Solihull Safeguarding Children Partnership - Thresholds for Support
Our graduated response to safeguarding

Universal Services	Wider Early Help Partnership Support	Specialist Family Help	Safeguarding Need
All Children will access a range of Universal services; these could be G.P.'s, Health Visitors, Nursery, School, etc. **Universal plus** These agencies may offer some extra support themselves and/ or signpost to community resources.	Early help is a term used for providing support to a child and their family as soon as an issue emerges. Early help is a collaborative approach, not a provision, and it relies upon local agencies and families identifying which of them is the lead and then working together to address the varied needs of a child and the family, their peer groups, the communities, and spaces in which they live and spend time, to make and follow plans of what needs to happen to improve the situation. Early Help should also be offered if a child/family has previously received Statutory Services, to help prevent needs re-emerging.	Children who have needs that require additional interventions offered on a voluntary basis but led by Children's Services Family Support Services. Children or Young People with a disability may require support at varying levels, potentially by Children's Services under Section 17 (Child in Need) of the Children Act 1989. A child with a disability may sit in varying areas of the service dependent upon their need and level of required support or intervention. The indicators below relate to safeguarding need and not the disability.	Children who are unlikely to achieve or maintain a reasonable standard of health and development without the provision of a social work intervention, including children who are suffering or likely to suffer significant harm and require statutory intervention and protection coordinated by Children's Services (Section 17 (Child in Need) and 47 (Child protection) of the Children Act 1989).

The following outlines a set of possible indicators of need to consider when determining an appropriate level of support relating to safeguarding. Use this to decide your next step and what support will make an impact on outcome for children. Engage parents in the process, be curious and use the information gathered as part of your intervention to evidence your professional judgement.

Indicators of Need

Universal Services	Wider Early Help Partnership Support	Specialist Family Help	Safeguarding Need
• Vulnerable to emotional difficulties, perhaps in response to life events such as parental separation • Concerns about behavioural and neuro-developmental disorders e.g. Conduct Disorder, ADHD and Autism Spectrum Disorder, possibly waiting for a diagnosis/ Education Health Care plan • Concerns about engagement with others/ has few or no friends • Child/young person has experienced a bereavement • Some difficulties with peer group relationships and with adults, e.g. emotionally dependent, anxious, or withdrawn • Some exposure to dangerous situations in the home or online • Unnecessary or frequent access to medical services e.g. GP/ Emergency Department /Ambulance Service • Parent/carer stresses starting to affect ability to ensure child's safety • Emerging concerns about poverty/debt having an impact on ability to care for unborn baby/child/young person • Parents struggling to have their own emotional needs met • No effective support from extended family or community	• Child is slow in reaching developmental milestones or concerns about developmental progress. Parental support needs may be a contributing factor • Child has chronic/recurring health or social needs • Mental health issues emerging e.g. anxiety; depression; eating disorder; self- harming in parent or child • Experimenting or occasional use (with negative impact) of alcohol or illegal substances in parent or child • Children with physical and or learning difficulties requiring coordinated support/waiting for Education Health Care Plan • Developmental milestones are not being met due to parenting support needs • Unresolved conflict/ difficulties with family relationships • Inappropriate responses and actions/ offensive/ anti-social behaviours • Parent/carer offers inconsistent boundaries/lack of routine in the home • Parents who struggle to show emotional attunement with their child • Disability prevents appropriate self-care in a significant range of tasks • Experiencing / exhibiting bullying / discrimination • Regular underachievement or not reaching education potential • Poor punctuality/pattern of regular school absences (including and consideration being mentioned to move the child out of the school system to Elective Home Education) • Some fixed term exclusions or behaviour issues in school • Parents failing to recognise concerns about consistently poor nursery/school attendance and punctuality despite support from school/ nursery • Unresolved issues arising from parents' separation, step parenting or bereavement	• Parents struggle/refuse to set effective boundaries e.g. ineffective/ restrictive/ neglectful or involving physical chastisement • Child is living in a household where there is day to day unresolved conflicts, with no consistent pattern of 'victim' or 'abuser', and children are being adversely affected i.e. showing signs of distress and their mental/health behaviour may be affected • Parental substance use or mental health which is impacting on the ability to provide good care • Harmful sexual behaviour • Child has chronic/recurring health, developmental or social needs (including mental health) that despite health intervention is inadequately managed by caregiver • Identified as being at risk of harm outside the home i.e. changed behaviour linked to exploitation or radicalised thoughts, threats to act etc. • Child has significant behavioural and neuro-developmental disorders e.g. Conduct Disorder, ADHD and Autism Spectrum Disorder and caregivers are finding it difficult to manage these despite earlier support being provided • Children are severely absent from education with parents unable to support or improve attendance • Children are left unsupervised in a way which is inappropriate to their levels of development • Young carer whose milestones are being compromised by virtue of having those responsibilities	• Child is being physically, sexually or emotionally abused • Non-accidental injury and/or unexplained injuries • Child is being exposed and impacted by domestic abuse including coercion and control, control of time and movement, deprivation of resources and isolation from others • Persistent and high-risk parental and or young person's substance misuse • Family home used for drug taking, sex working or illegal activities • Parents / carers to be, who repeatedly fail to ensure that their baby is not exposed to unnecessary risk in utero (womb) • Child is being exploited • Child is being sexually abused or at risk of sexual abuse (including abuse facilitated online) • Child is sexually abusive and / or violent towards others (including abusive online activity) • Allegations that the child/young person has harmed others • Child has significant or escalating patterns of mental health difficulties e.g., chronic depression, repeated suicidal ideation, self-harm, alcohol and / or substance misuse • There is a risk of significant harm to child's health and development • Parent/carer failing to facilitate appropriate medical care placing the unborn baby/child at risk of harm or compromising their health development/ treatment • Parents failing to recognise / respond to physical/learning disability/ life limiting illness needs • Suspicion /evidence of Fabricated or Induced Illness • Child, young person is frequently missing from home • Concerns at school, home or the community that behaviour indicates a possible risk for self or others • Serious or persistent offending behaviour • Parent's own emotional experiences impacting on their ability to meet child/young person's needs

