



For all the children of York to grow up in safety and always to feel safe.

Threshold document

Levels of need descriptors

February 2020

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Introduction

The City of York Safeguarding Partnership has revised guidance to provide a more aligned multi-agency framework for assessing and responding to need and risks of children. The document has been compiled after numerous multi-agency engagement sessions to ensure a better start for children, so that every child and young person has the opportunity to develop, learn and achieve aspirations.

Using the Threshold Document and Level of Need Descriptors

This document is a guide and a starting point to assist practitioners to come to a common understanding. It provides help and guidance to practitioners at all levels, working in the statutory, public, voluntary and independent sectors who work with children and their families. It allows practitioners to identify levels of need and risk through the use of indicators related to outcomes. It also supports practitioners in determining how their service can best support and work alongside children.

Examples are provided within each level to aid practitioner decision making and should be used to support practitioner assessment.

Every Conversation starts with a Child

There will always be additional needs that do not easily fit within a threshold framework and would benefit from a discussion with agency safeguarding leads and or a social worker in the Multi-Agency Safeguarding Hub (MASH).

Securing consent with families

It is important that services in the City of York work alongside families. It is crucial that organisations adopt a 'working with' and not 'doing to' approach, when working with families and seek to build family resilience.

The importance of engaging children, young people and families from the outset and of securing their consent to work with the child and family is crucial to ensure long term improved outcomes for children.

Child protection concerns are the exception to this. In these circumstance the practitioner should respond in line with safeguarding guidance procedures, such as; Children who are at risk of exploitation, fabricated and induced illness (FII), unborn and non-mobile baby protocol.

Refer to CYSCP City of York Safeguarding Children Partnership for further information. www.saferchildrenyork.org.uk/about-the-cyscb.htm

Contacting City of York Multi-Agency Safeguarding Hub (MASH)

The MASH can be contacted on 01904 551900.

You can speak to a Social Worker for advice or to make a referral to Children's Social Care.

You can also speak to the MASH Early Help Coordinators to explore support for vulnerable families through the Family Early Help Assessment process and/or targeted intervention.

Further information about Family Early Help Assessments and your role in supporting families at early help can be found at www.yor-ok.org.uk/earlyhelp.

Information about making referrals and the MASH referral form can be found by visiting www.saferchildrenyork.org.uk/concerned.

If on receipt of the referral, the level of need is deemed to be that of level 4; threshold is met for statutory intervention Children's Social Care will progress through appropriate assessment and intervention.

Where the level of need is deemed to be that of level 2 or 3, the MASH Early Help Coordinators will work with families and partner agencies to identify the most appropriate support for the children, young people and families.

More information on Early Help

Early help is a collaboration not a service. In its simplest terms everyone is involved in the delivery of early help. This includes families, communities, voluntary groups, "universal" provision, schools, health etc. Many universal agencies will use service specific tools to identify, assess and respond to need. However in order to support our city wide approach to early help and joint working partner agencies have produced common guidance and tools.

Where the needs of a family meet those of Level 2, involved professional(s) should initiate a Family Early Help Assessment (FEHA) to explore what further support is required.

Where the needs of a family meet those of Level 3, involved professional(s) should initiate a Family Early Help Assessment (FEHA) to explore what further support is required. It may be that there is a role for targeted intervention from the Early Help Local Area Teams and it should be considered whether a referral is needed to explore this.

Where a child's needs are due to additional needs or being disabled make use of York's Local Offer for SEND (www.yor-ok.org.uk/localoffer).

How early support is delivered

Early support can often benefit by being coordinated through a common assessment called a Family Early Help assessment (FEHA). A FEHA promotes a way of working to ensure that the needs of children and families who are vulnerable to poor outcomes, are identified early and that those needs are met using an appropriate assessment and plan.

The FEHA seeks to build resilience within families and aims to increase capacity to manage challenging circumstances. The FEHA should focus on reducing risk and promoting protective factors within the family.

The FEHA should always be completed jointly with the child and family. Completing a FEHA is an opportunity to highlight the strengths within the family and the support and resources they can draw on from each other and within their extended family unit (e.g. friends, neighbours, schools/ pre-school and community) it also allows the practitioners to encourage access to other services where unmet needs are identified.

Ensuring that the family is integral to the action planning process is important to encourage families to find their own solutions to problems where possible and recognise and plan to make positive changes, which result in better outcomes for children.

Children's Social Care

Children's Social Care (CSC) led interventions sit at Level 4 of York's thresholds. At Level 4 specialist services are required where the needs of the child have been significantly compromised, they are likely to or are suffering significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.

A comprehensive statutory assessment under Section 17 of the Children Act 1989 will be required. Intervention under Section 47 of the Children Act 1989 may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child/ young person in order to ensure their protection.

Disabled children are known to be a vulnerable group. A Section 17 assessment is required for children with disabilities who may require statutory intervention to meet their needs and a parent/ carers assessment.

Use the levels of need descriptors in this document to help you understand the potential level of need. You can contact the MASH at any stage to seek advice on interpretation and application of thresholds.

CHILD IN NEED (CIN) (SECTION 17)

A child in need is defined under the Children Act 1989 as: A child who is unlikely to achieve or maintain a reasonable level of health or development, or their health or development is likely to be significantly impaired, without the provision of services; or a child who is disabled. A referral into children's social care for a social-work-led Child in Need (CIN) assessment requires the consent of the family.

CHILD PROTECTION (SECTION 47)

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there is a need for a multi-agency strategy discussion to share available information; determine the child's welfare; plan action and decide whether enquiries under section 47 must be made.

A Section 47 Child Protection enquiry is one where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect (Working Together 2018).

Enquiries and referrals in this category do not need the consent of the family, although good practice would be to discuss your concerns with the family and your intention to contact CSC unless to do so would place the child at additional risk.

