



Multi-agency guidance on Threshold Criteria to help support Children, Young People and their Families in Shropshire

Accessing the Right Service at the Right Time

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Introduction

[Working Together to Safeguard Children](#) was published in March 2015. It states

The Local Safeguarding Children's Board (LSCB) should publish a threshold document that includes:

- the process for the early help assessment and the type and level of early help services to be provided;
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
 - section 17 of the Children Act 1989 (children in need);
 - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);
 - section 31 (care orders); and
 - section 20 (duty to accommodate a child) of the Children Act 1989.
- clear procedures and processes for cases relating to the sexual exploitation of children and young people.

LSCBs with youth secure establishments in their area should ensure that thresholds and criteria for referral and assessment take account of the needs of young people in these establishments.

Shropshire's threshold framework 'Accessing the Right Service at the Right Time' is a guide for practitioners and managers who work with or are involved with children, young people and their families. It is a tool to help them ensure that the needs of all children, young people and families are being met, for those who may require low levels of support to those who are at risk of significant harm.

This framework is designed to support professional practice and is not a substitute for professional judgement. The threshold matrix contained within this document is to be used as guidance only, they should be used in conjunction with single and multi-agency safeguarding children procedures, best practice guidance and protocols for specific issues. They do not replace children's assessments but they can be used to aid the identification of strengths and protective factors for a child at an early stage, as well as any additional unmet needs or welfare concerns. The framework is designed to help everyone to:

- Focus on the lived experience of the child and hear their voice
- Understand the child and young person in the context of their family and the wider community
- Think clearly and achieve a holistic approach
- Develop relationship based practice
- Be non-discriminatory on the grounds of age, ethnicity, religious belief, faith, culture, class, sexual orientation gender or disability.

When thresholds are understood by all professionals and applied consistently this will ensure that the right help is given to the child at the right time.

A shared responsibility

All evidence suggests that early intervention and prevention is the most effective way of enabling children to reach their full potential and/or protecting children from harm. For this to work it requires everyone to have a shared responsibility for keeping children safe and to work together effectively. Everyone who works with children, young people and families has an important contribution to make to ensure they do the best they can for the children and families they work with.

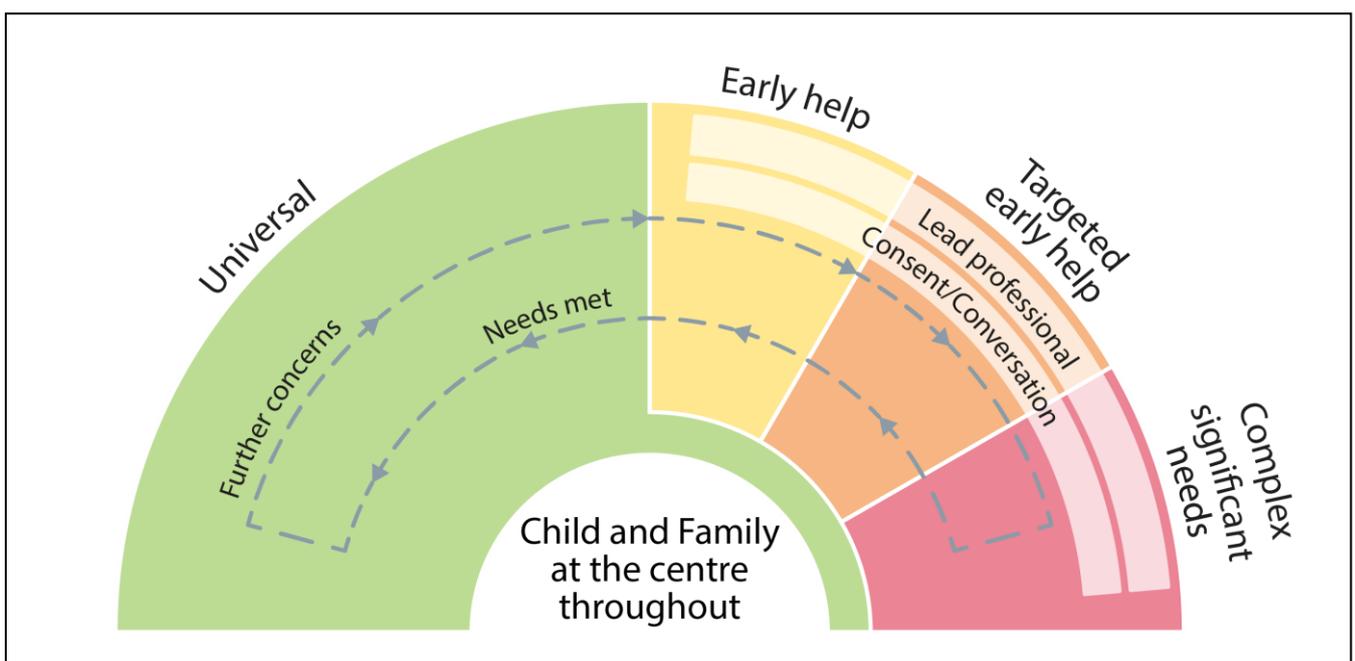
Everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers – has a responsibility for keeping them safe. No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

Working Together 2015

All practitioners working with, and on behalf of, children, young people and families need to take responsibility for ensuring everything possible is done to prevent the unnecessary escalation of issues or problems by delivering or seeking early intervention support to ensure the right response is given, by the right services, at the right time.

Working Together to Safeguard Children states that ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

Continuum of need



Levels of Need and Intervention

Shropshire Safeguarding Child's Board has identified four levels with the continuum of need and intervention. For some children and young people it is clear where they fall on the continuum; for other children and young people a practitioner may need to use the threshold matrix contained in this document to decide whether or not the child or young person has additional needs, and where they might fall on the continuum. This process is better informed through the completion of an early help assessment which will help clarify need. By gaining an understanding of the child's assessed needs it is possible to use the threshold matrix to help inform the level of need and the most appropriate response for the child and family. This enables the child and family to receive the right help at the right time.

For some families requiring additional help and support it is only by completing an early help assessment that practitioners can gain a clear understanding of the child or young person's level of need and consider what would be the appropriate service response.

The majority of children and families in Shropshire who require services will receive them through universal provision in their local community. Early Help in universal services will actively promote key health and development messages and maximise opportunities to nurture proactive, supportive and resilient communities working with families who are engaged. Using early help tools, information, training and evidenced based programmes a single agency may provide the support or early intervention required to prevent needs escalating. This is common in Shropshire as an infrastructure of early help has provided resources and development over a number of years.

