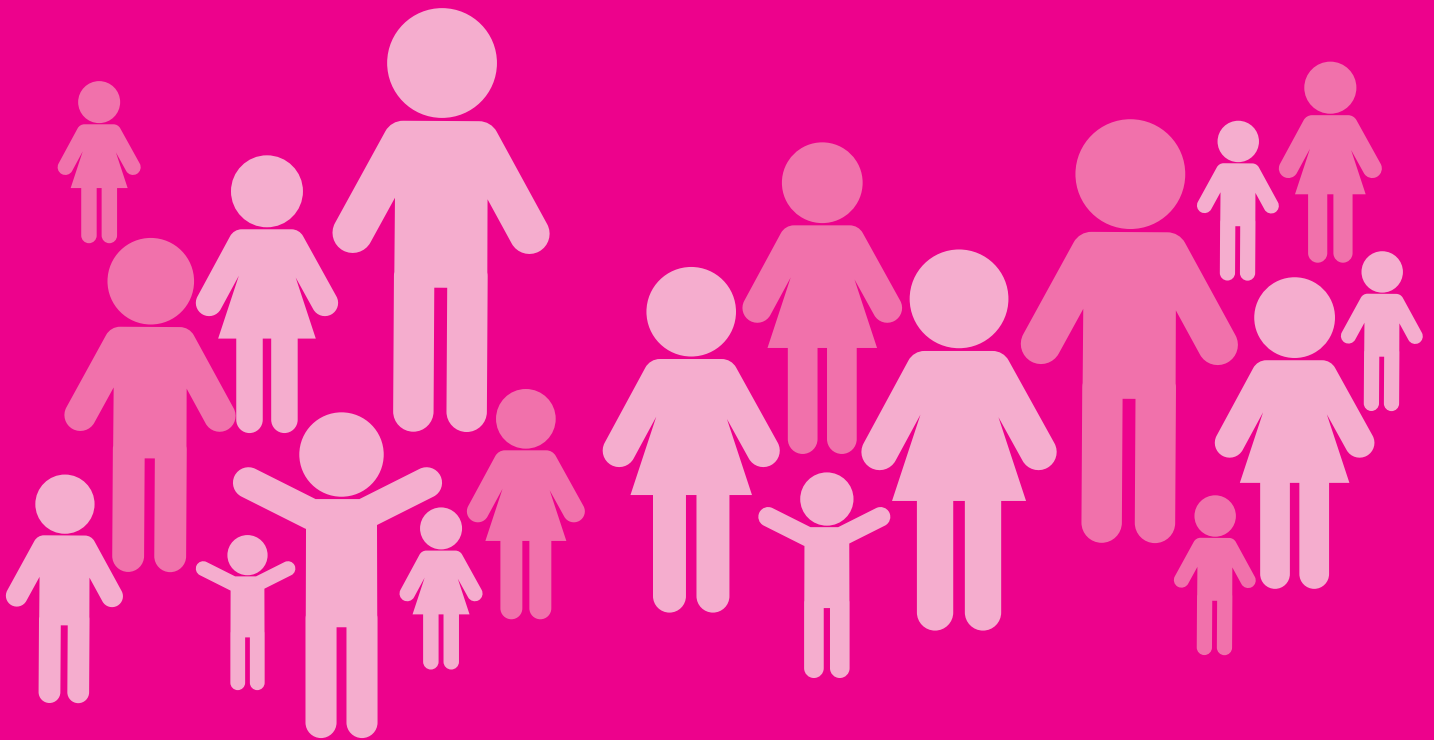


The Kirklees Children's Continuum of Need and Response (CoNR) Framework

August 2016



Kirklees Children’s Continuum of Need and Response Framework

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1. Introduction

The Kirklees Children’s Continuum of Need and Response (CoNR) Framework is the local model to assist all those whose work brings them into contact with children, young people and their families to identify the level of help and protection required to assist children to grow up in circumstances that achieve their best outcomes.

The framework assists practitioners in different agencies to identify where they can work individually with families, and where it may be better to co-ordinate their efforts with other agencies to support children to achieve their full potential. In a very small number of cases, protective services co-ordinated by a range of services may be required, or a child may have to be removed from its family, to ensure the child can reach its full potential.

This document outlines some of the most common indicators of need and risk that practitioners will come across in their work with families, and provides a multi-level framework for practitioners to use in responding with service provision and ensuring both need and risk reduce.

Knowledge and application of the framework’s different levels of need must form a common language and culture in Kirklees, assisting agencies in all sectors to work together to meet children and young people’s needs. The common language and culture also recognises that service responses must be directed at preventing vulnerability and risk, and meeting children and young people’s needs at the lowest level of intervention.

The framework has been agreed by the Health and Well-Being Board and the Local Safeguarding Children Board (LSCB) and will be used by all agencies, in the public, private and voluntary sectors that provide services for children, young people and their families.

