



**North East Lincolnshire
Safeguarding Children Partnership
Thresholds of Need Guidance 2020**



Introduction

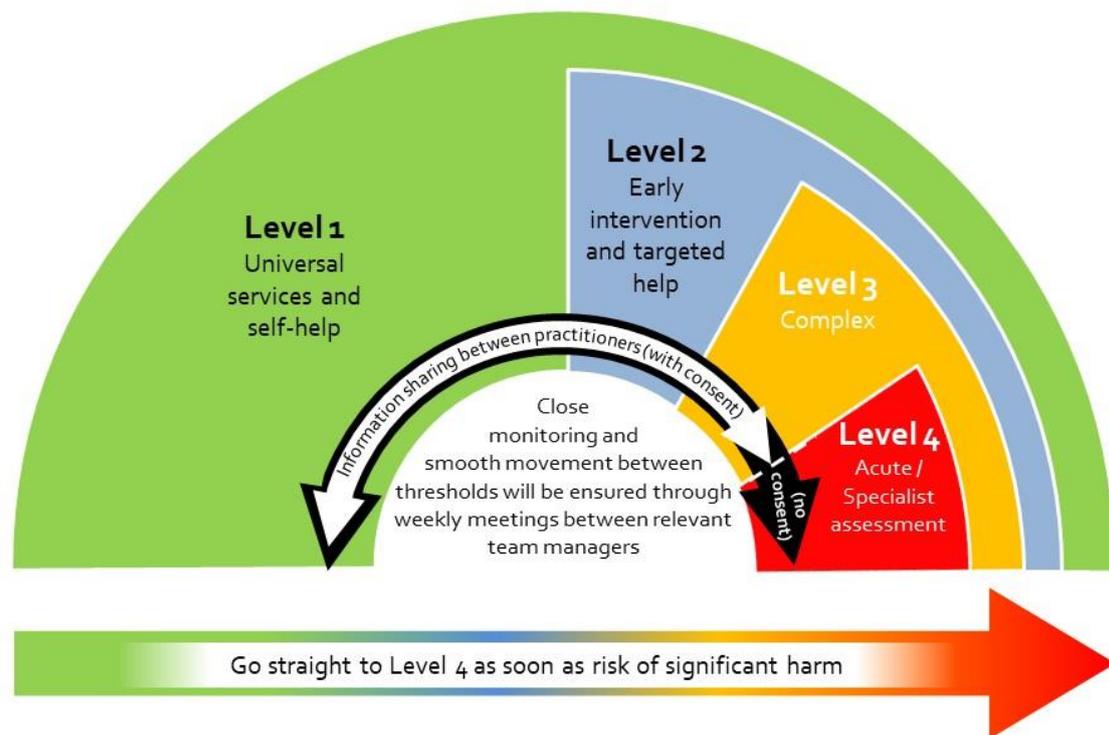
This document forms the guidance for practitioners to help them identify levels of need and therefore the appropriate response when a child needs help.

The threshold of need (often referred to as the continuum of needs) is a guide for all who work with individual children and/or their families and their managers. Practitioners should always use their professional judgement and take into account; the age of the child, context of the situation and any protective and resilience factors. The key to getting it right for children in terms of identifying a child and families level of need will always be an evidence based professional judgement.

This guidance helps to identify levels of need and how to meet them rather than a list of services that may be accessed. The indicators of concern below are simply examples of how a child may present if they have needs at that level, they are not an exhaustive list and by no means replace professional judgement.

In making a professional judgement about level of need and determining whether to make a child protection referral to children's social care, professionals should seek guidance and approval from their line manager or safeguarding lead within their agency. Where there is identified harm and/or likely harm and it appears that a child may be suffering, or at risk of suffering significant harm, NELC's Children's Front Door should be contacted immediately on (01472) 326292, option 2 or the Police on 999.

Levels of Support



The “Threshold of Need and Response” is based on the principle that support should be offered as soon as possible at the lowest level proportionate to the assessed needs of the child. Our aim is to support families and prevent things becoming more difficult to enable more families to continue to receive support from universal services.