Where the agencies involved are not able to meet needs or progress is not being made, further assessment work with consent and involvement of the family can bring together additional agencies to review needs and progress and find solutions with the family. The importance of engaging and understanding the whole family is key for early intervention and building resilience and implementing change.

If following an assessment, unmet needs have been identified which cannot be met by universal service or the partner identifying those needs, then a request for intervention to a targeted early help provider should be made for a specific piece of work.

If following an early help assessment, and after referring to the Threshold Matrix within this document, Complex/Significant Needs are identified, the early help assessment can support a referral to children's social care.

If the decision is to make a referral to children's social care, it is the expectation that this will be done through the [Multi-Agency Referral Form \(MARF\)](#) and making specific reference to the descriptors within the Threshold Matrix. For urgent child protection matters, a telephone referral should be followed by a completed MARF.

Professionals need to consider parental consent when making a referral to children's social care. For further guidance, please see the consent section of this document. If a professional is unsure of the process, it is possible to book an early help consultation by calling 0345 678 9021.

Access to services

Here in Shropshire we have a single place for professionals and the public seeking advice or assistance with a concern for the welfare or protection of a child or young person. Where parents/carers of a child with a disability does not necessarily have any deficits in parenting but due to high level of needs are struggling with the impact and requires support. This single place of contact is known as Compass.

The aims of Compass as detailed in our Operations Procedures are to:

- Co-locate safeguarding professionals who are able to contribute their expert skills and knowledge to share information, build up a holistic picture of the circumstances of a child and family and make good quality joint decisions.
- Make informed decisions in a timely way that provide the right intervention at the right time to protect and promote the child's welfare and ensuring early help is offered when appropriate.
- Provide early help through information and targeted services at the first point of contact where it is safe to do so enabling families and communities to find supportive and sustainable solutions to meet their needs.
- Promote a shared understanding and compliance with the SSCB thresholds for intervention.
- Act in a timely and coordinated way when children are identified in need of protection including emergency protection.
- Provide parents, referrers and all partners with written rational for decisions made.
- Deliver services against agreed standards and performance measures that will tell us if we are making a difference to the lives of children, young people and families.
- Having one clear entry point and simple pathways to access support reduces bureaucracy and ensures that responses are timely and efficient in obtaining an appropriate level of support for the child young person and their family.

Compass promotes the offer of early help to children and families in the first instance, where it is safe to do so, and also provides other professionals with support and guidance through consultation and advice.

Compass ensures a timely, appropriate response to all requests for support and ensures that expert advice is available at an early help level to all professionals and families. Pathways for sharing concerns/consulting with Compass as follows:

1 – First point of contact (FPOC) 0345 6789021

Telephone referrals to Children's Social Care, followed by sending a MARF

2 – First point of contact (FPOC) 0345 6789021

Telephone consultations with: Targeted Youth Support (TYS), Child and Adolescent Mental Health Service (CAMHS), Early Help Social Worker (EHSW) and Child Sexual Exploitation (CSE)/Missing lead

3 - Through secure email using the MARF initialcontact@shropshire.gcsx.gov.uk

4 – In person at Compass

5 - Information sharing through Compass to Domestic Abuse triage and panel meetings, Multi Agency Risk Assessment Conference (MARAC), Child Sexual Exploitation (CSE) and Multi-agency public protection arrangements (MAPPA)

Please see Compass visual on page 30.

Understanding Risk

Asking yourself these questions may help you to make the decision about any action you need to take: it may be advice given to the family, signposting, a single agency referral, a multi-agency referral, a child protection referral.

Before making a referral ask yourself:

- What is the lived experience of this child?
- What is getting in the way of this child's wellbeing?
- Do I have all the information I need to help this child?
- What can I do now to help this child?
- What can my agency do to help this child?
- What additional help, if any, may be needed from other agencies and why?

When considering a referral to another agency the following list may assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns?
- What evidence do you have to support your concerns? Please be specific.
- How/why have you concluded that a referral is necessary at this time?
- What is the context of your concern? Was there a specific trigger or event?
- What is the presenting need?
- How urgent is your referral?
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued input with the child or young person and their family be, if any?
- What do you want the receiving agency to do? Please be as specific as you can be.

Is the child at risk?

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Harm is defined as the ill treatment or impairment of health and development.

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

- the child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;
- the child or young person is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;
- the child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;
- the situation requires assessment of, and intervention in unpredictable emotional, psychological, intra-family or social factors and responses;
- the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required
- Careful analysis and interpretation of information will enable practitioners and families to:

- think about what is important and identify needs or difficulties;
- explain why these have come about;
- understand the impact of strengths and pressures on the child or young person;
- reach agreement about what needs to be improved;
- agree the priority issues, aims and goals in terms of improving the child's wellbeing;
- agree desired outcomes.

Consider:

- What is the lived experience of the child?
- When and how are the child's needs not being met?
- What are the effects on the child's current development and long term effects?
- What are the child's needs, wishes and feelings regarding intervention and likely outcomes?

Consent - A Partnership with Families

It is recognised that assessments and conversations are the best ways of identifying and responding to the needs of children and young people. They can consider the complexities of individual situations and highlight strengths. Key conversations could be with children and young people themselves, their parents or carers, or with practitioners also working with the family.

In order to ensure that children and young people are receiving the right service at the right time conversations need to be constructive. They must go beyond a discussion about concerns, to form part of a meaningful assessment and where appropriate, a plan to support the child, young person and their family.

All conversations, whatever the outcome, should be recorded appropriately in order to show that they took place, identify what was agreed and evaluate how effectively they enabled needs to be met. In this way quality conversations can demonstrate their impact on successful practice, including improvements in decision making and joint working. Conversations should continue in order to inform the on-going planning and reviewing.

When a child's needs change and they move between different support services, conversations must also take place to ensure this happens in a planned and safe way.

The use of the early help family assessment and Webstar is just a structured way of recording the conversation. If the family does not agree to undergo an early help assessment their wishes must be respected. If this is the case the practitioner should try to identify why the family might be reluctant to engage. Some families may have had a negative time of accessing services and it may take some time to build their trust.

Practitioners working with families at a Universal, Early Help or Targeted level will need to get the consent of the family before any information is held or shared with other agencies. If the practitioner does not gain the family's consent and in future has ongoing concerns, they should consider contacting Compass for advice and guidance.

With the exception of child protection matters, referrals to Compass cannot be accepted without parents having been consulted first.

