

# **‘Strengthening Sunderland Families’ Early Help Strategy & Thresholds Guidance**



**April 2015 - March 2017**

**Agreed at SSCB 13th July 2015**

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## **Foreword by SSCB Chair**

It gives me great pleasure to introduce the Early Help Strategy and Threshold Guidance for the SSCB.

Meeting the needs of children and young people who require additional support can be both complex and is more challenging at a time of ever increasing efficiency savings demands and significant welfare reform. It is therefore essential that the needs of children and young people are identified and addressed at the earliest opportunity and before they escalate into more serious problems that might require greater levels of intervention.

The SSCB Early Help Strategy outlines the Partnership vision, principles and aims and identifies how the Partnership will deliver timely, robust interventions at the point children and young people most urgently need them. This Strategy sets out Sunderland Safeguarding Children Board's (SSCB) commitment to ensure early help services are made accessible to children and young people in Sunderland.

The SSCB Threshold Guidance has been developed to support multi- agency practitioners working with children and young people in order to identify when additional support will help children achieve their potential, and keep them safe from harm.

Understanding a child's situation; helping families as soon as they need assistance ; and providing clear pathways to gain appropriate assistance are all essential elements of this Strategy Implementation and ownership of this Strategy across the Partnership will support agencies to have a shared understanding at what level children's needs can be met. In turn this will have an impact and potentially reduce the number of in inappropriate referrals to Children's Services and, as a consequence of only receiving referrals that require appropriate levels of social work intervention, and in turn the expected response times from Children's Services will improve.

The impact of this Strategy will be closely monitored and evaluated through our newly approved SSCB Quality Assurance and Performance Framework. This Framework provides a robust performance monitoring, audit and review cycle against which the impact of this Strategy can be effectively measured.

I would like to take this opportunity to thank all of those who were involved in producing the strategy. A full Implementation Plan will be put in place to support this being embedded as fully as possible across the Partnership in Sunderland.

Colin Morris  
SSCB Independent Chair

## Introduction

In Sunderland, we are united in our belief that early support for families is one of the most important investments for the future. For many of us, family is an integral part of our lives and a key source of financial, social and emotional support. Families offer love, security and a sense of identity; they socialise and educate children from the earliest years, helping them develop the skills they need to succeed; they care for those who are unable to look after themselves, enabling people to remain independent and retain a sense of control over their lives. This profound influence of the family on every aspect of life makes clear the importance of a family-centred approach to service design and delivery. When it comes to outcomes and life chances, we know that a strong and supportive family network can make all the difference – not just for children but for people of all ages.

The Strengthening Families framework recognises and celebrates the diversity of family life in Sunderland and seeks to strengthen families in the city whatever their shape or size. When we refer to families, we do not simply mean the traditional mother and father living in the same household as their children. Our definition is intended to be broad and inclusive, recognising families of all ages and diversity, those with or without children, and those with connections across more than one household, in more than one community.

There is much to celebrate about family life in Sunderland: the vast majority of families are leading healthy, prosperous, and fulfilling lives, making a valuable contribution to their communities and the city as a whole. Some of our families, however, need support to do this and a small number need a lot of help from different services to overcome the multiple and complex challenges they are facing. This is reflected in poorer than national outcomes in areas such as child poverty, life expectancy, and educational attainment.

Sunderland City Council and its partners want to ensure that our city and our communities are places where all families can thrive. We have engaged families and practitioners who work with families to understand the different issues and challenges that families in Sunderland are facing, and to understand how services and processes could be improved to help families better manage and overcome these. This engagement has highlighted some of the excellent work with families in the city. Voluntary and community sector (VCS) organisations in particular are recognised for their early intervention and preventative work, meaning that many vulnerable or potentially vulnerable families never come into contact with statutory services. Despite the good practice taking place in Sunderland, too many families continue to experience poor outcomes and fail to reach their full potential. In developing this framework for strengthening families, we aim to lay the foundation for a new integrated service delivery model to address the factors that can hinder or prevent a family from living the kind of life they aspire to.

This framework reflects Sunderland City Council's Community Leadership role and the SSCB and its partner agencies commitment to achieving transformational change for the benefit of Sunderland's families and communities. It builds on our existing work to strengthen community resilience and puts families and communities firmly in the centre of a multi-agency approach to improving outcomes.

In the context of diminishing public resources and rising demand for costly statutory services, it sets out how we will achieve a step change in the way partners work together, efficiently and effectively, to ensure the best possible future for families and their communities. The aim is to establish clear, co-ordinated and integrated support pathways for families across all levels of need, providing a common framework for the seamless delivery of services.

The ethos of co-production is central to our approach. The context in which we are delivering services is changing rapidly; we know there will be further reforms to how services are managed and delivered, and the level of resource is expected to fall in the next few years. We want to challenge ourselves and other service providers to consider how local provision might be reconfigured to make best use of all resources available to us, including the existing but often untapped capacity and potential within communities, to achieve better outcomes for families. This means more effectively distinguishing between those needs that families can meet themselves, with support from their community; those best met by communities working in partnership with public services and VCS organisations, and those that can only be met by statutory agencies. This in turn will involve redefining the boundaries between personal and family responsibility, community support, and the public sector offer.

Our ambition is to create a more sustainable and socially valuable approach to meeting local needs; one which encourages and enables people to develop a strong network of family, friends and acquaintances and to connect with their communities – all of which are essential to a person's overall sense of happiness and wellbeing. What we know is that where families do need some help, providing support at the earliest possible point is hugely important to effect positive change.

The **Sunderland Children's Trust Board** have agreed the following key principles as part of our Strengthening Families Framework.

- Celebrate the achievements of children and young people
- Have every child, young person and their family at the heart of all we do and to build resilience in children and young people whilst supporting parents and carers to help improve outcomes for their children
- Create productive, locally accessible services through true multi-agency working
- Re-orientate systems, processes and services towards early intervention and prevention
- Create a workforce of trusted adults who are confident, capable and competent
- Embed a commissioning culture and framework of outcomes based accountability
- Ensure the views of children and young people are heard and their participation in decision making is supported.

A robust Early Help strategy and delivery plan is central to delivering these key principles.

Early Help is also a key priority for Sunderland Safeguarding Children Board (SSCB) in ensuring it can identify, ensure support and monitor outcomes for those children, young people and families impacted upon by neglect, domestic abuse, substance misuse, mental health issues and risk taking behaviours – key priorities in the SSCB's Business Plan



### **A vision for effective support for children and families in Sunderland**

#### **An inclusive definition of families<sup>1</sup>**

In the context of strengthening families, the term 'family' refers to the bond between people brought together through birth, legally recognised relationships, or kinship based on a close connection. This includes, but is not limited to, the following family types:

- a married or co-habiting couple with or without children;
- same-sex families;
- single parent families;
- adoptive and foster families;
- children living with step-parents, and joint-custody families where children live with parents who are separated or divorced;
- children living with a relative, such as a grandparent;
- extended families living in more than one household; and

<sup>1</sup> STRENGTHENING FAMILIES - A framework for change - January 2014

- People of no relation who are living in the same household and who consider themselves a family.

It is important to appreciate the diversity of families in the city and recognise that our approach to strengthening families applies to families both with and without children.

### **Sunderland Strengthening Families Priorities**

Four priorities underpin the Strengthening Families Framework in Sunderland vision and form the pillars of the approach. The SSCB endorses these priorities and these reflect where we believe the most substantial change is needed, based on research evidence and best practice, as well as consultation with local families and communities. These priorities will be central to the future development and delivery of services for children, young people, adults and their families, and serve as a set of design and operating principles for commissioners and providers alike.

- **Priority 1:** Empowering families to do more for themselves – ensuring support for families is given in a way that recognises and builds on their own strengths and capabilities, increasing their independence and ultimately reducing the need for further support
- **Priority 2:** Encouraging the community to do more for families – building capacity and resilience in communities; identifying and drawing on the wealth of skills, knowledge and resources that exist in our different communities to improve outcomes for others
- **Priority 3:** Investing in prevention and early help – actively identifying and tackling issues at the **earliest opportunity** throughout people’s lives to prevent them developing into more problematic and complex needs
- **Priority 4:** Providing integrated whole family services – service providers responding in a holistic and joined-up way to the individual and combined needs of family members; listening to families and involving them in decisions that affect them; and ensuring support is easily accessible and responsive to local needs

### **What do we mean by early help?**

Early help is a way of supporting families to avoid problems, or assisting them to deal with them before they get worse, it is fundamental in terms of giving families support at the earliest point possible. This way of working reduces the need for more emergency or statutory services where problems have become more complex and entrenched and are more likely to recur.

### **Why early help is so important?**

As Graham Allen, Michael Marmot, Frank Field, and others have argued, early help and intervention undoubtedly improves the lives of children and young people, it prevents difficulties being passed from one generation to the next and can help make long term savings in public spending. In particular, a child’s experiences in the early years of their life lay down a foundation for the rest of their lives. There is a growing body of research which evidences that supporting social and emotional development at an early stage may bring about significant improvements in areas

such as mental and physical health, educational attainment, employment opportunities, criminal and violent behaviour, drug and alcohol misuse and teenage pregnancy. We now understand much more about a baby's brain development and the impact of experiences during the early years, with the human brain being only 25% developed at birth, but 80% developed by the age of three. During this time, neglect, poor parenting or other negative experiences can have a significant effect on a child's future outcomes.

Although there is evidence to suggest that spending in the early years gives the highest rate of return on investment, we know that problems can also arise in the later years. It is essential therefore that we identify the need for additional help at the earliest point and provide it to young people and their families promptly to prevent issues escalating and causing further harm. In addition, offering help early is noted to make sense economically. For example, research from the United States shows that supporting vulnerable teenage mothers through the Nurse Family Partnership has shown a return on investment of up to five times the cost of that programme.

### **What is early intervention?**

It is important to recognise that early intervention is not a single, one-off event but a process whereby:

- Children, young people and families' difficulties are **identified** before they have reached a point at which a child's development and well-being is seriously compromised.
- Having been identified early on, the scale and nature of these problems are fully understood and a plan for offering help is developed through a process of high quality **assessment**.

Children, young people and families are then offered the **help** they need, in line with those assessments, accept it, and then either overcome their difficulties or they are offered and accept longer term support to help manage them.

### **Early Help & Intervention Governance Arrangements**

The Strengthening Families Framework is a delivery model sitting as part of the Sunderland Partnership strategy. The Sunderland Partnership includes key senior partners who contribute to effective governance including and specific to Early Help for Children and Families: the Children's Trust, the Health and Wellbeing Board, the SSCB) and the Strengthening Families Board.

The SSCB is responsible for monitoring the implementation and impact of the Early Help offer as per Working Together Guidance (2015). Specifically it must be **assured** that the infrastructure is in place to deliver the offer and that the delivery is of a high quality, meets the needs of children and their families and that identified outcomes are being improved.

The SSCB will also monitor the effectiveness of Sunderland's early help offer by understanding local needs highlighted by an up to date needs assessment and by reviewing data and information as part of a Quality Assurance and Performance Management Framework. It will also monitor multi-agency and single agency

training to support the delivery of this Early Help Offer and ensure threshold training is delivered on behalf of the SSCB to assist participants in understanding Early Help and intervention.

### **Sunderland's Strengthening Families Core Principles**

*Our vision in supporting and strengthening families is underpinned by the following principles:*

**Children, young people and their families are at the heart of everything we do and as such all interventions and services are structured and delivered around them. To ensure this we will:**

- Ensure the views of children and young people are heard so that we fully understand their needs and their participation in decision making is supported.
- Create productive, locally accessible services through true multi-agency working
- Develop and build our services around the needs of children and young people, rather than around professional or service boundaries ensuring they are more flexible to adapt and respond to the changing needs/demands of our communities.
- Ensure services are made up of professionals that deliver early help, focusing on the quality of relationships with, and quality of life for families, not just managing risk and reducing harm.