SECTION 20 AND SECTION 31 ORDERS

Some children may require accommodation because they are abandoned, or because the person who has been caring for them is prevented from or not able to provide them with suitable accommodation or care.

Section 20 of the Children Act 1989 provides the local authority with the power to provide accommodation for children without a court order when the child does not have somewhere suitable to live. When children are accommodated under a voluntary agreement this must always be with the agreement of the parents and those with parental responsibility.

Section 31 (Care and Supervision Orders) Children's Social Care may apply to the court for a Care or Supervision Order. The court can make a Care Order, placing a child in the care of the local authority, with parental responsibility being shared between the parents and the local authority. It can only be made if the court is satisfied that 'the harm, or likelihood of harm, is attributable to the care given to the child, or likely to be given ... if the order were not made, not being what it would be reasonable to expect a parent to give ... or the child being beyond parental control (Children Act 1989).

The court will make an Interim Care Order to investigate a child's home circumstances.

The grounds for a Supervision Order are the same as for a Care Order. However, the local authority does not gain parental responsibility when a Supervision Order is granted. The supervisor has a duty to: advise, assist and befriend the supervised child; take such steps as are reasonably necessary to give effect to the order; and where the order is not wholly complied with; or the supervisor feels the order may no longer be necessary, to consider whether or not to apply to the court to vary or discharge the order.

OTHER CIRCUMSTANCES WITH WHICH CHILDREN'S SOCIAL CARE MAY INTERVENE

Section 7

A court may ask the local authority for a welfare report when they are considering any private law application under the Children Act 1989.

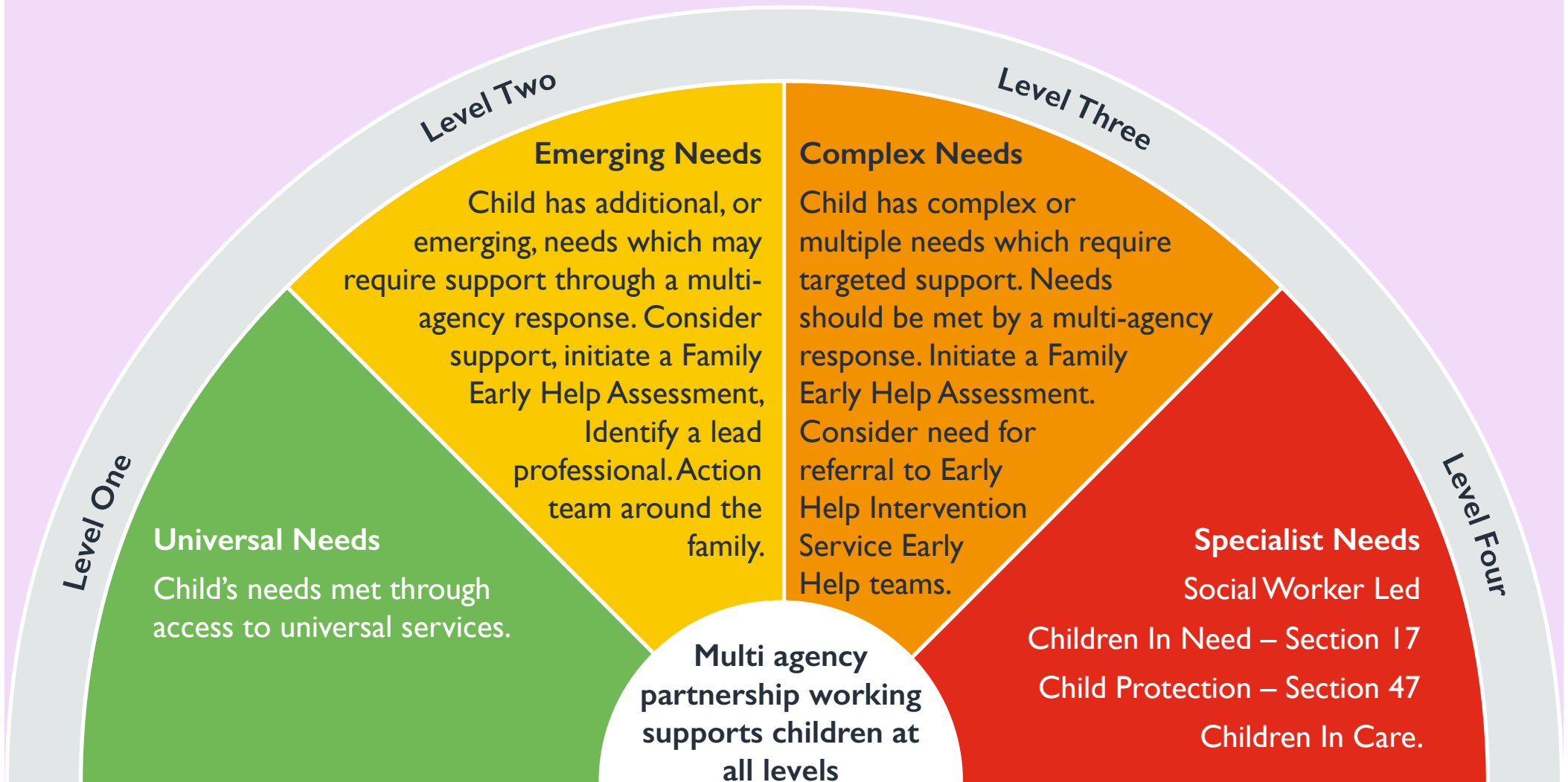
Section 37

When, during any private law proceedings under the Children Act 1989, a question arises about the welfare of the child, and it seems to the court that it might be appropriate for a Care Order or Supervision Order to be made, then it will direct a local authority to undertake an investigation of the child's circumstances and report to the Court its findings.