2. Principles

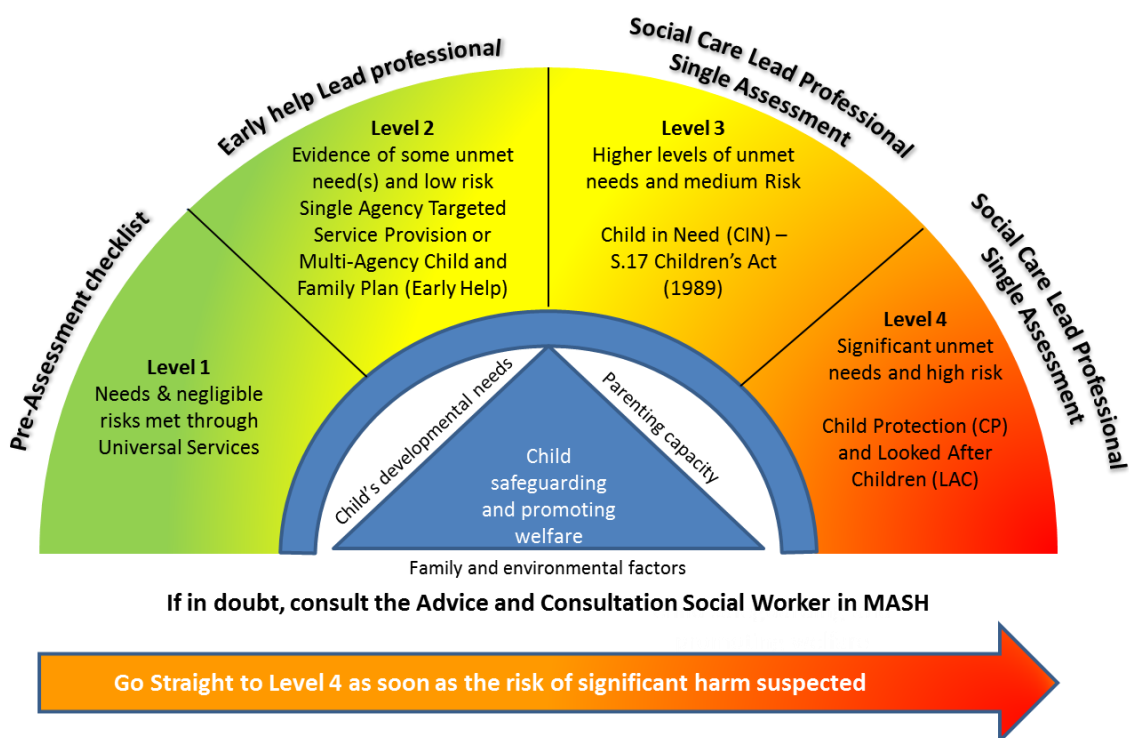
The CoNR framework is underpinned by the principles below and must be used by all agencies whose work brings them into contact with children, young people and their families (including the unborn child):

- The child’s wellbeing and safety is paramount – during the process of assessment and in the provision of services, agencies will be child-centred, hearing the child’s voice, taking into account the child’s wishes and feelings and providing services that support their appropriate age and stage development;
- Children are the responsibility of their parents and where possible, brought up by their parents and family members – parents need support and challenge to do this well, however

in a very small number of cases agencies may have to use statutory powers to assist parents; where parents do not co-operate with support services, or services do not reach their aim and this increases the level of risk, a child may have to be removed from their care so that the child can be protected and reach the best outcomes;

- Good parenting involves meeting children’s basic needs of safety, warmth, love, stimulation, stable environments, consistent guidance and boundaries – these basic needs are met through knowledge, skills and support from the extended family, community resources and access to universal/targeted services – where parents require support to meet these needs it should be promoted as a positive step in taking responsibility, rather than demonstrating failure;
- Early identification of need and early provision of single-agency or multi-agency help is the most effective way to support parents and family members and avoids unnecessary intrusion into family life;
- Identification of need and risk leading to assessment and service provision must be holistic and integrated so as not to duplicate assessments, interventions and intrude unnecessarily into family life.

3. Continuum of Need and Response Framework



The Kirklees Children’s Continuum of Need and Response (CoNR) Framework is a guidance tool to assist all those whose work brings them into contact with children, young people and their families (including the unborn child) to identify the level of help and protection required to ensure children grow up in circumstances that achieve their best outcomes.

4. Risk Sensible Assessments

The table below defines the four levels of the framework and in the appendix there are more detailed need and risk indicators to help practitioners decide the appropriate level of service response and provision.

Level	Risk & Need	Definition of the Level
Level 1	Needs & Negligible Risk	<p>Universal Service Provision</p> <ul style="list-style-type: none"> • Primary prevention services being accessed by parents/carers through universal service routes; effects of socio-economic disadvantage addressed • Good enough parenting • Social and emotional readiness for school and equipped for life • Step Down from level 2: Provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives

Level	Risk & Need	Definition of the Level
Level 2	Evidence of Some Unmet Need(s) & Low Risk of harm but likelihood of poor outcomes	<p>Single Agency Targeted Service Provision and Multi-Agency Targeted Service Provision</p> <p>Single agency</p> <ul style="list-style-type: none"> • Selective primary prevention services offered to vulnerable groups/areas • Variety of unmet needs and ‘underlying risk factors’ that are not being met, making the child potentially vulnerable and requiring multi-agency early help to ensure the child maintains the capacity and protective factors to sustain satisfactory development • Parenting and parental relationships requiring additional support and guidance <p>Multi-agency Targeted Service Provision for a child/family Early Help Assessment and Team around the Family Plan</p> <ul style="list-style-type: none"> • Secondary prevention to respond quickly to children at low risk of harm but increased likelihood of poor outcomes, neglect, poor emotional wellbeing, living in poverty, entering the Youth Justice System, and poor educational outcomes. Early Help required prevent them getting worse; interventions designed to stop falling into difficult circumstances • Step Down from level 3: Provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives

Level 3	Higher Levels of Unmet Needs & Medium Risk	<p>Child in Need (CIN) – s.17 Children Act (1989)</p> <ul style="list-style-type: none"> • Unlikely to meet developmental milestones without concerted multi-agency support led by a social worker • Variety of unmet needs and ‘underlying risk factors’ that are not being addressed (including resistance at Early Help level to address), making the child vulnerable and unlikely to achieve good outcomes • Tertiary prevention services including responding to serious problems and avoiding them becoming entrenched • Step Down from level 4: Provision of prevention services to avoid long term suffering, monitoring of progress and access to tools/services required to transform lives.
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Level	Risk & Need	Definition of the Level
Level 4	Significant Unmet Needs & High Risk	<p>Child Protection (CP) and Looked After Children (LAC)</p> <ul style="list-style-type: none"> • Reasonable cause to suspect the child is suffering, or likely to suffer, significant harm requiring immediate multi-agency management and service provision – s.47 Children Act (1989) • Possible unaddressed ‘underlying risk factors’ and the presence of ‘high risk indicator(s)’ • Child accommodated by the local authority due to: the child having no person who has parental responsibility for him/her; or, the child being lost or abandoned; or, the person caring for the child is prevented from providing suitable accommodation or care – s.20 Children Act (1989) • Child is suffering, or likely to suffer (if a court order were not made), significant harm and that the harm, or likelihood of harm is attributable to the care given to the child (the care not being what it would be reasonable to expect a parent/carer to provide) – s.31 Children Act (1989) • Tertiary prevention services including responding to serious problems and avoid them becoming entrenched

The table above should be read together with the appendix to guide practitioners in making a decision about the appropriate assessment required and service provision to meet a child’s need and reduce any risks. **The indicators in the appendix cannot and do not replace professional judgement.**

Identifying clearly the correct level of a child’s needs and risk is a complex task and practitioners should seek advice and guidance from their Team Manager and/or agency’s designated safeguarding lead (or named safeguarding professional) prior to making any referral to another agency.

Where there are difficulties in identifying the correct level of need and risk, the agency’s designated safeguarding lead should discuss any welfare concerns and child protection suspicions with a social worker; this is facilitated via the Referral and Response Social Worker (R&R SW) in the Multi-Agency Safeguarding Hub (MASH). Should the Safeguarding Lead or Team Manager not be available

concerns should be discussed directly with a Social Worker. All such discussions must adhere to the information sharing guidance set out below.

In the majority of cases, it should be the decision of the parents/carers, children or the young person to ask for help, however practitioners need to be alert to children's unmet needs and engage with parents/carers and children early to prevent difficulties escalating. Where children's needs are appropriately met, they will reach their potential and achieve good outcomes.

Prior to contacting another agency for advice and guidance on the correct level of a child's needs and risk, including whether a referral to another service (including reporting to the Police) is required, all practitioners and managers should consider the following:

- Do you require and do you have consent to share information, including informing the child and their parents/ carers that advice and guidance is being sought with the possibility of a referral being made?
- Are you clear about the reason for requesting advice and seeking guidance, including the desired outcome you are looking for?
- Do you have the following information to hand:
 - Child's name and other identification information;
 - Names and identification information of household members;
 - Names of agencies and professionals known to you to be currently and historically involved with the child and family;
 - Strengths and weaknesses of the child and family; and
 - Significant events in the child and family's life?

All internal or external advice must be clearly recorded including the agreed actions and the outcomes to be achieved from the action.

5. Information Sharing

In the course of all referrals for multi-agency action it is important to consider issues in relation to both children's unmet needs and the possibility that they may be at risk of harm.

When undertaking risk assessments it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk of harm. When making risk decisions, workers must carefully balance the benefits of taking protective action with the potential costs of such action in terms of stability and disruption of family life. It is important to remember however, that in all circumstances, the safety of the child (including the unborn child) concerned must be the paramount consideration.

Risk assessment is the process of getting information about the sources of possible harm to a child and balancing these with an assessment of the child's resilience and the family's strengths.

Risk assessments are most effective when they are completed on a multi-agency basis and typically lead professionals and social workers will contact other professionals who have knowledge of the child and family (such as schools, GPs, health services, probation and other adult services).

Following the assessment the information gathered is analysed (including parental ability and motivation for change) to predict the likelihood and impact of harm and appropriate plans are made to mitigate (reduce) the risk to which the child is exposed.

The collation of information on the child, its siblings, parents, carers and wider family members is vital to ensure the holistic needs of the child can be assessed and all risk factors analysed.

Information may need to be collated, shared and accessed from a variety of agencies to ensure that all current and past issues are analysed to determine the immediate and future needs of the child.

Children are best protected when professionals are clear about what is required of them individually and how they need to work together with the child and its family and with other agencies. For the sharing of information to be lawful and proportionate, practitioners need to have clarity about gaining consent from parents, carers and children (in particular if aged 16 or over) to enable different agencies to share information with each other. Practitioners in all agencies must adhere to statutory requirements in the Human Rights Act and the Data Protection Act.

Consent to share information must be both ‘informed’ and ‘explicit’. Informed consent means the person giving consent understands why the information is being shared, what will be shared, who will see the information, how the information will be used and the implications of sharing the information for the person giving consent. Explicit consent refers to all the elements of informed consent being discussed and clearly recorded.

Consent can also be ‘implicit’ and refers to situations when a child or parent(s) accept the need for a service that is recommended by a practitioner, and to receive the service will require the sharing of personal and/or confidential information. As consent has been obtained to refer for the service, implicit in the agreement is consent to share information about the child and/or family.