**Any service or individual presented with a child's unmet need should take action or invoke the help of others; everyone has a responsibility to act and to ensure this we will:**

- Use an effective assessment framework to provide a one-model, one-process way of working which should be at the heart of all other assessments
- Safely and appropriately share information between professionals and services to avoid duplication.
- Promote sustainable positive change for individuals, tackling the causes of problems rather than constantly seeking to deal with the presenting symptoms
- Use interventions based on what we know works because we have researched it and have a proven evidence base ensuring the right person is available at the right time
- Offer good, clear information about services to help families access advice and guidance about emerging difficulties at the appropriate level
- Work together in a co-ordinated and integrated way.

**Early intervention is central to the work of every mainstream service and as such investment and resource should be redirected into early intervention.**

**To ensure this happens we will:**

- Move services to early identification and intervention to improve safeguarding
- Take action to ensure the children's workforce is skilled in identifying, assessing and swiftly responding to unmet need.

**Success has to be measured based on the outcomes achieved for children and young people.**

**To ensure this happens we will:**

- Take the time to understand what matters to children, young people and families and ensure measures are in place to continuously drive improvement
- Ensure that the journey the child, young person or family make is empowering and sustained and celebrated.

### **Meeting Children and Families' Needs in their Communities.**

In Sunderland, partners are committed to supporting families in their communities, supporting them to ensure all areas of their lives are as positive as possible.

#### *Neighbourhood and Community:*

- Family members feel positive about the area in which they live – for example, a sense of belonging, feelings of safety and security
- Family has good access to transport links, local shops and amenities
- Family is aware of where to go for support or advice
- Family is engaging with services available in the local community (i.e. children's centre, health clinic, leisure facilities, community association)

#### *Drugs and Alcohol*

- There are no concerns around alcohol consumption within the family
- There are no concerns around substance misuse within the family and no drug issues in the area

#### *Learning and Education*

- Adults have a positive attitude towards learning and set long term career and educational goals for themselves and their children
- Parents/carers are involved in their child's education and participate in school activities
- Children have a positive attitude towards education, reflected in good school attendance and punctuality
- Adults are engaged in life-long learning
- Any learning needs are identified and well supported

#### *Life Skills*

- Adults have good domestic skills and the ability to manage a household

- Financial capability – adults have the skills, knowledge and understanding they need in order to be able to manage household finances effectively
- Family members have good problem solving and communication skills

#### *Health and Wellbeing*

- All family members are registered with relevant medical care providers (GP, dentist, and optician)
- Medical checks and immunisations are up to date
- Family members are making and encouraging healthy lifestyle choices – for example, family participates in exercise and physical activity, and maintains healthy eating habits
- Health and wellness needs are being met or managed appropriately

#### *Housing*

- Current and future accommodation is affordable, secure and of a decent standard, and meets the needs of all family members
- Family is satisfied with their housing and their local area

#### *Employment*

- At least one adult in the household is employed in a stable career of choice and/or enjoyment and feels confident in their ability to support the family unit
- Potential earners are motivated to work, have aspirations as well as confidence in their own skills and abilities
- Earners/potential earners take up opportunities for further training and personal/professional development
- Family members who are not in paid employment are contributing to their community through formal/informal volunteering activity

#### *Family and Friendships*

- Individuals have access to a close support network of friends and/or family members, including some who live locally
- Individuals feel confident in their ability to make new friends
- Relationships within the family are positive – for example, children do not witness family conflict

#### *Money and Finances*

- Family has sufficient income to meet basic needs and save money for 'extras'
- Family has a reliable source of income
- Family has money management skills, bills are consistently paid on time and the family is not in debt (or debt is manageable)

- Family members are aware of all benefit entitlements

#### *Offending Behaviour*

- Family members have no or limited experience of crime as a victim (i.e. burglary, antisocial behaviour in area)
- Family members are not involved in criminal activity and do not undertake risky behaviour
- Wider family and friends are not involved in crime

#### *Parenting and Caring*

- Parents/carers are confident in their ability and enjoy their parenting/caring role
- Good parenting skills – for example, parents/carers set clear boundaries, routines and appropriate discipline strategies
- Family members understand and fulfil each other's needs
- Family members demonstrate love and affection for one another
- Carers feel they receive adequate support in their caring duties
- Communities take responsibility for safeguarding children and vulnerable adults

Individuals and families are likely to be in different states of readiness to change, which will have a considerable impact on practice. Many individuals and families are able to achieve these positive outcomes with minimal support from their community and public agencies, drawing on their own resources to overcome any challenges they face. Some families may be struggling with one or two key issues but are otherwise managing well; without early help from services, however, there is a risk that these needs could escalate into more serious problems later on.

A small number of families, specifically those who are dealing with multiple and complex issues, will require intensive support from professionals. Whilst this cohort of families is clearly a priority area of focus for commissioners and service providers, we know that there are other families in the city who, though their needs may not be as acute, are 'just coping' and would benefit from earlier access to joined-up support from local agencies. Strengthening families is about improving the way that services work with each other, with families and their communities to ensure that all families with potential and emerging needs are able to address these needs at an early stage.

Strengthening families requires involvement and commitment from the city's multiple strategic partnerships that will both benefit from and contribute to improved outcomes for families. Sunderland's Clinical Commissioning Group, Health and Wellbeing Board, Economic Leadership Board, Education Leadership Board and the Safer Sunderland Partnership and Adult and Children Safeguarding Boards each have a critical role to play in this agenda.

### **How will we deliver Early Help in Sunderland?**

- Offer services that deliver in line with our Strengthening Families' Framework.
- An Early Help Hub will be the central point of reference for early help enquiries, referrals and allocation of early help resources.
- Multi-agency Locality Panels in the five areas will direct targeted resources at Tier 3.
- Multi-agency Local Support Teams will pick up work at Tier 3 and work in a coordinated way with other partners.
- More specialist teams/services will support families at Tier 4 in localities.

### **How will we measure impact and outcomes?**

There are ways of measuring what impact our early help system is having. To do this we will:

- Develop a robust performance framework.
- Keep track of the number of children, young people and families accessing support and services.
- Put processes in place to find out how satisfied they are with the services that they receive.
- Use a performance framework to measure impact i.e.:
  - Reduction in referrals to statutory services.
  - Reduction of children subject to Child Protection Plans.
  - Reduction in children accommodated.
  - Reduction in persistent absence
  - Number of young people not in employment, education or training.
  - Less young people offending
  - Lower teenage pregnancy rates
  - Less children admitted to hospital for non-accidental injury Inc. self-harm

### **Early Help and Intervention for Children and their Families in Sunderland**

This guidance aims to support everyone working with children and their families to ensure effective working together. This includes the sharing of information, maintaining a child centred approach and providing effective early support to help families. This approach will assist families in finding solutions to their problems at the earliest opportunity to prevent escalation to the point where their needs become so great that statutory specialist intervention at Tier 4 is required.

Our Early Help offer will draw together and complement local services available to all families in Sunderland via Universal Services, providing all children with a healthy start to life and the ability to learn and develop securely. Universal services (Tier 1) are provided as a right to all children, including those with additional and intensive needs who may be in receipt of services under a range of statutory provision, e.g. S47 and S17 of the Children Act 1989 and those "looked after".

We aim to improve all children's chances in life by giving families the help they need to keep their children healthy and safe. Some children, either because of their additional needs or difficult family circumstances will need extra help to enable them to reach their potential and be healthy and safe. In Sunderland, we do not want such children or families to feel stigmatised by needing additional help and want to offer this help at the earliest point possible to ensure positive change for family by using public money and resources in the most effective way possible.

### **Framework for the Early Help offer provision**

Sunderland's Early Help offer sits within the wider Strengthening Families Framework. This Delivery Model seeks to provide the most appropriate intervention(s) with all families to support them to make positive changes in their lives. The Model will also be used to review and improve the way partners work with the most challenging and vulnerable families across the city with the aim of stopping uncoordinated interventions and providing an integrated approach which considers the needs of all family members.

### **Access to Information about Early Help Services**

For some families their needs may be simply met by the provision of information. Sunderland's web based information includes that formally provided by the Families information Service (FIS), here customers will find free and impartial information about childcare for parents and carers of 0 – 19 year olds (up to age 25 for disabled children). It will also advise families of local services in Sunderland and how to access them including the local SEND offer.

Giving families an option to self-serve is a positive first step and signposting for families at this early point may prevent issues from escalating. We want to encourage families and young people to access services themselves directly.

<b>Sunderland Safeguarding Children Board – Threshold Guidance</b>
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**The SSCB Threshold Guidance can be found at Appendix 1.** It is a guide for practitioners and managers in every agency that works with, or are involved with, children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need, what type of services/resources may meet those needs and what processes to follow in moving from an assessment to provision of services. It describes identified needs in terms of 'Tiers' - which is essentially a schematic way of helping to understand children's needs and how they could be met. It does not provide a rigid or concrete set of procedures – it is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them.

The Threshold Guidance provides clarification, not a rigid set of procedures. Multi-agency practitioners must use their professional judgement in assessing the needs of children and, where necessary, seek support/advice from their line manager or designated person.

The guidance does not provide an exhaustive list of all the possible situations for children and their families and should be read in conjunction with the SSCB Safeguarding Children Procedures which are available at [www.sunderlandscb.com](http://www.sunderlandscb.com)

For those of us involved in commissioning and designing services we need to ensure that:

- the aim is to ensure a **seamless** transition between each tier so that families whose needs do escalate can access a range of services that can respond to their changing needs;
- for many children involved with children's services, the focus of the work is to move them back down the levels so that their needs are met at the lowest level possible required to secure their well-being and ensure their safety – seamlessness must apply equally to de-escalation of need and children whose needs are reducing as a result of intervention may require services to be changed or adapted but not necessarily withdrawn;
- in designing, commissioning and delivering services it is often at the interface between levels that real change in outcomes for children can be achieved.

**So... in summary.**

### **Principles**

The following principles should be considered in using the Threshold Guidance:

- Intervention should be at the **lowest tier** appropriate to meet the needs of the family and prevent the need for specialist services
- Consideration should always be given to undertaking an assessment within the Strengthening Families framework to resolve the family's difficulties and prevent the need for a specialist service. Repeated assessments should not be necessary for a family to move from one tier to another.
- If there are **immediate safeguarding concerns about a child's health, development or welfare professionals must follow the SSCB Safeguarding Children Procedures and make an immediate referral to the Customer Service Network.**

### **Interpreting the Tiers and a child's/family's needs**

- It is important that professionals note that the indicators given are examples only.
- Unless it is a **safeguarding** concern a **number of indicators** rather than one alone would indicate a family require some level of service/intervention.

<b>Working with Families in Need –Sunderland's Assessment Framework</b>
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Once a family has been identified as needing additional services/support it is important for professional to understand how that their needs will be assessed and

how then services will be offered. It is also important for us to know where any concerns may be.

### **Some important reminders**

- All professionals are encouraged to discuss any concerns openly with their agency line manager or supervisor or a named safeguarding professional in their agency.
- If you have concerns about the safety or welfare of a child or young person you must contact Children's Services via the Customer Service Network on 0191 520 5560 (available 8.30am to 5.15pm Monday - Thursday, 8.30am to 4.45pm Friday)
- Outside of these hours please contact the Out of Hours Team on 0191 520 5552 (also available 24 hours Saturday and Sunday).
- If a child is at **immediate** risk ring the Police on 999.

If you would like this information in a different format, for example braille, audiotape, large print or computer disk, or community languages, please call **xxxx**

Comment [LT1]: What is the number?

## **SSCB Multi-Agency Threshold Guidance**

## 1. Introduction

This document does not provide an exhaustive list of all the possible situations for children and their families and is for guidance only. It should be read in conjunction with the SSCB Safeguarding Children Procedures which are available at [www.sunderlandscb.com](http://www.sunderlandscb.com)

The following is a guide for practitioners and managers in every agency that works with, or involved with, children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need, what type of services/resources may meet those needs and what processes to follow in moving from an assessment to provision of services.