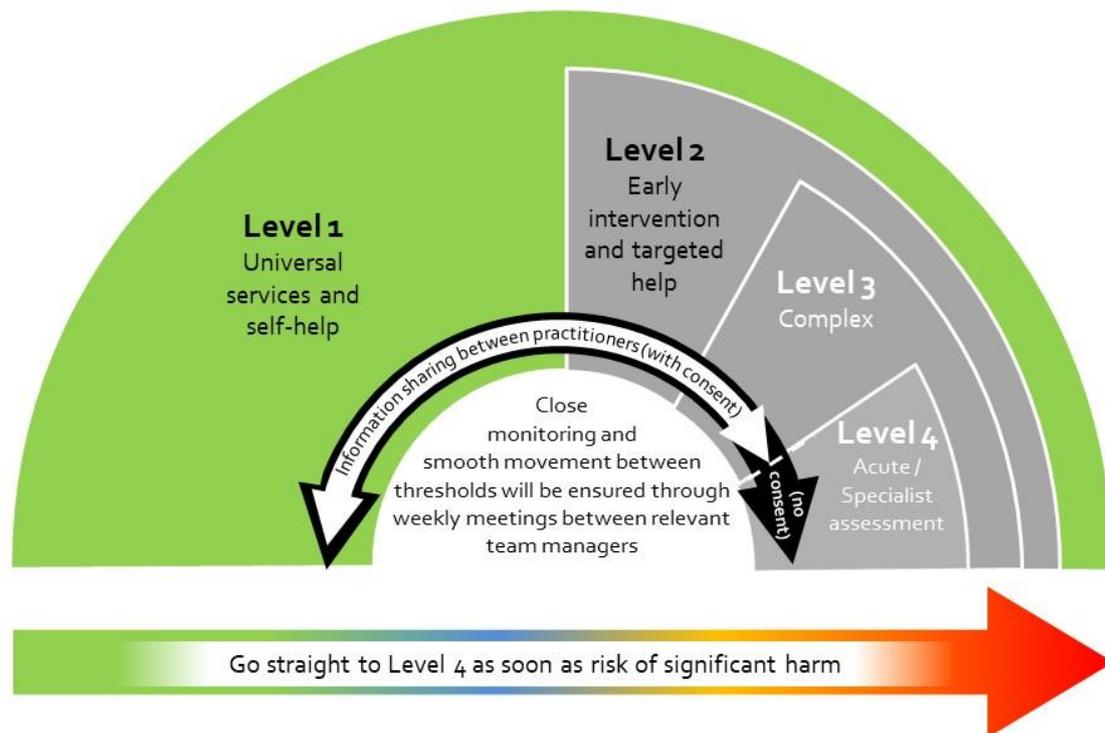
To help ensure the effective and efficient use of resources across all agencies the provision of services should be within a clear framework following the principles:

- Assessment
- Planning
- Intervention
- Review

Our model considers four levels of support:

- Universal Services and Self-Help
- Early Intervention and Targeted Help
- Complex
- Acute and Specialist Assessment

Level 1 – Universal Services, Prevention and Self Help



Families know how and are able to seek out the information they need or can ask for support from services such as the GP and schools. Universal services are accessible whatever the level of concern to help children reach their full potential.

Universal services have longer involvement with children and families and play a key role in helping them throughout their childhood. Services are encouraged to help and support children and families with whom they have contact to resolve need at this level

Indicators of Need

Child Developmental Needs

- Physically well
- Developmental assessments & immunisations up to date
- Meets developmental milestones
- Accesses Health services
- Attends school: Success and achievements are celebrated
- Good quality early attachments
- Positive sense of self and demonstrates feelings of belonging and acceptance
- Stable and affection relationship with caregivers and siblings

- Growing level of competencies and understanding in practical and emotional skills

Parenting Capacity

- Carers provide for children's physical and emotional needs and protects from danger and harm
- Shows emotional warmth and encouragement
- Carer provides appropriate boundaries and guidance

