Coventry Safeguarding Children Board

Children's Social Care

Thresholds and Practice Standards

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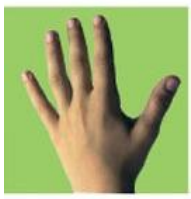







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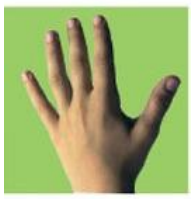
"Safeguarding Children is everybody's business"



1. Introduction

For the majority of children and young people, their basic needs can be supported through a range of universal services and these include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. In addition within Coventry the three Children and Families First Service Teams play a role in targeted support of children and young people with additional needs that falls short of the need for specialist services such as Children's Social Care.

Children with a disability, additional and / or more complex needs may need access to specialist services to support them and may need referring to Children's Social Care. A range of referral pathways for access to services exists for supporting and working with children and young people and their families.

This document provides guidance about how the thresholds/ levels of need affect the type of referrals accepted by the local authority Children's Social Care, where children and young people require specialist / targeted interventions to keep them safe and promote their welfare.

Levels of Need: The Promoting Children & Young People's Well-being Model's **(PCW)** Levels of Need assist practitioners across a range of agencies to identify concerns and needs that may require assessment under the Common Assessment Framework **(CAF)** and lead to the provision of support via the PCW Model (family support plan co-ordinated by a lead professional).

Thresholds: The term thresholds is used commonly by professional and services, at times, inconsistently. In this document, "threshold" refers to the point at which Children's Social Care **are likely to accept a referral for a child, young person or their family** and links directly to the Promoting Well being Children and Young People's Levels of Need.

2. Who is this document for?

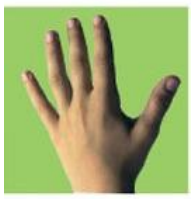
This document is primarily targeted at professionals who are in regular / daily contact with children or families, and may have a concern about a child or young person.

It explains when to engage with the Children and Families First service and it explains the Children's Social Care Services thresholds for contact and referrals made to its service and to ensure that these are applied consistently across the service. It compliments the PCW Levels of Need.

Most referrals to Children's Social Care are made to the Referral and Assessment Service (RAS) based at South Street in Hillfields. In the case of a child with a disability, referrals are made to the Children's Disability Team, based at Logan Road.

It sets out:

- The circumstances in which Children's Social Care are likely to provide services
- The circumstances in which Children's Social Care are likely to signpost alternative options for the referrer - where it is more appropriate for services or a CAF through universal services
- To support Children's Social Care staff, particularly in RAS and the Children's Disability Team, in describing how the Thresholds / Levels of Need are applied to referrals they receive and therefore promote greater consistency







3. Referral pathways and services

Safeguarding and child protection work should always be underpinned by principles of working in partnership with families. In all cases, consent must be sought from parents / carers to share information as appropriate, although there are certain circumstances in which this consent is not required (e.g. where there is specific risk of harm to a child and sharing the information with the parents would place the child at further risk).

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

- Early intervention and prevention – Common Assessment Framework
- Child in need – Section 17 referrals
- Child protection – Section 47 referrals

4. Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) is a holistic assessment of a child's needs for services. It is a process for recognising signs that a child may have unmet needs that universal services cannot meet, and identifying and involving other agencies who may be able to support the child and/ or undertake a specialist assessment. Central to its development is the principle that it is child/ young person centred, holistic and can be shared across professionals as appropriate. The term is also used to describe the format in which the assessment is recorded.

The Common Assessment Framework provides a common method of assessment across children's services and local areas. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.

The common assessment is considered for when:

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

A common assessment should be completed when a professional in any agency has concerns that a child will not progress towards the six *Every Child Matters* outcomes (being healthy, staying safe, enjoying and achieving, making a positive contribution, achieving economic well-being and having supportive friends and families), without additional services.

Completing a common assessment should:

- Enable the professional to identify the child's needs;
- Provide a structure for systematic gathering and recording of information;
- Record evidence of concerns and a base-line for measuring progress in addressing them;
- Provide a framework for a referral discussion to Children's Social Care for an initial or core assessment or to another service for a specialist assessment.

Completing a common assessment also provides a standardised written referral proforma to support a telephone referral.

The first part of this guidance provides the PCW Levels of Need and their descriptors. It is important to note that this is a tool to assist professional judgement, not an exhaustive list.

Where there is an immediate need to protect a child, professionals must contact Children's Social Care and/or the police directly and make a referral, rather than completing a common assessment in line with the interagency procedures.

5. Child in Need / Section 17

Section 17 of the Children Act 1989 places a general duty on every local authority to safeguard and promote the welfare of children who are need within their area. The local authority's Children's Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and level of services appropriate to the child's needs.

Before referring a child to Children's Social Care under section 17, professionals should ensure that a common assessment has been completed and support offered via the CAF process. This in many circumstances could include provision of support by the Children and Families First Service as part of a family support plan. It is when this intervention is unsuccessful that escalation to Children's Social Care should be considered. The lead professional in consultation with the other professionals involved with the family and the parents and child / young person will make a referral to Children's Social Care. This should explain that initial attempts to improve the situation have been unsuccessful, accompanied by evidence of the actions taken to date.

