Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland

Working Together to Safeguard Children 2018 requires Local Safeguarding Partners to publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood.

This should include:

- The process for the early help assessment and the type and level of early help interventions or services to be provided; and
- The criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory intervention or services under:
  - Section 17 of the Children Act 1989 (children in need);
  - Section 47 of the Children Act 1989 (reasonable cause to suspect child is suffering or likely to suffer significant harm);
  - Section 31 (care orders); and
  - Section 20 (duty to accommodate a child) of the Children Act 1989
- Clear procedures and processes for cases relating to:
  - The abuse, neglect and exploitation of children
  - Children managed within the youth secure estate
  - Disabled children†.
This document is relevant to: Practitioners and Managers in agencies and organisations providing services to children and families in Leicester, Leicestershire & Rutland

Updated: Draft July 2019_V0.17 – Wider consultation version
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Introduction

Promoting children’s welfare is most effective when they receive help early and at a level according to their needs. The aim is to provide early interventions for children, young people and families that require support to prevent them moving towards higher levels of need, and to reduce the levels of need once these have been identified. This guidance is designed to help identify when a threshold or trigger has been reached, indicating when a child or family might need safeguarding and protection and then to identify where best to get this support from.

This guidance is for practitioners in all agencies who have direct or indirect contact with children, young people and their families in Leicester, Leicestershire and Rutland.

Using the guidance will help practitioners and managers to identify the support that a child, young person or family might need and how best this support can be provided.

The needs of children and young people and their families should be considered on a case by case basis. Responses should be based on robust assessment, sound professional judgment and, where appropriate, statutory guidance. Professionals should also take account of the available resources, local priorities, agency and national policy guidance.

This document applies to all practitioners, managers and organisations across Leicester, Leicestershire and Rutland. Each local authority area has a different type of service to offer in Children’s Social Care, Early Help offer as well as Disabled Children Service. It replaces all other previous Threshold Guidance.

This document is only intended to offer guidance about the type of need which would trigger service. There will be circumstances in which children’s needs will cross tiers and for which practitioners will need to seek advice and guidance to ensure service provision is having an impact.

Who is this document for?

- Practitioners who are in contact with children and families who have a concern about a child and want to know how they should help them
- All children services providers to inform them of the threshold document to enable them to support and safeguard children
Principles underlying this document

It’s good to talk

- Early identification of difficulties or risks to provide improved outcomes for children and young people are aided by close collaboration between individual workers, parents and wider partner agencies. This starts with having early conversations with parents and other professionals and asking what will help and how this can best be provided.

- The needs of children and young people are the concern and responsibility of all agencies and practitioners in Leicester, Leicestershire and Rutland that have contact with children.

- Talking and listening to children and observing their behaviour will help us to understand and their lived experiences; what support/help they need.

Proportionate intervention

- Children's needs should be determined by a robust assessment which informs a proportionate service response. This threshold document seeks to enable practitioners to identify the right support for the right child at the right time.

- Most children are helped best by those who already know them and work with them.

A coordinated approach – avoiding duplication

- Safeguarding children is everyone’s business

- In some cases, especially those which are considered complex, a range of specialist meetings associated with different processes may be required. The aim(s) of some of these meetings may be complementary and good coordination and planning will be central to ensuring that families have a clear understanding of what help is on offer and how this is being delivered.
Working in partnership with the family

- Parents and carers usually know their children best and should be involved at the earliest opportunity when safeguarding concerns are identified to explore any worries that they have so that they can be helped to reduce these to safeguard the child.

Different types of assessed need and levels of intervention

In this guidance we have identified four levels of need:

**Tier 1 – Requiring universal services – children with no additional need (UNIVERSAL)**

Children and young people who are achieving expected outcomes and have their needs met within universal mainstream service provision without any additional support.

**Tier 2 – Requiring early intervention – children with some additional needs (ADDITIONAL)**

Children and young people where some worries are emerging and who will require additional support usually from professionals already involved with them i.e. schools, health visiting services, children's centres etc.