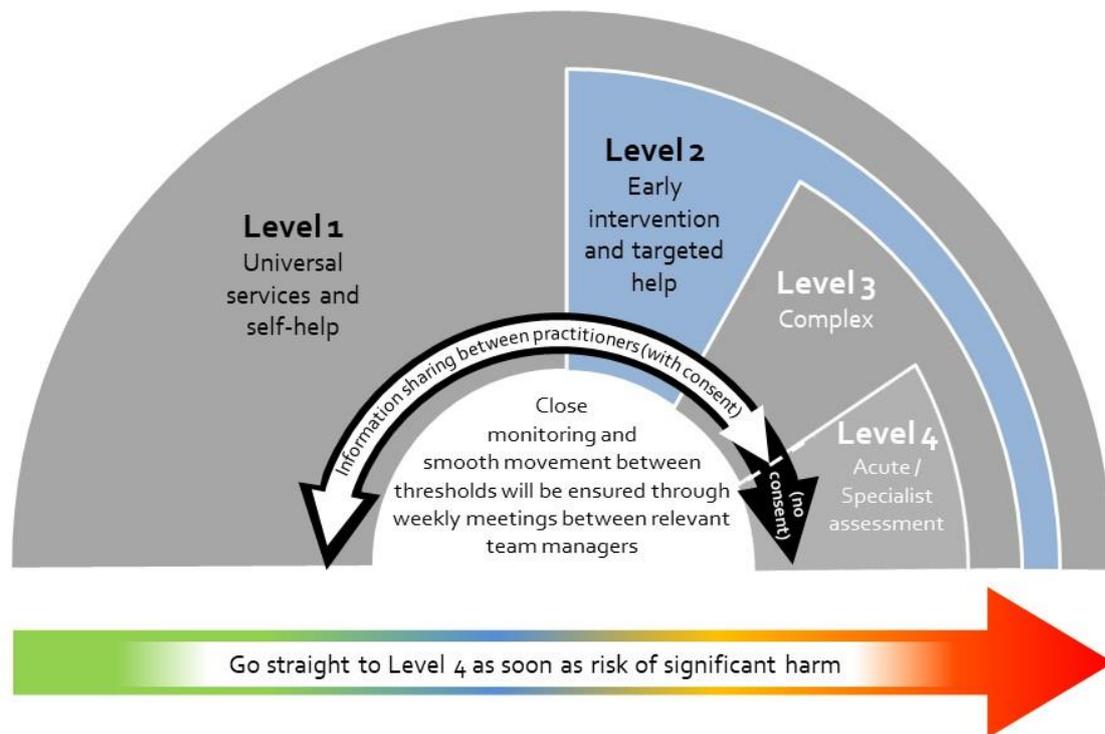
Family and Environmental Factors

- Supports development through play and access to a range of activities
- Family not living in poverty and have access to reasonable income which will support all areas of the child's development

Extra Familial Safety

- Child/ young person is sexually active and age appropriate which is in line with their mental capacity to make safe decisions. The child is engaging in consensual sex and practicing safe sex.
- Good quality relationships with peers, professionals and the community
- Child/ young person has supportive and age appropriate peers
- Child/ young person is attending a protective school context
- Child/ young person knows who to talk to and experiences appropriate response to any concerns
- Child/young person has socially acceptable, consensual and reciprocal relationships
- Child/young person is aware of safe online behaviour and knows who to contact if they experience digital harm.
- Family feels accepted by the community which supports positive home/ family life.
- Family have access to good, age appropriate facilities which support positive home/family life
- Parents aware of extra-familial risks in the community and are confident to raise concerns at an early stage
- Parents are connected to other parents of their child/young person's peers and know who to contact to ensure appropriate supervision
- Parents appreciate the limited choice and pressure that extrafamilial harm places on a child/young person and engage in protective support rather than blaming them for any harm taking place

Level 2 – Early Intervention & Targeted Help



The child or young person requires further support to meet developmental milestones and/or achieve expected outcomes. He/She has specific additional needs which can be addressed by one or more agencies working in partnership with the child, young person and their family.

Services here are designed to ensure that such needs are addressed to enable children and young people to achieve their best outcomes and prevent deterioration or escalation of their needs.

An Early Help Assessment and action plan with a lead professional will help identify all areas of need and coordinate a planned response with the child, parents/carers and partner agencies.

The child's additional needs will be met primarily within your setting, with additional specialist or short-term intervention from another agency where required.

The **universal services** identified under level 1 and **in addition**: voluntary and community agencies commissioned to provide early help services, some aspects of Locality Family Hubs; education welfare services; education psychology; NEET advisory services; targeted drug and alcohol services; speech and language therapy (group work); occupational therapy; parenting support

Where advice, guidance and targeted Locality Hub intervention is required, a Multi-Agency Referral Form can be used to request additional support from the safeguarding partnership.

Indicators of Need

Child Developmental Needs

- Concerns emerging re: diet / hygiene / clothing
- Health problems emerging & not being attended to / not accessing universal services e.g. GP and dentist
- Parents and children need additional support and guidance in reaching developmental milestones (e.g. under stimulation which is impairing development and delaying speech and language)
- Reduced opportunities for play / socialisation
- Substance Misuse / Sexual Health worries
- Emerging Mental Health concerns
- Reduced school attendance (below 90%)
- At risk of permanent exclusion / multiple fixed term exclusions
- Experiencing or involved in bullying
- Special Educational Needs and Disabilities
- Complex health needs
- Disengaging from education, training or employment post-16
- Child has become recently withdrawn without any indication of why
- Poor/inappropriate peer group relationships
- Family/adult relationships impacting on emotional well-being
- Some observations of inappropriate responses and behaviours
- Displays anger and frustration regularly and is easily upset
- Displays disruptive or anti-social behaviour and low level criminal activity
- Age appropriate self-care skills are limited
- Regularly coming home late or going missing
- Over sexualised dress
- Sexualised risk taking including on the internet
- Unaccounted for monies and goods
- Poor self-image
- Eating disorders
- Low-level self-harm

Parenting Capacity

- Reported parental conflict or lack of parental support / boundaries
- Teenage pregnancy or expectant teen father (under 18) with lack of support from family network or concealed pregnancy
- Poor parental engagement with services
- Parent is struggling to ensure children's physical, educational and emotional needs are met
- Unrealistic parental expectations or perceived to be a problem by parents
- Previously looked after by the local authority
- Child previously subject of a child protection plan
- Parent is suffering from minor to moderate physical / mental health problems/ learning difficulties (e.g. post-natal depression)
- Parental drug and/or alcohol use (emerging worries about the impact on the child)
- Child treatment in the family shows some inconsistencies.
- Parents are unprepared for parenthood
- Parental sensitivity and attachment concerns emerging

