

Right Help, Right Service, Right Time.

Making Children's Lives Better

Continuum of Need • City of Southend Threshold Guidance



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SOUTHEND
Safeguarding
Partnership



Southend-on-Sea
City Council



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Foreword

Right Help, Right Service, Right Time (RHRST) is our Multi-Agency Threshold Document and is essential guidance for everyone who works with children and their families across the City. It outlines how local practitioners work together to safeguard and promote the welfare of all children in Southend-on-Sea.

RHRST replaces our previous Threshold Document from July 2021 and has been refreshed and revised in order to clarify levels of need and how they should be applied. The aim is for a shared understanding of how we can make sure that children and families receive the right help, at the earliest opportunity, from the service who knows them best.

RHRST sets out the thresholds that all partners will apply when working with children and their families with the shared goal of putting the child and the family at the centre of everything we do. This revised threshold guidance builds on the strengths and learning from previous versions and sets the local arrangements to:

- Identify, assess and respond promptly to children's needs across our continuum at the lowest level appropriate from those who know them best.
- Guide discussions with the child and family highlighting the necessity for all agencies to work in partnership in order to safeguard and protect children across the City.
- Access additional services to address children's needs.
- Seek advice and guidance about thresholds and interventions.

RHRST has been developed with partners and remains rooted in strong multi-agency working to achieve the best for Southend's children. All professionals working with children have a vital role to play in building positive and trusting relationships that enable them to recognise need and act quickly and proportionately to prevent needs escalating.





All services and practitioners including commissioned services, working in Southend should ensure their policies and practice embed the requirements outlined in this policy which has been drafted in line with the requirements of the Government's statutory guidance 'Working Together to Safeguard Children 2018'.

The statutory safeguarding partners would like to acknowledge and thank all those who participated in and contributed to this revised and refreshed guidance.

Michael Marks
Executive Director
(Children & Public Health)
Southend-on-Sea City Council

Linda Moncur
Director of Nursing for
Safeguarding, Nursing &
Quality Directorate

Andrew Waldie
Detective Chief Superintendent,
Head of Crime & Public
Protection Command

1. Vision, Values and Principles

Our Vision

“

A Southend where all children experience love, a sense of safety and the opportunity to achieve success.”

How we will achieve our vision

We will...

- Support and embed a Restorative Model of Practice
- Support and challenge staff through strong leadership
- Create an environment where good practice can flourish
- Accept nothing but consistently high standards
- Embrace innovation and creativity, remaining agile in our approach
- Celebrate our diversity, not tolerating discrimination of any kind

Our Ways of Working

Driving positive change

We believe everybody has the capacity for change and the right to another chance and we commit to working together with our children and their families to achieve better outcomes.

Trust and respect

We will earn the trust of people we work with through working in a respectful manner, always and by doing what we say we will.

Building relationships to work well together

Restorative Practice is at the heart of everything we do. We will always seek opportunities to work alongside the children and families we serve.

Acting with integrity and behaving responsibly

We will work with children and their families in a way that is open transparent and accountable.

Demonstrating strong leadership

We will be held to account by strong leaders who offer high challenge and high support and remain focused on delivering good or better outcomes for children and their families.

We should always be able to say:

All paths lead back to the child

- Every action, meeting and decision is purposeful and keeps the child at the centre of all we do.

We spend time getting to know each child and their story

- Our actions and decisions are based on our understanding of who they are and their individual circumstances.

We do what we say we're going to do

- We are committed to the children and families of Southend-on-Sea, and we do what we say we will. Some conversations may be difficult, but we will share information in a clear, open and honest way.

We work with the whole family

- Working in a restorative manner is at the heart of our practice, involving the whole family and building on the strengths they already have.

No matter what, we aim to make things better

- We always aim to improve lives through our involvement with children, their families, and their communities.

2. Children Have Different Needs

Right Help, Right Service, Right Time sets out four levels of children's needs:



Level 1 Universal **GREEN**

Children are thriving.

All children and families have core needs such as, parenting, health, education, and social relationships which can normally be met by their families and Universal Services. Early years, education, health care, maternity services, housing, youth provision, leisure services, voluntary organisations and community and faith groups are well placed to recognise and respond when extra support may be necessary due to a child's changing developmental, health and wellbeing needs and / or because of parental or family circumstances. These services are provided as a right to all children and should be accessed directly.

“ My needs are met, and I am achieving my expected outcomes. ”

Level 2 Early Help (Low risk to vulnerable) **YELLOW**

Children and families are just coping.

Children of all ages, have additional or emerging early help needs that are starting to impact on their daily life. These needs can no longer be met through universal services alone and require additional help from one or more services, working together to promote welfare and wellbeing and reduce the likelihood of problems escalating. The service or professional that knows the child or family best should work with them to agree an Early Help Plan, using a team around the family approach to meet the identified, unmet needs at the earliest opportunity. It is also strongly recommended that a Graded Care Profile 2 tool is completed where neglect is a concern. Advice and consultation can be sought from the Supporting Families Service to guide this work.

“ I may need some extra help alongside Universal Services to meet my needs. ”

Level 3 Intensive Support for Children & Families (medium risk) AMBER

Children and families are struggling to cope or are not coping.