Consent is not required for child protection referrals where it is suspected that a child may be suffering or be at risk of suffering significant harm; however, the referring practitioner, would need to inform parents or carers that you are making a referral, unless to do so may:

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

The child's interest must be the overriding consideration in making such decisions. Decisions should be recorded.

If consent is withheld by the parent:

- If it is felt that the child's needs can be met through Early Help, then discussion with the family should take place about the completion of an Early Help Assessment and provision of services through an Early Help Plan. Early help consultations are available from the Early Help Advisors for support in managing these situations.

- For another agency familiar with the child and family to make the approach about information sharing to the family.
- No assessment should take place. The rationale for this decision will be recorded on the concerns form.
- The combination of the concerns and the refusal to consent to enquiries being made may result in the concerns being defined as child protection concerns. In this case, information sharing may proceed without parental consent. The consultation and the decision to proceed without consent must be recorded on the case papers;

When consent is withheld for consultation or referral the agency holding the concern should make a decision about the level of risk to the welfare of the child in not making the referral.

If the child or young person gives consent and the parents do not, a practitioner should consider whether the child or young person is of an age and understanding where their consent can override their parent's lack of consent.

Practitioners need to be open and honest with families from the outset as to why, what, how and with whom their personal information will be shared. Information will be treated as confidential and will not be shared without the parent, or young person's agreement unless it is required by law or it is considered a child, young person or adult is at risk of harm to themselves or others.

Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for their private and family life, their home and their correspondence. This article applies to children who are classified as in need of support under Section 17 Children Act 1989. The consent of parents and young people of sufficient age and understanding is therefore required when making a referral to Children's Social Care, for agencies to share information and to undertake an assessment and hold a Child in Need meeting.

What makes a good referral?

A parent you can make a self-referral to Compass for advice and/or support, if you are not already working with a professional who can help and you do this through calling the First Point of Contact (FPOC) on 0345 678 9021.

For practitioners, when referring a child to children's social care you should consider and include any information you have on the child's developmental needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment.

Child & family details

This includes:

- Name/ address and especially contact numbers for all family members
- Date of birth for all family members
- Details of any other household members or regular overnight visitors if known

Referrer contact details

It is important that referrers can be contacted. If you are making a referral be sure to include your:

- Name
- Address
- Job Title & Agency/Department (if you are a professional)

- Phone number/ fax
- Email (if secure)
- Availability (especially if working part-time)

Reason for referral

This includes:

- Telling Children's Social Care about your involvement with this child / young person / family
- Explaining why you are referring to children's social care
- Being clear about why you think the child is actually or potentially at risk
- Telling Children's Social Care what you have already done to address your concerns (this should include whether a Whole Family Assessment and Webstar has been completed and if this is the case the name of the lead practitioner)
- Helping Children's Social Care understand this child / young person / family, from your perspective, and briefly giving us your overall analysis.

Health practitioners working with the family

This includes:

- GP / clinic address / phone number
- Midwife / health visitor / school nurse including clinic address / phone number
- Any other relevant practitioners known to you, such as hospital consultants / physiotherapists / SALT / occupational therapists / psychologists.

Education specialists working with the family

Details to include name / address / telephone number of:

- School for each child
- Nursery / Children's Centre / Playgroup for each child
- Educational psychologist if appropriate
- Education welfare officer if appropriate
- Please state if the child or young person has any additional needs and / or statement of SEN.

Other relevant practitioners / organisations / voluntary sector groups working with the family?

- Please include details of the name / address / number of these organisations and any identifiable key worker
- Do you have information about any involvement from the police or youth justice system? This could be for any family member including the child or young person. If you do, include this.

Involvement from the police or youth justice system?

- This could be for any family member including the child or young person

Assessment

In Shropshire there are a range of tools to assist practitioners in assessing and evidencing unmet needs and identifying how this will be done. These tools include:-

- [My Life supporting tools](#)
- [Neglect Strategy](#)
- [Self Harm Toolkit](#)
- [Suicide Prevention Toolkit](#)
- [Child Sexual Exploitation Guidance/Pathway Toolkit](#)
- [Substance Misuse Toolkit](#)
- [CAADA Dash \(Domestic Abuse\)](#)
- [The Autism Spectrum Gathering Tool](#)
- [Sexually Active Under 18s Protocol](#)
- [Whole Family Webstar and Assessment](#)
- [16/17 Year Old Homelessness Pathway](#)
- [Pre-birth Assessment Policy and Guidance](#)
- [Graded Care Profile 2 \(Training\)](#)
- [How to Request an Education, Health and Care Plan \(EHCP\)](#)

There are also tailored support pathways, including:-

- Child Sexual Exploitation
- Self Harm
- Teenage Pregnancy and Teenage Parents
- Pre-birth Policy and Assessment
- Missing and Homelessness
- Suicide Prevention
- Neglect
- [Step Down Guidance](#)

These tools and pathways should be used consistently to avoid confusion and ensure a smooth effective 'journey' for the child or young person requiring support and their family.

The tools we have in Shropshire ensure that children, young people and their families participate in the decisions that affect their lives. They are a key source of information to understanding the issues they and their families have and it is vital that their voice should be heard throughout an assessment. The wishes and feelings of children and young people need to be taken into account when considering what services to provide and what actions to take.

Assessment will be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child.