It describes identified needs in terms of 'Tiers' - which is essentially a schematic way of helping to understand children's needs and how they could be met. It does not provide a rigid or concrete set of procedures – it is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them. What follows is therefore a **guide to offer clarification**, not a rigid set of procedures.

Multi agency practitioners must use their professional judgement in assessing the needs of children and, where necessary, seek support/advice from their line manager or designated person.

## 2. Children's Needs and Tiers of Intervention

Services for children, young people, and families in Sunderland are based on the recognition of a continuum of needs, illustrated by "The Windscreen" model to show how a child's needs may move backwards and forwards through universal, additional, multiple and in need of immediate care and protection. The model is shown below:

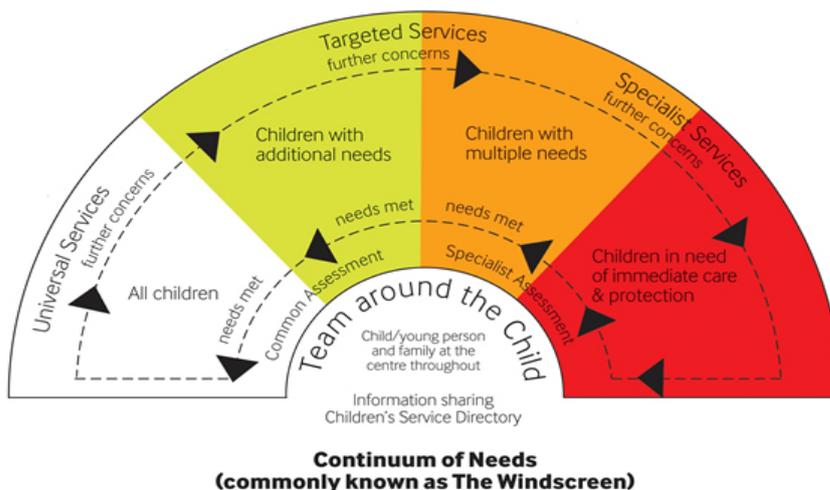


Figure 1

**Universal Services** - Universal services are services available to all children, young people, and their families. Most children have their needs met through the care of their families and the support of universally provided services, for example schools, primary health care and leisure facilities

**Children with additional needs** - A child or young person identified as having additional needs can be defined as needing some additional support without which they would be at risk of not reaching their full potential. The additional support may relate to health, social or educational issues

**Children with multiple (or complex) additional needs** - A child or young person whose needs are not fully met due to the range, depth, or significance of their needs and whose life chances will be jeopardised without remedial intervention/support. These children will need a more co-ordinated multi-agency response through the Strengthening Families/Common Assessment Framework (CAF) process. For most of these children a lead professional will coordinate this multi-agency intervention through a Team around the Family (TAF), or occasionally, Team around the Child (TAC). Some children will be living in Families where the Family Focus factors of anti-social behaviour, school attendance problems and worklessness are present. For these families, a Strengthening Families referral will ensure that appropriate services are identified through the Strengthening Families Panel.

**Children with highly complex, acute and/or immediate risk of harm** - A child or young person who may be at risk of harm will require specialist assessment from Children's Services, alongside the other agencies already working with him/her.

### 3. Principles

The following principles should be considered in applying the framework:

- Intervention should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services
- Consideration should always be given to undertaking a Strengthening Families assessment (CAF) to resolve the child's difficulties and prevent the need for a specialist service. Repeated assessments should not be necessary for a child to move from one tier to another
- If there are child protection concerns about a child's health, development or welfare professionals must follow the SSCB Safeguarding Children Procedures and make an immediate referral to the Customer Services Network
- The descriptions in Appendix 1 provide some illustrative examples of how need may be presented. This is not an exhaustive list of fixed criteria that

must be met. The tier of need will always be influenced by the multiplicity of factors

#### **4. Tiers of Need**

The four tiers of need identified in the windscreen diagram (Fig 1) have been developed into a matrix of needs and risks to help describe the circumstances in which a CAF should be considered and when a referral to Children's Services via the Customer Service Network may be necessary – see Fig 2.

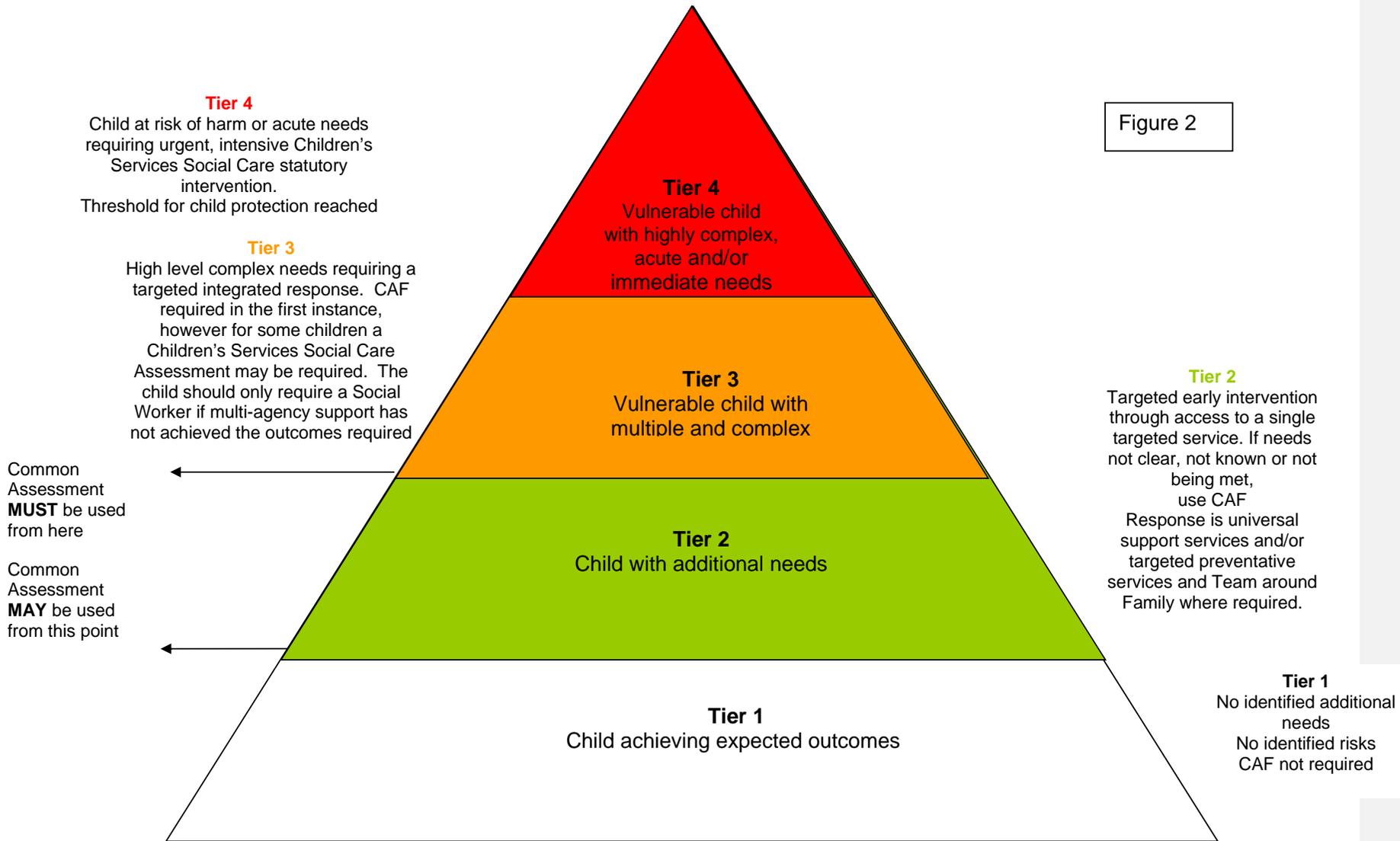
##### **4.1 Which Tier?**

In assessing need and risk that require the intervention of specialist services, multiple factors are likely to be present and decisions as to whether the criteria are met always remain a professional judgement. It is important to remember that often the signs that a child or young person has particular needs are not found in a single piece of evidence but in a combination of factors of indicators. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator.

##### **4.2 Transitions between levels**

In some cases a child or young person will go through a number of transition points on their journey to having their needs met. For example, a child, whose needs do not respond to services provided under Tier 1, may need to receive a more coordinated response within Tier 2. Similarly, a child in Tier 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 3. It is important to recognise that children often move in either direction from one tier of need to another and that many agencies, including universal services, offer support at more than one tier.

Figure 2



## 5. Strengthening Families and the Common Assessment Framework (CAF)

The aim of Strengthening Families (CAF) is to help identify, at the earliest opportunity, a child or young person's additional needs which are not being met by the universal services they are receiving or through access to a single targeted service and to provide timely and coordinated support to meet those needs.

### Strengthening Families assessment / Common Assessment

- Is a process for carrying out a holistic assessment, to help everyone working with the child or young person understand information about their needs and strengths, based on discussions with the child or young person and their family as appropriate
- Uses a standard form to help record and where appropriate, share with others the information given during the assessment
- Can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers

## 6. Disabled Children

Disabled children are able to use many social and leisure activities and support services on the same basis as any other child in Sunderland. Sometimes disabled children at Tier 2 may need additional support and where ever possible this is provided directly through the facility they wish to use rather than through a separate assessment or using a more specialist service.

A number of disabled children at Tier 3 have more complex needs and require a range of specialist support to help them live at home with their families and participate in their local communities. A CAF should always be undertaken as soon as it appears likely either that a more specialist support is required or if support needs to be co-ordinated across several agencies. If necessary a Team around the Child (TAC) or Team around the Family (TAF) should be convened and if it appears likely that more specialist and intensive support is required, referral should be made to the Children's Disability Service, within the People Services Directorate.

The Children's Disability Service within the People Services Directorate, works with severely disabled children and young people up to the age of 18 who have either a substantial physical disability, a severe communication difficulty (including autistic spectrum disorder), or a severe learning disability. These are not clear-cut definitions and professional judgement is required to determine the level of need and the associated risk.

Deaf children should be considered as child in need and offered a child in need assessment as a minimum. Research shows that over 40% of deaf children will have mental health difficulties in childhood/early adulthood (DH 2005). Deaf children are than twice as likely to be abused as other children.

Where there are safeguarding concerns about a disabled child at Tier 4, there is a need for greater awareness of the possible indicators of abuse and/or neglect as the situation is often more complex. It is crucial that the disability is not allowed to mask or deter the need

for an appropriate investigation of child protection concerns. Where there are safeguarding concerns in relation to a disabled child the SSCB procedures must always be followed.

## **7. Children at risk of being sexually exploited**

Where a professional is concerned that a child/young person is suffering or is at risk of sexual exploitation they must make a child protection referral to the Customer Services Network. In addition all referrals for any child/ young person aged 10 years and above must also have a completed SSCB Risk Assessment Tool submitted with the referral. This is regardless of whether the referrer believes the child/young person is at risk of or is being sexually exploited.

## **8. Multi-Agency Working**

If the Strengthening Families Panel identifies that multi-agency support is required to meet the needs of the child and family, a Team around the Family will be established. The parent/carer and TAF will agree who will be the Strengthening Families Key worker/ Lead Professional.

If a child or young person moves from Team Around the Family to Child in Need or Child in Need of Protection or Looked After Child, the same multi-agency team of professionals who supported the child and family at the lower tier of intervention will continue to be part of the Care Team or Core Group. All children receiving a service from Children's Services will have either a Child in Need plan, a Child Protection Plan, or a Care Plan (Children in Care). The Social Worker is always the Lead Professional for these children.

All Child Protection and Care Plans will be co-ordinated by the Social Worker from Children's Safeguarding, monitored and reviewed at each Core Group meeting and at a Child Protection Review Conference or Looked After Reviews. Where a child is in receipt of services as a 'Child in Need' there may be occasions where the lead professional role should be identified from one of the other professionals previously involved in the Team Around the Family or from Children's Safeguarding. One example of this might be where a child has a disability and a health worker might be a more appropriate lead professional.