Children and families have multiple needs that are not being met or are only partially being met. These unmet needs mean the family experiences frequent stress. The children and family require coordinated multiagency Intensive Family Support from several services. This works best when the family have an existing relationship with a known professional able to engage them and the relevant agencies to coordinate support through one plan. It can also be led by the Supporting Families team.

Families who require this level of support will have an updated Early Help Plan clarifying the outstanding needs of the family and the impact of the previous early help support offered at Level 2. It is strongly recommended that a Grade Care Profile 2 tool is also completed where neglect is a concern.

“ My needs are more extensive. I need different services to work together to promote my welfare. ”

Level 4 – Complex & Significant (High risk)

RED

Children have suffered or are likely to suffer significant harm and children with complex disabilities.

Children and families have multiple Complex and Significant needs that are enduring and cross many domains that cannot be met without specialist intervention. They meet the threshold for statutory intervention from children’s services and partner agencies under the Children Act 1989

“ I am a child in need of protection. I may be or I am at risk of abuse/exploitation and/or neglect. ”

or

“ I am a child in need because I have a disability. ”

Children's needs diagram

Universal Needs:

All children have a right to a range of services – professionals will assess families to make sure that their general needs are met.

Early Help:

Is when a child and their family have needs that require support and interventions above and beyond normal universal services.

Intensive Support for Children & Families:

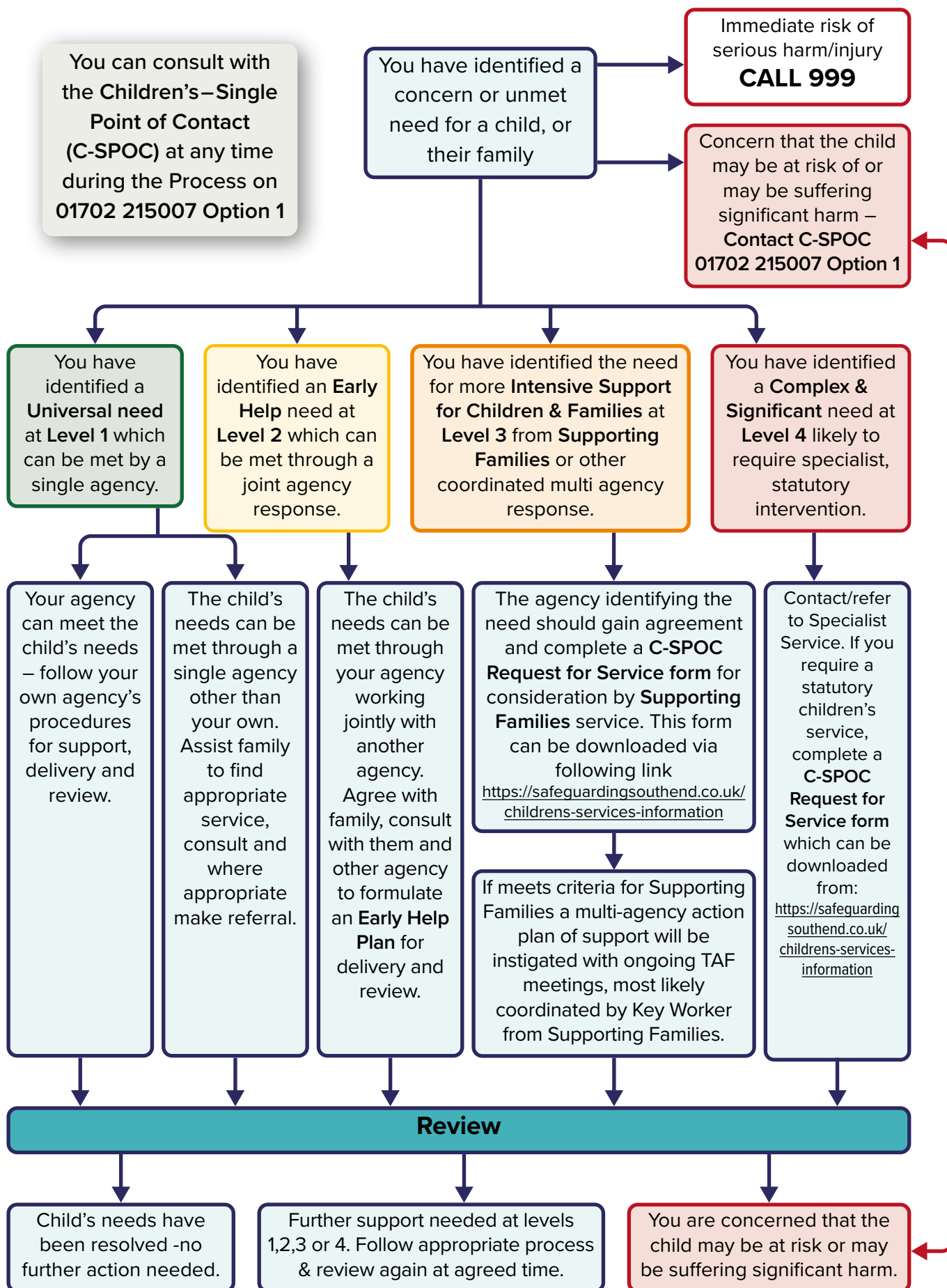
Is when a child and their family have needs that may require an intensive or substantial package of support which can be met without the need for statutory intervention.