Private fostering (Section 44 of Children Act 2004)

A private fostering arrangement is one in which a child under the age of 16 (under 18 if the child is disabled) is cared for by someone other than their parent or 'close relative' for 28 days or more over the course of a year. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full-blood, half-blood or marriage/affinity). It is an offence not to notify the local council (CSC) of a private fostering arrangement. If you hear about such an arrangement you should refer to Children's Social Care. Children's Social Care is legally required to make sure that all children that are privately fostered are cared for by a suitable carer in an appropriate environment. This is important so that CSC can make sure the child is safe and that their needs are being met.

Levels of need and response



<p>Universal Needs (Level 1) Parental consent required</p>	<p>Universal Needs (Level 1) – example indicators</p> <p>Children and young people at this level are achieving expected outcomes. There are no unmet needs or need is low level and can be met by the universal services or with some limited additional advice or guidance. All children whose needs can be met by universal services will occasionally experience difficulties in their lives which may be attributable to situational factors such as loss and separation, a change in their family’s circumstances, illness or other short term factors.</p> <p>Response - Signposting to appropriate universal services, information and advice.</p>
<p>Emerging Needs (Level 2) Parental consent required</p>	<p>Emerging Needs (Level 2) – example indicators</p> <p>Children and families with some emerging needs may require support of another service alongside universal provision to prevent an escalation of needs. A Family Early Help Assessment may be appropriate for some children at this level and an appropriate Lead Practitioner should be identified within the services currently supporting the family.</p> <p>When emerging needs arise due to a child’s having additional needs or being disabled make use of York’s Local Offer for SEND (www.yor-ok.org.uk/localoffer).</p>
<p>Complex Needs (Level 3) Parental consent required</p>	<p>Complex Needs (Level 3) – example indicators</p> <p>Children and families with more significant complex needs and who need targeted support without which they would not meet their expected potential. These children live in families where there is greater adversity and a greater degree of vulnerability. A Family Early Help Assessment and a Team around the Child/ family will be required. Families require a targeted coordinated response.</p> <p>Initiate Family Early Help Assessment/ consider need for referral to Early Help Intervention service Local Area Teams.</p> <p>When complex needs arise due to a child having additional needs or being disabled make use of York’s Local Offer for SEND (www.yor-ok.org.uk/localoffer).</p>
<p>Specialist Needs (Level 4) Section 17 / Child in need - Parental consent required Section 47 - Parental consent is not required. Best practice is to share information unless this would place child at further risk.</p>	<p>Specialist Needs / Acute – example indicators</p> <p>Specialist services are required where the needs of the child/ young person have been significantly compromised, they are suffering significant harm or impairment and statutory and/or specialist intervention is required to keep them safe.</p> <p>A comprehensive statutory assessment under Section 17 of the Children Act 1989 will be required/ intervention under Section 47 of the Children Act 1989 may be required for those children who are at immediate risk of significant harm and legal action may need to be taken or the Local Authority may need to accommodate the child/ young person in order to ensure their protection.</p> <p>A Section 17 assessment is required for children with disabilities who may require statutory intervention to meet their needs.</p>

Health

Level One Universal Needs	Level Two Emerging Needs Multi Agency response/ FEHA	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Good physical health with age appropriate development, including speech and language</p> <p>Well-balanced diet, weight good mental health and accessing social groups</p>	<p>Minor recurring health problems</p> <p>Inadequate diet e.g. no breakfast, being under/overweight</p>	<p>Child / young person has some chronic/recurring health problems or a disability; not being managed appropriately by parent.</p> <p>Increasing concern regarding the child/ young person's diet or development</p>	<p>Serious physical health concerns that are consistently not addressed by the parent e.g. failure to thrive.</p> <p>Seriously obese/underweight.</p> <p>Very serious dental decay.</p> <p>A child whose health needs are complex and require a statutory service.</p>
<p>Child requires additional support as a result of a disability. Need is met by parents and universal provision.</p>	<p>Child requires additional support as a result of a disability. Need is met by parents alongside more specialist provision (e.g. portage, charity sector).</p>	<p>Child requires additional support as a result of a disability. Child's disability is impacting on family well-being. Parents may require additional support to meet the need of the child or wider family.</p>	<p>A child requires additional support and is unlikely to achieve or maintain a reasonable level of health or development, or their health or development is likely to be significantly impaired, without the provision of services.</p> <p>Family functioning is severely impaired due to the needs of the child's disability.</p>
<p>Meeting developmental milestones</p>	<p>Delay in reaching development milestones</p>	<p>Developmental milestones unlikely to be / not being met due to parental care - see development and age appropriate guidance on www.saferchildrenyork.org.uk</p>	<p>Specific physical or medical conditions which require specialist interventions and concerns regarding parents/carers capacity to meet the needs of the child.</p>
<p>No concerns regarding fabricated or induced illness</p>	<p>No concerns regarding fabricated or induced illness</p>	<p>Persistent presentation to professionals with numerous health concerns: Raising concerns about child safety / parental behaviour.</p> <p>Please see www.saferchildrenyork.org.uk/fabricated-illness.htm for further details / advice.</p>	<p>Professional concern about fabricated and induced illness</p> <p>Please see www.saferchildrenyork.org.uk/fabricated-illness.htm for further details / advice.</p>