**Tier 3 – Requiring targeted early help support – children with multiple needs becoming more complex (INTENSIVE)**

Children and young people where there are significant worries over an extended period or where worries recur frequently which would benefit from a coordinated multi-agency team around the family approach e.g. normally referred to as an Early Help Assessment.

**Tier 4 – Requiring acute/statutory intervention – children with complex and or acute needs (SPECIALIST)**

Children and young people who present with acute needs / are very vulnerable and where interventions are required to respond to risk of abuse or neglect. They will require a response from specialist service such as Children’s Social Care, Community Mental Health Services, Youth Offending Services.

*When there is reason to suspect that a child is suffering or likely to suffer significant harm, referral must be made following Leicester, Leicestershire and Rutland's Children’s Safeguarding Board Procedures.*
This document is intended to offer guidance about the type of need which would trigger service. However, there will be circumstances in which children’s needs will cross tiers and for which practitioners will need to seek advice and guidance to ensure service provision is having an impact. The tiers represent the types of agencies involved, however within Tier 3, a specialist agency such as CAMHS could be the lead professional for an Early Help Assessment where there are no safeguarding issues. Within Tier 4, a range of early help services may be supporting families as part of a specialist intervention.

Practitioners should refer to safeguarding procedures and seek advice and guidance from their line managers and safeguarding leads for assistance in complex situations and can seek advice from social care managers when this is required.
Different types of assessed need and levels of intervention

Tier 1 (UNIVERSAL)
- Requiring universal services – children with no additional need

Tier 2 (ADDITIONAL)
- Requiring early intervention – children with some additional needs
- If unsure consult

Tier 3 (INTENSIVE)
- Requiring targeted and enhanced support – children with multiple needs becoming more complex

Tier 4 (SPECIALIST)
- Requiring acute / statutory intervention – children with complex and or acute needs

Commented [CT1]: The 'risks and needs' arrow will read 'needs and risks' however this will need to be incorporated in a new graphic.
Continuum of Need

The continuum of need in Leicester, Leicestershire and Rutland has four levels. These should help professionals to decide what assessments and support children, young people and families may require to meet their needs.

Children, young people and families will move between levels of need according to circumstances, so services need to be flexible to meet need as it changes.

Most children’s development needs can be met solely through universal services such as health, education, housing and the voluntary and community services sector. However, some children may need further help to maintain a good level of development and achieve good outcomes. This may be due to disability, disadvantaged circumstances or poor standards of parenting. These children may need targeted services and interventions from a range of agencies to meet their needs and maximise their outcomes. For some children, unassessed or unmet needs create risk of abuse or neglect and the intervention will focus on keeping them safe from harm. To be effective this will rely on robust multi-agency assessment and safety planning.

All practitioners should ask what they can do to help and support children that they come into contact with in order to ensure that their additional needs are identified. Practitioners will need to continue to contribute to multi-agency plans when children’s needs become complex. All agencies should make reasonable adjustments to enable children and their families to access services, as required under the Equality Act 2010.

Working Together 2018 noted that Practitioners should, in particular, be alert to the potential need for early help for a child who:

• is disabled and has specific additional needs
• has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
• is a young carer
• is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
• is frequently missing / goes missing from care or from home
• is at risk of modern slavery, trafficking or exploitation
• is at risk of being radicalised or exploited
• is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
• is misusing drugs or alcohol themselves
• has returned home to their family from care
• is a privately fostered child.

Understanding Early Help – accessing support at Tier 2 and Tier 3

What is the Early Help Assessment?
The Early Help Assessment is a multi-agency team around the family approach with an identified lead professional co-ordinating a whole family plan to address multiple issues at an early help threshold. The assessment is used to assess the needs of the child, young person or family when additional needs start to be identified and when these become more complex and require more than one agency to provide help. It provides a framework for professionals and families to work together to improve outcomes for children.