Complex/ Significant Needs:

Is when the child's health and development may be impaired without the provision of services or where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm.

3. Threshold Guidance Process



4. Levels of Need

Level 1 – Universal Services

Accessing Services at Level 1

All children and families have core needs such as parenting, health, education and social relationships which can normally be met by their families and universal services. Where children make overall good progress in most areas of their development, universal services such as education, health care, maternity care, housing, youth provision, leisure services, voluntary organisations and community and faith groups are normally well placed to meet their needs. Those working with children and their families should be able to assist and support families to identify and directly access appropriate universal services locally.

Indicators of Need at Level 1

The information listed under each of the four headings should be considered as an indication of the likely level of need only. It is essential to talk to children and their families in more detail to explore the context and individual circumstances behind the presenting need. With this information the professional should be able to form a judgement as to the level of support required. The indicators are provided as a guide and not a pre-determined level of response.



Health

- Physically well
- Nutritious diet
- Adequate hygiene and dress
- Developmental and health checks / immunisations up to date
- Developmental milestones and motor skills appropriate
- Sexual activity age-appropriate
- Good mental health

Emotional Development

- Good quality early attachments
- Able to adapt to change
- Able to understand others' feelings

Behavioural Development

- Takes responsibility for behaviour
- Responds appropriately to boundaries and constructive guidance

Identity and Self-Esteem

- Can discriminate between safe and unsafe contacts

Family and Social Relationships

- Stable and affectionate relationships with family
- Able to make and maintain friendships

Learning

- Access to age appropriate books and toys
- Enjoys and participates in learning activities
- Has experiences of success and achievement
- Sound links between home and education provision
- Planning for career and adult life

Basic care, ensuring safety and protection

- Physical needs are met, e.g., food, drink, appropriate clothing and housing, medical and dental care
- Consistently protected from danger or significant harm

Emotional warmth and stability

- Shows warm regard, praise and encouragement
- Ensures the child has stable relationships

Guidance, boundaries and stimulation

- The child can develop a sense of right and wrong
- Child accesses leisure facilities as appropriate to age and interests

Family functioning and well-being

- Good relationships within family, including when parents or carers are separated

Housing, work and income

- Accommodation has basic amenities and appropriate facilities, and can meet family needs
- Managing budget to meet individual needs

Social and community including education

- They have friendships and are able to access local services and amenities
- Family feels part of the community

Level 2 – Early Help

Accessing services at Level 2

We know that early help offered to families who are just starting to experience some difficulties can provide children with the support needed to reach their full potential; improve the quality of a child's home and family life and enable them to perform better at school and support their mental health (EIF, 2021). In short it is likely to prevent problems from escalating.

No-one would argue that prioritising early intervention undoubtedly increases the likelihood of success but this should not mean prioritising 'early years'. Rather it should be seen as intervening early in the life of a problem regardless of age and providing support that is needs led rather than threshold based. Impact is not greater or lesser dependent on age. It is just different.

At Level 2, Children have additional or emerging **early help** needs that are starting

to impact on their daily life and families may be beginning to experience problems coping alone. These needs can no longer be met through universal services in isolation and require additional help from one or more services, working together to promote welfare and wellbeing and reduce the likelihood of more significant intervention.

The service or professional that knows the child or family best should, as a starting point, instigate an honest and open conversation in which they share their concerns at the earliest point. All services working with children and families play a part in the early help offer and are, in the first instance, most likely to be education providers, health services, Children's Centres and those in the third sector. With the family's agreement, the professional raising the concerns will then work with them to produce a shared **Early Help Plan** focusing on the family's strengths, priorities and areas requiring



additional support. This takes account of the family's whole system, identifying resources already available as well as those that are needed but missing. Where neglect is a concern, it is also strongly recommended that the **Graded Care Profile 2 tool** is completed.

The practitioner leading this work, sometimes called the Lead Professional, will coordinate an **Early Help Plan** using a **Team Around the Family** approach designed to address any unmet need at the earliest opportunity. An **Early Help Plan** is a tool to use with the family to discuss and record needs and strengths that they identify as well as areas where they require support. Advice and consultation can be sought from the **Early Help Advisor** in the Supporting Families Service if required.

A completed **Early Help Plan** remains the responsibility of the supporting agency / service to retain, in accordance with their own record keeping procedures. A copy of the

completed **Early Help Plan** should be given to all family members that were involved, including children (age and understanding permitting).

Level 2 services are **not** accessed via the Children's – Single Point of Contact (C-SPOC) and do not require the intervention of Southend Children's Services. There is no need at this level for specialist or intensive services.

Indicators of need at Level 2

The information listed under each of the four headings should be considered as an indication of the likely level of need only. It is essential to talk to children and their families in more detail to explore the context and individual circumstances behind the presenting need. With this information the professional should be able to form a judgement as to the level of support needed. The indicators are provided as a guide and not a pre-determined level of response.