## **9. Professional judgement**

The attached Multi-agency Needs/Risks Matrix has been developed to help inform decision making about when to refer a child to Children's Services and what to expect in terms of who should receive a service and with what level of priority. Tiers 1 and 2 indicate the circumstances in which, professionals from health organisations, education and schools, early years services etc. would be expected to intervene and provide support to a child and family in order to prevent the need for a specialist service.

Tier 3 is still most likely to have professionals from health organisations, education and schools, early year's services etc. as the Lead Professional but for some children at the higher end of Tier 3, the Lead Professional will be a Social Worker. The child should only require a Social Worker if multi-agency support has not achieved the outcomes required. In this situation professionals must ask themselves what the involvement of Children's Services would bring to the plan for the child.

Tier 4 is the point at which Children's Services will become involved. Practitioners must use their professional judgement and consider what a referral to Safeguarding would bring to intervention for a child.

Where there is any disagreement between professionals regarding intervention for a child the SSCB Resolution of Professional Differences Procedure must be followed. The procedure can be found on the SSCB website at [www.sunderlandscb.com](http://www.sunderlandscb.com)

**Tier 1 – Universal Needs**  
**No additional support needs**

**Outcomes:**

- **Children at Tier 1 are supported by their family and Universal Services to meet all of their needs. Children and young people make good progress in most areas of their development.**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p><b>Children with Tier 1 needs</b></p> <p><b>Children with no additional needs</b> and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p><b>These indicators act as a benchmark when assessing the significance of indicators from Tiers 2-4</b></p>	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <p><b>Basic Care Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parents/Carers able to provide care for child's needs</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parents/Carers provide secure and caring parenting</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parents/Carers provide guidance and boundaries to help child develop appropriate values</li> </ul>	<p>These children require <b>no additional support beyond that which is universally available</b>. A Common Assessment is not needed for these children.</p> <p><b>Examples of key universal services that provide support at this level:</b></p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Children's Centres, Family Centres &amp; Early Years</li> <li>• Health Visiting Service</li> <li>• Midwifery</li> <li>• School Nursing</li> <li>• GP</li> <li>• Youth Services</li> <li>• Police</li> <li>• Housing</li> <li>• Voluntary &amp; Community Sector</li> <li>• Connexions</li> <li>• Health Improvement teams</li> <li>• Core/community health services</li> </ul>
	<p style="text-align: center;"><b>Family and Environmental Factors</b></p> <p><b>Family History and Well-Being</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships</li> </ul> <p><b>Housing Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Child fully supported</li> <li>• Financially accessing all welfare benefits</li> <li>• Adequate housing</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Social and friendship networks exist</li> <li>• Safe and secure environment</li> <li>• Access to regular and positive activities</li> </ul>	
	<p style="text-align: center;"><b>Child or Young Person's Developmental Needs</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Attendance at school/college/training (above 90%)</li> <li>• Acquired a range of skills/interests, experiences of success/achievement</li> <li>• No barriers to learning</li> <li>• Sound home/school link</li> <li>• No concerns around cognitive development</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Physically healthy, developmental checks up to date</li> <li>• Adequate and nutritious diet, regular dental and optical care</li> <li>• Good state of mental health</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Demonstrates age appropriate responses in feelings and actions</li> <li>• Good quality early attachments, child is appropriately comfortable in social situations</li> <li>• Knowledgeable about the effects of crime and antisocial behaviour (age appropriate)</li> <li>• Able to adapt to change</li> <li>• Able to demonstrate empathy</li> <li>• Positive sense of self and abilities</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Stable and affectionate relationships with caregivers</li> <li>• Good core relationships with siblings</li> <li>• Positive relationships with peers</li> </ul>	

	<p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Developing age appropriate level of practical and independent living skills</li> <li>• Appropriate dress for different settings – allowing for age</li> <li>• Good level of personal hygiene</li> <li>• Able to discriminate between 'safe' and 'unsafe' contacts</li> <li>• Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate)</li> </ul>	
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<b>Tier 2 – Low to Vulnerable</b> <b>Threshold for targeted support for children with additional support needs</b>		
<b>Outcomes:</b> <ul style="list-style-type: none"> <li>• <b>The life chances of children and families will be improved by offering additional support in a coordinated way.</b></li> <li>• <b>A single agency or low level team around the family process should aim to support and enable the child and family's move back to universal services' support.</b></li> </ul>		
Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p><b>Children with Tier 2 needs</b>            These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. If multi-agency intervention is required a lead professional will be identified to develop a TAF Action Plan</p> <p>A CAF would not be necessary if it is identified a child needs only 1 service.</p>	<p style="text-align: center;"><b>Parents or Carers Capacity</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet</li> <li>• Parental health problems that may impact on child's health or development unless appropriate support provided</li> <li>• Parental mental health issues that may impact on the health or development of the child unless appropriate support provided</li> <li>• Parental learning difficulties that may impact on the health or development of the child unless appropriate support provided</li> <li>• Parental health/disability that may impact on the health or development of the child unless appropriate support provided</li> <li>• Parental substance misuse that may impact on the health or development of the child unless appropriate support provided</li> <li>• Poor engagement with universal services likely to impact on child's health or development</li> <li>• Parents/carers have had additional support to care for previous child/young person</li> <li>• Poor supervision and attention to safety issues</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired</li> <li>• Lack of response to concerns raised about child's welfare</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p>	<p>Single Agency Assessment.</p> <p>If a multi-agency assessment CAF is required, it should be completed with the child/family to identify their strengths and needs. The TAF action plan should identify the child's additional needs, appropriate services, and interventions to meet those needs and who will act as the Lead Professional.</p> <p>If consent cannot be obtained for a CAF and the needs of a child cannot be met, and may escalate, a referral to Children's Services should be considered. As a minimum there should be a consultation with Children's Services .</p> <p><b>Exit Strategy</b>            The TAF should aim to support and enable the child and family's move back to universal services' support.</p>

**Tier 2 – Low to Vulnerable  
Threshold for targeted support for children with additional support needs**

**Outcomes:**

- The life chances of children and families will be improved by offering additional support in a coordinated way.
- A single agency or low level team around the family process should aim to support and enable the child and family’s move back to universal services’ support.

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
	<ul style="list-style-type: none"> <li>• Requiring support for consistent parenting in respect to routine and boundary setting</li> <li>• Parent has age-inappropriate expectations that child or young person should be self-reliant</li> <li>• Lack of response to concerns raised about child</li> <li>• Lack of appropriate parental guidance and boundaries for child's stage of development and maturity</li> </ul> <p align="center"><b>Family and Environmental Factors</b></p> <p><b>Family and Social relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Parents/Carers have relationship difficulties which may affect the child</li> <li>• Parents/Carers request advice to manage their child's behaviour</li> <li>• Children affected by difficult family relationships</li> <li>• Child is a teenage parent</li> <li>• Child is a young carer</li> <li>• Low level concerns about domestic abuse</li> <li>• Parent was a Looked After Child (LAC)</li> <li>• Large family with several young children under five</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Overcrowding (as per national regulations) that has a potential impact on child's health or development</li> <li>• Families affected by low income/living with poverty affecting access to appropriate services to meet child's additional needs</li> <li>• Low income plus adverse additional factors which affect the child's development</li> <li>• Housing is in poor state of repair with hazards and deficiencies requiring informal action by the Council.</li> </ul>	

**Tier 2 – Low to Vulnerable**  
**Threshold for targeted support for children with additional support needs**

**Outcomes:**

- **The life chances of children and families will be improved by offering additional support in a coordinated way.**
- **A single agency or low level team around the family process should aim to support and enable the child and family’s move back to universal services’ support.**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
	<ul style="list-style-type: none"> <li>• Teenage parent living independently</li> </ul>	
<p><b>Timescale</b>            For most children these will be short term interventions (up to 6 months). A child and family may meet a number of these short term supports over the child’s childhood as their needs change</p>	<p><b>Social Integration and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Insufficient facilities to meet needs e.g. advice/support needed to access services for disabled child where parent is coping otherwise</li> <li>• Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community</li> <li>• Child associating with peers who are involved in anti-social or criminal behaviour</li> <li>• Limited access to/awareness of contraceptive and sexual health advice, information and services</li> <li>• Family demonstrating low level anti-social behaviour towards others</li> <li>• Parents/Carers are socially excluded, have no access to local facilities and require support services</li> </ul> <p align="center"><b>Child or Young Person’s Developmental Needs</b></p> <p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Occasional truanting, nonattendance or punctuality issues, attendance may be below 85%</li> <li>• School action or school action plus</li> <li>• Identified language and communication difficulties linked to other unmet needs</li> <li>• Lack of adequate parent/carer support for child’s learning</li> <li>• Lack of age appropriate stimulation and opportunities to learn</li> <li>• Few or no qualifications leading to NEET (not in education, employment or training)</li> <li>• Child/young person under undue parental pressure to achieve/aspire</li> <li>• No aspiration for young person</li> <li>• Not educated at school (or at home by Parents/Carers)</li> <li>• The child’s current rate of progress is inadequate despite receiving appropriate early education experiences</li> </ul>	<p><b>Key agencies that may provide support at this level:</b></p> <p><b>Universal and targeted</b></p> <ul style="list-style-type: none"> <li>• Targeted adolescent services</li> <li>• YOS</li> <li>• Police</li> <li>• Targeted drug and alcohol and sexual health information, advice and education, including advice re harm reduction</li> <li>• Health, e.g. HV, GP, midwifery, school nurse</li> <li>• Tier 2 CYPS</li> <li>• Sure Start Children’s Centres</li> <li>• Integrated Youth Support &amp; Extended Services</li> <li>• Voluntary &amp; Community Services</li> <li>• Early Intervention for Family Services</li> <li>• Health Improvement Teams</li> <li>• Housing</li> </ul>

**Tier 2 – Low to Vulnerable**  
**Threshold for targeted support for children with additional support needs**

**Outcomes:**

- **The life chances of children and families will be improved by offering additional support in a coordinated way.**
- **A single agency or low level team around the family process should aim to support and enable the child and family’s move back to universal services’ support.**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Concerns about reaching developmental milestones</li> <li>• Not attending routine appointments e.g. immunisations and developmental checks</li> <li>• Persistent minor health problems</li> <li>• Weight is significantly above or below what would be expected</li> <li>• Missing set appointments across health including antenatal, hospital and GP appointments</li> <li>• Low level mental health or emotional issues requiring Tier 2 intervention</li> <li>• Evidence of risk taking behaviour i.e. drug/alcohol use, unprotected sex.</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Emerging anti-social behaviour and attitudes and/or low level offending</li> <li>• Child is victim of bullying or bullies others</li> <li>• Child or family are at risk of radicalisation</li> <li>• Expressing wish to become pregnant at young age</li> <li>• Low level substance misuse (current or historical)</li> <li>• Low self esteem</li> <li>• Limited peer relationships/social isolation</li> <li>• Expressing thoughts of running away</li> <li>• Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention</li> <li>• Disruptive/challenging behaviour at school or in neighbourhood</li> <li>• Behavioural difficulties requiring further investigation/diagnosis</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</li> <li>• Early onset of sexual activity (13-14); sexually active young person (15+)</li> </ul>	<ul style="list-style-type: none"> <li>• Support services for special and additional educational needs</li> </ul>

**Tier 2 – Low to Vulnerable**  
**Threshold for targeted support for children with additional support needs**

**Outcomes:**

- **The life chances of children and families will be improved by offering additional support in a coordinated way.**
- **A single agency or low level team around the family process should aim to support and enable the child and family’s move back to universal services’ support.**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
	<p>with some risk taking behaviours e.g. inconsistent use of contraception</p> <ul style="list-style-type: none"> <li>• Low level alcohol/substance misuse (current or historical)</li> <li>• Some evidence of risky use of technology leading to E-safety concerns</li> </ul>	

### Tier 3– Multiple or Complex

**Outcomes:**

- Life chances will be significantly impaired without a more intensive co-ordinated multi-agency support package.