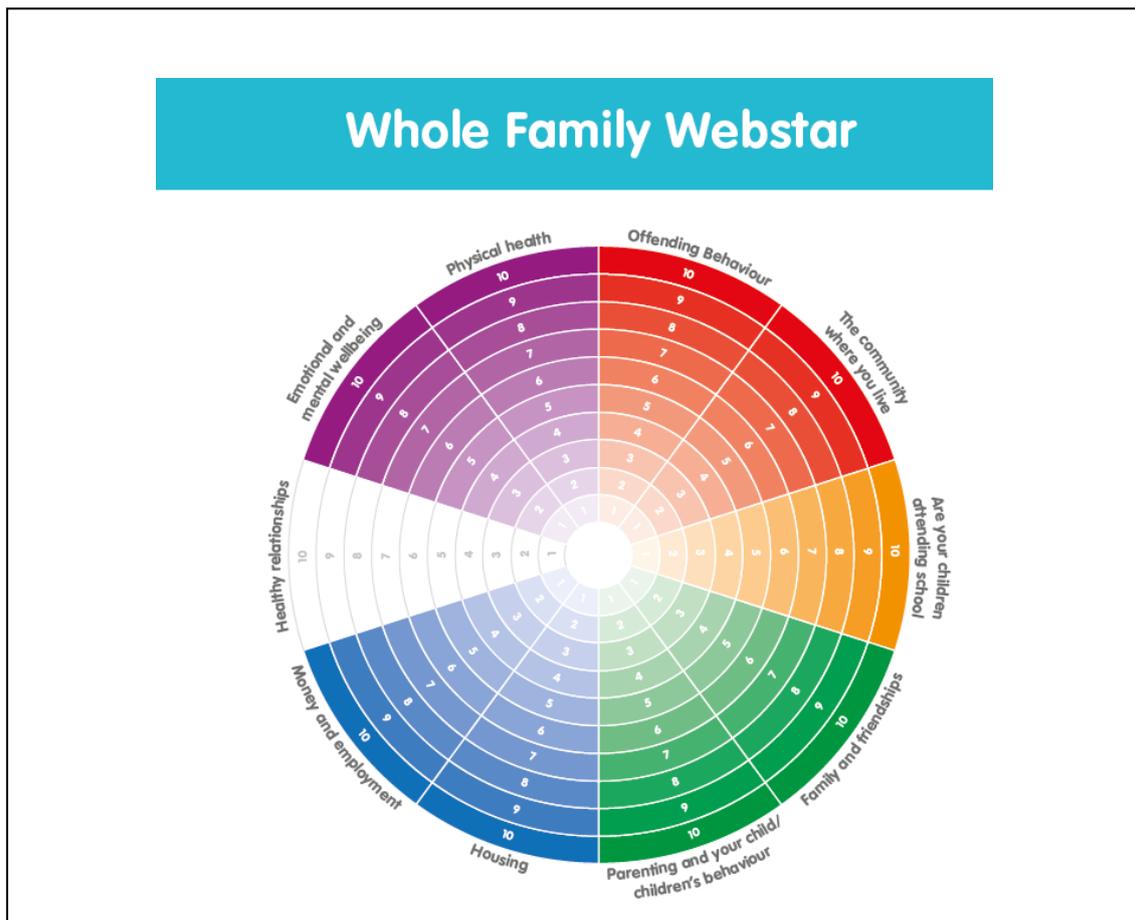
Whole Family Webstar Assessment

The Family Webstar can be used as a starting point for a discussion with family members where there are early help needs emerging. This should be completed online through [ECINS](#), an online case recording system.

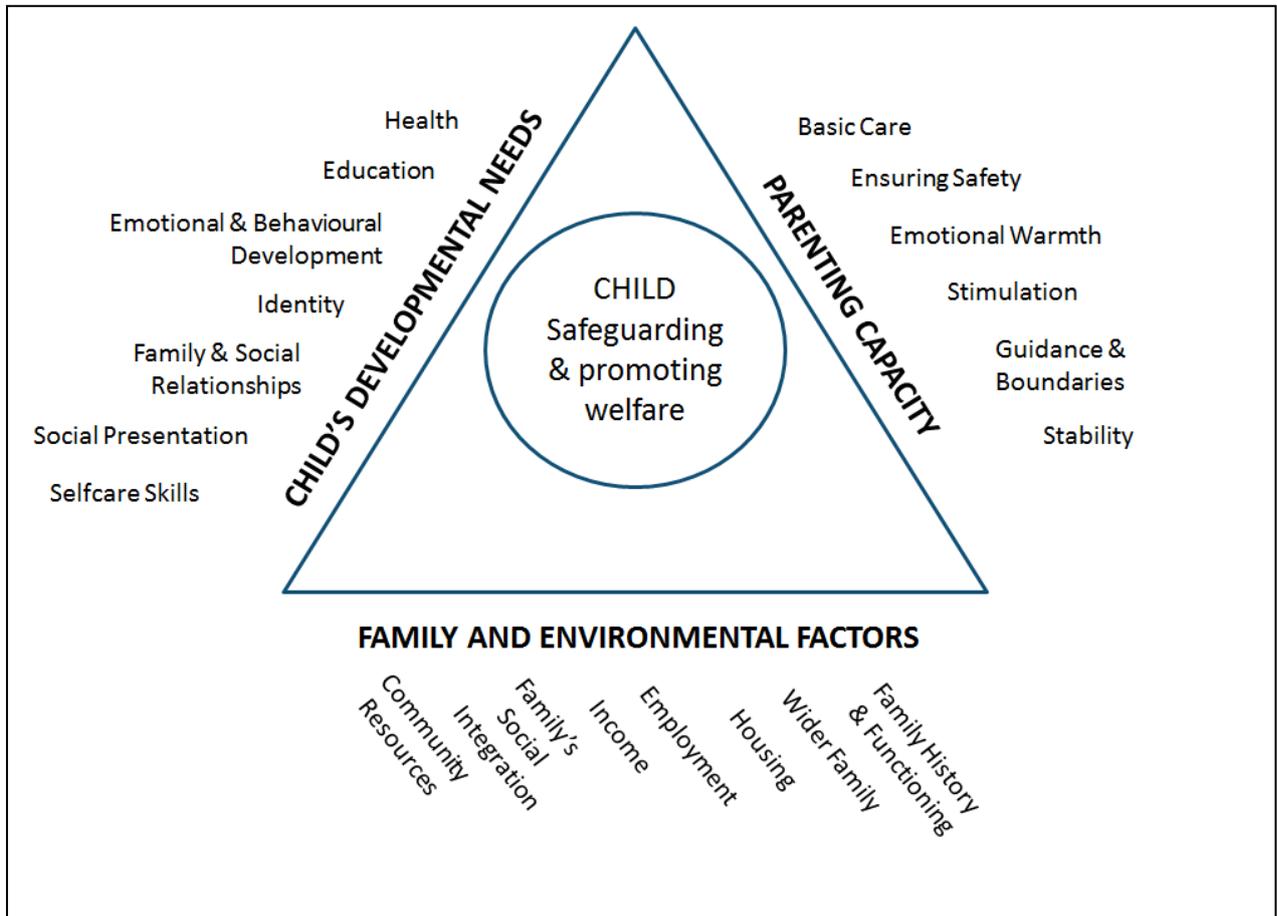
A whole family assessment does not need to be completed by one person; multiple practitioners can contribute to the Family Webstar. The areas for discussion within the Family Webstar align with the criteria from the Troubled Families programme and include:

- Offending behaviour
- The community where you live
- Are your children attending school regularly?
- Family and friendships
- Parenting and your child/children's behaviour
- Housing
- Money and employment
- Healthy relationships
- Emotional and mental wellbeing
- Physical health

The Family Webstar diagram is also supported by structured questions which enable contextual information to be gathered, combining these as part of a fuller assessment of the whole family.