Obtaining explicit consent for sharing information is best practice and ideally should be gained in writing at the outset of any service provision. In the case of emergency services identifying safeguarding concerns, what information will be shared with other agencies should be explained during the process of providing the emergency service.

The table below outlines at each level of the continuum the required consent:

Level	Risk & Need	Lawful & Proportionate Information Sharing
Level 1	Needs & Negligible Risk	<p>Universal Service Provision</p> <ul style="list-style-type: none"> Informed and explicit consent required.
Level 2	Evidence of Some Unmet Need(s) & Low Risk	<p>Single Agency Targeted Service Provision or Child and Family Plan (Early Help Assessment)</p> <ul style="list-style-type: none"> Informed and explicit consent required – where consent is refused for multi-agency information sharing for Early Help Assessments, the parents/child should be informed that services will be limited to single agency provision, and where high risk indicators become apparent, it may result in sharing information legitimately without consent Implicit consent for targeted service provision is acceptable Once consent has been obtained, it remains in place for the episode of service provision, including step-down, or until parent/child withdraws consent

Level	Risk & Need	Lawful & Proportionate Information Sharing
Level 3	Higher Levels of Unmet Needs & Medium Risk	<p>Child in Need (CIN) – s.17 Children Act (1989)</p> <ul style="list-style-type: none"> • Informed and explicit consent required – where consent is refused for multi-agency information sharing, the parents/child should be informed that services will be limited to single agency provision, and where high risk indicators become apparent, it may result in sharing information legitimately without consent • Implicit consent for CIN service provision is acceptable • Where a practitioner has difficulty in identifying the correct level of need between levels 3 and 4, best practice will be to share information with consent • Once consent has been obtained, it remains in place for the episode of service provision including step-down, or until parent/child withdraws consent

Level	Risk & Need	Lawful & Proportionate Information Sharing
Level 4	Significant Unmet Needs & High Risk	<p>Child Protection (CP) and Looked After Children (LAC)</p> <ul style="list-style-type: none"> • Best practice is to share information with informed and explicit consent • To overrule this requires a judgement to be made by a practitioner (including management oversight), that seeking consent may do one or more of the following: <ul style="list-style-type: none"> • Place a child at risk/further risk of harm; • Prejudices the detection of a crime; and/or • Leads to an unjustified delay in making enquiries. • Where consent has not been obtained, case notes must clearly provide evidence of one or more of the reasons above • Where consent is sought and refused - if there is evidence or reasonable cause to believe a child is suffering, or at risk of suffering significant harm then case notes should <ul style="list-style-type: none"> - Clearly record how consent was sought and refused; and - Clearly record the practitioner and management’s decision to proceed with enquiries/information sharing on the basis of the evidence/reasonable cause

6. Thresholds Disagreement Resolution

In most cases there are good working relationships between agencies, but very occasionally there will be a difference of professional views about the level of need, risk and service provision.

All differences in views should be resolved at a frontline team manager level between the agencies involved. Where differences cannot be resolved quickly at this level, all agencies should follow the procedure set out in section

When having discussion (and working) with practitioners from other agencies there will at times be differences of opinion. Disagreements can be a sign of developing thinking, and the value of exchanging ideas from different perspectives should not be under-estimated. However, disagreements may disadvantage the child or family involved if they are not resolved constructively and in a timely manner.

When such disagreements occur practitioners should refer to and follow the dispute resolution process, ensuring that quality conversations with line managers are key to supporting the process.

Dissent at Referral/Enquiry Stage

Principle: At no time must professional dissent detract from ensuring that the child is safeguarded. The child's welfare and safety must remain paramount throughout.

1.1 Disagreements over the handling of concerns reported to Children's Social Work Services typically occur when:

- The Referral is not considered to meet eligibility criteria for assessment by Children's Social Care Services
- Children's Social Care Services conclude that further information should be sought by the referrer before the referral is progressed
- There is disagreement as to whether child protection procedures should be invoked
- Children's Social Care Services and the Police place different interpretations on the need for single/joint agency response
- There is disagreement regarding the need to convene an Initial Child Protection Conference (see Section 2, Dissent about Need for Child Protection Conference)

1.2 If the professionals are unable to resolve differences through discussion and/or meeting within a time scale which is acceptable to both of them, their disagreement must be addressed by more experienced or more senior staff.

1.3 With respect to most day to day issues, this will require a Children's Social Care team manager or assistant team manager liaising with her/his equivalent in the relevant agency.

1.4 If agreement cannot be reached following discussions between the above 'first line' managers (who should normally seek advice from her/his line manager or designated/named/lead officer) the issue must be referred without delay through the line management of the respective agency/agencies structure.

1.5 Alternatively, and more commonly in health services, input may be sought directly from the Designated or Named Professional in preference to the use of line management.

1.6 At this point a meeting should be called to discuss the situation involving all parties. Records of discussions must be maintained by all the agencies involved. The outcome of discussions and agreed actions should also be recorded.

2. Dissent about Need for Child Protection Conference

2.1 The decision whether or not to convene a Child Protection Conference rests with Children's Social Care Services. However, those professionals and agencies who are most involved with the child and family, and those who have taken part in a Section 47 Enquiry, have the right to request that Children's Social Care Services convene a Child Protection Conference if they have serious concerns that a child's welfare may not otherwise be adequately safeguarded.