When should an Early Help Assessment be completed?

**Tier 2** – Some agencies may have their own assessment tool that is used to identify single agency support for children. An assessment of need could be considered at this tier as it can assist in making sense of a child’s needs and what help is required. The EHA provides a framework to start conversations with parents and children and can be used to identify what agency support may be required at Tier 2. This should be considered as soon as there is a worry that a child has additional needs.

**Tier 3** – The Early Help assessment should be used when single agency help is not bringing expected outcomes and a multi-agency whole family plan is being considered at Tier 3. It can help to determine the help and support that a child, young person or family requires to meet their needs when multiple issues may be emerging. It is important that the child and parents’ voices are captured as part of the Early Help Assessment process and that they understand and are committed to the action they need to take to improve their own outcomes. An Early Help assessment will require parent/carers and young people aged over 16 to engage with the process and agree to the services that are being recommended.
What happens once the Early Help Assessment is completed?

There are different coordination points running along the continuum of need. Co-ordination points are meetings, processes or services that play a key role in identifying and coordinating needs, activities and services. They all play a role in coordinating the help that a child and family need but the specific of the process may be defined locally across Leicester, Leicestershire and Rutland.

In principle the completion of an Early Help Assessment should result in a meeting to agree a plan with the family. This may be called an Early Help planning meeting or a Team Around the Family (TAF) meeting. This meeting should include the child, young person, family and practitioners from any relevant agencies to develop an action plan that meets the needs of the child, young person or family.

At the first TAF meeting, a ‘lead practitioner’ should be identified. The lead practitioner ensures that agency involvement is rationalised, coordinated and communicated effectively. The lead practitioner should be appointed through consultation with the child or young person and their family together with the agencies involved in the plan. The lead practitioner can come from any agency. The person appointed to the role should be the practitioner most appropriate given the circumstances and the wishes of the child, young person and family. The name and contact details of the lead practitioner should be clearly communicated to the child, young person and family as well as all the practitioners involved. The team around the family plan should be reviewed at regular periods, normally six to twelve weeks, until the identified improved outcomes have been achieved.

Each local authority area has a clearly defined early help offer and early help assessment model. Many services across Leicester, Leicestershire and Rutland is provide a range of early help services that can support the Early Help Assessment model to be effective for families. Further information about the current Early Help offer and Early Help Assessment model and how to request targeted early help services in Leicester, Leicestershire and Rutland can be found online at the links given here:

**Leicester-specific information**

- Early Help offer: [here](#)

**Leicestershire-specific information**

- Early Help offer: [here](#)

**Rutland-specific information**

- Early Help offer: [here](#)
If at any point during the Early Help Assessment process risk of harm is identified or the plan is having no impact to improve outcomes for the child(ren), consideration should be given to making a referral to Children’s Social Care. If professionals suspect that the child or young person is suffering, or is likely to suffer, significant harm then a telephone referral should be made without delay to the appropriate Children’s Social Care Duty Service using the local procedure. Some authorities refer to these as ‘front door’ or ‘access point’

All professionals should have access to support via a line manager or designated safeguarding lead to provide support when making decisions regarding intervention and how a child’s needs can be met. More guidance to support making referrals using the LSCB multi agency referral form (MARF) for social care and council early help services.

Children entitled to a statutory assessment – Specialist services at Tier 4

Statutory requirements for children in need – Children Act 1989

The Children Act 1989 sets out the Local Authority duties to provide services for children in need for the purposes of safeguarding and promoting their welfare.

Local Authorities undertake assessments of the needs of individual children and must give due regard to a child’s age and understanding when determining what, if any, services to provide.

- A child in need is defined under Section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

- Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm. The Local Authority has a duty to make enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child’s welfare. Such enquiries, supported
by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse or neglect.

There are specific requirements to consider the needs of some young people where specific complexities may be identified. This includes:

- Disabled children and their carers
- Young carers
- Children in secure youth establishments
- Children where threats exist outside of the family – which is known as ‘contextual safeguarding’.