The Framework for the assessment of Children in Need and their Families – taken from [Working Together](#)



The Framework for the Assessment of Children in Need and their Families (Assessment Triangle) is a tool used by social workers to assist in the completion of an assessment of three main areas of a child's life: -

- child's developmental needs
- parenting capacity
- family and environmental factors.

Each of these factors are used on the threshold matrix below. Assessments should take into account all three factors and how these impact on the child's lived experience. The framework offers a systematic way of collecting and analysing information to support professional judgement about how to help children and families in the best interests of the child.

Threshold Matrix

Universal	Early Help	Targeted Early Help	Complex/Significant Needs
<p>Children with no additional needs and where there are no concerns. Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p>	<p>These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These children will be living in greater adversity than most other children or have a greater degree of vulnerability than most if their needs are not clear, not known or not being met a lead professional will coordinate a whole family assessment and plan around the child.</p>	<p>This level applies to those children identified as requiring targeted support. It is likely that for these children their needs and care are compromised. Only a small fraction of children will fall within this band. These children will be those who are vulnerable or experiencing the greatest level of adversity. Children with additional needs: These children are potentially at risk of developing acute/ complex needs if they do not receive early targeted intervention.</p>	<p>These are children whose needs and care at the present time are likely to be significantly compromised thereby requiring assessment under Section 47 or Section 17 of the Children Act 1989. These children may become subject to a child protection plan and need to be accommodated (taken into care) by Children’s Social Care either on a voluntary basis or by way of Court Order. Section 17-1989 Children Act states a child shall be taken to be in need if: (a) 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 for him of services by a local authority under this Part; (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) He is disabled.</p>

Parents or Carers Capacity	Parents or Carers Capacity	Parents or Carers Capacity	Parents or Carers Capacity
<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents/carers provide for child's physical needs: food, drink, appropriate clothing, medical and dental care. • Parents/carers protect from danger or significant harm, in the home and elsewhere 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. • The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. (See wider family and environmental factors) • Poor engagement with universal services likely to impact on child's health or development. • Parents/carers have had additional support to care for previous child/young person. • Parent requires advice on parenting issues. • Professionals are beginning to have some concerns around child's physical needs being met. 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parent/Carer is able to meet child's needs with support but is not providing adequate care. • Concern that an unborn child (of at least 12 weeks gestation) may be risk of harm. Link to Pre-Birth Assessment • The following factors relating to parents or carers may have an impact on their capacity to parent, and the health or development of the child unless appropriate support provided: health; mental health; learning difficulties; disability; and substance misuse. (See wider family and environmental factors) • Child has indirect contact with individuals who pose a risk of physical or sexual harm to children. • History of previous child protection concerns. • Elements of neglect are present where food, warmth and other basics not available that with support would improve Link to Graded Care Profile Training 	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> • Parents/carers are unable to care for the child. • Parents/carers have or may have abused/neglected the child/young person. • Pre-birth assessment indicates unborn child is at risk of significant harm. Link to Pre-Birth Assessment • Chronic or acute neglect where food, warmth and other basics often not available. Link to the neglect strategy • Parents' own needs mean they cannot keep child/young person safe. Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. The following factors relating to parents or carers present a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties, health/disability (see wider family and environmental factors) • Parent unable to restrict access to home by adults known to be a risk to children and other adults.

	<ul style="list-style-type: none"> • Some exposure to dangerous situations in home/community where risk is accepted by parent and managed. 	<ul style="list-style-type: none"> • Child's personal care needs are not being met which is having a significant impact on the child • Parents/carers using inappropriate care givers to meet the child's specific needs • Child experiencing unsafe situations where they may be vulnerable to exploitation. Link to Child Sexual Exploitation Guidance • Parents/carers are late or miss appointments, not engaged or do not attend appointments • Parents/carers are using toileting strategies that are not appropriate to the child's abilities and which fail to protect their dignity. 	<ul style="list-style-type: none"> • Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child. • Child's personal care needs are persistently not being met which is having a significant impact on the child • Parents/carers persistently use inappropriate care givers to meet the child's specific needs • The parents/carers persistently do not comply with feeding regimes/plans which could harm the child. • Parents/carers are not complying with the prescribed medication plan which could harm the child • The equipment used by a child with additional needs is not appropriate and is not prescribed. • Parents/carers are habitually late or miss appointments, not engaged or do not attend appointments • Parents/carers are consistently using toileting strategies that are not appropriate to the child's abilities and which fail to protect their dignity.
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			<ul style="list-style-type: none"> • A child with additional needs is not permitted independence and this dependency and reliance on others is not necessary but enforced. • Low warmth, high criticism is an enduring feature of the parenting style. • Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. • The following parental factors present a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability. • Previous child/young person(s) have been removed from parent's care. • There is an instability and violence in the home continually. • Medium to high risk concerns about child sexual exploitation Link to Child Sexual Exploitation Guidance
Emotional Warmth and Stability <ul style="list-style-type: none"> • Parents/carers show warm regard, praise and encouragement. 	Emotional Warmth and Stability <ul style="list-style-type: none"> • Difficulties with attachment. • Inconsistent responses to child by parents e.g. discipline and praise. 	Emotional Warmth and Stability <ul style="list-style-type: none"> • Parent is emotionally unavailable • Succession/multiple carers but no significant relationships with any of them or others 	Emotional Warmth and Stability <ul style="list-style-type: none"> • Deliberate cruelty or emotional ill treatment of a child resulting in significant harm.

<ul style="list-style-type: none"> • Parents/carers ensure that secure attachments are not disrupted. • Parents/carers provide consistency of emotional warmth over time. 	<ul style="list-style-type: none"> • Lack of response to concerns raised about child's welfare. • Able to develop positive relationships with others (not the child). 	<ul style="list-style-type: none"> • Inappropriate childcare arrangements • Receives erratic/inconsistent care/parenting • Parental instability affects capacity to nurture. • Parents/carers are not safeguarding the non-disabled siblings who are being injured by the disabled child. 	<ul style="list-style-type: none"> • Parents/carers are persistently not safeguarding the non-disabled siblings who are being injured by the disabled child. • Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. • Previous child/young person(s) have been removed from parent's care. • Beyond parental-control. • Has no-one to care for him/her.
<p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Parents/carers provide guidance so that child can develop an appropriate internal model of values and conscience. • Parents/carers facilitate cognitive development through interaction and play. • Parents/carers enable child to experience success 	<p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Inconsistent parenting in respect to routine and boundary setting for child's stage of development and maturity • Parent has age inappropriate expectations that child or young person should be self-reliant • Lack of response to concerns raised about child 	<p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Child/young person receives little positive stimulation – lack of new experiences or activities • Parents/carers provide inconsistent boundaries or present a negative role model • Erratic/inadequate guidance provided. • Concealed/Concerning use of internet including web-cam and social media with may place the 	<p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> • Lack of appropriate supervision resulting in significant harm to child • Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child. • No constructive leisure time or guided play • Concealed/Concerning use of internet including web-cam and social media with may place the