<p>No concerns in relation to toilet training, bedwetting or soiling</p>	<p>Delay in toilet training, bedwetting or soiling</p>	<p>Delay in toilet training, bedwetting or soiling impacting on the child's health and wellbeing, not being managed appropriately by parent</p>	<p>Significant delay or regression in toilet training, bedwetting or soiling and/or related concerns regarding emotional health and wellbeing and concerns regarding parents/carers capacity to meet the needs of the child.</p>
<p>Developmental checks/ immunisations up to date Regular dental / optical / audiology care Health appointments kept.</p>	<p>Missing some routine health appointments</p>	<p>Overdue/ missed immunisations or health checks/ unless explicitly declined Dental problems and untreated decay – poor dental hygiene</p>	<p>Health concerns and the parent does not engage with health professionals which will impact on the child's development</p>
<p>Good level of hygiene</p>	<p>Emerging concerns regarding hygiene</p>	<p>Hygiene problems / dental health impacting on the child / young person's presentation and health</p>	<p>Hygiene problems directly affecting the health and development of the child/ young person and there are concerns regarding parents/carers capacity to meet the needs of the child.</p>
<p>Sexual knowledge, understanding, development and activity are age appropriate Knowledgeable about sex and relationships and consistent use of contraception if sexually active.</p>	<p>Inappropriate sexualised or personal behaviour</p>	<p>Emerging sexually harmful behaviours Please see www.saferchildrenyork.org.uk/harmful-sexual-behaviour.htm for further details/advice.</p>	<p>Allegations of significant sexually harmful behaviours Please see www.saferchildrenyork.org.uk/harmful-sexual-behaviour.htm for further details/advice.</p>
<p>Teenage pregnancy - consider age/ maturity/ consent and social circumstances</p>	<p>Teenage pregnancy where additional support may be required for the parent and/or child - consider age/ maturity/ consent and social circumstances</p>	<p>Teenage pregnancy where there are identified concerns or vulnerabilities for the parent and/or child Consider learning disabilities/ mental health, substance/alcohol dependency problems that compromise their ability to parent to an acceptable standard.</p>	<p>Teenage pregnancy where there are identified safeguarding concerns for the parent and/or child. No wider family support and or lack of engagement. Consider learning disabilities/ mental health, substance/alcohol dependency problems that compromise their ability to parent to an acceptable standard. No wider family support and or lack of engagement with health services.</p>

<p>Age appropriate awareness of substances, alcohol and risks</p>	<p>Age appropriate occasional experimentation with smoking/alcohol</p> <p>Age appropriate exposure to or minor experimentation with substances</p>	<p>Regular substance/alcohol misuse.</p> <p>Evidence of regular/frequent drug use which may be combined with other risk factors</p>	<p>Persistent and high risk substance/ alcohol misuse resulting in harm or risk of harm to the child/ young person. Concerns regarding vulnerabilities such as disabilities/ mental health.</p>
<p>A good state of emotional health and resilience</p>	<p>Child/ young person low in mood, feeling alone or presenting as unhappy or misunderstood</p> <p>Limited self-confidence and insecurity</p> <p>Concern of self-harm</p>	<p>Mental health issues emerging e.g. conduct disorder, ADHD, anxiety, depression, eating disorder,</p> <p>Emerging self-harming behaviours.</p> <p>Referral made to CAMHS for specialist assessment.</p>	<p>Serious emotional health concerns that are consistently not addressed by the parent, acute mental health problems including self-harming behaviour, risk of suicide. The child has significant unmet mental health needs.</p>
<p>No concerns that the child is at risk of FGM</p>	<p>The family comes from a community that is known to practice Female Genital Mutilation (FGM)</p>	<p>There is multi-agency guidance on when Female Genital Mutilation (FGM) requires immediate referral to the Multi-Agency Safeguarding Hub.</p> <p>Please see www.saferchildrenyork.org.uk/female-genital-mutilation.htm for further details/advice.</p>	
<p>No concerns about accidents or injuries.</p>	<p>Emerging pattern of minor accidents or injuries</p>	<p>Frequent accidents/injuries or visits to emergency department/doctor</p>	<p>Persistent presentation to professionals with injuries: Raising concerns about child safety/ parental behaviour.</p> <p>Concern about injury to non-independently mobile children.</p> <p>Please see www.saferchildrenyork.org.uk/cyscp-practice-guidance.htm for guidance around Managing Injuries to Non-Independently Mobile Children.</p> <p>Child with unexplained injury.</p>

Self-care and independence

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Age appropriate/ independent living skills.</p>	<p>Lack of age appropriate self-care skills and independent living skills that increase vulnerability.</p> <p>Give consideration to any disability or additional needs impacting on self-care/independency.</p>	<p>Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety.</p> <p>Give consideration to any disability or additional needs impacting on self-care/independency.</p>	<p>Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm.</p>
<p>Young person is not taking on a caring role for parent or sibling.</p>	<p>Child or young person is occasionally taking on caring responsibilities which are impacting on time to engage in own interests and requires support.</p>	<p>Child/ young person has some caring responsibilities in the household and / or for parent resulting in impact on child's well-being and requiring more intensive support. Referral to Young Carer support.</p>	<p>Child/ young person is a young carer, and this is significantly impacting on their development and welfare and requiring assessment and more intensive support</p>

