

Southampton's Children and Young People's **Pathways Document**

Accessing safeguarding and
support services
(Including threshold guidance)



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SOUTHAMPTON SAFEGUARDING
CHILDREN PARTNERSHIP



**SOUTHAMPTON
CITY COUNCIL**



Our vision

We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood

Providing advice, support and intervention to meet needs
'Right Help, Right Time'.

We Will:

- Put the child at the centre of all our decision making
- Promote a relationship-based approach in our work with children, young people, families and partners
- Work with children, young people, families and partners before issues escalate
- Work alongside families and communities
- Listen and build on the strengths of children, families and communities
- Promote a culture of strong support and challenge



Introduction

This guidance is for everyone who works with children, young people and their families in Southampton.

It underpins the way we work together, how we share information, and how we ensure that children and families get the right help at the right time. By building on the strengths of children and families we will help them to identify what is difficult and find solutions before there is a crisis or those difficulties become so complex that statutory services are needed.

This guidance should be read alongside the [Hampshire, Isle of Wight, Portsmouth and Southampton \(HIPS\) Safeguarding Procedures](#) and [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](#)

It is essential that partners work together to use our resources effectively to bring about positive and sustained changes for children, young people and their families. We need to work collaboratively and honestly with children and families to identify strengths and needs and to find practical and achievable solutions at the right time. Partnership working is essential to ensuring positive outcomes for children and reducing the need for more intensive interventions at a later stage.

The guidance sets out the Pathways which all practitioners must follow in identifying, raising and responding to concerns about children.

The framework follows the 'windscreen model' illustrating the support children and families should receive according to their needs from universal services, early help and through to statutory intervention.

The aim is that, as far as possible, children's needs should be met within universal provision. Where additional needs are identified, support should be provided at the earliest opportunity, with parental and/or child (where age appropriate) consent.

In some circumstances a child and family's needs can no longer be met through universal

provision or coordinated early help and there may be a need to provide more intensive or specialist support, led by children's social care. The term 'step-up' is often used to describe this process.

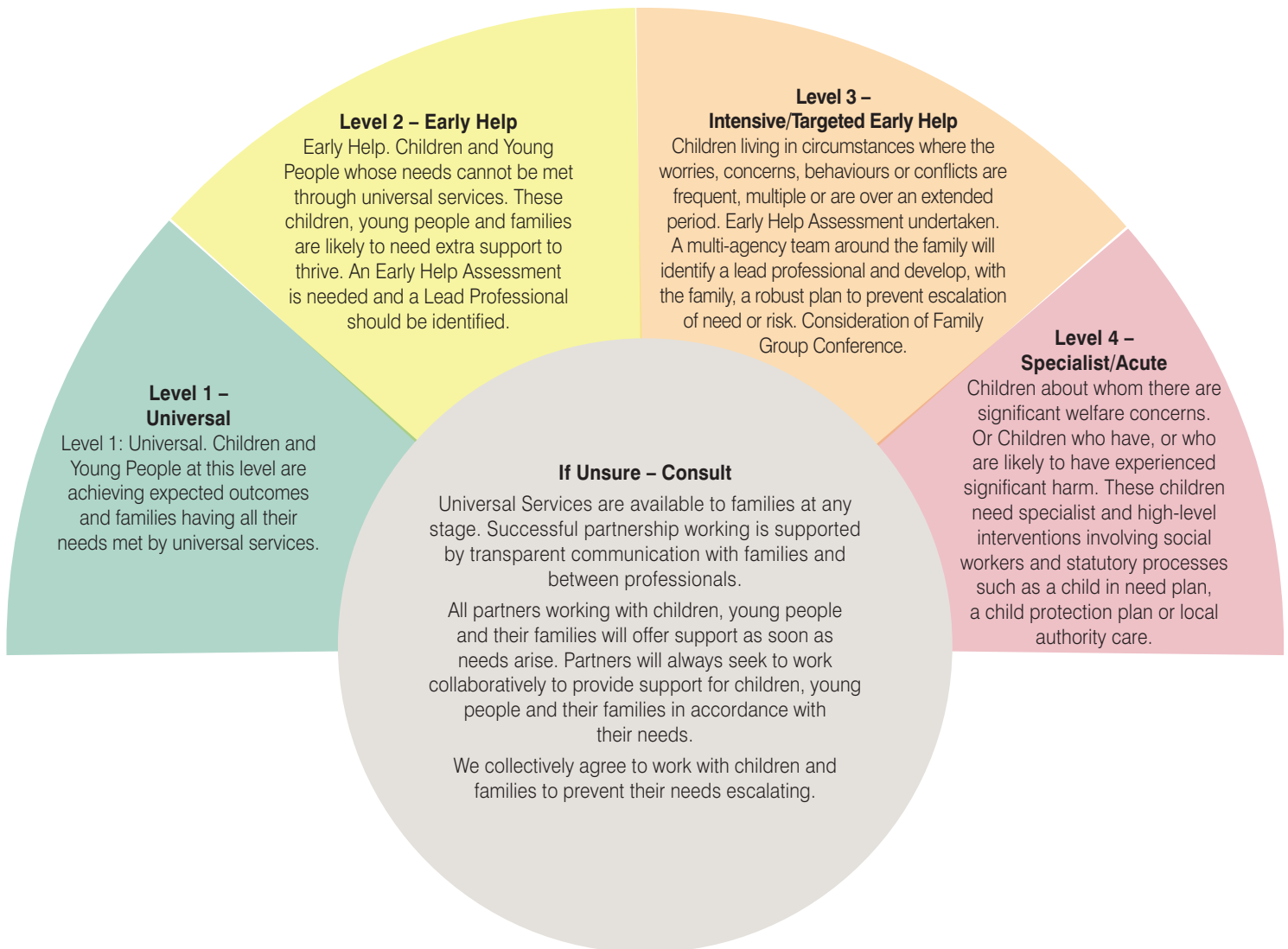
The term 'step down' is used to describe children and their families moving from a high level of support, including statutory intervention, to a lower level of coordinated support. It is important to get this right to ensure that the family's problems do not recur.