The Children Act 1989 defines the responsibility of local authorities to safeguard and promote the welfare of children within their area who are in need, and promote the upbringing of such children by their families

The Children Act 1989 states that a child is shall be "in need" if:

- S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority.
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services.
- S/he is disabled. The Act defines a child as disabled if s/he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed;
- "Development" means physical, intellectual, emotional, social or behavioral development; and
- "Health" means physical or mental health.

Before referring a child to Children's Social Care under section 17, professionals should ensure that a common assessment has been completed, with a lead professional identified where appropriate, and that a referral has been made to the appropriate specialist services.

6. Child Protection / Section 47

Section 47 of the Children Act 1989 requires the local authority to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child. LA Children's Social Care will carry out a core assessment as a means of conducting the Section 47 enquiries.

The purpose of the core assessment is to determine whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Health, education and other services have a statutory duty to assist Children's Social Care to carry out the Section 47 enquiry. Children's Social Care will work with the police in the case of a criminal investigation.

7. LA Children's Social Care – duties and responsibilities

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

Children's Social Care determines the level of need for children by a process of assessment using the *Framework for the Assessment of Children in Need and their Families* (2000). The assessment looks at the child's developmental needs, parenting capacity of their carers, and family and environmental factors.

Children's Social Care will use the PCW Levels of Need to determine the threshold when considering whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This ensures that help is targeted at those children who are most vulnerable, and that any decisions made about services are consistent.

Once a referral is accepted, Children's Social Care will carry out an assessment to identify the child's level of need and risk, and decide on an appropriate plan of action and services to be offered depending on this assessment.

When a referral suggests that the assessment required should be undertaken within the CAF, the CAF co-ordinator will provide advice and practical assistance on the completion of the CAF in order to ensure that the referrer is appropriately supported. Any decisions will be confirmed in writing.

Referring professionals should seek reasons for decisions made by Children's Social Care so that they are able to update their own files.

8. How to decide whether to make a referral

Before making a referral to any service, including Children's Social Care, it is important to be clear about the purpose and intended outcome of the referral. Engagement of the MDTs will be via CAF Coordinators and discussion at the Neighbourhood Family Support Panel.

Using the PCW Levels of Need, this guidance and the Inter Agency Safeguarding Procedures, it is helpful to consider the main categories of referrals and consider where your concerns about a child or young person fit.

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

Professionals in all agencies have a responsibility to refer a child to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm; or
- Is likely to suffer significant harm.

All referrals to Children's Social care must be made in writing using the Multi-Agency Referral Form or CAF assessment where one has been completed

9. Local contact details for other agencies / services

Referral and Assessment Service Children's Disability Team
Logan Road
Coventry
CV2 1AG
Telephone – 024 76 78 6087

Referral and Assessment Service
South Street, Hillfields, Coventry, CV1 5EJ Telephone – 024 76 78 8555










<u>LEVEL 1</u> These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.

1 Child's Developmental Needs:

Health, e.g.
- Physically well
- Adequate diet/hygiene/clothing
- Developmental checks/immunizations up-to-date
- Regular dental and optical care
- Health appointments are kept
- Developmental milestones met
- Speech and language development met

Education, e.g.
- Skills/interests
- Success/achievement
- Cognitive development
- Access to books/toys, play /leisure

Emotional and Behavioural Development, e.g.
- Feelings and actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate empathy

Identity, e.g.
- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- A sense of self
- An ability to express needs

Family and Social Relationships, e.g.
- Stable and affectionate relationships with care givers
- Good relationships with siblings
- Positive relationships with peers

Social Presentation, e.g.
- Appropriate dress for different settings
- Good level of personal hygiene

Self-care Skills, e.g.
- Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills

2 Parenting Capacity:

Basic Care
- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care

Ensuring Safety
- Protect from danger or significant harm, in the home and elsewhere

Emotional Warmth
- Show warm regard, praise and encouragement

Stimulation
- Facilitates cognitive development through interaction and play
- Enable child to experience success

Guidance and Boundaries
- Provide guidance so that child can develop an appropriate internal model of values and conscience

Stability
- Ensure that secure attachments are not disrupted
- Provide consistency of emotional warmth over time

3 Family and Environmental Factors:

Family History and Functioning
- Good relationships within family, including when parents are separated
- Few significant changes in family composition

Wider Family
- Sense of larger familial network and good friendships outside of the family unit

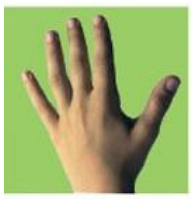
Housing
- Accommodation has basic amenities and appropriate facilities

Employment
- Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful

Income
- Reasonable income over time, with resources used appropriately to meet individual needs

Family's Social Integration
- Family feels integrated into the community
- Good social and friendship networks exist

Community Resources
- Good universal services in neighbourhood







<u>LEVEL 2</u> These are children and young people whose needs require some extra support from a targeted service.

1 Child's Developmental Needs:

Health, e.g.