Learning and education

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Appropriate home learning environment</p> <p>Access to books and toys, opportunities to play</p>	<p>Limited access to books, toys, the internet or educational materials</p> <p>Not always engaged in learning – poor concentration, low motivation/interest</p>	<p>No access to books, toys, internet or educational materials.</p> <p>Poor stimulation</p>	<p>Failure to stimulate and no interest in the child/ young person’s education and there are attendance issues as below.</p>
<p>Good attendance at school/college/training/childcare</p> <p>Achieving education key stages</p> <p>Planned progression beyond statutory school age</p>	<p>Occasional truanting or non-attendance and poor punctuality</p> <p>Not reaching full educational potential</p> <p>Pattern of school absences</p> <p>Some fixed term exclusions</p>	<p>Poor school attendance and punctuality</p> <p>Not engaged in education or reaching education potential</p> <p>No planned progression beyond statutory school age</p> <p>Short term exclusions or at risk of permanent exclusion, persistent truanting</p> <p>Parent does not engage with school and actively resists support</p>	<p>Chronic non-attendance, truanting, permanent exclusions, consistently poor educational attainment/progress</p> <p>The parent has consistently failed to cooperate with services at the Early Help level to address learning/education</p>
<p>Child / young person home schooled and no concerns (none reported by professionals in contact with the child/ young person)</p>	<p>Some emerging concerns for the child/ young person being home schooled</p>	<p>Children who are home schooled where there are concerns that their needs are not being consistently met and parent requesting support</p>	<p>Children who are home schooled where there are significant concerns that the child/ young person’s needs are not being met</p>
<p>Transitioning (changing from one state, stage, place, or subject to another – primary to secondary, secondary to college and college to work, training apprenticeship) No concerns are raised for the physical, emotional, social and cognitive development of the child/ young person.</p>	<p>Transitioning (changing from one state, stage, place, or subject to another – primary to secondary, secondary to college and college to work, training apprenticeship) Emerging concerns for the physical, emotional, social and cognitive development of the child/ young person that requires support.</p>	<p>Transitioning (changing from one state, stage, place, or subject to another – primary to secondary, secondary to college and college to work, training apprenticeship) Complex needs have been identified by professionals - concerns for the physical, emotional, social and cognitive development of the child/ young person.</p>	<p>Transitioning (changing from one state, stage, place, or subject to another – primary to secondary, secondary to college and college to work, training apprenticeship) Serious concerns are raised for the physical, emotional, social and cognitive development of the child/ young person. Child/ Young person is not in Education, Training or Work (NEET).</p>

<p>Language development is normal for age and ability of child in the context of cultural/language difficulties.</p>	<p>Language slow to develop for age and ability of young person in the context of cultural/language difficulties.</p>	<p>Delayed/regressing language skills for age and ability of young person in the context of cultural/language difficulties. May be receiving Speech and Language Therapy support.</p>	<p>Very delayed/Regression or absence in language development. Speech and Language Therapy support.</p>
<p>No Special Education Needs Identified</p>	<p>Some emerging learning or disability needs that require assessment and support My Support Plan or SEN support in childcare or education setting</p>	<p>EHCP support in childcare or education setting with further support required for the family</p>	<p>EHCP support in childcare or education setting with identified safeguarding concerns</p>

Social and emotional presentation/ behaviour/ identity

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Feelings/ actions demonstrate appropriate responses</p> <p>Ability to express needs</p> <p>Able to adapt to change</p> <p>Able to demonstrate empathy, feelings of belonging and acceptance</p> <p>Positive sense of self and abilities</p> <p>Confident in social situations</p>	<p>Finds it difficult to cope with anger, frustration or upset.</p> <p>Child/ young person at times not able to show empathy</p> <p>Some insecurities around identity expressed</p> <p>Difficulty making and sustaining relationships with peers and with family</p>	<p>Lack of empathy</p> <p>Escalating level of concern of low self-esteem and confidence affecting emotional presentation, behaviour and identity.</p> <p>Parents requesting support.</p>	<p>Poor and inappropriate self-presentation</p> <p>Significant relationship issues</p> <p>Unable to establish and unable to maintain positive family/peer relationships</p> <p>Forms inappropriate attachments</p> <p>Totally withdrawn.</p> <p>Lack of child and parental engagement.</p>
<p>Confident in social situations. Able to socialise appropriately.</p>	<p>Inconsistent ability to socialize appropriately. Lack of positive role models</p> <p>Occasional victim or perpetrator of bullying.</p> <p>Emerging concerns in relation to sense of belonging or being included by others/ or excluding themselves from others</p>	<p>Frequently unable to socialise appropriately resulting in social isolation. Lack of positive role models.</p> <p>Frequently bullied or frequent perpetrator of bullying.</p>	<p>No ability to socialize appropriately. E.g. friendships, peer adult relationships, co-operative working/ sharing.</p> <p>Alienates self from school / social situations. Consistent victim or perpetrator of bullying.</p> <p>Concerns regarding risk of harm.</p>
<p>Good mental health and psychological wellbeing</p>	<p>Low level mental health or emotional issues requiring intervention</p>	<p>Emerging mental health or emotional issues requiring mental health assessment by CAMHS</p>	<p>Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent</p>
<p>No concerns in relation to bullying or cyber activity.</p>	<p>Children involved in bullying/may experience bullying or low-level cyber bullying</p>	<p>Child/ young person is engaging in cyber activity that potentially places others or themselves at risk of harm</p>	<p>Child/ young person is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent</p>

<p>No concerns regarding the child becoming involved in crime or anti-social behaviour</p>	<p>Exhibits antisocial/anti - authoritarian behaviour. Resistance to boundaries and adult guidance.</p> <p>Exhibits aggressive challenging behaviour</p>	<p>Starting to commit offences and reoffend.</p> <p>Disruptive / challenging/ dysregulated behaviours at school or in the neighbourhood</p>	<p>Serious persistent offending behaviour attributable to neglectful absent parenting</p> <p>Sentence to custodial or remand disposal and placed in secure accommodation (criminal grounds) or in young offenders institutions.</p> <p>Placed in secure accommodation on welfare grounds under Section 25 Children Act 1989.</p> <p>Prosecution of offences resulting in court orders/ remand in Local Authority care</p>
<p>No concerns regarding exploitation (criminal or sexual)</p>	<p>A child or young person who has vulnerabilities (including emotional) which may expose them to risk or exploitation (criminal or sexual)</p>	<p>Low or medium level indicators of exploitation (criminal or sexual). Sudden display of unexplained gifts / clothing</p> <p>Please see exploitation screening tool and guidance available at www.saferchildrenyork.org.uk/child-sexual-abuse-and-exploitation.htm.</p>	<p>Concerns of significant risk/exposure relating to exploitation (criminal or sexual). Sudden display of unexplained gifts / clothing</p> <p>Please see exploitation screening tool and guidance available at www.saferchildrenyork.org.uk/child-sexual-abuse-and-exploitation.htm.</p>
<p>Age appropriate sexual activity.</p>	<p>Early onset of sexual activity or at risk of early pregnancy</p>	<p>Child/ young person under 18 is pregnant where there are significant concerns</p>	<p>Child under 16 is pregnant where there are significant social/ family concerns</p>
<p>No concerns with regard to discrimination.</p>	<p>Concerns child/ young person subject to discrimination.</p>	<p>Child subject to persistent discrimination e.g. racial, sexual orientation or disabilities.</p>	<p>Child/ young person subject to discrimination which places the child/ young person at risk.</p>
<p>No concerns about missing from home episodes.</p>	<p>Child/young person has occasionally gone missing from home for short periods. Support needed to prevent further episodes.</p>	<p>Frequently go missing from home which compromises the child's safety and wellbeing and concerns child could be at risk of exploitation.</p>	<p>Frequently going missing from home for long periods which seriously compromises the child's safety and wellbeing and there are concerns regarding exploitation.</p>