Contextual safeguarding recognises the impact of the public/social context on young people’s lives, and consequently their safety. Contextual safeguarding seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. It’s an approach that looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focusing on an individual.

These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.

Further information of the duties of the Local Authority regarding assessments can be found in the statutory guidance Working Together to Safeguard Children 2018.

A link is available here.

Further information about the current disabled children processes in Leicester, Leicestershire and Rutland can be found online at the links given here:

**Leicester-specific information**

- Disabled Children Service offer: here

**Leicestershire-specific information**

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Pre-birth Assessments
The LSCB multi-agency procedures on Pre-birth Assessments apply to all practitioners who have identified any concerns for an unborn baby and provide a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby.
The procedures can be found [here](#).

Information Sharing
Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare and for wider public protection.

A key factor identified in many serious case reviews (SCRs) has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

For the seven golden rules for information sharing, follow the link to the Leicester, Leicestershire & Rutland LSCBs’ Procedures website [here](#).

Resolving Practitioner Disagreements and Escalation of Concerns
The joint procedures of both Safeguarding Children Boards contain details on the resolution processes appropriate in circumstances where differences exist between the agencies regarding the handling of a case. The Boards’ procedures can be found [here](#).
Role of the LADO

Allegations against staff or volunteers working with children and young people

Allegations are sometimes made against professionals or others working with children. It is a legal requirement that any agency must inform the designated officer (known as the LADO) within one working day when an allegation is made against any member of staff or volunteer and prior to any further investigation taking place.

Further details about the LADO processes can be found here.

Whistleblowing

Whistleblowing or confidential reporting polices are designed to encourage any member of staff to raise concerns if they suspect malpractice in their organisation. The Public Interest Disclosure Act 1998 encourages individuals to raise concerns about malpractice in the workplace. Staff should raise concerns within their organisation first unless they think the employer will cover it up, would treat them unfairly if they complained or hasn’t sorted it out and they’ve already told them. If this is the case the employee can contact a Prescribed Organisation, which has a duty to deal with the concern.

The multi-agency procedures relating to Whistleblowing can be found here.

Further information

Assessment Framework

For more information about the principles of assessment in Leicester, Leicestershire & Rutland see the LSCB procedures here.
Appendix 1 – Children and Young People’s Needs, Risk and Thresholds

Commented [CT2]: The ‘risks and needs’ arrow will read ‘needs and risks’ however this will need to be incorporated in a new graphic.
### Child Factors