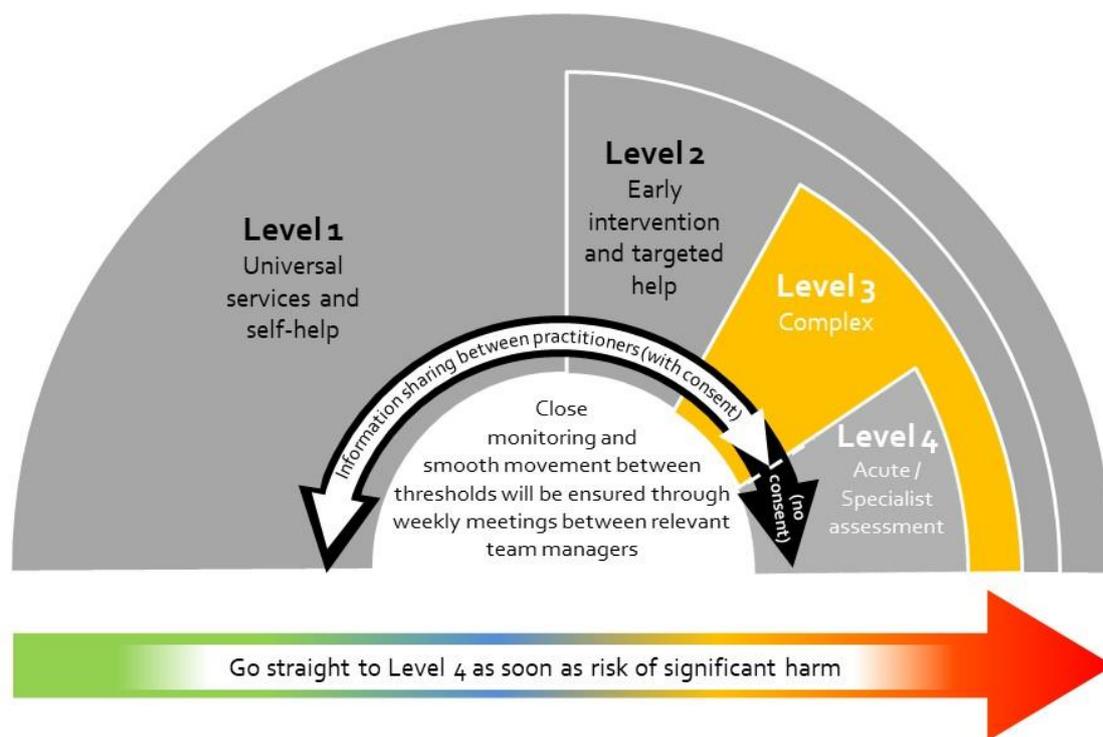
Family and Environmental Factors

- Young Carers
- Emerging early indications of neglect
- Family conflict/difficulties that can involve children
- Has experienced loss of significant adult e.g. bereavement or separation
- Family is socially isolated/excluded
- Debt, poor housing and home conditions which impact on ability to care for children
- Exposure to adult anti-social behaviour and criminal activity
- Poor or overwhelming care coordination for a child with disabilities
- Concerns about the impact of extremist views / radicalisation of child – you should discuss this with your agencies designated safeguarding lead and consider and follow the extremism procedure

Extra Familial Factors

- Isolated missing incident
- Difficulties with peer relationships at their educational provision
- Child/young person is being bullied within their education provision
- Child/young person experiences levels of academic pressure which places them under stress
- Difficulties with peer relationships within the community
- Being a victim of crime within the community
- Family experiencing harassment, discrimination or are victims of crime
- Child/young person feels unsafe to go into neighbourhood spaces beyond their immediate environment
- Parent/ carer lacks awareness around child exploitation and extra familial harm.
- Absence of appropriate concern to implement parental safeguards in relation to their child/ young person's harmful digital activity
- Parent unable to give a picture of child/young person's peer group

Level 3 – Children and Families with Complex Needs



The child or young person is at significant risk of not achieving expected outcomes. He or she has high level or complex needs which require co-ordinated, multi - agency support with an Early Help Assessment and action plan; a lead professional; and a team around the family approach. Or it might be a child with safeguarding concerns but no other needs. He or she may meet the threshold for assessment as a child in need under section 17 of the Children Act 1989.

If an Early Help assessment and plan has previously been completed within universal services at levels 1 or 2, then this will be critical in helping agencies target further interventions effectively. Children with needs at level 3 may also benefit from an Education, Health and Care Plan. Some children and young people may not have received early help at level 2 prior to presenting with needs at level 3, and in this case an Early Help assessment may not be available.