• Peer group relationships/ online activity supportive of oppressive attitudes towards young women, sexuality, relationships and consent.	• A child/young person is taking on some caring responsibilities in relation to their parent/carer/ younger siblings • Parent/ carer has been incarcerated; child remains within their home environment with another resident parent/ carer • Basic care is not provided consistently • Parent/carer requires advice on parenting issues • Inconsistent responses to child/young person by parent/carer • Child is scapegoated, may rarely receive comfort when distressed, parents lack empathy for the child. • Inappropriate childcare arrangements • Failing to bring the child to planned medical appointments where there is a known health need, or for routine health care such as immunisations, anti-natal appointments • Disability prevents appropriate self-care in a significant range of tasks and parent/ carer require support to meet the child's needs • Not seeking appropriate medical advice when in the child's best interest • Parents are unsupportive towards child's identity- sexuality, gender, beliefs, disability etc. • Child has few positive relationships and receives inconsistent care • Adult family members, child/young person can behave in an anti-social way in the community • Peer group relations/ online activity supportive of/ involving offending behaviours • Extreme poverty/debt impacting on ability to care for unborn baby/child/young person • The family are experiencing a level of hostility within the community • New entrants to the area that require help and support to settle (e.g. asylum seekers) • Child/young person experiences persistent bullying/ discrimination; internalised and reflected in their self-image	• Possibility of family breakdown related to child's behavioural difficulties • Child has multiple and inconsistent carers, whom may have no significant relationship with them • Children at risk of homelessness • Families with no recourse to public funds • Housing/home dangerous or seriously threatening to health/well-being of unborn baby/child/ young person • Peer group relations/ online activity that actively threatens or intimidates others, or target of threats and intimidation.	• Multiple carers in disagreement/conflict • Child is being privately fostered • Child/young person is significantly harmed, likely to be significantly harmed through persistent bullying/ discrimination • Parents are hostile/ emotionally and or physically abusive towards child's identity, sexuality, gender, beliefs etc. • Child/young person is out of school due to parental neglect • Child is in unsuitable home education • Child is rejected by a parent/carer; family no longer want to care for or have abandoned child/young person • Abuse, coercion, control within child's own intimate partner relationship • Individual posing a risk to children in, or known to, household • Parent's/carers own needs mean that they are unable to keep the child/young person safe or provide adequate care • 'Honour' based abuse/violence/forced marriage/ female genital mutilation (FGM) • Parents/carers unable to care for previous children • Parent/ carer has been incarcerated; child has no other suitable carer • Evidence of radicalisation • Parents/carers involved in a crime against children/ or where children are present, or where the ramifications of the violent or serious offence would have a direct impact on a child. • 16–17-year-olds at risk of becoming or homeless • Unaccompanied asylum seeker child/young person • Trafficked child/young person

REMEMBER: Levels of need and support are not static; family intervention can move up and down depending on circumstances and risk must be regularly reviewed.

Agencies Involved / Contact Route

Universal / single agency response / Direct referral to that agency	Early Help delivered by single or joint agency approach, underpinned by an Early Help Assessment. The Lead Professional should be the person the child/family knows best and may include a Team Around the Family	Specialist Family Help which provides a multi-agency response underpinned by an Early Help Assessment and Team Around the Family	Multi-agency safeguarding Intervention, managed on a statutory basis under the Children Act and led by a Social Worker
• Family Information Service • Family Hubs • Health Services (including GPs, Dentists, Health Visitors) • Education provision (School, College) • Nurseries/ Early years providers • SEND support groups • Community Centres • Libraries • Open access sports / youth clubs • Local Community Groups • Citizens Advice • Local council • Police	• Early Help Assessment (Link) • Early Help Coordinators: earlyhelpcoordinators@solihull.gov.uk • Family hubs • Connected Care Network • Specialist school staff, parenting workers & DSLs • Specialist health teams • Early Help / Neighbourhood police • Community and voluntary sector support organisations • Targeted youth provision • Counselling Services • Parent/Carer Voice • Women's Aid	• Family Helpline: **0121 788 4327** • Early Help Assessment (Link) • Family Support Services when referred via MASH / Safeguarding services • Women's Aid • Health visitors/ midwife offer for young mothers • Connected Care Network • Specialist health services	• Referral to MASH: Multi Agency Referral • Telephone: **0121 788 4300**. If the child or young person is already open to the Safeguarding and Support Team, call **0121 788 4210**. • Police (999 for immediate emergency safeguarding concerns)