Professionals need to use their judgement when considering the range and scale of a child and family's needs. This includes the strengths and protective factors that surround the child and family. This guidance is not designed to be prescriptive, exhaustive or as an automatic means for starting or ceasing support from a particular service. It is an aide for all who work with children and families to support good decision making about to what types of help will best meet a child or family's needs.

There are four levels (colour coded) within the framework that take account of the different stages of need and the types of intervention that are available to children and their families. Children can move between the levels at different times in their lives, or at different times during agencies' contact with them. Support might be provided from one agency or several different agencies, depending on need.

The Children's Resource Service offers information, advice and guidance to the professional network and receives referrals from professionals and members of the public where there is concern a child may be at risk of

significant harm or in need. The service aims to reduce risk and vulnerability and to meet needs at the right level of intervention. Access to early help and prevention services will be facilitated via the Children's Resource Service.



Children's Resource Service (CRS)

When to contact the service:

For advice and guidance about thresholds or to seek information about the support and services that are available to meet an identified need, professionals can contact the CRS via telephone. Where required, professionals can also contact the CRS to make a referral (please use the 'Request for a Service' form).

Parents or carers who contact the CRS for advice will also be given information about local support services in the community and about how to access Early Help and if needed a referral for support from Children's Social Care Services.

The CRS telephone number should be used for advice and guidance about children's social care services/Early Help, Jigsaw and the Young People's Service. The 'Request for a Service' form should be used for all new referrals. This is not to be used where children and families already have an allocated social worker; in these circumstances the allocated social worker or their team should be contacted directly.

It is important that, wherever possible, consent is sought before referring a child to the CRS. If professionals are unsure about whether consent should be sought this should be discussed with the referrer's Designated Safeguarding Lead or Line Manager. Advice about this can also be sought from the CRS.

Contact with or referral to the CRS can result in one of the following outcomes:

1. Advice, information and guidance provided
2. Universal services continue to meet the needs of the child and family
3. Recommendation to explore single agency support
4. Recommendation to complete an Early Help Assessment and Early Help Plan
5. Referral to SCC Early Help
6. Referral to the SCC Young People's Service
7. Referral to Children's Social Care Services for Section 17 Child in Need Assessment
8. Referral to Jigsaw, for assessment and support as the child has complex needs/disabilities
9. Section 47 Child Protection Investigation (Single or joint agency with Hampshire Constabulary)
10. Emergency 999 response

It is our collective responsibility to safeguard and promote the welfare of children. Professionals contacting or referring into the CRS will, of course, follow up any agreed actions. If referring professionals do not agree with a decision made by the CRS at any point it is important that there is a prompt discussion to try to resolve this disagreement. If this is unsuccessful the [Escalation Policy for the Resolution of Professional Disagreement](#) should be followed. Feedback and professional debates and challenges are a healthy part of professional relationships and are welcome.

Multi-agency Safeguarding Hub (MASH)

The MASH is part of the Children's Resource Service. All referrals and contacts to the CRS are triaged and a decision reached as to whether the MASH process is required

MASH Referral and Decision-Making Process

The objective of a MASH is to safeguard and promote the welfare of children and young people through the timely exchange of proportionate and accurate information following an enquiry or referral made by any professional or member of the public.

The MASH environment is unique because it enables multiple sources of information to be considered and shared in a secure and safe way. Each decision to request and share information between partner agencies needs to be considered in terms of whether it is necessary and proportionate.

The decision to request and share information should not be an assumed process, but rather a deliberate response to specific issues and concerns. Information sharing in these circumstances is governed by a legal framework that helps to balance the rights of individuals to privacy with the need to protect children and young people who may be at risk or in need of support.

The professional holding the information must always consider relevance and proportionality before sharing information with the MASH. All practitioners and managers who need to make decisions about sharing personal and confidential information should do this on a case-by-case basis and be guided by the relevant legislation.

Following referral, needs will be identified, and the child or family will be provided with information or referred or signposted to the right service to meet their needs. This will either be to an appropriate resource, or for further multi-agency information gathering within the MASH.

If the referrer is a professional, they will be informed, within 24 hours of the decision. This includes whether the referral will progress to the MASH.

Decisions and timescales depend on the level of need or risk. Referrals are prioritised using a RAG (red, amber, green) system, based on the level of concern and need

Red

If a child is considered to be at immediate risk of harm, the police should be contacted on 999. The emergency will be dealt with by the police.

In such cases, once the concerns have been shared with the MASH team, they will be discussed as a priority with police and health colleagues within two hours. An informed decision will be made as to the multi-agency plan that is needed to safeguard the child.