A referral to the Integrated Front door of Children Services is required so that a decision can be made on what support is needed and which service is best to address . At level 3 if it is determined that the Child/Family requires additional support then an Early Help Assessment of need is completed by the Early Help Practitioner with information collated from a broad range of agencies with the consent of the parent/ child so that a holistic view is gained. Where required an Early Help Plan to support will be created to detail how support will look. If you consider as a Professional that you know a Family or a Young Person that would require this level of support then to commence the Early Help Assessment tool with the parent/ Carer would ensure that the response is timely.

Indicators of Need

Child Developmental Needs

- Substantial and life-long disability or health problems requiring specialist service provision
- Life threatening conditions
- Chronic or reoccurring health problems
- Increased mental health needs requiring intensive support, emotional and behavioural difficulties
- Persistent and problematic involvement in alcohol and substance misuse
- Children whose behaviour has been sexually harmful
- Dysfunctional family relationships impacting on emotional well-being
- Children who regularly go missing or put themselves in danger
- Long term neglect which significantly impacts on child's development
- Unaccompanied children
- Dangerous sexual activity and/or early teenage pregnancy
- Young people at risk of sexual exploitation through their own vulnerability or their association with others
- Multiple A & E attendances
- Persistence absence from school with or without adult acceptance
- Child in danger of permanent exclusion / has been permanently excluded. On roll but not engaging with alternative provision
- Associated with known criminals or high-risk peer group relationships
- Concerns regarding being groomed into Child Criminal Exploitation/organised criminal groups
- Becoming violent, aggressive and anti-social behaviour and involved in criminal activity or in custody
- Difficulties in accepting/identifying race, gender, sexuality which is impacting on emotional well-being
- Impact of repeated domestic abuse incidents

Parenting Capacity

- Mental or physical health problems, learning disability or substance misuse that severely impacts on ability to provide appropriate care for child /family.
- Family / child homeless
- Pregnant care-leavers up to 25yrs where concerns exist about lifestyle and ability to provide suitable care
- Providing substantial care to a child with life- long disabilities whose needs cannot be met by additional support
- Repeated domestic abuse incidents
- Serious parent / child relationship problems which may also result in family breakdown
- History of concerns around parent's offending behaviour
- Lack of parental cooperation is having detrimental impact on the child's welfare and safety
- Indicators and concerns of forced marriage/honour based violence/female genital mutilation (FGM) that requires further assessment and parental/sibling disclosure of FGM within the family

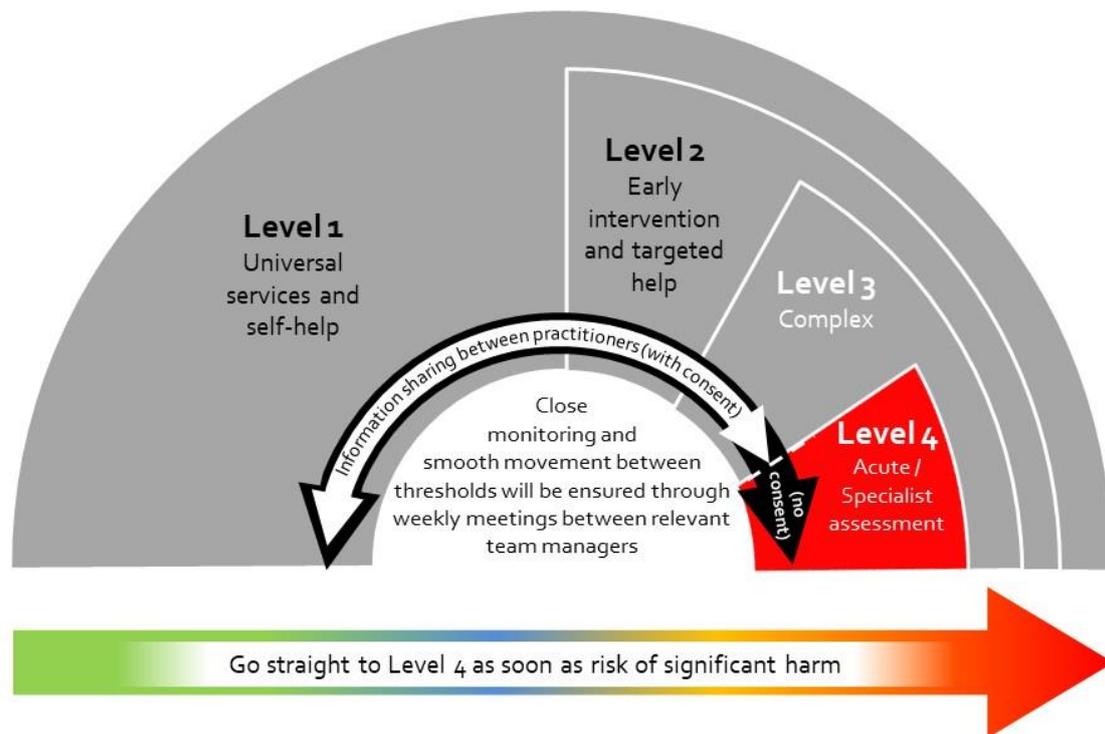
Family and Environmental Factors

- All children in homeless accommodation for more than 6 months / housing places child in danger
- Serious debts / poverty impacting on ability to meet family's basic needs, (heat, food, clothing, hygiene) and ability to care for child
- Escalating victimisation / harassment / poor quality services not meeting the needs of the family or Family is socially excluded
- Continued inconsistencies in parenting leading to significant attachment difficulties
- Family not accessing community resources/services identified for them or not entitled to benefits
- History or current problematic substance misuse (parent / sibling)
- Family involved in criminal activity
- Inaccessible housing or need for aids and adaptations