- Defaulting on immunizations/checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet/hygiene/clothing (low level neglect)
- Starting to default on health appointments
- Young Person/Teenage pregnancy
- Child of Young Person/Teenage pregnancy
- Low level self-harm

Education, e.g.

- Have some identified learning needs that place him/her on "School Action" or "School Action Plus" of the Code of Practice
- Poor punctuality
- Pattern of regular school absences – could be linked to authorised absence to visit family member in prison
- Not always engaged in learning, e.g. poor concentration, low motivation and interest
- Not thought to be reaching his/her educational potential
- Reduced access to books/toys

Emotional and Behavioural Development, e.g.

- Some difficulties with peer group relationships and with adults (within family, school and neighbourhood settings)
- May experience stigma/bullying within school or neighbourhood after parent is imprisoned
- Some difficulties with peer group relationships and with adults
- Significant change in behaviour/demeanour
- Some low level criminal and/or anti-social behaviour
- Some evidence of inappropriate responses and actions
- Pattern of sexual activity or inappropriate sexual behaviour / relationships
- Can find managing change difficult
- Starting to show difficulties expressing empathy
- Could become withdrawn or express different patterns of behaviour after witnessing arrest or imprisonment of family member
- More than the minimal alcohol consumption below the age of 15 years old.
- Use of illegal drugs including cannabis.
- Association with others involved in unsupervised alcohol consumption.
- Excluded from school for a drug/alcohol related incident.

Identity, e.g.

- Some insecurities around identity expressed, e.g. low self-esteem for learning
- May experience bullying around "difference"

Family and Social Relationships, e.g.

- Some support from family and friends
- Has some difficulties sustaining relationships

Social Presentation, e.g.

- Can be over-friendly or withdrawn with strangers
- Can be provocative in appearance and behaviour
- Personal hygiene starting to be a problem

Self-care Skills, e.g.

- Not always adequate self-care, e.g. poor hygiene
- Slow to develop age-appropriate self-care skills

2 Parenting Capacity:

Basic Care

- Parental engagement with services is poor
- Parent requires advice on parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met

Ensuring Safety

- Some exposure to dangerous situations in the home or community
- Parental stresses starting to affect ability to ensure child's safety

Emotional Warmth

- Inconsistent responses to child by parent(s)
- Able to develop other positive relationships

Stimulation

- Spends considerable time alone, e.g. watching television
- Child is not often exposed to new experiences

Guidance and Boundaries

- Can behave in an anti-social way in the neighbourhood, e.g. petty crime
- Parent/carer offers inconsistent boundaries

Stability

- Key relationships with family members not always kept up
- May have different carers
- Starting to demonstrate difficulties with attachments
- Could be experiencing anxiety due to parent being imprisoned

3 Family and Environmental Factors:

Family History and Functioning

- Family conflicts that involve the children and have an emotional impact (current of historic domestic violence)
- Has experienced loss of significant adult, e.g. through bereavement or separation
- May be needed to look after younger siblings (Young carers) or assume role of carer for parent following imprisonment of other parent
- Parent has physical/mental health difficulties
- Drug / alcohol issues
- Fluid household

Wider Family

- Some support from friends and family

Housing

- Adequate/poor housing
- Family seeking asylum or refugees
- Transient families
- Families in temporary accommodation
- Accommodation could be threatened due to change in circumstance when family member is imprisoned

Employment

- Periods of unemployment of the wage earning parent(s)
- Parents have limited formal education
- Parents starting to feel stressed around unemployment or work situation

Income

- Low income / poor financial management.
- Drastic change to family income e.g. family member being imprisoned

Family's Social Integration

- Family may be new to the area
- Some social exclusion experiences

Community Resources

- Adequate universal resources but family may have access issues










<u>LEVEL 3</u> These are children and young people whose needs are more complex. This refers to the range of needs and depth or significance of the needs.

1 Child's Developmental Needs:

Health, e.g.

- Concerns re diet, hygiene, clothing (neglect)
- Has some chronic health problems
- Missing routine and non-routine health appointments
- Overweight/underweight (eating disorders)/enuresis/soiling
- Smokes, substance misuse
- Developmental milestones are unlikely to be met
- Some concerns around mental health
- Early teenage pregnancy
- Young/Teenage parent experiencing difficulties
- Child of Young/Teenage parent experiencing difficulties
- Known to self-harm
- Parent may not be able to meet child's basic needs due to struggling to cope with partner's imprisonment

Education, e.g.

- Identified learning needs and may have a Statement of Special Educational Needs
- Not achieving key stage benchmarks
- Poor school attendance and punctuality (i.e. below 85% attendance)
- Some fixed term exclusions
- No interests/skills displayed
- NEET (16/18 Not in Employment/Education/Training)

Emotional and Behavioural Development, e.g.