Health

- Inadequate, limited or restricted diet, e.g. no breakfast, no lunch money, being under or overweight
- Child is continually delayed in reaching developmental milestones
- Minor concerns re: diet, hygiene, clothing
- Dental problems untreated / decay
- Missing routine and non-routine health appointments
- Concerns about developmental progress: e.g. bedwetting / soiling; speech impediment
- Vulnerable to emotional problems, perhaps in response to life events such as parental/carer separation e.g. child seems unduly anxious, angry or defiant for their age
- Experimenting with tobacco, alcohol or illegal drugs
- Frequent accidents
- Cause for concern or suspected child exploitation identified using the SET Partnership Child Exploitation Pathway tool ([link](#))

Emotional Development

- Some difficulties with family relationships
- Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn
- Some evidence of inappropriate responses and actions
- Limited engagement in play with others / has few or no friends
- Is at risk of suspension from school

Behavioural Development

- Not always able to understand how own actions impact on others
- Finds accepting responsibility for own actions difficult
- Responds inappropriately to boundaries / constructive guidance
- Finds positive interaction difficult with peers in unstructured contexts
- Additional needs for emotional wellbeing and mental health
- One-off occasional short periods of missing from home.

Identity and Self-Esteem

- Some insecurities around identity expressed e.g. low self-esteem, sexuality, gender identity
- May experience bullying
- May be perpetrating bullying behaviour
- Lack of confidence is incapacitating
- Child is demonstrating overt sexual behaviour/appearance e.g. inappropriately dressed for school
- Child subject to persistent discrimination, e.g., racial, sexual or due to disabilities
- Victim of crime or bullying

Family and Social Relationships

- Lack of positive role models
- Child has some difficulties sustaining relationships
- Low levels of parental/carer conflict/ infrequent incidents of domestic dispute
- Unresolved issues arising from parents or carers' separation, step-parenting or bereavement
- Occasional low level domestic abuse
- Children affected by parental/carer imprisonment

Self-care skills and independence

- Disability limits amount of self-care possible
- Periods of inadequate self-care, e.g. poor hygiene
- Child is continually slow to develop age appropriate self-care skills

Learning

- Some identified specific learning needs with targeted support and / or Special Education Needs and disabilities - Education, Health and Care Plan
- Language and communication difficulties
- Regular underachievement or not reaching education potential
- Poor punctuality and/or emerging patterns of persistent moving to severe absence from nursery or school
- Not always engaged in play / learning, e.g. poor concentration
- No or limited access to appropriate books and toys
- Some suspensions

Basic care, ensuring safety and protection

- Basic care is not provided consistently
- Parent or carer requires advice on parenting issues
- Some concerns around child's physical needs being met
- Young, inexperienced parents or carers
- Teenage pregnancy
- Inappropriate child care arrangements and / or too many carers
- Some exposure to dangerous situations in the home or community
- Unnecessary or frequent visits to GP or unplanned care settings e.g. Emergency Department
- Parent or carer stresses starting to affect ability to ensure child's safety

Emotional warmth and stability

- Inconsistent responses to child by parent or carer
- Parents or carers struggling to have their own emotional needs met
- Child not able to develop other positive relationships
- Starting to show difficulties with attachments

Family functioning and well-being

- A child is taking on a caring role in relation to their parent or carer, or is looking after younger siblings
- No effective support from extended family

Guidance, boundaries and stimulation

- Parent or carer offers inconsistent boundaries
- Lack of routine in the home
- Child spends considerable time alone, e.g. watching television
- Child is not often exposed to new experiences; has limited access to leisure activities
- Child can behave in an antisocial way in the neighbourhood, e.g. petty crime



Housing, work and income

- Family seeking asylum or refugees
- Periods of unemployment of parent or carer
- Parents or carers have limited formal education
- Low income
- Financial / debt problems
- Poor state of repair, temporary or overcrowded, or unsafe housing
- Intentionally homeless
- Serious debts / poverty impact on ability to have basic needs met
- Rent arrears put family at risk of eviction or proceedings initiated
- Not in Education, Employment or Training post-16

Social and community including education

- Some social exclusion or conflict experiences; low tolerance
- Community characterised by negativity towards children
- Difficulty accessing community facilities

Level 3 – Intensive Support for Children & Families

Accessing services at Level 3

To access services at Level 3 – Intensive Support for Children & Families please complete a **C-SPOC Request for Service form** which can be accessed via:

<https://safeguardingsouthend.co.uk/childrens-services-referral-form>

For a few families with more complex needs, the support of **Universal Services at Level 1** and **Early Help at Level 2**, using resources such as an **Early Help Plan** and **Team Around the Family** approach will not be sufficient. In such cases where professionals identify that a child and their family would benefit from a more intensive multidisciplinary response than they are able to provide; they should discuss this with the family and complete a **C-SPOC Request for Service Form** which can be accessed via:

<https://safeguardingsouthend.co.uk/childrens-services-information> (previously known as Early Help request for Support Assessment).

Where there are concerns around neglect, the **Graded Care Profile 2 tool** should also be attached. These should then be emailed to the **Children’s – Single Point of Contact** at C-SPOC@southend.gov.uk This is the route to requesting the involvement of the **Supporting Families Service** at **Level 3**.

Children’s – Single Point of Contact (C-SPOC) will triage the request and either provide advice and guidance to professionals about continuing with an **Early Help Plan** at **Level 2**, or if it is agreed intensive family support is

required, pass to the **Supporting Families Team** at Level 3 for further assessment.