Extra Familial Factors

- Child/young person is attending health services for sexually transmitted infections or unwanted pregnancies and there are concerns that they are engaging in sexual relations due to peer pressure
- Attendance at A&E due to injuries or risks experienced in extrafamilial settings
- Child/young person is being pressured to become gang-involved
- Child/young person exposed to violence and trauma within their peer associations
- Child/young person is illegally employed
- Child/young person is aware of others carrying weapons and feels compelled to do so themselves
- Child/young person exposed to the selling or use of illegal substances
- Child/young person's sibling role models increase risk of criminal or sexual exploitation
- Increasing levels of intelligence raising concerns for child around extra familial harm
- Child/young person is becoming involved within ASB and criminality within the community.
- Child poses a risk of harm to others
- Parents minimise any concerns around extra familial harm
- Parents are supportive of child attending contexts of concern
- Parents are supportive of negative peer associations.
- Increasing number of missing episodes.

Level 4 – Children with Acute/Specialist needs- Significant Harm



Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of **significant harm as the threshold that justifies compulsory intervention in family life in the best interest of children**, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering / likely to suffer, significant harm. At this level children and Young People are high risk/ high need or both and will require a Social Work intervention. An Assessment of Need is undertaken by the Social Work service (with consent if it is not a safeguarding issue) and without consent if it places the Child at further risk. This is an evidence-based decision made at the point of referral to Children's Social Care.

At this threshold level, where there is a need for an immediate referral to Children's Services and/or Humberside Police, a multi-agency enquiry led by a social worker will be undertaken to ensure children are protected and kept safe.

Indicators of Need

Child Developmental Needs

- Substantial, life-long disability, complex health needs, extreme challenging behaviour, significant learning disabilities, autistic spectrum disorder with safeguarding concerns
- Severe/ chronic health problems

- Acute mental or physical health need
- No educational provision
- Fabricated or induced illness
- Inappropriate sexual behaviour
- Sexual activity under 13
- Sexual exploitation or is a victim of trafficking
- Criminal Exploitation or victim
- Causes significant harm to other children and young people through violent or sexual offending
- Endangers own life through self-harm/ substance misuse (inc alcohol)/eating disorder
- Experiences persistent discrimination due to race, sexuality, gender, culture
- Is socially isolated and lacks positive role models
- Alienates self from others
- Significantly distorted self-image
- Significant low self esteem
- Extremist views
- Unaccompanied asylum seeker
- Pregnancy where there have been previous child protection concerns and/or concerns about risk to unborn child arising from parental health and lifestyle
- Persistent neglect (inadequate clothing, bedding and nutrition) and/or children not achieving developmental milestones despite intensive support
- Indicators and concerns of forced marriage/honour based violence/female genital mutilation (FGM) that requires further assessment and parental/sibling disclosure of FGM within the family
- Subject to Anti-Social Behaviour Order (ASBO) or Acceptable Behavioural Contract (ABC) or regularly appearing in court for ASB / criminal activity
- Young carer has significant responsibilities that result in neglect
- Unable to make positive choices for self
- Significant self-neglect due to substance misuse

Parenting Capacity

- Concerns that extremist views / radicalisation may/is causing a child harm
- Child/children previously subject to Child Protection Plan
- Child/children previously removed from parents care
- Families with history of statutory involvement and referrals to Social Care
- Parents/carers do not accept concerns, fail to or are unwilling to engage in extensive support offered
- Victim of crime
- Inconsistent parenting / highly critical / apathetic towards child, impairing the child's emotional development
- Persistent domestic abuse recurring aggression, controlling behaviours and violence in the home
- Child/young person out of control in the community
- No relevant stimulation appropriate for age, may be inappropriate and harming e.g. exposure to inappropriately sexually explicit material at a young age
- Chronology of missed/cancelled appointments which are showing a significant impact on the child's physical, mental and/or oral health

- Parents unable to sustain “good enough” parenting that is adequate and safe despite intensive support
- Parent’s mental health problems or substance misuse significantly affecting the care of the child
- Parental delusional beliefs which may harm, target or distress a child

Family and Environmental Factors

- Involved in serious criminal acts that may impact on the child e.g. drug dealing, ASB
- Chronic substance misuse
- Persistent anti-social behaviour within family
- Extreme poverty/debt impacting on ability to care for child/children
- Chronic and long term unemployment due to significant lack of basic skills or long standing issues such as substance misuse / offending
- Accommodation places the child in danger
- No fixed abode or homeless
- Family socially excluded
- Persistent transient families
- Family do not access any services
- Family refuses appropriate services