	<ul style="list-style-type: none"> • Child not exposed to new experiences and spends much time alone • Can behave in an anti-social way 	child at risk and parents are responding positively.	<p>child at risk and parents are not responsive. Link to Child Sexual Exploitation Guidance</p> <ul style="list-style-type: none"> • No effective boundaries set by parents (who) regularly behave in an anti-social way. • Child at risk of harm through inadequate supervision
Family and Environmental Factors	Family and Environmental Factors	Family and Environmental Factors	Family and Environmental Factors
<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated. Few significant changes in family composition. • Sense of larger family network and good friendships outside of the family unit. 	<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Parents/Carers have relationship difficulties which may affect the child. • Low level concerns about domestic abuse. • Parents/Carers request advice to manage their child's behaviour. • Child is a teenage parent. • Child is a young carer (may look after younger siblings). • Large family with multiple young children. • Experienced loss of significant adult. • Some support from family/friends. 	<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Domestic abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident. Link to Domestic Abuse risk form • An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident. • Risk of family relationship breakdown which may lead to a child becoming looked after outside of family network. • Acrimonious divorce/separation which is having an impact on a child. • Family has poor relationship with extended family/little communication. 	<p>Family and Social Relationships and Family Wellbeing</p> <ul style="list-style-type: none"> • Assessment identifies risk of physical, emotional, sexual abuse or neglect. • History of previous significant harm to children, including any concerns of previous child deaths. • Family characterised by conflict and serious, chronic relationship difficulties. • Child is privately fostered. • Unaccompanied asylum seeking children. • Child is a young carer requiring assessment of additional needs. • Child requires assessment for respite care service due to family circumstances and has no appropriate friend/relative/carer available to support.

		<ul style="list-style-type: none"> • Family is socially isolated • Parents own needs (including the following factors) relating to parents or carers may have an impact on their capacity to parent and present a risk of harm to the child, or needs not being met: Mental health issues; substance misuse; learning difficulties; health/disability. 	<ul style="list-style-type: none"> • Parents/carers are unable or unwilling to continue to care for the child. • Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child. • Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm. Link to Domestic Abuse risk form • Child or young person is at risk of or exposed to Honour Based Violence (HBV) • Child or young person is at risk of Forced Marriage (FM) • Child's carer referred to MARAC. • Members of the wider family are known to be, or suspected of being, a risk to children. • Child needs to be looked after outside of their immediate family or parents/carers due to abuse/neglect. • Significant parental discord and persistent domestic violence. • No effective support from extended family. • Destructive/unhelpful involvement from extended family
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			<ul style="list-style-type: none"> Parents own needs mean they cannot keep child/young person safe. Parents own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs. The following factors relating to parents or carers impacts on their capacity to parent and presents a risk of significant harm to the child: mental health issues; substance misuse; learning difficulties; health/disability.
<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Housing has basic amenities and appropriate facilities. Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful. Reasonable income over time, with resources used appropriately to meet individual needs. 	<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs. Wage earner has periods of no work/low income plus adverse additional factors which affect the child's development. Parents have limited formal education which is affecting ability to find employment. Family seeking asylum or refugees 	<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Increasing financial difficulties which are starting to impact on ability to have basic needs met. Family at risk of eviction having already received support from Housing services. Housing is in poor state of repair, temporary or overcrowded. Parents stressed due to "overworking" or unemployment/parents may find it difficult to obtain employment due to poor basic skills. 	<p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> Homeless child in need of accommodation including 16-17 year olds. 16/17 year old Homelessness Pathway Hygiene conditions within the home present a serious and immediate environmental/health risk to children. Physical accommodation places child in danger Extreme poverty/debt impacting on ability to care for Child.

<p>Social and Community Resources</p> <ul style="list-style-type: none"> • Family feels integrated into the community and have good social and friendship networks exist. • Access to regular and positive activities within universal services 	<p>Social and Community Resources</p> <ul style="list-style-type: none"> • Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community. • Family/child demonstrating low level anti-social behaviour towards others. • Limited access to contraceptive and sexually active health advice, information and services. • Parents/carers are socially excluded, have no access to local facilities and require support services. • Family may be new to the area. • Adequate universal resources but family may have access issues. 	<p>Social and Community Resources</p> <ul style="list-style-type: none"> • Significant levels of targeted hostility towards the child and their family and conflict/volatility within the neighbourhood. • Parents socially excluded and lack of support network 	<p>Social and Community Resources</p> <ul style="list-style-type: none"> • Child or family need immediate support and protection due to harassment/discrimination and have no local support.
<p>Child and Young Person's Developmental Needs</p>	<p>Child and Young Person's Developmental Needs</p>	<p>Child and Young Person's Developmental Needs</p>	<p>Child and Young Person's Developmental Needs</p>
<p>Learning/Education</p> <ul style="list-style-type: none"> • Acquired a range of skills/interests. • Experiences of success/achievement. • No concerns around cognitive development. • Access to books/toys, play. 	<p>Learning/Education</p> <ul style="list-style-type: none"> • Occasional truanting, punctuality issues, attendance below 95% for secondary pupils and below 96% for primary pupils. • Not always engaged in learning, e.g. poor concentration, low motivation and interest. 	<p>Learning/Education</p> <ul style="list-style-type: none"> • Permanently excluded from school or at risk of permanent exclusion. • Chronic non-attendance / truanting / authorised absences/fixed term exclusions/punctuality issues. 	<p>Learning/Education</p> <ul style="list-style-type: none"> • Child not in education, in conjunction with concerns for child's safety. • Removal of communication devices and not enabling the child to communicate.