<p>No concerns with regard to radicalisation or extremism.</p>	<p>Low level concern about child/ young person at risk of being radicalised or exposed to extremism</p>	<p>Concern about child/ young person being radicalised or exposed to extremism</p>	<p>Significant concern about radicalisation and extremist ideology</p> <p>There are risks to others as a result of a young person's radical / extremist views</p> <p>Intention to travel to area of conflict.</p> <p>See www.saferchildrenyork.org.uk/Downloads/Prevent%20Guidance.pdf for further details/advice.</p>
<p>No concerns of gang affiliation and gang related activities.</p>	<p>Emerging concerns of gang affiliation and gang related activities.</p>	<p>Evidence of gang affiliation and gang related activities – need, harm and risk beyond the family (Contextual safeguarding) – See exploitation guidance.</p>	<p>Safety and welfare seriously compromised by gang involvement</p> <p>Subject to peer/ gang culture and pressure (Contextual safeguarding) – See exploitation guidance.</p>

Family and social relationships and family wellbeing

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
Stable family where parents can meet the child's needs	Parents/carers have relationship difficulties which affect the child/ young person	Risk of relationship breakdown leading to child/ young person possibly becoming looked after	Imminent risk of parental/carer and child/ young person relationship breakdown leading to child/ young person possibly becoming looked after
No concerns in regard to neglect.	Early or low level concerns of neglect.	Concerns of neglect which are impacting on the child's development and well-being. Please see www.saferchildrenyork.org.uk/neglect.htm for further details/ advice and the Neglect Screening Tool.	Persistent and chronic neglect which is impacting on the child's development and well-being. Please see www.saferchildrenyork.org.uk/neglect.htm for further details/ advice and the Neglect Screening Tool.
Good relationships with siblings	Concerns about sibling aggression resulting in emotional or physical harm.	Concerns about escalation of sibling aggression resulting in emotional or physical harm.	Concerns about persistent sibling aggression resulting in significant emotional or physical harm.
Child / young person has secure family and social relationships	Concerns that family relationships are impacting negatively on child's well-being.	Concerns that family relationships are impacting negatively on child's well-being and at risk of further deterioration.	Child is identified as being privately fostered. Please see www.saferchildrenyork.org.uk/private-fostering.htm for further details/advice. Family breakdown related to child/ young person's behaviour difficulties. There is nobody with parental responsibility to ensure the child/young person's wellbeing and stability of care
Consistent extended reliable network of family.	Inconsistent / small network of family support.	Infrequent and unreliable extended family support that is impacting negatively on child's well-being	Family is socially isolated. Absence of extended family support places child at risk.

Amicable divorce or separation.	Acrimonious divorce or separation impacting on child or young person.	Acrimonious divorce or separation with ongoing negative impact on child or young person. The impact and support needs of the child / young person are rarely recognised or met by the family.	Acrimonious divorce or separation which places the child at risk of harm.
No family history of gang involvement.	Family history of criminal gang involvement or low-level criminal activity.	Concerns about family gang involvement and patterns of criminal activity	Family gang involvement and / or criminal activity places child at risk of harm. Maybe supported by probation and have previous/current custodial sentences.
No concerns of familial or cultural pressures impacting on the child's well-being.	Concerns that familial or cultural pressures are impacting on the child's well-being.	Concerns that familial or cultural pressures are significantly impacting on the child's well-being.	Concern that the young person is under familial or cultural pressure or duress to marry against their will or wishes. Child is believed to be at risk of 'honour'-based violence. Intention to travel to an area of conflict. (Do not discuss making a referral with the family).
No concerns about family members or adults living with or in contact with the child.	Concern that child is living with or has contact with a family member or adult that may have a negative impact on child's well-being.	Child is living with or has regular contact with a family member or adult that is known to be a risk to children. Parents are aware and are able to supervise contact and manage risk.	Child is living with or has regular contact with a family member or adult that is known to be a significant risk to children. Parent is unable to assess and manage serious risk to the child/ young person from others within their family and associates within social network.