The **Supporting Families Team** use various direct work tools and a ‘**Whole Family Assessment**’ is completed with the family prior to work beginning to identify their needs and bring together any current or additional agencies involved with the family. **Supporting Families team** will work with families where a range of complex needs have been identified and support at Levels 1 & 2 has been provided but needs remain unmet. **The Supporting Families service** will use their whole family assessment to identify needs in conjunction with the Supporting Families Framework. Intensive support may also be provided at this level by specialist services such as the Adolescent Intervention Prevention Team (AIPT). Evidence will be required that these needs have been identified and support at level 1 & 2 has been previously provided when submitting a **C-SPOC Request for Service form**.

The Supporting Families team support:

- Families with children who have poor school attendance or attainment are affected by behaviour difficulties.
- Families with members involved in crime or anti-social behaviour.
- Families affected by domestic abuse.
- Families living with drug and alcohol misuse.
- Families where children are unsafe or at risk of exploitation.
- Families where children exhibit significant behavioural difficulties.

- Families who are in insecure housing.
- Families who are at risk of financial instability, due to loss of employment, hours worked or significant debts.
- Families who are suffering from poor family relationships which is having an impact on children's emotional wellbeing.
- Families who are living with physical or mental health difficulties which is having a significant impact on the family's emotional wellbeing.
- Parents and carers who are struggling to provide their children with good early years developmental milestones.

Please be aware that this list of needs may qualify a family for support from the **Supporting Families** team and the team will work with other agencies to provide this support, however, needs such as housing, cannot be addressed in isolation by the **Supporting Families** team.

The **Supporting Families** team consists of a range of professionals with different backgrounds, expertise, and qualifications. At Level 3 a practitioner from **Supporting Families** usually acts as the Lead Professional working with families to help them find solutions to their needs. **Children's – Single Point of Contact (C-SPOC)** will act as the only direct point of entry into the **Supporting Families** service.

Where it has been assessed that families need intensive support, but children are not likely to suffer significant harm, they will be asked to agree to work with **Supporting Families** on a voluntary basis and commit to finding solutions collaboratively as a family. Arrangements have

also been developed between Children's Social Care working with families whose needs are complex and significant at Level 4 and **Supporting Families** to facilitate a consistent step down for support once high-level specialist needs have been met.

Likewise, where concerns arise about significant harm in the course of ongoing involvement, then **Supporting Families** will have a case discussion about the child and family with Children's Social Care. This process does not exclude any professional from making a referral to Children's Social Care if the child is at immediate risk of significant harm and any delay in action would put the child at risk of further significant harm.

When requesting support at Level 3, it is important to share how the child and family has been supported up until now, what has worked, what worked less well in supporting the child and family and what support is needed now. This should be detailed in the **C-SPOC Request for Service form**.

Indicators of need at Level 3

The information listed under each of the four headings should be considered as an indication of the likely level of need only. It is essential to talk to children and their families in more detail to explore the context and individual circumstances behind the presenting need. With this information the practitioner should be able to form a judgement as to the level of support needed. The indicators are provided as a guide and not a pre-determined level of response.

Health

- Child has some chronic / recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- Unsafe sexual activity
- Self-harming behaviours
- Child has significant disability*
- Mental health issues emerging e.g. conduct disorder, anxiety, depression, eating disorder, self-harming.
- Cause for concern or suspected child exploitation identified using the SET Partnership Child Exploitation Pathway tool

Emotional Development

- Sexually harmful behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

Behavioural Development

- Persistent disruptive or challenging behaviour at school, home or in the neighbourhood
- Multiple suspensions at school and at risk of permanent exclusion
- Starting to commit offences / re-offend
- Additional needs met by community mental health services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Repeated short incidents of missing from home (less than 3 incidents in 90 days)

Identity and Self-Esteem

- Presentation (including hygiene) significantly impacts on all relationships
- Child experiences persistent discrimination, internalised and reflected in poor self-image
- Alienates self from other

Family and Social Relationships

- Parental conflict
- Sibling to sibling or child to parent abuse
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

Self-care skills and independence

- Disability of parent or carer or child*
- Child lacks a sense of safety and often puts him / herself in danger

Learning

- Persistently absent from nursery/school and is often late
- Limited participation in regular, full time education, employment or training
- Limited or no access to a suitable full time education
- Young child with few, if any, achievements

Basic care, ensuring safety and protection

- Parent or carer is failing to provide adequate care
- Parents or carers have found it difficult to care for previous child
- Domestic abuse, coercion or control in the home
- Parent's mental health problems or substance misuse significantly affect care of child
- Parents or carers are not engaging or complying with services and support
- Child may be subject to increased & / or profound neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Poor home conditions

Guidance, boundaries and stimulation

- Parents or carers struggle or refuse to set effective boundaries e.g., too loose / tight / physical chastisement
- Child behaves in anti-social way in the neighbourhood.

Family functioning and well-being

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Child displays regular physical violence towards parents or carers

Housing, work, and income

- Chronic unemployment that has severely affected parents or carers' own identities
- Family unable to gain employment due to significant lack of basic skills, long-term substance misuse and / or homelessness



*The Children Act 1989, defines all children who are disabled as children in need. Some children who are legally defined as disabled, may require specialist level 4 intervention. For many children with disabilities their needs can be met by alternative provisions.