If there is a suspicion or allegation that a child is suffering or is likely to suffer significant harm, but they are not deemed to be at immediate risk of harm, the MASH team will gather information and hold a strategy discussion within six hours.

Wherever possible consent should be gained from an adult with parental responsibility. In exceptional circumstances this can be dispensed with, if alerting them to the concerns may place the child at greater risk of harm.

Amber

In amber cases the issues are usually complex, and a Child in Need assessment is likely to be needed to understand what life is like for the child and to decide which services would help the family to resolve their problems. In these situations, consent is needed. This needs to be sought from an adult with parental responsibility, and each agency who will be sharing information to inform the decisions and plans which will promote the child's welfare and wellbeing should seek consent to share this information.

The CRS will decide within 24 hours whether the contact should progress to a referral whether the contact should progress to a referral within 24 hours.

Green

If a child in need assessment is not required, an Early Help Assessment may be appropriate. In these situations, a multi-agency team around the family will identify a lead professional and develop, with the family, a meaningful plan. The referrer will be advised to consider whether a single agency or Early Help Referral is needed. Alternatively, universal services will continue with their involvement.

Outcomes following a referral

The outcome of the referral depends on the nature of the concerns shared and the analysis of the information that is gathered:

- A strategy meeting is convened with the police, health and children's services to determine if an enquiry under S47 of the Children Act is required to protect the child from harm. This can be single agency to Children's Services or jointly with the police. These referrals will be passed swiftly to the assessment team
- A S17 Child in Need assessment is likely to be needed. The referral is transferred to the appropriate team within children's services, depending on the nature of the child and family's needs.
- A referral is made to the Early Help service
- One or more agencies (not Children's Social Care or Early Help) are deemed to be best placed to respond to the identified needs
- If the concerns are unproven, or the needs can be met by universal services, these services will continue their involvement with the child and their family

Contact details

If you have concerns about a child who is at risk of harm, you can make a request for service online. If you have any questions or wish to discuss your concerns with a member of the team first, please contact the CRS during office hours (8.30am - 5pm Monday – Thursday and 8.30 - 4.30pm Friday).

Telephone number for members of the public: **023 8083 3004**

Telephone number for professionals: **023 8083 2300**

Email address: **Childrensresourceservice@southampton.gov.uk**

The 'Request for a Service' form can be completed online at www.southampton.gov.uk/childrensocialcare

Early Help and Prevention

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Working Together to Safeguard Children 2018

The Early Help offer in Southampton is an integrated offer and includes the following professionals:

- Family Support Workers
- Social Workers
- Health Visitors
- School Nurses
- Family Engagement Workers
- Play Workers
- Voluntary services
- Commissioned services

The Early Help offer in Southampton ensures that there is a whole family approach from birth to 19 years, with the child being the central focus. Early Help supports families from the earliest opportunity, to ensure that children have the best start in life.

Early Help support can be offered in numerous ways, including through our Family Hubs which offer parenting courses such as Incredible years and cooking courses and more targeted support through a Senior Family Support Worker or Early Help Social Worker. The Early Help offer is integrated with Health enabling families to gain the right level of support at the right time.

An Early Help assessment (EHA) will enable a professional who is involved with a family to discuss with them what needs the family has and what support the family would like. The assessment can be completed by anyone who is supporting the family, including the child's school or pre-school.

A Team Around the Family (TAF) meeting provides the opportunity for the family and other people who are involved to come together and discuss how support can be offered. This is where the Early Help Plan is put together, and where the lead professional is identified.

An Early Help Plan (EHP) is a way of coordinating the support that is offered to the family, often from within their family and friends network. In most circumstances this will be reviewed every three months to consider the progress that has been made and any changes that are needed.

A Family Group Conference (FGC) can be requested to enable the family to come together and identify ways of supporting the family to reach a positive outcome.

Level 2 / Universal Plus is where a family will have some unmet needs and will likely have one professional supporting them. An Early Help assessment will be completed to ensure there are no other support areas in the child's

life. The outcome from this may be that a lead professional such as a worker from the local Family Hub, school or Health Visitor will support the family by creating a plan of support. Thought will be given to a Family Group Conference to enable the family to create a longer-term support plan.

Level 3 / Universal Partnership Plus is where children would benefit from a more targeted coordinated Early Help offer as it has been identified that the family has more complex needs. An Early Help assessment will be completed to ensure that the Early Help plan reflects the level of support that is required. A TAF meeting will be convened to ensure that multi-agency support is in place for the family. An EHP will be completed to ensure the child and family's needs are met. Thought will be given to convening a Family Group Conference to enable the family to create a longer-term support plan.

The Southampton Early Help offer provides supports in the following areas of need

Employment and Progress to work

Addresses unemployment, debt and meeting basic needs. We will work with the family to help them to develop skills and help move them into work and off 'out of work' benefits. We will also help them access support to manage debt,

and if necessary, help them access support to meet basic needs. We have two Employment Advisors seconded from the Department for Work and Pensions (DWP) to work with families who are looking for employment.

Education and Attendance

Supporting regular school attendance for children in the family (defined by the Department for Education as at least 90% of all available sessions).

Domestic Abuse

Where domestic abuse is identified as an issue for the family, we will work with the family, with additional support from other agencies, to reduce the number of incidents or prevent them from happening.