<table>
<thead>
<tr>
<th>Child Factors</th>
<th>Require universal services – children with no additional need (UNIVERSAL)</th>
<th>Require early intervention – children with some additional needs (ADDITIONAL)</th>
<th>Require targeted and enhanced support – children with additional needs becoming more complex (INTENSIVE)</th>
<th>Require acute / statutory intervention – children with complex and or acute needs (SPECIALIST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td>Child is healthy and well, registered with a GP and dentist, and parents are accessing health services</td>
<td>Developmental delay</td>
<td>Disability or health condition requiring specialist support including mental health conditions</td>
<td>Prolonged neglect of child’s wellbeing and developmental needs</td>
</tr>
<tr>
<td></td>
<td>Parents are able to provide good care, meeting children’s safety, physical and protection needs</td>
<td>Health problems / disability which can be maintained in a mainstream school</td>
<td>Inadequate care; parents unable to meet child’s health / safety / developmental needs</td>
<td>High level of disability and/or serious physical, mental or emotional health problems</td>
</tr>
<tr>
<td></td>
<td>Parents provide a safe and secure environment and support access to consistent and positive activities</td>
<td>Low level mental or emotional issues requiring intervention</td>
<td>Challenging behaviour attributable to lack of parenting and/or adverse environment</td>
<td>Child’s behaviour and activities place self or others at imminent risk</td>
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<tr>
<td></td>
<td>Regular attendance at nursery or school, causing no concerns to teaching staff</td>
<td>Challenging behaviour that parents find difficult to manage</td>
<td>Child occasionally missing from home or education</td>
<td>Child discloses abuse / neglect; injuries not consistent with explanation</td>
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<tr>
<td></td>
<td>Parents provide secure attachment and caring parenting; guidance and boundaries in place to help child develop appropriately</td>
<td>Poor school attendance. Failure to make progress in learning. Defaulting on health appointments. Bullying / being bullied</td>
<td>Substance or alcohol misuse – parent or child – posing risk to health</td>
<td>Child persistently missing from home</td>
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<tr>
<td></td>
<td><strong>Developmental delay</strong></td>
<td>Lack of age appropriate self-care skills</td>
<td>Sexual behaviour inappropriate to age</td>
<td>Child is permanently excluded from school and there is a risk of family breakdown</td>
</tr>
<tr>
<td></td>
<td><strong>Health problems / disability which can be maintained in a mainstream school</strong></td>
<td>Adverse family and/or environmental circumstances beginning to impact on child’s wellbeing</td>
<td>Sexual activity posing a risk to health and safety</td>
<td>Serious family and environmental factors impacting on child’s safety and wellbeing – e.g. domestic violence, parental mental health, parental substance and / or alcohol misuse</td>
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<td><strong>Low level mental or emotional issues requiring intervention</strong></td>
<td><strong>Child occasionally missing from home or education</strong></td>
<td><strong>Pupil progress is significantly below expected levels for age range</strong></td>
<td><strong>Prolonged neglect of child’s wellbeing and developmental needs</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Challenging behaviour that parents find difficult to manage</strong></td>
<td><strong>Substance or alcohol misuse – parent or child – posing risk to health</strong></td>
<td><strong>Short term exclusions; persistent non-attendance</strong></td>
<td><strong>High level of disability and/or serious physical, mental or emotional health problems</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Lack of age appropriate self-care skills</strong></td>
<td><strong>Sexual behaviour inappropriate to age</strong></td>
<td><strong>Repeated failure to attend or be brought to health appointments</strong></td>
<td><strong>Child’s behaviour and activities place self or others at imminent risk</strong></td>
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</table>