Level 4 – Complex & Significant

Accessing services at Level 4

Complex & Significant: These are children whose needs are complex, enduring and cross many domains requiring statutory intervention. More than one service is normally involved, with a co-ordinated multi-agency approach with a Lead Practitioner in a statutory role.

Where there is concern for the welfare of a child and a professional is unsure whether the need warrants a referral for statutory involvement at level 4, in the first instance they should consult with their own manager and / or Designated Safeguarding Lead.

Professionals in all agencies have a responsibility to submit a **C-SPOC Request for Service form**, which can be accessed from: <https://safeguardingsouthend.co.uk/childrens-services-information> when it is believed or suspected that a child is a:

Child in Need

- Needs more complex interventions from statutory children's services to achieve or maintain a reasonable standard of health or development.
and / or
- Has a permanent and substantial disability which significantly limits their everyday lives.
or is a

Child in need of Protection

- Has suffered significant harm.
and / or
- Is likely to suffer significant harm.

Children's Social Care (CSC) has a responsibility to **Children in Need (CIN)** under section 17 of the Children Act 1989. That is, children whose development would be impaired if services are not provided. This includes children who have a permanent and substantial disability, which limits their ability to carry out the daily tasks

If having done so it is still unclear the practitioner can call the **C-SPOC consultation line** on **01702 215007 Option 1**. Pre-contact consultations can be anonymous unless they become of high concern during the consultation, in which case, the professional who sought the consultation will be asked for the child's details or advised to inform the parent to contact Children's Social Care. A contact record will then be created.

of living. Children's Social Care engagement with **Children in Need (CIN)** is on a consensual basis. Parents and carers, or young people who are aged over 13 and competent to make a decision, can refuse some or all such offers of assistance.

The second area of Children's Social Care responsibility is **Child Protection**; that is where Children's Social Care must make enquiries under section 47 of the Children Act 1989, to determine whether a child is suffering or is 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 interests of children.

There are no absolute criteria on which to rely upon when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental and carer factors such as history of significant domestic abuse, substance misuse or mental ill-health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been several events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

When Children's Social Care undertakes a s47 child protection enquiry, the **SET (Southend, Essex and Thurrock)** Safeguarding and Child Protection Procedures are followed.

If a professional is concerned that a child is, or may be, suffering significant impairment to their development or significant harm, the practitioner should make a Request for

Service to the **Children's – Single Point of Contact (C-SPOC)**. The C-SPOC Request for Service Form (previously known as the EHFSAs) should be completed and emailed to C-SPOC@southend.gov.uk and include clear information about the safeguarding concerns and detail of professional involvement and support offered at Levels 2 and 3 prior to this referral. Where there are concerns around neglect, it is strongly recommended that the **Graded Care Profile 2 tool** is completed and submitted. If the child has special educational needs or a disability their **SEND report** should also be forwarded. Unless there is immediate risk of significant harm the family should be consulted about the pending referral and agreement sought.

If there are concerns that a child is at IMMEDIATE risk of significant harm professionals should telephone the Children's – Single Point of Contact (C-SPOC) immediately on 01702 215007. Requests for Support made on the telephone must be followed up with a written C-SPOC Request for Service Form immediately following the phone referral. Where there is imminent danger consider calling the emergency services on 999.

Additional information or concerns on open cases should be made to the allocated social worker (Or in their absence the manager or the duty social worker of that team).

All other requests for information (RFI) about children, the progress of requests for support or previous involvement should be emailed to the C-SPOC at C-SPOC@southend.gov.uk

Indicators of need at Level 4

The information listed under each of the four headings should be considered as an indication of the likely level of need only. It is essential to talk to children and their families in more detail to explore the context and individual circumstances behind the presenting need. With this information the professional should be able to form a judgement as to the level of support needed. The indicators are provided as a guide and not a pre-determined level of response.

Health

- Child has severe or chronic health problems
- Failure to thrive / faltering growth with no identified medical cause
- Refusing medical care endangering life / development
- Seriously obese / seriously underweight
- Serious dental decay requiring removal of multiple teeth through persistent lack of dental care
- Persistent and high risk substance misuse
- Sexual activity that could place the child at risk of harm and or early teenage pregnancy
- Sexual abuse
- Evidence of significant harm or neglect that is impacting on health and development
- Non-accidental injury or unexplained significant injuries
- Acute mental health problems e.g. severe depression, threat of suicide, psychotic episode
- Physical / learning disability that means the child is unlikely to achieve, maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority
- Disclosure of abuse from child
- Disclosure of abuse / physical injury caused by a professional
- Serious cause for concern of exploitation, the child is potentially associating with or being groomed by individuals or groups who may be engaging in child exploitation further guidance can be found in the SET Partnership Child Exploitation Pathway

Emotional Development

- Puts self or others in danger e.g. missing from home / inappropriate relationships
- Severe emotional / behavioural challenges
- Puts self or others at risk through aggressive behaviour

Behavioural Development

- Persistently disruptive / challenging at school, home or in the neighbourhood resulting in repeated school placement breakdown and / or family breakdown
- Regular and persistent offending and reoffending behaviour for serious offences resulting in custodial sentences or high risk public protection concerns
- Mental health needs resulting in high risk self-harming behaviours, suicidal ideation and in-patient admissions

Identity and Self-Esteem

- Child likely to engage in risk taking activities that may impact on their health & wellbeing
- Evident mental health needs
- Child expressing extremist views, making threats and suggestions to others or exhibiting behaviour that supports terrorism and those who promote it . Child at risk of radicalisation
- Child involved / closely associating with gangs.