Crime and anti-social behaviour (ASB)

We will work with the family to reduce or eliminate crime and anti-social behaviour.

Family health

We will work with families to ensure that everyone is registered with a GP, and that family members with mental health, drugs or alcohol issues are accessing treatment and support. We will also ensure that pregnant teenagers and young parents are accessing appropriate support.



Support for Children with Special Educational Needs and Disabilities (SEND) or a Complex Health Condition.

Children with a special educational need and disability and/or complex health issue should be assessed according to the impact it has on their quality of life and that of their family. The majority of children in Southampton who require services will receive them through universal provision within their local community, and the same should be true for children with a disability and/or complex health need. This extends to include the Short Break Offer to Children and Young People with SEND in the [City Short Breaks Statement \(southampton.gov.uk\)](https://www.southampton.gov.uk/city-short-breaks-statement).

Children with minimal additional needs can be supported by universal services. They may have one or two additional needs which can be met by one agency or by a referral to one other agency. Services available might include:

- Health Visitors/School nurses
- Schools/ Colleges and after school activities
- Early Years Settings
- Youth clubs
- Voluntary Organisations
- Benefits agencies
- Housing agencies
- Library and Information Services

Some children may have a number of additional needs and are likely to require a lead professional, an early help assessment and coordinated support services from more than one agency. Services available (as well as those above) might include:

- Speech and Language Therapy
- Physiotherapy
- Occupational Therapy
- Paediatrician
- Childminding

Following an Early Help Assessment, if it is assessed that the impact of the child's disability or health needs on their daily life is too great to be addressed by universal and/or targeted provision, a referral for a statutory social work assessment should be made to the Children's Resource Service.



Jigsaw (Children with Disabilities) Team

Jigsaw is a specialist integrated service for children with complex disabilities, commissioned by Southampton City Council and Southampton City Clinical Commissioning Group for when the child's Special Educational Need or Disability has a significant impact on their functioning in all aspects of their daily living, ability to self-help or in relation to the risk that their behaviour may present to themselves or other people.

The service works with: -

- children with moderate, severe and profound learning disabilities and a complex health condition (which may be Autism and Challenging Behaviour),
- children with complex health conditions that require packages of care under children's continuing care arrangements, and;
- children with dual sensory impairments.

The Team is made up of: -

- Specialist Disability Social Workers
- Family Engagement Workers
- Personal Advisor / Preparation for Adulthood Support Worker
- Statutory Occupational Therapists
- Learning Disability Nurses
- Children's Nurse
- Jigsaw / CAMHS Nurse
- Clinical Psychologist
- Assistant Psychologist
- Health Occupational Therapist
- Speech and Language Therapist
- Family Therapist
- Transition Nurse Specialist
- Community Worker
- Short Breaks and Personal Budget Officer

Jigsaw collaborates with professionals from within the service and also with other agencies to empower and support children and young people with Special Educational Needs and Disabilities and their families to ensure they are safe, looked after, to improve their quality of life and realise their individual potential. The team supports parents and carers to resolve any difficulties or issues that have arisen and to develop strategies to enable them to improve the child's daily lived experience.

The Parent/Carers and siblings of these children often will require a specialist assessed Short Break from their caring responsibilities to enable them to continue to meet the needs of their child with Special Educational Needs, Disability or Complex Health Condition(s) and engage in opportunities that would be usual for their counterparts whose children/siblings did not present with the same level of need. This is achieved via a Statutory Social Work Assessment under S.17 of the Children Act (1989) to enable the holistic situation in the household to be understood in terms of how the SEND impacts on the child themselves, their parent/carers and siblings. For some children whose safety is compromised we may complete investigations under S.47 of the Children Act 1989, initiate Care Proceedings and work with some children who become Looked After for the duration of their childhood.

The service works closely with young people and their families and colleagues in Adult Services to support the transition of young people into adulthood. This also ensures that there is minimal disruption during the handover between children and adult services, and that the young people are supported to develop

independent living skills, to optimise their health, educational and training opportunities and to make decisions about their future living and care arrangements.

Jigsaw includes the Statutory Occupational Therapy service, providing support to children with disabilities and their families within their homes. This can be in relation to completing minor or major adaptations to the property, re-housing, prescribing equipment to meet their health and care needs, to make the home

environment a safer place and to ensure that they and their family members are not injured if they need to be moved and handled.

Jigsaw also collaborates with other teams within the Local Authority working with Children with Special Educational Needs and Disabilities to provide consultation, advice, information, guidance, support and interventions, tailored to the individual needs of the child and their parents.



Young People's Service

Southampton City Council has established a Young People's Service, to respond to young people related challenges across the city, such as contextualised safeguarding, serious youth violence, emotional health and wellbeing and family breakdown. The service brings together Youth Justice, Missing and Exploitation, Young people's Social Work, Early Help with Child and Adolescent Mental Health support. This can be a 7 day a week service including evenings to 10pm.

Referrals to the service are routed through the CRS and the Young Persons Teams assess and deliver evidence-based interventions which are intensive and flexible. The service provides interventions one or two times per week including weekends and evenings and will keep in touch young people and families on a daily basis. The service's focus is relationships and has capacity and low caseloads to enable workers to invest time in building and maintain relationship and workers are encouraged to respond to the young people as they would respond to their own children. All teams, services and individual workers within the Young People Services will be trained in, emerged in and will embrace restorative approaches, trauma informed practice and systemic practice. The Young People Service teams provide an Early Help offer including an Inclusion and Diversion Service which is intensive, and evidence based and focused on resolving issues at an early stage, is vigilant to the disproportionate needs and risks of young males from black and ethnic minority backgrounds and the service is relentless in enabling young people access education, training and / or positive activities.