2.2 Any such request that is supported by a senior manager, or a Designated or Named Professional, should normally be agreed. Where there remain differences of view over the necessity for a conference in a specific case, every effort should be made to resolve them through discussion and explanation.

3. Dissent at Child Protection Conferences

3.1 If a Child Protection Conference Chair is unable to achieve a consensus as to the need for a Child Protection Plan, s/he will make a decision and note any dissenting views. This will include the situation where there is no majority view and where the Conference Chair exercises his or her decision making powers as set out in Section 13.4, The Decision Making Process of Initial Child Protection Conference Procedure.

3.2 The agency or individual who dissents from the Chair's decision must determine whether s/he wishes to further challenge the result.

3.3 If the dissenting professional believes that the decision reached by the Conference Chair places a child at (further) risk of Significant Harm, it is expected that s/he will formally raise the matter with their line manager and/or Designated or Named Professional in their agency. If this does not resolve the matter, it should be discussed with the Safeguarding Children Board Manager or their nominated representative, who will consider what further actions are required.

4. Dissent Regarding the Implementation of the Child Protection Plan

4.1 Concern or disagreement may arise over another professional's decisions, actions or lack of actions in the implementation of the Child Protection Plan, including participation in Core Group meetings.

4.2 The line managers of the professionals involved should first address these concerns.

4.3 If agreement cannot be reached following discussions between the above 'first line' managers, the issue must be referred without delay through the line management of each agency.

4.4 Alternatively, and more commonly in health services, input may be sought directly from the Designated or Named Professional in preference to use of line management.

4.5 Where the issue cannot be resolved, consideration should be given to convening a Child Protection Review Conference.

5. Where Professional Differences Remain

5.1 If professional disagreements remain unresolved, the matter must be referred to the LSCB representative for each agency involved.

5.2 In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues; it should be referred to the Safeguarding Children Board Manager who will determine a course of action including reporting to the LSCB Chair.

7. Appendix – Indicators of Need and Risk

	Health	Education	Emotional and Behavioural Development	Identity	Family and Environmental	Parenting Capacity
LEVEL 1: Needs & Negligible Risk Universal Services	<p>Registered and accesses GP, dentist and ophthalmic services – all health advice accessed and followed</p> <p>No repeated or persistent injuries, infections or infestations</p> <p>Immunisations, development and medical appointments up to date</p> <p>Child takes exercise, eats a healthy diet and has a healthy lifestyle</p> <p>Child self-care both age and developmentally appropriate</p> <p>Meeting developmental (physical and mental) milestones</p>	<p>Regular attendance, age appropriate attainment and positive behaviours in education settings</p> <p>Cognitive development appropriate</p> <p>Good links between home and school/nursery</p> <p>Special educational needs met with positive parent and education links to identify and address needs</p> <p>Making good progress in relation to age, aptitude and attitude; child experiences success regularly</p> <p>Has access to appropriate stimulation through books, toys, play</p>	<p>Appropriate responses in accordance to age and stage of development</p> <p>Displays secure and good quality attachment behaviours</p> <p>Able to demonstrate sympathy and empathy</p> <p>Capacity to concentrate and maintain attention – not overactive</p> <p>Good mental health state</p> <p>Able to adapt to change</p>	<p>Secure sense of self as an individual and as belonging to family</p> <p>Sense of belonging both socially and culturally</p> <p>Satisfactory sense of gender, sexuality and sexual health</p> <p>Ability to make age appropriate choices that promotes their safety and wellbeing</p> <p>Appropriate dress and social presentation</p> <p>Age appropriate ability to voice opinion and make clear wishes and feelings</p>	<p>Accessing universal services and resources within the community</p> <p>Income and resources used appropriately to meet child's needs</p> <p>Accommodation has basic minimum amenities and appropriate facilities</p> <p>Good, ordered and sociable family networks and friendships outside the family home</p>	<p>Good protective factors in place both within the home and within the community</p> <p>Consistent warmth, praise, encouragement and safe care provision experienced by the child</p> <p>Consistent guidance and effective safe boundaries</p> <p>No substance misuse issues</p> <p>Supportive relationship between parents and stable home environment; even when living separately</p> <p>Parents and carers seek and access support when required to help promote the child's welfare</p>

Level 1 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family's needs
- They are not exhaustive and no single indicator should be taken out of context
- If a child's needs are being met in accordance with the baseline above, this would indicate that the child is making good enough progress across all areas of their development and that parents are making the right choices and effort to mitigate all 'underlying risk factors' to help support the child's welfare and outcomes

Response by Agencies:

- Signposting to appropriate universal services

- Offer of information and advice that is good quality and allows the parents/child to continue making their own informed choices, including step-down from level 2
- Routine single-agency assessments as requested by parents/child and recommended by national and professional guidance/best practice

LEVEL 2: Evidence of Some Unmet Need(s) & Low Risk Single Agency Targeted Services or EARLY HELP

