completely isolated, refusing to participate in social activities or engage with supportive services</li> <li>• child's wellbeing adversely affected by their long-term and ongoing unsupported caring responsibilities</li> </ul> <p><b>Self Care and independence</b></p> <ul style="list-style-type: none"> <li>• significant lack of age appropriate behaviour and independent living skills likely to result in significant harm</li> <li>• child shows signs of being avoidant, secretive, deceptive and actively conceals their telephone/internet communications placing them at risk of exploitation through gambling and/ sexual harm</li> <li>• child appears to be being groomed / has adopted extremist views and is actively concealing their communications/online activities. Child either refuses to discuss their views or is unwavering in promoting an extremist ideology</li> </ul>	<p>Universal and targeted services as at level 1 and 2 may be accessed as part of a package of care.</p>
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### **Family and environmental factors**

- signs or Indicators of physical abuse, emotional abuse, sexual abuse or neglect
- previous child/ren removed from parent's care or subject of Child Protection plan/s
- unborn babies where a parent has mental health issues, violence and anger issues, substance misuse or young person/ Care leaver lacking positive parenting experience
- high levels of domestic abuse and violence, when child is present in the house
- there is a risk of honour based violence due to beliefs held by parents/family members that child has transgressed 'tradition' or family code
- parents lack the capacity to care for the child
- children experiencing or likely to experience significant harm, who need to be looked after outside their own family
- there is a likelihood of forced marriage
- child or family need immediate protection and support due to harassment and discrimination
- child is at risk of FGM due to parental/family tradition, is common within their local community and/or siblings have been victims of FGM. Increased risk of FGM is suspected due to visit to/by family members to perform FGM and/or children withdraw from health and education.

### **Parents and carers**

- Parent lacks the capacity to meet the child's emotional, educational, social and health needs without support.
- Parent unable to provide consistent, adequate and safe parenting.
- Parent does not offer good role model; e.g. they are involved in anti social behaviour and are unable to restrict access to the home or child by dangerous adults known or suspected to pose a risk to children.

#### Level 4 Action and the Assessment Process– action that may be taken by appropriate agency

Children's social care will convene a multi-agency strategy discussion and decide whether enquiries under s.47 Children Act 1989 should be undertaken to determine whether or not the child (ren) is/are suffering, or likely to suffer significant harm.

If these enquiries confirm that the child is suffering or likely to suffer significant harm, a child protection conference will be convened.

Representative of all agencies working with the family will be invited to the child protection conference, along with parents / carers and the child / young person (or their advocate).

The child protection conference will decide whether to make the child the subject of a child protection plan.

A child protection plan sets out clearly the action that must be taken to ensure that the child is safe from harm. Failure to progress the actions in the child protection plan may result in legal proceedings being commenced in order to remove the child from home.

A Section 47 assessment could lead to a child becoming looked after.

From the 31<sup>st</sup> October 2015, regulated professionals in health and social care and teachers in England and Wales have a duty to report to the police 'known cases' of FGM if they identify girls/young women (under 18 years) during the course of their work.

*This guidance is not a substitute for professional judgement or inter-agency consultation. Reference to the age of children and young people used within this document may refer to legislative determinations which can be considered in more detail by referring to the LSCB Procedures Manual (<http://www.proceduresonline.com/berks/bracknell>). However, the context in which concerns arise will be vitally important to informing any decision as to the correct response to emerging needs and risks. If you have any doubt as to the safety and wellbeing of a child, young person or vulnerable adult you should immediately contact the designated member of staff in your organisation. If they are not available you should seek advice without delay from Bracknell Forest Children's Social Care and/or Thames Valley Police.*

## 4. Reporting Concerns

Non-emergency - if there is no immediate danger or you need advice or information, you should call:

- Multi-Agency Safeguarding Hub (MASH) - 8.30am-5.00pm Monday to Friday  
Tel: 01344 352005
- Out of hours Emergency Duty Team  
(5.00pm-8.30am Monday to Friday and 24 hrs at weekends)  
Tel: 01344 786543
- Thames Valley Police Non-Emergency – 101

In an emergency you should call:

- Thames Valley Police - 999

## 5. Thresholds and Eligibility Criteria

It is important to consider the journey of the child through the continuum of services and to ensure the thresholds for individual services are clear and understood by all.