The Young People Service aims are set out below;

- Young People's Needs and Risks are identified early and responded to quickly, with intensive evidence based interventions enabling positive wellbeing outcomes and preventing risk escalating.
- Enabling and supporting young people to access personalised good quality education, training and positive activities which inspire and give young people hope and aspirations for the future.
- Enabling families to live together safely and happily, by unlocking resources and strengths within family and friends networks reducing the need for young people to require care placements.
- Young People's emotional and mental health is promoted and responded to quickly with appropriate clinical oversight and the provision of a consult service.
- Contextualised Safeguarding Risks are identified, information is shared with the police and the service will work with the police and community safety partners to use civil orders to disrupt exploitation and use criminal proceedings to pursue those who exploit children.
- Reducing first time entrants into criminal justice system, stopping young people's reoffending and through the youth justice lens providing earlier support to male young people from an ethnic minority background to promote positive wellbeing outcomes and prevent negative criminal justice outcomes.

Indicators

Level 1: Universal. Children and Young People at this level are achieving expected outcomes and families having all their needs met by universal services.

Child's Developmental Needs:

<p>Health</p> <ul style="list-style-type: none"> • Health needs are being met by universal services • Appropriate weight and height/meeting developmental milestones – including speech and language • Emotional health and wellbeing needs are being met • Pre-natal health needs are being met • Up to date immunisations and developmental checks • Adequate nutritious diet • Regular dental checks • Accessing optical care • No misuse of substances • Sexual activity/behaviour appropriate to age 	<p>Education and Learning</p> <ul style="list-style-type: none"> • Achieving key stages and full potential • Regular attendance at nursery/school/college/ training • Demonstrates a range of progressive skills/interests • Barriers to learning may not be present or are being explored within an education or early years setting • Access to play/books • Enjoys participating in educational activities/ schools • Home/school or setting links are effective • Planned progression beyond statutory education • Age-appropriate communication
<p>Emotional and behavioural development</p> <ul style="list-style-type: none"> • Positive early attachments • Growing levels of competencies in practical and emotional skills – feelings and actions demonstrate appropriate responses • Sexual behaviour appropriate for age and developmental stage • Confident in social situations • Able to adapt to change • Able to demonstrate empathy 	<p>Identity</p> <ul style="list-style-type: none"> • Demonstrates feelings of belonging and acceptance • Positive sense of self and abilities • Has an ability to express needs verbally and non-verbally
<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers • Appropriate relationships with siblings • Positive relationship with peers 	<p>Social presentation</p> <ul style="list-style-type: none"> • Appropriate dress for different settings • Good levels of self-care/personal hygiene • Involved in leisure and other social activity
<p>Self-Care Skills</p> <ul style="list-style-type: none"> • Age-appropriate independent living skills 	

Parents and Carers:

<p>Basic Care, safety and protection</p> <ul style="list-style-type: none"> • Child's physical needs are met (food, drink, clothing, medical and dental) • Carers able to protect children from danger or harm 	<p>Emotional Warmth</p> <ul style="list-style-type: none"> • The child is shown warm regard, praise and encouragement • The child has secure relationships which provide consistency of warmth over time • There may be low level post-natal depression
<p>Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> • Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience. • Carers support development through interaction and play to facilitate cognitive development 	

Family and Environmental Factors:

Family history and Functioning <ul style="list-style-type: none">• Good supportive relationship within family/ carers (including with separated parents and in times of crisis)• Good sense of 'family' outside of smaller family unit	Housing, employment & finance <ul style="list-style-type: none">• Accommodation has basic amenities/appropriate facilities• Appropriate levels of hygiene/cleanliness are maintained• Families affected by low income or unemployment
Family's Social Integration <ul style="list-style-type: none">• The family has social and friendship networks• Community Resources• Appropriate access to universal and community resources• Community is generally supportive• Positive Activities are available	

Level 2: Early Help. Children and Young People whose needs cannot be met through universal services. These children, young people and families are likely to need extra support to thrive.

Child's Developmental Needs:

<p>Health</p> <ul style="list-style-type: none"> • Slow to reach developmental milestones • Additional health needs • Missing health checks/routine appointments/ immunisations • Persistent minor health problems • Babies with low birth weight due to prematurity/ medical causes/ faltering growth/ poor feeding • Pre-natal health needs • Issues of poor bonding/attachment • Minor concerns re healthy weight /diet/ dental health / hygiene/or clothing • Disability requiring support services • Concerns about developmental status i.e. speech and language problems • Signs of deteriorating mental health of child including self-harm • Starting to have sex (under 16 years) • Not registered with a GP/dentist 	<p>Education and Learning</p> <ul style="list-style-type: none"> • Is regularly late for school/occasional truanting or significant non-attendance/parents condone absences • Consideration of educational neglect as defined by Southampton City Council • Escalating behaviour leading to a risk of exclusion • Experiences frequent moves between schools • Not reaching educational potential or reaching expected levels of attainment • Needs some additional support in school • Identified language and communication difficulties • Few opportunities for play/socialisation
<p>Emotional and behavioural development</p> <ul style="list-style-type: none"> • Low level mental health or emotional issues requiring intervention • Is withdrawn/unwilling to engage • Development is compromised by parenting • Some concern about substance misuse • Involved in behaviour that is seen as anti-social • Poor self-esteem 	<p>Identity</p> <ul style="list-style-type: none"> • Some insecurities around identity/low self-esteem • Lack of positive role models • May experience bullying around perceived difference/ bully others • Disability limits self-care • A victim of crime • Starting to come to the attention of the police due to lower-level criminal activity • Helping Kids Deal with Bullying & Cyberbullying NSPCC
<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Some support from family and friends • Some difficulties sustaining relationships • Undertaking some caring responsibilities • Child of a teenage parent • Low parental aspirations • Aggressive behaviours in the home towards / from a sibling 	<p>Social presentation</p> <ul style="list-style-type: none"> • Can be over-friendly or withdrawn with strangers • Personal hygiene starting to be a problem
<p>Self-Care Skills</p> <ul style="list-style-type: none"> • Not always adequate self-care — poor hygiene • Slow to develop age appropriate self-care skills • Overprotected/unable to develop independence 	

Parents and Carers:

- Basic Care, safety and protection**
- Basic care not consistently provided e.g. non-treatment of minor health problems
 - Parents struggle without support or adequate resources e.g. as a result of mental health/ learning disabilities.
 - Professionals beginning to have some concerns about substance misuse (alcohol and drugs) by adults within the home
 - Parent or carer may be experiencing parenting difficulties due to mental or physical health difficulties/post-natal depression
 - Some exposure to dangerous situations in home/ community
 - Teenage parents /young, inexperienced parents
 - Inappropriate expectations of child/young person for age/ ability
 - A&E attendance giving cause for concern including unexplained injury or delay in seeking medical attention
 - Irregular attendance at education/early years setting impacts on development and intervention

- Emotional Warmth**
- Can be over-friendly or withdrawn with strangers
 - Personal hygiene starting to be a problem

- Guidance, boundaries & stimulation**
- May have a number of different carers
 - Parent/carer offers inconsistent boundaries
 - e.g. not providing good guidance about inappropriate relationships formed, such as via the internet.
 - Can behave in an anti-social way
 - Child/young person spends a lot of time alone
 - Inconsistent responses to child by parent
 - Parents struggle to have their own emotional needs met
 - Lack of stimulation impacting on development

Family and Environmental Factors:

- Family history and Functioning**
- Child or young person's relationship with family members/ carers not always stable
 - Parents have relationship difficulties which affect the child/ acrimonious separation or divorce that impacts on child
 - Domestic abuse with separated parents with some support services in place
 - [Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](http://nationaldahelpline.org.uk)
 - Experienced loss of a significant adult/child

- Housing, employment & finance**
- Families affected by low income or unemployment
 - Parents have limited formal education
 - Adequate/poor housing
 - Family seeking asylum or refugees

- Family's Social Integration**
- Family may be new to area
 - Some social exclusion problems
 - Victimisation by others

Level 3: Intensive/Targeted Early Help: Children, young people and families who are struggling to cope and presenting with significant needs. They will be living in circumstances where the worries, concerns, behaviours or conflicts are frequent, multiple or over an extended period, but children are not suffering significant harm. These families require a more targeted and coordinated approach to prevent concerns escalating.

Child's Developmental Needs:

<p>Health</p> <ul style="list-style-type: none"> • Chronic/recurring health problems with missed appointments, routine and non-routine • Delay in achieving physical and other developmental milestones, raising concerns • Frequent accidental injuries to child requiring hospital treatment • Poor or restricted diet despite intervention/ dental decay/ poor hygiene • Child has chronic health problems or high-level disability which with extra support may/may not be maintained in a mainstream setting • Learning significantly affected by health problems • Overweight/underweight/enuresis/encopresis/ faltering growth / eating disorder. • Frequent/ Multiple GP's, out of hours, A&E attendance causing concern including accidental injury, unexplained injury or delay in seeking medical attention 	<p>Education and Learning</p> <ul style="list-style-type: none"> • Child not in education, in conjunction with concerns for child's safety • Chronic non-attendance/truanting/authorised absences/ fixed term exclusions/punctuality issues/potential illegal employment/exploitation • Identified learning needs and may/may not have an Education Health and care Plan (EHCP), development progress is negatively impacted through absence of lack of engagement • Not achieving key stage benchmarks • No interests/skills displayed • Consideration of educational neglect as defined by Southampton City Council
<p>Emotional and behavioural development</p> <ul style="list-style-type: none"> • Difficulty coping with anger, frustration and upset • Physical and emotional development raising significant concerns • nolimitshelp.org.uk • Significant attachment difficulties • Early onset of sexual activity (13 –14) • Some concerns around mental health, including self-harm, eating disorders and suicidal thoughts which are having an ongoing impact on engagement in daily activities • Hazardous substance misuse (including alcohol) • Persistent bullying behaviour • Inappropriate sexual behaviour including online and via social media • Offending or regular anti-social behaviour • Animal abuse – the intentional harm of an animal including but not limited to wilful neglect, inflicting injury or pain or distress or malicious killing of animals 	<p>Identity</p> <ul style="list-style-type: none"> • Subject to discrimination • Significantly low self-esteem • Extremist views • Gang membership • Missing episodes with consideration to 3 in 90 days • Increasing number of reports of involvement in criminal activity (CCE) • Medium risk CERAF with concerns around CSE / CCE • Concerns around possible contact with those involved in county lines activity • Criminal exploitation and gangs NSPCC
<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Peers also involved in challenging behaviour and possible exploitation concerns • Regularly needed to care for another family member • Involved in conflicts with peers/siblings • Adoptive family under severe stress 	<p>Social presentation</p> <ul style="list-style-type: none"> • Clothing regularly unwashed • Hygiene problems
<p>Self-Care Skills</p> <ul style="list-style-type: none"> • Poor self-care for age – hygiene • Overly self-reliant for their age 	