### ACTION

<table>
<thead>
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<th>Require early intervention – children with some additional needs (ADDITIONAL)</th>
<th>Require targeted and enhanced support – children with additional needs becoming more complex (INTENSIVE)</th>
<th>Require acute / statutory intervention – children with complex and or acute needs (SPECIALIST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children and family will access universal services and have no additional need</strong></td>
<td>Gather more information, consider completion of EHA with family</td>
<td>Complete an Early Help Assessment with the Family</td>
<td>Referral to Tier 3 and 4 services</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Involve relevant agencies in the TAF</strong></td>
<td><strong>Identify lead professional</strong></td>
<td><strong>Child requires specialist or statutory involvement</strong></td>
<td><strong>Follow LSCB procedures if child at risk of, or suffering, significant harm</strong></td>
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<tr>
<td></td>
<td><strong>Identify lead professional</strong></td>
<td><strong>If concerns escalate, seek advice from agency / safeguarding lead consider referral to Social Care</strong></td>
<td><strong>Refer to CSC immediately</strong></td>
<td><strong>Refer to CSC immediately</strong></td>
</tr>
<tr>
<td>Parenting Factors</td>
<td>Requiring universal services – children with no additional need (UNIVERSAL)</td>
<td>Requiring early intervention – children with some additional needs (ADDITIONAL)</td>
<td>Requiring targeted and enhanced support – children with additional needs becoming more complex (INTENSIVE)</td>
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<td></td>
<td>Consistent parenting providing appropriate advice, guidance and boundaries</td>
<td>Poor parental relationship impacting on child</td>
<td>Substance and/or alcohol misuse / learning disabilities or poor mental health affecting the parent’s ability to parent safely</td>
<td>High levels of domestic violence that puts child at risk</td>
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<tr>
<td></td>
<td>Supportive and positive family relationships, including separated parents</td>
<td>Inconsistent care / difficulties in attachment</td>
<td>Criminal or anti-social behaviour affecting parenting</td>
<td>Young child left alone</td>
</tr>
<tr>
<td></td>
<td>Good quality early attachments, secure and caring parenting</td>
<td>Difficulties in managing child’s physical, emotional and developmental needs</td>
<td>Inconsistent parenting impairing the physical, emotional or behavioural development of the child</td>
<td>Evidence of fabricated illness</td>
</tr>
<tr>
<td></td>
<td>Support for and promoting of learning and development through education and play</td>
<td>Harsh parenting / lack of boundaries and guidance</td>
<td>Children with significant needs whose parents are unable to meet them without support; support offered at a lower level has not achieved the desired outcomes</td>
<td>Crisis occurring where parent / carer has a disability, illness or mental health problem which affects their ability to parent</td>
</tr>
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<td></td>
<td>Safe and secure housing and environment</td>
<td>Lack of ante-natal / post-natal care</td>
<td>Chaotic, intolerant, critical or rejecting parents</td>
<td>Child / young person rejected from family home</td>
</tr>
<tr>
<td></td>
<td>Children’s physical, safety, developmental and emotional needs are met</td>
<td>Parental needs impacting on care of child – e.g. mental / physical health needs, substance misuse</td>
<td>Child deliberately kept out of school</td>
<td>Child beyond parental control</td>
</tr>
<tr>
<td></td>
<td>Parenting generally demonstrates praise, emotional warmth and encouragement</td>
<td>Parental isolation / bereavement</td>
<td>Evidence of neglect of child, inappropriate boundaries, no access to play</td>
<td>Suspicion of physical, emotional, sexual abuse or neglect</td>
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<td></td>
<td></td>
<td>Requires advice on parenting and behaviour management</td>
<td>Risk of relationship breakdown between parent/carer and child</td>
<td>Unable to protect the child from immediate harm / inability to recognise child is being placed at risk</td>
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<td></td>
<td></td>
<td>Condones absence from school / lack of support and interest in child’s education</td>
<td>Child undertaking inappropriate caring / parenting tasks for siblings or parents</td>
<td>Individual in the home who is known to pose a risk to children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Daily stresses affecting ability to ensure child’s safety</td>
<td>Parent whose criminal or anti-social behaviour threatens the welfare of the child</td>
<td></td>
</tr>
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<td>Supportive, positive family relationships, even where parents are separated</td>
<td>Children affected by conflict in family relationships, including parental conflict</td>
<td>Homeless in temporary accommodation or at risk of eviction</td>
<td>Individual who has contact with the family and is known to pose a risk to children</td>
<td></td>
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<tr>
<td>Good quality stable housing</td>
<td>Low income, debt or unemployment / affecting family income and causing stress</td>
<td>Inadequate or overcrowded housing likely to significantly impair health or development and previous intervention has been ineffective</td>
<td>Lack of adequate food, heating and clothing</td>
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</tr>
<tr>
<td>Good social and friendship networks</td>
<td>Overcrowded, unsafe or temporary housing / home not conducive to child’s play or activities</td>
<td>Family does not have enough income to meet their needs</td>
<td>Homeless and destitute</td>
<td></td>
</tr>
<tr>
<td>Income is consistent and sufficient to meet child’s needs</td>
<td>Bereavement impacting on child or parents well being</td>
<td>Significant parental discord / Domestic Violence</td>
<td>High levels of domestic abuse that put the child at risk</td>
<td></td>
</tr>
<tr>
<td>Access to universal services locally or parent has access to transport</td>
<td>Unsafe neighbourhood</td>
<td>Children do not have access to adequate clothing and nutrition</td>
<td>Family home used for illegal activities including prostitution, drug taking and selling</td>
<td></td>
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<tr>
<td>Access to consistent and positive activities</td>
<td>Family are victims of harassment / bullying or crime</td>
<td>Hygiene standards in family home are a cause for concern and have not improved following intervention</td>
<td>Children placed at risk by intoxicated adults visiting the home</td>
<td></td>
</tr>
<tr>
<td>Family members are generally physically and mentally well</td>
<td>Poor access to universal services</td>
<td>Parent socially excluded with no access to local services or family support</td>
<td>Child and family need immediate protection due to harassment and discrimination</td>
<td></td>
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<tr>
<td></td>
<td>Lack of wider family support</td>
<td>Domestic abuse is present in the family environment</td>
<td></td>
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<tr>
<td></td>
<td>Sibling or close family member with disability or significant health problem</td>
<td>Children or young people at risk of Child Sexual Exploitation (CSE), child criminal exploitation (CCE) or radicalisation (Prevent)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Social isolation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Poor hygiene in family home</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Children and family will access universal services and have no additional need</th>
<th>Gather more information, consider completion of EHA with family</th>
<th>Complete an Early Help Assessment with the Family</th>
<th>Referral to Tier 3 and 4 services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Involve relevant agencies in the TAF</td>
<td>If concerns escalate, seek advice from agency / safeguarding lead consider referral to Social Care</td>
<td>Child requires specialist or statutory involvement</td>
<td></td>
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<tr>
<td></td>
<td>Identify lead professional</td>
<td></td>
<td>Follow LSCB procedures if child at risk of, or suffering, significant harm</td>
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<td></td>
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<td></td>
<td>Refer to CSC immediately</td>
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</tbody>
</table>
The following table lists examples of Leicester, Leicestershire & Rutland agencies available to provide services to children, young people and families within the various tiers. Although support to families should normally be offered at the lowest level to meet identified needs, there will be situations where a high level of risk / need suddenly becomes apparent and there is a need for immediate referral to a higher tier service. The tables also recognise that early help services can be used at any level to support families to reduce risk.