	Health	Education	Emotional and Behavioural Development	Identity	Family and Environmental	Parenting Capacity
LEVEL 2: Evidence of Some Unmet Need(s) & Low Risk Single Agency Targeted Services or EARLY HELP	<p>Not registered with GP, dentist or ophthalmic services</p> <p>Failing to attend, missed or re-arranged health appointments</p> <p>Indications of developmental delay</p> <p>Identification of dietary needs</p> <p>Lack of exercise</p> <p>Concerns around poor hygiene and self-care skills</p> <p>Behavioural and/or sleep issues</p> <p>Identified mental health needs</p> <p>Risk taking behaviour without accessing or knowledge of safety and health/sexual health risks</p> <p>Identification of unmet health needs requiring co-ordination</p>	<p>Poor attendance and /or punctuality, poor behaviour, and below nationally expected attainment levels in education settings</p> <p>Lack of concentration / tiredness / motivation / interest</p> <p>Poor links between home and school</p> <p>Lack of equipment, resources and uniform</p> <p>Poor behaviour through bullying; withdrawn behaviour through being bullied</p> <p>Low level learning difficulties and disabilities</p>	<p>Withdrawn, not in normal company of peers and adults</p> <p>Low level offending or anti-social behaviour</p> <p>Inability to control behaviour</p> <p>Inappropriate responses to others</p> <p>Indicators of depression</p> <p>Episodes of missing from home</p>	<p>Low self-esteem Low self-image</p> <p>Low self-worth</p> <p>Difficulties in relating to peers and appropriate adults</p> <p>Spends considerable time alone</p> <p>Experience of discrimination due to ethnicity, sexual orientation, disability or poverty</p> <p>Poor presentation</p> <p>Access to and presence /use of age inappropriate resources</p> <p>Inability to voice opinion and make clear wishes and feelings</p> <p>Parental health and social needs require the support of the child as a carer</p>	<p>Isolation and social exclusion in the community</p> <p>Income and resources not used appropriately to meet child's needs</p> <p>Debt impacting on household and child</p> <p>Frequent house moves</p> <p>Partners not introduced and their contribution to a child's life not explained</p> <p>Lack of some basic amenities</p> <p>Accommodation in poor repair</p> <p>Lack of wider family and community support</p>	<p>Parenting requiring support to ensure consistency; inexperience through isolation, age, poor family examples</p> <p>Fragmented attachments and relationships within family</p> <p>Parental learning difficulties and disabilities affecting parenting</p> <p>Parents require support for substance dependency</p> <p>Lack of evidence of good attachment / bonding</p> <p>Identified mental health issues requiring support</p> <p>Domestic abuse identified in family</p> <p>Parents and carers do not consistently seek and access support when required, to help promote the child's welfare and ensure safety</p>

Level 2 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family's needs
- They are not exhaustive and no single indicator should be taken out of context
- If some of the child's needs are being met in accordance with the baseline above (level 1), but there is a single or cluster of needs identified in level 2, this would indicate that the child has some important unmet needs and unassessed 'underlying risk factors' that without

intervention or support, including multi-agency co-ordinated support, their health and wellbeing may be impaired

Response by Agencies:

- For single unmet need / unassessed 'underlying risk factor', signposting to appropriate universal and targeted services
- Offer of information and advice that is good quality and allows the parent and child to educate themselves regarding potential vulnerability and risks and assists the parents/child to continue making their own informed choices and help move down to level 1
- Routine single-agency assessments as identified by practitioners, requested by parents/child and recommended by national and professional guidance/best practice
- For a cluster of unmet needs / unassessed 'underlying risk factors', discuss with and persuade the parents/child that the range of needs are best addressed through a co-ordinated framework, through the Team Around the Family Plan use the Pre Early Help Checklist with the parents/carers to identify the cluster of unmet needs
- Offer of information and advice through the use of a Team around the family plan that is good quality and allows the parents/child to educate themselves of potential vulnerability and risks, and assists the parents/child to continue making their own informed choices
- Multi-agency Early Help assessment leading to a holistic and regularly reviewed Team around the family plan.
- Where there is resistance to multi-agency services from parents/carers at this level, need and risk should be regularly reviewed and where this escalates/likely to escalate, step-up to level 3
- Step-down from level 3 - the provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform lives.

LEVEL 3: Higher Levels of Unmet Needs & Medium Risk CIN

	Health	Education	Emotional and Behavioural Development	Identity	Family and Environmental	Parenting Capacity
LEVEL 3: Higher Levels of Unmet Needs & Medium Risk CIN	<p>Identified health needs and development delay not being met</p> <p>Persistent missed appointments – noncompliance with medical treatment and advice</p> <p>Poor dental hygiene – widespread cavities</p> <p>Mental health concerns not being addressed</p> <p>Poor hygiene causing health difficulties</p> <p>Complex health needs and children with disabilities</p> <p>Risk taking behaviour impacting on safety and health/sexual health</p> <p>Identified substance and alcohol misuse</p> <p>Co-morbidity of health risks</p> <p>Teenage pregnancy</p>	<p>Persistent absence from education</p> <p>Significant under achievement; unlikely to meet age appropriate developmental and attainment milestones</p> <p>Poor behaviour in school leading to regular exclusion, permanent exclusion or alternative education provision</p> <p>Poor presentation and hungry</p> <p>Poor home and school links</p>	<p>Presents as very anxious and withdrawn</p> <p>Behavioural / emotional difficulties</p> <p>Violent / abusive to others</p> <p>Lack of self-control in response to change or challenge</p> <p>Risk to self and others</p> <p>Risk taking behaviours</p> <p>Unable to demonstrate empathy</p>	<p>Poor sense of belonging within the family</p> <p>Poor self-esteem, self-image and self-worth</p> <p>Feelings of self-loathing</p> <p>Regular experience of discrimination due to ethnicity, sexual orientation, disability or poverty</p> <p>Persistent episodes of missing from home</p> <p>No independent views or choices – child not listened to or wishes / feelings respected</p> <p>Regular use of age inappropriate resources</p> <p>Over reliance on others for support</p> <p>Young carer not coping</p> <p>Cannot maintain appropriate sibling, peer and/or adult relationships</p>	<p>Poverty</p> <p>Poor housing</p> <p>Homelessness</p> <p>Isolated within the community</p> <p>Transient – high levels of mobility</p> <p>Victimised within the community</p> <p>Income and resources not used to meet child’s basic needs</p> <p>Partners persistently not visible to professionals and their contribution to a child’s life not explained/evident</p> <p>No wider family and community support</p>	<p>Poor experience of parenting</p> <p>Poor attachments and relationships</p> <p>Distressed/ distracted parent</p> <p>Repeated parenting inconsistency in following professional advice</p> <p>History of offending impacting on the child</p> <p>Problematic substance misuse and impacting on the child</p> <p>Low protective factors</p> <p>Domestic abuse identified in family</p> <p>Mental health affecting parenting</p> <p>Learning difficulties affecting parenting</p>