Parents and Carers:	
<p>Basic Care, safety and protection</p> <ul style="list-style-type: none"> • Parent is struggling to provide adequate care • Parental learning disability, parental substance misuse (including alcohol) or mental health impacting on parent's ability to meet the needs of the child • Previously subject to child protection plan • Teenage parent(s) • Either or both previously looked after 	<p>Emotional Warmth</p> <ul style="list-style-type: none"> • Child often scapegoated • Child is rarely comforted when distressed • Receives inconsistent care • Has no other positive relationships
<p>Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> • Few age appropriate toys in the house • Parent rarely referees disputes between siblings • Inconsistent parenting impairing emotional or behavioural development 	
Family and Environmental Factors:	
<p>Family history and Functioning</p> <ul style="list-style-type: none"> • Evidence of domestic abuse • Yellow Door - Responding to Domestic and Sexual Abuse • Contact Pippa@southampton.gov.uk regarding support for Domestic abuse • www.hamptontrust.org.uk • Acrimonious divorce/separation • Family members have physical and mental health difficulties • Parental involvement in crime • Evidence of problematic substance misuse (including alcohol) • CGL Southampton Drug and Alcohol Support Services • Violence and aggression from child to parent / carer 	<p>Housing, employment & finance</p> <ul style="list-style-type: none"> • Overcrowding, temporary accommodation, homelessness, including sofa-surfing, unemployment • Poorly maintained bed/bedding • Serious debts/poverty impacting on ability to care for child
<p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family may be new to area • Some social exclusion problems • Victimisation by others 	<p>Community resources</p> <ul style="list-style-type: none"> • Parents socially excluded with access problems to local facilities and targeted services

Level 4 – Specialist/Acute: Children about whom there are significant welfare concern, or who have, or who are likely to have, experienced significant harm. These children need specialist and high-level interventions involving social workers and statutory processes, such as a child in need plan, a child protection plan or local authority care.

Child’s Developmental Needs:

Health

- Child/young person who is consistently failing to reach their developmental milestones and concerns exist about their parent’s ability to care for them
- Growth falling 2 centile ranges or more, without an apparent health problem
- Learning affected by significant health problems
- Experiencing chronic ill health or diagnosed with a life-limiting illness
- Sexual exploitation/abuse (including online)
- Inappropriate use of social media (e.g. sexting/use of inappropriate images)
- Drug/alcohol use severely impairing development [DASH \(Drug Alcohol Support and Health\)](#)
- Failure to access medical attention for health chronic/ reoccurring health needs, including dental
- Concerns about diet/ hygiene/ clothing
- Pregnancy child under 16 years old/ concerns about parenting capacity
- Disability requiring significant support services to be maintained in mainstream provision
- Children with autistic spectrum disorder, profound and multiple learning disability or severe learning disability likely to require physical restraint and exhibiting behaviours regularly harmful to self and others
- Children who require night-time supervision and/or care such as ventilation, medication, overnight feeding.
- The required level of parental care cannot be provided without the provision of substantial additional specialist services that may include overnight short-term breaks
- Child / Young Person has experienced or is at risk of Female Genital Mutilation [Female Genital Mutilation - Prevent & Protect | NSPCC](#)

Education and Learning

- Fixed term exclusion, persistent truanting or poor school attendance/illegal employment/exploitation
- Previous permanent exclusions or significant fixed term exclusion/suspension
- Persistent ‘Not in Education, Employment or Training (NEET), this could be as a result of compromised parenting
- Alienates self from school and peers through extremes of behaviour
- No, or acrimonious home/ school links
- Consideration of educational neglect as defined by Southampton City Council

Emotional and behavioural development

- Alienates self from school and peers through extremes of behaviour
- Physical/emotional development raising significant concerns
- Complex mental health needs or an eating disorder, with plans and behaviours that significantly impact upon safety and engagement with daily activities and there is failure to engage with services/ self-harming
- Difficulty coping with emotions/unable to display empathy unable to connect cause and effect of own actions
- Early onset of sexual activity (13-14 years)
- Offending/prosecution for offences
- Puts self or others in danger

Identity

- Subject to persistent discrimination
- Is socially isolated and lacks appropriate role models
- Young person is unaccompanied and at risk of/has been trafficked
- [What You Need to Know About Child Trafficking | NSPCC](#)
- Young person missing from home for over 72 hours
- Missing episodes with consideration to 3 in 90 days
- Medium to High risk CERAF with concerns around CSE and CCE – High risk should always result in a strategy discussion
- Young person is at risk of radicalisation (PREVENT)
- Concerns re exposure to or at risk of Modern-Day Slavery
- [Child Exploitation – Southampton Safeguarding Children Partnership \(southamptonscp.org.uk\)](#)
- [Child Sexual Exploitation & How to Keep Your Child Safe | NSPCC](#)
- [Prevent \(southampton.gov.uk\)](#)
- [Modern Slavery – Southampton Safeguarding Children Partnership \(southamptonscp.org.uk\)](#)