- Finds it difficult to cope with anger, frustration and upset
- Disruptive/challenging behaviour at school or in neighbourhood and at home (anti-social and/or criminal behaviour)
- Cannot manage change – changes to family unit following imprisonment of parent/family member
- Unable to demonstrate empathy
- Inappropriate sexual behaviour / relationships
- Parent/family members imprisonment not explained to child
- Alcohol use in relation to age and effect on life chances: e.g. under 14 unsupervised drinking, binge drinking (more than 6 alcoholic units over a short period of time, such as an evening)
- Use of cannabis more than twice in last month, especially use of 'skunk' cannabis.
- Any lifetime use of cocaine, crack cocaine, heroin / injecting drug use.
- Regretted sexual episode as a result of intoxication.
- Drug/alcohol related incident at school (e.g. caught in possession of cannabis, drunk)
- Poor attendance at school / training placement / employment due to drug or alcohol use.
- Received a warning from the Police re alcohol use / possession of 'personal' amount of drugs.
- Has attended Accident and Emergency dept. due to intoxication.
- Disclosure of self-medication to deal with mental health problems.

Identity, e.g.

- Is subject to discrimination, e.g. racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations

Family and Social Relationships, e.g.

- Has lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/siblings
- Regularly needed to care for another family member (young carer)
- No contact with imprisoned family member

Social Presentation, e.g.

- Is provocative in behaviour/appearance
- Clothing is regularly unwashed
- Hygiene problems

Self-care Skills, e.g.

- Poor self-care for age, including hygiene
- Precociously able to care for self

2 Parenting Capacity:

Basic Care

- Difficult to engage parents with services – may not want to disclose to services that reason for struggling is a knock on effect of parent/family members offending behaviour/imprisonment
- Parent is struggling to provide adequate care (neglect)
- Previously looked after by Local Authority
- Professionals have serious concerns

Ensuring Safety

- Perceived to be a problem by parents
- May be subject to neglect
- Experiencing unsafe situations

Emotional Warmth

- Receives erratic or inconsistent care
- Has episodes of poor quality of care
- Parental instability affects capacity to nurture
- Has no other positive relationships

Stimulation

- Not receiving positive stimulation, with lack of new experiences or activities (lack of constructive leisure/play activities)

Guidance and Boundaries

- Erratic or inadequate guidance provided
- Parent does not offer a good role model, e.g. by behaving in an anti-social way

Stability

- Has multiple carers/been 'looked after' by Local Authority

3 Family and Environmental Factors:

Family History and Functioning

- Incidents of domestic violence (current or historic)
- Acrimonious divorce/separation
- Breakdown of family unit due to parent/family members imprisonment or offending behaviour
- Family have serious physical and mental health difficulties and/or drug/alcohol related use.
- Fluid household

Wider Family

- Family has poor relationship with extended family / little communication / is socially isolated

Housing

- Poor state of repair, temporary or overcrowded
- Temporary accommodation
- Asylum seeking/refugee/newly arrived/transient families

Employment

- Parents stressed due to unemployment / "overworking"
- Parents lack skills to obtain employment.

Income

- Serious debts/poverty impact on ability to meet needs

Family's Social Integration

- Parents socially excluded
- Lack of a support network

Community Resources

- Poor quality universal resources and access problems to these and targeted services



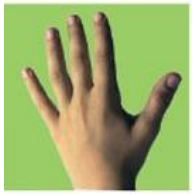







<u>LEVEL 4</u> These are children and young people whose needs are complex and enduring and cross many domains.

1 Child's Developmental Needs*:*	
Health, e.g. • Has severe/chronic health problems • Persistent substance misuse/smoking • Developmental milestones unlikely to be met • Early teenage pregnancy • Serious mental health issues / alcohol / drug dependency • Concern about Female genital mutilation **Education, e.g.** • Is out of school • Permanently excluded from school or at risk of permanent exclusion • Has no access to leisure activities • NEET (16/18 Not in Employment / Education / Training) **Emotional and Behavioural Development, e.g.** • Regularly involved in anti-social/criminal activities – witnessing the arrest of family member • Puts self or others in danger, e.g. missing • Suffers from periods of depression • Self-harming or suicide attempts • Inappropriate sexual behaviour / relationships –prostitution	**Identity, e.g.** • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability • Is socially isolated and lacks appropriate role models **Family and Social Relationships, e.g.** • Periods of being accommodated by the Local Authority • Family breakdown related in some way to child's behavioural difficulties • Subject to physical, emotional or sexual abuse or neglect • Is main carer for family member • Concern about forced marriage **Social Presentation, e.g.** • Poor and inappropriate self-presentation **Self-care Skills, e.g.** • Neglects to use self-care skills due to alternative priorities, e.g. substance misuse
2 Parenting Capacity:	**3 Family and Environmental Factors:**
Basic Care • Parents unable to provide "good enough" parenting that is adequate and safe • Parents' mental health problems or substance misuse significantly affect care of child • Parents unable to care for previous children **Ensuring Safety** • There is instability and violence in the home continually • Parents involved in crime or in prison • Parents unable to keep child safe • Parents have drug / alcohol dependency • Victim of crime • Trafficked Child / Child Sexual Exploitation **Emotional Warmth** • Parents inconsistent, highly critical or apathetic towards child **Stimulation** • No constructive leisure time or guided pay **Guidance and Boundaries** • No effective boundaries set by parents • Regularly behaves in an anti-social way in the neighbourhood **Stability** • Beyond Parental control • Has no-one to care for him/her	**Family History and Functioning** • Significant parental control discord and persistent domestic violence • Poor relationships between siblings • Family has serious / chronic mental health issues **Wider Family** • No effective support from extended family • Destructive / unhelpful involvement from extended family **Housing** • Physical accommodation places child in danger • Transient • Temporary accommodation **Employment** • Chronic unemployment that has severely affected parents' own identities • Family unable to gain employment due to significant lack of basic skills or long-term difficulties, e.g. substance misuse **Income** • Extreme poverty / debt impacting on ability to care for child **Family's Social Integration** • Family chronically socially excluded • No supportive network **Community Resources** • Poor quality services with long-term difficulties with accessing target populations