<ul style="list-style-type: none"> • Good attendance at school (95% or above for secondary pupils and 96% or above for primary)/college/training. 	<ul style="list-style-type: none"> • The child's current rate of progress is inadequate despite receiving appropriate support and are not thought to be reaching educational potential. • Have some identified learning needs that place him/her on Special Educational Needs (SEN) Support. • Lack of adequate parent/carer support for child's learning e.g. appropriate stimulation (books/toys) and opportunities to learn. • Child/young person under undue parental pressure to achieve/aspire or parent/carer lacks aspirations for child/young person. • Few or no qualifications leading to NEET (not in education, employment or training). • Not educated at school (or at home by Parents/Carers). 	<ul style="list-style-type: none"> • Identified learning needs and may have Education, Health and Care Plan (EHCP). • Not achieving key stage benchmarks. 	
<p>Health</p> <ul style="list-style-type: none"> • Physically well/healthy, developmental checks/immunisations up to date and health appointments are kept. • Good state of mental health. 	<p>Health</p> <ul style="list-style-type: none"> • Slow in reaching developmental milestones. • Not attending routine appointments e.g. immunisations and developmental checks. 	<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. 	<p>Health</p> <ul style="list-style-type: none"> • Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health. • Child not accessing appropriate medical care which puts them at direct risk of significant harm.

<ul style="list-style-type: none"> • Developmental milestones appropriate and appropriate height and weight/growth. • Speech and language development met. • Adequate hygiene/clothing and nutritious diet. • Regular dental and optical care. • Sexual activity appropriate for age. 	<ul style="list-style-type: none"> • Missing set appointments across health including antenatal, hospital and GP appointments. • Is susceptible to minor health problems. • Minor concerns re growth and weight (above or below what would be expected). • Low level mental health or emotional issues. • Evidence of risk taking behaviour i.e. drug/alcohol use, unprotected sex. • Minor concerns re diet/hygiene/clothing. 	<ul style="list-style-type: none"> • Frequent accidental injuries to child requiring hospital treatment. • Some concerns around mental health, including self-harm and suicidal thoughts. Link to Child Self Harm and Suicide Prevention Toolkits • 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/faltering growth. • Parents/carers do not inform alternative carers of the procedures for administering medication or food and do not have the correct medication related to equipment in place • Parents/carers refuse to disclose information that will support the care of their child. • Child is in discomfort through inappropriate moving and handling and ill-fitting essential equipment 	<ul style="list-style-type: none"> • Child with a disability in need of assessment and support to access appropriate specialist services. • Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness. • Parents/carers not acknowledging the child's disability or recognising the needs of the child. • Parents/carers persistently do not inform alternative carers of the procedures for administering medication or food and do not have the correct medication related to equipment in place • Child is suffering significant harm through inappropriate moving and handling and ill-fitting essential equipment • Child who is suspected to having suffered non-accidental, or serious unexplained, injuries. • Developmental milestones unlikely to be met which is attributed to parental care. • Significant dental decay and parents not accessing treatment.
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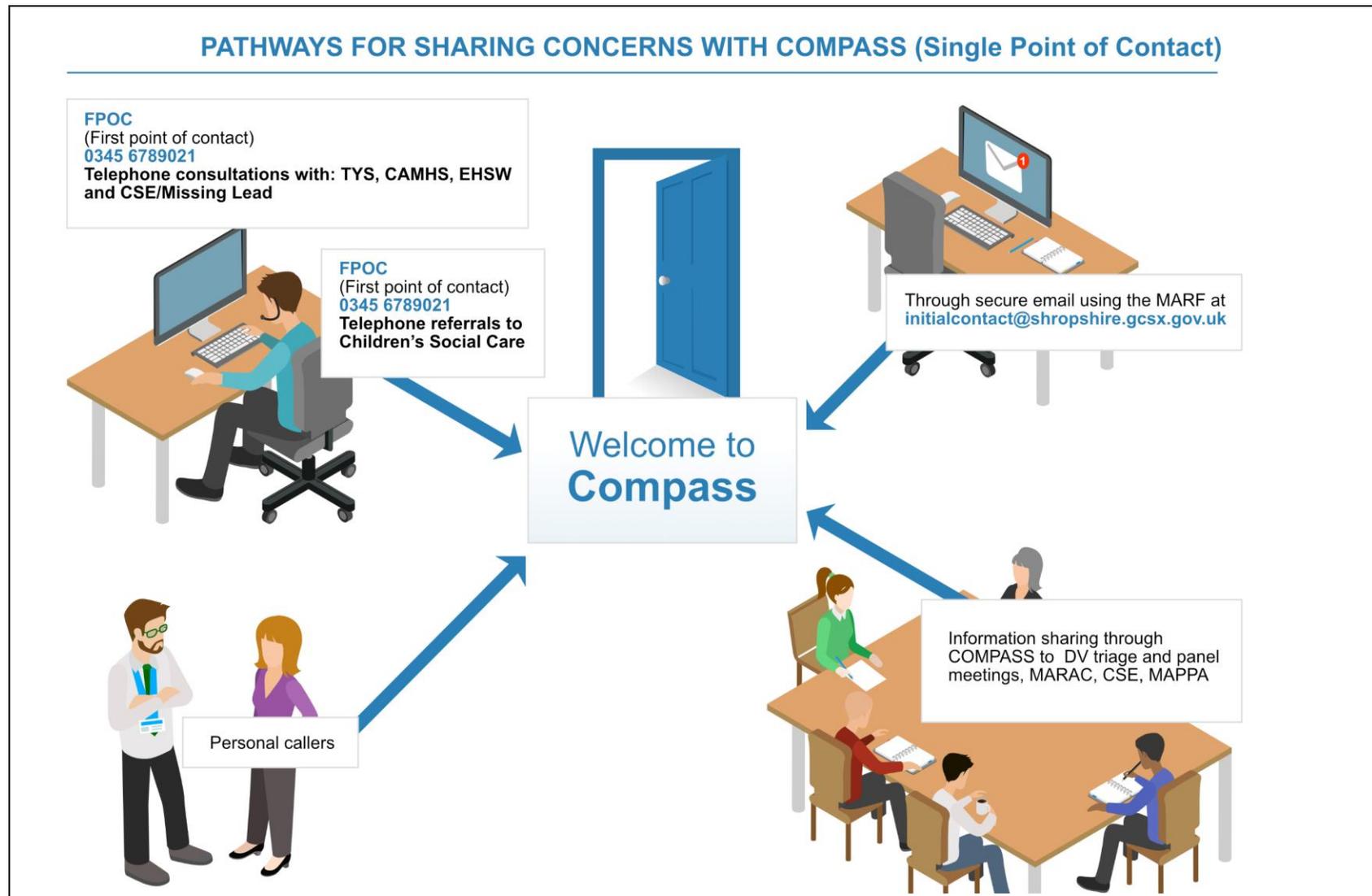
		<ul style="list-style-type: none"> • Teenage pregnancy. Link to sexually active under 18s protocol • Escalating concerns about sexual exploitation, parents engaged and supportive. 	<ul style="list-style-type: none"> • Non organic faltering growth/failure of parent or carer to respond to faltering growth. • Female Genital Mutilation (known or suspected), including any suspicion that a young girl is being taken abroad for this purpose. • Child is under 13 and sexually active • Medium to high risk of sexual exploitation Link to Child Sexual Exploitation Guidance • A sexually transmitted infection (STI) particularly if reoccurring or multiple infections and there is concern about the age of the child or risk of sexual exploitation Link to Child Sexual Exploitation Guidance
<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Demonstrates age appropriate responses in feelings and actions • Good quality early attachments, child is appropriately • Comfortable in social situations. • Able to adapt to change and demonstrate empathy and express needs. 	<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Emerging anti-social behaviour and attitudes and/or low level offending • Child is victim of bullying or bullies' others. • Expressing wish to become pregnant at young age. 	<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Children with serious level of unexplained and inappropriate sexualised behaviour • Concerns about Child Sexual Exploitation (Low) Link to Child Sexual Exploitation Guidance • Child currently/frequently missing from home and concerns 	<p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> • Challenging behaviour resulting in serious risk to the child and others. • Concerns about Child Sexual Exploitation (medium/high) Link to Child Sexual Exploitation Guidance