Family and Social Relationships

- Relationships with family experienced as negative ('low warmth, high criticism')
- Rejection by a parent or carer; family no longer want to care for – or have abandoned – child. Family breakdown due parents or carers struggling to manage challenging behaviour appropriately.
- Subject to physical, emotional or sexual abuse or neglect
- Younger child main carer for family member

Learning

- No education placement due to parental educational neglect
- Severe absence from school or nursery due to parental neglect /capacity to exert parental control to ensure good attendance
- Family has failed to engage in an Education Supervision order or School Attendance Order
- Prosecution is being sought for non-attendance

Basic care, ensuring safety and protection

- Parent or carers mental health or substance misuse significantly affect care of child involving child
- Parents or carers unable to care for previous children
- Instability and violence in the home continually
- Parents or carers involved in violent or serious crime, or crime against children
- Parents or carers own needs mean they are unable to keep child safe
- Chronic and serious domestic abuse
- Disclosure from parent of abuse to child
- Suspected / evidence of fabricated or induced illness
- Child at risk of Female Genital Mutilation and other harmful traditional / cultural practices. Forced Marriage or Honour Based Abuse
- Child at risk of Modern Slavery and / or Human Trafficking.

Emotional warmth and stability

- Parent's own emotional experiences impacting on their ability to meet child's needs
- Child has no-one to care for him / her
- Requesting young child be accommodated by local authority

Guidance, boundaries and stimulation

- No effective boundaries set by parents or carers
- Multiple carers
- Child beyond parental control
- Persistent and regular incidents of missing from home (three or more incidents in 90 days)
- Missing from home for long periods of time

Family functioning and well-being

- Significant parental or carer discord and persistent domestic violence and discord between family members
- Child in need where there are child protection concerns



Individual posing a risk to children in, or known to, household

- Family home used for drug taking, prostitution, illegal activities

Housing, work and income

- Family becoming homeless - or imminent if not accepted by housing department
- 16 / 17 year olds becoming or at risk of becoming homeless
- Housing dangerous or seriously threatening to health
- Physical accommodation places child in danger
- Extreme poverty / debt impacting on ability to care for child

Other indicators

- Professional concerns – but difficulty accessing child
- Child who is an unaccompanied refuge / asylum seeker
- Abusing other children
- Young person who has been convicted of sexual offences
- Young person who has persistent offending behaviour likely to lead to custody / remand in secure unit / prison
- Trafficked child with no family support or protection
- Forced criminality, forced labour

5. Consent and Confidentiality

Fears and worry about information sharing must not be allowed to stand in the way of the need to protect the safety of children and promote their welfare.

The update to matters of Consent is reflected in Working Together 2020 in response to the [Data Protection Act 2018](#) and [General Data Protection Regulation \(GDPR\)](#) This includes guidance about appropriate information sharing of safeguarding and child protection concerns. An update to this, Working Together 2023, is currently in consultation and will be published shortly at which time this guidance will be updated.

“Data protection legislation does not prevent the sharing of information to keep a child safe and consent is not required when sharing information for safeguarding and protecting the welfare of a child” (p.19 Working Together Guidance 2020).

In making decisions about appropriate information sharing, the guidance recommends using **GDPR lawful basis** for sharing, i.e. legal obligation (the exercise of official authority) or **public task** (a task performed in the public interest). It is also stated that, while encouraged, the agreement of the child and parents and carers is not required to share information.

“Information can be shared legally without consent if a practitioner is unable to or cannot be reasonably expected to gain consent from the individual or if inability to gain consent could place a child at risk”. (p.19 Working Together Guidance 2020)

Wherever possible, and in line with the restorative practice approach to working, unless it is an emergency, families should agree to a referral being made and to involvement from children’s services. It is better to work with agreement and to be open and honest with the family from the outset as to why, what, how and with whom, their information will be shared. You must consider consent where an individual may not expect their information to be passed on. When you gain consent to share it must be explicit and freely given.

There are clear circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child’s safety or well-being at risk. In these instances, there should be no delay in contacting services immediately.

Where a decision to share information without consent is made, a record of what has been shared should be kept.

A decision by any professional not to seek parental/carer permission before making a referral to Children's Social Care Services must be approved by their manager, recorded and the reasons given.

Where a parent/carer has agreed to a referral, this must be recorded and confirmed as part of the referral.

Where the parent/carer is consulted and refuses to give permission for the referral, further advice and approval must be sought from a manager or the Designated Senior Person or Named Professional, unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent/carer's wishes, it is still considered that there is a need for a referral to Level 4 services, the following information is required:

- The reason for proceeding without parental/carer agreement must be recorded.
- The Children's Social Care Services team must be told that the parent/carer has withheld her / his permission.
- The parent/carer should be contacted by the referring professional to inform her / him that their views have been considered, but a decision has been made to make a referral in the child's best interests.