<table>
<thead>
<tr>
<th>Types of services available</th>
<th>Requiring universal services – children with no additional need (UNIVERSAL)</th>
<th>Requiring early intervention – children with some additional needs (ADDITIONAL)</th>
<th>Requiring targeted and enhanced support – children with additional needs becoming more complex (INTENSIVE)</th>
<th>Requiring acute / statutory intervention – children with complex and or acute needs (SPECIALIST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal services are available to this group of families – e.g. schools, family centres, GPs, Health Visitors</td>
<td>All services at universal level &lt;br&gt;Family Information Service &lt;br&gt;Targeted Youth Support &lt;br&gt;Family Centres Children Centres and Family Support Workers &lt;br&gt;Schools - Pastoral Support Team, Parent Support Advisors &lt;br&gt;Educational Welfare Service &lt;br&gt;Barnardo’s Sibling Support and Young Carers Project &lt;br&gt;Substance Misuse Services &lt;br&gt;Specialist Health Visitors &lt;br&gt;Inclusion Services &lt;br&gt;School Nursing Team &lt;br&gt;Domestic Abuse Support Services</td>
<td>All services at universal and targeted levels &lt;br&gt;Children’s Social Care &lt;br&gt;Tenant’s First &lt;br&gt;Youth Offending Team &lt;br&gt;MARAC &lt;br&gt;Integrated Inclusion Service &lt;br&gt;SEND services &lt;br&gt;IAPT Well-Being practitioners &lt;br&gt;CAMHS &lt;br&gt;Specialist Health and Disability Services &lt;br&gt;Adult Mental Health &lt;br&gt;Adult Learning Disability &lt;br&gt;Child Sexual Exploitation, Sexual Abuse and Sexual Violence Support Services &lt;br&gt;Multi-Systemic Therapy Team</td>
<td>All services at universal, additional, and intensive levels &lt;br&gt;Children’s Social Care &lt;br&gt;Leicestershire Police</td>
<td></td>
</tr>
</tbody>
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