<ul style="list-style-type: none"> • Demonstrates feelings of belonging and acceptance. • Positive sense of self and abilities. • Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) 	<ul style="list-style-type: none"> • Low level substance misuse (current or historical). • Low self-esteem. • Limited peer relationships/social isolation. • Expressing thoughts of running away. • Disruptive/challenging behaviour at school/neighbourhood/household. • Behavioural difficulties requiring further investigation/diagnosis. • Some difficulties with peer group relationships and with some adults. • Can find managing change difficult. • Starting to show difficulties expressing empathy. • Can be over-friendly or withdrawn with strangers. 	<p>raised about their physical and emotional safety and welfare. Parents engaged and supportive.</p> <ul style="list-style-type: none"> • Child whose behaviour is putting them at risk, including substance and alcohol misuse. • Evidence of regular/frequent substance misuse which may combine with other risk factors. • Continuous breaches of curfew order with other risk-taking behaviours. • Child/young person out of control in the community. • Difficulty coping with anger, frustration and upset. • Disruptive/challenging behaviour and unable to demonstrate empathy. • Regularly involved in anti-social/criminal activities. • Extremist views • Subject to discrimination – racial, sexual or due to disabilities. • Demonstrates significantly low self-esteem in a range of situations. • Parents/carers not using the child’s communication methods • Lack of communication strategies with a disabled child which means that none of the 	<ul style="list-style-type: none"> • Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm. • Failure or inability to address complex mental health issues requiring specialist interventions e.g. self-harm / suicidal attempts. Link to Child Sexual Exploitation Guidance • Puts self in danger – missing and medium to high risk of sexual exploitation. Link to Child Sexual Exploitation Guidance • Young people with complicated substance misuse problems requiring specific interventions and/or child protection and who can’t be managed in the community. • Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others. • Puts self or others in danger – missing/at risk of sexual exploitation. • Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability. • At risk of radicalisation Link to the prevent duty guidance
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		<p>child's wishes and feelings are ever taken into account</p> <ul style="list-style-type: none"> • Parents do not see their child age appropriately and their actions reflect this • Parents are dismissive of the wishes and feelings and the rights of their child. • Parents/carers not supporting the child to make good social relationships which would avoid social isolation 	
<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers. • Good core relationships with siblings. • Positive relationships with peers. 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Some support from family and friends. • Has some difficulties sustaining relationships 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Has lack of positive role models. • Associating with peers who are involved in challenging behaviour. • Regularly needed to care for another family member and would be defined as a young carer. 	<p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Periods of being accommodated by Local Authority. • Family breakdown related in some way to child's behavioural difficulties subject to physical, emotional or sexual abuse/neglect.
<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills. • Able to discriminate between 'safe' and 'unsafe' contacts. • Knowledgeable about sex and relationships and consistent use 	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Slow to develop age appropriate self-care skills. • Early onset of sexual activity (13-14); sexually active young person (15+) with risk taking behaviours e.g. inconsistent use of contraception. • Low level alcohol/substance misuse (current or historical). 	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Child suffers accidental injury as a result of inadequate supervision. • Child found wandering without adequate supervision. • Severe lack of age appropriate behaviour. • Poor self-care for age – hygiene. 	<p>Self-Care and Independence</p> <ul style="list-style-type: none"> • Child is left "home alone" without adequate adult supervision or support and at risk of significant harm. • Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities.

<p>of contraception if sexually active (age appropriate).</p>	<ul style="list-style-type: none"> • Some evidence of risky use of technology leading to E-safety concerns. • Not always adequate self-care – poor hygiene. 		<ul style="list-style-type: none"> • Child is persistently left without adequate supervision which places the child at risk of harm. • Distorted self-image and lack of independent living skills likely to result in significant harm.
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Compass Referrals Pathway



Key Contacts

First Point of Contact (FPOC) (Compass and Initial Contact Team) - 0345 678 9021

Emergency Duty Team - 0345 678 9040

Police – 101 or if you think a child is in immediate danger, call the emergency services on 999.

Shropshire Early Help - Earlyhelp@shropshire.gov.uk

Shropshire Strengthening Families - Shropshirestrengtheningfamilies@shropshire.gov.uk

Compass - For general enquiries Compass.Admin@shropshire.gcsx.gov.uk

Shropshire Family Information Service - 01743 254400 and ShropshireFIS@shropshire.gov.uk

Shropshire Housing Options – 0345 678 9005

Shropshire Safeguarding Children’s Board - <http://www.safeguardingshropshireschildren.org.uk/scb/>

Citizen’s Advice - <https://www.citizensadvice.org.uk/>

Domestic Abuse Helpline 24-hour - 0808 2000 247

NSPCC - Help for adults concerned about a child 0808 800 5000

Family Lives – parent helpline 0808 800 2222 <http://www.familylives.org.uk/>

Local Offer website <http://new.shropshire.gov.uk/the-send-local-offer/>

Shropshire Choices <https://www.shropshirechoices.org.uk/home/>

All In Registrations <http://new.shropshire.gov.uk/the-send-local-offer/parentcarers/social-care/short-breaks-activities/>

Occupational Therapists via First Point of Contact - 0345 678 9021