Level 3 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family’s needs
- They are not exhaustive and no single indicator should be taken out of context
- If only a minority of the child’s needs are being met in accordance with the baseline above (level 1) and intervention at level 2 has not been successful leaving the child with a cluster of needs identified in level 3, this would indicate that the child has some very important unmet needs and unassessed ‘underlying risk factors’ that without multi-agency co-ordinated support, their health and wellbeing will be impaired and likely to lead to presentation with one or more high risk indicators

Response by Agencies:

- For a cluster of unmet needs / unassessed ‘underlying risk factors’, discuss with and persuade the parents/child that the range of needs are best addressed through a co-ordinated framework led by a social worker, through the Child in Need (CIN) framework
- Offer of information, advice and services through the use of a CIN Plan that is good quality and allows the parent and child to address their vulnerability and risks and assists the parents/child to continue accessing multi-agency support to sustain their improvements

- Multi-agency ‘Single Assessment’ leading to a holistic and regularly reviewed CIN Plan
- Consider whether any crime(s) has been committed and report to the Police
- Where there is resistance to multi-agency services from parents/carers at this level, need and risk should be regularly reviewed and where this escalates/is likely to escalate, step-up to level 4
- Step-down from level 4 - the provision of prevention services to avoid long term suffering, monitoring of progress and access to tools required to transform live

LEVEL 4: Significant Unmet Needs & High Risk CP & LAC

LEVEL 4: Significant Unmet Needs & High Risk CP & LAC	Health	Education	Emotional and Behavioural Development	Identity	Family and Environmental	Parenting Capacity
	<p>Repeated injuries, infections, infestations</p> <p>Persistent failure to thrive for medical reasons</p> <p>Unhygienic – causing significant and persistent health problems</p> <p>Suspicion of non-accidental injury; unexplained injuries in pre/non-mobile child</p> <p>Pre-birth medical advice not accessed and/or not followed</p> <p>Personality disorders, uncontrolled mental health difficulties including periods of in-patient care</p> <p>Refusing the appropriate medical care and advice</p> <p>Severe obesity</p> <p>Fabricating or Inducing illness</p>	<p>Significant delay in cognitive and/or language skills suspected through neglect</p> <p>Considerable educational difficulties suspected through neglect</p> <p>Failure to acquire skills appropriate to age, aptitude and ability</p> <p>No school/ education attendance despite alternative provision</p> <p>High levels of transience – regular changes of school affecting the ability to track progress</p>	<p>Persistent high levels of agitation, frustration, distress and/or disorganised emotions; inability to regulate emotions</p> <p>Difficulties with attention and concentration impacting on self and others</p> <p>Lack of sympathetic or empathic behaviour</p> <p>Oppositional behaviour, aggression, self-harm, dangerous behaviour</p> <p>Indiscriminately friendly with people they do not know</p> <p>Previous experience of abuse, neglect, violence or offending</p> <p>Cognitive distortions about the use of violence and appropriate sexual behaviours towards others</p>	<p>Lack of secure sense of self as individual and as belonging to a family</p> <p>Negative sense of self as being bad</p> <p>Unable to make choices or assert personal views, wishes or feelings</p> <p>Lack of sense of belonging either socially or culturally</p> <p>No pride in appearance</p> <p>Inability to keep self-safe</p> <p>Experience of hate crimes impacting on outcomes</p> <p>Persistent episodes of missing from home with risk taking behaviour involved or suspected</p> <p>Persistent use of age inappropriate resources; peer pressure on other children</p> <p>Involved in gang activity</p> <p>Involved in, or at risk of, child sexual exploitation</p>	<p>Absence of warmth either within and/or outside the family</p> <p>Abusive or abused by siblings and/or peers</p> <p>Withdrawn, hostile or unable to be responsive</p> <p>Transient – constantly high levels of mobility and homelessness</p> <p>Siblings removed or relinquished</p> <p>Partners persistently absent from professional view and reason for absence not explained; family functioning indicates a high reliance on one partner for the care of the child</p> <p>Wider family and community support not conducive for the safe and effective care of the child</p> <p>Forced Marriage, Honour-Based Violence</p>	<p>Failure to provide adequate basic care</p> <p>Failure to protect from hazards in the home and/or community</p> <p>Failure to accept responsibility for abuse / neglect</p> <p>Unwillingness/ Inability to place child’s needs first</p> <p>Unreceptive, cold, critical, or punitive; unrealistic and age inappropriate expectations</p> <p>Serious, problematic and chaotic substance misuse</p> <p>Significant mental health disorders</p> <p>Denies or legitimises violence in the home or other settings</p> <p>Co-morbidity of issues – substance misuse, violence, mental health</p>