Housing, employment and finance

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Income and resources appropriately meet family's needs. Parents able to manage finances effectively.</p>	<p>Reduced or low income, financial / debt difficulties are developing / increasing.</p>	<p>Family's financial resources impact on child/ young person's basic physical needs being met.</p> <p>Family finances are impacted by additional caring responsibilities for a disabled child or adult.</p> <p>Poverty/ debt/ gambling impacting on parent's ability to care for the child/ young person.</p>	<p>Parent unable to appropriately manage finances impacting on child/ young person's basic physical needs being met.</p> <p>Parent is unable to work due to being a full-time carer for a disabled child or adult.</p> <p>Chronic poverty/ debt/ gambling impacting on parent's ability to care for the child/ young person.</p>
<p>Good quality stable housing/amenities</p>	<p>Overcrowding / poor housing conditions.</p> <p>Housing arrangements are temporary or insecure</p>	<p>Unsuitable accommodation (e.g. overcrowded / poor state of repair) which is impacting on the child/ family.</p> <p>Intentionally homeless/living in a hostel</p>	<p>Physical accommodation is placing the child/ young person at risk.</p> <p>Homeless child.</p>
<p>No concerns in regard to changing address.</p>	<p>Emerging concerns in relation to multiple changes of address</p>	<p>Multiple change of addresses starting to affect the child/ young person's wellbeing.</p>	<p>Concerns that multiple changes of address are placing the child at risk.</p> <p>Deliberate avoidance of authority and intervention by professionals resulting in multiple moves impacting on the child / young person.</p>
<p>Parents' employment status has no negative impact on child's well-being.</p>	<p>Parents' employment status has negative impact on child's well-being.</p>	<p>Parents' employment status has sustained negative impact on child's well-being.</p>	<p>Chronic unemployment severely impacting on the child and their basic needs are not being met.</p>
<p>No concerns that immigration status negatively impacts on child.</p>	<p>Unsecure or unknown immigration status.</p>	<p>Unsecure or unknown immigration status and /or no recourse to public funds resulting in negative impact on child.</p>	<p>Parent/ child at risk of exploitation or modern slavery. Unsecure or unknown immigration status and /or no recourse to public funds resulting in negative impact on child.</p> <p>Child is unaccompanied.</p>

Social and community resources

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Consistent extended reliable network of community support.</p> <p>Family integrated into the community</p>	<p>Inconsistent / small network of community support.</p> <p>Associating with anti-social or criminally active peers.</p>	<p>Family is socially isolated. Infrequent and unreliable extended community support that is impacting negatively on child's well-being.</p> <p>Associating with anti-social or criminally active peers.</p>	<p>Family is socially isolated. Absence of extended family / community support places child at risk.</p> <p>Concerns that children may be trafficked or unaccompanied minors.</p>
<p>Access to positive activities</p>	<p>Poor access to leisure and recreational amenities and activities.</p>	<p>Difficulty accessing community resources and targeted services impacting on the child.</p>	<p>Family unable or unwilling to access community resources and targeted services placing the child at risk.</p>
<p>No concerns in relation to hate crime.</p>	<p>Concerns that family is a victim of hate crime</p>	<p>Hate crime is impacting on the child/ young person's development.</p> <p>Marginalised from the community</p>	<p>Persistent hate crime occurrences</p>

Basic care, safety and protection

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
No concerns in regard to neglect.	Early or low level concerns of neglect.	Concerns of neglect which are impacting on the child's development and well-being. Please see www.saferchildrenyork.org.uk/neglect.htm for further details/ advice and the Neglect Screening Tool.	Persistent and chronic neglect which is impacting on the child's development and well-being. Please see www.saferchildrenyork.org.uk/neglect.htm for further details/ advice and the Neglect Screening Tool.
Parents able to provide care for child's needs e.g. food, drink, appropriate clothing, medical and dental care.	Professionals are beginning to have some concern about the child/ young person's needs being met.	The child/ young person needs are consistently not being met	The parent's capacity to provide appropriate care is significantly reduced and aggravated by the combination of domestic violence, substance misuse and mental ill health Family breakdown and parent/ carer not willing or able to care for the child/ young person any longer – requesting the child/ young person to be accommodated by the Local Authority
Parents able to provide care for child's additional needs or disability.	Professionals are beginning to have some concern about the child/ young person additional needs or disability being met.	The child/ young person additional needs or disability are consistently not being met. Parent needs support to access early help.	A child requires additional support and is unlikely to achieve or maintain a reasonable level of health or development, or their health or development is likely to be significantly impaired, without the provision of services.
The home environment is materially safe and meets the child's needs.	There are health and safety hazards in the home that requires support.	There are health and safety hazards in the home which are impacting on the child's well-being.	Health and safety hazards in the home compromises the child/ young person's safety

<p>Parental capacity is unimpaired by additional needs or disability.</p>	<p>Parental capacity is impaired by; learning difficulties/disability, illness or other additional needs or disability.</p>	<p>Parental capacity to provide basic care is impaired by; learning difficulties/ disability, illness or other additional needs or disability.</p>	<p>Parental illness or disability affecting ability to provide basic care / Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child/ young person's needs.</p>
<p>No concerns for child's care arrangements.</p>	<p>Inappropriate care arrangements for child/ young person</p>	<p>Inappropriate childcare arrangements which are beginning to impact on the child's safety and welfare. Consider if a private fostering arrangement.</p>	<p>Child is identified as being privately fostered. Please see www.saferchildrenyork.org.uk/private-fostering.htm for further details/advice.</p>
<p>No concerns in relation to parental alcohol or substance use.</p>	<p>Low level concerns about parental alcohol or substance use. Drug and/or alcohol use is impacting on parenting but is not yet significantly impacting on the child's safety. The child is currently meeting their developmental milestones but there are concerns that this might not continue if parental drug and alcohol use continues or increases</p>	<p>Drug/alcohol use has escalated to the point where it is beginning to impact on the children's health, development and well-being. Parent is willing and able to engage with services</p>	<p>Parental drug and/or alcohol use is at a problematic level and the parent/carer cannot carry out daily parenting. This could include blackouts, confusion, severe mood swings, drug paraphernalia not stored or disposed of, using drugs/ alcohol when their child/young person is present, involving the child in procuring illegal substances and dangers of overdose</p>
<p>Parent's capacity to meet the child's needs are not impaired by mental ill-health or disability.</p>	<p>The parent's capacity to meet the child's needs are impaired episodically by mental ill health or disability and additional support could offset harm to the child. Consider use of PAMIC tool at www.safeguardingchildren.co.uk/wp-content/uploads/2019/11/NYY-PAMIC-Tool-Nov-2019.pdf to assess impact.</p>	<p>Physical or mental health needs of the parent/carer is impairing capacity to meet the needs of the child and is impacting on the child's health and development. Consider use of PAMIC tool at www.safeguardingchildren.co.uk/wp-content/uploads/2019/11/NYY-PAMIC-Tool-Nov-2019.pdf to assess impact.</p>	<p>Physical or mental health needs of the parent/carer significantly affect the care of their child placing them at risk. Consider use of PAMIC tool at www.safeguardingchildren.co.uk/wp-content/uploads/2019/11/NYY-PAMIC-Tool-Nov-2019.pdf to assess impact.</p>