<p>Family and Social Relationships</p> <ul style="list-style-type: none"> •Peers also involved in challenging behaviour •Regularly needed to care for another family member •Involved in conflicts with peers/siblings •Gang membership •Adoptive family under severe stress 	<p>Social presentation</p> <ul style="list-style-type: none"> •Subject to persistent discrimination •Is socially isolated and lacks appropriate role models •Young person is unaccompanied and at risk of / has experienced trafficking •Young person missing from home for over 72 hours •Missing episodes with consideration to 3 in 90 days •Medium to High risk CERAF with concerns around CSE and CCE – High risk should always result strategy discussion •Young person is at risk of radicalisation (PREVENT)
<p>Self-Care Skills</p> <ul style="list-style-type: none"> •Poor self-care for age – hygiene •Overly self-reliant for their age 	<p>Social presentation</p> <ul style="list-style-type: none"> •Clothing regularly unwashed •Hygiene problems

Parents and Carers:

<p>Basic Care, safety and protection</p> <ul style="list-style-type: none"> •Parent/carer is struggling, is unable to or unwilling to provide adequate and consistent care •Continuing poor supervision in the home resulting in significant harm or risk of significant harm •Neglect – Southampton Safeguarding Children Partnership (southamptonscp.org.uk) •Neglect is also Child Abuse: Know All About It NSPCC •Child or young person receives erratic or inconsistent care •Physical or sexual abuse •Identifying Child Physical Abuse & How to Prevent It NSPCC •Preventing Child Sexual Abuse & Keeping Children Safe NSPCC •Significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment •Previous history of child/ren of one or more adult in the household being in care or subject to child protection plans •Parents learning disability, substance misuse (alcohol and drugs) or mental health negatively impacts on parent's ability to meet the needs of the child •CGL Southampton Drug and Alcohol Support Services •Fabrication or induction of illness (likely to cause significant harm) to a child by a parent or carer •Signs - Fabricated or induced illness - NHS (www.nhs.uk) •Level of supervision does not provide sufficient protection for the child •Failure to recognise the risks of frequent missing episodes lack of reporting to appropriate agencies •Either or both parents/carers have previously been looked after and their parenting ability is compromised •Child is in a private fostering arrangement Private fostering •Child is a young carer, and this is significantly negatively affecting their daily life •Teenage pregnancy or inexperienced young parent or carer with additional concerns •Parental capacity to manage risk in relation to complex mental health needs and self-harming behaviours •Homelessness for young person •Parental encouragement of abusive/offending behaviour •Parental non-compliance/disguised compliance or cooperation •Relationship breakdown between child and parent/carer that risks entry to the care system 	<p>Emotional Warmth</p> <ul style="list-style-type: none"> •Child/young person has multiple carers but no significant relationship to any of them/ receives inconsistent care •Child/young person receives little stimulation/ negligible interaction •Child/young person is scapegoated •Child/young person is rarely comforted when distressed/ lack of empathy •Child/young person is under significant pressure to achieve/aspire/experiencing high criticism
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<p>Guidance, boundaries & stimulation</p> <ul style="list-style-type: none"> • Parents struggle to set boundaries/act as good role models • Child or young person's behaviour out of control • Child or young person is regularly beyond control of parent or carer • Parenting impairing emotional or appropriate behavioural development of child / young person 	
<p>Family and Environmental Factors:</p>	
<p>Family history and Functioning</p> <ul style="list-style-type: none"> • Parents or carers are experiencing, on an on-going basis, one or more of the following • problems significantly affecting their parenting: mental ill-health, substance dependency or domestic abuse/ potential honour-based violence/forced marriage • Parental involvement in crime • Family characterised by conflict and serious chronic relationship problems • Parents or carers persistently avoid contact/do not engage with childcare professionals • Child Sexual Abuse within the Family Environment (CSAFE) • Significant violence perpetrated by child on parent / carer • High Risk Domestic Abuse Referral Form (southampton.gov.uk) • Independent Domestic Violence Advocacy Service • Honour-based abuse (southampton.gov.uk) 	<p>Housing, employment & finance</p> <ul style="list-style-type: none"> • Physical accommodation places child in danger • No fixed abode or homeless (including sofa surfing) • Chronic unemployment due to significant lack of basic skills or long-standing issues such as substance misuse/ offending, etc. • Extreme poverty/debt impacting on ability to care for child
<p>Family's Social Integration</p> <ul style="list-style-type: none"> • Family chronically socially excluded 	<p>Community resources</p> <ul style="list-style-type: none"> • Poor quality services with long term difficulties with accessing target populations

Further Information and Resources

[Service Information Directory](#)

[SSCP](#)

[HIPS Procedures](#)

[NSPCC information](#)

[Worried about an adult who may have care and support needs?](#)

[Working Together to Safeguard Children and Young People 2018](#)

[What to do if you are worried a child is being abused: advice for practitioners](#)

[Information Sharing Advice for Practitioners](#)