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process
<p>This Tier applies to those children identified as requiring <b>multi-agency targeted/specialist support</b>. It is likely that for these children their needs and care are at present significantly compromised. Only a small fraction of children will fall within this band. These children will be those who without support their potential outcomes would be severely compromised.</p> <p>Child in Need: Some of these children may be eligible for a Child in Need service from Children's Services because they are potentially at risk of harm or considerable risk of needs escalating to Tier 4 if they do not receive intervention. If a social worker is allocated they will usually act as the Lead Professional and coordinate services.</p> <p>Definition: <b>Section 17 of the 1989 Children Act</b> • 'is unlikely to achieve or maintain a reasonable standard of health or</p>	<p><b>Parents or Carers Capacity</b></p> <p><b>Basic, Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parent/Carer is unable to meet child's needs even with support and not providing adequate care</li> <li>• Parent/carer has mental health difficulties that has a direct impact on child's health or development</li> <li>• Parent/carer substance misuse that has a direct impact on child's health or development</li> <li>• Parental learning difficulties that have a direct impact on child's health or development</li> <li>• Parental health/disability that has a direct impact on child's health or development</li> <li>• History of previous child protection concerns</li> <li>• Child missing from home or school</li> <li>• Parental offending behaviour has a direct impact on Child's health or development</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parent is emotionally unavailable</li> <li>• Succession of carers or child young person has multiple carers, but no significant relationships with any of them</li> <li>• Inappropriate child care arrangement</li> <li>• Inconsistent parenting impairing emotional and behavioural development</li> <li>• Parental instability affects capacity to nurture</li> <li>• Parents/carers own emotional needs compromise those of the child/young person</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Child/young person receives little positive stimulation despite appropriate toys being available</li> <li>• Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child's development</li> </ul>	<p><b>A Multi-agency Strengthening Families/CAF Assessment</b> should be used to assess needs of child and family. This may be used to support a referral to targeted/specialist support and where appropriate the formation of a TAF/TAC.</p> <p><b>Children's Services</b> will advise on their response based on the information supplied in the CAF assessment. If appropriate they will undertake their Initial Assessment and if appropriate complete a Child in Need Plan. Following this the case may:</p> <ul style="list-style-type: none"> <li>• Be closed</li> <li>• Be actioned</li> <li>• Lead to a fuller core assessment</li> </ul> <p><b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>• Children's Services s</li> <li>• Other statutory service e.g. SEN Services</li> <li>• Specialist health or disability</li> </ul>
	<p><b>Family and Environmental Factors</b></p>	

### Tier 3– Multiple or Complex

**Outcomes:**

- Life chances will be significantly impaired without a more intensive co-ordinated multi-agency support package.

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process
<p>development'</p> <ul style="list-style-type: none"> <li>• 'health or development is likely to be significantly impaired' without the provision of LA services</li> <li>• Or s/he is disabled – this includes children and young people who are deaf</li> </ul>	<p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Domestic Abuse where the risk to the victim is assessed as standard/medium risk and the child is present within the home during the incident</li> <li>• An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident</li> <li>• Child is privately fostered</li> <li>• Unaccompanied asylum seeking children</li> <li>• Child subject to a court application where a s7 or s37 report has been ordered to be completed by Children's Services</li> <li>• Pre-birth assessment where a history of past child protection concerns</li> <li>• Risk of family relationship breakdown leading to need for child to become looked after outside of family network</li> <li>• Child is a young carer requiring assessment of additional needs</li> <li>• Child requires assessment for respite care service due to family circumstances and has no appropriate friend/relative carer available to support</li> <li>• Parents/carers are unable or unwilling to continue to care for the child</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Homeless child in need of accommodation including 16-17 year olds</li> <li>• Extreme financial difficulties impacting on ability to have basic needs met</li> <li>• No access to funding/community resources</li> <li>• Family at risk of eviction having already received support from Housing services</li> <li>• Housing is in a serious state of disrepair with significant hazards and deficiencies requiring formal enforcement action, which may lead to prosecution</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Child or family need immediate support and protection due to harassment/discrimination and have no local support</li> <li>• Significant levels of targeted hostility towards the child and their family, and conflict/volatility within neighbourhood</li> <li>• Child or family demonstrating evidence of radicalisation</li> </ul>	<p>services</p> <ul style="list-style-type: none"> <li>• Police</li> <li>• Targeted adolescent services</li> <li>• Targeted drug and alcohol</li> <li>• CYPS</li> <li>• Family Support Services</li> <li>• Voluntary &amp; Community Services</li> <li>• Services at universal level</li> <li>• Sexual Health and Health Improvement Teams</li> <li>• Homeless Services</li> </ul>

### Tier 3– Multiple or Complex

**Outcomes:**

- Life chances will be significantly impaired without a more intensive co-ordinated multi-agency support package.

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process
	<b>Child or Young Person's Developmental Needs</b>	
	<p><b>Learning/Education</b></p> <ul style="list-style-type: none"> <li>• Child not in education, in conjunction with concerns for child's safety</li> <li>• Chronic nonattendance/truancy/unauthorised absences/fixed term exclusions</li> <li>• May have a Statement of Special Educational Needs</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Chronic/recurring health problems with missed appointments, routine and non routine</li> <li>• Child with a disability in need of assessment and support to access appropriate specialist services</li> <li>• Serious delay in achieving physical and other developmental milestones, raising significant concerns</li> <li>• Frequent accidental injuries to child requiring hospital treatment</li> <li>• Mental health issues requiring referral to CYPS, including self harm or suicidal thoughts</li> <li>• Poor or restricted diet despite intervention.</li> <li>• Child has chronic health problems or high level disability which with extra support may/may not be maintained in a mainstream setting</li> <li>• Learning significantly affected by health problems</li> <li>• Significant dental decay that has not been treated recurrent or on-going risk taking behaviour</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Child missing from home and concerns raised about their physical and emotional safety and welfare</li> <li>• Child whose behaviour is putting them at risk, including substance and alcohol misuse</li> <li>• Evidence of regular/frequent substance misuse which may combine with other risk factors</li> <li>• Evidence of escalation of substance use and of changing attitudes and more disregard to risk</li> <li>• Continuous breaches of curfew. order with other risk-taking behaviours that impact on the child's welfare and safety</li> </ul>	<p><b>Exit Strategy</b></p> <p>A TAF may also be required to support a child whose needs have been partially met with an agreed action Plan. This could include continuing multi-agency support coordinated by a Lead Professional to enable the child and family's move back to universal services.</p>

### Tier 3– Multiple or Complex

**Outcomes:**

- **Life chances will be significantly impaired without a more intensive co-ordinated multi-agency support package.**

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process
	<ul style="list-style-type: none"> <li>• Frequently goes missing from home</li> <li>• Failure or inability to address serious (re)offending behaviour leading to risk of serious harm to self or others</li> <li>• Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm</li> <li>• Young people experiencing current harm through their use of substances                             <ul style="list-style-type: none"> <li>• Child at risk of honour based violence, forced marriage or FGM</li> </ul> </li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Child suffers accidental injury as a result of inadequate supervision</li> <li>• Child found wandering without adequate supervision</li> <li>• Child expected to be self-reliant for their own basic needs or those of their siblings beyond their capabilities, placing them at potential risk</li> <li>• Severe lack of age appropriate behaviour</li> </ul>	

**Tier 4 – Highly complex, acute and/or immediate need of protection:  
Threshold for Child Protection**

**Outcomes:**

- **Children and /or family members are likely to suffer or continue to suffer significant harm / removal from home and have serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.**

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require intensive specialist services, multiple factors are likely to be present	Assessment Process
<p><b>Children with Tier 4 Needs</b></p> <p><b>Child Protection</b> Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may need to be accommodated (taken into care) by Children's Services either on a voluntary basis or through a Court Order</p> <p><b>Definition</b> Section 47 of the 1989 Children Act. Where a child is at risk of significant harm, through neglect, physical, emotional or sexual abuse including sexual exploitation</p>	<p align="center"><b>Parents or Carers Capacity</b></p> <p><b>Basic Care Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Serious concern that an unborn child is at risk of significant harm</li> <li>• Chronic or acute neglect where food, warmth and other basics often not available</li> <li>• Child exposed to contact with individuals who pose a risk of physical or sexual harm to children</li> <li>• Parents/carers are unable to care for the child</li> <li>• Parents/carers have or may have abused/neglected the child/young person</li> <li>• Pre-birth assessment indicates unborn child is at risk of significant harm</li> <li>• Parents' own needs mean they cannot keep child/young person safe</li> <li>• Parent unable to restrict access to home by adults known to be a risk to children and other adults</li> <li>• Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child</li> <li>• Low warmth, high criticism is an enduring feature of the parenting style</li> <li>• Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs</li> <li>• Parent/carer has mental health issues, that present a risk of significant harm to the child</li> <li>• Parent/carers' substance misuse that presents a risk of significant harm to the child</li> <li>• Parental learning difficulties that present a risk of significant harm to the child</li> <li>• Parental health/disability that presents a risk of significant harm to the child</li> <li>• Concerns about sexual exploitation of the child / young person</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Deliberate cruelty or emotional ill treatment of a child resulting in significant harm</li> <li>• Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and</li> </ul>	<p>As per Working Together 2015 procedures following receipt of a referral Children's Services will assess the information and decide upon the most appropriate response which will include an assessment of the child and family's circumstances. A decision will be made as to whether to proceed to an initial child protection conference.</p> <p><b>Key agencies that may provide support at this level:</b></p> <ul style="list-style-type: none"> <li>• Children's Services , Fostering, Adoption Teams</li> <li>• Police</li> <li>• Other statutory service e.g. SEN services; Education &amp; Child Psychology</li> <li>• Specialist health or disability services</li> <li>• Youth Offending Team</li> <li>• Targeted drug and alcohol</li> <li>• CYPS</li> <li>• Family support services</li> </ul>

**Tier 4 – Highly complex, acute and/or immediate need of protection:  
Threshold for Child Protection**

**Outcomes:**

- **Children and /or family members are likely to suffer or continue to suffer significant harm / removal from home and have serious and lasting impairment without the intervention of specialist services, sometimes in a statutory role.**

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require intensive specialist services, multiple factors are likely to be present	Assessment Process
	<p>psychological development</p> <ul style="list-style-type: none"> <li>• Previous child/young person(s) have been removed from parent's care</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Lack of appropriate supervision resulting in significant harm to child</li> <li>• Child is given responsibilities that are inappropriate for their age/level of maturity resulting in significant harm to the child</li> <li>• Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary &amp; Community Services</li> <li>• Children's Centres</li> <li>• Targeted Adolescent Services</li> <li>• Services at universal level</li> </ul>
	<p align="center"><b>Family and Environmental Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Assessment identifies risk of physical, emotional, sexual abuse or neglect</li> <li>• History of previous significant harm to children, including any concerns of previous child deaths</li> <li>• Family characterised by conflict and serious, chronic relationship difficulties</li> <li>• Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child</li> <li>• Adult victim of Domestic Abuse is assessed as high level risk and the child (including unborn) is at risk of significant harm</li> <li>• Child's carer referred to MARAC</li> <li>• Members of the wider family are known to be, or suspected of being a risk to children</li> <li>• Child needs to be looked after outside of their immediate family or parents/carers due to abuse/neglect</li> </ul>	