Extra Familial Factors

- Evidence of physical, emotional or sexual harm/ exploitation or neglect perpetrated by peers or adults in the community (not connected to the family)
- Child/young person appears to participate in activity which causes imminent risk of harm to themselves or others and which suggest they have a limited range of behaviour choices available to them
- Disclosure of significant harm from child/young person which is caused by and/or takes place in an extra-familial context
- Young person has been victim of knife or gun related injury
- Child/young person appears to have been trafficked
- Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing
- Missing or trafficked child/ young person primarily due to ‘pull’ factors outside the home
- Child/young person groomed into sexual or criminal exploitation as either victim or instigator at school/ through school based networks
- Child/young person exposed to physical or sexual violence at school or through school
- Suspected rape of a child/young person perpetrated by another child/young person or adult not connected to the family
- Child/young person being groomed into violent extremism
- Child/young person being sexually exploited
- Child/young person exploited for criminal purposes
- Severe and/or complex relationship difficulties outside the home (i.e. peer group) leading to significant impairment of functioning and wellbeing
- Child/young person involved in group sexual offence

- Child/young person persistently goes missing
- Parent blames child/ young person for the harm they experience outside the home
- Parent seems to collude with extra-familial harm, i.e. facilitating/supporting harmful peer activity through the provision of resources

Child Sexual Abuse in the Family Environment

Intra-familial child sexual abuse refers to child sexual abuse (CSA) that occurs within a family environment. Perpetrators may or may not be related to the child. *The key consideration is whether the abuser feels like family from the child's point of view.*

Around two-thirds of all CSA reported to the police is perpetrated by a family member or someone close to the child. CSA in the family is rarely an isolated occurrence and may go on for many years.

Much abuse in the family remains undisclosed. Children may fear their abuser, not want their abuser to get into trouble, feel that the abuse was 'their fault', and feel responsible for what will happen to their family if they tell. Disabled children and some black, Asian and minority ethnic children face additional barriers.

The statutory definition of CSA Working Together to Safeguard Children, Department for Education (2018)

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

Indicators and Signs

Indicators of child sexual abuse suggest a child is experiencing (or has experienced) actual child sexual abuse, however like protective factors.

- Not all indicators of child sexual abuse are distinctive to child sexual abuse alone and may signal other problems.
- A child displaying these signs has not necessarily been sexually abused.
- Most cases of child abuse are not identified based on a single indicator but rather on clusters of indicators.

The absence of indicators does not exclude the possibility that abuse is occurring.

Physical Indicators

- Genital pain/soreness
- Genital/rectal bleeding or discharge
- Enuresis (wetting the bed at night)
- Types of sexually transmitted infections may be indicators of sexual abuse (for example Hepatitis B, anogenital warts, gonorrhoea, chlamydia, syphilis. Genital herpes, hepatitis C, HIV or trichomonas infection)
- Pregnancy, especially when the identity of the Father is concealed; the child is 13 and under; and if there is a concern that a child has been sexually exploited

Physical indicators may be a sign of other medical conditions and not necessarily child sexual abuse. Alternative explanations should be pursued as well as consideration of sexual harm where the physical indicators may have no alternative medical explanation, or they are outside of 'normal' developmental stages.

The evidence base on physical signs of child sexual abuse is limited, partly because of the problems involved in conducting research in this area. Observable signs are relatively uncommon; this might be explained by the timing of examinations in relation to the abuse (NICE, 2009).

Where physical signs might be present, they are unlikely to be easily observable by social workers or other support practitioners. Signs of discomfort, however, may suggest there are possible medical problems to be assessed. Discomfort may cause the child to limp, perform poorly at sport, drop out of strenuous play activities, or even have difficulty sitting still. Information from other partner agencies such as health, including sexual health, will be beneficial in building a picture. The views of both children and parents would be important in determining whether there are any unexplained injuries or discomfort.

Demeanour and Behaviour Indicators

The indicators listed below are identified in the literature as being potential impacts of child sexual abuse. Other demeanours and behaviours not listed here may also indicate child sexual abuse. Demeanours and behaviours may not be related to child sexual abuse at all. These must be considered in relation to other information to hand.