Guide to Referral and Assessment Service (RAS) and Children's Disability Service

Intervention	Descriptor/ Thresholds	Practice standards
Contact /enquiry	Signposting / giving information / advice. If a CAF is recommended by the social worker and the referrer agrees to undertake the assessment and begin the CAF process, this should be logged by the social worker with the CAF lead within RAS, who will liaise with the CAF co-ordinators to check the progress after 4 weeks to ensure a CAF is being completed. If however the referrer has difficulties initiating a CAF then the social worker will pass the referrer directly to the CAF lead within RAS who will offer support directly or in conjunction with the CAF co-ordinators and MDTs to ensure a CAF is completed.	• All electronic systems are checked for previous involvement including previous contacts and referrals. • Checks undertaken on name, DoB and address including adults known to the family. • Clear and concise record on ICS by end of day • All recommended CAFs entered on the to the CAF data base within RAS
Referral	**When there is a request for service and the level of need is clearly LEVEL 3 or above.** **Anonymous callers / notifications relating to the safety of a child (ren) must be taken as a referral.** Where three or more contacts have been received within a 12-month period that relate to similar issues or there is a concerning pattern emerging. Any request for an activity / intervention on behalf of another authority e.g. child subject to plans, and a request for a supportive visit. **When a professional suspect a child is at risk of significant harm either because disclosures or allegations have been made or a professional suspects it from the presenting evidence.** **When a professional suspects a person poses a risk to children, including when someone has criminal convictions which suggest a risk to children or he/she poses a risk to a child of Female Genital Mutilation, honour-based violence or forced marriage.** **Physical abuse** - when a parent or carer deliberately injures or induces illness in a child by hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating or otherwise causing physical harm.	• All referrals from professionals confirmed in writing, with evidence of clear reminders if outstanding. • All electronic and written records are checked and analysed for patterns and history of previous concerns. • Accurate demographic details checks undertaken on name, DoB and address including adults known to the family. • Outcome /clear recommendations endorsed by Team Manager within 24 hours • Recorded on ICS. • Feedback given to referrer. • All written referrals and associated correspondence is stamped with correct date.








	Emotional abuse – when a child is persistently maltreated as to cause severe and persistent adverse effects to their emotional development. When you think a child is traumatised, injured or neglected as a result of domestic violence or persistent serious verbal threats. **Sexual abuse** – forcing or enticing a child to take part in sexual activities including both contact and non-contact (pornographic, voyeuristic) abuse. When a girl under 13 is pregnant. **Neglect** – the persistent failure to meet a child's basic physical and psychological needs which could cause significant harm to their health & development. **When a child is abandoned, home alone, lost or no one has parental responsibility - Level 3/4.** This includes children left at home who are well below the age of competence and children whose parents are incapacitated through physical or mental ill health from caring for them. **When a child or young person is at risk of imminently becoming 'Looked After' or has become 'Looked After' in an emergency - Level 3/4.** **Children living in families where parenting is seriously compromised - Level 3/4.** Children whose parents are experiencing a crisis or domestic violence dispute and are temporarily incapable of caring for them. When the parents' drug and alcohol misuse, learning difficulties, physical and /or mental health are preventing them from caring for their children. **Children living in families with no recourse to public funds (NRPF's)** **When a child has a disability, serious or terminal illness - Level 3/4.** **When a child or young person has been in hospital for three months or more.** **When a professional think a child / children might be privately fostered - Level 3.** Children who are looked after by someone other than a parent, step-parent, grandparent, aunt, uncle or sibling.	








	When a child has been assessed via the CAF process to have more complex needs requiring a Social Care service at Level 3/4 (see level of need descriptors). This includes: • Children who experience a pattern of dysfunctional family relationships, erratic or inconsistent parenting and episodes of poor quality care • Children whose parents have mental or physical ill health, substance misuse, domestic violence, or learning difficulties which impacts adversely on their health or development • Children whose behaviour is indicating a severe psychological disorder, behavioural problem, or substance misuse • Children whose injuries trigger concern, including a series of apparently accidental injuries or a minor non-accidental injury • Persistent failure to engage with CAF at LEVEL 3 (resistant families) • Carers are unable to respond to the child's basic needs/additional needs arising from complex health condition or disability **If at referral stage the outcome is that a CAF is appropriate then the CAF lead in RAS / or a representative from CDT and the CAF coordinator will ensure the CAF is completed and family support is provided by the MDT / CDT**	
Initial Assessment	**An Initial Assessment is defined as a brief assessment of each child referred to Social Care with a request for services to be provided**. Any combination of Level 4 and in some circumstances a combination of indicators at Level 3, where there is no multi-agency involvement by CAF may require an Initial Assessment. In these circumstances, consultation with the CAF Lead within RAS / a representative from CDT and/or CAF Coordinators will be necessary to explore whether a CAF is appropriate or an Initial Assessment. If a CAF has been completed recently, this should be incorporated into the Initial Assessment and the information built on to give an updated assessment.	• Clear management oversight CF15 • All electronic and written records are checked and analysed for patterns and history of previous concerns. • Home visit • Consents to share information (user feedback and information about complaints process given) • Both parents/carers spoken to (including the non resident parent where appropriate). • Child seen and spoken to alone. • Communication (in the case of a child with a disability appropriate communication methods are used)