<p><b>Process</b> Agencies should make a verbal referral to Sunderland's Customer Service Network and accompany this with a written Safeguarding referral form as stated in the SSCB Safeguarding Children Procedures at <a href="http://www.sunderlandsb.com">www.sunderlandsb.com</a></p>	<p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>Hygiene and issues of disrepair in the home present and of a serious nature which may warrant an immediate response, which may lead to the prohibition of use of the property.</li> </ul> <p style="text-align: center;"><b>Child or Young Person's Developmental Needs</b></p> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems</li> <li>Carers refusing medical care endangering life/development</li> <li>Child not accessing appropriate medical care which puts them at direct risk of significant harm</li> <li>Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness</li> <li>Sexually Transmitted Infection in a child under 13</li> <li>Child who is suspected to having suffered non-accidental, or serious unexplained, injuries</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>Challenging behaviour resulting in serious risk to the child and others</li> <li>Failure or inability to address complex mental health issues requiring specialist interventions</li> <li>Under 13 engaged in sexual activity</li> <li>Under 16 concerns re coercion to engage in sexual activity</li> <li>Child at risk of sexual exploitation under 18 years of age</li> <li>Missing from home for repeated short periods of time or prolonged periods</li> <li>Young people with complicated substance misuse problems requiring specific interventions and/or child protection and who can't be managed in the community</li> <li>Child with serious level or unexplained and inappropriate sexualised behaviour</li> <li>Child being sexually exploited <ul style="list-style-type: none"> <li>Child at imminent at risk of honour based violence, forced marriage or FGM</li> </ul> </li> </ul> <p style="text-align: center;"><b>Children subject to care proceedings or a child protection plan and children with complex needs requiring residential or nursing care or in-patient psychiatric treatment have Tier 4 needs</b></p> <p><b>Self Care and Independence</b></p> <ul style="list-style-type: none"> <li>Child is left "home alone" without adequate adult supervision or support and at risk of significant harm</li> <li>Distorted self-image and lack of independent living skills likely to result in significant harm</li> </ul>	<p><b>Exit Strategy</b> Children's Services will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory interventions as described in Tier 3, or will embark on Court Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption.</p>
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	<p>Learning/Education</p> <p>May have a statement of Special educational needs</p> <ul style="list-style-type: none"><li>• Child not in education in conjunction with child at risk of significant harm</li></ul>	
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Appendix 1 – Illustrative examples

The following are indicators which may aid in decision making when considering the Thresholds;

<b>Tier 1 Universal Needs</b>	<b>INDICATORS</b>			
<p>These are children and families where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p>	<p><u>CHILD'S DEVELOPMENT</u> <i>Health</i></p>	<p><u>AGES 0-4</u></p> <ul style="list-style-type: none"> <li>• Appropriate height and weight</li> <li>• Physically healthy</li> <li>• Developmental checks up to date</li> <li>• Adequate and nutritious diet</li> <li>• Regular dental and optical care</li> <li>• Warm attachment with carers</li> </ul>	<p><u>AGES 5-13</u></p> <ul style="list-style-type: none"> <li>• Appropriate height and weight</li> <li>• Physically healthy</li> <li>• Developmental checks up to date</li> <li>• Adequate and nutritious diet</li> <li>• Regular dental and optical care</li> <li>• Good state of mental health</li> <li>• No misuse of substances</li> </ul>	<p><u>AGES 14-18</u></p> <ul style="list-style-type: none"> <li>• Appropriate height and weight</li> <li>• Physically healthy</li> <li>• Medical checks up to date</li> <li>• Adequate and nutritious diet</li> <li>• Regular dental and optical care</li> <li>• Good state of mental health</li> <li>• Sexual activity appropriate for age</li> <li>• No misuse of substances</li> </ul>
<p><b>These indicators act as a benchmark when assessing the significance of indicators from Tiers 2-4</b></p>	<p><i>Education/Learning</i></p>	<ul style="list-style-type: none"> <li>• Experiences of success/Achievement</li> <li>• No concerns around cognitive development</li> <li>• Access to books, toys as appropriate</li> <li>• Enjoys and participates in educational group activities within preschool settings</li> </ul>	<ul style="list-style-type: none"> <li>• Acquired a range of skills/interests</li> <li>• Experiences of success/achievement</li> <li>• Access to books, toys, as appropriate</li> <li>• Enjoys and participates in educational and community activities</li> </ul>	<ul style="list-style-type: none"> <li>• Acquired a range of skills/interests</li> <li>• Experiences of success/achievement</li> <li>• No concerns around cognitive development</li> <li>• Access to books, games, activities as appropriate</li> <li>• Enjoys and participates in educational and community</li> </ul>

Tier 1 Universal Needs	INDICATORS			
		<ul style="list-style-type: none"> <li>• Parents engaged</li> <li>• Able to communicate 'wants' and 'needs'</li> </ul>	<ul style="list-style-type: none"> <li>• Sound home/school link</li> <li>• Articulates aspirations</li> <li>• Attends school regularly</li> <li>• No concerns around cognitive development</li> </ul>	<ul style="list-style-type: none"> <li>activities</li> <li>• Sound home/school link</li> <li>• Planned progression beyond statutory education</li> <li>• In EET or NEET up to a maximum of 12 weeks</li> </ul>
	<i>Emotional &amp; Behavioural Development</i>	<ul style="list-style-type: none"> <li>• Demonstrates age appropriate responses in feelings and actions</li> <li>• Good quality early attachments</li> <li>• Able to demonstrate awareness of others</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates age appropriate responses in feelings and actions</li> <li>• Good quality early attachments</li> <li>• Able to adapt to change</li> <li>• Able to demonstrates empathy</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates age appropriate responses in feelings and actions</li> <li>• Good quality attachments/relationships</li> <li>• Able to adapt to change</li> <li>• Able to demonstrate empathy</li> </ul>
	<i>Identity</i>	<ul style="list-style-type: none"> <li>• Positive sense of self and abilities</li> <li>• Can demonstrate feelings of belongingness and acceptance</li> </ul>	<ul style="list-style-type: none"> <li>• Positive sense of self and abilities</li> <li>• Can Demonstrate feelings of belongingness and acceptance</li> </ul>	<ul style="list-style-type: none"> <li>• Positive sense of self and abilities</li> <li>• Can demonstrate feelings of belongingness and acceptance</li> </ul>
	<i>Family &amp; Social Relationships</i>	<ul style="list-style-type: none"> <li>• Stable and affectionate relationships with caregivers</li> <li>• Good core relationships with siblings</li> <li>• Positive relationships with peers</li> </ul>	<ul style="list-style-type: none"> <li>• Stable and affectionate relationships with caregivers</li> <li>• Good core relationships with siblings</li> <li>• Positive relationships with peers</li> </ul>	<ul style="list-style-type: none"> <li>• Stable and affectionate relationships</li> <li>• Good core relationships with siblings</li> <li>• Positive relationships with peers</li> <li>• Emerging Social integration</li> </ul>

Tier 1 Universal Needs	INDICATORS			
	<i>Social Presentation</i>	<ul style="list-style-type: none"> <li>• Appropriate dress for different settings</li> <li>• Good level of personal hygiene</li> <li>• Enjoys positive attention- appears relaxed with a happy disposition.</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate dress for different settings-allowing for age and fashion</li> <li>• Good level of personal hygiene</li> <li>• Able to discriminate between 'safe' and 'unsafe' contacts</li> <li>• Appears reasonably at ease in social situations</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate dress for different settings- allowing for fashion</li> <li>• Good level of personal hygiene</li> <li>• Reasonably at ease in social situations, and sufficiently discriminating between 'safe' and 'unsafe' contacts</li> </ul>
	<i>Self Care Skills</i>	<ul style="list-style-type: none"> <li>• Growing level of competencies in practical skills, such as feeding, dressing.</li> </ul>	<ul style="list-style-type: none"> <li>• Growing level of competencies in practical skills.</li> </ul>	<ul style="list-style-type: none"> <li>• Competency in practical skills and emerging independent living skills</li> </ul>

Tier 2 Child with additional needs	INDICATORS			
<p>These are children and families whose circumstances may make them vulnerable and may affect the child's health, educational, or social development. Children and families who might be defined as falling within this level may need some additional support without which they would be at risk of not meeting their full potential. At this level consideration should be given as to whether a CAF should be undertaken.</p>	<p>CHILD'S DEVELOPMENT <i>Health</i></p>	<p>AGES 0-4</p> <ul style="list-style-type: none"> <li>• Weight not increasing at rate expected</li> <li>• Concerns regarding developmental milestones</li> <li>• Not attending routine appointments</li> <li>• Persistent minor health problems</li> <li>• Limited diet</li> <li>• Feeding problems</li> </ul>	<p>AGES 5-13</p> <ul style="list-style-type: none"> <li>• Weight not increasing at rate expected</li> <li>• Not attending routine appointments</li> <li>• Concerns about developmental progress</li> <li>• Persistent minor health problems</li> <li>• Limited diet e.g. no breakfast and limited money for school lunch</li> <li>• Dental care not sufficient in attendance for checks/treatment</li> <li>• Vulnerability to mental well-being problems e.g. acrimonious divorce of parents, unduly anxious, angry or defiant</li> <li>• Smokes</li> <li>• Enuresis and encopresis</li> <li>• Not registered with a GP</li> </ul>	<p>AGES 14-18</p> <ul style="list-style-type: none"> <li>• Excessive or low weight gain</li> <li>• Concerns about developmental progress e.g. overweight/underweight/ enuresis</li> <li>• Not attending routine appointments</li> <li>• Persistent minor health problems</li> <li>• Limited diet e.g. no breakfast and limited money for school lunch</li> <li>• Dental care not sufficient in attendance for checks/</li> <li>• Treatment</li> <li>• Concerns regarding mental wellbeing e.g. acrimonious divorce of parents, unduly anxious, angry or defiant</li> <li>• Consensual sexual activity</li> <li>• Experimenting with substance misuse</li> <li>• Smokes</li> </ul>
	<p><i>Education/Learning</i></p>	<ul style="list-style-type: none"> <li>• Not accessing any pre-school setting</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a greater degree of individualisation above and beyond expected differentiation</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a greater degree of individualisation above and beyond expected differentiation of</li> </ul>

Tier 2 Child with additional needs	INDICATORS			
		<ul style="list-style-type: none"> <li>• Not always engaged in organised activities e.g. poor concentration, low motivation</li> <li>• Not thought to be reaching his/her potential</li> <li>• Home/setting link not well established</li> <li>• Poor peer relationships</li> <li>• Speech and language difficulties</li> <li>• Little evidence of stimulation from carer(s)</li> </ul>	<p>of the curriculum.</p> <ul style="list-style-type: none"> <li>• Poor punctuality</li> <li>• Regular school absences</li> <li>• Not always engaged in learning e.g. poor concentration, low motivation</li> <li>• Not thought to be reaching his/her educational potential</li> <li>• Home/school link not well established</li> </ul>	<p>the curriculum.</p> <ul style="list-style-type: none"> <li>• NEET for 12 weeks or more(16-18) but available</li> <li>• Poor punctuality</li> <li>• Regular school absences</li> <li>• Not always engaged in learning e.g. poor concentration, low motivation</li> <li>• Not thought to be reaching his/her educational potential</li> <li>• Home/school link not well established</li> <li>• Limited evidence of progression planning</li> <li>• At risk of making ill-informed/inappropriate decisions about progression</li> </ul>
	<i>Emotional &amp; Behavioural Development</i>	<ul style="list-style-type: none"> <li>• Hostile behaviour</li> <li>• Some difficulties with family relationships</li> <li>• Some difficulties with peer group relationships</li> <li>• Some evidence of inappropriate responses</li> </ul>	<ul style="list-style-type: none"> <li>• Some difficulties with peer group relationships</li> <li>• Some evidence of inappropriate responses and actions</li> <li>• Child can find managing change difficult</li> <li>• Not always able to understand</li> </ul>	<ul style="list-style-type: none"> <li>• Some difficulties with peer group relationships</li> <li>• Some evidence of inappropriate responses and actions</li> <li>• Young person finds managing change difficult</li> <li>• Not always able to understand</li> </ul>