- Indirect or non-verbal help seeking. It may not immediately be recognised that a child is trying to tell someone what has happened. A child may say something like 'I don't like going to Grandad's house or 'I know a girl who'
- Fearfulness, where there are no other evident explanations
- Becoming withdrawn/withdrawing communication, particularly where this is a significant change from prior personality/behaviour
- Low self-esteem
- Internalising behaviours (this includes internal stresses such as anxiety and depression)
- Externalising behaviours (these represent interpersonal conflict such as aggression, oppositional behaviour and other 'anti-social' behaviours)
- Nightmares
- Extreme distress

- Sudden and unexplained behavioural or emotional change
- Sleep problems in the absence of alternative explanations
- Concentration problems
- Sexual curiosity and knowledge (outside of developmentally appropriate standards). This might include persistent and inappropriate sexual play with peers, toys, animals or themselves, sexual themes in a child's artwork, stories, or play
- Repeated and coercive sexualised behaviours, particularly in boys
- Dissociation in the absence of a known traumatic event unrelated to abuse; dissociation is a transient state in which the child becomes detached from current, conscious interaction and this detachment is not under voluntary control. A child may appear disconnected or focused on fantasy worlds
- Non-suicidal self-injury (self-harm which includes cutting, scratching, picking, biting, tearing skin, pulling hair out of eyelashes and taking prescribed medications at higher than therapeutic doses)
- Suicidal ideation/attempts
- Hypervigilance, which involves being in a constant state of arousal. A child may appear tense, 'on edge' and may demonstrate hostility, especially if they feel threatened
- School adaptation may be suffering (for example, arriving late at school or leaving early; non-participation in school activities or performance is failing)
- Poor or deteriorating relationships with peers
- Substance abuse
- Experiencing sexual exploitation; the evidence suggest that prior sexual abuse may be a risk factor for child sexual abuse. If a child you are working with has experienced child sexual exploitation, you may wish to consider prior childhood experiences

The Brook Sexual Behaviours Traffic Light Tool can help you to make decisions about certain behaviours and whether they are concerning. The tool differentiates between behaviours that may be normal in very young children but in older children may be more concerning and vice versa.

https://legacy.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf

The tool uses a traffic light system to categorise the sexual behaviours of young people and is designed to help professionals:

- Make decisions about safeguarding children and young people
- Assess and respond appropriately to sexual behaviour in children and young people
- Understand healthy sexual development and distinguish it from harmful behaviour

By categorising sexual behaviours as green, amber or red, professionals across different agencies can work to the same standardised criteria when making decisions and can protect children and young people with a unified approach.

Protective Factors

A protective factor is a characteristic associated with a lower likelihood of experiencing child sexual abuse in the family environment or which reduces the level of risk a particular risk factor presents on child sexual abuse in the family environment. The existence of a protective factor does not rule out that abuse has taken place.

Protective factors can be targeted and strengthened in direct work with children and families.

Child Protective Factors

- Good health, history of adequate development
- Above-average intelligence
- Hobbies and interests
- Good peer relationships
- Positive school experiences: academic, sporting or friendship-related
- Good and mutually trusting relationships with teachers
- Development of skills, opportunities for development and mastery of tasks
- Positive disposition
- Active coping style
- Positive self-esteem
- Good social skills
- Internal locus of control (a belief that one can control their own life)
- Balance between help-seeking and autonomy

Parental/Family Protective Factors

- Secure attachment; positive and warm parent-child relationship
- Supportive family environment
- Household rules/structure; parental monitoring of child
- Extended family support and involvement, including caregiving help
- Stable relationship with parents
- Parents have good coping skills
- Family expectations of pro-social behaviour
- Higher levels of parental education

Social/Environmental Protective Factors

- Adequate parental income
- Social support for mothers; particularly around birth to ease perinatal stress
- General social support through links with other parents, local community networks and faith groups
- Access to healthcare and social services
- Consistent parental employment
- Adequate housing
- Good schools

Harmful Sexual Behaviour by Children

Within North Lincolnshire there is a Harmful Sexual Behaviour (HSB) Panel underpinned by a range of HSB trained multi-agency practitioners. This panel facilitates assessment and intervention including for children who display sexually harmful behaviour within the family environment

Neglect

The LSCB strategy for neglect in North East Lincolnshire provides clear Practice Guidance and a Protocol for all agencies to follow to support professional practitioners working with families where there are concerns about child neglect.

North East Lincolnshire Safeguarding Children Partnership has adopted the Graded Care Profile V2 assessment tool for neglect to enable early identification of concerns. This tool should be used alongside the single assessment and can be downloaded from the **Safer NEL website**. Professionals can also download the competency framework to identify with their manager or supervisor the levels of neglect training that is required according to role and responsibilities.

Worried about a child? Don't Worry, Don't Wait

If you are worried that a child may have been harmed or may be at risk of harm, make a referral to the Integrated Front Door.

If you have any safeguarding queries, please call NELC's Children's Front Door on Tel: 01472 326292 (option 2) (Mon – Fri 8.30am – 5.00pm)
or e-mail NELCChildrensFrontDoor@nelincs.gov.uk

To speak to somebody outside of office hours, please call the Emergency Duty Team on the same number.

If a child is in immediate danger always call 999

For further advice and guidance on North East Lincolnshire's thresholds or safeguarding arrangements please contact:



The Safeguarding Children Partnership

3 Town Hall Square
Grimsby
DN31 1HX Tel: 01472 326118