	An Initial Assessment should always be undertaken in the following circumstances: • Allegation of physical assault with no visible or only minor injury (other than to a pre-or non mobile child) • Any incident / injury triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident) • Repeatedly expressed minor concerns from one or more sources • Level 3 Domestic Violence • Allegation concerning serious verbal threats to children • Allegations of emotional abuse including that caused by minor domestic violence • Allegations of periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek / attend treatment or appointments; age; young carers undertaking intimate personal care • Suspicions of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer) • No available parent, child in need of accommodation and no specific risk if this need is met An initial plan should be drawn up for completed Initial Assessments not leading to child protection but requiring some level of family support. Consideration should be given to transferring the lead professional role from social care to MDT or CAF arena if appropriate.	• Ethnicity is accurately established and relationships clarified • Interpreters used if necessary • Takes account of religious and cultural issues • Comprehensive agency checks will be undertaken with relevant professionals. • Initial Plan to provide services drawn up if required. • Feedback given to family and referrer. • Complete recording of Initial Assessment on ICS within 10 working days of the assessment being completed.
Strategy Discussion / Meeting	Wherever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a Strategy Discussion / Meeting involving Children's Social Care, the Police and other bodies as appropriate (e.g. Children's Centre / School and Health and in particular any referring agency). A Strategy Discussion / Meeting may take place following a referral or at any other time (e.g. if concerns about significant harm emerge in respect of a child receiving support under Section 17 of the Children Act 1989).	• All relevant agencies are involved in the meeting • If key agency unable to attend there should be communication with them prior to the meeting • The discussion/meeting is chaired or lead by a Team Manager or Senior Practitioner • Meeting considers the needs of each individual child








	The purpose of the Strategy Discussion / Meeting is to: • Share information available • Decide whether a Section 47 Enquiry / Core Assessment should be initiated (or continued if already commenced) and whether this is a single or joint agency enquiry • Plan the enquiry and allocate tasks • Decide if any immediate protection action is required, by whom and when • Assist in the coordination of the criminal investigation. Direct communication between more than 2 agencies is required for meaningful discussion • Consider how to review the plan • Consider how other agencies will contribute to the Core Assessment A Strategy Discussion by telephone will usually be adequate to plan a Section 47 enquiry, but face-to-face meetings are likely to be more effective in complex types of maltreatment such as neglect or fabricated illness. **Meetings must be held in the following circumstances:** • Allegations against staff, carers, volunteers or anyone professionally involved with the child • Allegation that a child has abused another child (see Inter-Agency procedures). Separate Strategy Meetings should be held for both children • Ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action • Concerns about the future risks to an unborn child • Allegations from a Looked After Child concerning a member of staff/ foster carer • Concerns about organised or institutional abuse • Concerns about fabricated or induced illness • Concerns about female genital mutilation • Concerns about children who are being trafficked • Concerns about forced marriages • Children subject to Power of Police Protection or an Emergency Protection Order. • Child under the age of 10 who is in breach of a child curfew order. • People who pose a risk to children (Schedule one offenders) • Hospital discharges where there are complex issues or serious injures	• Social workers are familiar with current family background and able to give a chronology of previous interventions • Minutes of the meeting are on ICS within 48 hours and clearly reflect **what** decisions / actions taken, **who** is responsible and within **what** time frame • Clear date for review • SoS used and on file • Clear timescales for reconvening meeting • Minutes are signed and circulated to relevant agencies within 5 working days • Contribution of other agencies to Core Assessment is specified • Process for feedback on single agency investigations is clear