A **threshold** is a point that has been reached where increased support is required with the levels across 1-4 setting out the varying degrees of focus, in line with statutory expectations. An assessment (a CAF, Family CAF or S17 or S47) will provide the evidence to indicate what level of need or threshold has been met. Details of the Common Assessment Framework together with relevant documents and helpful toolkit can be assessed at <http://schools.bracknell-forest.gov.uk/policies-guidance/common-assessment-framework-toolkit>

Individual services that provide support at various points are likely to have specific **eligibility criteria** in order to access the provision, based upon need. This enables the services to provide effective and specialist support in a timely way.

**Practitioners** are always advised to check the eligibility criteria for specific service provision, if this is not clear or known to them.

**Service providers** should always ensure that there is clear and transparent information available regarding the eligibility criteria for accessing their service.

## 6. Step Up and Step Down

In recognition that the needs of children, young people and families do not generally fit neatly within any specific level of need, it is important to ensure that there are systems in place to enable movement within the continuum of need in accordance with the presenting needs and plan for the child, with a focus on permanency and promoting resilience at all times.

*In order for the step up and step down to be effective the following elements are important:*

**Assessment** – Good assessment is the key to ensuring that needs are identified appropriately, an action plan is identified to meet needs and that when need changes the assessment is updated or refreshed.

- At targeted and targeted / complex level this assessment is the CAF / Family CAF.
- At children in need or child protection this is the S17 or S47 statutory assessment.

It is possible that a CAF or Family CAF may identify needs that meet the threshold for level 3 or 4 intervention and where this is the case a referral will be made to Children's Social Care with the CAF / Family CAF as supporting evidence.

It is possible that a S17 or S47 identifies that needs do not meet the threshold for a statutory intervention, although there may be additional needs that could be met at a targeted or targeted complex level of need. In these circumstances there may be a referral to the Early Intervention Hub or individual services, with the single assessment as supporting evidence.

**Planning** – Once an assessment has been completed a clear action plan is central to being able to provide appropriate support. Plans made as a result of the CAF / Family CAF or as a result of S17 or S47 have common frameworks, they will identify key tasks and a lead professional role to ensure there is coordination of those tasks.

The CAF / Family CAF will lead to an action plan that identifies a lead professional, and is clear about actions identified and who will carry out the actions. Whilst this is not a statutory role it is a key factor in the success of the plan to have a lead professional who will maintain an overview of the action plan and progress made.

The lead professional in S17 CIN Planning or S47 Child Protection Planning is the Social Worker who has a statutory responsibility to coordinate the action plan and ensure progress is made against the action plan.

**Review** – is the key to effective step down processes, the ultimate aim being to always to return the child, young person or family to the lowest level of need, taking a least interventionist approach wherever possible, working cooperatively with families and professionals in decision making.

Children subject to a CAF/Family CAF will have their plans regularly reviewed led by the lead professional in consultation with the wider professional network, the frequency of this review will be agreed by the multi-agency team working with the child/family, although initially this will be 3 monthly with consideration as to involvement of wider family and universal involvement.

Children who are subject to a Child in Need Plan have a review that takes place initially 3 months, thereafter six monthly and is chaired by the child's allocated social worker or team manager. This enables those involved to monitor progress made against the plan and to continue to determine the ongoing level of risk and welfare needs of the child / young person. A Child in Need review may determine that actions have been met, and that the needs of the child, young person no longer meet the threshold for statutory Children's Social Care intervention, with an informal package of support identified within Targeted services, or universal services being appropriate. This will be identified at the CiN Review meeting, and a referral may be made to the Early Intervention Hub with a focus on a collaborative working to ensure consistent and timely provision with an end date in place.