6. Important Contacts

If you are worried about a child or to refer or to access services at:

Level 3 – Intensive Support for Children & Families

or

Level 4 – Complex and Significant

You need to complete a **C-SPOC Request for Service form** which can be accessed via: <https://safeguardingsouthend.co.uk/childrens-services-information>

Completed **C-SPOC Request for Service** forms should then be emailed to:

 C-SPOC@southend.gov.uk

For urgent referrals call:

 [01702 215007](tel:01702215007) (Option 1)

For C-SPOC Consultation line call:

 [01702 215007](tel:01702215007) (Option 1)

For Early Help advice and support contact:

Early Help Advisor

 L2EHA@southend.gov.uk

 [01702 215783](tel:01702215783)

For immediate risk of serious harm or injury always call: 999 (Police)

For further information about early help and safeguarding in Southend:

Southend Safeguarding Partnership

 [01702 534706](tel:01702534706)

 SSPC@southend.gov.uk

 <https://safeguardingsouthend.co.uk>

Appendix:

Glossary of terms

This glossary provides definitions and descriptions of some of the terms included in this document, to help readers who may not be familiar with this detail.

Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.
C-SPOC	Southend-on-Sea City Council Children’s – Services Single Point of Contact . From 9th October 2023, this replaces MASH as the integrated front door for concerns about a child. The C-SPOC is the only point of entry for requests for services at Level 3 (Intensive support for Children and Families) and Level 4 (Complex and Significant) which includes children’s statutory social care services.
Children	<p>Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education does not change their status or entitlements to services or protection.</p> <p>In this document, the term ‘children’ has been used to describe children in circumstances where legislation places a duty on public services to continue to provide a service, for example, care leavers and young people with SEND, up to the age of 24.</p>
Children in Need	Children’s Social Care have a responsibility for children in need under Section 17 of The Children Act 1989. That is, children whose development would be impaired if services are not provided, including children who have a permanent and substantial disability which limits their ability to carry out the daily tasks of living. Children in Need (CIN) are defined nationally as any case open to children’s social care including children subjects of child protection plans and children in care, as well as disabled children and care experienced young people aged over 18 who are supported.

Child Protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm.
Early Help	<p>Earlier, solution focused interventions are likely to prevent problems from escalating.</p> <p>By working in collaboration with the child, their family and other practitioners and focusing on the family's strengths, we can ensure that any agreed activity reflects the family's priorities and works towards preventing problems before they occur. See Southend Early Help Framework for more information.</p>
Education, health and care plan (EHCP)	A single plan, which covers the education, health and social care needs of a child with special educational needs and/or a disability (SEND). See the Special Educational Needs and Disability Code of Practice 0-25 (2014).
Graded Care Profile 2	The Graded Care Profile is provided under licence from the NSPCC. It is a tool that evaluates levels of parental care where neglect is suspected or present and provides evidence that can inform care and intervention plans.
Parent or Carer	A person aged 18 or over who provides or intends to provide care for a child for whom the person has parental responsibility
Restorative Practice	Restorative practice is a model of practice to engage with children and their families to achieve desired outcomes. It has been shown to make positive changes and enable people to secure sustainable outcomes.
Safeguarding and promoting the welfare of children	<p>Defined for the purposes of this guidance as:</p> <ol style="list-style-type: none"> protecting children from maltreatment preventing impairment of children's mental and physical health or development ensuring that children are growing up in circumstances consistent with the provision of safe and effective care taking action to enable all children to have the best outcomes
Section 47 enquiry	A section 47 enquiry refers to enquiries conducted under the provisions of section 47 of the Children Act 1989 where there are reasonable grounds to suspect that a child is suffering or is likely to suffer significant harm.
Significant Harm	There are no absolute criteria on which to rely upon when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent, duration and frequency of abuse and neglect.

Suspensions A ‘suspension’ from school is used to refer to what legislation calls an exclusion for a fixed period. The Head Teacher may decide to suspend a pupil for one or more fixed periods on disciplinary grounds. See DfE (2023) **Suspension and permanent exclusion guidance** for more information.

Universal Services Services which are available to everyone and you do not need an assessment or referral to use them. This includes, but is not limited to, early years, education, health care, maternity services, housing, youth provision, leisure services, voluntary organisations and community and faith groups.

References


- Department for Education (2020) Working Together to Safeguard Children
www.gov.uk/government/publications/working-together-to-safeguard-children--2
- General Data Protection Regulation
<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources>
- Data Protection Act 1998
www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- Graded Care Profile 2 (NSPCC) – link is password protected and will be given when training is complete:
<https://safeguardingsouthend.co.uk/graded-care-profile-2-training-materials-for-practitioners/>
- SET Partnership Child Exploitation Pathway
www.escb.co.uk/media/2585/set-partnership-child-exploitation-pathway-final-version.pdf
- Early Intervention Foundation (2021)
www.eif.org.uk/why-it-matters/what-is-early-intervention
- Early Help Framework (Southend-on-Sea City Council)
<https://safeguardingsouthend.co.uk/childrens-services-information>
- Southend Early Help Partnership Strategy
<https://safeguardingsouthend.co.uk/childrens-services-information>



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 Civic Centre,
Victoria Avenue,
Southend-on-Sea,
Essex SS2 6ER

 01702 215000

 www.southend.gov.uk