	More than one Strategy Discussion / Meeting is likely to be required to ensure the plan is reviewed appropriately. For further details see Inter-Agency Child Protection Procedures.	
Core Assessments	**A Core Assessment is a fuller assessment of the child and families functioning and may highlight the need for further more targeted assessment such as parenting or attachment.** Threshold / Criteria for Core Assessment: • All children subject to Section 47 enquires **Level 4** • All children becoming LAC **Level 4** • All children subject of Strategy Meetings who live in families where there is chronic neglect and domestic violence and where current circumstances and the Strategy Meeting assesses that risks just fall short of the need for formal Child Protection Enquiry **LEVEL 3** • Children with complex needs arising from disability • Children with complex needs, which are identified as part of an Initial Assessment and are deemed to need a Core Assessment by the team manager.	• Core Assessment is planned • Focus on concerns identified by Strategy Meeting / Initial Assessments • Builds on Initial Assessments • Reflects views of child and family • Reflects views of key agencies • Other agencies contribute to Core Assessment • Clear analysis / use of SoS • Identify need for more targeted assessments e.g. Parent Capacity, Mental Health, Drug and Alcohol Misuse etc • Incorporated findings from the home inventory tool • Interpreter is used if necessary • Cultural and religious issues are incorporated into the assessment • Informs future interventions / Child in Need Plan
Section 47 Enquiry	**Section 47 Enquiry will almost certainly be indicated where the following apply:** • A clear allegation of sexual abuse • Any injury, however minor, to a non mobile baby or child • Alleged or suspected serious physical injury • There is a repeat of non-accidental injury	• All background records should be checked across agencies • Accurate information (spelling, addresses, dob) to enable checks • Clarity about concerns / risks leading to Section 47 enquiry








	• Suspicion of factitious illness by proxy, whether the presentation is medical, psychological or educational • Neglect is serious, and standards of living for adults are markedly better than for the child (or the level of neglect has a direct impact on the health of a child with a disability) • Repeat of neglect after Family Support Services have been given previously. • Injury/treatment is sadistic/brutal (i.e. pain/distress caused deliberately and giving the adult satisfaction). • Where children are the subject of parental delusions or are targets for parental aggression, rejection or neglect for pathological reasons • There is no consistent explanation/no admission of what is clearly abuse • Domestic Violence where the child has been injured, even if inadvertently • There is reasonable cause to suspect that a child is suffering or likely to suffer Significant Harm in the form of Physical Abuse, Sexual Abuse, Emotional Abuse or Neglect • Following an Emergency Protection Order or Police Protection Powers • A child breaches curfew criteria in which case the response must be initiated within 48 hours of receipt of the information *[Section 47 (1)(a)(iii) Children Act 1989 inserted by s.15(4) Crime and Disorder Act 1998]* • A child at risk of sexual exploitation or trafficking • No available parent and child vulnerable to significant harm (abandoned baby) • Pregnancy in a child under aged 13 years • Forced marriages • Female gentile multilation A Section 47 Enquiry should be undertaken when a person who poses a risk to children has contact with a family or is known to be a part of a household with children. When children or young people present with injuries for which there is no explanation and when a medical opinion is unclear regarding whether an injury is accidental or non accidental. Social Care interventions will treat the presenting concerns as would be a case of a child / young person with a non accidental injury.	• Full agency checks undertaken (including Adult Services and Probation) where appropriate • Cross border checking/ international social services • Clear engagement of parents/ significant family members / carers • Interpreter and/or Advocate used if necessary • Each child spoken to • Needs / risks for each child considered • Takes account of religious and cultural issues • Completed within 15 working days • Parental consent obtained for all medicals • Home Visit – physical environment checked / bedroom of children including extended family/carers circumstances • Social worker to brief CMO before medical examination • Social Worker, Police and CMO review outcome of medical following verbal/written reports and conclusions clearly recorded • Consultation with managers at key stages • Ongoing dialogue with parents/carers • Clear accurate recording • Feedback to referrer/ parents • Risks analysed and safety plans in place








Initial Child Protection Conferences	**An Initial Child Protection Conference (ICPC) will always take place:** Where the **outcome** of Section 47 Enquiries is that concerns are substantiated **and it is judged** that the child may continue to suffer or be at risk of suffering significant harm. A child lives in, or is born to, a household in which resides another child currently subject to Child Protection Plan. Where a child who has a Child Protection Plan made by another local authority moves permanently into Coventry.	• ICPC held within 15 working days • Report available 1 working day before ICPC (Report available 5 working days before Review Child Protection Conferences) • Contingency if CP ends • Views of the child central • Holistic focus • Report should identify risks and strengths SoS • Consider involvement of Legal • Interpreter used /documents translated if necessary • Reports shared with parents 24hours before ICPC • Minimum attendance for ICPC: Social Worker and Team Manager or Senior Practitioner plus two other professional groups and professional interpreter where English is not the parent's / carer's first language. • Attendance 30 minutes before ICPC starts.
	Prepare Parents Represent their views accurately. If required ensure the services of an appropriate interpreter/translator is made available. Who will look after any other children at the time of the conference? Decision-making powers of the conference. Implications of any decisions / recommendations made.	• Parents given leaflet and process fully explained including the purpose and who else has been invited. • Support / advocate invited to the meeting. • Interpreter briefed and prepared if used • Risks in conferences managed