Children who are subject to a Child Protection Plan have a statutory review process which ensures the protection plan remains on target and reduces the risk of harm to the child or young person while considering long term welfare. An Independent Child Protection Chair oversees the review process at 3 and thereafter six monthly intervals with due consideration to de-escalate the plan being explored at every review involving all participants in this decision making. If there is no longer a significant risk of harm the child / young person steps down to a Child in Need Plan. A family group conference may be held to support this process and empower families to sustain improvements made. All cases which have been subject to a Child Protection Plan will always first be stepped down to a Child in Need plan for a minimum period of 3 months before concluding statutory intervention. Where concerns for the child's welfare continue to exist, consideration will be given to escalating matters through appropriate legal mechanisms. Legal advice will be sought in this instance, in an effort to ensure the child's permanency needs are consistently prioritised.

Children who are looked after by the local authority have a statutory review process, called Looked After Child Review, which ensures a review every six months to ensure progress remains on target and that plans are in place to support the best future outcomes for the child / young person. This is chaired by an Independent Reviewing Officer whose first consideration will always be to look at options to return the child/young person to their parents/birth family network where possible with an appropriate package of support in place. Where this is not possible, long term fostering or adoption placements will be considered as a parallel plan in an effort to achieve permanency in line with the child's timescales. Legal proceedings in line with the Children and Families Act 2014 ensures appropriate legal oversight and compliance with public law outline timescales is maintained to support this aim.

**At any point should there be any concerns regarding the child, young person or family, it may be necessary to review or refresh an assessment and facilitate a referral to the appropriate level of need.**

## **Annex 1 – DEFINITIONS**

### **Who is a child in need?**

Children in need are defined under the Children Act 1989 as those who are unlikely to reach or maintain a satisfactory level of health and development or their health will be significantly impaired without the provision of services, this includes children who have disabilities. Critical factors on deciding whether a child is in need are:

- What will happen to a child's health and development without services being provided?
- The likely effect the services will have on the child's standard of health and development.

Section 17 of the Children Act 1989 places the general duty on every Local Authority to safeguard and promote the welfare of children who are in need within their area. Bracknell Forest Children's Social Care must, so far as is consistent with the duty, promote the upbringing of children in need by their families through provision of a range and level of service appropriate to the child's needs. In order to receive services under Section 17, the child will have additional needs requiring integrated, targeted support.

### **What is significant harm?**

Some children are in need because they are suffering or are likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty (Sect 47 Children Act 1989) to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm

Child protection is part of safeguarding and promoting welfare. Section 47 of the Children Act 1989 requires the Local Authority to make enquiries to enable it to decide whether the child is suffering or likely to suffer significant harm and to assess whether action is required to safeguard and promote the child's welfare. Police, Health, education and other services have a statutory duty to help the Local Authority social care services to carry out Section 47 enquiries.

### **Definitions of Abuse**

Working Together 2015 sets out the definition of abuse and neglect. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

There are four categories of abuse:

#### **Physical Abuse**

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

#### **Emotional Abuse**

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse**

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Neglect**

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Legal definitions**

#### **Care Order**

A Care Order (under Section 31(1)(a) of the Children Act) places the child in the care of the Local Authority, with parental responsibility being shared between the parents and the Local Authority.

The Court will expect to be informed by the Local Authority of what plans there are for a child and be satisfied that the Care Order is in the child's best interests.

A Care Order can last until a young person is 18 years old; or until an Adoption, Supervision Special Guardianship or Residence Order is made; or until the Court decides that the Order is no longer necessary. The Local Authority, or persons with parental responsibility for the child, can apply for the discharge of the Order.

#### **Accommodation – Section 20**

Some children are looked after by the Local Authority by agreement with, or at the request of, their parents. Under Section 20 of the Children Act, it is the duty of all Local Authorities to make accommodation available for such children in need. Children may be accommodated (in residential or foster care) for a short or longer period dependent upon need. No court proceedings are involved, and the parents retain full parental responsibility.

## **Disabled Child**

The Disability Discrimination Act 2005 (DDA) defines a disabled person as:

*someone who has a physical or mental impairment which has substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.* According to the DDA substantial means “more than minor or trivial” and long term means that it has “lasted or is likely to last more than a year”.