Tier 2 Child with additional needs	INDICATORS			
		and actions <ul style="list-style-type: none"> <li>• Child finds managing change difficult</li> <li>• Multiple carers</li> <li>• Multiple house moves</li> <li>• Poor routines</li> <li>• Late toileting</li> <li>• Separation anxiety</li> </ul>	how own actions impact on others <ul style="list-style-type: none"> <li>• Multiple house moves</li> <li>• Multiple carers</li> </ul>	how own actions impact on others <ul style="list-style-type: none"> <li>• Multiple house moves</li> </ul>
	<i>Identity</i>	<ul style="list-style-type: none"> <li>• Some insecurities around identity expressed e.g. low self esteem</li> <li>• Limited self-confidence</li> <li>• Child/young person subject to discrimination through social inequity and negative life experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Some insecurities around identify e.g. low self-esteem, low aspirations for the future</li> <li>• Child/young person subject to discrimination through social inequity and negative life experiences</li> <li>• Poor self-confidence</li> <li>• Signs of deteriorating mental wellbeing</li> <li>• Victim of crime</li> </ul>	<ul style="list-style-type: none"> <li>• Limited self-confidence</li> <li>• Child/young person subject to discrimination through social inequity and negative life experiences</li> <li>• Victim of crime</li> <li>• Poor self-confidence</li> <li>• Signs of deteriorating mental health</li> <li>• Few if any recognised achievements</li> </ul>
	<i>Family &amp; Social Relationships</i>	<ul style="list-style-type: none"> <li>• Chaotic routines</li> <li>• Child has lack of positive</li> </ul>	<ul style="list-style-type: none"> <li>• Chaotic routines</li> <li>• Child has lack of positive role</li> </ul>	<ul style="list-style-type: none"> <li>• Chaotic routines</li> <li>• Child/young person has lack of</li> </ul>

Tier 2 Child with additional needs	INDICATORS			
		role models <ul style="list-style-type: none"> <li>• Child has some difficulties sustaining relationships</li> <li>• Inconsistent parenting</li> <li>• Family lack social networks</li> </ul>	models <ul style="list-style-type: none"> <li>• Relationships with carers characterised by inconsistencies</li> <li>• Child has some difficulties sustaining relationships</li> <li>• Few recognised achievements</li> <li>• Family lack social networks</li> </ul>	positive role models <ul style="list-style-type: none"> <li>• Relationships with carers characterised by inconsistencies</li> <li>• Child has some difficulties sustaining relationships</li> <li>• Few recognised achievements</li> <li>• Family lack social networks</li> </ul>
	<i>Social Presentation</i>	<ul style="list-style-type: none"> <li>• Clothing for younger children may be ill fitting</li> <li>• Child may not always be clean</li> <li>• Child can be either overfriendly or withdrawn</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of school uniform impacting on progress/relationships in school</li> <li>• Clothing for younger children may be ill fitting e.g. too tight shoes</li> <li>• Child may not always be clean – may suffer from teasing at school about being ‘smelly’</li> <li>• Child can be either over friendly or withdrawn</li> <li>• Child appears to be alone and unconnected</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of school uniform impacting on progress/relationships in school</li> <li>• Clothing for younger children may be ill fitting e.g. too tight shoes</li> <li>• Child/young person may not always be clean – may suffer from teasing at school about being ‘smelly’</li> <li>• Child can be either over friendly or withdrawn</li> <li>• Child appears to be alone and unconnected</li> </ul>
	<i>Self Care Skills</i>	<ul style="list-style-type: none"> <li>• Early onset of sexual activity</li> </ul>	<ul style="list-style-type: none"> <li>• Some evidence of risky use of technology leading to E-safety concerns</li> <li>• Lack of age appropriate behaviour and independent</li> </ul>	<ul style="list-style-type: none"> <li>• Low level alcohol/substance misuse (current or historical)</li> <li>• Sexually active young person (15+) with some risk taking behaviours e.g. inconsistent use</li> </ul>

Tier 2 Child with additional needs	INDICATORS			
			<p>living skills that increase vulnerability to social exclusion</p>	<p>of contraception</p> <ul style="list-style-type: none"> <li>• Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</li> </ul>

Tier 3 - Child with Multiple or Complex needs	INDICATORS			
<p>These are children and families whose circumstances mean they may be very vulnerable Children and families who might be defined within this level will require a coordinated multi-agency response. Typically this will involve a professional completing a multi-agency assessment (CAF). Some of these children may require a referral to Children's Services Safeguarding. Before referring to Children's Services , ask what their involvement will add to the intervention. If in doubt, always contact the Customer Services Network for advice.</p> <p><u>Assessment:</u> CAF Assessment, Lead Professional and Team around the family/child may already be in place –</p>	<p><u>CHILD'S DEVELOPMENT</u> <i>Health</i></p>	<p><u>AGES 0-4</u></p> <ul style="list-style-type: none"> <li>• Persistent growth faltering</li> <li>• Child has chronic health problems</li> <li>• Concerns about developmental progress</li> <li>• Untreated dental decay</li> <li>• Behaviour difficulties requiring further investigations</li> <li>• Child is deaf</li> </ul>	<p><u>AGES 5-13</u></p> <ul style="list-style-type: none"> <li>• Persistent growth faltering</li> <li>• Child has chronic health problems</li> <li>• Learning significantly affected by health problems</li> <li>• Limited/restricted diet – no breakfast, no lunch money</li> <li>• Significant dental decay that has not been treated</li> <li>• Substance misuse including persistent use of alcohol</li> <li>• Behaviour difficulties requiring further investigation</li> <li>• Signs of low mood, anxiety or self-inflicted injuries</li> <li>• Child is deaf</li> </ul>	<p><u>AGES 14-18</u></p> <ul style="list-style-type: none"> <li>• Chronic health problems</li> <li>• Learning significantly affected by health problems</li> <li>• Limited/restricted diet – no breakfast, no lunch money</li> <li>• Significant dental decay that has not been treated</li> <li>• Substance misuse including persistent use of alcohol</li> <li>• 'Unsafe' sexual activity</li> <li>• Refusing medical care</li> <li>• Behaviour difficulties requiring further investigation</li> <li>• Teenage pregnancy</li> <li>• Signs of low mood, anxiety or self-inflicted injuries</li> <li>• Child is deaf</li> </ul>
	<p><i>Education/Learning</i></p>	<ul style="list-style-type: none"> <li>• Poor relationships between home/preschool setting</li> <li>• Inappropriate social behaviour</li> <li>• Carer regularly fails to provide stimulation</li> <li>• Unresolved speech and language difficulties</li> <li>• The child's current rate of progress is inadequate, despite receiving appropriately structured early education experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Not educated at school (or at home by parents)</li> <li>• The child's current rate of progress is inadequate, despite receiving appropriately structured educational experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Not educated at school (or at home by parents)</li> <li>• NEET(16-18) for more than 12 weeks and not available for opportunities</li> <li>• The child's current rate of progress is inadequate, despite receiving appropriately structured educational experiences</li> </ul>

Tier 3 - Child with Multiple or Complex needs	INDICATORS			
<p>if not, consideration should always be given to them. If Children's Services takes the lead, some additional information will be added to the Common Assessment to convert the assessment to an Initial Assessment. This avoids duplication and repeat assessments for children and their families. This must be completed within ten working days of the referral. If a CAF has been undertaken it will feed into the Initial Assessment. Children's Services may initiate a Core Assessment if the child/young person's needs cannot be fully identified from the Initial Assessment</p> <p><u>Service Provision:</u> Services to children will either be developed by the</p>	<p><i>Emotional &amp; Behavioural Development</i></p>	<ul style="list-style-type: none"> <li>• Poor peer relationships</li> <li>• Disruptive/challenging behaviour at preschool setting or in neighbourhood</li> <li>• Child withdrawn/unwilling to engage</li> <li>• Limited ability to understand how actions impact on others (4 years old)</li> <li>• Reporting or acting out violence within the family home</li> </ul>	<ul style="list-style-type: none"> <li>• Poor peer relationships</li> <li>• Starting to offend and re-offend</li> <li>• Child finds it difficult to cope with anger and frustration</li> <li>• Disruptive/challenging behaviour at school or in neighbourhood</li> <li>• Child withdrawn/unwilling to engage</li> <li>• Limited ability to understand how actions impact on others</li> <li>• Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc.</li> <li>• Unable to connect cause and effect of own actions</li> <li>• Unable to display empathy</li> </ul>	<ul style="list-style-type: none"> <li>• Poor peer relationships</li> <li>• Cannot maintain peer relationships e.g. is aggressive, bully, bullied etc.</li> <li>• Starting to offend or re-offend</li> <li>• Young person finds it difficult to cope with anger and frustration</li> <li>• Unable to connect cause and effect of own actions</li> <li>• Disruptive/challenging behaviour at school or in neighbourhood</li> <li>• Young person withdrawn/unwilling to engage</li> <li>• Rarely able to understand how actions impact on others</li> <li>• Unable to display empathy</li> </ul>
	<p><i>Identity</i></p>	<ul style="list-style-type: none"> <li>• Demonstrates significantly low self-esteem in a range of situations</li> <li>• Very poor self confidence</li> <li>• Signs of deteriorating</li> </ul>	<ul style="list-style-type: none"> <li>• Child experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability</li> <li>• Child is socially isolated and lacks appropriate role models</li> </ul>	<ul style="list-style-type: none"> <li>• Young person experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability</li> <li>• Demonstrates significantly low self-esteem in a range of situations</li> </ul>

Tier 3 - Child with Multiple or Complex needs	INDICATORS			
<p>locality CAF Panel, or through children in need planning</p> <p>Where there is any disagreement between professionals regarding intervention for a child the SSCB Resolution of Professional Differences Protocol must be followed. The protocol can be found on the SSCB website at <a href="http://www.sunderlandscb.com">www.sunderlandscb.com</a></p>		<p>emotional well being</p> <ul style="list-style-type: none"> <li>Child is socially isolated and lacks appropriate role models</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates significantly low self-esteem in a range of situations</li> <li>Very poor self-confidence</li> <li>Child's self-image distorted and may demonstrate fear or persecution by others</li> <li>Mental Wellbeing concerns becoming problematic and manifest</li> <li>Victim of serious crime</li> </ul>	<ul style="list-style-type: none"> <li>Young person is socially isolated and lacks appropriate role models</li> <li>Very poor self-confidence</li> <li>Child/young person's self-image distorted and may demonstrate fear or persecution by others</li> <li>Mental wellbeing concerns becoming problematic and manifest</li> <li>Victim of serious crime</li> </ul>
	<i>Social Presentation</i>	<ul style="list-style-type: none"> <li>Behaviour is inappropriately sexualised</li> <li>Clothing is regularly unwashed and frequently ill fitting</li> <li>Child's poor hygiene leads to alienation from peers</li> <li>Rejection or taunting by peers</li> <li>Child unable to discriminate and likely to put self at risk</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour is inappropriately sexualised</li> <li>Child may be provocative in behaviour/appearance</li> <li>Clothing is regularly unwashed and frequently ill fitting</li> <li>Child's poor hygiene leads to alienation from peers</li> <li>Alienates self from school</li> <li>Rejection or taunting by peers</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour is inappropriately sexualised</li> <li>Child may be provocative in behaviour/appearance</li> <li>Clothing is regularly unwashed and frequently ill fitting</li> <li>Child's poor hygiene leads to alienation from peers</li> <li>Alienates self from school</li> <li>Rejection or taunting by peers</li> </ul>
	<i>Self Care</i>	<ul style="list-style-type: none"> <li>Child suffers accidental injury as a result of lack of</li> </ul>	<ul style="list-style-type: none"> <li>Child found wandering as a result of lack of supervision</li> </ul>	<ul style="list-style-type: none"> <li>Child is raising self with no parental input</li> </ul>