	Child's Involvement Social worker must discuss with the child whether they also want an advocate or supporter to attend. If they consent to the services of an advocate, then a referral will be made to the Banardos Porject at the earliest opportunity so that an advocate can be appointed. Discuss with Independent Reviewing Officer to ensure that conference is managed to enable the child to participate in a way that does not create undue stress.	• Consideration given as to how child will participate • Contact Barnardo's to plan child's involvement /attendance at conference • Children 10 years plus should attend Child Protection Conference – consideration of how is this to be facilitated
Child Protection Report	**The report will be based on the findings from the Core Assessment and draw on knowledge about effective interventions**. Take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. Acknowledge and give reasons for any disagreements with family members about how to best safeguard and promote the welfare of the child.	• Up to date chronology • Holistic - not purely incident focused. • Reflected views of child or children and parents • Involve key agencies • Outcome focused on each child • Share with parents at least 24 hours before the conference • Clear analysis of risk / need / signs of safety • Takes account of religious and cultural issues • Makes clear recommendations – including safety planning • Date for review
Child Protection Plan	**The Child Protection Plan is a multi-agency plan where the social worker is the lead professional /keyworker.** **The outline plan is drawn up at the Initial Child Protection Conference and is then planned out in more detail at the first core group. The plan will be drawn up with parents and key agencies and will include outcome focused interventions to**	• Works to ensure child is safe • Promote child's holistic needs in relation to health and development • Support the parents to address parenting concerns

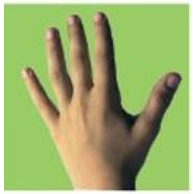







	manage / minimise risk to child.	• Involves relevant agencies & parents / extended family • Highlight parents needs and risks • Reflects cultural and religious needs of the family • Outcome focused • Outlines schedule of visits by key worker • Sets clear timescales • Identify who is responsible for key actions • Reviewed on a 3 monthly basis • Outlines contingencies • Shared with parents and signed
Core Groups	**Enable the pooling of skills and knowledge about a child and family and can be a vehicle for change in a family:** • Outline Child Protection Plan is developed into a more detailed Multi-Agency Plan • Stages at which progress will be reviewed against the specified objectives. • Refining the plan if any further significant incidents, changes in circumstances, and progress made. • Contingency plan to identify what actions should be taken if progress not made. • Considering if an urgent review conference or other immediate action is required to protect the child. • Collaboration – sharing responsibility and tasks (everyone has a part to play). • Acknowledge any progress made and what still needs to be done. • Involving the child and family (by being flexible and imaginative if necessary). • Valuing the contribution of all involved (ensuring everyone is heard) • Sharing information. • Maintain a positive agenda that builds on strengths and solutions rather than difficulties and problems. • Nature and frequency of contact by professionals with child(ren) and family.	• Social worker is the keyworker / lead professional. • 1st Core Group chaired by Team Manager. • Clarity of purpose **who? what** we are doing? **why? how?** (are the right people there?) • Clear and open communication by all involved (use plain language) • Child Protection Plan is written up and is clear and concise • Core group members are updated. • Interpreter /advocate involved if necessary • Child Protection Plan is signed by parents / agencies and distributed • Dates are set for future core groups **and not cancelled -** (10 working days and 6

		weekly thereafter) • Independent Reviewing Officer is kept informed of any delay or barriers and significant changes to the plan by keyworker • Core group plans actions and Child Protection Plan is used and reviewed as a working tool for the core group
Child in Need Plan	**Child in Need Plan is drawn up in respect of children where a core assessment has identified complex needs that fall short of formal child protection. It should be multi-agency, involve child and family and build on the strengths of the family.**	• Promote child's holistic needs in relation to health and development • Child focused • Support the parents to address parenting concerns • Involves relevant agencies and parents / extended family • Provides resources to address parents needs and manage/ minimise risks • Outcome focused • Sets clear timescales • Reflects cultural and religious needs of the family • Identify who is responsible for key actions • Reviewed on a 4 monthly basis • Shared with parents and signed





Families who can be supported by CAF and Children and Families First Service

When a child is vulnerable because they may not reach their full potential in emotional development, health, education and social development

This includes:

- Children with multiple siblings whose parents cannot meet their individual needs.
- Children cared for by multiple carers.
- Children permanently excluded from school or who have missed long periods of schooling.
- Children whose educational achievements are inhibited by their parents' dysfunction or lack of support.
- Children whose parents are dysfunctional or who have substance misuse problems and episodes of Domestic Violence.
- Children whose families' are at risk of breakdown or where the child's living situation is unstable.
- Children whose parents have problems in providing effective parenting, such as setting appropriate boundaries or providing adequate stimulation.
- When the health or development of a small baby or very young child is vulnerable because of the above.

Level 3

When a child's parents are socially isolated and have no family or social support

This includes:-

- Children whose parents have mental or physical ill health problems, substance misuse, Domestic Violence, or learning difficulties **which may in the future** impact adversely on their health or development.
- Children whose mothers' suffer post natal depression.
- Children and parents who may have experienced bereavement.

Level 3

Child is at risk of committing criminal offences or engaging in significant anti-social behaviour.

Level 3








When the child / family is experiencing harassment, victimisation, and racial abuse or discrimination which is adversely affecting the child's health and development. **Level 3**
When the family lives in very poor quality housing and the environment is harmful to a child's health or development and /or the family experience extreme poverty or deprivation. This includes overcrowding, temporary housing and homelessness. **Level 3**
When a child is at risk of becoming a young carer for a parent or another child to the detriment of their own childhood. **Level 3**

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