Level 4 – Guidance

- These indicators are intended to assist practitioners in making a decision regarding a child/family’s needs
- They are not exhaustive and no single indicator should be taken out of context

- If only a minority of the child's needs are being met in accordance with the baseline above (level 1) and interventions at level 2 and 3 have not been successful, leaving the child with a cluster of needs identified in level 3 and one or more risks indicators identified in level 4 - this would indicate that the child is subject to high risk indicators that without multi-agency co-ordinated protective action, the child will continue to suffer significant harm, or is likely to suffer significant harm

Response by Agencies:

- For high risk indicators inform the parents/child that the range of needs are best addressed through a co-ordinated framework led by a social worker, through the Child Protection (CP) framework
- Where there is evidence that the provision of care, accommodation and/or parenting is absent, resulting in the persistence of 'high risk indicators', the range of needs will be best addressed through a co-ordinated framework led by a social worker, through the Looked After Children (LAC) framework
- Offer of information, advice (including use of an advocate) and services through the use of a CP or LAC Plan that is good quality and allows the parents/child to address their risks and assists the parents/child to continue accessing multi- agency support to sustain their improvements
- Where the application of an emergency protection order could delay the immediate protection of a child, discuss with the Police the use of Police Protection Powers
- Consider whether any crime(s) has been committed and report to the Police
- Multi-agency 'Single Assessment' leading to a holistic and regularly reviewed CP or LAC Plan

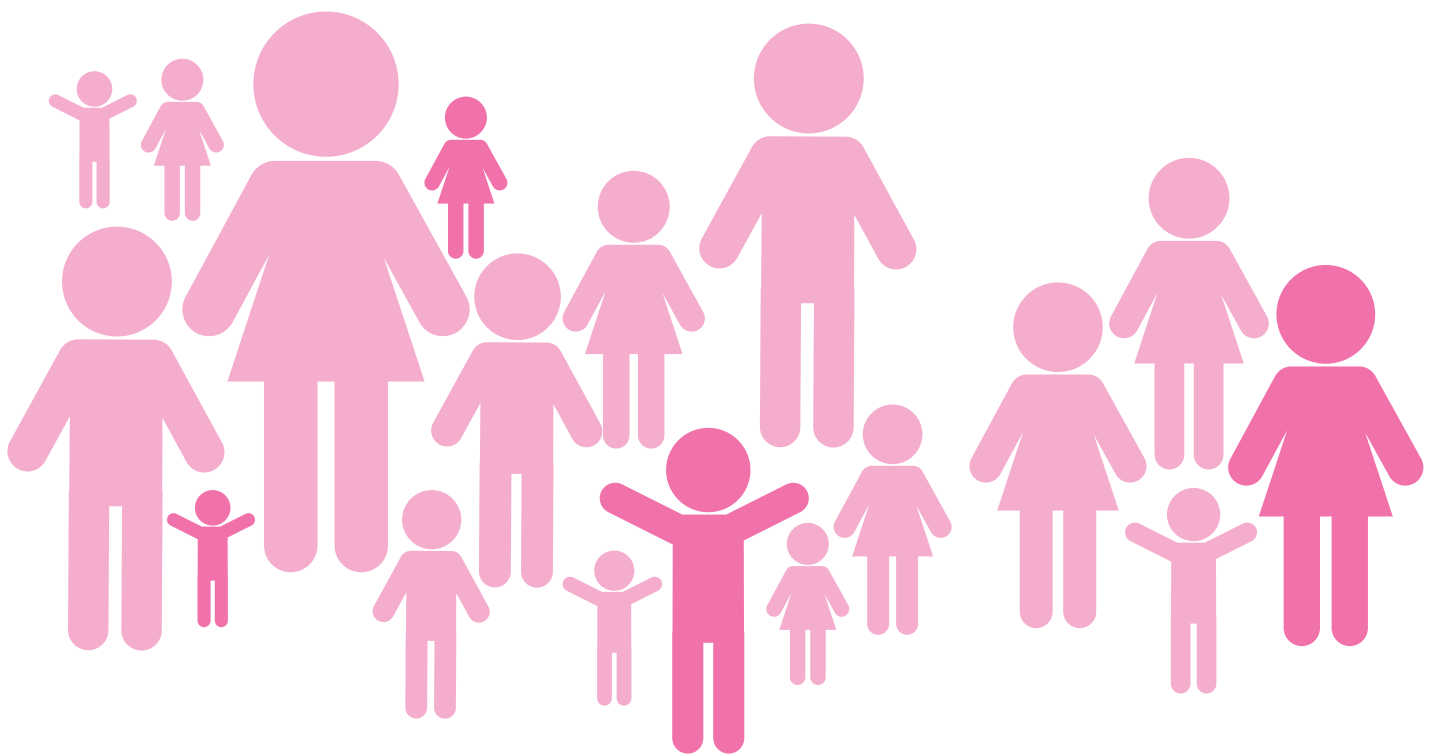
8. Contacts

Children's Social Care/MASH: 01484 456848

Referral and Response Social Worker (RAR SW): 01484 456848

Early Help Worker: 01484 456823

To report an adult safeguarding concern: 01484 414933



Visit our intranet page for more information on other strategies, important policies and procedures:
intranet.kirklees.gov.uk/childrenandyoungpeopleservices

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