<p>No concerns in relation to domestic abuse or violence.</p>	<p>There are isolated incidents of minor physical and/or emotional violence in the family. Children were present but did not directly witness it. Despite abuse, victim was not prevented from meeting the needs of the child.</p>	<p>Emerging or established concerns about the impact of domestic abuse on children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children.</p>	<p>Concerns about the impact of domestic abuse on the children's emotional welfare, and the capacity of the parents to consistently meet the emotional, social and physical needs of the children. Parents lack insight into the harm caused and are resistant to engage with services.</p> <p>Severe domestic abuse that leads to a child being traumatised, injured or neglected.</p> <p>Incident(s) of serious and/or persistent physical violence in family.</p> <p>Incident(s) of violence occur in presence of child.</p> <p>Parental disclosure/ thoughts of serious harm to the child/ young person</p>
<p>No concerns about parenting capacity.</p>	<p>Emerging concerns about parenting skills/capacity that require support.</p> <p>Child/ young person lacks a consistent routine.</p>	<p>Parenting skills and capacity require support and negatively impact on the child's development and well-being.</p> <p>Parent ignores child/ young person or is consistently inappropriate in responding to child/ young person</p>	<p>Parenting skills and capacity are placing the child at risk.</p> <p>Parent has a history of being unable to care for previous children</p>
<p>No concerns about intolerant or extremist views held by parents.</p>	<p>The parents/carers express some intolerant views and react inappropriately to those who do not share their views.</p>	<p>The parents/carers express intolerant views, react inappropriately to those who do not share their views and negatively impact on a child's well-being or development.</p>	<p>The child's parents, or other close associates, support violent or extremist ideologies or are actively involved with extremist groups. The child/ young person is developing or demonstrating shared violent or extremist views.</p>
<p>No concerns over child being left alone.</p>	<p>Child/ young person is left at home alone for a short period and this has not compromised his/ her safety (consider age and vulnerability)</p>	<p>Patterns are emerging that the child/ young person is left at home alone, but this does not seriously place them at significant risk (consider age and vulnerability)</p>	<p>Child is left at home alone and as a result placed at risk (consider age and vulnerability)</p>

Emotional warmth & stability

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Parents provide secure and caring parenting – praise and encouragement</p>	<p>Inconsistent parenting, but development not significantly impaired. Failure to pick up on the child's emotional needs.</p>	<p>Inconsistent/ erratic parenting impacting emotional or behavioural development Parent is unresponsive or fails to recognise child's emotional needs</p>	<p>Inconsistent, highly critical and apathetic parenting significantly impairing emotional or behavioural development</p>
<p>No support required in relation to a child's disability or additional needs.</p>	<p>Parents require low-level support to meet the needs of a child with a disability. Child has a My Support Plan or has EHCP.</p>	<p>Parents require support to meet the needs of a disabled child. Child has a My Support Plan or EHCP requires additional support.</p>	<p>Parents require assessment of need in support of a disabled child. Parents are unable to meet the needs of a disabled child.</p>

Guidance boundaries and stimulation

Level One Universal Needs	Level Two Emerging Needs	Level Three Complex Needs Multi Agency response/ FEHA	Level Four Specialist Needs Statutory response/Acute
<p>Parents provide appropriate guidance and boundaries to help child develop.</p>	<p>Parent provides inconsistent boundaries or responses.</p>	<p>Parent provides inconsistent boundaries or responses/ Parent enforcing unrealistic boundaries and guidance.</p>	<p>Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child/ young person</p>
<p>Parent models appropriate behaviour within the community.</p>	<p>Parent engages in anti-social behaviour within the community.</p>	<p>Parent engages in frequent anti-social behaviour within the community resulting in a negative impact on child's well-being.</p>	<p>Child/young person/ parent persistently behaves in an anti-social way within the community which is impacting on the child.</p>
<p>No concerns on how parents enforce boundaries.</p>	<p>Inappropriate parental chastisement e.g. verbal assault. Parent not enforcing boundaries impacting on the child/ young person routine.</p>	<p>Threatening and frightening behaviour towards the child/ young person. Low level physical chastisement that does not cause physical injury.</p>	<p>Threatening, verbally aggressive and frightening behaviour towards the child/ young person. Use of physical violence to manage behaviour.</p>
<p>Parents provide learning, leisure and play opportunities.</p>	<p>Parents do not provide access to learning, leisure and play opportunities.</p>	<p>Parents consistently do not provide access to learning, leisure and play opportunities.</p>	<p>Parents consistently do not provide access to learning, leisure and play opportunities resulting in increased need, risk and harm for the child.</p>
	<p>Parents are able to access inclusive learning, leisure and play opportunities due to child's additional needs or disability.</p>	<p>Parents are unable to access learning, leisure and play opportunities due to child's additional needs or disability.</p>	<p>Parents require assessment of need in support of a disabled child. Parents are unable to meet the needs of a disabled child.</p>