Tier 3 - Child with Multiple or Complex needs	INDICATORS			
		supervision	<ul style="list-style-type: none"> <li>• Child shows inappropriate independence</li> </ul>	
	<i>Family and Social relations</i>	<ul style="list-style-type: none"> <li>• Lack of attachment with parent</li> <li>• Pre-birth assessment identifies child is at risk</li> <li>• Private fostering arrangement</li> <li>• Family at risk of radicalisation</li> </ul>	<ul style="list-style-type: none"> <li>• Child is a young carer</li> <li>• Lack of attachment with parent</li> <li>• Child is rejected by parents</li> <li>• Parent/carer hostility towards child</li> <li>• Private fostering arrangement</li> <li>• Family at risk of radicalisation</li> <li>• Child at risk of honour based violence, forced marriage or FGM</li> </ul>	<ul style="list-style-type: none"> <li>• Child is a young carer</li> <li>• Child is rejected by parents</li> <li>• Parent/carer hostility towards child</li> <li>• Difficult relationship with peers/partner</li> <li>• Private fostering arrangement</li> <li>• Family at risk of radicalisation</li> <li>• Child at risk of honour based violence, forced marriage or FGM</li> </ul>

Tier 4 – Child with highly complex, acute and/or immediate protection needs	INDICATORS			
<p>These are children whose needs and care at the present time are likely to be very significantly compromised. Children and families who might be defined within this level will require a specialist assessment from, for example, Children's Services , YOS, CYPS, and SEN. They will need an immediate referral to the Children's Services via the Customer Service Network/Police.</p> <p><u>Assessment:</u> Assessing the needs of children in this category is almost always initiated by a Section 47 enquiry, will be directed by a Strategy meeting or discussion with the Police and which may lead to the completion of a core assessment and the</p>	<p><b>CHILD'S DEVELOPMENT</b> <i>Health</i></p>	<p><b>AGES 0-4</b></p> <ul style="list-style-type: none"> <li>• Unresolved growth faltering</li> <li>• Carers refusing or denying medical care endangering life/development</li> <li>• Persistently missing routine health appointments</li> <li>• Dietary needs persistently not met</li> <li>• Persistent head lice</li> </ul>	<p><b>AGES 5-13</b></p> <ul style="list-style-type: none"> <li>• Unresolved growth faltering</li> <li>• Carers refusing medical care endangering life/development</li> <li>• Dietary needs persistently not met</li> <li>• Habitual substance misuse</li> <li>• Pregnancy</li> <li>• Acute mental health problems e.g., threat of suicide, psychotic episode, severe depression,</li> <li>• Sexual activity</li> <li>• Persistent head lice</li> </ul>	<p><b>AGES 14-18</b></p> <ul style="list-style-type: none"> <li>• Lack of food may be linked with neglect. Dietary needs persistently not being met and resulting in significant harm</li> <li>• Sexual activity that raises concerns for the welfare of the Young Person</li> <li>• Pregnancy</li> <li>• Acute mental health problems e.g., threat of suicide, psychotic episode, severe depression</li> <li>• Persistent head lice</li> </ul>
	<p><i>Education/Learning</i></p>	<ul style="list-style-type: none"> <li>• Has special or additional educational needs which require the involvement of LA support services to augment the settings own resources. The needs are more than likely to be significant and complex.</li> <li>• Differentiated practice over time has not resulted in sufficient progress towards</li> </ul>	<ul style="list-style-type: none"> <li>• No school placement</li> <li>• Has special or additional educational needs which require the involvement of LA support services to augment the schools own resources. The needs are more than likely to be significant and complex.</li> <li>• Differentiated classroom practice over time has not</li> </ul>	<ul style="list-style-type: none"> <li>• No school placement</li> <li>• Has special or additional educational needs which require the involvement of LA support services to augment the schools own resources. The needs are more than likely to be significant and complex.</li> <li>• Differentiated classroom practice over time has not resulted in</li> </ul>

Tier 4 – Child with highly complex, acute and/or immediate protection needs	INDICATORS			
<p>convening of an Initial Child Protection Conference.  <u>Service Provision:</u> Service provision will generally take the form of a child protection plan or a care plan for a child in care. Service plans will be constructed and reviewed within Child Protection Conferences or Children in Care Reviews and other statutory planning fora.</p> <p>Where there is any disagreement between professionals regarding intervention for a child the SSCB Resolution of Professional Differences Protocol must be followed. The protocol can be found on the SSCB website at <a href="http://www.sunderlandscb.com">www.sunderlandscb.com</a></p>		<p>meeting learning targets.</p> <ul style="list-style-type: none"> <li>The child requires an Individualised programme with tailored Interventions.</li> </ul>	<p>resulted in sufficient progress towards meeting learning targets.</p> <ul style="list-style-type: none"> <li>The child requires an Individualised programme with tailored Interventions.</li> </ul>	<p>sufficient progress towards meeting learning targets.</p> <ul style="list-style-type: none"> <li>The child requires an Individualised programme with tailored Interventions.</li> </ul>
	<i>Emotional &amp; Behavioural Development</i>	<ul style="list-style-type: none"> <li>Evidence of a persistent insecure attachment to carers</li> </ul>	<ul style="list-style-type: none"> <li>Abuses other children</li> <li>Puts self or others in danger</li> <li>Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc.</li> <li>Regularly involved in anti-social/criminal activities</li> </ul>	<ul style="list-style-type: none"> <li>Abuses other children</li> <li>Puts self or others in danger e.g. missing</li> <li>Prosecution for offences – resulting in court orders, custodial sentences, ASBOs etc.</li> <li>Regularly involved in anti-social/criminal activities</li> </ul>
	<i>Identity</i>	<ul style="list-style-type: none"> <li>Child has internalised negative criticism and behaviour reflects poor self image</li> </ul>	<ul style="list-style-type: none"> <li>Child has internalised discrimination and behaviour reflects emotional harm</li> </ul>	<ul style="list-style-type: none"> <li>Young person has internalised discrimination and behaviour reflects emotional harm</li> </ul>
	<i>Self care</i>	<ul style="list-style-type: none"> <li>Child left home alone and at risk of significant harm</li> </ul>	<ul style="list-style-type: none"> <li>Child left home alone and at risk of significant harm</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Tier 4 – Child with highly complex, acute and/or immediate protection needs	INDICATORS			
	<i>Family and social relationships</i>	<ul style="list-style-type: none"> <li>• Rejected by parent/carer</li> <li>• Family showing signs of radicalisation</li> <li>• Private fostering arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually exploited child</li> <li>• Abusive relationship with peers putting child at risk of significant harm</li> <li>• Family showing signs of radicalisation</li> <li>• At imminent at risk of honour based violence, forced marriage or FGM</li> <li>• Private fostering arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• Violence in relationship with partner</li> <li>• Sexually exploited child</li> <li>• Abusive relationship with peers putting child at risk of significant harm</li> <li>• Family showing signs of radicalisation</li> <li>• At imminent at risk of honour based violence, forced marriage or FGM</li> <li>• Private fostering arrangement</li> </ul>
	<i>Social presentation</i>	<ul style="list-style-type: none"> <li>• Child is dirty and not appropriately dressed for weather</li> <li>• Child is over familiar/extremely withdrawn</li> </ul>	<ul style="list-style-type: none"> <li>• Child is dirty and not appropriately dressed for weather</li> <li>• Child is over familiar/extremely withdrawn</li> <li>• Child is bullied leading to self harming</li> <li>• Child's behaviour is sexualised putting self at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Child is bullied leading to self harming</li> <li>• Child's behaviour is sexualised putting self at risk</li> </ul>

## **Threshold for a Care Order, Section 31 Children Act 1989**

1. On the application of any local authority or authorised person, the court may make an order:
  - a) Placing the child with respect to whom the application is made in the care of a designated local authority; or
  - b) Putting him under the supervision of a designated local authority.
2. A court may only make a care order or supervision order if it is satisfied:
  - a) That the child concerned is suffering, or is likely to suffer, significant harm; and
  - b) That the harm, or likelihood of harm, is attributable to:
    - i) The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
    - ii) The child's being beyond parental control.
3. No care order or supervision order may be made with respect to a child who has reached the age of seventeen (or sixteen, in the case of a child who is married). No care order may be made with respect to a child until the court has considered a section 31A plan.
4. An application under this section may be made on its own or in any other family proceedings.
5. The court may:
  - a) On an application for a care order, make a supervision order;
  - b) On an application for a supervision order, make a care order.
6. Where an authorised person proposes to make an application under this section he shall:
  - a) If it is reasonably practicable to do so; and
  - b) Before making the application,  
Consult the local authority appearing to him to be the authority in whose area the child concerned is ordinarily resident.
7. An application made by an authorised person shall not be entertained by the court if, at the time when it is made, the child concerned is—
  - a) The subject of an earlier application for a care order, or supervision order, which has not been disposed of; or
  - b) Subject to:
    - i) A care order or supervision order;

- ii) A youth rehabilitation order within the meaning of Part 1 of the Criminal Justice and Immigration Act 2008; or
- iii) A supervision requirement within the meaning of Part II of the Children (Scotland) Act 1995

8. The local authority designated in a care order must be:

- a) The authority within whose area the child is ordinarily resident; or
- b) Where the child does not reside in the area of a local authority, the authority within whose area any circumstances arose in consequence of which the order is being made.

9. In this section—

- “authorised person” means:
  - a) The National Society for the Prevention of Cruelty to Children and any of its officers; and
  - b) Any person authorised by order of the Secretary of State to bring proceedings under this section and any officer of a body which is so authorised;
- “Harm” means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another
- “Development” means physical, intellectual, emotional, social or behavioural development;
- “Health” means physical or mental health; and
- “Ill-treatment” includes sexual abuse and forms of ill-treatment which are not physical.

10. Where the question of whether harm suffered by a child is significant turns on the child’s health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.

11. In this Act:

- A “care order” means (subject to section 105(1)) an order under subsection (1)(a) and (except where express provision to the contrary is made) includes an interim care order made under section 38; and
- A “supervision order” means an order under subsection (1)(b) and (except where express provision to the contrary is made) includes an interim supervision order made under section 38.

## **Threshold for Duty to Accommodate a Child under Section 20 Children Act 1989**

1. Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of:
  - a) There being no person who has parental responsibility for him;
  - b) This being lost or having been abandoned; or
  - c) The person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.
2. Where a local authority provide accommodation under subsection (1) for a child who is ordinarily resident in the area of another local authority, that other local authority may take over the provision of accommodation for the child within—
  - a) Three months of being notified in writing that the child is being provided with accommodation; or
  - b) Such other longer period as may be prescribed.
3. Every local authority shall provide accommodation for any child in need within their area who has reached the age of sixteen and whose welfare the authority consider is likely to be seriously prejudiced if they do not provide him with accommodation.
4. A local authority may provide accommodation for any child within their area (even though a person who has parental responsibility for him is able to provide him with accommodation) if they consider that to do so would safeguard or promote the child's welfare.
5. A local authority may provide accommodation for any person who has reached the age of sixteen but is under twenty-one in any community home which takes children who have reached the age of sixteen if they consider that to do so would safeguard or promote his welfare.
6. Before providing accommodation under this section, a local authority shall, so far as is reasonably practicable and consistent with the child's welfare:
  - a) Ascertain the child's wishes and feelings regarding the provision of accommodation; and
  - b) Give due consideration (having regard to his age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

7. A local authority may not provide accommodation under this section for any child if any person objects who—
  - a) Has parental responsibility for him; and
  - b) Is willing and able to—
    - i) Provide accommodation for him; or
    - ii) Arrange for accommodation to be provided for him.
8. Any person who has parental responsibility for a child may at any time remove the child from accommodation provided by or on behalf of the local authority under this section.
9. Subsections (7) and (8) do not apply while any person—
  - a) In whose favour a residence order is in force with respect to the child; who is a special guardian of the child; or
  - b) Who has care of the child by virtue of an order made in the exercise of the High Court's inherent jurisdiction with respect to children,
  - c) Agrees to the child being looked after in accommodation provided by or on behalf of the local authority.
10. Where there is more than one such person as is mentioned in subsection (9), all of them must agree.
11. Subsections (7) and (8) do not apply where a child who has reached the age of sixteen agrees to being provided with accommodation under this section.